COMMUNITY HEALTH NEEDS ASSESSMENT

October 2015

Adopted: December 17, 2015

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From the President

At Palisades Medical Center, we are proud of our strong tradition of caring for our community. Our staff and volunteers work with our community partners and stakeholders to improve the lives of thousands of local residents. Our clinical and medical staff, employees and volunteers work with community leaders, municipality healthcare agencies, EMS representatives and other key partners to offer free health screenings, educational seminars, training and classes, facility tours and other activities. In fact, the New Jersey Hospital Association has recognized our efforts with its Community Outreach Award.
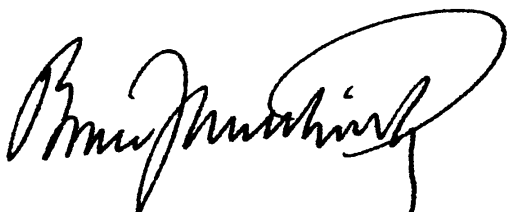
PMC's strategic plan aligns with the Affordable Care Act's requirement for hospitals to identify, analyze and address the healthcare needs of their service areas. Our longstanding and active partnerships with social and civic organizations, religious congregations, schools, and local employers place us in a uniquely effective position to accomplish these objectives.

This 2015 Community Health Needs Assessment is the result of a collaborative effort of our community partners that worked throughout the past year to the most-pressing healthcare needs in our primary service area, including Cliffside Park, Edgewater, Fairview, Guttenberg, North Bergen, Union City Weehawken, and West New York.

This comprehensive report is the result of a thorough assessment of our area's healthcare profile, including a review of public health data, summary patient information from care providers, and new data obtained by means of focus groups, public forums and a community needs assessment survey. This assessment also includes action items and plans to address the prevailing healthcare concerns in our community.

We deeply appreciate the work of our Steering Committee and Community Partners that are highlighted in this report. We also thank the hundreds of community residents that provided valuable feedback in our surveys and forums.

For more information about the 2015 Community Health Needs Assessment, please contact Nikki Mederos, Director of External Affairs at (201) 854-5702 or nmederos@palisadesmedical.org.

Bruce J. Markowitz
President and CEO
Palisades Medical Center

Executive Summary

In 2012, Palisades Medical Center conducted a Community Health Needs Assessment (CHNA) in which five health concerns were identified and an implementation strategy was adopted to meet the needs identified through this CHNA. In order to evaluate the work that was done during the past three years, as well as to plan and deliver the most effective care to those in greatest need, and to meet the requirements of Internal Revenue Code §501(r)(3), the hospital conducted another assessment during 2015.

The hospital's mission is to enhance the health status of the diverse communities they serve and deliver patient care in a safe and nurturing environment consistent with the highest standards of excellence, quality and efficiency, and with strict adherence to ethical practices. The hospital's vision is to be the health care provider of choice in northern Hudson and southeastern Bergen Counties. Both the mission and vision follow a natural path to conduct an assessment in an effort to improve the health of the community.

The Palisades Medical Center Community Health Needs Assessment is a comprehensive initiative to identify, analyze, and address the healthcare needs of eight municipalities in northern Hudson and southern Bergen counties. These municipalities are Cliffside Park, Edgewater, Fairview, Guttenberg, North Bergen, Union City, Weehawken, and West New York. This initiative is also a partnership between the hospital, North Hudson Community Action Corporation, Hudson Regional Health Commission, Union City Board of Education and municipal health departments of North Bergen, West New York, Union City, Guttenberg, Weehawken, and Cliffside Park.

The healthcare issues prevalent in the project's primary service area are impacted by a number of social and cultural factors. The area is urban, low-income, and almost half of the population is Hispanic or of Latino Origin. More than half the area's population is foreign-born, and more than one in three residents have limited English language proficiency.

The scope of this project included a thorough assessment of the area's healthcare profile, including a review of public health data, summary patient information from hospital admissions and discharge data, and representation from the community by means of focus groups and key informant surveys. From this analysis and with additional input from the hospital's partners, this Community Health Needs Assessment was developed to address the following four areas of concerns identified in the assessment process: Access to Health Care, Chronic Diseases, Community Health Outreach and Women's Health Initiatives.

A Community Health Needs Assessment Implementation Strategy will be created where action items for the four areas of concern will address the prevailing healthcare issues in the community. These action items will involve extensive community engagement to effectively constitute sub-projects, each with their own deliverables, and implemented by project partners for a comprehensive approach in community-wide change.

Introduction

The March 2010 passage of the Patient Protection and Affordable Care Act introduced new reporting requirements for private, not-for-profit hospitals to maintain 501(c)(3) tax-exempt status. Effective for tax years beginning after March 2012, each non-profit hospital must conduct a Community Health Needs Assessment (CHNA) at least once every three years on a facility-by-facility basis, identify action plans to address unmet community health needs, and report the results of each CHNA publicly.

In December of 2012, Palisades Medical Center (PMC) conducted the first mandated CHNA as per Internal Revenue Code §501(r)(3). There were five target issues identified after analyzing the results from gathered data: Access to Health Care, Alcohol Abuse, Inadequate Social Support, Obesity, and Tobacco Use. A Collaborative Health Improvement Plan was created with action plans to implement community-based as well as evidenced-based strategies to improve the quality of life for residents in the hospital's primary service area. In 2015, another CHNA was conducted to gauge the current health status of the community and analyze whether or not the hospital should shift its focus to other unfulfilled needs of the community.

The 2015 Community Needs Assessment project was also a collaborative initiative designed to deliver a Community Health Needs Assessment and an Implementation Strategy that are both responsive to the health disparities in the targeted communities and to enhance coordination and collaboration among community partners and providers. The care provider partnering with PMC in this initiative is the North Hudson Community Action Corporation (NHCAC), the local Federally Qualified Health Center. Other partners that continue to collaborate with the hospital include the Union City

Board of Education and multiple public health partners which include five health

departments of the eight municipalities within the primary service area, as well as the

county's Local Information Network Communications System (LINCS) and County

Environmental Health Act (CEHA) agency, Hudson Regional Health Commission.

Other community partners (Appendix A) were also invited to assist us in their expertise

and with the implementation of the plans.

Community Served and Demographics

This project will address the needs of eight municipalities in a contiguous area of northern Hudson and southern Bergen counties, the hospital's primary service area. These municipalities are Cliffside Park, Edgewater, Fairview, Guttenberg, North Bergen, Union City, Weehawken, and West New York. The area may be generally described as urban, lower-income, and largely Hispanic or of Latino Origin. A significant portion of the population has limited English language proficiency. The eight municipalities, together with some key demographic data are set forth in the following table.

DEMOGRAPHIC DATA FOR THE PRIMARY SERVICE AREA, 2010 Census

Location	Population	Foreign Born	Other than English Spoken at Home	English Spoken Less than "Very Well"	Per Capita Income	Below Poverty Level	Hispanic Population
HUDSON COUNTY MUNICIPALITIES							
North Bergen	60,773	48.9%	75.1%	32.2%	$25,674	9.9%	68.4%
Union City	66,455	57.0%	87.2%	46.5%	$18,506	20.0%	84.7%
W. New York	49,708	60.7%	83.3%	46.1%	$24,419	18.1%	78.1%
Guttenberg	11,176	52.1%	72.3%	34.0%	$33,239	16.0%	64.8%
Weehawken	12,554	36.2%	52.6%	20.1%	$45,206	12.9%	40.3%
Subtotal:	200,666	53.0%	72.8%	36.3%	$24,633	15.8%	74.2%
BERGEN COUNTY MUNICIPALITIES							
Edgewater	11,513	47.8%	46.5%	15.4%	$58,220	8.5%	11.1%
Fairview	13,835	53.3%	72.8%	32.2%	$22,477	15.0%	54.6%
Cliffside Park	23,594	40.5%	59.2%	22.3%	$36,157	10.5%	28.4%
Subtotal:	48,942	44.7%	55.3%	21.7%	$37,480	11.3%	31.8%
TOTAL:	249,608	51.4%	69.4%	33.4%	$27,152	14.9%	65.9%
Hudson Cty.	634,266	40.6%	57.9%	25.3%	$31,024	15.1%	42.2%
Bergen Cty	905,116	28.4%	36.7%	13.8%	$42,006	5.8%	16.1%
New Jersey	8,791,894	20.3%	28.7%	12.1%	$34,858	9.1%	17.7%

Source: US Census Bureau: State & County Quick Facts. Data derived from Population Estimates, American Community Survey, Census of Population & Housing, State & County Housing Unit Estimates, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.

While the primary service area comprises less than 2.8% of New Jersey's total population, it is home to almost 11% of the state's Hispanic/Latino Origin population. More than half the area's population is foreign born and nearly 70% of the area's residents do not speak English at home. More than one in three report that they speak English less than very well; a rate almost three times above the statewide average. As might be expected with these limited language skills, the earning power and economic well being of the area's residents is compromised. Per capita income is more than three quarters of the average for New Jersey, while the poverty rate is nearly double the statewide average. These social factors conspire to exacerbate the area's healthcare challenges.

The primary service area's five Hudson County communities constitute about 32% of the total Hudson County population, while the Bergen County towns comprise only 5% of that county's population. In both cases, data for the service area was more challenging relative to the larger county profiles. On average, residents of the Hudson County communities in the service area earn 32% less than the typical Bergen County resident ($81,708 compared to $55,272 respectively), and are 46% more likely to have limited English-language proficiency. Municipalities in the service area show about the same poverty rate and a higher percentage of foreign born residents than Hudson County as a whole.

The three Bergen County municipalities in the primary service area show an even greater variance to the overall Bergen County profile. The poverty rate in the Bergen County communities in the service area is approximately double the overall rate for Bergen County, and the percentage of residents with limited English-language

proficiency is nearly double as well. It is arguable that these three communities in fact have more in common with their Hudson County neighbors than they do with their Bergen County peers. Despite these variances, however, the overall health profiles of Hudson and Bergen Counties are deemed to be generally reflective of the issues impacting the municipalities in the service area. The social and economic profile of the primary service area suggests that its residents' needs may be needs different in degree, but not necessarily in kind.

