



University
HOSPITAL

Newark, NJ

2022

ONE GOAL.

ONE PASSION.

EVERY PATIENT.

EVERY TIME.

**COMMUNITY
HEALTH NEEDS
ASSESSMENT**

The Department of Community and Population Health
University Hospital, 150 Bergen Street, Newark, NJ 07103

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INTRODUCTION

In 2021, University Hospital (UH) conducted a Community Health Needs Assessment (CHNA) in collaboration with the communities it serves in Newark and surrounding areas. The CHNA helps UH identify the community's healthcare needs, evaluate the hospital's program effectiveness, and identify effective strategies for designing health and supportive care programs.

The CHNA takes a deep dive into the factors influencing health problems in the community. As you read this report, you will gain greater insight into Newark's socioeconomic and health needs, based on data recently collected from various organizations, and you can read excerpts from community conversations and key informant interviews facilitated by the City of Newark and University Hospital. With the CHNA now completed, UH is poised to prioritize community health needs and develop an action plan to address these priorities in its Community Health Improvement Plan (CHIP). The CHIP will include descriptions of UH's current and new programs, strategies, and initiatives that UH will design or enhance as a result of what it learned from the 2022 CHNA.

Following an Executive Summary, you will find the following information about the CHNA organized by seven report sections:

1. A summary of UH's history and communities served
2. A description of the questions that guided the CHNA and the methods used to gather data
3. A summary of the findings gathered from secondary data sources
4. A summary of community health statistics
5. A summary of findings from primary data sources (i.e., community conversations, key informant interviews, and demographic surveys)
6. A list of the top ten community health needs
7. A summary of UH's next steps

EXECUTIVE SUMMARY

About University Hospital

Founded in 1882, University Hospital (UH) is the only state-funded public hospital and academic health center in New Jersey. Its mission is to ***provide exceptional care to every patient, every time***. With close to 4,000 employees and over 500 licensed beds, UH had over 17,500 inpatient discharges, 256,000 clinic visits, and 89,000 emergency room visits in Fiscal Year 2022 (FY 2022).

University Hospital serves some of the state's most diverse, and economically and medically challenged patients. Fifty percent (50%) of UH's inpatients come from nine zip codes (eight in Newark, one in Irvington) that closely surround the hospital. These nine zip codes compose UH's core service area (CSA). An additional 30% of UH's inpatients come from 18 zip codes, including Belleville, Bloomfield, East Orange, Elizabeth, Elizabeth Port, Harrison, Hillside, Kearny, North Arlington, Nutley, Orange, Union, and West Orange. These zip codes, together with the CSA zip codes, comprise UH's primary service area (PSA). In FY 2022, 65% of UH inpatients had at least one chronic condition like diabetes, HIV, chronic heart failure, chronic obstructive pulmonary disease, or hypertension. Furthermore, medical records indicate that

nearly 2,000 patients hospitalized in FY 2022 reported health problems related to employment, and just under 6,500 reported problems with housing and/or economic circumstances.

About UH's Community Health Needs Assessment (CHNA)

In 2021, University Hospital (UH) conducted a Community Health Needs Assessment (CHNA) in collaboration with the communities it serves in Newark and surrounding areas. The CHNA helps UH identify the healthcare needs of the community, evaluate the effectiveness of hospital programs and services, and identify effective strategies for future health and support efforts.

In 2021, University Hospital collaborated with the City of Newark's Department of Health and Community Wellness for six months to complete the CHNA. The CHNA was conducted using a quantitative and qualitative mixed-methods approach to obtain secondary (a review of 25+ existing reports and data sets) and primary data (19 community conversations, 15 key informant interviews, and study participant demographic surveys).

Four core questions helped guide both the primary and secondary research.

1. What are the key characteristics of the communities served by University Hospital?
2. What is the health status of those communities?
3. How might community characteristics impact health status?
4. How should the data drive programming at University Hospital?

Key Findings from Secondary Data

University Hospital applied Healthy People 2030's Social Determinants of Health (SDOH) model to organize its findings from a review of secondary data sources. The SDOH model is composed of five determinant domains: 1) economic stability, 2) education access and quality, 3) healthcare access and quality, 4) neighborhood and built environment, and 5) social and community context. Some of the key findings from this secondary data review are listed below.

Economic Stability

- The poverty rate of 27.4% in Newark is twice that of the county's rate of 13.8%.
- The median income for UH's CSA is \$40,647, whereas the county's median household income is \$61,510. Newark's median income is 42.7% less at \$35,199.
- Nearly 24% of the households in the CSA spend more than half of their household income on housing.
- Approximately 2.7% of the residents in Essex County and 4.4% in the City of Newark receive some form of public assistance.
- Fifteen percent (15%) of Newark residents have experienced food insecurity and an estimated 25.4% of Newark households receive Supplemental Nutritional Assistance Program (SNAP) benefits.

Education Access and Quality

- In Essex County, 86% of residents have a high school degree or higher, and approximately 36% have a bachelor's degree or higher. Educational statistics in UH's primary service area are similar to that of the county. However, Newark's numbers indicate lower education achievement among its residents.

Seventy-five percent (75%) of Newark students have a high school degree, and only 15.30% have a bachelor's degree or higher.

- Over half of all students (56%) score *partially* proficient on standardized literacy tests. That percentage spikes to 90% when looking at economically disadvantaged students. These literacy statistics place Newark at the bottom 6% of all districts in New Jersey. The National Institute for Literacy ranks Newark as having the fifth highest rate of illiteracy in the nation, with 52% of adults (17 or older) being categorized as functionally illiterate.

Healthcare Access and Quality

- The uninsured rate of 12%, or 107,333, for UH's primary service area is slightly higher than Essex County's uninsured of 103,647. A larger share of Newark's population, 19.1% or 59,506, did not have health insurance in 2019.
- In Essex County, there is one primary care physician for every 1,180 people, one dentist for every 1,050 people, one mental health care provider for every 450 people, and one primary care provider (nurse practitioners, physician assistants, and clinical nurse specialists) for every 1,270 people.
- Health Resources and Services Administration (HRSA) identifies a Medically Underserved Area (MUA) as "areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population." Based on HRSA designation, the New Jersey Primary Care Association lists the City of Orange, East Orange, and Irvington as the MUAs in Essex County. All three towns are within UH's primary service area.

Neighborhood and Built Environment

- Close to 30% of households in Essex County have at least one of four housing problems, such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
- The United States Department of Agriculture has identified 134 food deserts in New Jersey affecting 340,000 residents. The Reinvestment Fund, has identified 924,000 residents—10% of New Jersey's population—as food insecure.
- The American Lung Association shows that New Jersey continues to have some of the most polluted air in the nation. Nine counties in New Jersey earned an "F" for ground-level ozone pollution, also known as smog. Essex County earned a "D" grade.
- According to Newark Police Comstat, Newark saw a 31% increase in murders from 2020 to 2021, followed by a 23% increase in non-fatal shooting, 16% increase in carjacking, 12% increase in auto theft, and 6% increase in rape.

Social and Community Context

- Fifty percent of all Newark residents in state prison come from seven of the city's neighborhoods and 66% of Essex County residents who are incarcerated are from Newark.
- The New Jersey Hospital Association compared the profiles of the 35 zip codes with the best health outcomes, and the 35 zip codes with the worse outcomes. There was a glaring difference in socioeconomic and race demographics. Newark zip codes 07102, 07114, and 07108 were labeled as the worst. The best had an average White population of 78.8%, 15.5% Asian, 3% Other, and 2.7% Black. Conversely, the lowest-performing zip codes had a predominantly Black population of 42.3%, followed by 32.8% White, 21.9% Other, and 3.0% Asian.

Key Findings from Primary Data

University Hospital conducted 19 community conversations (similar to focus groups) and 15 key informant interviews. The discussions from these events were transcribed and coded for themes. The frequency of participant statements corresponding to each theme was also calculated. A total of 41 themes were identified and were organized by four categories: 1) community assets, 2) community concerns, 3) health needs, and 4) suggestions for improvement. Based on this analysis, the team created a list of Top 10 Community Needs (presented in order of frequency). They are:

- Accessibility to Health Care and Other Services
- Family Support
- Mental Health
- COVID-19 Prevention and Impacts
- Patient-Provider Relationship
- Racism and Discrimination
- Food Insecurity
- Telehealth
- Substance Abuse
- Chronic Disease

Next Steps

University Hospital undertook a rigorous review of its community's health needs by analyzing secondary and primary data. The Community Health Needs Assessment does not stop with this report. In September 2022, UH began to share its findings by convening a series of community stakeholder meetings. These meetings will assist UH in prioritizing needs and determining what issues can be addressed internally and/or externally through community partnerships.

Additionally, University Hospital will write the Community Health Improvement Plan (2022 – CHIP) with clearly articulated action plans to strategically address these priorities. University Hospital will also convene a team to implement and monitor the CHIP.

SECTION 1: About University Hospital

History

Founded in 1882, University Hospital (UH) is the only state-funded public hospital and academic health center in New Jersey. Its mission is to ***provide exceptional care to every patient, every time***. University Hospital is committed to providing high-quality and equitable healthcare to its diverse patients, their families, surrounding communities, and to the generations to come. The hospital's history of success is partially explained by the collaborative partnerships it has maintained with community residents and organizations over the years, as well as its core values of respect, reliability, teamwork, integrity, and stewardship.

University Hospital is not only rooted in its mission and core values, but has also positioned itself as a community anchor and has remained steadfast on the frontlines of an evolving healthcare and city landscape. For example, following the Newark Uprising in 1967¹, UH led an action plan to combat racism and its systemic ills, and provide high-quality healthcare for people too often displaced, excluded, and overburdened with poor health. Newark is rich in history, vibrant in its culture and diversity, and primed for strategic initiatives that address an array of health and socioeconomic inequities.

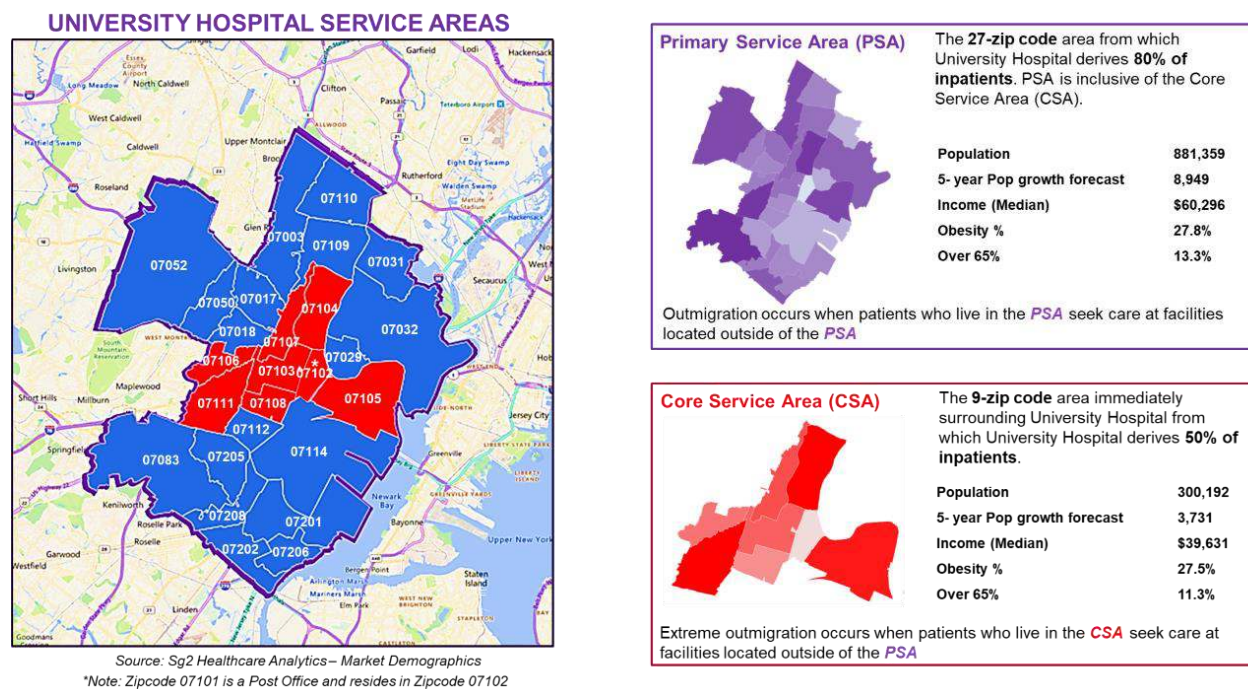
1967 Newark Uprising

The historical five-day uprising across the city's Central Ward was initiated by a public display of police brutality. The outrage over racial injustices, paired with tension between residents and law enforcement peaked, leading to the death of 26 people and over 1,000 more injured.

Communities Served

Fifty percent (50%) of UH's inpatients come from nine zip codes (eight in Newark, one in Irvington) that closely surround the hospital. These nine zip codes are known as the **Core Service Area (CSA)** (Figure 1). An additional 30% of UH's inpatients come from 18 zip codes covering Belleville, Bloomfield, East Orange, Elizabeth, Elizabeth Port, Harrison, Hillside, Kearny, Newark, North Arlington, Nutley, Orange, Union, and West Orange. Together, these 27 zip codes make up UH's **Primary Service Area (PSA)** (Figure 1) and have a combined population of 881,359.

¹ Bergesen, A. (1982). [Race Riots of 1967: An Analysis of Police Violence in Detroit and Newark](#). *Journal of Black Studies*, 12(3), 261–274.

Figure 1: Overview of UH Primary Service Area

University Hospital serves some of the state's most diverse, and economically and medically challenged patients. University Hospital's PSA and CSA have a younger population than the rest of New Jersey, and, consequently, the hospital serves a predominantly young and diverse population. Approximately 25% of residents in the CSA, 23% in the PSA, and 21.8% in New Jersey are less than 18 years of age.²

Gender distribution is about the same across New Jersey with 51-52% females.³ Greater variation is found in racial diversity. In Newark, 50.1% of the population identify as Black or African American, compared to 48.7% in the CSA, 35.2% in the PSA, 41.9% in Essex County, and 15.1% in New Jersey.⁴ A slightly different pattern is seen when comparing rates of people who identify as Hispanic or Latino. The largest rate of Hispanic or Latino people is seen in the CSA at 37%, followed by 36.3% in Newark, 27.1% in the PSA, 23.8% in Essex County, and 20.9% in New Jersey.⁵ Close to 32% of Newark's residents are foreign-born compared to 29% of those in the PSA.

See **Table 1** for more detail on demographics in the PSA.

² US Census Bureau 2020. Retrieved by UH Health Analytics Team.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

Table 1: Population Demographics of UH's Service Areas

	CSA	PSA	Newark	Essex County	NJ
Population (2020)	300,192	881,359	311,549	863,728	9,288,994
Health Insurance					
% Uninsured	11.5%	12.2%	19.10%	12.00%	9.20%
# of Uninsured	34,556	107,333	59,506	103,647	854,587
Age					
Ages 0-4	7.17%	6.53%	7.40%	6.60%	5.80%
Ages 5-17	18.04%	16.81%	17.20%	17.10%	16.00%
Ages < 18	25.21%	23.34%	24.60%	23.70%	21.80%
Ages 18-64	63.54%	62.62%	64.90%	62.40%	61.60%
Ages 65+	11.25%	14.04%	10.50%	13.90%	16.60%
Gender					
Females	51.16%	51.59%	51.20%	51.90%	51.10%
Males	48.84%	48.41%	48.80%	48.10%	48.90%
Race					
Black/African American	48.7%	35.2%	50.10%	41.90%	15.10%
American Indian and Alaska Native	0.2%	0.8%	0.30%	0.80%	0.60%
Asian	2.2%	6.7%	1.90%	5.90%	10.00%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.00%	0.10%	0.10%
2+ Races	1.6%	2.4%	2.40%	2.40%	2.30%
White	9.0%	54.8%	28.60%	48.90%	71.90%
White (Not Hispanic/Latino)	0.0%	32.7%	11.00%	30.20%	54.60%
Hispanic/Latino	37.1%	27.1%	36.30%	23.80%	20.90%
Foreign Born	26.09%	29.01%	31.80%	27.20%	22.40%
Foreign Born	78,328	255,654	99,072.58	234,934.02	2,080,734.7

Source: US Census Bureau 2020. Retrieved by UH Health Analytics Team.

University Hospital serves as the region's only Level 1 trauma center⁶, a regional referral center, a center for comprehensive care and specialized services to patients across the state and region, the principal teaching hospital for Rutgers New Jersey Medical School, Rutgers Biomedical and Health Sciences, Rutgers School of Dental Medicine, and other Newark-based medical education programs. In Fiscal Year 2022, UH had 17,558 inpatient admissions, 255,978 outpatient clinic visits, 89,269 Emergency Department visits, 4,490 trauma service visits, and 150,570 EMS responses to Newark, Orange, East Orange, and Camden.⁷ Almost 70% of UH inpatients are insured by Medicaid, receive charity care, or are self-pay.⁸

⁶ Level 1 Trauma Center: Facilities that have the capabilities to provide complete care for all types of injuries.

American Trauma Society <https://www.amtrauma.org/page/traumalevels>

⁷ UH Health Analytics FY2022 Data.

⁸ Center for Health Analytics, Research, and Transformation at NJHA CHART report. 2019. [New Jersey's Most Vulnerable Communities](#).

University Hospital serves patients with diverse medical conditions. In Fiscal Year 2022 (FY 2022), 65% of UH inpatients had at least one chronic condition such as diabetes, HIV, chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD), or hypertension (HTN).⁹ A list of common health conditions of UH's inpatients for FY 2022 is found below. These numbers presented below are not exclusive. Patients may have had more than one diagnosis. Furthermore, medical records indicate that nearly 2,000 patients hospitalized in FY 2022 reported health problems related to employment, and just under 6,500 reported problems with housing and/or economic circumstances.¹⁰ It should also be noted that UH was the first medical campus in New Jersey to respond to the COVID-19 pandemic.

Inpatients

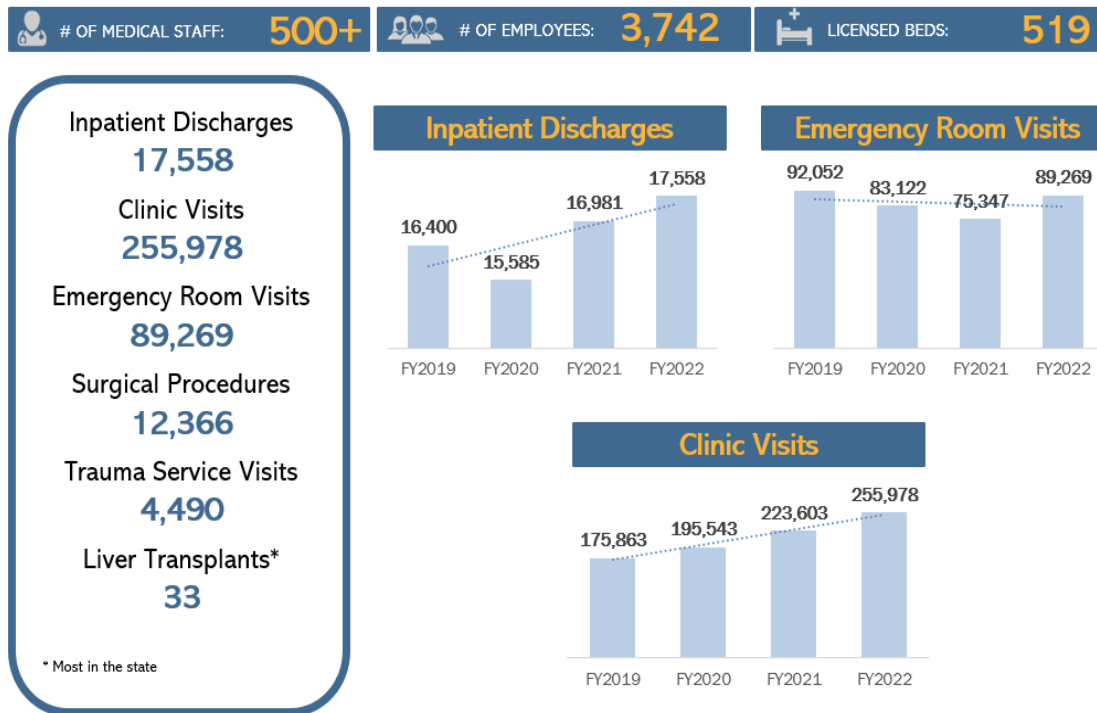
- 11,714 hospitalized patients had or were exposed to communicable disease
- 4,382 with need for long-term drug therapy
- 3,861 with hypertension
- 3,187 with nicotine dependence
- 2,868 with diabetes
- 2,227 with acute kidney failure
- 2,097 with overweight and obesity

Outpatients

- 24,667 patients seen in the outpatient setting underwent long-term drug therapy
- 14,945 with hypertension
- 9,837 with disorders of lipoprotein metabolism and other lipidemia
- 8,441 with diabetes
- 7,885 with suspected exposure to communicable diseases
- 7,627 with obesity
- 6,476 with nicotine addiction

⁹ University Hospital Analytics, July 2022.

¹⁰ Ibid.

Figure 2: University Hospital Utilization Summary for Fiscal Year 2022

All figures FY2022

Source: University Hospital Health Analytics - FY2022.

SECTION 2: Methods

Core CHNA Questions

Throughout the Community Health Needs Assessment, four core questions helped guide both the primary and secondary research:

- What are the key characteristics of the communities served by University Hospital?
- What is the health status of those communities?
- How might community characteristics impact health status?
- How should the data drive programming at University Hospital?

Description of Methods and Instruments

In 2021, University Hospital collaborated with the City of Newark Department of Health and Community Wellness (DHCW) for six months to complete the CHNA. The CHNA was conducted using a quantitative and qualitative mixed-methods approach to obtain secondary and primary data. The inclusion of multiple data sources — community members, non-community members, key informants, and published data about the Newark area — provided the opportunity to incorporate varied perspectives and validate findings.

The assessment team was comprised of staff from University Hospital’s Office of Community Affairs and the Office of Community Population Health, representatives from various community-based organizations, and Partners in Health, who represented the City of Newark Department of Health and Community Wellness.

Secondary Data

The CHNA team obtained secondary data from over 25 reports, datasets, and other documents reporting at the city, county, and state levels. See [Appendix A](#) for a list of these documents. Data specific to the PSA and CSA were reviewed when available. The team used *Healthy People 2030* Social Determinants of Health Model (described below) to organize findings. Findings from the secondary data are found in [Section 3](#) and [Section 4](#) of this report.

Primary data is information collected directly by researchers from instruments (e.g., survey, focus group protocol, interview protocol) they designed and implemented. The researcher also analyzes the data they collect.

Secondary data is previously collected data analyzed by other researchers.

Applying the Healthy People 2030 Social Determinants of Health Model

In 2022, the US Department of Health and Human Services Office of Disease Prevention and Health Promotion released Healthy People 2030—the fifth iteration of a national public health initiative to address critical public health priorities. Among the Healthy People 2030 foundational principles are¹¹:

- *Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.*
- *Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.*

Determinants of Health
Determinants of Health are the factors (positive or negative) that affect people’s health behaviors and access to services.

Recognizing this, Healthy People 2030 renews its focus on Social Determinants of Health (SDOH) and the impact it has on people’s overall health and quality of life. Following [Healthy People 2030’s Social Determinants of Health \(SDOH\) Model](#), we examined five domains of health determinants: 1) economic stability, 2) education access and quality, 3) healthcare access and quality, 4) neighborhood and built environment, and 5) social and community context. Each of these determinant domains are described below:

Domain #1: Economic Stability describes the connections between people’s financial resources and health. Examples of determinants in this domain are income, cost of living, socioeconomic status, poverty, employment, food security, and housing stability. For example, when a person experiences food insecurity, their nutrition and consequently their health can suffer. Infants, children, pregnant women, and people living with diabetes and other chronic diseases, are especially vulnerable.

Food Insecurity
Food insecurity is when a person does not have access to a reliable source of food during the past year.

¹¹ [Healthy People 2030 Framework.](#)

Domain #2: Education Access and Quality describes the connections between education to health and well-being. Examples of determinants in this domain are educational attainment in general, graduating from high school, enrollment in higher education, language, literacy, and early childhood education and development. For example, when a person does not have access to quality education, they face considerable barriers to employment and earning potential later in life.

