



North Jersey Health Collaborative

health matters

Community Health Needs Assessment Report

Passaic County

2019

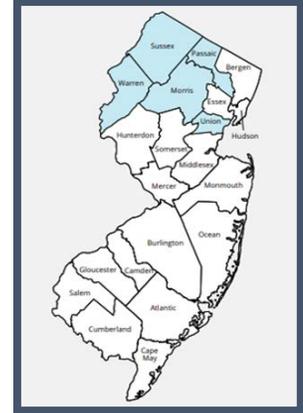




EXECUTIVE SUMMARY

Established in November 2013, the North Jersey Health Collaborative (NJHC) is an independent, self-governed 501(c)(3) organization with a diverse set of partners in five counties of New Jersey (Morris, Passaic, Sussex, Union, & Warren) representing health care, public health, social service, education, local government, business, and other community-based organizations.

Working together across sectors, the NJHC and its partners seek to establish a more coordinated collective approach to community health improvement. Core functions of the NJHC include a shared process of community health needs assessment and health improvement planning to target factors that drive poor health, and the development of collaborative strategies and action plans designed to create communities where opportunities for health and well-being are available for all people. This report is part of our continued commitment to collect, analyze, and share data to inform and modify the collective health improvement efforts of more than 100 partner organizations.



Key Objectives of this Report:

- Describe the county's socio-demographic characteristics, health status, and disparities.
- Engage community partners and residents to identify unmet needs related to health and well-being.
- Assist the NJHC and community partners to identify needs and to develop effective shared strategies and solutions that will have the greatest impact.

Passaic County Highlights: Combining Community Perspective and Qualitative Data

Building on our first shared community health needs assessment from 2016, the 2019 assessment represents a shift from a focus on primarily health-related issues and outcomes to one that includes the larger social determinants of health. Overall, Passaic County has many strengths and assets and was ranked number 13 in the state for overall health outcomes according to the 2018 County Health Rankings. You can read more about Passaic County's assets throughout this report. However, despite the county's overall good health and wealth, there are significant disparities from one community, or zip code, to another.

In 2018, the NJHC launched the *Community Voice Survey*. With 612 respondents from Passaic County, this survey placed a large emphasis on letting the perspectives of members who live and work in our communities to shape our work. Some of the top issues identified by Passaic County residents through the survey include: having safe and well-maintained roads, pedestrian safety, access to good quality



mental health care, access to adequate and affordable health insurance, and availability of affordable and safe housing.

Through our secondary data analysis, it was identified that some of Passaic County's worst performing health indicators include: higher age-adjusted death rate due to hypertensive heart disease and influenza/pneumonia, greater percentage of people having insufficient sleep, and higher percentage of mothers not receiving any prenatal care during their pregnancies. In the adult population, 32% of Passaic residents have been told they have high blood pressure, 28% are obese, and 24% are sedentary. The aforementioned are all risk factors for chronic diseases such as heart disease and diabetes. While the overall cancer incidence rate in Passaic County is decreasing, breast cancer incidence is on the rise and the percentage of women 67-69 years-old who have had a recent mammogram is declining. Mental health issues such as anxiety, depression, and substance use are also health challenges for adults in the county.

It is long established that socioeconomic status and income are strongly correlated with an individual's health status. The median annual income in Passaic County in 2017 was approximately \$63,000, which is more than that for the entire United States. However, there is considerable economic inequality across communities within the county. Approximately 30% of Passaic County households are considered ALICE (Asset Limited, Income Constrained and Employed), meaning they earn income above the Federal Poverty Level but below the basic cost of living. The data analysis included in this report also demonstrates that there are specific disparities related to race, ethnicity, gender, and age.

It is our hope that the information and data sources within this report will help NJHC partners and other community stakeholders dig deeper into these issues in order to develop effective strategies and solutions for improved health and well-being. After discussion at the Passaic County October Planning & Strategy Session, NJHC partners have prioritized the following health-related areas of need for the 2019 Community Health Improvement Plan for Passaic County:

- Access to healthy foods and physical activity
- Access to health care
- Chronic diseases
- End-of-life care
- Mental health and substance misuse



ACKNOWLEDGEMENTS

This edition of the NJHC Community Health Needs Assessment (CHNA) Report for Passaic County was developed in partnership with the members of the NJHC Passaic County Committee ([Appendix 1](#)). This Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. The assessment process was led by the NJHC Regional Data Committee, under the shared governance of the NJHC Executive Committee and the Board of Trustees ([Appendix 2](#)).

The Community Health Improvement Plan (CHIP) developed from this assessment process will serve as our roadmap to improving the health and well-being of residents living in northern New Jersey. The NJHC would like to thank the numerous individuals and organizations who participated in the development and the implementation of this assessment.

Members of the North Jersey Health Collaborative Data Committee:

- Don Dykstra, Atlantic Health System
- Shanice Johnson, Morris County Office of Health Management
- William Kernan, William Paterson University
- Lisa Lieberman, Montclair State University
- Annie McNair, Union County Office of Health Management
- Jodi Miciak, United Way of Northern New Jersey
- Sarah Perramant, Warren County Health Department
- Rajika Reed, St. Luke's University Health Network
- Courtney Sartain, Warren County Health Department
- Arlene Stoller, Morris County Office of Health Management
- John Volturo, Atlantic Health System
- Leigh Ann Von Hagen, Rutgers University/Voorhees Transportation
- Trevor Weigle, Mt. Olive Township Health Department

We would also like to thank Catherine Connelly for her contributions to the community health needs assessment process.

Questions regarding this report and the 2019 CHNA should be directed to Sara Elnakib, Passaic County Committee chair, at elnakib@njaes.rutgers.edu.



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CHAPTER ONE: ABOUT PASSAIC COUNTY



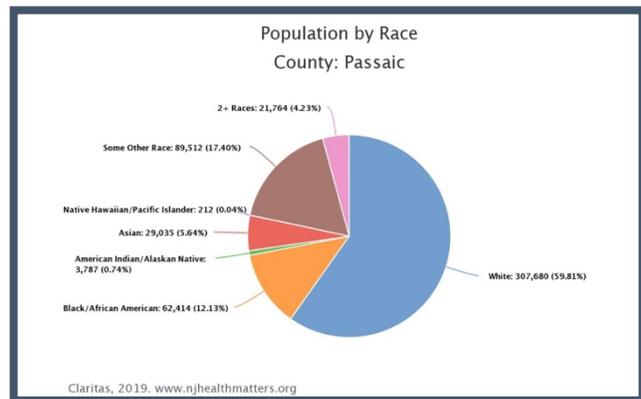
Passaic County is situated on the northern edge of the state of New Jersey and it is home to the Paterson Great Falls National Historical Park. As part of the New York Metropolitan Area, Interstate Route 80, Interstate route 287, and the Garden State Parkway connect residents to neighboring counties as well as bring access to New York and Pennsylvania. Passaic County comprises 16 municipalities and is governed by the Board of Chosen Freeholders, which are elected for three-year terms on a staggered

basis. There are 137 schools in 20 school districts, with the addition of one community college and two universities. The county also has five libraries and is a part of the Rutgers New Jersey Agricultural Experiment Stations (NJAES) Cooperative Extension.

Population Demographics

Passaic County has a population of 510,563 people; this is an increase of approximately 3% from 2010.¹ The median age in the county is 36 years-old. About one in four residents (25%) are children and youth under the age of 18 years-old and 12% of residents are over the age of 65 years-old. Passaic County is made up of 48% male residents and 52% female residents. According to the most recent American Community Survey, persons living with a disability (physical, mental or emotional)

represent 9% of the county's population, with prevalence increasing with age to as much as 31% of the 65+ age group. White residents make up the majority of the county's population (63%), with other racial groups represented as follows: other races 20%, Black/African American 13%, and Asian 6%.² Residents who identify ethnically as Hispanic/Latino make up 36% of the county's population.

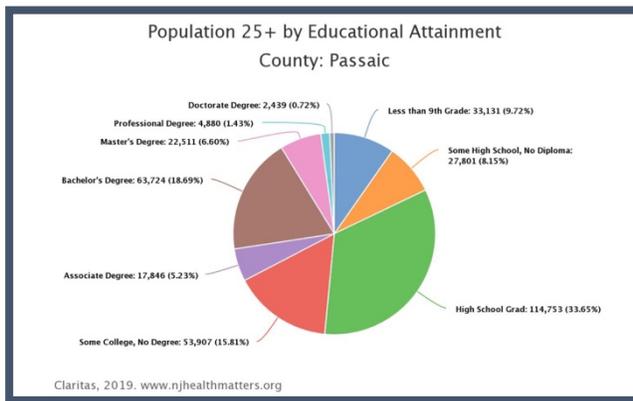


¹ US Census Bureau, 2017 American Community Survey 1-Year Estimates

² US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates



With the state's third highest birth rate (13 births per 1,000 residents in 2017), the population in Passaic County has increased every year since 2010 despite net out-migration.^{3,4} Approximately 29% of Passaic County residents, or 148,414 people, were born outside the United States. Furthermore, the 2009 American Community Survey determined that 14% of Passaic County households, compared to the state value of 7%, are linguistically isolated; this means that all members over the age of 13 years-old in the household have some difficulty communicating in English.⁵ The most common languages spoken linguistically isolated households in Passaic County is Spanish.