Just over 80% of the service area's population resides in Hudson County. As per Robert Wood Johnson Foundation and University of Wisconsin County Health Rankings in 2015, Hudson County ranked 14th among New Jersey's 21 counties for Health Outcomes. It was noted, however, that the County ranked 17th in the self-reporting of "poor or fair health" (23% of respondents) and other Quality of Life related questions. Hudson County ranked 16th for Health Factors which has been improving for the last five years, including a respectable 10th place ranking for Health Behaviors. The rankings were brought down by very low scores for Clinical Care measures. For the past five years, Hudson County has been in last place compared to other counties in the state in issues of access to health care, as twenty-two percent of the population lacks health insurance coverage, care provider ratios were also low, and preventable hospital stays were high. Adding to this problem are poor scores for both social and economic factors. Yet for the past two years, Hudson County has ranked number one in the state for physical environment. Access to care and quality of care are obviously areas of prime concern for the people of Hudson County.

By way of contrast, Bergen County has ranked 4th among New Jersey counties in both Health Outcomes and Health Factors for the past six years. For 2015, Bergen County finishes no lower than 4th place in any subcategory except for a 5th place ranking for Health Behaviors and 6th place ranking for Quality of Life.

Despite both counties ranking 1st and 2nd place during the past two year in the County Health Rankings for Physical Environment which includes data on environmental and severe housing problems, the eight municipalities in the PMC service area contain the top three most densely populated municipalities in the state (out of 566) with the least densely populated municipality ranking 21st.

The most alarming data in Social and Economic Factors involve the Percentage of Children in Poverty and Percent of High School Graduate. As per the County Health Rankings, poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. A 1990 study found that if poverty were considered a cause of death in the US, it would rank among the top 10 causes. While negative health effects resulting from poverty are present at all ages, children in poverty experience greater morbidity and mortality than adults due to increased risk of accidental injury and lack of health care access. Children's risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children-in-poverty measure is highly correlated with overall poverty rates. Hudson County has the highest percentage (32%) of children in poverty compared to other counties in New Jersey. The average for the eight municipalities in the service area is

23.7% which is well above the state average of 17%. The children-in-poverty range in the service area varies from 5.2% to 35.4%, illustrating a very dichotomous community. As per the County Health Rankings, High School Graduation data is tabulated because not only does one's education level affect his or her health; education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her offspring. Parents' level of education affects their children's health directly through resources available to the children, and also indirectly through the quality of schools that the children attend. Further, education levels also positively influence a variety of social and psychological factors. For example, increased education improves an individual's self-perception of either his or her sense of personal control and social standing, which also have been shown to predict higher self-reported health status. Hudson County ranked 2nd worst in the state with 78% of the ninth-grade cohort in public schools graduating from high school in four years. The New Jersey graduation percentage is 88.1%. The average percentage for the eight municipalities in the service area was 81.5%, yet two municipalities, Union City and West New York, with graduation percentages of 67.0% and 70.7%, respectively, were well below Hudson County's and the state's percentages. These two municipalities also comprise almost half of the service area's population (46.5%).

Existing Health Care Facilities and Resources

Palisades Medical Center is the only hospital active within the primary service area. The non-profit operates a 202-bed hospital providing a diverse range of inpatient and outpatient services. It maintains the following categories of licensed beds: 163 Medical/Surgical, 9 Pediatric, 10 ICU/CCU and 20 OB/GYN. The hospital also has a Neonatal Level 2 Nursery in the Maternity Center.   Outpatient Services include Emergency Care, Emergency Crisis Intervention, Mental Health Service, Sleep-Wake Center, Gastroenterology, Diabetic Care Center, Breast Care Center, Would Care Center, Cardiac/Pulmonary Rehabilitation, Palliative Care Program, Pain Relief Center, Rehabilitative Medicine Program, and Pediatric Rehabilitation. The hospital is also affiliated with The Harborage, a 247-bed nursing home and rehabilitation center for patients recovering from surgeries, strokes, debilitating injuries, and those that need long term nursing care. A new Medical Office Building provides specialized services for community residents that previously had to travel outside of the local community for these services such as the Palisades Dialysis Center, Hackensack University Medical Center (HUMC)'s John Theurer Cancer Center at Palisades, Cardiology, Orthopedics, Women's Health and multi-specialty physician practices from HUMC.

As of June 1, 2015 medical staff totaled 481. PMC also credentials allied health professionals and licensed professionals, including advance practice nurses and physician assistants.   The hospital has a robust Graduate Medical Education Program that includes more than 110 residents that specialize in Dermatology, Family Medicine, Internal Medicine, General Surgery, Obstetrics and Gynecology, Gastroenterology, Emergency Medicine, Pediatrics, Podiatry and Orthopedics. All specialties embrace a

curriculum that emphasized compassionate medical care, an active role in patient advocacy and community service.

In the last year, 5,000 community residents received free health screenings, including blood pressure, blood sugar and HbA1c tests, cholesterol, heart rate, body mass index (BMI) and peak flow & pulse oximetry. An additional 2,500 community members learned directly from medical experts about key health topics, including obesity and nutrition, pain management, smoking cessation, diabetes, podiatry, and women's health issues such as breast cancer. Also, 88 community health fairs and annual events are done in conjunction with partnering schools, employers, civic organizations, and religious congregations throughout the area to educate residents, improve access to care, and reduce health disparities.

Palisades is the largest employer in its service area with more than 1,300 employees and it has an annual operating budget of approximately $150 million. The hospital was ranked among the top hospitals in the state by *Inside Jersey* magazine and Castle Connolly Medical Ltd. PMC was also ranked "Best Places to Work in Healthcare" by Modern Healthcare. The American Heart Association recognized Palisades with their "Get With The Guidelines Gold-Plus Quality Achievement Awards" for the Medical Center's treatment of heart failure and stroke patients. The Harborage was named on *U.S. News & World Report's* "Best Nursing Homes" List and received a 5-star rating from both the U.S. Department of Health and Human Services and the New Jersey Department of Health and Senior Services. New Jersey Hospital Association (NJHA) has also recognized Palisades Medical Center with its Community Outreach Award for its positive impact in the local community.

The closest alternative hospitals are Hackensack University Medical Center (approximately 9 miles north), Hoboken University Medical Center (about 4 - 5 miles south), and Christ Hospital and the Jersey City Medical Center (each about 6 -7 miles to the south). North Hudson Community Action Corporation, a federally qualified health center and Health Professional Shortage Area (HPSA) designated facility operates four clinics in the service area. In West New York their services include Internal Medicine, Pediatrics, Women's Health, Mental Health to Behavioral Health/Addictive Services, and Dental. In North Bergen their services include Internal Medicine, Pediatrics, and Family Practice. In Union City there are two sites; a health center with services in Internal Medicine, Dental, and Women's Health and a Pediatric facility at the Union City High School. There are two additional clinics serving southern Bergen County residents and they operate just outside the service area. Each of the municipalities in the service area has its own health department and the area is also served by two regional health departments; Hudson Regional Health Commission and the Bergen County Department of Health Services.
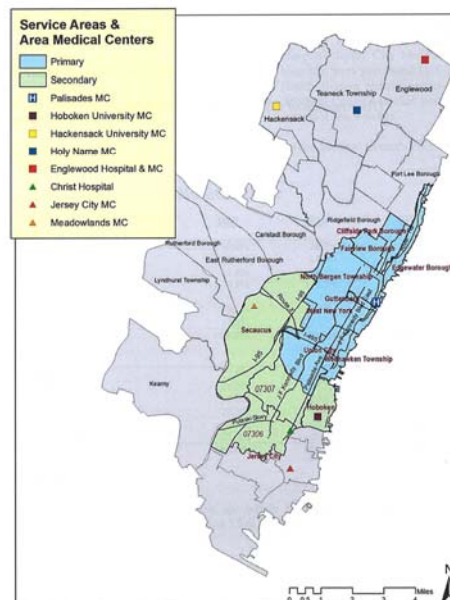
Sources of Patient Service Revenue

The table below shows the historical trend in payer mix for Palisades Medical Center for

the years 2010-2014 based on gross patient service revenues.

Payer	2010	2011	2012	2013	2014
Medicare	50%	49%	49%	43%	39%
Medicaid	7%	7%	6%	4%	6%
NJ Blue Cross	4%	4%	4%	6%	6%
HMO (*)	24%	26%	27%	33%	35%
Commercial	1%	1%	1%	1%	2%
Self-Pay and Other	14%	13%	13%	13%	12%
Total	100%	100%	100%	100%	100%

(*)Includes Medicare and Medicaid HMO programs

Methods and Results

In 2011, PMC was awarded a grant from New Jersey Health Initiative, the statewide grantmaking program of the Robert Wood Johnson Foundation to conduct the community needs assessment and implement plans. A Steering Committee, which is still active today, was formed to provide advice, direction, and information to develop and implement the assessment and action plan. The Steering Committee includes members of Palisades Medical Center, North Hudson Community Action Corporation (the federally qualified health center in the service area), Hudson Regional Health Commission (the county environmental health agency and Local Information Network Communication Systems (LINCS) agency), Union City Board of Education and Municipal Local Health Departments.

The methods for the 2015 Community Health Needs Assessment (CHNA) were very similar to the ones from the 2012 CHNA. The first step was to review existing or secondary public health data. The area's health care profile was reviewed from multiple sources such as the Robert Wood Johnson Foundation and University of Wisconsin "County Health Rankings". Another source was the Community Health Status Indicators (CHSI) which is an interactive web application that produces health profiles for all 3,143 counties in the United States created by the U.S. Department of Health and Human Services, Centers for Diseases Control and Prevention. Finally additional secondary data was obtained from the New Jersey State Health Assessment Data (NJSHAD) and United States Census Data from 2009 to 2013.