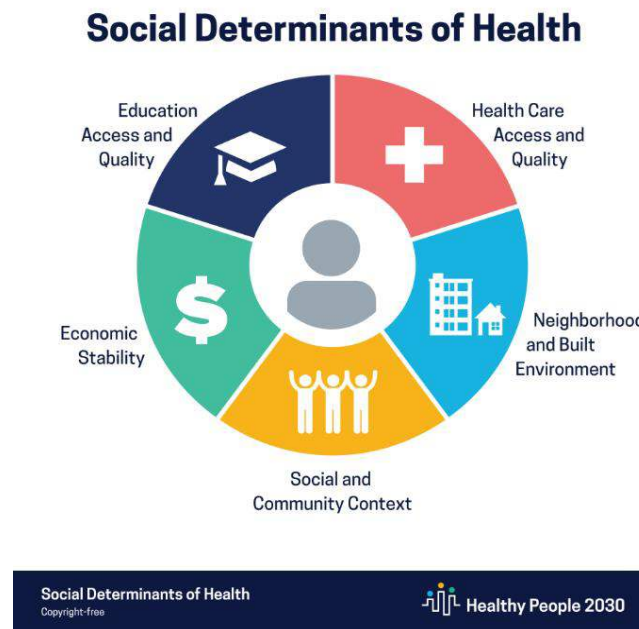
Domain #3: Healthcare Access and Quality describes the connections between people's access to and understanding of health services and their health. Examples of determinants in this domain are access to primary care, health insurance coverage, and health literacy.¹² For example, when a person does not have access to quality health care, they are less likely to have a primary care provider, receive preventive health screenings, and they may not be able to afford health care services and medications.

Health Literacy

The ability to understand basic health information in order to make necessary healthcare decisions in an informed way.

Domain #4: Neighborhood and Built Environment describes the connections between a person's living environment and their health and wellbeing. Examples of determinants in this domain are housing quality, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence. For example, when a person lives in an unhealthy environment, they are exposed to harmful pollutants that can adversely affect their health.

Domain #5: Social and Community Context describes the connection between the characteristics of the contexts within which people live, learn, and play with their health and wellbeing. Examples of determinants in this domain are cohesion within a community, civic participation, discrimination, workplace conditions, and incarceration. For example, when a person is not connected or included in their community, they are less likely to benefit from social capital and access to resources.

Figure 3: Healthy People 2030 Social Determinants of Health

Primary Data

The purpose of gathering primary data was to include the voice of residents in UH's PSA regarding community assets, concerns, healthcare needs, and suggestions for improvement. The team moderated 19 community conversations (247 participants), conducted 15 key informant interviews, and collected 257 demographic surveys from community conversation and key informant interview participants. Due to restrictions related to the pandemic and the transmission of COVID-19, most community conversations and interviews were conducted remotely. A more detailed description of the primary data collection methods is described below and findings are found in [Section 5](#).

- Demographic Surveys.** Each participant of a community conversation or in-depth interview was asked to complete a demographic survey with questions about participants' gender, race, age, education status, and employment status. Seventy-six percent (76%) of the City of Newark and UH-led community conversation participants completed the demographic survey and 97% of the UH-led community conversation participants completed the survey. Interviewees were also asked to complete a survey that asked further questions concerning their work in the community. Seventy-three percent (73%) completed the survey (see [Appendix B](#) and [Appendix D](#)).
- Community Conversations.** A total of 19 community conversations (247 participants) were held with residents of Newark and surrounding cities, many of whom work in the region. Non-Newark residents from nearby cities who travel to Newark for employment, services, and recreation were also included. Each community conversation took about 90 minutes. Ten community conversations were conducted in partnership with the City of Newark Department of Health and Community Wellness (DHCW) with a total of 79 participants. Nine community conversations were conducted in English (n=75), and one in Spanish (n=3).

Each community conversation included residents of a specific city (Newark=7, Orange=1, Irvington=1, Bloomfield=1, Hillside =1).

University Hospital conducted an additional nine community conversations with 168 participants in specific cities (Newark= 6, Orange=1, East Orange=1, Hillside=1). One community conversation was conducted in Portuguese and English, two in Spanish, and the remaining in English only. The community conversations focused on community strengths, concerns, assets, healthcare needs, health interventions, COVID-19 impact, and solutions to health problems. Community conversation participants received a \$30 gift card in appreciation for their time. See [Appendix C](#) for a list of community conversation questions.

- **Key Informant Interviews.** A total of 15 key informant interviews were held with leaders and stakeholders who work with and advocate for Newark residents. Participants represented various populations such as the LGBTQ+ community, parents, people with disabilities, undocumented people, people with substance use disorders, and people experiencing homelessness. Each interview took about 60 minutes. Ten of the interviews were conducted in partnership with the City of Newark, and five were conducted solely by University Hospital. Interviewees received a \$30 gift card in appreciation for their time. See [Appendix E](#) for a list of key informant interview questions.

Participant Recruitment

University Hospital relied upon existing relationships with community-based organizations (CBO) and churches to recruit participants for community conversations. The participants were clients/members of the organization. Whether held in person or online, the organization worked with UH to organize the event. The CBO or church secured the date, location, and time, and UH provided a meal and refreshments. Recruitment flyers designed by UH were posted to social media sites and shared with prospective participants.

Data Analysis

The demographic surveys for both the community conversations and the key informant interviews were analyzed using Microsoft Excel. The aggregate data is presented in [Section 5](#).

Each community conversation and key informant interview was recorded, digitally transcribed, and then formatted in Microsoft Word with line numbers on each page. Two team members coded each transcript for themes, and counted the number of lines associated with each theme. To be designated as a theme, the issue had to be present in at least two transcripts and have at least 30 lines. Threads or discussions related to a theme were coded by line numbers. Some conversation threads were as short as one line and others were over 25 lines. The total number of lines coded for each theme was later calculated which helped create a [“Top 10”](#) list of community needs.

Limitations

The CHNA was not without limitations. One limitation was the lack of availability of secondary data specific to UH’s CSA or PSA or at the zip code level. In those instances, data were used at the county level, when available. Data that were only available at the state level were not included. A second limitation is that only adults were invited to participate in the community conversations and key informant interviews due to the complexity of obtaining parental/guardian consent. The addition of minors would likely yield more comprehensive findings. A third

limitation was conducting the CHNA during the COVID-19 pandemic. The pandemic prevented the use of other types of data collection, such as sidewalk surveys or in-person interviews, which may have increased and diversified the primary data participants. Most of the community conversations and all of the key informant interviews were done remotely. A fourth limitation is that data sources from pre-2020 do not account for any COVID-19 impacts. A fifth limitation is that the primary findings reflect the voices of those who participated in the community conversations and interviews. The demographic survey gives us a snapshot of the participants. Conducting the same sessions with different individuals may have yielded different results.

SECTION 3: Findings from Secondary Data Organized by the SDOH Model

As explained [previously](#), UH followed Healthy People 2030's SDOH model to organize its findings from the secondary data.

Social Determinants of Health Domain #1: Economic Stability

Housing and Income

Many of the residents in UH's service area¹³ encounter food, housing, transportation, and income insecurity. The median income for the CSA is \$40,647, whereas the county's median household income is \$61,510.¹⁴ Newark's median income is 42.7% less at \$35,199. Due to the strong correlation between income, housing quality, and health outcomes, the 2021 County Health Rankings explore the percentage of households spending at least 50% of household income on housing, also known as severe housing burden.¹⁵ Nearly 24% of the households in the CSA spend more than half of their household income on housing.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

# of Persons in Family/Household	Poverty Guideline
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

For families/households with more than 8 persons, add \$4,540 for each additional person.

Source: [U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs.](#)

Furthermore, the poverty rate of 27.4% in Newark is twice that of the county's rate of 13.8%. Additionally, 53% of households in Newark are headed by one parent, as compared to 40% of households county-wide and 30% of all households across the state. At the time of the 2020 U.S. Census, Essex County had the highest unemployment rate of 6.7%, compared to Newark's rate of 5.4% (see **Table 2**).¹⁶ However, these statistics are pre-pandemic and do not consider the impact of COVID-19. The U.S. Bureau of Labor Statistics provides more recent data (see **Table**

¹³ **Figure 2** was created by University Hospital's Health Analytics for a map of UH's footprint.

¹⁴ US Census Bureau 2020. Retrieved by UH Health Analytics Team.

¹⁵ US Census Bureau 2020.

¹⁶ Ibid.

3). Newark had higher unemployment rates than the state from December 2020 to December 2021. See **Table 4** for a comparison of unemployment rates during the onset of the pandemic.

Table 2: Housing and Income Demographics of UH's Service Area

	CSA	PSA	Newark	Essex	NJ
Population (2020)	300,192	881,359	311,549	863,728	9,288,994
Median household income (in 2019 dollars)	\$40,647	\$51,039	\$35,199	\$61,510	\$82,545
Severe housing cost burden	23.98%	23.76%	23.17%	25%	19%
Severe housing cost burden	71,993	209,452	72,182	215,932	1,764,909
Households Headed by One Parent (Count)¹	N/A	N/A	18,716	40,628	305,494
Households Headed by One Parent (Population Share)¹	N/A	N/A	53%	40%	30%
Poverty rate	13.72%	12.87%	27.40%	14.30%	9.40%
Poverty	41,180	113,442	85,364	123,513	873,165
Unemployment rate	6.43%	6.37%	5.40%	6.70%	6.60%
Unemployed	19,294	56,130	16,824	57,870	613,074

Source: [US Census Bureau 2020](#); ¹[Newark Kids Count 2022: A City Profile of Child Well-Being](#)

Table 3: Unemployment Rates in New Jersey and Newark, Not Seasonally Adjusted (in Percent) - December 2020-2021

	December 2020	October 2021	November 2021	December 2021	Net change 12/20 to 12/21
New Jersey¹	(R)7.1	(R)5.0	(R)4.6	(R)4.3	-2.8
Essex²	-	-	-	(R)6.3	-
Newark¹	7.3	5.5	5.3	(P)4.9	(P)-2.4

Note: R (revised), P (preliminary)

Sources:

¹ [Bureau of Labor Statistics](#). Retrieved August 10, 2022.

² [New Jersey Department of Labor and Workforce Development Bureau of Labor Market Information, January 2022](#). Retrieved August 10, 2022.

Table 4: Unemployment Rates in New Jersey and Newark, Not Seasonally Adjusted (in Percent) - April - August 2020

	April 2020	May 2020	June 2020	July 2020	Aug 2021	5-Month Average
New Jersey	(R)15.1	(R)16.0	(R)14.6	(R)14.5	(R)12.4	(R)14.52
Newark	(R)15.3	(R)15.6	(R)15.4	(R)13.4	(R)10.8	(R)14.1

Source: [New Jersey Department of Labor and Workforce Development Bureau of Labor Market Information, January 2022](#). Retrieved August 10, 2022.

Public Assistance

The U.S. Census American Community Survey (ACS) estimates that 2.7% of the residents in Essex County and 4.4% in the City of Newark receive some form of public assistance.¹⁷ Approximately 15% of Newark residents have experienced food insecurity and the ACS reports that an estimated 25.4% of Newark households receive Supplemental Nutritional Assistance Program (SNAP) benefits (see **Table 5**).¹⁸ In Essex County, 3,086 children received Temporary Assistance to Needy Families (TANF), and 49,283 received SNAP in 2019. Newark accounted for 2,178, or 70.6% of the Essex share for TANF and 28,057 or 56.9% for SNAP. Likewise, 45.9% or 12,818 of Essex County recipients of Women, Infants, and Children (WIC) lived in Newark (see **Table 6**).¹⁹

Temporary Assistance to Needy Families (TANF) provides families with financial assistance and other related services through grant funding given to their state.

Supplemental Nutritional Assistance Program (SNAP) provides assistance to low-income families with Electronic Benefits Transfer cards to help them buy groceries.

Women, Infants, and Children (WIC) provides nutritious food support to moms and babies.

SNAP and WIC benefits are for those who earn approximately \$47,000 for a family of four in 2019.

Table 5: Households Receiving Public Assistance

	Cash Public Assistance Income ¹	Supplemental Security Income (SSI) ¹	Food Insecurity ²	SNAP ^{1, 3}
New Jersey	1.9%	4.4%	10%	8.7%
Essex County	2.7%	6.6%	16%	14.6%
Primary Service Area	N/A	N/A	13.85%	N/A
Newark	4.4%	10.7%	14.83%	25.4%
Core Service Area	N/A	N/A	15.35%	N/A

Sources

¹ 2015- 2019 American Community Survey 5-Year Data Profile. Retrieved by UH Health Analytics Team.

² US Census Bureau 2020. Retrieved by UH Health Analytics Team.

³ Received in the past 12 months.

Table 6: Children Receiving Public Assistance in 2019

	TANF	SNAP	WIC ¹
New Jersey	19,113	317,566	161,234
Essex	3,086	49,283	21,901
Newark	2,178	28,057	12,818

¹⁷ US Census. Public assistance programs that provide cash assistance, such as Temporary Assistance for Needy Families (TANF).

¹⁸ [County Health Rankings](#). Retrieved on August 5, 2022.

¹⁹ [Advocates for Children of New Jersey. Newark Kids Count 2020](#).

Source: Advocates for Children of New Jersey. Newark Kids Count 2020.¹ The numbers in this column reflects children and adults since pregnant mothers are also eligible.

Homelessness

In 2020, Monarch Housing Associates, a New Jersey-based non-profit focused on ending homelessness, reported that 2,214 people in Essex County were experiencing homelessness. Residents identifying as Black or African American represented the largest racial subgroup (approximately 72%, n=1,598).²⁰ Almost 86% of those experiencing homelessness in Essex County live in Newark (n=1,859).²¹

The same count was conducted again in 2021. On January 26, 2021, there were 8,097 people experiencing homelessness in NJ.²² The largest share of people without addresses at (21%, n=1693) was in Essex County. Among those people, 72.7% were Black, 14.4% Hispanic, and 9.7% White. Nearly 86% (n=1,274) of the homeless population in Essex County were in Newark.²³ The most common reasons given for the cause of homelessness were: asked to leave shared residence (n=363), eviction, or at risk of eviction (n=171), released from prison/jail (n=153), and relocation (n=145). One hundred and seventy-two (172) households with 151 people experienced chronic homelessness²⁴ (see **Table 1.7**).

Table 7: Number of Homeless People by Geography and Percent of Total in 2021

	Total homeless people	% Total of Homeless People	Chronic Homeless people	% of Chronic Homeless People	Sheltered Homeless People	% of Sheltered Homeless People	Unsheltered Homeless People	% of Unsheltered Homeless People
New Jersey	8,097	100%	1,493	100%	5,823	100%	835	100%
	Total homeless people	% Total of NJ State Homeless People	Chronic Homeless people	% of NJ State Chronic Homeless People	Sheltered Homeless People	% of NJ State Sheltered Homeless People	Unsheltered Homeless People	% of NJ State Unsheltered Homeless People
Essex County	1,693	21%	172	12%	1,390	23.9%	94	11%
	Total homeless people	% Total of Essex County Homeless People	Chronic Homeless people	% of Essex County Chronic Homeless People	Sheltered Homeless People	% of Essex County Sheltered Homeless People	Unsheltered Homeless People	% of Essex County Unsheltered Homeless People
Newark	1,274	85.9%	N/A	N/A	1,211	87.1%	63	67.7%

Source: [Monarch Housing Associates](#). NJ 2021 Counts; Monarch Housing Associates. Essex County 2021 PIT Report.

Social Determinants of Health Domain #2: Education Access and Quality

Educational Attainment

²⁰ [Monarch Housing Associates NJ Counts, Point in Time Reports](#).

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ Chronic homelessness is defined as people with a long-term disabling condition, who have been continually homeless for a year or more, or at least four times in the past three years where the length of time in those episodes add up to a year or more.

In Essex County, 86% of residents have a high school degree or higher, and approximately 36% have a bachelor's degree or higher.²⁵ The statistics for educational attainment in UH's PSA are similar to that of the county. However, Newark's numbers indicate lower educational achievement among its residents. Seventy-five percent (75%) of Newark students have a high school degree, and only 15.30% have a bachelor's degree or higher. In 2020, high school graduation rates in Newark reached their highest in decades at 81%. In 2019, about 76% of Newark seniors graduated in four years compared to the statewide rate was 90.6% (see **Table 8**).²⁶

Table 8: Educational Attainment in the Service Area

	CSA	PSA	Newark	Essex County	NJ
Population (2020)	300,192	881,359	311,549	863,728	9,288,994
Less than high school	17.41%	13.80%	24.70%	13.90%	10.20%
High school graduate	48.54%	49.89%	60.00%	50.60%	50.10%
High school graduate or higher	82.59%	86.20%	75.30%	86.10%	89.80%
Bachelor's degree or higher	34.05%	36.31%	15.30%	35.50%	39.70%

Source: US Census Bureau 2020. Retrieved by UH Health Analytics Team.

English as a Second Language

Thirty-six percent (36%) of individuals in Essex County speak a language other than English at home. In Newark, it is significantly higher at 48% and 39% in the PSA.²⁷ In Essex County, the most common non-English spoken languages are Spanish (54%), followed by Portuguese (8.6%), Haitian Creole (8.3%), and West African Dialects (5.9%) (see **Table 9**).²⁸

Table 9: Language Other than English Spoken at Home

	CSA	PSA	Newark	Essex County	NJ
Percent	34.44%	39.42%	48.40%	35.90%	31.30%
Count	103,381	347,417	150,790	310,078	2,907,455

Source: US Census Bureau 2020. Retrieved on 8/3/22.

Literacy

The City of Newark released a report, *Read and Believe*, on the literacy rates of its residents:

Over half of all students (56%) score partially proficient on NJ ASK [Assessment of Skills and Knowledge] and HSPA [High School Proficiency Assessment] standardized literacy tests. That percentage spikes when one looks at economically disadvantaged students; almost 90% of the students who score partially proficient come from economically disadvantaged families. These literacy statistics place Newark in the bottom 6% of all districts in New Jersey. The statistics for adults paint a similar portrait, with some estimates placing over half of adults in the

²⁵ US Census Bureau 2020. Retrieved by UH Health Analytics Team.

²⁶ [Chalkbeat Newark](#). "Amid changes to diploma rules, Newark's graduation rate climbs above 80%."

²⁷ US Census Bureau 2020. Retrieved by UH Health Analytics Team.

²⁸ Data USA Essex County, NJ. Foreign-Born Population. [Essex County, NJ | Data USA](#)

lowest ranking for literacy. The National Institute for Literacy ranks Newark as having the fifth highest rate of illiteracy in the nation, with 52% of adults 17-years or older categorized as functionally illiterate.²⁹

Literacy directly correlates to financial, social, and civic opportunity. One's ability to read and write determines the type of job obtained and one's overall quality of life. "For communities, literacy is a leading indicator of community wellness correlated with indicators across a multitude of sectors: health, economic development, crime, employment, and community institutions. Increasing literacy means improving our city," said the report.³⁰

Social Determinants of Health Domain #3: Healthcare Access and Quality

Health Insurance

The uninsured rate of 12%, or 107,333 for the PSA, is slightly higher than Essex County's uninsured of 103,647. A larger share of Newark's population, 19.1% or 59,506, did not have health insurance in 2019 (see **Table 10**).³¹

Table 10: Uninsured

	CSA	PSA	Newark	Essex County	NJ
Percent	11.5%	12.2%	19.10%	12.00%	9.20%
Count	34,556	107,333	59,506	103,647	854,587

Source: US Census Bureau 2020. Retrieved by UH Health Analytics Team.

Access to Healthcare Providers

In addition to health insurance, the availability of primary care physicians is also a strong indicator of receiving primary care. In Essex County, there is one primary care physician for every 1,180 people, one dentist for every 1,050 people, one mental health care provider for every 450 people, and one primary care provider (nurse practitioners, physician assistants, and clinical nurse specialists) for every 1,270 people.³²

The Health Resources and Services Administration (HRSA)³³ identifies a Medically Underserved Area (MUA) as "areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population."³⁴ Based on HRSA designation, the New Jersey Primary Care Association lists the City of Orange, East Orange, and Irvington as the MUAs in Essex County.³⁵ All three towns are within UH's PSA. New Jersey's Division of Family Health Services has a Medically Underserved Index which lists Newark, East Orange, Irvington, Orange and others as areas within the state with medical or dental staffing shortages.³⁶ Access to providers and health insurance are necessary components of accessing healthcare.

²⁹ [Read and Believe](#). City of Newark. P2. Accessed 2-19-22.

³⁰ Ibid.

³¹ US Census Bureau 2020. Retrieved by UH Health Analytics Team.

³² [County Health Rankings](#). Retrieved 8/6/22

³³ HRSA is an agency of the U.S. Department of Health and Human Services.

³⁴ [Health Resources and Services Administration, Medically Underserved Areas/Populations \(MUA\) Find](#). Retrieved 8/6/22.

³⁵ [New Jersey Primary Care Association](#), MUA/HPSA: Essex County. Retrieved 8/6/22.

³⁶ [Division of Family Health Services, New Jersey Medically Underserved Index](#).

Social Determinants of Health Domain #4: Neighborhood and Built Environment

Population Density

Newark is densely populated at a rate of 11,458 people per square mile. As a whole, Essex County is almost 50% less densely populated at 6,211 people per square mile.³⁷

Housing

Close to 30% of households in Essex County have at least one of four housing problems, such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.³⁸

Just over 22% of Newark housing units are owner-occupied in comparison to 44% in Essex County and 64% in New Jersey. There are approximately 2.67 people per Newark household, almost equal to that of Essex (2.71) and New Jersey (2.67).

While Newark's median home value of \$245,200 is lower than Essex County's \$386,000 median value, and the state's \$335,600, it is still relatively high considering the

socioeconomic challenges described in the previous section.³⁹ The median gross rent for New Jersey is \$1,334, \$1,178 in Essex, and \$1,085 in Newark.⁴⁰ In 2018, 55% percent of Newark renters spent 30% or more of their income on rent (see **Table 11**). Because the median renter household in Newark has less income than the rest of the state, the typical Newark renter and homeowner pays a higher share of their income for housing (see **Table 12**).⁴¹

The [United States Department of Housing and Urban Development](#) (HUD) determines what rent levels are affordable based on the incomes in a given area. HUD defines housing as affordable if it costs less than one-third (1/3) of a household's monthly income.

³⁷ [U.S. Census Facts](#). Retrieved 8/6/22.

³⁸ [County Health Rankings](#). Retrieved 8/6/22.

³⁹ [US Census Facts](#). Retrieved 8/6/22.

⁴⁰ Ibid.

⁴¹ [Urban Institute Housing Finance Policy Center. Newark Housing Pulse. March 2021.](#)

Table 11: Percentage of Households Spending 30% or More of Their Income on Rent

	2014	2015	2016	2017	2018
Newark	57	62	59	59	55
Essex	53	56	54	53	52
New Jersey	50	50	49	49	49

Source: [Advocates for Children of New Jersey. Newark Kids Count 2020](#). Retrieved on 8/3/22.

Table 12: Severe Housing Burden

	CSA	PSA	Newark	Essex	NJ
Percent	23.98%	23.76%	23.17%	25%	19%
Count	71,993	209,452	72,182	215,932	1,764,909

Source: US Census Bureau 2020. Retrieved by UH Health Analytics Team.

Transportation

In addition to the numerous highways and roads that run through Newark, the city also has a robust public transportation presence. Amtrak, four NJ Transit commuter rail lines, the PATH, and the Newark Light Rail provide rail service to the city and three commuter rail stations. Newark is also the home to 39 NJ Transit bus routes within Newark and in surrounding areas, along with additional routes provided by Coach USA. City residents also have access to NJ Transit's Access Link—the Essex County Department of Citizen Services provides subscription services for the elderly, indigent, and mentally and physically handicapped for travel to nutrition, rehabilitation therapy, and life-essential medical care.⁴² Although Newark is a transportation hub, not all Newark neighborhoods have equitable access to transportation services. Public bus routes in Newark have a greater presence in the North and Central Wards (see page 12 of [New Jersey's Long Term Transportation Plan](#)). Additionally, Newark is home to the Newark International Airport, which connects the region to widespread domestic and international routes.

Figure 4: Newark's Five Wards

Source: [New Jersey Globe, December 6, 2021](#)

⁴² [New Jersey Department of Transportation and NJ Transit. New Jersey's Long-Range Transportation Plan: Urban Supplement. 2008.](#)

Food Insecurity

The United States Department of Agriculture (USDA) has identified 134 food deserts in New Jersey affecting 340,000 residents. The Reinvestment Fund has identified 924,000 residents — 10% of New Jersey’s population — as food insecure (even if not in a federally-recognized “food desert”) (see **Table 13**).⁴³ An October 2021 Census survey found that one in 14 New Jersey households reported not having enough to eat in the last seven days.⁴⁴

Food Deserts are low-income census tracts (with a poverty rate of 20% or higher or median family income below 80% of the area’s medium income) where a substantial number of people (500 people or 33% of the census tract) are located more than one mile from a grocery store in urban areas or more than ten miles in rural areas as food deserts.