Only 18% of Passaic County residents 25 years-old or older have attained a Bachelor's degree or higher; this is markedly lower than the value of 37% for the New Jersey adult population as a whole.² There are 15,251 (4%) Passaic County residents who are at least 16 years-old who are in the labor force but are currently unemployed; this is slightly lower than the 5% overall unemployment rate in New Jersey.² The median household income for the county is \$63,339; this is slightly lower than the statewide median

household income of \$76,475 but higher than the national median household income of \$61,372.²

Housing affordability, taxes, job availability, and availability of senior housing all impact where people live within the county. In Passaic County, there is a total of 176,843 housing units, 92% of which are occupied. Of the occupied residences, 54% are owner-occupied and 46% are renter-occupied.⁶ As in every other county in New Jersey, there are socioeconomic disparities within the county, sometimes even from one zip code or census tract to the next.

Socioeconomic Profile

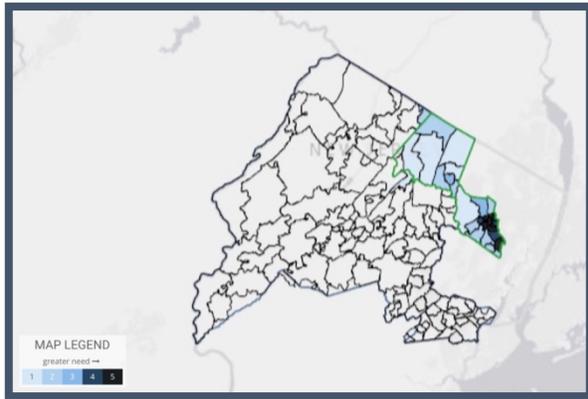
The SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. It is calculated based on factors such as education, employment, poverty, and income. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). According to the index, areas of Paterson (07501, 07522, and 07505) are the three zip codes with the highest level of socioeconomic need in Passaic County. For additional information and to access the SocioNeeds index, visit the NJHC's website (www.njhealthmatters.org).

³ New Jersey Department of Health, Birth Certificate Database

⁴ US Census Bureau, Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017

⁵ US Census Bureau, 2005-2009 American Community Survey 5-Year Estimates

⁶ US Census Bureau, 2010 Census



Presently, 17% of Passaic County residents live below the Federal Poverty Level.² Of those, more than one in four (26%) are children and youth under 18 years-old. This is important as chronic stress associated with financial hardship may impact childhood development and affect children’s health status into adulthood. Poverty also disproportionately impacts certain racial and ethnic groups. Specifically, American Indian and Alaska Native residents (44%) and residents who identify as being of other races (28%) experience poverty at

higher rates than other racial/ethnic groups in Passaic County. In addition to households who live in poverty, 30% of Passaic County households are earning incomes above the Federal Poverty Level but below the basic cost of living for the county; these are considered as ALICE (Asset Limited, Income Constrained and Employed).⁷ The United Way ALICE Project is a nationwide effort to quantify and describe the growing number of households in our communities that do not earn enough to afford basic necessities.

⁷ United Way of Northern New Jersey, United Way ALICE Report – 2016 Update for New Jersey

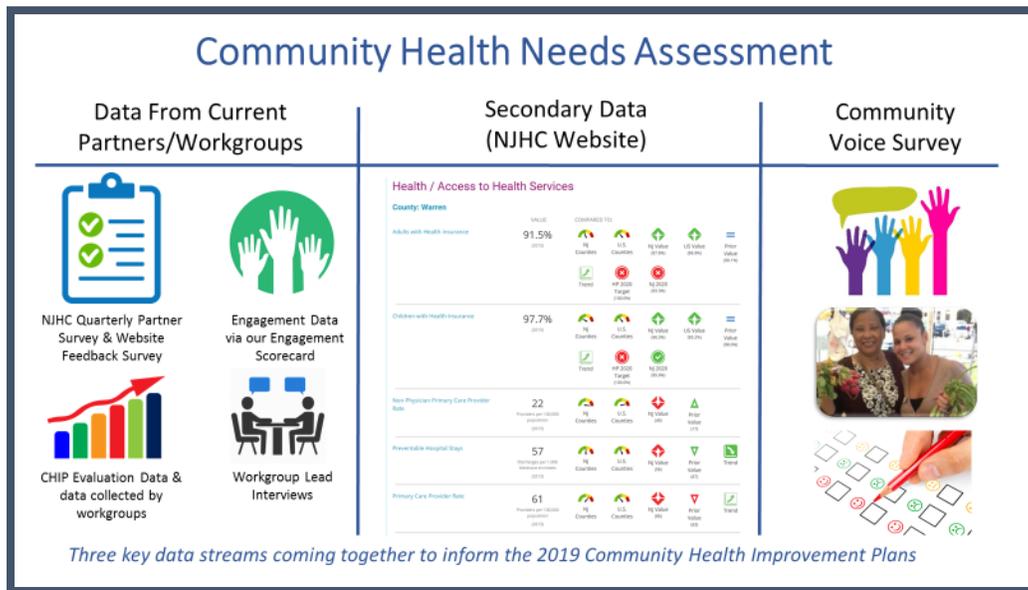


CHAPTER TWO: OUR ASSESSMENT PROCESS

In this section, we describe our methods, collaborative processes, and data sources used to identify and prioritize the health-related needs of communities in Passaic County. Our approach is founded on the principles of active partner participation and accountability, and community engagement.

The Passaic County Committee

The Passaic County Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. Our collaborative process includes quarterly county committee meetings, county-wide workgroups, and collective strategic planning efforts to ensure the health and well-being of all Passaic County residents. As part of the current shared assessment of the NJHC, the CHNA process brings together three data streams (see figure below): (1) data from our first 2016 Community Health Improvement Plan workgroups and feedback from our partners about what worked and what did not work, (2) results from secondary data analysis from the NJHC website, and (3) results of our first *Community Voice Survey*.



Building on Our First Assessment – Passaic County Committee Work Groups

Our first shared CHNA took place in 2016 and it identified the following priority areas relevant to Passaic County: substance misuse, access to health care, cardiovascular disease and diabetes, and caregiver health. Based on these results, the NJHC and the Passaic County Committee created a shared Community



Health Improvement Plan (CHIP) of strategies and metrics to respond to these four areas of need. The Access to Care Workgroup administered a survey to Passaic County residents to identify barriers to primary care utilization and formed collaborative relationships with health care resources in order to establish a continuum of care for underserved populations. The Diabetes and Cardiovascular Workgroup created the Northern Passaic County Diabetes and Cardiovascular Resource Card to assist physicians in referring their patients to evidence-based education programs to improve management of diabetes and its associated complications. The Caregivers Workgroup established an advisory council to advocate for self and external awareness of unpaid caregivers; it also examined current systems of caregiver support in order to identify gaps and to create action. The 2016 CHNA report and CHIP can be found [here](#). Many of these efforts will continue and fuel future Collaborative initiatives.

Secondary Data Analysis

As part of the CHNA process, secondary data analysis was conducted by the NJHC Regional Data Committee. This analysis ranked and scored more than 150 health indicators, including measurements of illness and disease, as well as measurements of behaviors and actions related to health. Scores are assigned to each indicator based on (1) how a specific county’s performance compares to the performances of all other counties in New Jersey, (2) how a specific county’s performance compares to the performances of all other counties in the US, (3) whether the specific county’s performance is on track to meeting Healthy People 2020 and Health New Jersey 2020 targets, and (4) the directional trend of the specific county’s indicator value over time. The complete list of health indicators and results from the secondary data analysis for Passaic County can be found [here](#).