For recent primary data, the hospital conducted two focus groups and also distributed Key Informant Surveys to community leaders and residents that live in the hospital's

service area. For further comparison, 2012 - 2014 hospital data was collected on admission and discharge records to compare existing county data with hospital data in areas of chronic disease and select ambulatory care sensitive conditions. Data gathered during Palisades Medical Center's Community Health Screening in the spring and fall of 2015 was also reviewed. These blood sugar screenings are conducted by the hospital's Community Outreach Program at places of worship in the service area. After the data was analyzed, the Steering Committee prioritized issues to select the top concerns the hospital will address in the Implementation Strategy. The Steering Committee and Community Partners will work collaboratively to develop and execute this plan from November 2015 to the termination of the project in three years.

How Data Was Obtained

This section describes the primary and secondary research that was conducted to gather qualitative as well as quantitative data. Primary research was conducted since the service area encompasses eight municipalities in two different counties and furthermore, there is only partial data available by zip codes. Therefore, to gather firsthand details on community residents' views and opinions of the service area, Key Informant Surveys were distributed and focus groups were conducted with both members of the community that are medically underserved, low-income and minority populations as well as with community members with expertise relevant to the health needs of the community. To gather primary quantitative data, hospital data was also collected. Secondary research entailed reviewing existing data from external sources such as the New Jersey Department of Health's New Jersey State Health Assessment Data, County Health Rankings, the Community Health Status Indicators (CHSI) interactive web page, Centers for Disease Control and Prevention (CDC) Healthy People 2020, CDC's Behavioral Risk Factor Surveillance System, and US Census. Overall, the project utilized a mixed methods approach to provide the most informative, complete, balanced, and useful results.

Monitoring and Evaluation

A Collaborative Health Improvement Plan (CHIP) from the 2012 Community Health Needs Assessment was developed utilizing the Healthy Wisconsin Leadership Institute, Community Health Improvement Toolkit. Plans were created for each of five initiatives, which included goals and measurable objectives. Relevant data was collected as each action item was executed. Community partners undertook a comprehensive review of the action item executions.

To measure the work of the 2012 CHIP conducted by the hospital, Steering Committee, and Community Partners, an evaluation was conducted while gathering primary data in the community for the 2015 CHNA. Both the Key Informant Survey and Focus Groups specifically asked questions addressing whether or not the community had noticed any improvement in each of the five initiatives.

In regards to Access to Care, the community noticed some positive changes, mainly through the implementation of the Affordable Care Act during this time period, but also from community efforts in establishing more clinics and extended hours. Unfortunately, the service area also has a substantial amount of undocumented immigrants that still do not have health coverage and a large group of recent immigrants that do not understand the health care system in the United States.

The second issue in the 2012 CHNA was Alcohol Intake. Improvements had been observed in regards to youth from the service area, but it was noted that there are still women drinking during pregnancy and there are still intoxicated residents visible in the streets as well as over-utilizing the Emergency Room.

The third issue in the 2012 CHNA was Tobacco Use. Again, there has been an improvement in youth reporting less use of tobacco, but there is now the fear that they may start using vaporized liquid nicotine or electronic cigarettes. Environmentally, there has also been a decrease due to regulations limiting the places where residents could smoke cigarettes.

The fourth issue in the 2012 CHNA was Inadequate Social Support. Despite improvements in increase programs and services, due to the large amount of transient residents that do not understand how to navigate the system, these services are not utilized to their capacity. In addition, many of these services target specific populations and not the community as a whole.

The fifth issue in the 2012 CHNA was Obesity. Despite seeing improvements in childhood obesity due to increased programs to educate children and their families in schools, there have not been changes in the adult population. Environmentally restaurants are improving menu options and supermarkets are providing healthier options, but these options are usually more expensive. In addition, community residents may not be aware of events that exist to increase their physical activities. Community residents also fear parks and recreational areas due to safety issues and since many are new to the area and do not understand the culture, they are not aware of where to obtain information on available resources.

Limitations and Information Gaps

More than 80% of the population that Palisades Medical Center (PMC) serves resides in Hudson County. Unfortunately, Hudson County does not have a county health department and as a result, it is very challenging to obtain data at the county or local level. While Hudson County has a Department of Health and Human Services it is not recognized by the New Jersey Department of Health as a local health department. Another agency, Hudson Regional Health Commission provides County Environmental Health Act (CEHA) and emergency preparedness (LINCS) functions in support of the local health departments, but also does not serve as a county health department. In Hudson County each municipality has its own municipal health department or an inter-local agreement with another municipal health department and they are all members of the Hudson Regional Health Commission, but no formal method has been established for collecting non-emergency or environmental public health data. In addition, as previously mentioned, the service area's five Hudson County communities constitute about 32% of the total Hudson County population, while the Bergen County towns comprise only 5% of that county's population. In both cases, data for the service area was more challenging relative to the larger county profiles. Therefore, PMC decided that it was best to collect primary data, or data obtained directly through surveys, interviews via focus groups and direct observation or health screening data from the hospital's community outreach efforts. Primary data is more time consuming and costly to obtain than secondary data, which is obtained through published external sources, but it is also more current and more relevant to the research in this project.

Primary Data and Consulting with Community

Key Informant Survey

For the 2015 Community Health Needs Assessment (CHNA), the hospital developed a survey tool with questions similar to the ones that were utilized for the focus group questionnaire which was developed by the Rutgers School of Public Health, Department of Health Systems and Policy. The survey was written in English and Spanish and distributed in person to both members of the community that are medically underserved, low-income and minority populations as well as with community members with expertise relevant to the health needs of the community. In Hudson County there are monthly meetings conducted by the Community Networking Association (C.N.A.) where participating agencies share information of their ongoing services, activities and concerns/needs for their clients. This information is used by all the participating agencies to assist the community with as many resources as possible in the different areas of health care and social services. Key Informant Surveys were distributed to pertinent C.N.A. agency representatives that specifically serve northern Hudson County and lower Bergen County. These representatives also assisted the hospital in obtaining completed surveys from community members that are medically underserved, low-income and from minority populations. Overall, seventeen surveys were completed and reviewed. Responses from the Key Informant Survey are available in Appendix B.

This survey was both qualitative and quantitative since the hospital was able to evaluate the success of projects implemented from the previous needs assessment as well as ascertain the community's view regarding issues that affect them in relation to quality of life, morbidity, health behaviors, and social factors.

<u>Focus Groups</u>

Focus groups were conducted to help gain perspective on the most significant health issues and barriers to care impacting the service area. Two focus groups were conducted in August of 2015. Questions that had proven successful and had been created by the Rutgers School of Public Health, Department of Health Systems and Policy were utilized for these focus groups. During the focus group sessions, community residents were first asked to complete a consent form. Participants then sat in a circle seating arrangement so that everyone could see each other and encourage discussion. The format consisted of a 90 minute discussion with food available to resemble a family-style luncheon gathering.

The first focus group was done with hospital employees, including health care staff that live in the service area. The second focus group was conducted with community residents as well as patients. Patients included those from Palisades Medical Center as well as patients from the local Federally Qualified Health Center. During the last focus group with community residents and patients, questions were distributed in English and Spanish and all the discussions were translated into both languages. Responses (Appendix C) were compiled for the focus groups and the following comments emphasize the participants' reactions to the community's view in relation to quality of life issues, morbidity, health behaviors, and social factors:

When asked "What do you see as the most important health problems in the area surrounding Palisades Medical Center?" Issues regarding social factors and the effect of these factors on mental health were of greatest concern to the community.

When asked "From your perspectives, what behaviors do residents engage in that place them and perhaps others at greatest risk?" Again, social factors played a significant role in the community as well as physical inactivity.

Hospital Data

In 2012, the Health Research and Educational Trust of New Jersey (HRET), an affiliate of the New Jersey Hospital Association, published County Health Profiles for the twenty one counties in New Jersey. HRET identified available data and statistical resources and then presented them in an easy-to-use format via these profiles. This data was reviewed to compare Palisades Medical Center (PMC) admission and discharge data for chronic diseases and for select ambulatory care sensitive (ACS) conditions since access to primary health care continues to be an important health issue. ACS conditions are unattended medical conditions of individuals without proper access to primary and preventive healthcare that often results in more severe episodes. This ultimately leads to the use of more expensive treatment options, including hospital admissions for illnesses that could have been managed on an outpatient basis. Overall, the data illustrated that for the past three years, one-quarter of the patient population at PMC, not including obstetrics or newborns, are patients with ACS conditions.

Community Health Screenings

Throughout the year, Palisades Medical Center's staff takes an active role in the community by partnering with multiple agencies to provide free health screenings and educational programs in places of worship in the service area. Hemoglobin A1c tests

(HbA1c) for diabetes were conducted on adults participating in these health screenings. As per the American Diabetes Association, the HbA1c test, also called glycated hemoglobin test, or glycohemoglobin, is an important blood test that shows how well diabetes is being controlled. HbA1c provides an average of one's blood sugar control over the past 2 to 3 months. Hemoglobin is found in red blood cells, which carry oxygen throughout the body. When diabetes is not controlled (meaning that the blood sugar is too high), sugar builds up in the blood and combines with hemoglobin, becoming "glycated." The average amount of sugar in one's blood can be found by measuring the hemoglobin A1c level. If a person's glucose levels has been high over recent weeks, their hemoglobin A1c test will be higher. For people without diabetes, the normal range for the hemoglobin A1c test is between 4% and 5.6%. Hemoglobin A1c levels between 5.7% and 6.4% indicate increased risk of diabetes or "pre-diabetes", and levels of 6.5% or higher indicates diabetes. From February of 2015 through September of 2015, PMC conducted HbA1c screenings at ten houses of worship throughout the hospital's service area, serving 629 community members (Appendix G). 65% of the people attending these screenings did not have health insurance or did not provide an answer to that question. Out of the total number of people tested, 128 community members who had no history of diabetes were diagnosed with pre-diabetes and another 19 with no previous history of diabetes tested positive for diabetes with HbA1c levels of 6.5% or higher. Out of those getting screened, 100 stated they already had been diagnosed with diabetes. Of this group of people with diabetes, 46% had high levels which meant they were poorly managing their diabetes and of this poorly managed group, 43% did not have any health insurance.