[The Center for Health Law and Policy Innovation. PATHS. “Healthy Food Retailers: Opening Doors to Healthy Food in Every New Jersey Community.”](#)

Research around social determinants of health reveals that living in food deserts correlates to food insecurity, related to poor health outcomes. People tend to eat what they can afford and what is available. In 2021, the NJ Economic Development Authority, NJ Department of Community Affairs, and NJ Department of Agriculture identified 50 areas as Food Desert Communities (FDC) in New Jersey. Based on several factors such as demographics, USDA low access score, poverty, Centers for Disease Control and Prevention (CDC) modified retail food environment index, supermarket access, SNAP enrollment, vehicle access, unemployment, obesity, density, and 2020 municipal revitalization index score, Newark’s South and West Wards were selected as three and four, respectively, out of the 50 Food Desert Communities.⁴⁵ If nutrition begins with the type of food purchased, then lack of access to a supermarket with more food choices dictates the nutrition of community members that do not have access to supermarkets beyond the community in which they live. Food insecurity in Newark is significantly higher than food insecurity in Essex County—64.2% of residents in Newark report having food insecurity as compared to 10.7% of residents in Essex County, which accounts for a difference of about 142.9%.

Table 13: Food Insecurity

	CSA	PSA	Newark	Essex County	NJ
Percent	15.35%	13.85%	14.83%	16%	10%
Count	46,075	122,070	46,196	138,196	928,899

Source: US Census Bureau 2020. Retrieved on 8/3/22.

Air and Water Quality

The American Lung Association shows that New Jersey continues to have some of the most polluted air in the nation. Nine counties in New Jersey earned an “F” for ground-level ozone pollution, also known as smog.⁴⁶ Essex County earned a “D” grade. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.⁴⁷

⁴³ [The Center for Health Law and Policy Innovation. PATHS. Healthy Food Retailers: Opening doors to healthy food in every New Jersey community.](#)

⁴⁴ [NJ Economic Development Authority. Food Desert Community Designation Proposal Methodology.](#)

⁴⁵ Ibid.

⁴⁶ [American Lung Association, 2020.](#)

⁴⁷ [Advocates for Children of New Jersey. Newark Kids Count 2020.](#)

Ensuring the safety of drinking water is important to prevent illness, birth defects, and death; however, Essex County has a history of health-related drinking water violations.⁴⁸ According to the Environmental Protection Agency, Centers for Disease Control and Prevention, World Health Organization, and the American Academy of Pediatrics, there is no safe level of lead in drinking water. Exposed children can face damage to the brain and nervous system, and adults can experience cardiovascular diseases, reproduction issues, and kidney damage.⁴⁹ In 2017 and 2018, Newark experienced a lead exceedance in its drinking water where elevated lead levels were found in homes with lead service lines.⁵⁰ In 2018 and 2019, Newark's lead levels rose to some of the highest of any major city in the country.⁵¹ Since then, more than 18,000 lead service lines have been removed, and at-home water filters were provided to approximately 40,000 households.⁵²

Violence

The NJ Department of Health cites homicide through assault as the 11th top cause of death in Newark (16 per 100,000), as compared to the county's homicide rate of 9.2 per 100,000 and the state's rate of (3.4 per 100,000). According to Newark Police Comstat, Newark saw a 31% increase in murders from 2020 to 2021, followed by a 23% increase in non-fatal shooting, 16% increase in carjacking, 12% increase in auto theft, and 6% increase in rape.⁵³ According to the City Health Dashboard (2019), Newark had 620 violent crimes per 100,000 population, compared to an average of 432 across other cities and about 249 per 100,000 in the CSA (see **Table 14**).

Table 14: City Value for Violent Crime in Newark, NJ

	CSA	PSA	Newark	Essex County	NJ
Violent Crime (per 100,000)	249.3	520.3	619.8	606	253

Source: [City Health Dashboard](#). Retrieved by UH Health Analytics Team

In the 2nd quarter of 2019, there were 1,011 people per 100,000 people aged 15 to 64 incarcerated in Essex County. The New Jersey total incarceration rate was 410 people per 100,000 aged 15 to 64.⁵⁴ Newark's rate was higher at 2,147 per 100,000 people. For a city, county, and state comparison of crimes, see **Table 15**. Newark had a higher crime rate in all categories except for Larceny.

Table 15: 2020 Crime Rates per 100,000

	Newark	Essex County
Total Crimes		
Number of Offenses	6059	13802
Rate Per 100,000	2,146.6	1,724.6
Murder		
Number of Offenses	56	78
Rate Per 100,000	19.8	9.7

⁴⁸ Ibid.

⁴⁹ [The Natural Resources Defense Council. "Fighting for Safe Drinking Water in Newark."](#)

⁵⁰ [The City of Newark. "City of Newark Department of Water and Sewer Utilities: 2018 Water Quality Report."](#)

⁵¹ [The Natural Resources Defense Council. "Newark Drinking Water Crisis."](#)

⁵² Ibid.

⁵³ [Newark Police Department Comstat, Week ending 8/15/21.](#)

⁵⁴ [Vera Incarceration Trends. Essex County, NJ, Updated: March 24, 2022.](#)

	Newark	Essex County
Rape		
Number of Offenses	116	193
Rate Per 100,000	41.1	24.1
Robbery		
Number of Offenses	367	740
Rate Per 100,000	130.0	92.5
Assault		
Number of Offenses	953	1543
Rate Per 100,000	337.6	192.8
Burglary		
Number of Offenses	535	1196
Rate Per 100,000	189.5	149.4
Larceny		
Number of Offenses	2325	7215
Rate Per 100,000	823.7	901.5
Auto Theft		
Number of Offenses	1707	2837
Rate Per 100,000	604.8	354.5

Source: [New Jersey State Police. 2020 Uniform Crime Reports.](#) Retrieved 8/7/22.

In 2020 (the most recent year for which data is available), Essex County had a crime rate of 1,725 per 100,000 people; whereas, Cumberland County's crime rate was 2,577 per 100,000 people, Camden 2,295, Atlantic 2,154, Salem 1,812, and Mercer 1,745 per 100,000. Essex County had the highest number of offenses (see **Table 16**).⁵⁵

Table 16: 2020 Crime Rates per 100,000

	Cumberland	Camden	Atlantic	Salem	Mercer	Essex
Total Crimes						
Number of Offenses	3861	11545	5719	1114	6465	13802
Rate Per 100,000	2,577.2	2,294.6	2,154.4	1,812.2	1,745.2	1,724.6

Source: [New Jersey State Police. 2020 Uniform Crime Reports.](#) Retrieved 8/7/22.

Social Determinants of Health Domain #5: Social and Community Context

UH's catchment area is the Core Service Area (CSA) and Primary Service Area (PSA). The CSA includes a total of nine zip codes: eight in City of Newark (07101, 07102, 07103, 07104, 07105, 07106, 07107, 07108) and one in Irvington (07111). In addition to the nine zip codes in the CSA, the PSA also includes 18 zip codes in the neighboring towns of Belleville, Bloomfield, East Orange, Elizabeth, Elizabethport, Harrison, Hillside Kearny, Newark (07112 and 07114), North Arlington, Nutley, Orange, Union, and West Orange for a total of 27 zip codes.

According to the CDC, social and community context explores the connection between location, health and wellbeing, and covers topics such as discrimination, civic participation, workplace conditions and incarceration.⁵⁶ This CHNA looks at incarceration and zip-code level health outcomes.

The Prison Policy Initiative reports on prison rates in New Jersey:

⁵⁵ [New Jersey State Police. 2020 Uniform Crime Reports.](#) Retrieved 8/7/22.

⁵⁶ Center for Disease Control and Prevention. About Social Determinants of Health (SDOH). [Social and Community Context.](#)

Essex County — which contains the state’s largest city, Newark — has the third highest imprisonment rate among New Jersey counties at 351 per 100,000 residents. However, this burden is predominantly felt in Newark, which is home to 40% of the county’s population, but accounts for 66% of its residents who are in state prison.⁵⁷

The initiative also reports that 75% of those arrested are Black or African American, although Black and African American residents only make up 50% of the population. Furthermore, in 2020, Black or African American Newark residents were “1.6 times more likely to be stopped by police, 2.5 times more likely to be arrested, and 3.7 times more likely to be victims of police use of force than non-Hispanic, White Newark residents.”⁵⁸ The same reports also highlights the neighborhood division among the incarcerated with 50% of all Newark residents in state prison come from seven of the city’s neighborhoods. See **Table 17** and **Table 18**.

Table 17: Number of People in Prison in 2020, Newark, NJ

City	Number of people in state prison from each city or borough, 2020	Census population, 2020	Total population, 2020	Imprisonment rate per 100,000
Newark	1,957	311,549	310,171	631

[Prison Policy Initiative](#).

Table 18: Number of People in Prison in 2020 by Zip Code

Zip Code	City	Number of people in state prison from each city or borough, 2020	Census population, 2020	Total population, 2020	Imprisonment rate per 100,000
07108*	Newark	365	28,715	29,080	1,255
07103*	Newark	388	39,439	39,827	974
07112	Newark	247	29,773	30,020	823
07106*	Newark	230	34,596	34,826	660
07114	Newark	87	17,767	14,725	591
07107*	Newark	235	41,627	41,862	561
07102*	Newark	81	15,047	15,038	539
07104*	Newark	261	54,051	54,312	481

[Prison Policy Initiative](#) (Note: *Zip Codes in UH’s Core Service Area)

Of the zip codes in Table 18, six are located within UH’s CSA. The Center for Health Analytics, Research, and Transformation (CHART) at the New Jersey Hospital Association (NJHA) conducted a demographic analysis of communities in New Jersey. When they compared the profiles of the 35 zip codes with the best health outcomes and the 35 zip codes with the worse outcomes, there was a glaring difference in socioeconomic and race demographics.⁵⁹ Newark zip codes 07102, 07114, and 07108 (also reflected in Table 18) were listed among New Jersey’s most vulnerable zip codes. Those zip codes labeled as strongest had an average White population

⁵⁷ Prison Policy Initiative. [“Where people in prison come from: The geography of mass incarceration in New Jersey.”](#)

⁵⁸ Ibid.

⁵⁹ Center for Health Analytics, Research, and Transformation at NJHA (CHART) [New Jersey’s Most Vulnerable Communities. A Zip Code Analysis of Social Gaps and Their Impact on Health](#). November 2019.

of 78.8%, 15.5% Asian, 3% Other, and 2.7% Black. Conversely, the lowest-performing zip codes had a predominantly Black population of 42.3%, followed by 32.8% White people, 21.9% Other, and 3.0% Asian.⁶⁰

The CHART analysis included the following Newark zip codes that are located within UH's PSA (07102, 07103, 07105, 07108, 07112, and 07114). Newark zip code 07102 (ranked third in this measure) had about 191 emergency department visits with two or more chronic condition diagnoses per 1,000 people.⁶¹ At 489 emergency department visits with a mental health or substance use disorder diagnosis per 1,000 people, Newark's 07102 zip code was listed second among the five most vulnerable zip codes.⁶²

Newark was listed twice among the most vulnerable zip codes for life expectancy. The statewide median life expectancy is 80.4 and two Newark zip codes (07108 and 07112) have a shortened life expectancy of 72.8 and 72.9, respectively and rank of third and fourth, respectively.⁶³

As for percent uninsured, Newark's 07105 zip code scored lowest with 36% uninsured. Educational attainment is also impacted in Newark's 07105 zip code, with 36.56% having no high school diploma. In fifth place, Newark's 07102 zip code has a median household income of \$25,518. As for rates of unemployment, Newark's 07108 zip code had the highest rate of 23%, and 07103 had the fifth-highest rate of 20%.⁶⁴

SECTION 4: Summary of Community Health Statistics

Data Source(s)

The following section references health statistics retrieved from academic, government, hospital, and various research databases. Refer to [Appendix A](#) for a full listing.

Mortality

Seven-hundred and fifty-three people in Newark, 8,802 in Essex County and 95,994 across New Jersey died in 2020. The top ten causes of death in Newark in 2020 were:

- Coronavirus disease 2019 (COVID-19)—753 people or 25% of all deaths
- Other than 28 Major Causes—523 or 17%
- Diseases of heart—511 or 16.7%
- Cancer (malignant neoplasms)—330 or 11%
- Unintentional injuries—243 or 8%
- Diabetes mellitus—135 or 4%
- Stroke (cerebrovascular diseases)—95 or 3%
- Septicemia—77 or 2.5%
- Chronic lower respiratory diseases (CLRD)—64 or 2%
- Essential hypertension and hypertensive renal disease—62 or 2%

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

While it did not make the top ten, homicide continues to rank 11th, taking 62 lives. .In 2019, it was responsible for 16 per 100,000 (approximately 48) deaths in Newark.

Heart disease ranks 1st for New Jersey, 2nd for Essex County and 3rd for Newark; while COVID-19 was the 2nd leading cause of death for the state and the first for Essex County and Newark. In 2021, Rutgers School of Public Health released a study looking at key public health indicators in Newark. The report states that the top 10 causes in New Jersey in 2019 were responsible for three-quarters of all deaths. Two reasons in particular, heart disease and cancer, are also the two highest in Newark, and account for 40-45% of New Jersey deaths.⁶⁵ NJDOH updated the major cause of death listing for 2020 to include COVID-19. The data is available at the county-level and by race and gender. Tables 19-21 shows the major causes of death for 2020.

Table 19: Major Causes of Death, New Jersey, 2020

Rank	Major Causes of Death	NJ	%
	Count	95,995	100.00%
1	Heart Disease	19,716	20.54%
2	COVID-19	16,495	17.18%
3	Cancer (malignant neoplasms)	15,564	16.21%
4	Other than 28 Major Causes	15,390	16.03%
5	Unintentional injuries	4,777	4.98%
6	Stroke (cerebrovascular diseases)	3,726	3.88%
7	Chronic lower respiratory diseases (CLRD)	2,942	3.06%
8	Alzheimer's disease	2,673	2.78%
9	Diabetes mellitus	2,442	2.54%
10	Septicemia	2,060	100.00%

Source: [New Jersey State Health Assessment Data \(2020\)](#). Retrieved by UH Health Analytics Team.

⁶⁵ Leslie Kantor, Archana Rahjunath, Eliza Duberstein, and Tracy Andrews. Rutgers School of Public Health. Key Indicators of Public Health in Newark: 2014-2018.

Table 20: Major Causes of Death, Essex County, 2020

Rank	Major Causes of Death	Essex	%
	Count	8,802	100.00%
1	COVID-19	2,059	23.39%
2	Heart Disease	1,595	18.12%
3	Other than 28 Major Causes	1,431	16.26%
4	Cancer (malignant neoplasms)	1,100	12.50%
5	Unintentional injuries	458	5.20%
6	Stroke (cerebrovascular diseases)	302	3.43%
7	Diabetes mellitus	295	3.35%
8	Chronic Lower Respiratory Diseases (CLRD)	211	2.40%
9	Septicemia	210	2.39%
10	Alzheimer's disease	180	100.00%

Source: [New Jersey State Health Assessment Data \(2020\)](#). Retrieved by UH Health Analytics Team.

Table 21: Major Causes of Death, Newark 2020

Rank	Major Causes of Death	Newark ay	%
	Count	3,068	100.00%
1	COVID-19	753	24.54%
2	Other than 28 Major Causes	523	17.05%
3	Heart Disease	511	16.66%
4	Cancer (malignant neoplasms)	330	10.76%
5	Unintentional injuries	243	7.92%
6	Diabetes mellitus	135	4.40%
7	Stroke (cerebrovascular diseases)	95	3.10%
8	Septicemia	77	2.51%
9	Chronic Lower Respiratory Diseases (CLRD)	64	2.09%
10	Essential hypertension and hypertensive renal disease	62	2.02%

Source: [New Jersey State Health Assessment Data \(2020\)](#). Retrieved by UH Health Analytics Team.

Cancer

Table 22 lists the incidence of cancer diagnoses in the PSA, Essex County, and New Jersey in 2020. Since cancer, as a cause of death, is lower in Newark than in the rest of the state, it is not surprising to see that the overall rates of cancer incidence are lower in UH's PSA than in Essex County and New Jersey. However, the incidences of certain cancers are higher in the PSA. In comparison to the county, female breast cancer (n=19.1) in the PSA is higher than in the county (n=18.5). Likewise, the PSA also has higher rates of Hodgkins Lymphoma (18.4 per 100,000 vs. 17.8 per 100,000). In comparison to the state, the PSA has higher incidences in the brain and other nervous system cancers (n=149.5) and corpus and uterus (n=40.0).

Table 22: Rate of New Cancer (Incidence), 2020

	CSA	PSA	Essex County	NJ
Overall	N/A	456.7	462.6	479.9
1. Brain and Other Nervous System	N/A	149.5	157.5	139.1
2. Cervix	N/A	135.9	138.7	136.9
3. Colon and Rectum	N/A	44.3	45.5	52.5
4. Corpus and Uterus	N/A	40.0	40.7	37.3
5. Esophagus	N/A	32.3	33.3	33.4
6. Female Breast	N/A	19.1	18.5	22.1
7. Hodgkin Lymphoma	N/A	18.4	17.8	21.8
8. Kaposi Sarcoma	N/A	14.8	14.8	15.1
9. Kidney and Renal Pelvis	N/A	14.3	14.6	14.5

Source: New Jersey State Health Assessment Data (2020). Retrieved by UH Health Analytics Team.

Birth Outcomes

In 2020, there were approximately 12 births per 1,000 women, aged 15-44, in Essex County and UH's PSA. Essex County and the PSA have a higher birth rate than the rest of the state (10.9). Likewise, the fertility rate or the number of live births per 1,000 women for the PSA and Essex is 23.2 per 1,000 people compared to 21.4 for the State. Newark and Essex County have an infant mortality rate of 5.6 per 1,000 live births under the age of one. However, 22 of the 55 (or 40%) of the infant deaths in Essex County were born to Newark mothers; and 13% of the infant deaths in New Jersey are attributed to Essex County mothers.

Table 23: Birth Outcomes in UH's Service Area, 2020

	CSA	PSA	Newark	Essex County	NJ
Births (per 1,000)	N/A	11.9	N/A	12.0	10.9
Fertility Rate (per 1,000)	N/A	23.2	N/A	23.2	21.4

Source: New Jersey State Health Assessment Data (2020). Retrieved by UH Health Analytics Team.

Note: The general fertility rate is a more precise measure than the crude birth rate for tracking birth rate patterns. While the crude birth rate and the general fertility rate both look at the total number of live births among the population, the crude birth rate is calculated using the total population including the young, old, male, and female. The general fertility rate is calculated using only females of reproductive age, defined as ages 15 through 44 years, in the denominator. This results in a more sensitive indicator with which to study population growth and change. ⁶⁶

Table 24: Infant Mortality Rate in UH's Service Area, 2019

	Newark	Essex County	NJ
Deaths (per 1,000)	5.6	5.6	4.3
Number of Deaths	22	55	427
Number of Live Births	3,950	9,890	99,305

⁶⁶ [New Jersey State Health Assessment 2020](#). Retrieved 8/7/22.

Asthma

In 2018, approximately 32% of Newark residents have asthma. Comparably only about 6% of residents residing in the Essex County area report having asthma. The difference in proportion between those who have asthma in Newark and Essex County is 138.7%.

Table 25: Incidence of Asthma in UH's Service Area, 2018

	CSA	PSA	Newark	Essex County	NJ
Asthma	1.86%	7.35%	31.50%	5.70%	8.40%
Asthma	16,414	64,757	98,138	49,232	780,275
Asthma (per 100,000)	5,467.9	7,347.4	31,500.0	5,700.0	8,400.0

Source: New Jersey State Health Assessment Data (2018). Retrieved by UH Health Analytics Team.

Chronic Obstructive Pulmonary Disease (COPD)

In 2018, nearly 16% of the residents residing in Newark were reported to have Chronic Obstructive Pulmonary Disease (COPD). However, only 5.1% of those surveyed, who live in the Essex County area, reported having asthma. There is a 104.7% difference in the proportion of Newark residents having asthma than Essex County residents.

Table 26: Incidence of Chronic Obstructive Pulmonary Disease in UH's Service Area, 2018

	CSA	PSA	Newark	Essex County	NJ
COPD	1.67%	5.06%	16.30%	5.10%	5.20%
COPD	14,686	44,585	50,782	44,050	483,028
COPD (per 100,000)	4,982.4	5,058.7	16,300.0	5,100.0	5,200.0

Source: New Jersey State Health Assessment Data (2018). Retrieved by UH Health Analytics Team.

Coronary Heart Disease

In 2018, about 12% of Newark Residents reported having coronary heart disease. Comparably, only 6% of the Essex County area reported having coronary heart disease. The marginal difference in percentage shows a 68.1% difference between the report of coronary heart disease in Newark versus the Essex County area.

Table 27: Incidence of Coronary Heart Disease in UH's Service Area, 2018

	CSA	PSA	Newark	Essex	NJ
Coronary Heart Disease	1.96%	4.58%	12.20%	6.00%	3.30%
Coronary Heart Disease	17,278	40,397	38,009	51,824	306,537
Coronary Heart Disease (per 100,000)	5,755.7	4,583.4	12,200.0	6,000.0	3,300.0

Source: New Jersey State Health Assessment Data (2018). Retrieved 8/7/22. Retrieved by UH Health Analytics Team.

Kidney Disease

In 2018, approximately 7% of the Primary Service Area (PSA) in greater Newark reported having kidney disease, which is greater than the amount reported for Newark. The County has a higher rate of 5.8%, but it is still lower than the PSA. There is a 119.3% difference in the proportion of kidney disease reported between the PSA and Newark.

Table 28: Incidence of Kidney Disease in UH's Service Area, 2018

	CSA	PSA	Newark	Essex County	NJ
Kidney Disease	1.90%	6.73%	1.70%	5.80%	2.80%
Kidney Disease	16,702	59,351	5,296	50,096	260,092
Kidney Disease (per 100,000)	5,563.9	6,734.0	1,700.0	5,800.0	2,800.0

Source: New Jersey State Health Assessment Data (2018). Retrieved by UH Health Analytics Team.

Diabetes

In 2018, 16% of Newark residents are reported to have diabetes. Contrary to this, about 11.2% of the PSA and Essex County have diabetes. The difference in proportion between residents in Newark who have diabetes compared to residents in the PSA is 37.4%.

Table 29: Incidence of Diabetes in UH's Service Area, 2018

	CSA	PSA	Newark	Essex	NJ
Diabetes Percent	3.66%	11.23%	16.40%	11.20%	9.60%
Diabetes	32,253	98,988	51,094	96,738	891,743
Diabetes (per 100,000)	10,744.0	11,231.3	16,400.0	11,200.0	9,600.0

Source: New Jersey State Health Assessment Data (2018). Retrieved by UH Health Analytics Team.

Obesity

According to the Centers for Disease Control and Prevention, more than 33% of American adults are obese in 2018. The National Institute of Health (NIH) defines obesity as having a Body Mass Index (BMI) of 30 or more, meaning at least 30 pounds overweight. In 2018, the New Jersey Department of Health estimates that approximately 38% of Black New Jersey residents are obese, followed by 33% of Hispanic residents, 27% of White residents, and 10% of Asian residents.⁶⁷ The shared predominance of Black and Hispanic residents in Newark, and its surrounding communities, means that a large segment of the population is obese.

As a medical institution, University Hospital is concerned about obesity because it contributes to health problems such as hypertension, heart disease, and diabetes. Healthy New Jersey 2020 Objective NF-1a echoes this same concern and presents the following goal:

Prevent an increase in the proportion of the adult population aged 20 years and older that is obese. Targets are 23.8% for the total population, 22.4% among Whites, 32.5% among Blacks, 28.0% among Hispanics, and 11.0% among Asians.⁶⁸

⁶⁷ [New Jersey State Health Assessment Data](#). Retrieved 8/7/22.

⁶⁸ [Revised Healthy New Jersey 2020 Objectives, Baselines, and Targets](#). Retrieved on 9/10/22.

The disparity in obesity rates among high school students in New Jersey remains consistent with that of adults. Approximately 20% Black, 15% Hispanic, 10% White, and 3% Asian students in grades 9 through 12 are at least 30 pounds overweight.⁶⁹ For both the adult and pediatric measures, the state encourages caution when interpreting data, since the data is self-reported and people tend to underestimate weight and overestimate height. The implications here are that the obesity rate for the said population is likely higher than what is stated here. Thirty-six percent (36%) of Newark residents, 18 years of age and older, are obese.