Indicator	County Values	State Values	US Values	Trend	Score
Age-Adjusted Death Rate due to Hypertensive Heart Disease	3	3	1.5	2	2.42
Insufficient Sleep	3	2	3	1.5	2.34
Osteoporosis: Medicare Population	3	3	3	1	2.34
Mammography Screening: Medicare Population	3	2	2	2	2.33
Frequent Physical Distress	3	1.5	3	1.5	2.25
Inadequate Social Support	3	3	1.5	1.5	2.25
Poor Physical Health: Average Number of Days	3	1.5	3	1.5	2.25
Self-Reported General Health Assessment: Poor or Fair	3	1.5	3	1.5	2.25
Alzheimer's Disease or Dementia: Medicare Population	3	2	3	3	2.17
Age-Adjusted Death Rate due to Influenza and Pneumonia	3	3	0	2	2.16
Mothers who Received No Prenatal Care	3	3	0	2	2.16
Frequent Mental Distress	3	1.5	2	1.5	2.08

Results from the secondary analysis were first shared with the Passaic County Committee in April 2018 to help inform the proposal of community health improvement strategies at the Planning & Strategies Meeting that was held in October 2018. Results were presented in five ways: overall worst-performing indicators, worst-performing health indicators, worst-performing non-health indicators (e.g., social, economic, environmental, etc.), statistically

significant negative disparities by gender, race/ethnicity, age, education and income, and worse trending indicators. Through the secondary data analysis, it has been identified that some of Passaic County’s worst-performing health indicators include: more adults who report insufficient sleep, higher prevalence of frequent physical distress, higher average number of days with poor physical health, higher prevalence of osteoporosis in the Medicare population, lower rates of mammography screening in the Medicare population, and higher birth rate among teens 15-17 years-old.



Negative disparities were found among men living in Passaic County with respect to overall age-adjusted death rate, age-adjusted death rate due to heart disease, and incidence rate of liver and bile duct cancer. Non-Hispanic Black residents of Passaic County are experiencing negative disparities in terms of per capita income, percent of individuals living below the Federal Poverty Level, and educational attainment above high school for people 25+ years-old. Hispanic residents are disproportionately affected by the number of children, people 65+ and families living below the Federal Poverty Level, educational attainment above high school for people 25+ years-old, and health insurance coverage. Adults older than 65 years-old in the county have negative disparities in terms of education attainment above high school and percentage of people spending more than 30% of their household income on rent. Finally, there are disproportionately more adolescents and young adults (15-24 years-old) living below Federal Poverty Level.

Worst Trending Indicators

Indicator	County Values	State Values	US Values	Trend	Score
Homeownership	3	3	3	3	3
Young Children Living Below Poverty Level	3	3	3	3	3
People Living Below Poverty Level	3	3	2	3	2.83
Diabetes: Medicare Population	2	2	3	3	2.5
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2	2	2	3	2.33
Substantiated Child Abuse Rate	1	2	0	3	1.66
Lyme Disease Cases	1.5	1.5	1.5	3	2
Syphilis Cases	1.5	1.5	1.5	3	2
Chronic Kidney Disease: Medicare Population	1	1	1	3	1.66
Death Rate due to Drug Poisoning	1	1.5	0	3	1.58
Age-Adjusted Death Rate due to Unintentional Injuries	1	1	0	3	1.49
Age-Adjusted Death Rate due to Unintentional Poisonings	1	0	1	3	1.49

In addition to evaluating the performance of indicators, it was also important for the secondary data analysis to evaluate which indicators are trending in a negative direction, or getting worse. Percentage of adults who have insufficient sleep and percentage of adults who report frequent physical distress are two of the worst- performing health indicators in Passaic County and they are also found on the top of the list of worse trending indicators. Other

indicators trending in a negative way include: average number of days with poor physical health, percentage of Medicare enrollees with osteoporosis, percentage of Medicare enrollees with Alzheimer’s Disease or dementia, homeownership, and percentage of young children (under 5 years-old), children (under 18 years-old) and families living below Federal Poverty Level.

NJHC partners are well aware that results from this secondary data analysis, especially at the county level, tells just one part of the story of health in our communities. To gain a better perspective, NJHC partners set out to combine both secondary data with more localized primary data in order to more effectively identify, analyze, and strategize about issues that are important to the community and its stakeholders.

Community Perspective: *The Community Voice Survey*

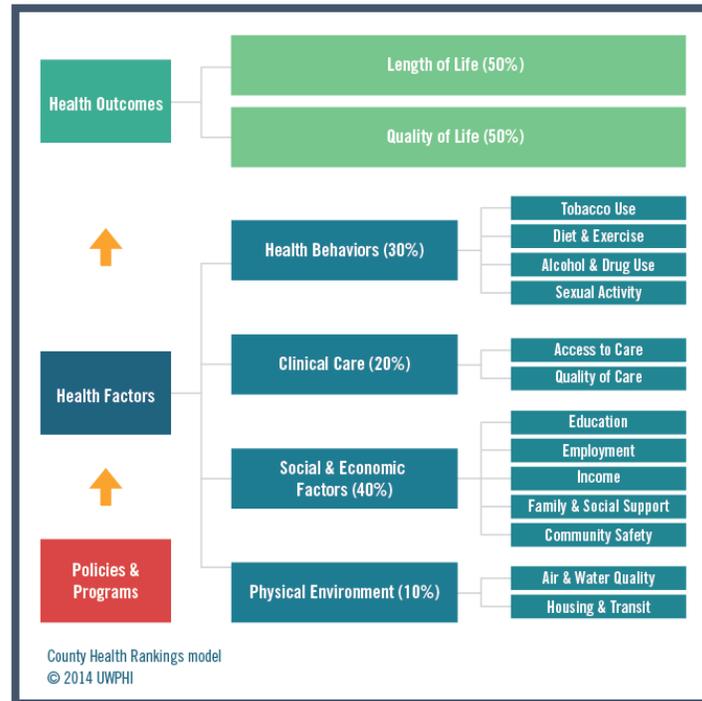
The *Community Voice Survey* was developed based on requests from NJHC partners who wanted more direct input from the people who live and work in our communities. Allowing community members to share their perspectives can help NJHC partners gain a better understanding of the strengths and needs of our communities, and help to identify the facilitators and barriers to health and wellbeing.

The *Community Voice Survey* was developed by the NJHC Regional Data Committee based on the County Health Rankings and Roadmaps Model (see figure below), which includes the wide range of measures that



influence how long and how well individuals live. These measures are categorized into four factors: physical environment, social and economic factors, clinical care, and health behaviors. For more information about this model, visit www.countyhealthrankings.org.

The main objective of the *Community Voice Survey* was to capture whether or not community members felt that the range of measures that are essential for health are available in their communities. The survey instrument was piloted in Vauxhall (Union County) in Fall 2017; feedback from the pilot helped to refine the survey instrument. The finalized survey was administered between January and May 2018; it was available in English, Spanish, Arabic and French Creole, and it was distributed both online and on paper by the NJHC as well as more than 50 public health and community-based organizations. Prior to distribution of the survey, participating organizations took part in a training webinar that addressed guidelines for survey administration and data collection with specific attention to issues of confidentiality.



Sampling targets were identified based on gender, age, race and ethnicity, as well as for low-income communities to capture a diverse range of perspectives. It is important to note that results of the *Community Voice Survey* only represent the views of individuals who chose to participate in the survey and are not representative of all individuals living in the county. Therefore, results from survey must be viewed within the context of other statistically representative data.



Initial survey findings were compiled and presented to Passaic County partners in July 2018 and final results was presented at the Passaic County Committee meeting in October 2018. The final report of survey results for Passaic County can be found [here](#).

A total of 612 individuals living in Passaic County completed the *Community Voice Survey*. Respondents were mostly female (78%), younger than 45 years-old (49%), and identified as non-Hispanic White (71%). More than half (54%) of the respondents have at least a Bachelor's degree and nearly two out of five (36%) respondents described their household finances as being "somewhat stable," meaning that they are able to handle most of their bills and some unexpected expenses. Close to all (92%) respondents said they are covered by health insurance and 21% said they are providing unpaid care to a family member or a friend who is disabled, has a chronic illness, or has issues with aging. When asked to rate their overall well-being between 0 and 10, respondents gave an average score of 7.2 (range = 0-10).

Some of the top issues identified by Passaic County survey respondents include:

- Availability of affordable housing that is safe and well-kept,
- Availability of jobs for people who want jobs,
- Access to affordable health insurance that covers the care that people need,
- Having safe and well-maintained roads and ensuring the safety of pedestrians,
- Access to safe and high-quality childcare at good prices, and
- Access to high-quality mental health care that if affordable.

Responses collected from specific sub-populations found that younger (18-44 years-old) respondents are less satisfied about the availability of affordable housing, people's ability to meet basic needs, and accessibility of affordable childcare than older (65-74 years-old) respondents and all Passaic County respondents. And in the zip code 07011 area within Clifton, respondents are more challenged in all measures of social and economic factors than all respondents in Passaic County.