Secondary Data

<u>County Health Rankings</u>

In 2010, the Robert Wood Johnson Foundation collaborated with the University of Wisconsin Population Health Institute to create the County Health Rankings. The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in the health of the community.

The Rankings were created to help counties understand what influences how healthy residents are and how long they will live. They look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, air pollution levels, income inequality, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

Since Palisades Medical Center serves five municipalities in Hudson County which constitute about 32% of the total Hudson County Population and three municipalities in Bergen County which constitute 5% of that county's population, a chart was created to compare Hudson County data with Bergen County data as well as New Jersey State data from 2010 to 2015 (Appendix D).

In 2015, Hudson County ranked 14th among New Jersey's 21 counties for Health Outcomes and Bergen County ranked 4th. Health Outcomes are based on the equal weighting of mortality (premature death) and quality of life measures. It is noted,

however, that Hudson County ranked 17th in Quality of Life measures due to the self-reporting of "poor or fair health" (23% of respondents), "poor physical health days", "poor mental health days" and results for "low birth weight" while Bergen County ranked 6th for Quality of Life measures with 12% of respondents self-reporting "poor or fair health".

Of greater concern, Hudson County ranked 16th of out 21 for Health Factors. Health Factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social & economic, and environmental. Despite Hudson's 10th place ranking for Health Behaviors (adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen birth rate), Bergen County scored better and ranked 4th in the state. The rankings for Hudson County in the Health Factors category were decreased due to very low scores for Clinical Care measures (uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetic monitoring, mammography screening), as 22% of the population lacks health insurance coverage, care provider ratios are low, and preventable hospital stays are high compared to Bergen County where 13% are uninsured, primary care physician and dentist care provider ratios are better than those of Top US Performers and preventable hospital stays were low compared to the state average (Bergen rate: 51 per 1,000 fee-for-service Medicare enrollees vs. NJ rate: 61 per 1,000 fee-for-service Medicare enrollees).

Despite the contrast in rates between Hudson and Bergen counties, it was previously mentioned in the **Community Served and Demographics** section that the three

municipalities that Palisades Medical Center serves in Bergen County have double the rate for poverty and nearly double the rate for residents with limited English-language proficiency. Thus, it is fair to assess that these municipalities have more in common with the Hudson County municipalities in the service area than with the Bergen County as a whole.

Community Health Status Indicators

The Community Health Status Indicators (CHSI) 2015 is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. These profiles are available via the Centers for Disease Control and Prevention website. Each county profile contains indicators of health outcomes (mortality and morbidity); indicators on factors selected based on evidence that they potentially have an important influence on population health status (e.g., health care access and quality, health behaviors, social factors, physical environment); health outcome indicators stratified by subpopulations (e.g., race and ethnicity); important demographic characteristics; and Healthy People 2020 targets.

Each CHSI 2015 indicator is accompanied by information describing the importance of the indicator, source and years of the data, methodology for creating the indicator, and important limitations, where applicable. The results of these reviews were used to develop an initial candidate set of indicators for the CHSI 2015 launch. As per the website, CHSI indicators will be reassessed and revised periodically, and individual indicators may be added, revised, or removed when warranted.

For the PMC 2015 CHNA a chart was created to compare Hudson County data with Bergen County data as well as US Median and Healthy People 2020 Target where applicable (Appendix E). The chart reflects the CHSI 2015 data that is currently available on the interactive website comparing Hudson County with its peer counties throughout the United States (US) and Bergen County with its peer counties throughout the US, not with each other on a full set of primary indicators. Indicators are presented as Better in green, Moderate in Yellow or Worse in red in comparison with peer counties. Peer county values for each indicator were ranked and then divided into quartiles. These comparisons, while visually helpful, do not necessarily represent statistically significant differences between counties.

CHSI 2015 was utilized for the PMC 2015 CHNA since it was designed to complement other existing indicator applications including the County Health Rankings. Together, The Rankings and CHSI 2015 provide useful information for a set of frequently recommended mortality, morbidity, and health determinant indicators compared to a wide range of benchmarks, indicator values for subpopulations and census tract maps to assist with identification of vulnerable populations and potential health disparities, information on health status integrated with information on the health factors that can influence health status, and rated strategies for addressing priority focus areas. Overall, both the County Health Rankings and CHSI were used as the main source of secondary data analysis. When needed, other resources included the New Jersey State Health Assessment Data (NJSHAD) and United States Census Data from 2009 to 2013.

Significant Health Needs of the Community

The health needs of the community are summarized in both primary and secondary data. Primary data is provided from Key Informant Survey Responses (Appendix B) and from the Focus Group Responses (Appendix C). Both the surveys and the focus groups give a general overview of community input from residents that live in the service area. Secondary data comparing both Hudson and Bergen counties is available by reviewing spreadsheets with information from both the County Health Rankings comparisons (Appendix D) and the Community Health Status Indicators comparisons (Appendix E). With the completion of the data gathering stage, significant community concerns were categorized in the following areas: Morbidity, Health Behaviors, Health Care Access & Quality, and Social Factors. This section reveals the issues in alphabetical order and the supporting data that was gathered via hospital admission and discharge data, Key Informant Survey Responses, Focus Group Responses, the County Health Rankings Comparison, Community Health Status Indicators Comparison and PMC Community Health Screening Data.

MORBIDITY

Despite death rates or mortality rates providing a good measure in an assessment, as survival improves with modernization and populations age, mortality measures do not give an adequate picture of a population's health status (The Johns Hopkins University and Henry Mosley). Indicators of morbidity such as the prevalence of chronic diseases and disabilities become more important. Morbidity refers to the diseases and illness, injuries, and disabilities in a population. Data on frequency and distribution of an illness

can aid in controlling its spread and, in some cases, may lead to the identification of its causes. The following diseases were assessed as major morbidity (and sometimes mortality) concerns in the service area:

Issue: **ADULT DIABETES** – Monitoring, Morbidity and Deaths

As per the County Health Rankings, regular HbA1c monitoring among patients with diabetes is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented. In the **County Health Rankings,** Hudson County had the worst percentage in the state of Medicare enrollees who had diabetes and that receive HbA1c screening. On a positive note, this percentage has been trending positively since 2003 and Bergen's rate is better than the state's average. The Centers for Medicare and Medicaid Services (CMS) provides the following percentage of diabetic Medicare enrollees that receive HbA1c screening → **2013:** Hudson (H)=78%, Bergen (B)=84%, New Jersey (NJ)=82%, **2014**: H=77%, B=85%, NJ=83%, **2015:** H=79%, B=85%, NJ=83%. As per the **Community Health Status Indicators,** Hudson and Bergen Counties are trending moderately with their peers as per the Behavioral Risk Factor Surveillance System (BRFSS) 2005-2011 responses from people who had doctor-diagnosed diabetes: H=9.6%, B=6.0%, US Median=8.1%. In another indicator, Hudson County is trending negatively and Bergen County is trending moderately with their peers for Diabetes Death Rates per 100,000 as per 2005-2011 National Vital Statistics System – Mortality→ H=34.7, B=16.7, US

Median=24.7. In the **PMC Community Health Screenings,** 16% of community residents in the service area had been diagnosed with diabetes and 3% had diabetes and were not aware of it. 20% had pre-diabetes (an increased risk with HbA1c levels between 5.7%-6.4%) and were not aware of it either. During the **Focus Groups** sessions, diabetes was ranked as the second most important health problem and ranked as the first issue the community should tackle. **Hospital Discharge Data** for the percentage of patients with diabetes as primary discharge for all ages (excluding Obstetrics & Newborns) was as follows: 2012=3.0%, 2013=2.7%, 2014=2.3%.

Issue: **ALZHEIMER'S DISEASE AND DEMENTIA**

As per the County Health Status Indicators, dementia is an umbrella term for a group of cognitive disorders typically characterized by memory impairment, as well as marked difficulty in the domains of language, motor activity, object recognition, and disturbance of executive function – the ability to plan, organize, and abstract. Generally speaking, dementia is an illness of older adults, which suggests that as successive cohorts of the population live longer, the urgency to better address dementia increases. Alzheimer's disease is perhaps the most common form of dementia, although several others exist. As many as 5 million Americans have Alzheimer's disease. Younger people may get Alzheimer's disease, but it is much less common than in older adults. The likelihood of developing Alzheimer's doubles about every five years after age 65. In the **Community Health Status Indicators,** Hudson County is trending negatively compared to its peers and Bergen County is trending in a moderate manner for the percentage of older adults living with Alzheimer's/dementia. Both counties have percentage levels above the US

Median.   The CMS 2012 data for the percent of older adults, Medicare fee-for-service beneficiaries, living with Alzheimer's/dementia was as follows: H=16.8%, B=12.0%, US Median=10.3%. In another indicator, both Hudson and Bergen are trending moderately with their peer counties and well below the US Median for Alzheimer's disease death rate. As per the 2005-2011 National Vital Statistics System-Mortality data, the age adjusted Alzheimer's disease death rate per 100,000 is as follows: H=14.2%, B=15.7%, US Median=27.3%. **Hospital Discharge Data** for the number of patients diagnosed with Alzheimer's Disease/Dementia at discharge for all ages (excluding Obstetrics & Newborns) was as follows: 2012=24, 2013=37, & 2014=26.