Table 30: Incidence of Obesity in UH's Service Area, 2018

	CSA	PSA	Newark	Essex County	NJ
Obesity (18+)	27.82%	27.84%	36.00%	29%	27%

Source: City Health Dashboard/County Health Rankings (2019). Retrieved by the UH Health Analytics Team.

Hypertension

In 2019, (35%) of Newark residents who participated in the 2018 NJ State Health Assessment reported having hypertension. The rate for the PSA was about one percentage point lower than Essex County.

Table 31: Incidence of Hypertension in UH's Service Area, 2019

	CSA	PSA	Newark	Essex County	NJ
Hypertension	10.26%	30.33%	35.00%	31.40%	30.20%
Hypertension	90,423	267,339	109,042	271,211	2,805,276
Hypertension (per 100,000)	30,121.6	30,332.6	35,000.0	31,400.0	30,200.0

Source: [New Jersey State Health Assessment Data \(2019\)](#). Retrieved by UH Health Analytics Team.

HIV/AIDS and Sexually Transmitted Diseases (STDs)

In 2019, about 37.9 people in Essex County reported new HIV infection per 100,000. Comparably only 14.8 of all New Jerseyans report having a new HIV diagnosis per 100,000. The number of deaths resulting from HIV/AIDS is 24.5 per 100,000 people in Essex County, while New Jersey has about 8.7 deaths per 100,000. Finally, Essex County has an incidence of 1,049.2 STD cases (chlamydia, gonorrhea, and syphilis) per 100,000 people, which is more than double New Jersey's rate of 492.3 per 100,000.

Table 32: Incidence of HIV/AIDS and STDs in UH's Service Area, 2019

	CSA	PSA	Newark	Essex County	NJ
Rate of New HIV Diagnoses (per 100,000)	N/A	31.9	N/A	37.5	14.8
HIV Prevalence Rate (per 100,000)	N/A	1,200.5	N/A	1452.2	508
HIV Death Rate (per 100,000)	N/A	19.6	N/A	24.5	8.7
STD Prevalence Rate (per 100,000)	N/A	888.1	N/A	1049.2	492.3

⁶⁹ [New Jersey State Health Assessment Data. Health Indicator Report of Obesity among High School Students in Grades 9 to 12.](#) Retrieved on 8/15/22.

Source: New Jersey State Health Assessment Data (2019). Retrieved on 8/15/22.

Physical Inactivity

According to the City Health Dashboard (2018), the county health rankings on physical inactivity found higher levels of physical inactivity in Newark at 38.3% compared to only 9.48% in the core service area. The difference in proportion between residents who report having physical inactivity in the Newark area compared to the core service area is 120.6%.

Table 33: Rate of Physical Inactivity within UH's Service Area, 2018

	CSA	PSA	Newark	Essex County	NJ
Physical Inactivity	9.48%	28.20%	38.30%	29.00%	27.00%
Physical Inactivity	83,511	248,542	119,323	250,481	2,508,028
Physical Inactivity (per 100,000)	27,819.3	28,199.9	38,300.0	29,000.0	27,000.0

Source: [City Health Dashboard/County Health Rankings \(2018\)](#). Retrieved on 8/15/22.

Behavioral Health

According to the City Health Dashboard (2019), adult smoking rates rank at 21.9% in Newark, compared to 15.3% in the core service area. On the other hand, excessive alcohol drinking (binge or heavy drinking among adults) is higher in Essex County (17%) compared to Newark (15.8%). Similarly, Newark residents reported more frequent mental and physical distress⁷⁰ compared to New Jersey: 17.9% (Newark) vs. 11% (New Jersey) for mental distress and 16.7% (Newark) vs. 11% (New Jersey) for physical distress, respectively. Lastly, Essex County is reported to have a higher death rate resulting from drug overdose at 37 per 100,000 compared to New Jersey, which is about 31 per 100,000.

Table 34: Behavioral Health Indices in UH' Service Area, 2018

	CSA	PSA	Newark	Essex County	NJ
Smoking (18+)	15.35%	15.64%	21.90%	16.00%	13.00%
Excessive Drinking	16.31%	17.08%	15.80%	17%	16%
Frequent Mental Distress	13.43%	13.58%	17.90%	14%	11%
Frequent Physical Distress	12.47%	12.64%	16.70%	13%	11%
Drug overdose deaths (per 100,000)	N/A	32.6	34.8	37	31

Source: [City Health Dashboard/County Health Rankings \(2019\)](#) Retrieved 8/7/22.

COVID-19 Local Risk Index

The Local Risk Index (LRI) represents the prevalence of rising or falling COVID-19 infection in communities by evaluating the changes in near-real-time lab tests results. A higher LRI is an indication of an increased incidence of disease while an LRI below 1.0 suggests that a county is moving toward containing the virus.⁷¹ In Essex County, see [Table 21](#), COVID-19 was the number one underlying cause of death for 2,059 persons. Additionally, COVID-19 ranked first among cause of death for Black, Hispanic and Asian New Jersey residents in 2020, and as third

⁷⁰ Frequent Mental Distress: Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).
Frequent Physical Distress: Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).
Retrieved on 9/10/22 from [County Health Rankings & Roadmaps](#).

⁷¹ [American Enterprise Institute, COVID-19 Tracker](#). Retrieved 8/7/22.

among White residents.⁷² Essex County had the largest number of COVID-19 deaths (3,290 confirmed deaths and 313 probable COVID deaths as of April 26, 2022) and the second-highest rate of COVID-19 deaths in New Jersey.⁷³ Having the largest population share in the county, Newark drives these rates. The American Enterprise Institute indicates that Newark's COVID-19 Local Risk Index in December 2021 was 38.46.⁷⁴

Table 35: COVID-19 Local Risk Index (December 2021)

	PSA	Newark	Essex County	NJ
Local Risk Index	29.81	38.46	29.25	27.89

Source: [American Enterprise Institute, COVID-19 Tracker](#). Retrieved 8/7/22.

University Hospital continues to lead the region in responding to the pandemic. Approximately 1,000 patients were admitted during the first wave, and a total of 4,406 from March 2020 to June 2022. Almost 57% of those admitted were Black or African American, and 32% were Hispanic/Latino. More than two-thirds lived in Newark, with smaller percentages from East Orange, Irvington, Elizabeth, outside of New Jersey, Orange, Jersey City, Harrison, Linden, Kearny, Bloomfield, Union, Belleville, West Orange, and Montclair. Thirty-four percent (34%) of those admissions were covered by Medicaid, 25% self-pay/charity care, 19% commercial insurance, 16% Medicare, 4% COVID19-HRSA, and 2% other. Sixteen percent (16%) had Medicare and 13% were either self-pay or recipients of charity care.

Table 36: Payor of COVID-19 Admissions

Payor Group	N = 4,406
Commercial	19.2%
COVID19 HRSA	4.3%
Medicaid	34.2%
Medicare	15.8%
Other	2.0%
Self-Pay/Charity Care	24.5%
Grand Total	100.0%

Table 37: Race of COVID-19 Admissions

Race	N = 4,406
Asian	1.6%
Black/African American	56.8%
Hispanic/Latino	32.1%
Other	3.9%
Pacific Islander	0.2%
Unknown	1.1%
White	4.3%
Grand Total	100.0%

Table 38: Residence of COVID-19 Admissions

City	N = 4,406
Newark	65.6%
East Orange	5.1%
Irvington	5.0%
Elizabeth	2.7%
Outside of NJ	2.0%
Orange	2.0%
Jersey City	1.6%
Harrison	1.2%
Linden	1.2%
Kearny	1.2%
Bloomfield	0.7%
Union	0.7%
Belleville	0.6%
West Orange	0.6%
Montclair	0.5%

⁷² [Leading Causes of Death Among NJ Residents Final 2020](#). Retrieved 10/18/22.

Source: University Hospital Health Analytics. Fiscal Year 2022.
⁷³ [New Jersey Department of Health, New Jersey COVID-19 Dashboard](#). Retrieved 8/7/22.
⁷⁴ [American Enterprise Institute, COVID-19 Tracker](#). Retrieved 8/7/22.

The City Health Dashboard has produced a neighborhood-level risk index, reflecting social and economic factors and health outcomes relative to other neighborhoods in 500 other large cities.⁷⁵ Utilizing data from the American Community Survey and the Centers for Disease Control and Prevention's *500 Cities Project* and *Social Vulnerability Index*, the City Health Dashboard assigns a risk score on a scale of 1 to 10, with 10 being the highest population risk for COVID-19. The risk scores were calculated in March 2021 using demographic data from 2014-2018. Newark had an overall COVID-19 Local Risk Index rank of 10, compared to an average of 5.5 across the Dashboard's cities.

Not only does COVID-19 disproportionately affect those with underlying health conditions, but there is also a greater risk for those who are frontline workers and have lower incomes. These individuals are more likely to work with the public and do not have the option to quarantine at home or work from home. The inability of the majority of a population to do so, means that they have a greater risk of coming in contact with someone positive for COVID-19 (known, and unknown).

⁷⁵ [City Health Dashboard](#). Retrieved 8/7/22.

The Rockefeller Foundation COVID-19 Vaccine Access and Confidence Study⁷⁶

About the Study

At the start of 2021, The Rockefeller Foundation conducted a study that surveyed 2,517 non-white Black, Indigenous, People of Color (BIPOC) adults about vaccine access and confidence. The survey was administered telephonically and online. Key findings about participant demographics, health, and COVID-19 vaccine related attitudes and behaviors are listed below.

Findings

Demographics

- 506 of the respondents were from Newark. Of that amount, 47% identified as male, 52% as female, 87% as heterosexual, and 7% as LGBTQ+.
- 52% had some college or completed an undergraduate degree.
- 70% of respondents were not married.
- 57% didn't have dependents living with them.
- 41% were employed full-time and 10% were employed part-time.

Health and Insurance

- 43% said they receive healthcare one to three times per year.
- 21% left a care visit not understanding medications prescribed.
- 38% had a serious health condition and 35% had someone in their home who did.
- 30% had insurance through their employer and 35% were covered by Medicaid or Medicare.

COVID-19 Vaccine Beliefs and Attitudes

- 55% believed that the vaccine was effective against COVID-19.
- 62% were worried about how quick the vaccine was developed.
- 71% worried about unknown effects of the vaccine.
- 70% didn't think there was enough information on how the vaccine interacted with other health conditions.
- 48% said the vaccine was safe.
- 65% believed that those who already had COVID-19 still needed to get vaccinated.

COVID-19 Vaccine Uptake

- 66% percent said they would get the vaccine once it was available, although there was still some concern about doing so.
- 71% of those surveyed from Newark said that they would take the COVID-19 vaccine to protect their loved ones.
- Less than half knew a vaccination site that was accessible to their home.
- More than half were either very confident or somewhat confident that COVID-19 vaccines were distributed fairly.

⁷⁶ The Rockefeller Foundation. [Covid-19 Vaccine Access and Confidence Survey](#). Conducted by HIT Strategies. Topline Survey Results. Retrieved 8/7/22.

- 79% had a great or fair deal of confidence in their healthcare provider, 72% in the CDC, followed by 62% in the FDA, 62% in the State and local government, 62% in friends and family. More than half of the participants (54%) had a great deal or fair amount of confidence in religious leaders and 50% reported having confidence in the news media.
- 40% said they would be motivated to take the vaccine if they had more information about it.
- 43% of Newark participants reported that they knew someone who took the COVID-19 vaccine.

Based on these data, we can deduce that people are likely to get vaccinated in the face of the pandemic but do not necessarily trust the science behind the vaccination.

North Jersey Community Research Initiative NJCRI COVID-19 Survey

About the Study

The North Jersey Community Research Initiative (NJCRI) administered a county-wide survey beginning in February 2021. The study was funded by the National Institutes of Health⁷⁷ under a research initiative to understand and reduce disparities in COVID-19 morbidity and mortality. Over six months, 670 participants completed five surveys and two interventions around COVID-19 testing education and adherence. The respondents were primarily male (~70%), identified as Black or African American (78%), almost one-third lived in a shared space (institutional or transitional), and 64% earned less than \$15,000 in 2020. Just over 60% were never married and slightly over 25% did not have a high-school diploma (see **Figure 4**). The data collected through April 30, 2021, is included in this CHNA. Respondent-specific data post April 2021 was not available at the time of publication.

Findings

The knowledge questions, related to COVID-19 transmission, indicate a need for improved education and health literacy. A few examples from the Newark data (n=110) are:

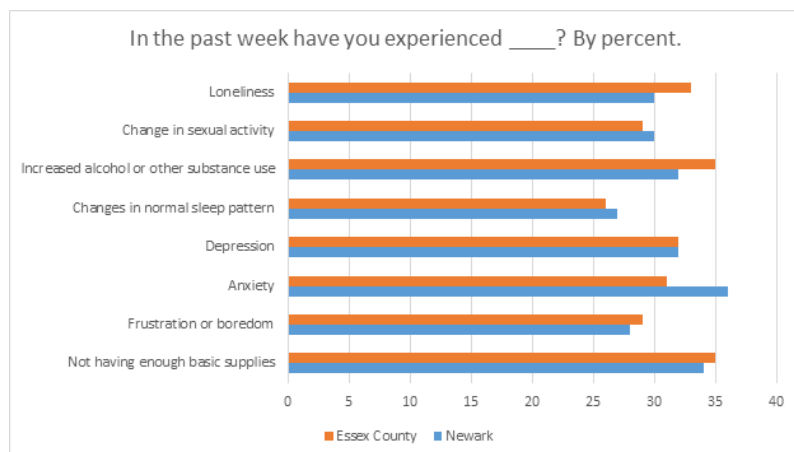
- 31% reported hearing not much or some about COVID-19.
- 24% were confused about how to prevent COVID-19.
- 66% agreed that washing your hands more frequently with soap and water helps prevent COVID-19.
- 65% agreed that using hand sanitizer helps prevent COVID-19.
- 66% agreed that wearing a face mask helps prevent COVID-19.
- 50% agreed that getting vaccinated helps prevent COVID-19.

Thirty-five percent (n=33) lost their source of income due to COVID-19.

Respondents were asked about their experiences in the past week (see **Figure 5**) and their mental health conditions (see **Figure 6**).

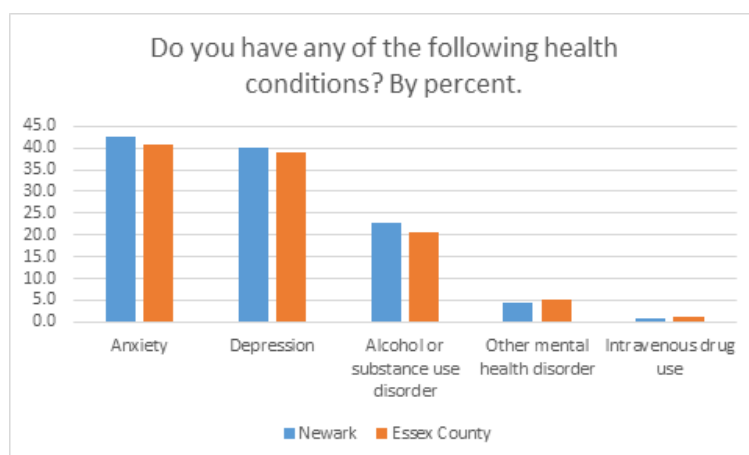
Figure 5: Experiences in the Past Week, COVID-19 Survey 2021

⁷⁷ Grant # R01MD010629



Source: North Jersey Community Research Initiative (NJCRI) COVID-19 Survey -April 2021

Figure 6: Mental Health Conditions, COVID-19 Survey 2021

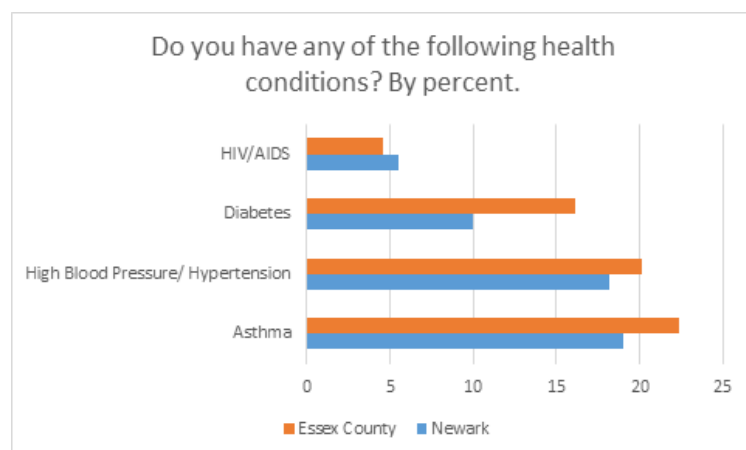


Source: North Jersey Community Research Initiative (NJCRI) COVID-19 Survey -April 2021

Many respondents noted increased emotional challenges during COVID-19, such as stress, depression, and anxiety. Respondents were then asked how they responded to those challenges. Responses from Newark residents (n=110) include:

- 18% were unable to eat or overate.
- 19% ate a less healthy diet.
- 27% lacked energy/motivation.
- 26% had difficulty sleeping.
- 14% used legal and/or illegal substances to cope.
- 17% were irritable/losing their temper.

The more common physical health conditions are shown in **Figure 7**.

Figure 7: Physical Health Conditions, COVID-19 Survey

Source: North Jersey Community Research Initiative (NJCRI) COVID-19 Survey -April 202.1

Other social and economic findings

include:

- 47% of respondents have had a close friend or relative die or be seriously injured due to violence, and 67% have heard gunshots in the community.
- 50% of Newark respondents have been incarcerated.
- 69% reported a household income in 2020 of less than \$15,000 per year before taxes.
- 39% considered housing and utilities as a primary concern, followed by employment/unemployment (18%).
- 69% did not have a computer with Internet access at home.
- 64% did not know that using technology to connect to a healthcare provider was an option.

COVID-19 Vaccinations. The New Jersey COVID-19 dashboard provides an overview of the percent of people, aged five and above, who have received at least one dose of a vaccine and those who have completed vaccine courses (two doses). In Newark, 82% of eligible people are vaccinated as of June 29, 2022, and 67% have completed a full vaccine course (see **Tables 35** and **36**). As of June 30, 2022, University Hospital administered 62,834 COVID-19 vaccinations (see **Table 37**).

Table 39: People with at Least One Dose, Percent of Population as of June 29, 2022

Age Range	Newark	Irvington	Hillside (Union County)	East Orange	Orange	Bloomfield
All Ages	83%	77%	82%	74%	89%	91%
5-11	36%	31%	37%	27%	49%	49%
5 and over	90%	83%	86%	79%	96%	97%
12-17	86%	86%	72%	70%	76%	93%
12+	96%	90%	90%	85%	101%	102%
18 and over	97%	91%	92%	87%	104%	102%
30 and over	100%	95%	99%	93%	104%	107%
65 and over	98%	97%	117%	109%	107%	119%

Source: [New Jersey Department of Health, New Jersey COVID-19 Dashboard](#) - June 29, 2022.

Table 40: People with Vaccine Courses Complete, % of Population as of June 29, 2022

Age Range	Newark	Irvington	Hillside (Union County)	East Orange	Orange	Bloomfield
All Ages	68%	63%	70%	61%	72%	78%
5-11	26%	22%	30%	20%	36%	43%
5 and over	74%	68%	75%	66%	78%	83%
12-17	70%	70%	63%	57%	61%	83%
12+	79%	75%	78%	71%	82%	87%
18 and over	80%	75%	80%	72%	85%	88%
30 and over	84%	80%	86%	79%	86%	92%
65 and over	84%	83%	101%	92%	89%	102%

Source: [New Jersey Department of Health, New Jersey COVID-19 Dashboard](#) - June 29, 2022.

Table 41: University Hospital Administered COVID-19 Vaccinations in FY2022

Dose	Count
Dose 1	24,932
Dose 2	24,212
Dose 3	11,019
Johnson & Johnson	2,503
Johnson & Johnson Booster	168
Grand Total	62,834

Source: University Hospital Health Analytics - June 30, 2022.

Essex County New Jersey Health Assessment⁷⁸

About the Study

The Essex County Community Health Needs Assessment, published in 2022, aimed to identify and prioritize the needs of the Essex County community at large. The specific objectives of the community health needs assessment were to:

- Understand key health issues that impact the community.
- Measure the health status and behaviors of Essex County residents.
- Produce evidence for evaluating public health policies, strategies, and programs.
- Create data-driven initiatives to advance health focused on the needs of Essex County residents.

Over 300,000 Essex County residents were invited to complete an online survey made available on the County Department of Health and municipality health department social media sites. In addition to using an online survey, the team collected information electronically at COVID-19 vaccination sites and mobile health clinics operating across the county. Team members also made four visits to the Division of Family Benefit and Assistance office in Newark to recruit survey respondents. A total of 11,127 valid survey responses were collected. Seventy-two percent (72%) participants were White, 15% were Black, and 13 % were other racial groups including participants who are of Hispanic/Latino origin, Asian Americans, Pacific Islanders, and Native Americans. Sixty percent of the participants were female.

⁷⁸ [Essex County New Jersey Community Health Needs Assessment 2022](#). Essex County Office of Public Health Management New Jersey and the School of Public Affairs and Administration, Rutgers University Newark.

Key Findings

Top Health Issues in the Community (*rounded decimals*)

- Mental health issues (59%)
- Aging issues such as Alzheimer's disease (43%)
- Cancer (42%)
- Obesity and overweight (40%)
- Infectious disease such as flu (29%)
- Heart disease (25%)
- Diabetes (23%)

Top Unhealthy Behaviors Impacting the Community (*rounded decimals*)

- Lack of exercise (47%)
- Poor eating habits (46%)
- Angry and violent behavior (39%)
- Drug abuse (36%)
- Alcohol abuse (33%)

Top Factors Affecting Personal Well Being in the Community (*rounded decimals*)

- Lack of exercise (61%)
- Poor eating habits (55%)
- Angry and violent behavior (38%)
- Reckless driving (34%)
- Not getting a routine check-up (29%)

Top Health Services Needed (*rounded decimals*)

- Blood pressure (59%)
- Obesity/nutrition counseling (58%)
- Cholesterol (57%)

SECTION 5: Summary of Findings from Primary Data

Demographic Surveys

Community Conversations – Demographic Surveys

The purpose of the community conversations was to identify community strengths/assets, concerns, healthcare needs, lifestyle choices, challenges, COVID-19 impact, and potential solutions to identified needs.

The 90-minute recorded community conversations (similar to focus groups) were held with residents of Newark and surrounding cities, many of whom work in the region. Non-Newark residents, who often travel to Newark for services and recreation, were included as residents of nearby cities. A total of 19 community conversations were conducted. Ten were conducted in partnership with the City of Newark with 79 participants (nine in English (n=75), one in Spanish (n=3)). Each community conversation included residents of a specific city (Newark=7, Orange=1, Irvington=1, Bloomfield=1). When analyzed, the data were grouped by

city. University Hospital conducted an additional nine community conversations with 168 participants (Newark= 6, Orange=1, East Orange=1, Hillside=1). One community conversation was conducted in Portuguese/English, two in Spanish, and the remaining in English. See **Tables 38 and 39**.

Each community conversation participant was asked to complete a demographic survey. These surveys provided a glimpse of participants' gender, race, age, educational status, and employment status. Seventy-six percent (76%) of the City of Newark community conversation participants completed the demographics survey. Ninety-six percent (96%) of all UH community conversation participants completed the survey. In appreciation for their efforts, subjects received a \$30 gift card.

Tables 38 and 39 provide an overview of community conversation participants' demographics, based on those who completed the survey. A total of 221 out of 247 people, or 89%, completed the demographic survey (26 community conversations participants did not complete the survey), thus the findings are not representative of the total community conversation sample. A summary of key findings is found below.

- The majority (n=170) of the respondents were between the ages of 30-69.
- 152 self-identified as Black or African American, and 61 as Hispanic or Latino.
- 176 identified as female, 45 identified as male, and 1 as non-binary.
- 107 of the respondents were single, and 76 were married or in a domestic partnership.
- 59 were high school graduates, 49 had some college, and 90 had a college degree.
- 119 were employed either full-time or part-time.
- An overwhelming majority listed their place of residence as Newark (n=142), followed by Orange (n=49), Irvington (n=10), East Orange (n=4), and Bloomfield (n=1).