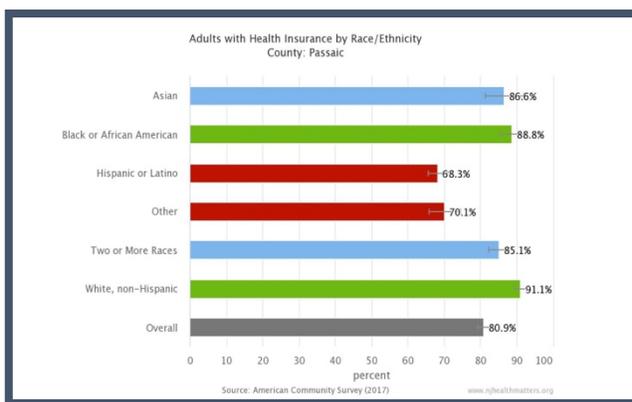
CHAPTER THREE: BRINGING IT ALL TOGETHER

A summary of the results from the three data streams used for this CHNA process are provided in this chapter for the following broad categories:

- Access to care
- Built environment: housing & transportation
- Chronic diseases
- Infectious diseases
- Mental health
- Social environment: employment & income
- Substance misuse

Access to Care

Access to care refers to an individual's ability to find, use, and pay for health care and preventive services when they are needed. Overall, Passaic County scored low in terms of access to care. In the 2018 County Health Rankings, Passaic County ranked 18th out of all 21 counties in New Jersey on factors related to clinical care. Location of care providers, language spoken, cultural competency, hours open, and health literacy practices all influence access. In addition to two hospitals operated by the St. Joseph's Health Care System in Paterson and Wayne, Passaic County is also home to two additional hospitals, four Federally Qualified Health Centered, seven urgent care clinics, one pediatric urgent care clinic, and four psychiatric residential treatment centers.

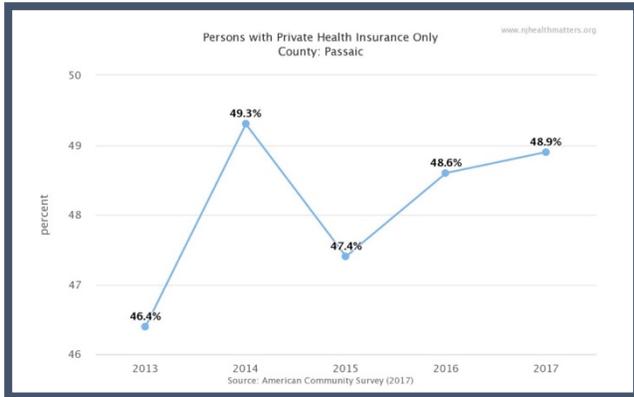


Health insurance is a major factor in terms of accessing health care services. People without health insurance or with inadequate health insurance may not be able to afford medical treatments or prescription drugs. As a result, they often do not seek treatment for illnesses until their conditions are advanced and are, therefore, costlier and more difficult to treat. Furthermore, people who are uninsured or under-insured frequently rely on getting their health care services at the emergency

department. In 2017, [the majority \(81%\) of adults \(19-64 years-old\) in Passaic County had some type of health insurance](#); however, coverage was significantly lower for residents 26-34 years-old (74%), for Hispanic/Latino residents (68%) and for residents of other races (70%). Emergency department utilization data also shows that, among Hispanic/Latino patients treated in the emergency department in 2016-2017



for any reason, significantly more were enrolled in Medicaid or were receiving Charity Care benefits. [Nearly all \(95%\) children \(0-18 years-old\) had some type of health insurance](#) in Passaic County, with significantly more non-Hispanic White children having coverage (98%). While insurance coverage rates are high for both adults and children in the county, improvements can still be made as neither group has met the Healthy People 2020 national target of 100% insurance coverage.



Approximately [49% of residents in the county are covered by only private insurance](#), which they receive from their employer or union, the military, or they purchase directly from a private company. As a result of the rising costs of health insurance premiums, many small businesses are no longer able to offer health insurance; and more employers are offering limited benefit plans and/or passing costs along to employees with high deductibles and co-insurance payments. Despite this, the percentage of

people with only private health insurance in Passaic County has increased with time. Furthermore, we found from the NJHC *Community Voice Survey* that 45% of respondents in Passaic County felt that people in their neighborhood can get health insurance that is affordable and covers the care they need.

While we know most residents in the county have health insurance, the type of coverage and affordability may still pose challenges for those who are insured. For example, even though they are insured, only [58% of female Medicare enrollees receive mammography screenings](#) routinely.

According to the 2018 County Health Rankings, the ratios of Passaic County’s population to the number of primary care physicians, dentists, and mental health providers are higher than that for the state of New Jersey; this means there are more residents per each type of health care provider in Passaic County than in the state overall. In the *Community Voice Survey*, 84% of Passaic County residents who completed the survey indicated that they felt most people in their community have a doctor they consider to be their personal doctor. However, only 58% of respondents stated that people in their neighborhood have access to good quality dental care at a reasonable price and 49% of respondents felt people in their neighborhood have access to good quality mental health care at a reasonable price.

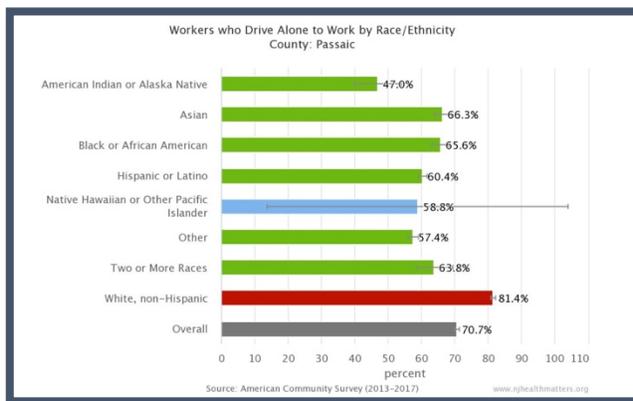
Ratio of Population to Healthcare Providers	Passaic County	New Jersey
Primary care physicians	1,760 : 1	1,180 : 1
Dentists	1,390 : 1	1,190 : 1
Mental health providers	910 : 1	530 : 1



The measure of preventable hospital stays in a community indicates the quality and accessibility of primary health care services available. If the quality of health care services in the outpatient setting is poor, then people may be more likely to overuse the hospital as their main source of care and be hospitalized unnecessarily. In Passaic County, there has been a decrease in preventable hospital stays since 2011. And in 2015, [there were 52 preventable hospital stays per 1,000 Medicare enrollees](#); this is better than the statewide average of 50 per 1,000 Medicare enrollees.

Built Environment: Housing & Transportation

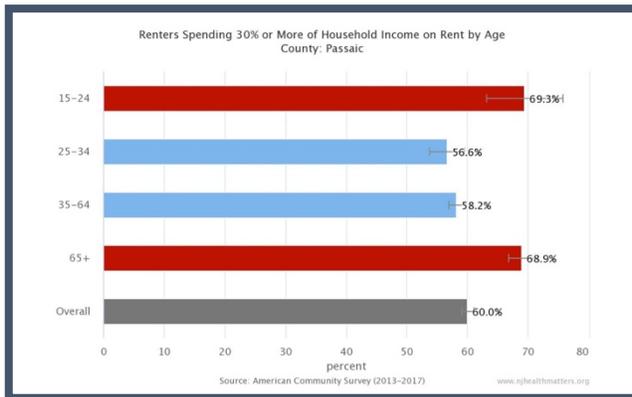
According to the 2018 County Health Rankings, Passaic County ranked 9th out of all 21 New Jersey counties for physical environment. This ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.



In Passaic County, the [average travel time to work is 28 minutes](#) and it is increasing with time. [Seventy-one percent of workers 16 years-old or more drives alone to work](#); this is better than the New Jersey average (72%) and the US average (76%). Looking at specific sub-groups, men have significantly longer mean travel time (29 minutes) than women and significantly more workers 55 years-old and older are driving alone to work. Among solo drivers in Passaic County, [37% have a long commute](#) (i.e., a

commute for more than 30 minutes); this measure has decreased over time but it remains higher than the national average (35%). One potential way to reduce the number of people driving alone to work and the pollution that results from vehicle emissions is through carpooling or taking public transportation.

Affordable housing is an issue for many residents in the county. According to the American Community Survey, [homeownership rate is 49%](#) in Passaic County in 2017, a significant decline from years prior. Only 52% of respondents to the *Community Voice survey* reported that there is enough affordable housing that it is safe and well-maintained in their neighborhood. Almost half of all occupied residences in Passaic County are rented and [60% of renters spend one-third or more of their household income on rent](#). This is especially a problem for renters 15-24 years-old and for renters 65 years-old and older. Finally, according to the County Health Rankings, [33% of households in Passaic County have severe housing problems](#),



meaning they have at least one of the following: overcrowding, high housing costs, lack of kitchen facilities, and lack of plumbing. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, increasing their risks for chronic diseases such as obesity and diabetes. Lack of plumbing facilities increases the risks for infectious diseases. Finally, areas where housing costs are high often force low-income residents into overcrowded or substandard

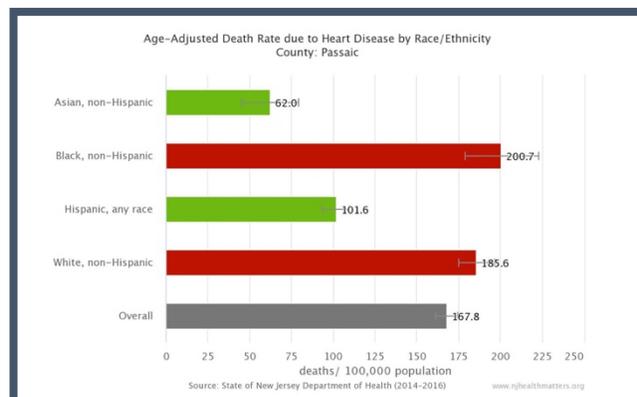
living conditions with increased exposures to mold, pests, lead, or other environmental toxins.