Issue: **<u>CARDIOVASCULAR: CORONARY HEART DISEASE, HEART ATTACK AND STROKE</u>**

As per the U.S. Department of Health and Human Services, (Office of Disease and Prevention and Health Promotion, Healthy People 2020) together, heart disease and stroke are among the most widespread and costly health problems facing the United States today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. In the **Community Health Status Indicators**, both Hudson and Bergen Counties were trending moderately with their peer counties for the rate of people with Coronary Heart Disease (CHD). The age adjusted CHD rate for Hudson and Bergen counties per 100,000 persons from the CDC National Center for Health Statistics were as follows → H= 154.4, B=108.3, US Median = 126.7. As per the **New Jersey Behavioral Risk Factor Survey (NJBRFS) via NJ State Health Assessment Data (NJSHAD),** the following is the percentage of responses by adults

who stated they have had Coronary Heart Disease or Angina → **2011**: H=3.8%, B=2.5%, NJ=3.1% 2012: H=5.4%, B=2.9%, NJ=3.9%.   In both years, 2011 and 2012, Hudson County had a higher percentage than the state. As per the **NJBRFS,** the following is the percentage of responses by adults who claimed to have had a Heart Attack (Myocardial Infarction) → **2011**: H=3.6%, B=3.2%, NJ=3.4%, **2012**: H=4.1%, B=3.2%, NJ=3.6%. In both years, 2011 and 2012, Hudson County had a higher percentage than the state. Another **NJBRFS** data is the percentage of responses by adults who claim to have had a Stroke → **2011**: H=3.1%, B=1.3%, NJ=2.0% **2012** H=2.0%, B=1.5%, NJ=1.7%. Again, in both 2011 and 2012, the percentage for Hudson County was higher than the state's percentage. As per the **NJBRFS**, the following is the percentage of responses by adults claiming they were Doctor-Diagnosed with having High Blood Pressure → **2011**: H=27.4%, B=26.1%, NJ=26.6%, **2012**: data not available. As per the **NJBRFS,** the following is the percentage of responses by adults claiming to have had Doctor-Diagnosed High Cholesterol → **2011**: H=38.3%, B=34.7%, NJ=36.1%, **2012**: data not available. In the **Focus Groups**, heart disease was the third most important health problem in service area and second most important issue the community should tackle. Finally, the following is **Hospital Discharge Data** for the percentage of patients whose discharge code was for Angina, MI and Stroke: **2012** = 4.46%, **2013** = 4.32%, **2014** = 4.8%, illustrating an increasing trend.

Issue: **<u>SEXUALLY TRANSMITTED INFECTIONS (STI): CHLAMYDIA</u>**

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new sexually transmitted infections each year—almost half of them among young people ages 15 to 24. The cost of STIs to the U.S. health care system is estimated to be as much as $15.9 billion annually. Untreated STIs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STIs cause at least 24,000 women in the United States each year to become infertile. Chlamydia is the most common bacterial sexually transmitted infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2020).

In the **County Health Rankings,** both Hudson and Bergen Counties are trending <u>negatively</u> since 2007 for chlamydia rates. Data on adults with chlamydia based on the population rate per 100,000 as per National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is as follows: **2013**: H=<u>352</u>, B=116, NJ=297, **2014**: H=<u>328</u>, B=130, NJ=297 **2015:** H=<u>336</u>, B=134, NJ=308. As per the **Community Health Status Indicators,** both Hudson and Bergen Counties are trending positively compared to peer counties for chlamydia rates despite Hudson's rate being more than double Bergen's rate (2012 data). **Hospital Discharge Data** on the percentage of patients whose discharge code was for STIs (mainly syphilis) was low since this is mostly seen in community STI-designated clinics: **2012** = 1 case, **2013** = 2 cases, **2014** = 1 case.

There was no discussion on STIs in either the **Focus Groups** or the **Key Informant Surveys.**

Issue: <u>**LOW BIRTH WEIGHT and PRE-TERM BIRTHS**</u>

As per the County Health Rankings, low birth weight (LBW) represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to health care, the social and economic environment she inhabits, and environmental risks to which she is exposed. In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality and/or morbidity over the life course and for potential cognitive development problems. In the **County Health Rankings,** both Hudson and Bergen Counties are trending similar to NJ for the percentage of LBW. The National Vital Statistics System (NVSS) provides the following percent of live births with low birth-weight → **2013** H=8.3%, B=7.7%, NJ=8.4%, **2014**: H=8.4%, B=7.7%, NJ=8.4% **2015:** H=8.6%, B=7.8%, NJ=8.4%. Yet, as per the **Community Health Status Indicators,** both Hudson and Bergen Counties are trending similar to their peer counties in Low Birth Weight, but Bergen is trending <u>negatively</u> in Pre-Term Births despite the rate being very close to the Healthy People 2020 target → NVSS 2012 data: H=<u>12.3</u>%, B=11.6%, US Median = 12.1%, HP2020 = 11.4%. As per the **Key Informant Surveys,** "We still have some women drinking and smoking during pregnancy" was a response when asked what behaviors residents engage in that place them and perhaps others at greatest risk for poor health.

Issue: **MAMMOGRAPHY SCREENING and BREAST CANCER**

As per the County Health Rankings, evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral—and satisfaction with physicians—are major factors facilitating breast cancer screening. The percent of women ages 40-69 receiving a mammogram is a widely endorsed quality of care measure. In the **County Health Rankings,** Hudson County had the lowest percentage of women screening for the state. Both Hudson and Bergen Counties are trending evenly since 2003 which is why there has been no improvement in the Hudson County rates. The following is CMS's percentage of Medicare enrollees that receive mammography screening → **2013:** H=54%, B=62%, NJ=63%, **2014**: H=51%, B=59%, NJ=60%, **2015:** H=52%, B=60%, NJ=60%. As per the **Community Health Status Indicators,** even though Hudson's percentage is below the US Median, both Hudson and Bergen are trending positively compared to their peers as per National Program of Cancer Registries Cancer Surveillance System for female breast cancer incidence rate per 100,000 → H=105.6, B=133.6, US Median=115.6. Bergen County may have a higher rate due to better screening rates. As per the **NJ State Health Assessment Data,** 2012 NJBRFS, the following is the percentage of responses from women over 40 years of age that have not had a mammogram in the last 2 years → H=21.5%, B=20.0%, NJ=21.0% illustrating that both counties are trending evenly with the state. **Hospital Discharge Data** for the number of patients diagnosed with breast cancer at discharge for all ages (excluding Obstetrics & Newborns) was as follows: 2012=3, 2013=7, & 2014=11, illustrating in increasing trend.

Issue: **RESPIRATORY: ASTHMA / CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

Currently in the United States, more than 23 million people have asthma. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Annual health care expenditures for asthma alone are estimated at $20.7 billion (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2020). As per the **Community Health Status Indicators,** both Hudson and Bergen Counties are trending moderately with their peer counties with percentages of 6.0% and 5.0%, respectively for the percent of older adults living with asthma. As per the **NJBRFS**, the following is the percentage of responses by adults who have ever been Doctor-Diagnosed with asthma (ever) → **2011**: H=15.2%, B=11.6%, NJ=13%, **2012**: H=13.7%, B=9.9%, NJ=12.4%. As per the **NJBRFS**, the following is the percentage of responses by adults that have been told they have COPD → **2011**: H=5.7%, B=3.3%, NJ=5.1%, **2012**:H=6.4%, B=4.1%, NJ=5.6%. As per the **Focus Groups** respiratory diseases is the fourth most important health problem in the service area and the third most important issue the community should tackle. The following is **Hospital Discharge Data** on the percentage of patients whose discharge code was for Asthma and COPD: **2012** = 7.07%, **2013** = 6.77%, **2014** = 6.18%, showing a slight decreasing rate.

HEALTH BEHAVIORS

Health behaviors are actions taken by people to maintain, attain, or regain good health and to prevent illness. Health behavior reflects a person's health beliefs. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary inoculations. The following health behaviors were assessed as major concerns in the service area:

Issue: **PHYSICAL INACTIVITY**

As per the County Health Rankings, decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States, and more than 5.3 million of the 57 million deaths that occurred worldwide in 2008. In addition, physical inactivity at the county level is related to health care expenditures for circulatory system diseases. In the **County Health Rankings,** Hudson and Bergen Counties are trending similarly to NJ. As per the NJBRFS, the following is the percent of adults reporting no leisure time for physical activity → **2013** H=28%, B=24%, NJ=25%, **2014**: H=27%, B=24%, NJ=25%, **2015:** H=26%, B=23%, NJ=24%. As per the **Community Health Status Indicators,** both Hudson and Bergen are trending negatively for adults who report having leisure time for physical activity compared to their peer counties despite Bergen being above the US Median and reaching the Healthy People 2020 target.→ BRFSS 2011 data: H=33.5%, B=23.8%, US Median=25.9%, HP2020=32.6%. As per the **Focus Groups,** lack of physical activity was the number one response for behaviors in which

residents engage that place them and perhaps others at greatest risk. It was also the fourth ranked issue suggested for the community to tackle. In the **Key Informant Surveys,** poor choices in physical activities are behaviors that residents engage in that place them and perhaps others at greatest risk for poor health.

Issue: <u>**TEEN BIRTH RATES**</u>

As per the County Health Rankings, evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infections (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for current and future sexual risk behavior and adverse outcomes. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Teens are also more likely than older women to have a pre-term delivery and low birth weight baby, increasing the risk of child developmental delay, illness, and mortality. In the **County Health Rankings,** Hudson County is trending <u>negatively</u> in teen birth rates and Bergen County positively compared to NJ rates. As per the National Vital Statistics System (NVSS), teen birth rate per 1,000 females ages 15-19 were as follows, **2013:** H=<u>37</u>, B=7, NJ=24, **2014**: H=<u>35</u>, B=7, NJ=23, **2015:** H=<u>34</u>, B=6, NJ=22. As per the **Community Health Status Indicators,** Hudson is trending similar to its peers for teen birth rates and Bergen is trending positively as illustrated in the NVSS 2011 data: H=31.4, B=6.3, US Median = 42.1, HP2020 = 36.2. Bergen County teen birth rates are well below the state rates, US

Median rates and they have surpassed the Healthy People 2020 goals. As per the **Key Informant Surveys,** teen pregnancy is a behavior in which residents engage that place them and perhaps others at greatest risk for poor health.