Table 42: Demographic Survey of Community Conversations Conducted by UH

Demographic	Count	%
Age		
18-29	36	22.2%
30-49	67	41.4%
50-69	52	32.1%
70 or older	7	4.3%
Total	162	100%
Race		
American Indian or Alaska Native	1	0.6%
Asian	1	0.6%
Black or African American	101	60.5%
Native Hawaiian or other Pacific Islander	0	0.0%
White	26	15.6%
Prefer not to answer	38	22.8%
Total	167	100%
Are you Hispanic/Latino/Latinx?		
Yes	57	35%
No	105	65%
Prefer not to answer	0	0%
Total	162	100%
What is your gender?		
Female	128	79%
Male	34	21%
Non-binary	0	0%
Transgender	0	0%
Prefer not to answer	0	0%
Total	162	100%
What is your marital status?		
Single	76	47%
Married or in a domestic partnership	61	38%
Divorce or separated	14	9%
Widowed	11	7%
Total	162	100%
What is the highest level of school you have completed?		
Less than a high school degree	23	14%
High school degree or equivalent (e.g., GED)	47	29%
Some college	32	20%
College or graduate degree	60	37%
Total	162	100%
What best describes your employment status?		
Employed full-time	53	33%
Employed part-time	32	20%
Unemployed	41	25%
Retired	12	7%
Student	17	10%
Unable to work	7	4%
Total	162	100%
Please select your municipality from the drop-down menu.		
East Orange	3	2%
Bloomfield	1	1%
Newark	104	71%
Orange	39	27%
Total	147	100%

Table 43: Demographic Survey of Community Conversations Conducted by UH and City of Newark

Demographic	Count	%
Age		
18-29	2	3.4%
30-49	18	30.5%
50-69	33	55.9%
70 or older	6	10.2%
Total	59	100%
Race		
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	51	86.4%
Native Hawaiian or other Pacific Islander	0	0.0%
White	3	5.1%
Prefer not to answer	5	8.5%
Total	59	100%
Are you Hispanic/Latino/Latinx?		
Yes	4	7%
No	54	92%
Prefer not to answer	1	2%
Total	59	100%
What is your gender?		
Female	48	81%
Male	9	15%
Non-binary	1	2%
Transgender	0	0%
Prefer not to answer	1	2%
Total	59	100%
What is your marital status?		
Single	31	53%
Married or in a domestic partnership	15	25%
Divorce or separated	7	12%
Widowed	6	10%
Total	59	100%
What is the highest level of school you have completed?		
Less than a high school degree	0	0%
High school degree or equivalent (e.g., GED)	12	20%
Some college	17	29%
College or graduate degree	30	51%
Total	59	100%
What best describes your employment status?		
Employed full-time	26	44%
Employed part-time	8	14%
Unemployed	5	8%
Retired	16	27%
Student	2	3%
Unable to work	2	3%
Total	59	100%
Please select your municipality from the drop-down menu.		
East Orange	1	2%
Irvington	10	17%
Newark	38	64%
Orange	10	17%
Total	59	100%

Key Informants Interviews – Demographic Surveys

A total of fifteen 60-minute key informant interviews were held with leaders and stakeholders who work and advocate for residents of Newark. Ten interviews were conducted in partnership with the City of Newark and five were conducted by University Hospital alone. Interviewees represented various populations such as those with disabilities, parents, the undocumented, those with substance abuse issues, LGBTQ+, and the unhoused. Those interviewed were also provided a survey that asked additional questions concerning their work in the community. Seventy-three percent (11 out of 15) completed the survey. In appreciation for their efforts, informants received a \$30 gift card. A description of interviewee demographic characteristics is found below

- **Age.** Six or 55% of the key informant interviewees were 30-49 years old, followed by (4 or 36%) 50-69 years old, and (1 or 9%) 70 or older.
- **Race and Ethnicity.** Most of the respondents (6 or 54%) were Black/African American, and 5 or 45% were White. Most (9 or 82%) were non-Hispanic, followed by two (18%) who were Hispanic/Latino.
- **Gender.** Five or 45% of the respondents were males, followed by 4 or 37% females, and 2 or 18% were transgender.
- **Marital Status.** Five or 45.5% were married or had domestic partners, followed by 5 or 45.5% who were single, and 1 or 9% who were widowed.
- **Education.** Eight or 73% were college graduates, followed by 3 or 27% with some college.
- **Employment.** Ten or 91% were employed full-time, followed by 1 or 9% retired. Eight or 73% served 10 + years, followed by 1 or 9% who served 5 to 10 years, (1 or 9%) served 2 to 4 years, and (1 or 9%) did not answer.
- **Length of Employment.** Eight or 73% worked in community-based organization more than 5 years, followed by (2 or 18%) with 5 years or less, and (1 or 9%) with 2 years or less.
- **Home Location.** Most of the respondents (7 or 64%) do not live in the town where their organization is located. While most did not live in the same town, 5 or 46% of the respondents said they lived in the same county. However, 9 or 82% lived in the same state as their organization.

Table 44: Demographic Survey of Key Informants

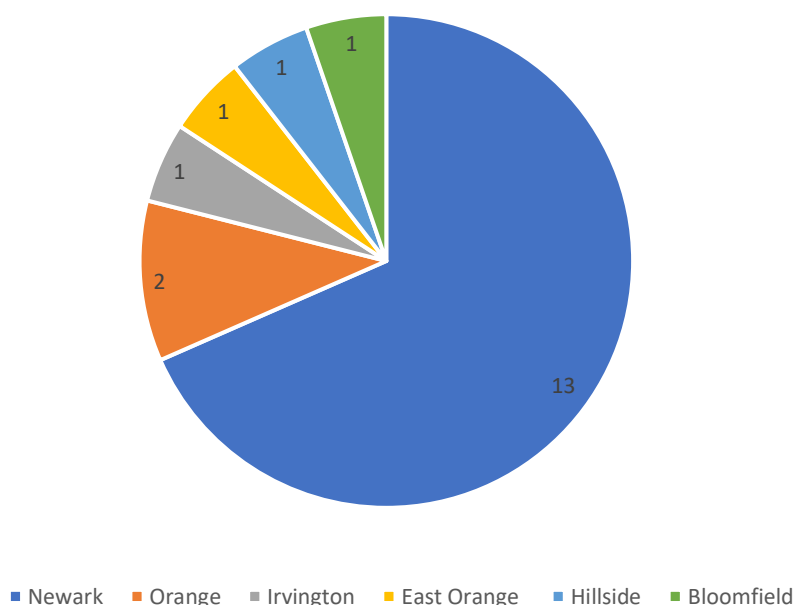
Demographic	Count
What is your age?	
30-49	6
50-69	4
70+	1
What is your race?	
Black/African American	6
White	5
Are you Hispanic/Latino/Latinx?	
Yes	2
No	9
What is your gender?	
Female	4
Male	5
Transgender	2
What is your marital status?	
Married/Domestic	5
Single	5
Widow	1
What is the highest level of school you have completed?	
College Graduate	8
Some College	3
What best describes your employment status?	
Full-time	10
Part-time	0
Retired	1
How many years have you served as a community leader?	
10+	8
5-10 years	1
2-4 years	1
Did not answer	1
How many years have you served as a leader in the community you currently represent?	
2 years or less	1
5 years or less	2
More than 5 years	8
If not, where were you born? City and State?	
Bridgeton, NJ	1
Dallas, TX	1
New Rochelle, NY	1
Newark, NJ	1
Orange, NJ	1
Philadelphia, PA	1
Pittsburg, PA	1
Prince George County, MD	1
San German, Puerto Rico	1
Shreveport, LA	1
Did not answer	1
Do you live in the same town as your organization?	
Yes	4
No	7
If not, do you live in the same county as your organization?	
Yes	5
No	4
Did Not Answer	2
Do you live in the same state as your organization?	
Yes	9
No	0
Did Not Answer	2

Community Conversations

Introduction

The following section provides a thematic analysis of the community conversations held in 2021. Thirteen (13) community conversations took place in Newark and the remainder the Greater Newark Area (Orange, Bloomfield, Hillside, East Orange, and Irvington) (see **Figure 8**). The summaries reflect the views and opinions of participants and should not be interpreted as facts or the views of all residents. Their stories bring life to the secondary data shared in [Sections 3](#) and [4](#) of this report.

Figure 8: Distribution of Community Conversations Across Greater Newark Area



Findings

from Community Conversations and Key Informant Interviews

This section summarizes 41 themes as documented across community conversations and key informant interviews. The themes are organized by four categories 1) community assets, 2) community concerns, 3) health needs, and 4) suggestions for improvement.

Figure 9 is a visual representation of the 41 themes, organized by the four categories, that surfaced in the primary data. Each theme is further described in **Tables 41 through 44**.

Figure 9: Themes by Category in Primary Data (*themes presented in alphabetical order*)



COMMUNITY ASSETS

1. Community Engagement
2. Community Leadership and Community-Based Organizations
3. Community Resources
4. Diversity and Inclusion
5. Education
6. Safety

COMMUNITY CONCERNS

1. Connectivity to the Internet
2. Racism and Discrimination
3. Education
4. Employment
5. Family Support
6. Food Insecurity
7. Homelessness
8. Housing Quality and Cost of Renting
9. Language Barriers
10. Pollution
11. Traffic Safety
12. Transportation
13. Violence

HEALTHCARE NEEDS

1. Accessibility to Health Care and Other Services
2. Chronic Disease
3. COVID-19 Prevention and Impacts
4. Mental Health
5. Patient-Provider Relationship
6. Prenatal Care
7. Preventive Screenings
8. Substance Abuse
9. Telehealth

SUGGESTIONS FOR IMPROVEMENT

1. Bolster Connectivity to and Communication about Services
2. Create Opportunities for Undocumented People
3. Develop a Thriving Workforce
4. Expand Parks and Recreation
5. Expand Transportation Access
6. Support Family Strengthening Activities
7. Improve School Curriculum and Allow for School Choice
8. Increase Access to Shelters Permanent and Affordable Housing
9. Increase Access to Mental Health Counseling
10. Increase Access to Healthy Food
11. Increase Opportunities for Community Engagement
12. Make Health Insurance Affordable
13. Offer Youth Development Programs

Category 1: Community Assets

Community assets and strengths can be *tangible* such as people, places, structures, and services, or *intangible* such as social connections, social capital, neighborhood values, and trust. **Table 41** details the community assets, strengths, and characteristics that make Greater Newark favorable for its residents. Community assets clustered into six themes and are listed in alphabetical order below. An explanation of each theme is found under the theme heading in **Table 41**.

1. Community Engagement (75 lines)
2. Community Leadership and Community-based Organizations (110 lines)
3. Community Resources (328 lines)
4. Diversity and Inclusion (92 lines)
5. Education (38 lines)
6. Safety (55 lines)

Table 45: Community Assets (listed in alphabetical order)

Community assets and strengths can be tangible such as people, places, structures, and services or intangible such as social connections, social capital, neighborhood values, and trust.

THEME 1: COMMUNITY ENGAGEMENT

Description	Several participants emphasized a strong sense of community involvement among residents and noted that there are many opportunities to get involved. Community engagement fosters self-efficacy, connection, and encourages residents to create opportunities for themselves.
Quotes from Primary Data	• <i>We had a senior/youth companion program as well, where a young person would come over and show the seniors how to use a laptop, iPad and a cell phone. They would also do different things with seniors – dance, play games and do artwork with them or just have a regular conversation. The seniors might even help the students with their homework because some of the seniors are retired teachers, nurses or something.</i> – Irvington Community Conversation • <i>Just really quick that the health department were doing a bike and walk every other weekend coming up on the 16th. The police department and health department, we get out there. There's been about 30 to 40 people each time. It's really fun, and it's a way to engage and engage with your community.</i> – Bloomfield Community Conversation • <i>And what I appreciate is collaboration between our community-based organizations, faith-based, our small businesses, our large corporations. And it's just that community and everyone coming together to discuss different matters and try to find solutions. So, essentially, we've identified those strengths and then just used those different assets to build solutions.</i> – Key Informant
Frequency	This theme was represented in at least 75 lines in the Community Conversation and/or Key Informant transcripts.
THEME 2: COMMUNITY LEADERSHIP AND COMMUNITY-BASED ORGANIZATIONS	
Description	Several participants reported strong leadership in Greater Newark. In particular, the Mayor of Newark (Ras Baraka) was described as doing “good things” for the city and responding to the needs of residents. Community leadership is helpful in securing resources. Community

Table 45: Community Assets (listed in alphabetical order)

	organizations actively hear concerns of constituents, such as LGBTQ+ issues, violence prevention, and others. Leadership works collectively with community members to combat these and other issues, however, there were a few cases where participants wanted community leadership to be more accountable for their decisions and to follow-up on promises.
Quotes from Primary Data	<i>The strength of the greater community is created by the leadership. If the leadership is strong, when the leadership is moving in the right direction of the needs of the urban community – health, violence, mental health, building and providing programs, all of these areas. Those community strengths are based on leadership that is in place in Newark now. We have awesome leadership in all of those areas. – Key Informant</i> <i>So, I see the strength of our region is actually the leadership that exists, you know. I'm involved with the Greater Newark Health Care Coalition and the leaders of most of the major institutions in Greater Newark are either on that board or involved in that board. And I definitely see that there is great leadership in the area [...]. We have a lot of services that are available in the Greater Newark community. – Key Informant</i> <i>Since last April [2020], the City of Newark has provided over five million meals to residents in the City of Newark. [...], it was amazing under the leadership of not just our mayor, but, of course, our chief of staff and volunteers and individuals from our office kicked in. And every Wednesday, we're just not distributing it to the people, but literally going to them. They didn't have to come to us because we didn't want people coming out. – Key Informant</i>
Frequency	This theme was represented in at least 110 lines in the Community Conversation and/or Key Informant transcripts.
THEME 3: COMMUNITY RESOURCES	
Description	Newark's central location is a hub for many social service agencies and community-based organizations. These community resources were one of the most referenced assets of the Greater Newark Area. Many participants discussed easy access to resources such as grocery stores, recreational activities, medical offices, and pharmacies. In addition, participants talked about services benefitting vulnerable populations such as legal services, housing programs, food pantries, shelters, workforce development, youth programs, and social service programs. Though resources are available, programs are often under capacity, and other barriers exist for some residents in using these services (e.g., health insurance, lack of awareness, lack of service coordination, language, and others).
Quotes from Primary Data	<i>The community and the resources that are available to everyone; I feel like that is extremely important, and I love being knowledgeable about where I can find help for people who need it. – Newark Community Conversation</i> <i>I go from Shoprite to Aldi [food markets] to wherever, like all around. I feel like we have a lot of access to fresh fruit, like good produce. – Bloomfield Community Conversation</i> <i>The food bank of Orange, yeah, I went there when they gave us fresh produce and stuff like that, and they also had a diabetes program going on [where they check] your diabetes and your blood pressure. – Hillside Community Conversation</i> <i>The township offers grants to nonprofit organizations if they qualify and complete the necessary paperwork. – Irvington Community Conversation</i>

Table 45: Community Assets (listed in alphabetical order)

	<i>Well for me, it makes me happy because there are a lot of programs here, a lot of support; and also, well, everything is nearby. It's not like in other places where the buses, the hospitals, are really far away.</i> -Newark Community Conversation
Frequency	This theme was represented in at least 328 lines in the Community Conversation and/or Key Informant transcripts.
THEME 4: DIVERSITY AND INCLUSION	
Description	Nearly every community conversation and interview emphasized the cultural richness and inclusivity of Greater Newark. Participants highlighted the diversity of their specific towns and positive interaction of individuals from different racial and ethnic groups. Participants also reported multigenerational interactions. One particular community conversation discussed how community members share stories from their diverse backgrounds, lending itself to a communal feel. There was also discussion around the influence of Black Americans on the history and development of Greater Newark. The common sentiment was that Greater Newark is welcoming to all genders, races, and faiths/religions. Local towns and organizations organize community events to celebrate different countries and cultures, allowing the community to unite under the banner of cultural pride.
Quotes from Primary Data	<i>And what I love about my community is that a lot of folks in our community are very passionate about community service and we are very diverse. And we are like one voice, one community when it comes to supporting our special needs population and general population.</i> – Bloomfield Community Conversation <i>But they're allowing a lot of new people in. And it's good for the businesses, it's good for the community. I just think it's progressive. So, it's an upwardly mobile town. Definitely.</i> – Irvington Community Conversation <i>And I just like the fact that we are a diverse group, but we do care about each other and people come together and try to help each other.</i> – Orange Community Conversation
Frequency	This theme was represented in at least 92 lines in the Community Conversation and/or Key Informant transcripts.
THEME 5: EDUCATION	
Description	Several participants stated that the educational system has been a great resource to their children and an asset to the community. The schools that they referenced provide an environment that is inclusive to diverse students and encouraging to learn and work towards graduation. Other participants discussed a need for more education opportunities for adults (e.g., parenting, nutrition, job training).
Quotes from Primary Data	<i>[We're] very mixed here in Bloomfield, and a lot of children are getting an excellent education. My daughter and all her friends went to high school. They're all college bound.</i> – Bloomfield Community Conversation <i>That it [Newark] has various study programs. Or rather, good schools and better opportunities for everyone.</i> – Newark Community Conversation <i>I think another strength is its educational institution, there's a lot of knowledge and diversity when it comes to higher education and folks that are within the reach of Newark.</i> – Key Informant

Table 45: Community Assets (listed in alphabetical order)

Frequency	This theme was represented in at least 38 lines in the Community Conversation and/or Key Informant transcripts.
THEME 6: SAFETY	
Description	Several participants described their communities as safe places to live and work, absent of threats or violence.
Quotes from Primary Data	• <i>I would say the peace; it's a very peaceful community in the vicinity where I am. I have not come across anything frightening or to be concerned about. So, it's safe there.</i> – Orange Community Conversation • <i>I think honestly, no, no, no threats to anyone while we was out there, we'd be out there in the morning and afternoon. Oh, I. And when we was going door to door, we would see the new police, the police car come by, you know. To make sure I get to make sure we was OK and they be monitoring the blocks and stuff, making sure nobody's trying to break into somebody's house, stuff like that. So, I felt kind of safe walking around out here.</i> – Newark Community Conversation • <i>This is so, so I feel like Newark is getting better in the sense of it's become a, you know, a safer community. Even if like the LGBT community is a lot more safer.</i> – Key Informant
Frequency	This theme was represented in at least 55 lines in the Community Conversation and/or Key Informant transcripts.

Category 2: Community Concerns

Community concerns are problems people would like to solve in their communities or conditions they feel are less than ideal and can be improved. Unmet community needs create barriers to living a healthy lifestyle. Community assets clustered into 13 themes and are listed below in alphabetical order. An explanation of each theme is found under the theme heading in **Table 42**.

1. Connectivity to the Internet (75 lines)
2. Education (189 lines)
3. Employment (144 lines)
4. Family Support (857 lines)
5. Food Insecurity (581 lines)
6. Homelessness (239 lines)
7. Housing Quality and Cost of Renting (121 lines)
8. Language Barriers (74 lines)
9. Pollution (55 lines)
10. Racism and Discrimination (610 lines)
11. Traffic Safety (72 lines)
12. Transportation (90 lines)
13. Violence (207 lines)

Table 46: Community Concerns (listed in alphabetical order)

Community concerns are problems people would like to solve in their communities or conditions they feel are less than ideal and can be improved. Unmet community needs create barriers to living a healthy lifestyle.

Table 46: Community Concerns (listed in alphabetical order)

THEME 1: CONNECTIVITY TO THE INTERNET	
Description	Participants shared that not everyone has access to the internet, which hinders communication and knowledge of resources. There was a general complaint that information is not provided in a timely fashion for people to benefit.
Quotes from Primary Data	• <i>Like where does the high school student go when they don't have Internet, and everyone doesn't, everyone can't afford it. Some of us pay more for cable than for rent. – Newark Community Conversation</i> • <i>I think more Internet and equipment, like laptops or iPads, would be very helpful for families that are eligible. And having hotspots in connection with letting them know about Verizon programs is key. – Irvington Community Conversation</i> • <i>Well, one of the things is we do have clients that come here for computer access. A lot of people don't have access to the Internet, so iPads will be great. -Newark Community Conversation</i>
Frequency	This theme was represented in at least 75 lines in the Community Conversation and/or Key Informant transcripts.
THEME 2: EDUCATION	
Description	Participants discussed the lack of diversity among teachers and staff in Bloomfield schools. There are also inequities between schools in different sections of Bloomfield, with one school having more resources than the other. Conferences at the school tend to be scheduled only with the school in mind. Members of the Orange and Bloomfield community conversations state that there is also a lack of choice when it comes to school preference. School selection is only based on your address.
Quotes from Primary Data	• <i>[...]so the schools are not diverse as far as the teachers and the staff. They're mostly Caucasian staff. And then the children are this great mixture of people. So that would be something that I think could be improved upon. – Bloomfield Community Conversation</i> • <i>We don't have a charter school in Orange for our children [...]. Newark has several charter schools that we are not allowed to send our children to because they're not in district. But, however, [there's a nearby charter school that] will take Orange and Newark students, so it lessens our chances, our students' chances of getting an actual spot in these small charter schools. – Orange Community Conversation</i> • <i>So, along the lines of the schools there, it also seems to me that there's no equity between the schools in the north and the south end, and I don't think that we take that into consideration. You know, the support that parents may need in order for their children to succeed. – Bloomfield Community Conversation</i> • <i>That causes a problem for me, because my husband and I are also in the education system and we have to be to work at a certain time. As a result, my children aren't able to go to school in Bloomfield because I can't get to the school on time. And the schools that do have the breakfast program, we can't go there because we just don't live on that side of Bloomfield. And for me, that's just not fair to me, that's just not fair. – Bloomfield Community Conversation</i>

Table 46: Community Concerns (listed in alphabetical order)

	<i>If there's a single parent household, you can't expect that the mom or dad is going to be able to come to the school to attend meetings and things like that. – Bloomfield Community Conversation</i>
Frequency	This theme was represented in at least 189 lines in the Community Conversation and/or Key Informant transcripts.
THEME 3: EMPLOYMENT	
Description	Immigration status was cited as an issue for East Orange's Haitian community. Non-residents have difficulty securing employment and when employed, they do not have any job-related benefits.
Quotes from Primary Data	<i>We need to have a hub where we can do job search for the Haitian community—how to prepare a resume, how to plug them into the job market, not just give them the class but also do the follow-up so that they can be placed accordingly [i.e., testing, ESL, etc.]. Uh, we need to have integration instruction. Um, a lot of people, uh people from the Haitian community are not benefiting because of those issues. –East Orange Community Conversation</i> <i>Maybe employment. Uh, you know, maybe for them finding – you know, for our Haitian, uh, community trying to find a job or a decent job, especially when they're coming over here. So, I'm thinking, you know, some type of employment is needed because it can also be a hardship for them as well. – East Orange Community Conversation</i>
Frequency	This theme was represented in at least 144 lines in the Community Conversation and/or Key Informant transcripts.
THEME 4: FAMILY SUPPORT	
Description	Participants shared that support programs for families and youth have been adversely impacted by the pandemic. Participants expressed the need for additional services and programming.
Quotes from Primary Data	<i>Um, I think a lot of the kids and the youth in inner city environments need things, but I think their parents need things, they need support. They need food, like we talked about. Their kids need clothes, their kids are growing. Um, they need uh, support when it comes to not having to work 1,000 hours to have a plausible income to pay rent and to pay utilities and to provide that food and the clothing. – Newark Community Conversation</i> <i>I would say everyone needs to have a good work-life balance, and I think that's something that we kind of forget about, especially during this pandemic. [...] that those who have been fortunate enough to keep [their job and are] still employed, you know, during that time, a lot of us working remote. So sometimes I think that we get caught up to where we're constantly working. And you forget about that home life sometimes. So, you miss out on things. – Bloomfield Community Conversation</i> <i>You know, I really understand from experience that a lot of times we as kids or youth or whatever you wanna call it, we need things, but we also need our parents, we need our guardians, whoever supports us and takes care of us, we need them to be able to be there. – Newark Community Conversation</i> <i>[We need] something for childcare, for parents who cannot afford childcare—these are parents who have to go to work. [...]. So, I would do something with childcare. – Bloomfield Community Conversation</i>

Table 46: Community Concerns (listed in alphabetical order)