In 2017, [5% of the Passaic County population was homeless](#). People become homeless for a variety of reasons, including lack of affordable housing, low incomes, lack of affordable medical care, and social problems like domestic violence, mental illness, drug addiction, and alcoholism. Homelessness puts individuals at additional risks for untreated acute and chronic diseases, exacerbate mental illnesses, and shortens lifespans. In 2018, nearly half (40%) of the 16,939 calls from Passaic County to NJ 2-1-1, a warmline for social service resources, were regarding utility assistance, such as heating and cooling, power, water, and telephone. The second highest volume of calls (33%) were related to housing and shelter, or for assistance in finding or paying for a low cost, emergency place to live.⁸

Chronic Diseases

Chronic Disease involves persistent, serious health conditions that can be controlled, but not usually cured. Chronic diseases are some of the most common, costly, and preventable health problems in the US and they are influenced by environmental, genetic, and lifestyle factors.

Heart disease and stroke are the first and third leading causes of death in New Jersey, respectively. [The age-adjusted death rate due to heart disease is 168 deaths per 100,000 population](#) in Passaic County. Although this value has decreased over time, it remains higher than both the statewide average rate (166 deaths per 100,000 population) and the national average rate (167 deaths per 100,000). The population that is of specific concern for heart disease in the



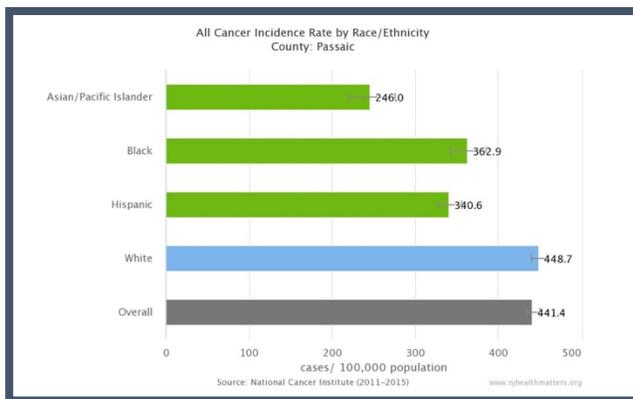
⁸ 2-1-1 Counts, New Jersey Top Service Requests Jan 01, 2018 to Dec 31, 2018



county is the Medicare population, which includes mostly individuals 65+ years-old. Compared to New Jersey and to the US, Passaic County has more Medicare enrollees who have been treated for [atrial fibrillation](#) (abnormal heart rhythm), [heart failure](#) (when the heart cannot pump sufficient amounts of blood to the body), [hyperlipidemia](#) (high amount of fat in the blood), [hypertension](#) (high blood pressure), [ischemic heart disease](#) (narrowing of arteries of the heart), and [stroke](#).

Common risk factors for heart disease and stroke include obesity, diabetes, hypertension, poor nutrition, lack of physical activity, and tobacco use. According to the most recent data, [8% of adults at least 20 years-old have been diagnosed with diabetes](#) in Passaic County. In 2016-2017, 10% of all emergency department encounters were with diabetic patients. Among Medicare enrollees, [34% have been treated for diabetes](#) and this proportion is increasing with time. Older adults at least 65 years-old also made up 46% of all diabetic emergency department patients in 2016-2017. Approximately [32% of adults in the county have been diagnosed with high blood pressure](#) and the [age-adjusted death rate due to hypertensive heart disease is 10 per 100,000 population](#). Among adults at least 20 years-old in Passaic County, [29% are obese](#) and [24% are sedentary](#), meaning they do not participate in physical activities outside of their jobs.

Childhood obesity is another critical chronic health issue as obese children tend to stay obese into adulthood and are more likely to develop diseases like diabetes and heart disease. In the US, one in five school-age children and young people are obese.⁹ In New Jersey, 15% of children two to four years-old enrolled in WIC (Women, Infants, and Children) are obese, 15% of youth 10-17 years-old are obese, and 9% of high school students are obese.¹⁰ One of the factors contributing to childhood obesity is lack of consistent access to enough nutritionally adequate foods. In Passaic County, [16% of children less than 18 years-old experience food insecurity](#) and [58% of all households participating in SNAP \(Supplemental Nutrition Assistance Program\) have children under 18 years-old](#). While there have been improvements in childhood obesity prevalence, especially among younger children, as the result of efforts to improve eating behaviors and physical activity, the percentages remain alarming.



Cancer is a group of diseases involving abnormal cell growth that has the potential to invade and spread to other parts of the body. Passaic County has a [cancer incidence rate of 441 cases per 100,000 population](#). By gender, all cancer incidence is significantly higher among men (496 cases per 100,000 population). By race and ethnicity, all cancer incidence is significantly lower among Asian/Pacific Islander residents (246 cases per 100,000 population), Black

⁹ Center for Disease Control and Prevention (CDC), Childhood Obesity Facts

¹⁰ The State of Obesity, The State of Obesity in New Jersey



residents (363 cases per 100,000 population), and Hispanic residents (341 cases per 100,000 population).

According to the Cancer Incidence and Mortality in New Jersey report, between 2012 and 2016, the three most common types of cancer were breast, lung/bronchus, and colon/rectum for women, and prostate, lung/bronchus, and colon/rectum for men.¹¹ In Passaic County, there is a [higher than average incidence rate of liver and bile duct cancer](#) (8 cases per 100,000 population); it is significantly worse for men and the rate is increasing with time. There is also a [higher than average incidence rate of cervical cancer](#) in the county (8 cases per 100,000 population); but there are no gender or racial/ethnic disparities and the rate is decreasing with time. Other types of cancers with higher incidence rates in Passaic County than in New Jersey and/or the US include: [prostate cancer](#), [colorectal cancer](#), and [non-Hodgkin's lymphoma](#).

Compared to other counties in New Jersey and across the US, [Passaic County has a lower age-adjusted death rate due to cancer](#) (155 deaths per 100,000 population); however, there are a few significant disparities. While the age-adjusted death rate due to cancer is 132 deaths per 100,000 population for women in Passaic County, it is 189 deaths per 100,000 population for men. Comparing by race/ethnicity, Asian and Pacific Islander residents and Hispanic/Latino residents have significantly lower age-adjusted death rates than the county overall.

One way to mitigate the mortality and morbidity burden of cancers is through screening. Cancer screening allows doctors to find and treatment certain types of cancer early and to reduce the chance of dying from those cancers. In Passaic County, only [54% of adults 50-75 years-old have been screened for colon cancer](#); this is much lower than the 65% and 68% screening coverage for New Jersey and the US overall, respectively. And while [76% of women 50-74 years-old have had a recent mammogram](#), this percentage decreases to only [58% among female Medicare enrollees 67-69 years-old](#).

Heart disease, diabetes, obesity, and cancer are only a few of the many chronic illnesses that affect Passaic County residents, particularly seniors 65+ years-old. Other chronic illnesses that require particular attention among Medicare beneficiaries include: the [prevalence of rheumatoid arthritis and osteoarthritis](#), the [prevalence of chronic kidney disease](#), and the [prevalence of asthma](#). While there is no one-size-fits-all cure for chronic diseases, abstaining from tobacco, maintaining a healthy weight, being physically active, and eating a healthy diet all have a positive impact on health and can help to reduce the development and progression of many chronic illnesses.

Infectious Diseases

Infectious, or communicable, diseases are illnesses caused by infectious agents and they can spread from one person to another, or from non-humans (e.g., animals, insects, food) to humans. Although the rates

¹¹ New Jersey Department of Health, Cancer Incidence & Mortality in New Jersey, 2012-2016 Excerpts



of infectious diseases in the US have steadily decreased for decades with the advent of vaccines, improved sanitation and other disease control measures, these illnesses still pose as a public health threat.