Issue: **TOBACCO USE**

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. In addition, tobacco use costs the U.S. $193 billion annually in direct medical expenses and lost productivity (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2020). As per the **Community Health Status Indicators,** Hudson County is trending moderately compared to its peers for the percentage of smokers and Bergen is trending <u>negatively</u> compared to its peers even though both Hudson and Bergen have percentages lower than the US Median for the 2011 BRFSS question: "Do you now smoke cigarettes every day, some days, or not at all?" (Persons are considered smokers if they reported smoking every day or some days.) → H=16.1%, B=14.5%, US Median=21.7%, HP 2020=12.0%. As per the **Focus Groups,** tobacco use or cigarette smoking is considered the **ninth** most important health issue in the community. When asked about a behavior that residents engage in that place them and perhaps others at greatest risk for poor health, in the **Key Informant Surveys,** "smoking" was mentioned <u>three</u> times:

1. We still have some women drinking and **smoking** during pregnancy

2. Drinking and **smoking** or maybe drugs (more teenagers)

3. Through a recent assessment of hookah and vape stores the Coalition observed two such establishments in the Palisades Hospital service area. One location was in Union City and the second was in West New York. The **smoking** of tobacco products can negatively affect an individual's health; as more of these stores increase it becomes an issue of concern.

HEALTH CARE ACCESS & QUALITY

Health care access and quality refer to a person's ability to receive health care services, which is a function of availability of personnel and supplies and the ability to pay for those services. The following access to health care and quality issues were assessed as major concerns in the service area:

Issue: **COST BARRIER TO CARE**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services means the timely use of personal health services to achieve the best health outcomes and encompasses four components: coverage, services, timeliness, and workforce. Barriers to services include: 1) lack of availability, 2) high cost, and 3) lack of insurance coverage. These barriers to accessing health services diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion,

Healthy People 2020). As per the **Community Health Status Indicators,** Hudson and Bergen Counties are trending <u>negatively</u> compared to their peers for the percentage of adults who did not see a doctor due to cost. As per the 2011 BRFSS question, "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" The following is the percent of these adult responses → H=<u>20.3</u>%, B=<u>12.9</u>%, US Median=15.6%, HP 2020=9.0%. As per the **Focus Groups,** an important health problem in the community is the high cost of living in the service area which prevents access to care because people cannot afford to go to a doctor or buy medication. As per the **Key Informant Surveys,** community residents commented that health care insurance was important for the health and well-being of the community.

Issue: **<u>MENTAL HEALTH PHYSICIAN SHORTAGE</u>**

As per the County Health Rankings, 30% of the United States population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages. In the **County Health Rankings,** Hudson County had the <u>worst ratio in the state</u> of mental health physician shortage and Bergen's rate is better than the state's average. National Provider Identification Registry: Ratio of Population to Mental Health Providers illustrates the ratio of mental health providers → **2014**: H=<u>2,712:1</u>, B=589:1, NJ=826:1, **2015:** H=<u>2,023:1</u>, B=491:1, NJ=623:1. In the **Focus Groups** discussions**,** mental health issues were the <u>sixth</u> most important health problem in the area, including both anxiety and depression affecting young adults, the elderly, and the economically disadvantaged.

Other mental health related concerns in the community included lack of coping mechanisms, lack of socialization, isolation due to computer games, lack of community centers that offer activities, and stress. As per the **Key Informant Surveys**, the following comments were provided by community residents: "I am most involved in children's <u>mental</u> health services and I have not seen an improvement or reduction with access to services" and "Lack of Psychiatrists or <u>Mental</u> Health specialists is one of the most important health problems in the PMC area." When asked "What issues would you tackle?" Mental health was repeatedly mentioned: "obesity, depression/<u>mental</u> health, and drug use/drinking", "more children <u>mental</u> health services/programs for troubled youth." Finally, as per the survey, another question asked what was the most important issue for the health and well-being of the community and one of the responses was as follows: "Mental illness appears to be a significant area of concern and perhaps at times overlooked due to lack of carefully identifying individuals in need of services."

Issue: <u>**PREVENTABLE HOSPITAL STAY**</u>

As per the County Health Rankings, preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting

was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. In the **County Health Rankings,** Hudson County had the fourth worst ratio in the state for preventable hospital stay and Bergen County's rate is better than the state's average. As per the CMS, Hospitalization rate for Ambulatory Care Sensitive conditions per 1,000 Medicare patients is as follows → **2013:** H=90, B=61, NJ=69, **2014**: H=84, B=56, NJ=67, **2015:** H=74, B=51, NJ=61. As per the **Community Health Status Indicators,** Hudson is trending negatively as compared to its peers in preventable hospital stay and Bergen is trending moderately. 2011 CMS rate of preventable hospitalizations per 1,000 Medicare enrollees is as follows: H=84.2, B=56.0, US Median=71.3. As per the **Focus Groups,** it was commented that residents could make a difference in the quality of life of their community by only going to the hospital when in crisis. As per **Hospital Discharge Data**, the Percentage of Ambulatory Care Sensitive conditions at discharge for all ages (excluding Obstetrics & Newborns) were as follows: 2012=25.14%, 2013=25.75%, 2014=24.67%. As per this data, almost a quarter of the patient population has unattended medical conditions that due to lack of proper access to primary and preventive healthcare, these conditions result in more severe episodes. This ultimately leads to the use of more expensive treatment options, including hospital admissions for illnesses that could have been managed by a primary care provider or a community health clinic.

Issue: **PRIMARY CARE PHYSICIAN SHORTAGE**

As per the County Health Rankings, access to care requires not only financial coverage, but also, access to providers. While high rates of specialist physicians have been shown to be associated with higher, and perhaps unnecessary utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and when needed, referrals to appropriate specialty care. In the **County Health Rankings,** Hudson County is trending negatively (fourth worst in the state) to the rate of population to primary care physician and Bergen County is trending positively. As per the Area Health Resource File, the ratio of Population to Primary Care Physicians is as follows →

2013 H=1,890:1, B=808:1, NJ=1,180:1, **2014**: H=1,880:1, B=819:1, NJ=1,174:1, **2015:** H=1,874:1, B=798:1, NJ=1,168:1. As per the **Community Health Status Indicators,** Hudson is trending negatively and Bergen is similar to its peer counties despite both Hudson and Bergen being above the US Median for primary care provider rates. The following is the 2011 Health Indicators Warehouse Primary Care Provider rate per 100,000 people: H=73.9, B=155.9, US Median=48.0. As per the **Focus Groups,** primary care issues were the fifth most important health problem in the area. Focus group attendees stated that having primary care physicians in densely populated areas/buildings was one of the most important factors for the health and well-being of the community and another pressing issue in our community is access to care because there is not an adequate amount of primary care physicians in Hudson County. Focus group attendees emphasized a need for an increase of primary care physicians or walk-in clinics.

Issue: **<u>UNINSURED</u>**

As per the County Health Rankings, lack of health insurance coverage is a significant barrier to accessing needed health care. The Kaiser Family Foundation released a report in December 2014 that outlines the effects insurance has on access to health care. One key finding was that "Uninsured people are far more likely than those with insurance to report problems getting needed medical care. Thirty percent of adults without coverage say that they went without care in the past year because of its cost compared to 4% of adults with private coverage." In the **County Health Rankings,** Hudson County had the <u>worst rate in the state</u> for uninsured residents despite trending positively. Bergen County is also trending positively. As per the US Census, the following is the percent of population under 65 without health insurance → **2013** H=<u>23</u>%, B=15%, NJ=15%, **2014**: H=<u>22</u>%, B=13%, NJ=15%, **2015:** H=<u>22</u>%, B=13%, NJ=15%. As per the **Community Health Status Indicators,** both Hudson and Bergen are trending <u>negatively</u> compared to their peer counties despite Bergen being below the US Median → US Census 2011 data: H=<u>22.4</u>%, B=13.5%, US Median=17.7%. **Key Informant Surveys** responses on this issue were as follows: "People have low quality of life because they have low incomes and are not insured", "Recent arrivals are not able to apply for insurance because they do not have access to electronics or the internet or understand how to use them", and "Health care insurance is the most important factor for the health and well-being of the community".

SOCIAL FACTORS

As per the World Health Organization, many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where a person lives, the state of their environment, genetics, their income and education level, and their relationships with friends and family all have considerable impacts on health. The following social factors were assessed as major concerns in the service area:

Issue: **CHILDREN IN POVERTY**

As per the County Health Rankings, children in poverty is the percentage of children under age 18 living in poverty. Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty. In the **County Health Rankings,** Hudson County had the worst rate in the state for children in poverty and the percentage increased from 24% to 32% in the last three years. Overall, both Hudson and Bergen are trending negatively in this issue. The following are US Census percentage of children under age 18 in poverty → **2013** H=24%, B=8%, NJ=14%, **2014**: H=26%, B=8%, NJ=15%, **2015:** H=32%, B=10%, NJ=15%. As per the **Community Health Status Indicators,** when compared to their peer counties throughout the United States, Hudson is trending

positively despite a high percentage and Bergen is at a moderate level. Hudson's rate

is above the US Median and Bergen is below the US Median as per the US Census

2012 Small Area Income and Poverty Estimates data: H=26.1%, B=9.7%, US

Median=23.9%. In the **Key Informant Surveys,** it was commented that **"**quality of life

and anti-poverty initiatives are the most important for the health and well-being of the

community."

Issue: **CHILDREN IN SINGLE-PARENT HOUSEHOLD**

As per the County Health Rankings, adults and children in single-parent households are

at risk for adverse health outcomes such as mental health problems (including

substance abuse, depression, and suicide) and unhealthy behaviors such as smoking

and excessive alcohol use. Self-reported health has been shown to be worse among

lone parents (male and female) than for parents living as couples, even when controlling

for socioeconomic characteristics. Mortality risk is also higher among lone parents.