Frequency	This theme was represented in at least 857 lines in the Community Conversation and/or Key Informant transcripts.
THEME 5: FOOD INSECURITY	
Description	The predominance of fast-food chains in Newark provides easy access to unhealthy foods. With minimal affordable healthy-eating options in Newark, fast-food is a low-cost convenient food option for residents. Some food distribution programs also provide unhealthy food items.
Quotes from Primary Data	• <i>I'm finding we have poor eating habits. I know they were saying that they gave away food and things, but the food that they were giving away – those boxes wasn't all healthy food. So much of it was processed. And that is a contributing factor to our poor health and our poor diets. – Orange Community Conversation</i> • <i>The diet, some people are living on a certain budget and so they can only afford certain things. Then we have those families where they've grown up, just, you know eating fast food and, you know, those other things like that because maybe their mom was working, and they were out during dinner time and mom didn't get a chance to cook. And so, you know, those things then become routine for a lot of families. – Newark Community Conversation</i> • <i>And I think that for me, the cost of food, especially now, has gone up during this pandemic. And I feel like in order for me to feed myself and my children healthier foods, it costs more money. So, like, for example, I'm not saying that I do this, but it's true. You can go to McDonald's and get a chicken sandwich for a dollar and go to the website, like go to a Whole Foods or Trader Joe's and their food is so expensive. – Orange Community Conversation</i> • <i>I mean, up until recently, Newark was a food desert. So now it has ShopRite and Whole Foods and it's a couple of stable supermarkets. Another thing that I've realized is that when I shop in Newark, and then I shop in a different part of New Jersey, there's a better selection of meat, there's a better selection of fruits and vegetables. You know what I mean? So that also plays into it. The diet, some people are living on a certain budget and so they can only afford certain things. – Newark Community Conversation</i>
Frequency	This theme was represented in at least 581 lines in the Community Conversation and/or Key Informant transcripts.
THEME 6: HOMELESSNESS	
Description	The Greater Newark Area has a high rate of homelessness. This is exacerbated in the immigrant community, where the undocumented are ineligible for many support services. Substance abuse disorders also play a factor in homelessness. The homeless population is also comprised of the unemployed and individuals recently released from jail. Most concerning is the lack of shelters to help assist homeless individuals. It has been an ongoing issue, and the homeless population continues to suffer. In addition, homelessness creates blight, as people sleeping on the street are an eyesore and pose a safety concern in some areas. This population is also high risk and vulnerable (susceptible for disease, attacks, and other harmful events).
Quotes from Primary Data	• <i>I wanted to add that what is also contributing to the homelessness...because like we have like a lot of homeless veterans and [those] who suffer from PTSD, and they can't do nothing [because] people don't want to take them in because of their problems and stuff like that. – Newark Community Conversation</i>

Table 46: Community Concerns (listed in alphabetical order)

	- Also, some of these things are a result of unemployment, food insecurity or lack of housing. If they don't have sufficient housing, sometimes these things arise. – Irvington Community Conversation - One of the community problems that I noticed where I lived was homelessness. And one of the potential solutions to address that is possibly opening a local shelter here in Orange for the homeless population. I know it's right here on Central Avenue. There's a lot of homelessness. – Orange Community Conversation
Frequency	This theme was represented in at least 239 lines in the Community Conversation and/or Key Informant transcripts.
THEME 7: HOUSING QUALITY AND COST OF RENTING	
Description	Poor housing quality and slum landlords are persistent problems in the Greater Newark Area. Landlords are often negligent and unfair to their tenants by refusing to or not completely addressing repairs and other concerns raised by tenants. Landlords are also benefiting from the pandemic through rent increases, while tenants are left to suffer (especially since the housing moratoria ended).
Quotes from Primary Data	- I, at the time, checked out an apartment and it was beautiful, but they put a Band-Aid beautification on it. And as soon as we moved in then all these rats, they were hiding in the walls. I mean, they were so fierce that they, you couldn't cook because the smell would bring them out. They chewed through concrete. Yes. And it took, it took a long time to find the owner. – Hillside Community Conversation - You know, I'm a resident of Orange, but I can get to know how much they cost. And there is one that I did get to check out and it was so expensive. And I'm a college graduate. I'm a middle-class resident. I can't afford to live there. So, I'm worried about the residents and how they're going to afford to pay for housing, especially after school. Didn't a lot of people lose their jobs? Unemployment [check] is not that much. – Orange Community Conversation - You know the [majority] of the landlords are not even there, they rent the inside of the houses out. They are not even in the house. And so, a lot of them come into the city because they are enticed to come in because it's so very attractive to just make some money. – Hillside Community Conversation
Frequency	This theme was represented in at least 121 lines in the Community Conversation and/or Key Informant transcripts.
THEME 8: LANGUAGE BARRIERS	
Description	East Orange's Haitian community faces barriers due to low English proficiency. Establishments that offer translation services, rarely have Haitian Creole as an option. Resources and materials in schools and libraries are also mainly in English, making it difficult for the Haitian community with little to no command of English.
Quotes from Primary Data	Yeah. When they come here, there's a language barrier and they become so limited, um, in acquiring services. That's usually a problem. And they have to find a translator. Most government offices are not going to have Creole speakers. And so that presents a potential problem. – East Orange Community Conversation

Table 46: Community Concerns (listed in alphabetical order)

	• <i>Yes. Uh, the language barrier because sometimes, there are a lot of things that would be, uh, available for them, but they don't really know how to get or apply for those resources, like healthcare. So that's why we need somebody to translate to break that barrier so they can [get what they need].</i> – East Orange Community Conversation • <i>Yeah, so definitely we have a lot of Haitians that could benefit from temporary housing assistance. For them to fill that out, you have to call a general hotline. And a lot of them don't know how to fill online. They don't know how to speak the language. And unless you have someone who speaks English, then they're stuck.</i> – East Orange Community Conversation
Frequency	This theme was represented in at least 74 lines in the Community Conversation and/or Key Informant transcripts.
THEME 9: POLLUTION	
Description	Pollution in Greater Newark is a major concern that puts the health of residents at risk. There are factories located in densely populated areas, which causes additional health issues. Littering leaves some neighborhoods aesthetically unappealing. Furthermore, highly chlorinated water was noted as a problem in Bloomfield.
Quotes from Primary Data	• <i>In the streets, the garbage issue is very important because it causes pollution, diseases, and much more, especially with the problems that we are going through right now with the pandemic.</i> – Newark Community Conversation • <i>So, these bags and things like that, the health, the safety, health issues of just garbage and debris all around breathing and, you know, that kind of stuff, the cleanliness [...]. So just the garbage that's outside, everything that's on the ground in our community.</i> – Newark Community Conversation • <i>The city is a bit dirty. You see you go to the majority of the areas and they're not helping at all. You see the roads. Garbage is everywhere. You know the rodents and the rest of those.</i> – Hillside Community Conversation • <i>Being that I'm a science teacher, I always get these notices for various issues with the water and I've had to test it a couple of times on my own every now and then. Usually during the summer, the water starts to smell funny, like I have a high chlorine content. There was one situation when there was this form of bacteria residue that was left over.</i> – Bloomfield Community Conversation • <i>It's just a general issue. [...] on the south, in a wide area of the south end, the street sweeping [...] as far as the curbs, leaves the trash being cleaned up.</i> – Bloomfield Community Conversation
Frequency	This theme was represented in at least 55 lines in the Community Conversation and/or Key Informant transcripts.
THEME 10: RACISM AND DISCRIMINATION	
Description	Participants explained that while some communities are inclusive of diverse populations, others are non-accepting. Participants shared instances of personally being discriminated against, hearing disparaging comments about people born in foreign countries, and hearing about people of color being mistreated in the healthcare system and their healthcare concerns not taken seriously. Participants also discussed police discrimination. The discussion centered around people being profiled and stopped at traffic signs because of their race.

Table 46: Community Concerns (listed in alphabetical order)

Quotes from Primary Data	• <i>They don't like really totally accept you. I mean it's not everyone, you know, we have different people. Individual differences. But some people are just so hateful; they don't appreciate being from a different country and stuff like that. They make racial comments and all kinds of signs of rudeness. One thing I really find about racism in America is that it doesn't matter how long you've lived in this country. If you see a black or a white [person] that is racist, they gonna make you feel that you're a foreigner, that you don't belong. – Newark Community Conversation</i> • <i>My first job, I remember someone walking up to me to ask me if in Africa uh we live on trees. Um again, you know this is a young person who should know better. So, my response was that you know that American embassies are the biggest tree in Nigeria. Um you know at that time I had to go on and educate this person because I came to the States already educated. So, at that time my job of choice was [entry-level] because I wanted to start from there and, you know, retrain myself. So being black or having an accent doesn't make you unintelligent. People confuse, you know, being an African or a foreigner as being unintelligent. We come here educated and then start all over you know. It's just misperceptions. – Orange Community Conversation</i> • <i>I think it's been even exacerbated in terms of access to health services. Short story, I was talking to my own doctor and she was indicating that a number of her patients actually did come down with covid and she referred them to certain hospitals where she actually has her practice and a couple of hospitals would not accept them. Because of who that patient was, so these were primarily black men or black women, and so to me, that just highlighted the disparities that people were dying because of access when the hospital could have done, in my opinion, something... So, to me, where they turned away because of their race, where they turned away because of lack of health benefits with a chance to beat this. – Key Informant</i> • <i>[...] I've heard the stories that the people have spoken about as far as the targeting from [certain] areas to pull people over. I've seen and heard that. -Bloomfield Community Conversation</i> • <i>Traffic stops down in the area of Grove Street, down in that area. And they did a study saying [the police] weren't doing a lot of stops over by the ShopRite [or] over by Bloomfield but closer to Newark, the borderline of Newark and East Orange. And it was disturbing because they're targeting the minority section [...], which I thought was very unfair. – Bloomfield Community Conversation</i>
Frequency	This theme was represented in at least 610 lines in the Community Conversation and/or Key Informant transcripts.
THEME 11: TRAFFIC SAFETY	
Description	This theme focused on road conditions, pedestrian safety, and vehicular accidents. When referenced, attendees discussed the roads in Bloomfield and Newark that have potholes and need repair. Street cleaning in Newark and Bloomfield was also discussed, along with the issue of litter and failure to pre-treat roads for inclement weather and snow/ice removal. Residents reported that the roads are unsafe to drive on as they are cracked and have a lot of potholes. This creates issues with traffic and parking. Besides road safety, driving safety is just as much a concern. Many motorists disregard road signs and speed or fail to yield or stop. It results in many pedestrian accidents with children, adults, and the elderly. The children and elderly are most at risk, and strict laws enforcing safe driving and crossing

Table 46: Community Concerns (listed in alphabetical order)

	guards need to be established or enforced. Seniors are at risk of getting injured as crosswalks are not uniformly distributed, making them more prone to get injured as many drivers do not pay attention to the road.
Quotes from Primary Data	• <i>But they won't repave the road. They'll just put a band-aid on the area. And because it's such a heavily populated area [with lots of] traffic, they don't want to shut the road down to do so.</i> – Bloomfield Community Conversation • <i>So, what we've noticed is that our road always has many potholes. Because of that, we have trucks coming down the street. We have neighborhoods filled with kids, and people are flying down streets covered with potholes. We have to actually take pictures and then post on the official website.</i> – Bloomfield Community Conversation • <i>It seems to be more evident in the morning when I go out, when I'm driving to work. Many people are desperate to get where they need to go. And they don't understand that there are young children who are crossing the street; parents trying to get their children to school. Everybody is crossing the street, right?</i> – Newark Community Conversation • <i>Personally, I also think that there should be more police in certain areas [...] or during school hours. For example, more people helping children cross. That is a problem too. In the mornings there are many, many people who do not yield to the kids. So, there should be more people at those times.</i> – Newark Community Conversation • <i>I know that there is one central supermarket that we have, Bravo, and there is no crosswalk. You have to literally, you know, try to walk through traffic to get to Bravo. And I think they should have a stop sign and a walkway there for senior citizens who might just want to take a stroll to the supermarket, and they should probably have more benches if they're walking. You know, if they just want to catch their breath, they can at least sit down.</i> – Orange Community Conversation
Frequency	This theme was represented in at least 72 lines in the Community Conversation and/or Key Informant transcripts.
THEME 12: TRANSPORTATION	
Description	Towns outside of Newark have less access to public transportation, such as fewer bus routes. Seniors have difficulty gaining access to transportation services. Improving bus routes would help the community navigate throughout the city without walking long distances.
Quotes from Primary Data	• <i>A long time ago, the bus stop on Bloomfield Avenue used to stop [at the] Theater. And so then when people got off, that was a hub so that people shopped around in Bloomfield because they got off at the hub. But then they moved the bus stop back to the post office. And then the next stop is not until you get past... So, no one's going to get off and walk back.</i> – Bloomfield Community Conversation • <i>I know that for seniors there's that bus, but it has to be scheduled. And they never know, like when their doctor visit [will be]. Has to be scheduled out so far in advance. So maybe if there was more availability for seniors to get around, not just for appointments, but to get to the store and that type of thing. So that's something for seniors, specifically transportation.</i> – Bloomfield Community Conversation • <i>We do have issues with parking. I would definitely say that like, you know, the snow days, of course, you have to move your car for the plow. But also, the side of street parking, especially when you're competing for parking with college students. It's definitely an issue.</i> – Bloomfield Community Conversation

Table 46: Community Concerns (listed in alphabetical order)	
Frequency	This theme was represented in at least 90 lines in the Community Conversation and/or Key Informant transcripts.
THEME 13: VIOLENCE	
Description	Violence was a theme highlighted among most community conversations. While the Greater Newark Area is a welcoming place, it can be very dangerous. Crimes, including gun violence, domestic violence, and robberies, have not decreased. Some attendees referenced domestic violence as an unspoken issue and the associated need for support groups as a way to de-stigmatize domestic violence, foster peer support and decrease the incidence. The system fails to represent women abused in their homes, and justice is rarely served.
Quotes from Primary Data	<i>You know, it's really unfortunate. I'm thirty-eight and I can remember when me and my friends and I always lived in the south ward of Newark and we would walk down and that we would walk to the center, we would walk. I don't even allow my boys to walk to the corner store. That's how bad it is. – Newark Community Conversation</i> <i>So, like a major community problem is domestic violence, and the system is utterly broken. Okay, so it constantly victimizes the victims... one hand, doesn't know what the other is doing regarding all the different organizations and there's always passing the buck. Well go here and then you go there and then it's over here. You know, a lot of women are extremely frustrated and there's a trend now with a lot of men who have learned to work the system against those that are victimized, and they are pretending to be the victim. – Newark Community Conversation</i> <i>The gang members are a lot, especially with me. Having boys is so unfortunate because they get called in from every angle. So, I drive myself crazy, about finding, you know, training them to do this football. They go from season to season, playing some type of sport. And as of right now, it's really unfortunate that, you know, they're not able to do a lot of this stuff. But we need, I mean, I don't even see girls jumping rope no more like playing hopscotch because it's so dangerous that you don't even want your kids to go outside. – Newark Community Conversation</i>
Frequency	This theme was represented in at least 207 lines in the Community Conversation and/or Key Informant transcripts.

Category 3: Health Care Needs

Community health care needs include the prevention and treatment of health conditions as well as environmental or structural factors that impede access to prevention and treatment. Health care needs are clustered into nine themes and are listed below in alphabetical order. An explanation of each theme is found under the theme heading in **Table 44**.

1. Accessibility to Health Care and Other Services (1,103 lines)
2. Chronic Disease (353 lines)
3. COVID-19 Prevention and Impacts (647 lines)
4. Mental Health (845 lines)
5. Prenatal care (154 lines)
6. Patient-Provider Relationship (642 lines)
7. Preventive Screenings (177 lines)
8. Substance Abuse (369 lines)
9. Telehealth (530 lines)

Table 47: Community Healthcare Needs (listed in alphabetical order)

Community health care needs include the prevention and treatment of health conditions as well as environmental or structural factors that impede access to preventing and treatment.

THEME 1: ACCESSIBILITY TO HEALTH CARE AND OTHER SERVICES

Description	Participants discussed several barriers to access health care and social services (e.g., prevention screening, treatment, medication, mental health counseling, and health education)—some of which are described in other theme categories (discrimination, transportation, connectivity and communication). This theme focuses more on disjointed services, poor continuity of care, the need for support in navigating health care and social service systems (e.g., care workers, patient navigators), and the lack of health insurance. This theme surfaced as the top need with over 1,110 transcript lines. Participants explained that a “one-stop” model would encourage patients to use services and follow up on recommended treatments. They also talked about a need to improve community partnerships, digital systems for coordinating with different service providers, and warm hand-offs rather than referrals. Services that are provided in the local community are more likely to be used than services located in different communities that require time-consuming travel. There was also specific mention of seniors and people with disabilities. Fear about talking with providers, learning about diagnoses, and contracting COVID was another factor that impedes individuals from accessing care. Participants also talked about more macro-level factors that influence access to services such as politics, policies, funding, and accountability of leaders/decision makers. Not having adequate health insurance is a major barrier in obtaining health care and often leads to worsening health care conditions. Greater Newark residents who are undocumented do not qualify for health insurance. Others are not fully covered by their insurance plan or they cannot afford to purchase health insurance because of high premiums and deductibles. Many residents complain that charity care only covers certain healthcare services. Patients often receive misinformation about charity care and are left feeling frustrated.
Quotes from Primary Data	• <i>And I wish all the time that there was some type of service that could just teach a person. If you just taught a person how to use their own insurance, I think that they would be that much farther ahead because it's so intimidating that people will back away from it versus getting the help or support that they need. Like, it's so crazy that you can go into, say, three different doctor's offices and there's three different co-pays and you could be getting the same service. And yet people don't understand or they're not. Explain to them why those services, why that copay is different. And if you can't afford a copay, you may not even go and get a service that you need. I think the insurance industry is so convoluted that it makes, it just intimidates people from getting the help and resources that they need. – Newark Community Conversation</i> • <i>And there's different systems, like the state system is different than the county system. And a person and I've experienced this a lot is having a person call in to help and they make a mistake and call the state versus the county and get rejected for a program that they are they have access to because they just got in the wrong system. So, there's no person to help them to say, oh, no, you don't really want to go there. You want to go here. And like you said, just a simple navigation system just to get information on. How to get my prostate exam or whatever it is, that's very good suggestion. – Newark Community Conversation</i> • <i>Yeah, just I'm just thinking about different people I have talked to recently how they're not going for the appointments. They're scared to go to the doctor. And then we have this virtual, I guess, appointments, which I don't know how it's working out. I know even for myself, I haven't even been to the doctor in the last six months because of that. But then you think about a people that's supposed to go every three months, people that have diabetes, they supposed to go every three months to get their blood work and they're not doing it. – Newark Community Conversation</i>

Table 47: Community Healthcare Needs (listed in alphabetical order)

	<i>I just had a meeting I'm sorry, with my health care chaplains and they talked about one of the biggest barriers for their clients is not having I.D. Sure. And there was a frustration because they felt like there was nothing that they could do for them. And so, I'm gathering that there isn't that connectivity that's been our programs. – Key Informant</i> <i>And so, I think because our hospital doesn't have a separate team that works with the interfaces, with the community at events, etc., that we need to find a way to assist these persons. And one of the things we were talking about was creating real partnerships. And so not just a referral where you give a community member the paper, but actually saying, OK, I'm calling it right here and he's going to call you in 10 minutes. And let's get this started. And now you're going to call me tomorrow and something would happen. So, I'm looking to identify a couple of organizations starting small, but we can do those real handoffs and work to some of these issues that identify with patients. – Key Informant</i> <i>If you just taught a person how to use their own insurance, I think that they would be that much farther ahead because it's so intimidating that people will back away from it versus getting the help or support that they need. Like, it's so crazy that you can go into, say, three different doctor's offices and there's three different co-pays and you could be getting the same service. And yet people don't understand, or it's not explained to them why those services, why that copay is different. And if you can't afford a copay, you may not even go and get a service that you need. I think the insurance industry is so convoluted that it, makes it just intimidates people from getting the help and resources that they need. – Hillside Community Conversation</i> <i>And, please, can I also talk about this? I have three kids who were not born here, and every time they get sick, I apply for charity care, and they never accept me. And they always ask for so much paperwork and then end up not accepting them. It's been like that at three places. I don't know. On the contrary, in New York, I can access all that. It is easier to apply. And my kids have, how do you say it? Better educated doctors, better healthcare services and everything is just better. However, here, there is a difference between undocumented and documented people. – Newark Community Conversation</i> <i>I wouldn't go in because in the emergency room sometimes, you are there for a long time. [...]. And also, when I go, I have my family doctor, but at the same time, if I don't have Charity Care, I can't go to the doctor. And for Charity Care to help me, I first have to go to the emergency room so that they can send me a bill and afterwards I can apply. That's also a problem. – Newark Community Conversation</i> <i>Even in my situation, I'm in that in-between. So, where though I make so much to receive Medicaid but can't afford to even pay for insurance, so that is an issue as well. And then you go to these clinics where you feel less of a human because that's how they treat you, because you're not handing them an insurance card. – Newark Community Conversation</i> <i>There's a lot of people out here that need insurance, but unfortunately, they're not able to get it. For one, they may not be working, or two, they may be homeless. So, it's kind of hard for them to get it through the state. And it's just, you know, a lot of obstacles that I've noticed in that people are speaking about when it comes to insurance in general. – Newark Community Conversation</i>
Frequency	This theme was represented in at least 1,103 lines in the Community Conversation and/or Key Informant transcripts.
THEME 2: CHRONIC DISEASE	

Table 47: Community Healthcare Needs (listed in alphabetical order)

Description	The prevalence of chronic illnesses (e.g., diabetes, cancer, HIV, asthma, high blood pressure, tuberculosis), combined with high COVID-19 rates in Greater Newark, have placed stress upon a community also dealing with socioeconomic disparities. Several participants shared concerns about the prevalence of obesity and the need for residents to eat healthier (e.g., more fruits and vegetables, less fast food, developing a taste for healthier food, learning how to prepare healthier food, community gardens/farmer's markets), weight management, and exercise. The majority of chronic illnesses impacting the Greater Newark area are preventable and prevention interventions are needed.
Quotes from Primary Data	• <i>I think obesity is a problem because we don't have recreation. People don't have I mean; besides the park, we don't have anywhere else to go but the park. And if it rains, well, if the weather's not nice, there's nowhere to go.</i> – Orange Community Conversation • <i>I was also gonna say our lack of quality housing also leads to obesity and diabetes and high blood pressure and things like that. The lack of available green spaces or exercise spaces or spaces where like people could go outside, take a jog, or walk, are also contributing factors to our high rates of obesity.</i> – Newark Community Conversation • <i>What I find, you know, being involved in, I do a lot of social service advocating and working with them and the type of illness I find so many of them are suffering with high blood pressure because of the symptoms they share and that, you know, the diabetes is very prevalent as well. And I'm recognizing that is serious is really more serious because a lot of them have that barrier of getting the medication. I know pharmacies are offering different programs and things like that, but education is lacking for them to understand what's the importance.</i> – Orange Community Conversation
Frequency	This theme was represented in at least 353 lines in the Community Conversation and/or Key Informant transcripts.
THEME 3: COVID-19 PREVENTION AND IMPACTS	
Description	The impact of COVID-19 was a theme throughout community conversations and key informant interviews. Participants talked about the challenges in encouraging some residents to take prevention measures such as not wanting to wear masks, hesitancy about getting tested and getting vaccinated, not being able to stay at home because of work or other responsibilities, and difficulty in keeping a six-foot distance from others. The pandemic affected residents' mental health, ability to go to health appointments, screenings, testing, and treatments, eating and exercise, ability to work, school attendance and achievement, and income. Participants also mentioned how the pandemic impacted communities of color more severely compared to other communities. Disparities in health outcomes and their causes became more visible during the pandemic and they must be better addressed
Quotes from Primary Data	• <i>[...] nobody really knew how this virus was being spread. So, one, we didn't want to go outside. We didn't want to even step on a balcony anywhere. And then in addition to that, you don't want to be around crowds and then. If you don't have transportation, how were you going to get to the supermarket to get food to help maintain, you know, your health and your strength? I was afraid to go outside. [...] It was a challenge to say wow, to not be able to hug somebody. I mean, hugging to me is healthy. It makes you feel good. Now, you know, that was that was a challenge like, oh, I can't hug people come up to you. And you have some people don't care about the cold because they don't believe in it and want to touch you and everything. That was almost like a life sentence if somebody touched you and you used to that. So, I mean, I can go on and on, but that's my two cents on that.</i> – Newark Community Conversation

Table 47: Community Healthcare Needs (listed in alphabetical order)