Vaccinations play an important role in minimizing the acquisition and transmission of infectious diseases. In New Jersey, children in day care and schools are required to provide documentation of their immunization status or proof of exemption. Required immunizations for school-aged children in New Jersey include: DTaP/Tdap (diphtheria, tetanus, and pertussis), MMR (measles, mumps, and rubella), polio, hepatitis B, varicella (chicken pox), and meningococcus. In Passaic County, [immunization coverage is similar to that of the state for pre-kindergarteners](#) (95% Passaic vs. 94% NJ). [Among kindergarteners in the county, 96% have all required immunizations.](#) While this is equal to that of the state, coverage has decreased from the previous reporting period. The [lowest immunization coverage is with first grade students](#); only 73% in Passaic County compared to 93% in the state. Coverage increases again through elementary school to where [94% of sixth grade students have received all required immunizations.](#)

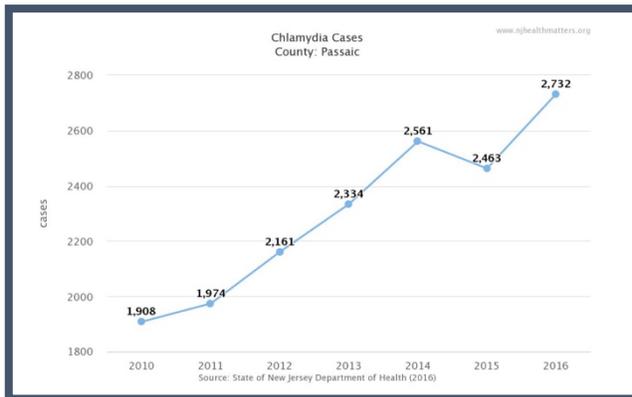
Influenza is a preventable infectious disease that has had a large disease burden in the US in recent years. According to the Center for Disease Control and Prevention (CDC), it is estimated that there were over 48 million symptomatic flu cases during the 2017-2018 influenza season, more than 22 million flu-related medical visits, nearly 1 million flu-related hospitalizations, and close to 80,000 flu-related deaths.¹² In Passaic County, the [age-adjusted rate of emergency room visits due to influenza is 24 visits per 10,000 population](#); this is higher than the statewide average of 21 visits per 10,000 population. The [age-adjusted death rate due to influenza and pneumonia \(a common complication of influenza\) is 13 deaths per 100,000 population](#); this is slightly worse than the statewide average of 12 deaths per 100,000 population but markedly better than the nationwide average of 15 deaths per 100,000 population.

The number of tuberculosis (TB) cases has steadily fallen over the past several decades in the US. In 2018, the CDC reported 9,029 TB cases nationally; the lowest ever recorded in US history.¹³ This translates to an incidence rate of less than 3 TB cases per 100,000 population. In New Jersey, 290 TB cases were reported in 2018, giving an incidence rate of 3 cases per 100,000 population. This is an increase of 2% from the previous year.¹³ In Passaic County, the [TB incidence rate is 4 cases per 100,000 population](#) but it is trending downward with time.

Lyme disease is a bacterial disease that is transmitted to humans through the bite of infected ticks. Lyme disease is most commonly found in the north-eastern and north-midwestern regions of the US, posing as a public health problem for New Jersey residents. In 2016, [204 cases of Lyme diseases were reported in Passaic County.](#) While this value is lower than that of the previous year, cases are increasing over time.

¹² Center for Disease Control and Prevention (CDC), Estimated Influenza Illnesses, Medical Visits, Hospitalization, and Deaths in the United States – 2017-2018 Influenza Season

¹³ Center for Disease Control and Prevention (CDC), Tuberculosis – United States, 2018

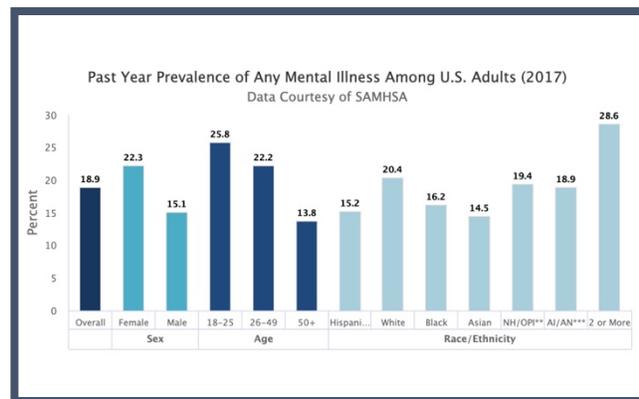


Sexually transmitted diseases are rising in Passaic County. In 2016, [2,732 cases of chlamydia](#), [678 cases of gonorrhea](#), and [31 cases of syphilis](#) were reported. Chlamydia cases were mostly found among women (72%) while gonorrhea and syphilis cases were more commonly found in men (57% and 90%, respectively). Although symptoms for these diseases are usually mild or absent, serious complications such as infertility and organ damage can occur, especially before a person is

aware of his/her infection. Furthermore, because symptoms are easily missed, cases of chlamydia, gonorrhea, and syphilis are substantially underreported. HIV is another common sexually transmitted disease with a high burden in New Jersey. In Passaic County, the [prevalence rate of HIV is 487 cases per 100,000 population](#), notably higher than the statewide rate of 415 cases per 100,000 population.

Mental Health

Mental health includes individuals' emotional, psychological, and social well-being. Mental illnesses are a wide range of conditions that affect people's mood, thinking, as well as their behavior. Examples of mental illnesses include: depression, anxiety disorders, eating disorders, schizophrenia, and addictive behaviors. In the US, nearly 20% of adults (47 million in 2017) live with a mental illness.¹⁴ Overall, mental illnesses are more prevalent among women, people between 18 and 25 years-old, and multiracial individuals.¹⁵ In Passaic County, adults have an [average of four poor mental health days each month](#) and [12% of adults have more than 14 poor mental health days each month](#) (i.e., they experience frequent mental distress).



Approximately [14% of Medicare enrollees in Passaic County have been treated for depression](#); this proportion is similar to the statewide and nationwide averages but it is increasing significantly over time. According to 2016-2017 emergency department utilization data, Passaic County patients with diagnosed mental illnesses seeking care at emergency departments for any reason most often had

¹⁴ National Institute of Mental Health, Mental Health Information – Statistics

¹⁵ Substance Abuse and Mental Health Services Administration (SAMHSA), 2017 National Survey on Drug Use and Health



mood disorders (43%) and anxiety disorders (39%); this is followed by patients who have dementia, amnesia, or other cognitive disorders (18%).

Poor mental health and experiences of psychological distress are risk factors for suicide, the 10th leading cause of death in the US and 14th in the state of New Jersey.¹⁶ The [age-adjusted death rate due to suicide is 5 deaths per 100,000 population](#) in Passaic County. This is markedly less than the statewide value of 8 deaths per 100,000 population and the nationwide value of 13 deaths per 100,000 population. Furthermore, this death rate is decreasing with time, though not significantly.

An important factor that impacts mental health is social connectedness, which measures the degree to which a person has and perceives a sufficient number and diversity of relationships that allow him/her to (1) give and receive information, emotional support and material aid, (2) create a sense of belonging and value, and (3) foster growth. Greater social connectedness can help mitigate poor mental health and isolation as people who feel connected often feel more empowered to ask questions and to access resources and information that is vital to their own health and well-being. Overall, [25% of Passaic County residents have inadequate social support](#). Of the 612 people who completed the *Community Voice* Survey, 64% of respondents said that neighbors in their community know one another, 65% said that neighbors look out for and take care of each other, and 57% said that community members could come together and solve problems that arise. According to the County Health Rankings, Passaic County residents have an association rate of 7 membership associations per 10,000 population; this is slightly lower than the rate of 8 associations per 10,000 population for New Jersey overall. Approximately 16% of Passaic County youths 16-24 years-old are considered “disconnected,” meaning they are neither working nor in school.¹⁷ School and work are two important places for social interactions to take place, especially in the younger years. When teens and young adults are not going to school or working, there is greater risk for isolation, which can negatively impact their mental health.

Other factors which impact mental health include traumatic experiences (e.g., domestic violence, community violence, sexual assault). In Passaic County, there were a total of 3,367 cases of violent offenses in 2016; this is a 4% increase from the previous year. Of all reported offenses in the county, the highest number of incidents were reported in Paterson City, Passaic City, and Haledon Borough.¹⁸ Even though Passaic County already has a high [violent crime rate of 382 per 100,000 population](#), 4th highest in the state, this measurement includes only crimes that have been reported to the police and excludes those cases where the victims are unable to make a report.