Children in single-parent households are at greater risk of severe morbidity and all-

cause mortality then their peers in two-parent households. In the **County Health**

Rankings, Hudson County had the second worst rate in the state for the percentage of

children that live in a household headed by a single-parent. The following are the

percentages as per the American Community Survey of single-parent headed

households→ **2013** H=44%, B=19%, NJ=28%, **2014**: H=44%, B=19%, NJ=29%, **2015:**

H=44%, B=20%, NJ=29%. As per the **Community Health Status Indicators,**

compared to their peer counties, Hudson is trending moderately in the percentage of

single-parent headed household and Bergen is trending positively. Hudson's rate is

above the US Median and Bergen is below based on the American Community Survey data: H=44.2%, B=19.2%, US Median=30.8%.

Issue: **HIGH SCHOOL GRADUATION**

As per the County Health Rankings, not only does one's education level affect his or her health; education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her offspring. Parents' level of education affects their children's health directly through resources available to the children, and also indirectly through the quality of schools that the children attend. Further, education levels also positively influence a variety of social and psychological factors. For example, increased education improves an individual's self-perception of both his or her sense of personal control and social standing, which also have been shown to predict higher self-reported health status. In the **County Health Rankings,** Hudson County had the second worst rate in the state for the percentage of the ninth-grade cohort in public schools that graduates from high school in four years. Data.gov adjusted cohort graduation rates at the local education agency are as follows → **2013** H=80%, B=93%, NJ=83%, **2014**: H=81%, B=92%, NJ=87% **2015:** H=78%, B=93%, NJ=87%. As per the **Community Health Status Indicators,** when compared to their peer counties, Hudson is trending positively in graduation rates and Bergen is trending moderately. Hudson's rate is below the US Median and Bergen is above as per the US Department of Education (EDFacts) website: H=80.7%, B=92.2%, US Median=83.8%.

Issue: **INCOME INEQUALITY**

As per the County Health Rankings, a higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.   Researchers have looked at income inequality at the national, state, county, and metropolitan levels and identified at least modest relationships between income inequality and health at all levels. This measure looks at income distribution or relative disadvantage in a county. In the **County Health Rankings,** this new measurement illustrated that Hudson County had the second worst rate in the state for the ratio of household income at 80th percentile to income at the 20th percentile. The American Community Survey data for this ratio is as follows → **2015:** H=5.8%, B=5.1%, NJ=5.0%.

Issue: **SEVERE HOUSING PROBLEM / HOUSING STRESS**

As per the County Health Rankings, good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development. In the **County Health Rankings,** Hudson County had the third worst rate in the state for the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. The US Department of Housing and Urban Development (HUD) provides this data through the Comprehensive Housing Affordability Strategy or "CHAS" data → **2014**: H=28%, B=22%, NJ=22%, **2015:**

H=<u>28</u>%, B=23%, NJ=23%. As per the **Community Health Status Indicators,**

compared to their peer counties, both Hudson and Bergen are trending moderately for

the percent of housing with one or more housing conditions. Hudson's and Bergen's

rate is negatively 20% and 16% respectively, above the US Median as per the

Economic Research Service of the United States Department of Agriculture→ H=<u>48.1</u>%,

B=<u>44.2</u>%, US Median=28.1%.   In the **Key Informant Surveys, "**Affordable Housing"

was mentioned in five different surveys as a factor that is the most important for the

health and well-being of the community surrounding Palisades Medical Center. As per

the **Focus Groups,** less buildings, less housing and less traffic are factors that are the

most important for the health and well-being of the community. Another issue that

should be tackled as per the focus group discussions, is to stop the development of

more housing.

Issue: <u>**SOCIAL ASSOCIATIONS / INADEQUATE SOCIAL SUPPORT**</u>

As per the County Health Rankings, poor family support, minimal contact with others,

and limited involvement in community life are associated with increased morbidity and

early mortality. A 2001 study found that the magnitude of health risk associated with

social isolation is similar to the risk of cigarette smoking. Furthermore, social support

networks have been identified as powerful predictors of health behaviors, suggesting

that individuals without a strong social network are less likely to make healthy lifestyle

choices than individuals with a strong network. A study that compared Behavioral Risk

Factor Surveillance System (BRFSS) data on health status to questions from the

General Social Survey found that people living in areas with high levels of social trust

are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group. In the **County Health Rankings,** Hudson County had the worst rate in the state for Social Associations defined as the number of associations per 10,000 in the population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. As per the 2012 County Business Patterns, these are the number of membership associations per 10,000 population → H=5.8, B=9.7, NJ=8.3. As per the **Community Health Status Indicators,** Hudson is trending negatively for inadequate support and Bergen is trending moderately compared to their peer counties despite both being above the US Median. Based on the 2011 BRFSS question "How often do you get the social and emotional support you need?" Persons were considered to be receiving sufficient emotional/social support if they reported getting social/emotional support all or most of the time. The following is the percent of adults who reported not receiving sufficient social-emotional support: H=30.1%, B=20.9%, US Median=19.6%. In the **Key Informant Surveys,** one of the comments stated "Families still seem to depend on limited options when seeking social services (in the community)." As per the **Focus Groups**, one of the responses for the topic of social support is that there are NO programs for socialization for those 25-50, otherwise known as the "forgotten group."

Primary and Chronic Disease Needs of the Community

To properly analyze primary and chronic disease needs for the hospital's service area, further analysis occurred of the data collected on hospital admission and discharge data for ambulatory care sensitive (ACS) conditions and chronic conditions. The data revealed that 25% of hospital admissions and discharges were due to ACS conditions. ACS conditions are unattended medical conditions of individuals without proper access to primary and preventative healthcare that often result in more severe episodes. This ultimately leads to the use of more expensive treatment options, including hospital admissions for illnesses that could have been managed on an outpatient basis. Thus there needs to be a greater emphasis by community agencies to encourage unhealthy or sick residents to obtain care from primary care providers or the federally qualified health centers.

For three consecutive years from 2012 to 2014, four out of the hospital's top ten admissions were related to cardiovascular diseases: congestive heart failure, chest pain, syncope and collapse, and intermediate coronary syndrome. Thus in prioritizing issues and selecting concerns that Palisades Medical Center plans to address, focus will have to occur on behaviors that affect cardiovascular diseases. Another chronic disease seen as a top 15 admission during the past three years was asthma associated with Chronic Obstructive Pulmonary Disease (COPD).

Prioritizing Issues and Addressing Community Health Needs

Process for Prioritizing Needs

After identifying the top twenty-one issues assessed as needs in the hospital's community, the steering committee then met to prioritize the top issues impacting the service area. A worksheet was developed (Appendix F) utilizing the Healthy People 2020 MAP-IT framework as a guide. Of greatest concern were the issues that affected the majority in the community, possible interventions in solving the problem, likelihood of success or impact, current interventions that currently exist in the community and consequences if these issues are not addressed. In October of 2015, the steering committee reviewed "prioritizing issues" worksheets for each of the concerns and then target issues were narrowed to the following four concerns: Access to Health Care, Chronic Diseases, Community Health Outreach, and Women's Health Initiatives.

Access to Health Care was selected as a top issue due to the high rates of hospital admissions for Ambulatory Care Sensitive Conditions or Preventable Hospital Stay. Despite the hospital's great efforts to educate the community to utilize the Federally Qualified Health Center as a primary clinic, Palisades Medical Center (PMC) continues to get increased Emergency Department as well as admissions for those conditions. This is mainly due to the large number of recent immigrants in the community as well as undocumented immigrants in the PMC service area that do not have health insurance and do not visit or can afford a Primary Care Physician on a regular basis. Thus, by the time immigrants enter PMC's Emergency Department, their condition has worsened.

The data also illustrated issues in the community with Cost Barrier to Care as well as Primary Care and Mental Health Physician Shortage.

Chronic Diseases was selected as a top issue since six out of the twenty-one concerns that were prioritized from the morbidity and behaviors categories involved chronic diseases: Alzheimer's disease & dementia, cardiovascular disease, diabetes, respiratory diseases, obesity due to physical inactivity and lack of affordable healthy foods, and tobacco use. Steering committee members decided that it would be important for the hospital to continue to provide preventive services in the community, including screenings that pertain to chronic diseases.   Physical activity in the service area is limited due to the community's perception of unsafe streets. Nutrition and weight status are also of great concern since many immigrants have limited health literacy skills and are not knowledgeable of nutrition labels. In addition, even if the medically underserved, low-income and minority populations have access to healthy foods, they cannot afford it.

Community Health Outreach was selected as a top issue because residents are disconnected from services provided in the community. As previously mentioned, there are a large numbers of recent immigrants in the community that are predominately poor and therefore their children are poor. Many of them do not understand the health care system process and as a result, they may fear it. Recent immigrants also do not have the family and community support they were accustomed to in their homeland. This community's focus is on survival; the search for affordable housing and low cost foods

to exist. Data also shows that there is a large group of children living in single-parent homes, that this is an area with low high school graduation rates, with a large difference in income inequality, with severe housing problems, and inadequate social support and lack of social associations. Therefore, focus on education and community outreach need to increase and become tailored to target this low-income population. Outreach efforts also need to increase so that the underserved populations become aware of services. In addition, these outreach efforts need to be modified through health literacy so this community understands the services that are being provided and not fear an unknown system that has been created to assist them.

Women's Health Initiatives was selected as a top issue because there were multiple concerns that were prioritized from the morbidity and behaviors categories involving women's health issues such as mammography screening and breast cancer, low birth weights and pre term births, teen birth rates, and sexually transmitted infections. As previously mentioned, many of these issues are related to poverty, being unaware of social support that exists in the community, and fear due to the lack of understanding of a foreign health care system.

Process for Consulting with Community

Throughout the entire needs assessment process, the hospital consulted with local health officials, community residents, and community partners. The hospital obtained input from both members of the community that are medically underserved, low-income and minority populations as well as with community members with expertise relevant to the health needs of the community. Local health departments are represented in the PMC Steering Committee (Appendix A) which has been responsible in prioritizing issues and reviewing all components of the projects.   Community residents were able to voice their concerns during two focus group sessions and also provide their views and opinions in the key informant surveys. Residents and community agencies were invited to a public forum for a complete overview of the primary and secondary data that was collected as well as a discussion on the four needs that were identified. Community residents will also be invited on an annual basis to future public forums to discuss the impact of program implementation and evaluations of the CHNA Implementation Strategy. Community partners and residents will also be invited to assist in the planning process of the Implementation Strategy. Partners and residents will suggest potential projects that the hospital and partnering organizations will implement and evaluate on the identified issues.