	• <i>So, what's happened is that the mental health challenges have certainly exacerbated over the past year. And then as far as the other parts of health, I think that a lot of individuals are delaying going to the hospital and taking care of themselves or going to medical clinics, especially if they don't have the resources to participate in telehealth. It is, you know, I know that people are not getting as much care as they need because of the fear associated with the pandemic here in the city of New York. We've had several times our city has just been shut down where we've had curfews in effect. And yes, the exception was you can go out for a medical appointment. But it was our streets were deserted on a couple occasions over the past year where you know, that individuals that should be that have health issues, either physical health or mental health issues that need to be addressed, that they were just, you know, prolonging the, you know, whatever they were dealing with and not getting the care that they needed in a timely manner. – Key Informant</i> • <i>Well, I think we have to keep in mind that people are still dying. [...] My program manager, she lost her one of her best friends, though. So that's kind of weighing heavily on people, too, that people are in the early days of the epidemic. You know, who of color are dying at a faster rate, but more likely to die than white folks? I think mainly because they just don't want to. Some people just still don't trust the medical community about vaccines and things like that. – Key Informant</i>
Frequency	This theme was represented in at least 647 lines in the Community Conversation and/or Key Informant transcripts.
THEME 4: MENTAL HEALTH	
Description	Mental health was mentioned in almost community conversation and key informant interview. Conditions like depression, anxiety, and PTSD that were present before the pandemic seemed to worsen during the last two years. Participants stated that the Greater Newark area does not have sufficient mental health facilities, and many individuals with mental illnesses (diagnosed and undiagnosed) do not have the information, resources, health insurance, or transportation to access them. Stigma associated with mental health and seeking treatment is another barrier to accessing care. Several participants also explained that there are differences between mental health disorders and developmental/neurological/learning disorders (e.g., autism, attention deficit hyperactivity disorder, cerebral palsy). Services are need for individuals dealing with these challenges as well, but the type of services are distinct from mental health care services.
Quotes from Primary Data	• <i>I think it's been said a few times already in the conversation, the mental health issues, one of those things that you don't always see symptoms for but is still very real and people are struggling. And so, the pandemic definitely has had an impact on people. Mental health was small, but it's had an impact. – Bloomfield Community Conversation</i> • <i>So is mental health. Just with a lot of the death happening recently, whether related or not, just how to continue on a daily basis, how to cope, how to some grief seminars are requested. So, yes, I'm grateful that you mentioned mental health because that definitely triggered my memory. Definitely a health challenge. – Key Informant</i> • <i>One of the other really big challenges has to do with mental health and that mental health impacts a person's whole health. And many times, the mental health challenges, if they're not being addressed, they prevent the person and they can end up homeless. That's one scenario. Or it may just prevent the person from seeking care and receiving care and following up on care. So, you know, the mental health needs are great in our area. They're in there increasing right now as a result of COVID. And that's a big challenge that we face. – Key Informant</i>

Table 47: Community Healthcare Needs (listed in alphabetical order)

Frequency	This theme was represented in at least 845 lines in the Community Conversation and/or Key Informant transcripts.
THEME 5: PATIENT-PROVIDER RELATIONSHIP	
Description	Several participants emphasized the importance of the patient-provider relationship. The provider can be an individual (e.g., physician, nurse, counselor) or a system (e.g., hospital). Ensuring that providers build rapport, establish trust, communicate, and help to alleviate fear with their patients are key in getting patients to seek health care services and follow-up. Respect of cultural differences and non-discriminatory care is also essential. More services that help patients navigate the health care system are needed.
Quotes from Primary Data	• <i>We are usually medically ignorant right? We don't know the right questions to ask. Um, what I usually tell you know most patients are to write down what you want to ask your doctors before you go to the doctor's office. Because most times, the white-coat syndrome, you get there, and you're scared, and you forget.</i> – Orange Community Conversation • <i>Sometimes you know, sometimes you go to see a medical professional, and they just have this... they just treat you funny. Sometimes you know, just because you're black or because you have an accent, the person just switches your relationship, your discussion it becomes answering my questions. No stories... go straight to the point. So that also makes people not want to go to see the doctors.</i> – Orange Community Conversation • <i>And as soon as I mentioned that I worked for Rutgers and you know, she could just tell that I knew something, she became a different doctor and my mother has heart failure and she didn't really understand what the woman was trying to tell her because she wasn't taking her time. And I think a lot of people experience that with doctors everywhere. It's that you know, they make certain assumptions about people about where they're from. Um and also why they're sick. You know, my mother is overweight, she's a black woman, she has heart failure. Instead of you helping her to treat and cure her illness, you're more focused on she's overweight and black.</i> – Newark Community Conversation • <i>But it's also coupled with a real situation around how people are treated in the healthcare system. Right. So, if you have an experience in the healthcare system where you feel like you've been talked to in a demeaning way, you've been mistreated, you have been misdiagnosed... that leads to lack of trust. So, yes, you might be afraid, right of what you might be diagnosed with. But you also have real experiences dealing with healthcare that may prevent you from trusting the healthcare system.</i> – Irvington Community Conversation
Frequency	This theme was represented in at least 642 lines in the Community Conversation and/or Key Informant transcripts.
THEME 6: PRENATAL CARE	
Description	Participants talked about the challenges of using telehealth for prenatal care during the pandemic and concerns about the disparities in maternal and outcomes, and postpartum morbidities for Black women. Infant mortality and pregnancy-related deaths are unusually high in the Greater Newark area ⁷⁹ . Prenatal care provided from the beginning of pregnancy is an effective intervention that contributes to healthier outcomes for mother and child. All expecting mothers should be able to access it.
Quotes from Primary Data	• <i>You know, when you look at Serena Williams and you look at what somebody else recently, that had a similar situation where they were telling the doctor something was wrong and</i>

⁷⁹ [Advocates for Children in New Jersey. Newark Kids Count 2022: A City Profile of Child Wellbeing.](#)

Table 47: Community Healthcare Needs (listed in alphabetical order)

	<i>they were either in childbirth or after childbirth or during childbirth, and they were ignored. They were ignored, and so, you know, at what point can we say this is how I feel, and someone recognize that there's a problem and do something about it. And to me, that is not just educating doctors and those who provide those services. It's more than education, because if it was someone else, you know, what we're thinking is that they would accept that person's comments or feelings or their challenges and say, OK, let me see what I can do about it. When we have these disparities, they start right there at first in many instances</i> – Key Informant • <i>Let me interject. So, here in New Jersey, the issue is not that they're not getting the prenatal services, they actually are getting the prenatal services. It's just that the birth outcomes for college educated black women is the same as a white girl with an eighth-grade education. So, it does not matter that you are going to the doctor doing all the right things at the moment when you go into labor. That is when the inequities really surface. So here at this hospital, we're working on our physicians and other clinical staff.</i> – Key Informant • <i>Black women dying by giving birth...that's a high risk. Now, when I had my children, that wasn't even thought of. [...]. You know, it was a risk, but I never thought about, you know, dying from having my children. So, is it the lack of education about young women even today? Or is it a lack of care or the doctors or are they taking prenatal vitamins? Do they, you know, just educate them on the human body themselves?</i> – Newark Community Conversation
Frequency	This theme was represented in at least 154 lines in the Community Conversation and/or Key Informant transcripts.
THEME 7: PREVENTIVE SCREENINGS	
Description	Participants touted free community health screenings of various types (blood pressure, blood glucose, vision, cancer, and the like) as improving health outcomes, increasing rates of early diagnosis, and lowering the incidence of preventable diseases especially among vulnerable populations. Preventive health screenings can be provided in tandem with free food programs and other services that take place at community centers, schools, houses of worship, recreational events, and community-based organizations. Participants also explained that in many cases communication about these services is not adequate and residents are not aware that they exist.
Quotes from Primary Data	• <i>One thing I was going to touch on is that I know we talk about all the [screenings] that we do for cancer prevention. That is a big thing that I'm seeing in our community. A lot of people are being diagnosed with cancer and there has to be a way for us to do more preventative screening and how to educate people about getting their pap smear, their mammogram, their colonoscopy. This is one of the big issues that I see happening in Orange.</i> – Orange Community Conversation • <i>So, I would like there to be health fairs because there used to be one every year. Some time ago, you were able to get one of those screenings, not anymore... you have to go to a hospital, undergo the procedure and then you receive an expensive bill. It is more difficult now. Three years can go by without a medical follow-up.</i> – Newark Community Conversation • <i>For me, I think it's just people getting access to or knowing about or following up with their preventive care, because if we can get you to do preventive care, your physicals once a year. Women, your test once a year, men, your yearly tests, then a lot of things can be diagnosed early [...] and [poor] patterns and [behaviors] can be talked about and corrected so that you're not, you know, you don't have that situation.</i> -Hillside Community Conversation

Table 47: Community Healthcare Needs (listed in alphabetical order)

	<i>If I had a flyer invitation, I would be more eager to go. We need community health festivals for screenings. That's how I get mine and my kids as well. We need more of these for our community. They have fun things for the kids. They also check them and us too. – Newark Community Conversation</i>
Frequency	This theme was represented in at least 177 lines in the Community Conversation and/or Key Informant transcripts.
THEME 8: SUBSTANCE USE	
Description	Participants talked about alcohol and drug abuse/misuse as having a major impact on families and communities. A significant barrier in addressing this health care need is access to treatment programs for those battling substance abuse disorders. The excessive number of liquor stores in Greater Newark was also mentioned as an enabling factor and a gateway to other drugs. The pandemic and its economic impact exacerbated substance abuse and addiction. Youth are also exposed to drugs and alcohol without adequate prevention education. Some people with mental health illnesses use substances to cope, and substance abuse is also a factor in exacerbating mental health. More education, counseling, and rehab/treatment centers were presented as solutions to preventing and treating people who are abusing and addicted to substances.
Quotes from Primary Data	<i>We have all these liquor stores in Newark, every other block has a liquor store in Newark. – Newark Community Conversation</i> <i>And, um, probably alcoholism, too, maybe for the people that who have been in Bloomfield for a long time. Um, I'm not saying that it's related to being in Bloomfield. I mean, you know, but, um, those are our, our town's ailments. – Bloomfield Community Conversation</i> <i>We don't have a lot of substance abuse treatment for minors. We don't. We have a limited amount of resources into what happens that our kids don't have access to the resources. And when it comes to even marijuana users or even taking psychotropic medication and abusing them, we don't have the education that's put into the school system about that, or the kids don't have access and most parents don't even recognize what these substances are to provide education on. – Newark Community Conversation</i> <i>Substance abuse is by far the largest issue that needs to be addressed. Insurance is a big problem too, Not enough facilities–substance abuse, jobs, housing, all of that for mental health issues. – Newark Community Conversation</i> <i>They were injured on the job, or they were injured in general, and then they went to the doctor, and the doctor gave them medication that now they just can't, they feel like they can't function without. And there are a lot of those pain medications that cause addiction you know. So, it is so hard like one thing, like we were saying, this issue always has to start at home. – Newark Community Conversation</i>
	This theme was represented in at least 369 lines in the Community Conversation and/or Key Informant transcripts.
THEME 9: TELEHEALTH	
Description	The pandemic created an opportunity to increase the availability of telehealth services. While telehealth increases access for certain people in the community, it creates less access for others. People without access to high-speed internet, unlimited wi-fi, webcams, or smartphones are unable to utilize telehealth. Some populations may not know how to navigate telehealth or are not able to (e.g., elderly, disabled). This connectivity divide creates further health inequity. Concerns were also raised about the quality of telehealth and its inability to replace the need for

Table 47: Community Healthcare Needs (listed in alphabetical order)

	in-person care and resulting in false diagnoses. Some services cannot be provided by telehealth (e.g., lab tests, screenings, treatments).
Quotes from Primary Data	• <i>In pre-COVID, most of our community would go to the Irvington Public Library and utilize their computers or the WiFi by taking their laptops there. I know I had once asked senior citizens who attend the Irvington Senior Citizens Community Center on Springfield Avenue. I asked them about their feelings about doing telemedicine, and most of them were interested in it, or they were kind of afraid, apprehensive because if they didn't really know how to maneuver their cell phone, let alone a laptop or an iPad, that caused them some stress.</i> – Irvington Community Conversation • <i>I actually have a virtual doctor's visit tomorrow. I'm going to be in the office, and I was going to close my door. I'm fortunate enough to have a private office and do it from my office. But that is a, that's a challenge with the telehealth, the getting the technology, making sure you know how to use the technology and then making sure that you have the privacy to talk about things that you would normally only talk about in the privacy of your doctor's office.</i> – Key Informant • <i>There were a lot of people that didn't get health care over the last year because there were offices that were not open regularly and then the transition into telehealth was a little bit confusing because some doctors had, and some didn't. Right. And if you didn't know who or what or, well, you know, I got this pain in my side because of cold, but I can kind of wait it out. And so, things were kind of pushed off or people didn't take care of themselves the way that they should have.</i> – Newark Community Conversation
Frequency	This theme was represented in at least 530 lines in the Community Conversation and/or Key Informant transcripts.

Category 4: Suggestions for Improvement

In addition to gathering data about concerns and needs, UH wanted to suggestions from participants about potential solutions or strategies to ameliorate problems. Suggestions for addressing concerns about the community and health care needs could be on the macro level, such as changes to service systems and government policies, to more micro level interventions, such as training workers who interface with the community and communicating more widely about services available and how to access them.

Community assets clustered into 13 themes and are listed below in alphabetical order. An explanation of each theme is found under the theme heading in **Table 44**.

1. Bolster Connectivity to and Communication about Services (461 lines)
2. Create Opportunities for Undocumented People (93 lines)
3. Develop a Thriving Workforce (432 lines)
4. Expand Parks and Recreation (371 lines)
5. Expand Transportation Access (102 lines)
6. Support Family Strengthening Activities (50 lines)
7. Improve School Curriculum and Allow for School Choice (545 lines)
8. Increase Access to Shelters and Permanent and Affordable Housing (227 lines)
9. Increase Access to Mental Health Counseling (141 lines)
10. Increase Access to Healthy Food (90 lines)

11. Increase Opportunities for Community Engagement (533 lines)
12. Make Health Insurance Affordable (57 lines)
13. Offer Youth Development Programs (629 lines)

Table 48: Suggestions for Improvement (listed in alphabetical order)

Suggestions for addressing concerns about the community and health care needs could be on the macro level, such as changes to service systems and government policies, to more micro level interventions, such as training workers who interface with the community to communicating more widely about services available in the community and how to access them.

THEME 1: BOLSTER CONNECTIVITY TO AND COMMUNICATION ABOUT SERVICES

Description	Not knowing about services and resources in the community was described as a major barrier in accessing services by many participants. In addition, participants reported that many low-income people do not have access to high-speed internet or unlimited Wi-Fi, and do have devices such as laptops, tablets or smartphones that could help them search for services. Many participants complained about poor communication/messaging/promotion about health and social services. Participants discussed the idea of using supermarkets, houses of worship, libraries, and community centers as information hubs. Public computers and print materials can be made available in these spaces. Several mentioned that a central directory of services would be helpful (digital and hardcopy). Participants also talked about service providers doing a better job at informing them about other available health and social services. Emails, social media, and directories made available on a website were also mentioned as ways to inform the public about services and providing reliable (accurate) health information.
Quotes from Primary Data	• <i>If I had a flyer invitation, I would be more eager to go. We need community health festivals for screenings. That's how I get mine and my kids as well. We need more of these for our community. They have fun things for the kids. They also check them and us too.</i> – Newark Community Conversation • <i>Did I know that that service existed? Yes. What is the last time I've seen any promotion about that service even though they were actually still working on this? It's been a long time. So, we have to figure out how do we know they have these services. But if they're not meeting the people within the community, how effective are they? So, what I want to mention are the barriers, I do feel like we need some kind of bridge, a bridge that's going to connect the community service with the community members that need it the most.</i> – Newark Community Conversation • <i>I want to be very intentional about spreading the word and making sure people know about it. But again, I don't want to rely on Facebook, so I would love some sort of communication plan, something to help people know and understand. And I'm exploring those things like, you know, the call back, the reverse calling so people can get messages about what's happening from the township.</i> – Bloomfield Community Conversation • <i>There's a lot of organizations that offer these services, but do we know about them? Is there a resource guide? So, when we get that question, who will we direct them to? And that's</i>

Table 48: Suggestions for Improvement (listed in alphabetical order)

	<i>something that I can't answer. So, I think there needs to be a resource guide of sorts or just some information that can be distributed or just given to the constituents that may inquire about having these needs. – Key Informant</i> <i>You get an email blast. If you are on the email list, you do get emails from the city. So, I think that would be the best way. I also think that there should be promotion in general places that the residents go. So, we do have a supermarket that we go to and we need something really quick, so they could put fliers in the supermarkets or in the corner stores to say, hey, there's going to be a screening at such and such place at this time. And like any stores on Main Street, just general places where they go, where they can see. And also, there's a billboard by the train station, Highland Avenue Train Station. They can put up a billboard there and promote what they're doing. – Orange Community Conversation</i>
Frequency	This theme was represented in at least 461 lines in the Community Conversation and/or Key Informant transcripts.
THEME 2: CREATE OPPORTUNITIES FOR UNDOCUMENTED PEOPLE	
Description	Immigration status was described as one of the root causes for unemployment, housing insecurity, and being uninsured. Many undocumented individuals do not have access to social services and rely upon assistance programs from community-based organizations. When seeking to obtain healthcare, undocumented immigrants are left with surmounting debt. Creating local jobs for undocumented people would help to improve income security, while simultaneously strengthening local businesses.
Quotes from Primary Data	<i>And what I would say is that, you know, first, um, you know, adult learning center, um, a career center. Uh, we need to, um, have, you know, a, a place where the Haitian, um, community people can go and actually have, English as a second language, you know, for them. – East Orange Community Conversation</i> <i>Um, and then, also, uh, career opportunities, uh, within the community, I would say, and at the welfare office, they could have an office where they would have someone to translate and to actually help the people who are not able to fill out that application, who's not able to communicate. So, um, those are the places and the things that they can do. – East Orange Community Conversation</i> <i>So, if there is a way to help us, as the lady said, as immigrants. Because the people with health insurance, they have many more opportunities. But we are immigrants, and dental care for both adults and children, it does get a little expensive. – Newark Community Conversation</i>
Frequency	This theme was represented in at least 93 lines in the Community Conversation and/or Key Informant transcripts.
THEME 3: DEVELOP A THRIVING WORKFORCE	
Description	Many participants discussed the need for more employment opportunities, higher wages, and a Greater Newark economy that continues to grow. Creating more job opportunities is a solution for many unemployed individuals who are homeless or close to being homeless, food insecure, and without health insurance—all major barriers in keeping healthy. Lower taxes will help stimulate business growth in Greater Newark and create jobs. Workforce development/training that leads to placement is an important factor in making sure individuals of Newark perform, stay, and are satisfied in their jobs. Youth should be exposed to skills that will help them in obtaining jobs (e.g., computer skills). Addressing the impacts of the COVID-19 pandemic, substance abuse, and inadequate transportation to the workplace were also mentioned.

Table 48: Suggestions for Improvement (listed in alphabetical order)

Quotes from Primary Data	- Many people are underpaid, which is concerning because they work hard and are still not paid enough. Giving them direction to resources, as well as job training that can help them develop their skills to acquire a high paying job position they are interested in, is the key. Investing in infrastructure can also contribute to the wellbeing of residents in Greater Newark. There are many abandoned buildings that can be used for housing and to create jobs for individuals who need jobs as well as to create a resource for the public. Not only can the homeless population benefit from acquiring jobs they want, but so can people be a part of groups such as the LGBTQ community who have been socially unaccepted by many in Greater Newark. – Key Informant - So, you're taking away training that pipelines right into work. Then you just have two broken pieces. You have people going for training and they're learning skills of some sort, and then you have jobs. But if we don't have a solution where those two things come together, then you just have people that are taking training that aren't going into the workforce. And so, I really feel like there needs to be a real concerted effort to bridge these things. – Irvington Community Conversation - We had thought about preparing a list of all the places where...where there is work, like Domino's. All those places. There are also factories. And we would take all the people who are unemployed and place them in all those places. So that everyone has a job. And has a chance to improve. [...] So that everyone can come and they [job fair] will hand out applications there so that people can become employed. Then, in the community, we would look for people who are unemployed. So, they can participate. We would appreciate it if the person who took responsibility for us do the work, and not abandon us. Not to let us down. Because later, we end up looking bad in front of the community. – Newark Community Conversation
Frequency	This theme was represented in at least 432 lines in the Community Conversation and/or Key Informant transcripts.
THEME 4: EXPAND PARKS AND RECREATION	
Description	Some participants discussed the relatively small number of parks in their respective neighborhoods. Creating more parks will encourage recreational activities among youth and adults, thereby increasing rates of physical activity and decreasing social isolation. Access to parks supports mental and physical wellbeing for youth.
Quotes from Primary Data	- And, you know, because the park is not central to everyone in Orange. There is one on one side of Orange and another on the other side. People need green spaces, even if they're not that big. They need to have some kind of green space. – Orange Community Conversation - Well, I would like to see more playgrounds for children with monkey bars, hopscotch, jump ropes, you know, stuff that they could do, stuff that they can do that the kids can do independent of always having an adult standing, watching them over, [...]. You know, just little things like that. – Hillside Community Conversation - There is a lack of green spaces in Orange, and most of the parks are located either in East Orange or West Orange. It is unfair for the youth and senior citizens who are looking for recreation and outdoor space for physical activity. Parks should be created to allow more residents of Orange to refrain from staying inside and getting minimal activity. – Orange Community Conversation
Frequency	This theme was represented in at least 371 lines in the Community Conversation and/or Key Informant transcripts.

Table 48: Suggestions for Improvement (listed in alphabetical order)

THEME 5: EXPAND TRANSPORTATION ACCESS	
Description	Participants talked about how some members of the community do not have access to public transportation, private vehicles, or taxis due to financial insecurity. It is an unfair assumption to believe that everyone can afford public transportation when it is certainly not the case. Without reliable and affordable transportation, these individuals miss medical appointments, are unable to travel to the grocery store, or go to their workplace. Additionally, public transportation must be expanded with additional routes and stops in areas outside of the City of Newark. There should be more rideshare services at a low or free cost so that people can easily access their healthcare appointments and not risk their health by missing an appointment.
Quotes from Primary Data	• <i>Also, improving the, you know the buses. Or those vehicles, you know, the ones that transport the elderly. There should be more of those. There should be additional improvement in those services, for the elderly. It might be a lot, but what is really needed is training for the drivers. Because the drivers leave you there, forgotten at the doctor's office.</i> – Newark Community Conversation • <i>Or even if you're working a job and you have to catch so many buses to get there... They can have vans that pick people up at a certain spot or whatever like that, and take them to the warehouse or wherever it is that they're working. Not charging us... You know what I mean? You know people pick them up at one spot, you gotten people or whatever like that. You take them there... and that when the shift is over, you take them back to that one spot. You know, that will help people a lot.</i> – Newark Community Conversation • <i>Transportation is already available because insurance provides it. But the transportation is bad. [...] Yes. You get a ride. However, many people are stuck, sometimes longer than an hour because transportation does not show up. Some drivers take too long. They drive you to the appointment, you are late, and on top of that they keep you waiting there for an hour or two. You have to wait until they come and get you. Yes, I see we need that [better transportation].</i> – Newark Community Conversation • <i>I heard through LogistiCare, the means of transportation you are talking about. They offer the option to request a ride with them; however, they outsource with Lyft, Uber's competition. LogistiCare offers rides with Lyft now, and it is faster. And, you do not have to wait for an hour.</i> – Newark Community Conversation • <i>Yeah, we utilize Uber and definitely I wish we had more money for it. But that's so key and you said we're viewing it from a perspective of privilege and not recognizing how transportation insecurity [...] really plays a role in someone accessing the services that they need.</i> – Key Informant
Frequency	This theme was represented in at least 102 lines in the Community Conversation and/or Key Informant transcripts.
THEME 6: SUPPORT FAMILY STRENGTHENING ACTIVITIES	
Description	Participants advised that local health, education, social service, and parks and recreation units managed by government entities along with community organizations should provide programming that is focused on strengthening families, including parenting, caring for elder relatives, caring for family members with disabilities, caring for members with developmental disorders, and education on family issues such as health, nutrition, domestic violence, couple relationships, and others.
Quotes from Primary Data	• <i>Working with the division of Child Protection and Permanency, they used to have something called family team meetings where we would bring families together to kind of talk about</i>

Table 48: Suggestions for Improvement (listed in alphabetical order)