Proper maintaining of mental health and treatment of mental illnesses is crucial for health and well-being; however, this is often complicated by lack of available programs and services. In the *Community Voice Survey*, only 49% of Passaic County respondents stated that they believe people in their community have

¹⁶ New Jersey State Health Assessment Data, Health Indicator Report of Suicide

¹⁷ County Health Rankings and Roadmap, Measures – Disconnected Youth

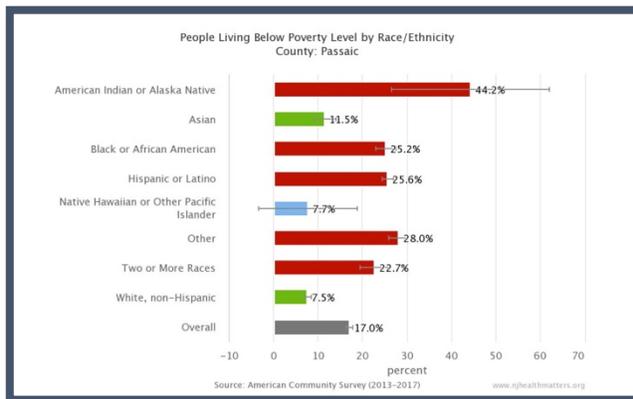
¹⁸ State of New Jersey Department of Law and Public Safety, Thirty-Fourth Annual Domestic Violence Offense Report (2016)



access to good quality mental health care. This finding is supported by the County Health Rankings, which found that the ratio of mental health providers to population is 1:960 in Passaic County, compared to 1:530 in New Jersey.

Social Environment: Employment & Income

According to the 2018 County Health Rankings, Passaic County ranked 17th out of all 21 counties in New Jersey in terms of its social and economic factors. A community's economic health, often measured by the level of unemployment and poverty, is an important indicator for health and overall well-being as unemployment and poverty have been linked to worse health outcomes and increased mortality.^{19,20} As of November 2018, [4% of Passaic County civilians at least 16 years-old were unemployed](#); this is worse than the New Jersey statewide percentage as well as the US nationwide percentage.



The [per capita income is \\$29,393](#) in Passaic County and the [median household income is \\$63,339](#). Approximately [17% of residents are living below the Federal Poverty Level](#), with significant disparities for children under 18 years-old, for American Indian/Alaskan Native residents, for Hispanic/Latino residents, for Black/African American residents, for multiracial residents, and for residents who identify as other races. Looking at families, [14% of all families in Passaic County are living below](#)

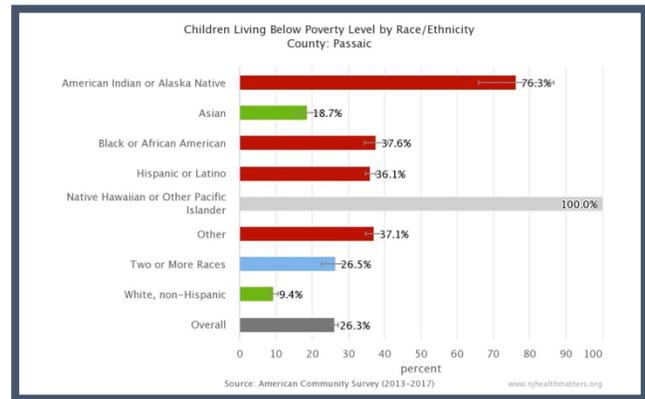
[the Federal Poverty Level](#); this is markedly worse than the statewide value of 8% and the nationwide value of 11%. Additionally, this percentage is increasing significantly with time. Besides families who live below the Federal Poverty Level, there is another type of families who are what is called ALICE, or asset limited, income constrained, and employed. ALICE families are those that are working but that are still unable to afford the basic necessities of housing, food, child care, health care, and transportation. In Passaic County, [30% of all households are designated as ALICE](#).

¹⁹ County Health Rankings and Roadmap, Measures – Unemployment

²⁰ County Health Rankings and Roadmap, Measures – Income Inequality

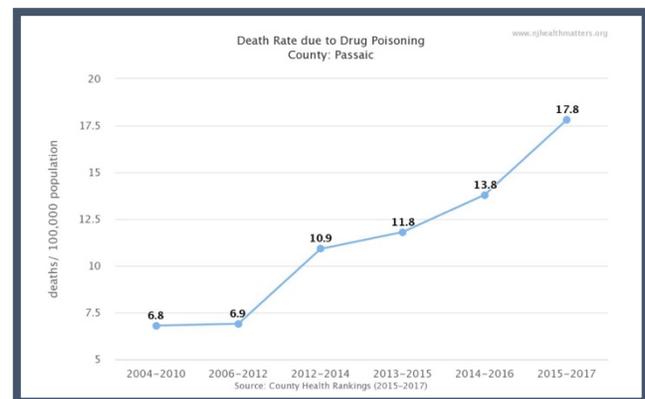


Poverty is the single greatest threat to children’s well-being as it can impede children’s ability to learn, contribute to emotional and behavioral problems, and increase risks for poor health outcomes.²¹ In the US, 21% of all children – or 15 million children – live in families with income below the Federal Poverty Level (i.e., poor families). There is an additional 22% of children who live in families with income less than twice the Federal Poverty Level (i.e., near-poor families), which is the amount necessary to support all basic necessities.²² In New Jersey, 15% of children live in poor families and 17% of children live in near-poor families.^{23,24} In Passaic County, [26% of children under 18 are living below the Federal Poverty Level](#); this value is worse than both the state and national values and it is increasing significantly with time. While there are no significant differences by children’s gender or age, there is significant disparities by children’s race, especially for children who identify as American Indian/Alaskan Native, Black/African America, Hispanic/Latino, and other race.



Substance Misuse

Substance misuse refers to the inappropriate or excessive use of alcohol, drugs (both prescription and illegal), and tobacco. There is an increase in overdose and mortality due to the over prescription and increasing street-level access to opioids (e.g., oxycodone, heroin, fentanyl) in recent years. Many community-based organizations and non-profit agencies have since joined the fight to both prevent substance misuse through education and resources, and treat substance use disorders through



advocating for and linking substance users to treatment and recovery services. Deaths as a result of drug poisoning (i.e., overdose) have increased significantly in Passaic County. Compared to the measurement period of 2014-2016, Passaic County’s [overdose death rate increased by 29%](#) in the 2015-2017

²¹ National Center for Children in Poverty, Child Poverty

²² National Center for Children in Poverty, Basic Facts about Low-Income Children (Children Under 18 Years 2016)

²³ National Center for Children in Poverty, New Jersey Demographics of Poor Children

²⁴ National Center for Children in Poverty, New Jersey Demographics of Low-Income Children



measurement period. Most recently, there were 273 overdose deaths in the county; this is equal to a rate of 18 deaths per 100,000 population.²⁵

Naloxone, also known as NARCAN® or EVZIO®, is an opioid antagonist designed to rapidly reverse opioid overdose and it has been widely distributed in the county, region, state, as well as nationwide. In 2018, 768 naloxone administrations were given by law enforcement and emergency medical services responders in Passaic County, with a total of 16,082 administrations across the state.²⁶

Aside from prescription and recreational drugs, excessive alcohol use is also harmful to health and well-being. Heavy drinking (i.e., having 15+ drinks per week for men or 8+ drinks for women) and binge drinking (i.e., having 5+ drinks during a single occasion for men or 4+ drinks for women) is a risk factor for alcohol poisoning, high blood pressure, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor vehicle crashes.²⁷ Although 96% of Passaic County respondents to the *Community Voice Survey* stated that they do not drink excessively, our secondary analysis found that [17% of Passaic County adults drink excessively](#) and [15% of adults have binge drank](#) on at least one occasion. Emergency department utilization data show that of the 13,134 substance users in Passaic County who visited the emergency department in 2016-2017 for any reason, 57% have been diagnosed with an alcohol-related disorder.

According to the National Highway Traffic Safety Administration, motor vehicle crashes that involve an alcohol-impaired driver kill 28 people in the US every day and the annual cost of alcohol-related crashes totals more than \$44 billion. In Passaic County, [37% of vehicle crash deaths involve alcohol](#); this is higher than the New Jersey proportion of 22% and the US proportion of 29%. Prevalence of harmful alcohol use and its consequences are associated with density of alcohol outlets. High alcohol outlet density is related to increased rates of drunk driving, vehicle-related pedestrian injuries, and also child abuse and neglect. There are currently about [28 alcohol outlets per 100,000 population](#) in Passaic County, but this has decreased slightly over time.

Prevention and timely treatment of substance misuse is critical for halting and reversing the current substance abuse epidemic in the US; however, information about substance misuse prevention and treatment are not always readily available and accessible. Among Passaic County *Community Voice Survey* respondents, 29% indicated they do not know where to find information on substance use prevention or treatment for themselves or someone they know; 28% reported they are not aware of places to properly dispose of unwanted prescription medications; and 46% did not feel that people in their community have access to substance misuse treatment that is accessible, good-quality, and affordable.

²⁵ County Health Rankings, Measures – Drug Overdose Deaths (2015-2017)

²⁶ NJ CARES, 2018 New Jersey Statewide Naloxone Administrations

²⁷ Center for Disease Control and Prevention (CDC), Fact Sheets – Alcohol Use and Your Health



[Sixteen percent of Passaic County adults currently smoke cigarettes.](#) Smoking is the leading cause of preventable death as it causes cancers, heart diseases, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD). Smoking also increases the risks for tuberculosis, certain eye diseases, and problems of the immune system.²⁸ In addition to smoking, secondhand smoke (i.e., smoke from a burning cigarette and smoke breathed out by smokers) also causes numerous health problems, such as heart disease, lung cancer, asthma, and sudden infant death syndrome (SIDS).²⁹

The recent popularity of e-cigarettes has further exacerbated the health problems related to smoking. E-cigarettes operate by heating a liquid solution until it becomes an aerosol that can be inhaled; the aerosol produced contains tiny chemical particles that can cause heart diseases, lung diseases, and acute lung injuries.³⁰ Furthermore, the liquid solutions used with e-cigarettes often contain high levels of nicotine, which can increase the risk of addiction. The use of e-cigarettes is especially problematic for adolescents and young adults. According to the US Surgeon General, e-cigarettes have been the most commonly used tobacco product by youth in the United States since 2014 and approximately 20% of high school students and 5% of middle school students currently use e-cigarettes.³¹

Finally, as the legalization of recreational Marijuana is likely to occur in New Jersey, governmental agencies, community-based organizations and community members must work together to educate residents about the associated health risks of recreational marijuana use in order to reduce potential negative or unwanted health consequences.

²⁸ Center for Disease Control and Prevention (CDC), Health Effects of Cigarette Smoking

²⁹ Center for Disease Control and Prevention (CDC), Health Effects of Secondhand Smoke

³⁰ American Lung Association, The Impact of E-Cigarettes on the Lung

³¹ US Surgeon General, Surgeon General's Advisory on E-cigarette Use Among Youth



CHAPTER FOUR: WORKING TOGETHER TO CREATE SOLUTIONS

The data presented in this report combines both public health data from the NJHC data portal (www.njhealthmatters.com) and our first *Community Voice Survey*. The primary purpose of this report is to assist our partners in determining where to invest our resources in order to have the greatest impact in improving the health and well-being of our communities.

In October 2018 the Passaic County Committee partners came together to review the data used for this CHNA process and summarized in this report. The data served as the catalyst for conversations among the partners, which resulted in the following list of overall priority areas:

- Access to healthy foods
- Access to health care
- Diabetes and physical activity
- End of life care
- Mental health and substance misuse
- Transportation

What's Next?

The NJHC commits to working jointly with our community partners and stakeholders to implement solutions and strategies designed to help create healthier communities in our region. These strategies and our efforts will be documented in a shared county-specific CHIP that will be publicly available on the NJHC website by December 2019.



APPENDICES

Appendix 1: 2018-2019 NJHC Passaic County Committee Members

Appendix 2: NJHC Executive Committee Members & Board of Trustees



2018-2019 NJHC Passaic County Committee Members

Last Name	First Name	Organization
Anglin	Ashley	Atlantic Health System
Apaza	Vanessa	United for Prevention in Passaic County
Arone	Cindy	Greater Bergen Community Action
Asiamah	David	St. Joseph's Regional Medical Center
Bacchas	Gabriella	EZ Ride
Balzani	Henry	Retired physician
Beloff	Joan	Atlantic Health System
Birdsall	Kim	St. Joseph's Regional Medical Center
Bloomer	Helen	William Paterson University
Bonanno	Tara	ShopRite of Oakland
Brady	Erin	Pompton Lakes Coalition
Calamita	Joanne	Center for Family Resources
Cameron	Sandy	Preakness Healthcare Center
Campos	Stephanie	Hackensack Meridian School of Medicine
Celis	Mary	United Way of Passaic
Choteborsky	Delores	Preakness Healthcare Center
Connelly	Catherine	North Jersey Health Collaborative
Cussac	Jessie	William Paterson University
Davila	Shannon	New Jersey Hospital Association
Davison	Jeanette	Ringwood Health Department
Dayan	Linda	Hackensack Meridian School of Medicine
D'Errico	Devin	United for Prevention in Passaic County
Divney	Michal	Hackensack Meridian School of Medicine
Donovan	Karen	Atlantic Health System
Dressner	Lissa	Atlantic Health System
Dykstra	Don	Atlantic Health System
Elnakib	Sara	NJ SNAP / Rutgers Cooperative Extension of Passaic County
Fernandez	Ken	Quality Insights
Ferrara	Kathy	Atlantic Health System



Last Name	First Name	Organization
Flach	Geraldine	Valley Bank
Fowlie	Raymond	Atlantic Health System
Gillet	Natalie	Inserra Supermarkets
Green	Joanne	Mental Health Association in Passaic County
Gungil	Charlene	Passaic County Department of Health
Helwani	Layal	Clifton Health Department
Herman-Rivera	Beverly	Novo Nordisk
Hincapie	Lorena	Partnership for Maternal & Child Health NNJ
Hodges	Michael	West Milford Health Department
Islam	Syeda	Passaic County Department of Health
Kernan	Bill	William Paterson University
Khan	Taban	New Jersey Hospital Association
Kidd	Jennifer	Clifton Health Department
King	Max	Atlantic Health System
Kohn	Robyn	Alzheimer's Association
Levi	Zipora	Jewish Family Services of Clifton-Passaic
Liwanag	Maria	Atlantic Health System
Loch	Joyce	Seabrook House
Lucyk	Ashley	William Paterson University
Martin	Lisa	City Green
McGrogan	Michele	Atlantic Health System
Menza	Daniel	Hackensack Meridian School of Medicine
Miller	Andrew	Healthcare Quality Strategies, Inc.
Morales	Orville	The Public Good Project
Marshall	Makeda	
Novak-Carafello	Lori	Passaic County Department of Health
Orapello	MaryAnn	Wayne Township Health
Palmer	Ellie	United for Prevention in Passaic County
Scutti	Cathy	Wayne YMCA
Scutti	Megan	ShopRite of West Milford
Semararo	Chelsea	Rutgers Cooperative Extension of Passaic County
Shasa	Heather	ShopRite of Little Falls



Last Name	First Name	Organization
Silbernagel	Diane	Home Care Options VHS
Smith	Carnette	Atlantic Health System
Sryfi	Jennifer	New Jersey Hospital Association
Steiner	Shelley	Alzheimer's Association
Storch	Cory	Bridgeway Rehabilitation Services
Truncale	Hannah	Atlantic Health System
Ulrich	Blythe	Atlantic Health System
Walters	Cheryl	NORWESCAP
Well	Diane	Preakness Healthcare Center
Woog	Aviva	Wellcare Health Plans Community Impact



NJHC Executive Committee Members & Board of Trustees

Last Name	First Name	Organization
Executive Committee		
Cognetti	Sheri	Fanwood-Scotch Plains YMCA
Destro	Christina	Healthcare Quality Strategies, Inc.
Elnakib	Sara	Rutgers Cooperative Extension of Passaic County
Harris	Mary Jo	Byrne Criminal Justice Innovation / NORWESCAP
Johnson	Shanice	Morris County Office of Health Management
Mann	Diane	Madison Area YMCA
Stoller	Arlene	Morris County Office of Health Management
Storms-Mazzucco	Tracy	Center for Prevention and Counseling
Summers	Peter	Warren County Health Department
Weigle	Trevor	Mount Olive Township Health Department
Board of Trustees		
Acree	Melissa	NJ 2-1-1 Partnership
Callas	Dan	TransOptions, Inc.
Cognetti	Sheri	Fanwood-Scotch Plains YMCA
Correale	Peter	Pequannock Township Health Department
Destro	Christina	Healthcare Quality Strategies, Inc.
Elnakib	Sara	Rutgers Cooperative Extension of Passaic County
Gorman	Stephanie	Morristown County Office of Health Management
Gungil	Charlene	Passaic County Department of Health / Passaic Regional Public Health Partnership
Harris	Mary Jo	Byrne Criminal Justice Innovation / NORWESCAP
Hess	Nancy	NORWESCAP/ Skylands RSVP
Johnson	Shanice	Morris County Office of Health Management
Lanza	Denise	Morris County Park Commission
Mann	Diane	Madison Area YMCA
McDonald	James R, III	County of Sussex Department of Health & Human Services – Division of Health



Last Name	First Name	Organization
Orapello	Mary Ann	Wayne Township Health Department
Paddilla Gonzalez	Jessica	Housing Partnership NeighborWorks Homeownership Center
Perez	Carlos, Jr.	Morris County Office of Health Management
Skrobala	Kathleen	Morris Regional Public Health Partnership / Lincoln Park Health Department
Stoller	Arlene	Morris County Office of Health Management
Storms-Mazzucco	Tracy	Center for Prevention and Counseling
Summers	Peter	Warren County Health Department
Vargas	Carol	Atlantic Health System
Weigle	Trevor	Mount Olive Township Health Department