	<i>different things, or we would do activities and things like that. So maybe trying to start up some type of family-oriented programming.</i> – East Orange Community Conversation • <i>Maybe the community could use a little bit more emotional support, maybe some parenting guidance, things of that nature, it could be stressful. And so sometimes people need some support in how to do and manage this stress outlet because we don't know what that could be going through with that child.</i> – Newark Community Conversation • <i>In times like these, definitely like time management setting on, OK, designating this appropriate time for family and friends, just so people can understand how everyone's doing and stuff. I think one of the things about the pandemic is that it has increased social awkwardness now between people who knew each other for long periods of time, like how do I act? How do I behave now, especially in this time?"</i> – Bloomfield Community Conversation
Frequency	This theme was represented in at least 50 lines in the Community Conversation and/or Key Informant transcripts.
THEME 7: SUPPORT FAMILY STRENGTHENING ACTIVITIES	
Description	Participants talked about the need for primary and secondary education to incorporate job training, health education (including sex education, nutrition, fitness, and substance abuse prevention), civics, conflict resolution, environmentalism, and anti-racism. School choice is also a tool to empower individuals and improve communities.
Quotes from Primary Data	• <i>The district, I wouldn't say, is split, but that would be a good place to start. If that was the one thing that both the Newark Public Schools and the charter schools had in common was a goal to bring the children together and even the community, because when it's one community, you can have some children going to any charter that they choose. So, there's that division right there... So, to bring them together, I think to start would be between the school districts, something of some type of a program the charter schools can do with the Newark Board of Education. And once the neighborhoods are united through the children, then the community will change, it will change, and then the city changes.</i> – Newark Community Conversation • <i>I think with the use, it should be a combination between the health care workers and with the school. I think they should be combined. I think the health care officials teach it. I mean, nurses, doctors, whoever should be allowed access to the children in school, I think it should be added as part of the curriculum so that it's not something they get to choose.</i> – Hillside Community Conversation • <i>They [teachers] don't really have the training or the right or make the right observations in regard to a child who may be struggling with some type of mental health issues or even behavioral issues. I feel like a lot of times that the teachers, they are quick to say, oh, this kid has ADHD because maybe, you know, that's all that they know. [...] You know, instead of finding out where maybe the behavior is coming from and try to address that particular behavior. Right. Maybe something is going on at home. Maybe they're not getting the right nutrition. Maybe there is different things that play a part in that. And I think educating the teachers, as well and giving them the tools that they need to help kids cope a little better in a in a school setting would be I think, beneficial.</i> – Newark Community Conversation
Frequency	This theme was represented in at least 545 lines in the Community Conversation and/or Key Informant transcripts.
THEME 8: INCREASE ACCESS TO SHELTERS AND PERMANENT AND AFFORDABLE HOUSING	

Table 48: Suggestions for Improvement (listed in alphabetical order)

Description	Participants discussed homelessness and affordable housing in tandem. The homeless population is surging in Greater Newark ⁸⁰ , and, as such, it puts this population at greater risk for disease, illness and violence. Participants recommended the creation of additional shelters and low-income housing. With proper housing, this population has the foundation to seek employment and obtain health and social support. Additionally, increasing the stock of high-quality affordable housing will benefit all those impacted by rising housing costs. Rental assistance is needed for all those impacted financially by the pandemic.
Quotes from Primary Data	• <i>We need a housing first model. The good news is there's a grant application out right now from DCA. That's a planning grant for implementing a housing first strategy in your city. And I think Newark and Essex are applying. They're one of the few communities that qualifies, which is by design. So that's what I think we need. I think we need to be able to scoop somebody up like in the military project. Right. Where you can scoop them up. You can give a place that has everything that they're going to need; it's totally friendly and welcoming and is client centered.</i> – Key Informant • <i>And one of the potential solutions to address that is possibly opening a local shelter here in Orange for the homeless population. I know [they are] right here on Central Avenue. There's a lot of homelessness support and thank you, but there are no homeless shelters there now.</i> – Orange Community Conversation • <i>Prioritizing putting homeless individuals back on their feet by creating affordable housing and shelters will not only improve the wellbeing of the homeless individual, but it will also improve the economy as more homeless people transition into the working class.</i> – Newark Community Conversation
Frequency	This theme was represented in at least 227 lines in the Community Conversation and/or Key Informant transcripts.
THEME 9: INCREASE ACCESS TO MENTAL HEALTH COUNSELING	
Description	The prevalence of mental health illnesses (e.g., depression, anxiety, PTSD) and the need for expanded services was one of the most common themes across Community Conversations and Key Informant interviews. Participants advised that mental health awareness education and treatment must be widely available in various community settings – churches, schools, housing development, senior centers, and the like. Debunking myths and reducing stigma (especially in communities of color) is also needed. Mental health and education, as well as individual and group counseling, must be normalized through increased awareness, availability and affordability.
Quotes from Primary Data	• <i>I will also say the stigmatization of it [mental health] in our community, which is largely people of color who don't believe in therapy or getting treatment, you know. [...] like, I don't understand why seeking therapy or mental health treatment in the black community or people of color in our community, you know, is passed down generation to generation that we don't see, or we don't do therapy. You know that people are ashamed to say that they have to go to therapy or need mental health therapy. So, until we cross that line and get people to understand that it's OK to receive mental health, mental health treatment, then we can go on to get people to address the issues that they have with the therapist. I believe if they have better assurance, they will seek, you know, mental health treatment.</i> – Hillside Community Conversation • <i>Um just like now, how we're so like adamant about speaking about how mental health, is like a big part of like the black community, we need to start being um more aware of it and it needs to be a socially acceptable topic. I feel like the main issue is that we see someone</i>

⁸⁰ [NJ Counts. Essex County Point-in-Time Count of the Homeless: January 26, 2021.](#)

Table 48: Suggestions for Improvement (listed in alphabetical order)

	<i>different from us and then, especially when we're younger, it's like, okay, they're different, let's not talk to them or like maybe crack a joke. So, let's nip that in the bud; that's not okay. And then like find, have great programs like that assist them. – Newark Community Conversation</i> <i>So maybe a model where it's just accessible to all, regardless of economic barriers, or if you are on the low range or in the high range, you still have access to that [mental health services]. In addition, I would say maybe like a like a larger campaign talking about mental health and destigmatizing obtaining services because sometimes it is different things. It's access to it, the quality of the services being provided, making it OK to get the services. So, I think that it could be approach through the through a macro level or micro level to get everyone OK with getting it, but also everyone being able to access the different opportunities that there is. -Key Informant</i>
Frequency	This theme was represented in at least 141 lines in the Community Conversation and/or Key Informant transcripts.
THEME 10: INCREASE ACCESS TO HEALTHY FOOD	
Description	Participants reported that neighborhoods throughout Greater Newark do not have adequate access to healthy and fresh foods. Fast-food chains are located in abundance and many residents rely on fast food for its affordability and convenience; however fast food can increase the risk of health issues like obesity, hypertension, and diabetes. Residents must have access to healthier food options. Residents in these neighborhoods find it difficult to get to supermarkets and fresh produce is often hard to find, which play a significant factor in eating healthy. Expanding the eligibility for nutritional assistance programs is key. Additionally, many food pantries offer food that individuals in the community feel are unhealthy or unsafe to eat, or foods that are not aligned with cultural-specific diets.
Quotes from Primary Data	<i>Everybody wants things quick, but we can use an educational tool. And unfortunately, today we don't like words. We need to, like revisit, create something where we can put up signs and like healthy signs, but do more visual, less words. And if you have children, pictures of children with apples as opposed to a candy bar and things like that, because that is such a true statement. An apple a day will keep the doctor away because it's healthy. – Orange Community Conversation</i> <i>If we could get something going in this center for nutrition, creating hobbies, high blood pressure screening, education on staying mentally active and how important it is to exercise is important. That'd be fantastic. Anything that we can bring to the center to help us with this, with that. That's fantastic. – Newark Community Conversation</i> <i>The City of Newark has provided over five million meals to residents in the city of Newark. [...] And every Wednesday we're just not distributing, we are literally going to them. They didn't have to come to us because we didn't want people coming out [during the pandemic]. [...] Food was delivered to us. We packaged it up and sent out busses and trucks and carloads full of food. Public schools did the same thing. They provide a feeding program for the youth. So those that were used to eating in school can now come to different locations and pick up their meals. – Key Informant</i>
Frequency	This theme was represented in at least 90 lines in the Community Conversation and/or Key Informant transcripts.
THEME 11: INCREASE OPPORTUNITIES FOR COMMUNITY ENGAGEMENT	
Description	Participants explained that when residents are involved in their communities, they can better tackle problems and have more access to resources. Residents need to collectively come together

Table 48: Suggestions for Improvement (listed in alphabetical order)

	and use their voices to address concerns more efficiently. Community centers can be useful locations for getting involved in community activities and activism, obtaining resources, obtaining services (e.g., smoking cessation) and providing support to other. For example, creating an LGBTQ+ community center can be beneficial to the LGBTQ+ population. Such centers and programming can foster relationships and trust among community members and increase a sense of empowerment.
Quotes from Primary Data	• <i>For example, an entire morning taking part in artistic and group activities, chat groups, etc. Because older people usually sit around at home, and they feel a bit stressed. And we all forget about them, because we are busy working. They also need more attention, participating in more recreational activities. So, it would be great to create facilities where they can be together.</i> – Newark Community Conversation • <i>But I think, uh, we need a community center for the Haitian community, for the Haitian population living in New Jersey, so that we can provide those educational resources. I mean, that's the only place, a church. I mean. We have to feed the body, the soul, and the spirit, right? And if we, um, have the churches, everything is left to the churches for the pastors to deal with. But if we have a community center, there are so many things that we can do to address those issues.</i> – East Orange Community Conversation • <i>Numbers matter, if we all go somewhere right now and trying to pitch something to a pastor, for example, she would be more likely to receive it, because we're coming as a unit. Alright. That's power in numbers. Right? The Bible talks about that too. Two is better than one. If it's just me trying to solve this situation, I can't do that myself. I can just be a parent in my own home and my kids goes out and the teacher that's teaching them to tell them something different. We have to be unified and that's the thing we have to do.</i> – Newark Community Conversation
Frequency	This theme was represented in at least 533 lines in the Community Conversation and/or Key Informant transcripts.

THEME 12: MAKE HEALTH INSURANCE AFFORDABLE

Description	Participants discussed how individuals of a low socio-economic status, who qualify for health insurance, are still at a disadvantage as high premiums and deductibles continue to discourage the purchase of health insurance or the use of healthcare services. Navigating health insurance systems is also a challenge. Charity care is also insufficient, in that it does not cover all health expenses. Healthcare must be made accessible to all regardless of socioeconomic status.
Quotes from Primary Data	• <i>Even in my situation, I'm in that in-between. So, though I make too much to receive Medicaid but can't afford to even pay for insurance, that is an issue as well. And then you go to these clinics where you feel less of a human because that's how they treat you, because you're not handing them an insurance card.</i> -Hillside Community Conversation • <i>If you get a physical exam, let's say a woman that gets a Pap done; they would bring the physical and the blood test. For example, you go and pay \$80. But if you go to a clinic and you know you don't have insurance; how much are you paying just for the visit alone? One hundred, 200 dollars. A bit more than \$100. So, I think that is one of the reasons people don't take care of themselves because they lack insurance, you know. Healthcare is too expensive to go and get treatment. And I think that is above everything else.</i> – Newark Community Conversation • <i>Right now, I'm taking care of myself, but the Charity Care that they gave me for Saint Michaels doesn't cover the visit [...] with the diabetes doctor. On my first visit, I paid \$150. For the first visit. And then, well, since I have to keep going to the doctor, I then have to pay</i>

Table 48: Suggestions for Improvement (listed in alphabetical order)

	<i>\$75 each time I go to the doctor's office. And they tell me Charity Care only covers you if I send you to get a blood test or something they say. My consultation is not covered.</i> – Newark Community Conversation
Frequency	This theme was represented in at least 57 lines in the Community Conversation and/or Key Informant transcripts.
THEME 13: OFFER YOUTH DEVELOPMENT PROGRAMS	
Description	Participants explained that increasing the number of youth development opportunities would provide extracurricular activities aimed at increasing exercise, job/career planning and preparation, health education, character education, and other topics. Mentoring programs were also mentioned. Activities like these, that are appealing to youth and engage them, can serve as way to guide youth down a healthy path and avoid risk behaviors. Youth should have a voice in how these programs are designed.
Quotes from Primary Data	<i>The teens, I mean, we see the teens doing drugs now. We have Haitian gangs now, compared to when I was young. And I think we're years behind. We need a lot of counseling, a lot of mentoring, a lot of role models, positive role models, that should take place in the community.</i> – East Orange Community Conversation <i>And I would say from the business, I think that a lot of business owners could use the help of young people in their shops. That way they can expose them to future careers. Like I can bring young kids to show them what the cooking business is, or the culinary business is like.</i> – Irvington Community Conversation <i>An institution where you can do more activities [...] and be productive, like swimming, sports [and afterschool programs]. You know? To learn something. Because here to my knowledge, I haven't seen anything.</i> – Newark Community Conversation
Frequency	This theme was represented in at least 629 lines in the Community Conversation and/or Key Informant transcripts.

SECTION 6: Top 10 Community Health Needs

The following Top 10 list was created based on the frequency of themes identified in the community conversations. Frequency is defined as the number of times the theme appeared in the lines of the transcript.

Figure 10: The Top 10 Community Needs Identified from UH's CHNA



SECTION 7: Next Steps

The Community Health Needs Assessment does not stop with this report. The next three steps are to 1) convene a series of meetings with community stakeholders who will 2) prioritize the key findings and help UH determine what issues can be addressed internally through programs or initiatives and externally through community partnership, and 3) develop a written Community Health Improvement Plan (CHIP).



University Hospital undertook a rigorous review of its communities' health needs using secondary and primary data. Findings from the Community Health Needs Assessment outlined 10 major areas of need which the UH will share with community stakeholders. Together, UH and community stakeholders will go through a prioritization exercise, from which UH will develop a Community Health Improvement Plan (CHIP) with clearly articulated action plans to address these priorities strategically. The key processes for developing the CHIP, adapted from AHA Community Health Improvement Community Health Assessment Toolkit⁸¹, are as follows:

- Engage strategic partnerships both within the hospital and with external stakeholders
- Align strategies with the hospital and other community stakeholder organizations
- Collaborate to increase the potential for impact
- Determine community assets
- Identify the drivers of community health improvement
- Identify interventions with evidence of success
- Select strategies to address priority needs
- Assess the impact the strategies would have on health in the community
- Set goals and objectives for the implementation strategies
- Document the implementation strategies
- Build an evaluation plan for each strategy

The CHIP is a part of a larger body of work. It will inform University Hospital's next Strategic Plan, which will lay out its vision, goals, and objectives for the next few years. Furthermore, views shared in the data collection will be incorporated into the hospital's master plans for a new campus to ensure that the campus is designed with the community's needs in mind.

⁸¹ [Community Health Assessment Toolkit | ACHI](#)

APPENDICES

APPENDIX A: Secondary Data Sources

In Alphabetical Order

1. **Advocates for Children of New Jersey. Newark Kids Count 2020.** Published annually since 1997, Newark Kids Count tracks key trends in child health and wellbeing in New Jersey's largest city with the latest statistics available. Their Newark-specific report provided valuable information about children and teens. [Newark Kids Count - 2020](#)
2. **Center for Health Analytics, Research, and Transformation at NJHA (CHART) report (November 2019) on New Jersey's Most Vulnerable Communities.** The study provides a zip code analysis of social gaps and their impact on health. [New Jersey's Most Vulnerable Communities:](#)
3. **City Health Dashboard** provides data specific to neighborhood and/or city boundaries – such as life expectancy, obesity, and children in poverty. [City Health Dashboard.](#)
4. **City of Newark** research and publications providing insight into affordable housing, literacy, and education attainment.
5. **City-data.com** collects data from a variety of government and private sources. The website has profiles for every city in the United States. [City-Data.com](#)
6. **County Health Rankings** provide state-level data and rankings in health outcomes and health factors. [County Health Rankings](#)
7. **Data USA** is an open data platform that provides a demographic and socio-economic overview of American towns and cities. [Data USA](#)
8. **Division of Family Health Services** reports the New Jersey Medically Underserved Index. [Department of Health | Family Health Services](#)
9. **Essex County New Jersey Community Health Needs Assessment 2022** identifies and prioritizes the needs of the Essex County community at large through strategic health planning. The report provides comprehensive information about the health status of the county population and what health issues need to be addressed. [Essex County New Jersey Community Health Needs Assessment 2022](#)
10. **Health Resources and Services Administration (HRSA)** allows one to search for Health Provider Shortage Areas by state, county, and address, and medically underserved areas by state and county. [HRSA](#)
11. Miscellaneous state and city publications, journals, and articles (*Chalkbeat Newark, The Center for Health Law and Policy Innovation, American Lung Association, Vera Incarceration Trends*).
12. **Monarch Housing Associates NJCounts** is the annual Point-in-Time (PIT) Count of individuals and families experiencing homelessness in New Jersey. [New Jersey 2020 Point-In-Time Count of the Homeless](#)

13. **New Jersey Department of Health’s COVID-19 Dashboard** captures the trends related to vaccinations, cases, mortality, hospital census, and long-term care. [Department of Health | Communicable Disease Service | New Jersey COVID-19 Dashboard](#)
14. **New Jersey Department of Transportation and NJ Transit, New Jersey’s Long-Range Transportation Plan: Urban Supplement**—New Jersey stems from a law that requires the Department of Transportation, in conjunction with NJ TRANSIT, to prepare an Urban Transportation Supplement to the state’s long-range transportation plan that specifically addresses the current and projected transportation needs of New Jersey’s urban areas. [Urban Supplements, New Jersey Long Range Transportation Plan](#)
15. **New Jersey Economic Development Authority’s Food Desert Community Designation Proposal Methodology** provides an overview of New Jersey’s food desert areas. [New Jersey Food Desert Community Designation Methodology](#)
16. **New Jersey State Health Assessment Data** provides access to public health datasets, statistics, and information on the health status of New Jersey residents. [NJSHAD - Community Health Assessment Data Sources](#)
17. **Newark Police Department Comstat Unit** compiles and provides crime statistics and analysis of crime trends to identify the extent, type, and location of criminal activity. [Newark Police Department Comstat Unit](#)
18. **NJ State Police Uniform Crime Reporting** covers 2021 crime data at the county and local level, allowing for comparative analysis. [NJ State Police Uniform Crime Reporting.](#)
19. **North Jersey Community Research Initiative COVID Optimization Study.** The study began in February 2021. The survey was only available in English during the data collection period for this assessment. [COVID Optimization Study](#)
20. **North Jersey Community Research Initiative (NJCRI) COVID Survey** assessed knowledge about COVID-19 and how it is transmitted.
21. **Rutgers School of Public Health’s Key Indicators of Public Health in Newark: 2014-2018**, includes race and gender-specific age-adjusted mortality rates from 2014-2018 in Newark, Atlantic City, Camden, Morristown, Montclair, and the State of New Jersey as a whole with analyses/interpretation focused on Newark.
22. **The American Enterprise Institute** has a COVID-19 tracker that analyzes local, state, and national COVID-19 trends. [COVID-19 Tracker](#)
23. **The NJ State Health Assessment Data (NJSHAD) System** is maintained by the Center for Health Statistics and Informatics. The site provides on-demand access to public health datasets, statistics, and information on the health status of New Jerseyans. [NJSHAD](#)
24. **The Rockefeller Foundation Covid-19 Vaccine Access and Confidence Survey**, conducted by HIT Strategies, assessed the community’s perception of the COVID-19 vaccination. [The Rockefeller Foundation's Covid-19 Vaccine Access and Confidence Survey Conducted by HIT Strategies Topline Survey Results](#)

25. **The U.S. Census. Data from the 2020 Census and American Community Survey** in recent years were used. [American Community Survey](#)
26. **Towncharts.com** provides information and data about every geographic location in the United States, including city, county, zip code, state, and more. Towncharts.com provides information collated from various government agencies and public data sources. [Newark-Essex County New Jersey Demographics data population census](#)
27. **Urban Institute's Housing Finance Policy Center's Newark Housing Pulse March 2021** gives an in-depth data analysis of the local housing market and demographics and provides insight into Newark's housing affordability challenges. [Newark Housing Pulse | Urban Institute](#)

APPENDIX B: Community Conversation Demographic Survey

Your name, email, and phone number will not be shared or linked to any other information that you provide. Please tell us how we can reach you below.

☐ First name. _____

☐ Last name. _____

☐ Email address.

☐ Phone number including area code. _____

☐ Zip code. _____

You are being asked the following demographic questions only so that we can make sure we have a diverse group of people included in the conversations.

1. What is your age?

☐ 18-29

☐ 30-49

☐ 50-69

☐ 70 or older

2. What is your race?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

3. Are you Hispanic/Latino/Latinx?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

4. What is your gender?

- ☐ Female
 - ☐ Male
 - ☐ Transgender
 - ☐ Non-binary
 - ☐ Prefer not to answer
-

5. What is your marital status?

- ☐ Single
- ☐ Married or in a domestic partnership
- ☐ Divorced or separated
- ☐ Widowed

6. What is the highest level of school you have completed?

- ☐ Less than high school diploma
- ☐ High school diploma or equivalent (e.g., GED)
- ☐ Some college
- ☐ College or graduate degree

7. What best describes your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Unable to work

APPENDIX C: Community Conversation Questions

Strengths/Assets

1. In one word, what makes you most proud of your community?
2. What are ways to help improve family life?

Concerns

1. What are some large-scale community problems and potential solutions to address them?
2. Where should those interventions take place?
3. What are the health illnesses that members of your community suffer from?
4. If you were going to focus on workforce and economic development in Orange, what would you do?
5. you do?
6. How would you improve the wellbeing of:
 - Teens
 - Young adults
 - Parents/Married and single
 - Elders
 - People with disabilities

Health Care Needs

7. Are there services that are not provided in your community that people need or would benefit from?
8. Where do community members get the health information?

COVID-19

9. How is the COVID pandemic impacting this community?
10. What factors are barriers to community members taking actions that would reduce
11. the spread of COVID?
12. What factors are barriers to community members taking actions that would reduce
13. the spread of COVID?
14. Were you able to access healthcare services during the pandemic?
15. Have you used telehealth? Why or why not?

Closure

16. Is there anything else related to the topics we discussed today that you think I should
17. know that I didn't ask or that you have not yet shared?

APPENDIX D: Key Informant Interview Demographic Survey

Your name, email, and phone number will not be shared or linked to any other information that you provide. Please tell us how we can reach you below.

- ☐ First name. _____
- ☐ Last name. _____
- ☐ Email address. _____
- ☐ Phone number including area code. _____
- ☐ Zip code. _____

You are being asked the following demographic questions only so that we can make sure we have a diverse group of people included in the conversations.

1. What is your age?

- ☐ 18-29
- ☐ 30-49
- ☐ 50-69
- ☐ 70 or older

2. What is your race?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

3. Are you Hispanic/Latino/Latinx?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

4. What is your gender?

- ☐ Female
 - ☐ Male
 - ☐ Transgender
 - ☐ Non-binary
 - ☐ Prefer not to answer
-

5. What is your marital status?

- ☐ Single
- ☐ Married or in a domestic partnership
- ☐ Divorced or separated
- ☐ Widowed

6. What is the highest level of school you have completed?

- ☐ Less than high school diploma
- ☐ High school diploma or equivalent (e.g., GED)
- ☐ Some college
- ☐ College or graduate degree

7. What best describes your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Unable to work

8. How many years have you served as a community leader?

- ☐ Less than one year
- ☐ 2 to 4 years
- ☐ 5 to 10 years
- ☐ 10+ years

9. How many years have you served as a leader in the community you currently represent?

- ☐ One year or less
- ☐ Two years or less
- ☐ Five years or less
- ☐ More than five years

10. Do you live in the same town as your birth?

- ☐ Yes
- ☐ No

10a. If not, where were you born?
City and State

11. Do you live in the same town as your organization?

- ☐ Yes
- ☐ No

11a. If not, do you live in the same county as your organization?

☐ Yes

☐ No

11b. Do you live in the same state as your organization?

☐ Yes

☐ No

APPENDIX E: Key Information Interview Questions

Opening

1. Please tell me about your role in the Newark community.

Strengths

2. What do you see as the strengths of the Newark community? Who is left out from benefiting from those strengths?

Challenges

3. What do you see as the health challenges in Newark? Who is most affected by those challenges?
4. How have those health challenges changed since the pandemic?
5. What is the root cause of the challenges that Newark faces?

Resources

6. What resources have you used to address those needs? Are there barriers to using or accessing those resources? Who have you collaborated with to meet the needs of the community?
7. What resources do you need that are not available in Newark or are not accessible to residents? How do you envision those resources meeting the community needs?

Changes

8. What changes in the community have you seen that have been beneficial to resident's health?
9. What changes in the community have you seen that have been detrimental to resident's health?

Priorities

10. What do you see as the top three priorities for the Newark community?
11. How do you envision addressing those needs?
12. Do you have any thoughts or ideas about programs, strategies, or activities that you think would be particularly effective for communicating health information in Newark? Who should deliver those messages and/or programs?
13. What are the key components of delivering pro-health messages or information about resources? Are they different for youth and adults?
14. Are there services and/or needs of any underserved and/or high-risk populations that we have not discussed? [Prompt: LGBTQ+, pregnant women, young black males]

Closure

15. Is there anything that we have not covered that is important?