Implementation Strategy and Community Engagement

In the next step of the needs assessment, PMC will be utilizing the Healthy Wisconsin Leadership Institute, Community Health Improvement Toolkit. Their template will be utilized to develop goals and action plans for each of the four concerns (Appendix H). Community partners, especially those with expertise in the selected issues, will be invited to attend a working session. At this session, community partners will suggest potential projects. The Steering Committee will then review all the projects and select feasible plans. Actions plans will then be proposed to the Palisades Medical Center Board of Governors for approval and implementation in the community. Once the projects are implemented, they will be evaluated every six months by the steering committee through process and impact evaluations. Public forums will be conducted on an annual basis with public health officials, community residents, community partners and patients to discuss project implementation and evaluations as well as to obtain feedback.

Appendix A: Steering Committee and Community Partners

Steering Committee

- Guttenberg Board of Health
- Hudson Regional Health Commission
- North Bergen Health Department
- North Hudson Community Action Corporation (Federally Qualified Health Center)
- Palisades Medical Center
- Union City Board of Education, Early Childhood Programs
- Union City Board of Health
- Weehawken Board of Health
- West New York Health Department

Community Partners

- Bergen County Department of Health Services, Bergen and Hudson Chronic Disease Coalition
- Community Networking Association
- Hudson County Family Success Centers
- Hudson Partnership Case Management Organization
- Love of Jesus Family Church of West New York
- Hudson North Office Division of Child Protection and Permanency
- Palisades Family Success Center in Union City
- Partners in Prevention
- Partnership for Maternal and Child Health of Northern New Jersey
- Save Latin America, Inc.
- Visiting Homemaker Service of Hudson County

Appendix B: Key Informant Survey Responses for 2015

Were you aware that Palisades Medical Center conducted a Community Health Needs Assessment in 2012?

- 17 Responses; 7 "*yes*" and 10 "*no*"

Have you noticed any community changes in Access to Health Care?

- "Yes, I have noticed some community changes. The local health center is open for more hours."
- "Yes, more information has been given out"
- "Yes, more people are covered"
- "Yes, the Affordable Care Act has drawn attention to health care in general. According to surveys, Hudson County has a high percentage of enrollees."
- "Yes, I have noticed that the community at large has had the opportunity to easily access health care opportunities. With Obama's Affordable Care Act initiative, the community has been provided with health care at an affordable or reasonable rate. Ample opportunities were provided for the families in Union City to access information regarding health care coverage"
- "It has gotten better because of the health screenings performed in the community for free and the outpatient center located on Kennedy Boulevard"
- "No, I am most involved in children's mental health services and I have not seen an improvement or reduction with access to services."
- "Not enough people are aware of the medical services that are available to them and their children. We suggest to do more outreach."
- "No, undocumented individuals still do not have health coverage"

Have you noticed any community changes in Alcohol intake?

- "Yes, less bars, yet about the same amount of people intoxicated in the streets."
- "According to our Hudson County Youth Survey, a reduction has occurred in past 30 day use, and past year use of alcohol among Hudson County youth. In 2012, 20% of Hudson county youth participants reported using alcohol in the past 30 days. This number decreased in our 2014 results to 16%. In 2012, 42% of Hudson County youth participants reported using alcohol in the past year. This number also decreased in our 2014 results to 34.6%. When reflecting upon this data, it can be said that community changes have been positive over the past 3 years among Hudson county youth."
- "Some women are still drinking during pregnancy"
- "I feel that alcohol intake is a national issue amongst the members of the community that face social or emotional circumstances that lead to alcohol consumption. Also, within the last few years there has been an increase amongst young adults. Universities around the nation are currently faced with alcohol consumption issues on campuses. Social acceptance of alcohol intake is also currently a challenge amongst various groups of professionals of prominent social economic levels in society"
- "No, youth are still accessing places that they could engage in underage drinking and substance abuse. Not enough awareness for the youth"
- "We still do not have enough programs for substance abuse in the North Hudson Area"

Have you noticed any community changes in Tobacco use?

- "Maybe, slightly less people smoking tobacco in public"
- "Yes, there are more places where smoking is prohibited"
- "According to our Hudson County Youth Survey, a reduction has occurred in past 30 day use, and past year use of tobacco among Hudson County youth. In 2012, 8% of Hudson county youth participants reported using tobacco in the past 30 days. This number decreased in our 2014 results to 4.3%. When reflecting upon this data, it can be said that community changes have been positive over the past 3 years among Hudson county youth."
- "I have noticed less individuals smoking publicly. Due to the aggressive movement of the media and educating the youth about the various serious health issues involved with smoking, and the number of areas that prohibit the use of tobacco (eg. restaurants, planes, offices, schools, etc.), smoking has become less favorable/acceptable. These various factors have definitely been contributing factors that influenced decreasing rates of "tobacco use."
- "I have noticed a reduction"
- "More e-cigarettes"
- "Higher usage of e-cigarettes"

Have you noticed any community changes to improve Social Support?

- "Yes, certainly. I have noticed changes in the community that have contributed to more awareness and improving social support. Overall, the community has provided opportunities that engage the families in events that offer social support and education regarding various issues at large. For example, access to free health screenings during "Back to School Night", Health Fairs, etc. have offered meaningful opportunities that engage the families in identifying health related issues such as hypertension, diabetes, cholesterol, obesity and asthma. Also, annual Breast Cancer Awareness events are held in various sites in the community in order to bring awareness and to celebrate cancer survivors. These events continue to be excellent and effective methods of reaching out to better serve the healthcare needs of area residents."
- "There is more awareness but more outreach needs to be done."
- "I have not. Families still seem to depend on limited options when seeking social services"
- "They are still the same. More collaborations and partnerships are needed in the North Hudson Area. Palisades and North Hudson Community Action Corporation (the federally qualified health center) cannot do it alone.

Have you noticed any community changes in Obesity?

- "Yes, in trying to get kids to eat healthy"
- "Opportunities for health changes have been provided to various members that are obese and want to improve their quality of life. Various sources of communication related to dieting and healthy eating habits have also contributed to significant changes in the community."
- "The community is much more aware of healthy eating habits and the importance of consuming more fruits and vegetables (weekly Farmer's Market opportunities are provided to the community). Children in the school district/ day care providers have also been introduced to dietary changes such as more offerings of fruits, vegetables, low fat milk and whole-wheat products. "Also, for those individuals that choose drastic measures for change, surgical opportunities are now available for those that opt for weight management"
- "No I have not. Families seem to still eat unhealthy and are not active enough."
- "Obesity is rising in children and their needs to be more prevention in childhood obesity"

What are some of the things you see as being strengths; positive aspects (assets) in the community surrounding Palisades Medical Center?

- "The community networking of five municipalities"
- "Agencies that try to provide needed services"
- "Family Success Centers, updated parks, community health clinics, public libraries"
- "A very family oriented community"
- "More community inclusive activities in county parks, like Braddock Park on 90th street (example: movie nights, farmer's markets, art fairs"
- "They are trying to create programs for children, to bring awareness"
- "More services in the community"
- "More information is reaching the community"
- "Increased attention on health care in general, existence of resources like North Hudson Community Action Corporation, Metropolitan Family Health in WNY, Hoboken Family Planning enable area residents to gain access to health education and services. Palisades Medical Center has also increased its outreach efforts."
- "I have noticed that the community has become more informed, concerned and responsible when addressing various health issues. Various opportunities are provided throughout the year in order for the community to have access to specific quality health services.
- The opening of John Theurer Cancer Center has been an excellent outpatient facility that allows the community to access top quality cancer treatment and diagnosis right in the community. Cancer patients no longer have to travel to Hackensack to receive the same diagnosis/treatment/technologies. Therefore, the delivery of quality care has been much more accessible to the community.
- "Numerous health fairs are conducted during the year at various sites within the surrounding community in order to provide free health screenings to the community. In addition, the schools play a strong role in educating both the students and their families on several health issues (obesity, diabetes, mental illness, alcohol, tobacco, etc). North Hudson Community Action Corporation also provides meaningful and significant health services to community members that lack proper health coverage. Furthermore, businesses such as CVS and Walmart also provide health services such as flu vaccines, eye exams, etc."
- "There is a strong cultural Spanish speaking community. I feel the catholic churches are well attended because of this strong Latino community."
- "The Palisades hospital has a good occupation speech therapy program for children"
- "Humble and hardworking communities, access to transportation, many shopping centers, childcare 0-5 in many cities.

Do all community members have access to these positive aspects (assets) in the community surrounding Palisades Medical Center? If not, which community members and groups are less likely to have access to them?

- "Hindi Indians are somewhat marginalized."
- "Blacks and Latinos are resentful of getting a hospital bill and that bill possibly going to collections."
- "Language barrier – not enough Spanish and Arabic speaking providers"
- "I think only low income families have access to these services"
- "They are open to all community members, however, I feel there should be more visibility and advanced announcements of these events, like on community calendars, websites, and posters in towns"
- "no – many cannot get to services"
- "Some do, not being able to get to the service is an issue"
- "Older people and lowest income/recent arrivals tend to not have access to electronic and social media, thereby missing connections to possible healthcare through purchasing insurance or qualifying for Medicaid, as well as understanding what options exist and how to maximize benefits of usage"
- "Yes, these services are available to everyone. However, sometimes-undocumented new immigrants to the area have less access to these health services because of lack of knowledge or fear of their undocumented status."
- "I think plenty of residents have access to churches but my concern would be about those that do not go to church."
- "Not enough people know"
- "Yes, many of them do, due to how everything is in walking distance"

What do you see as the most important health problems in the area surrounding Palisades Medical Center?

- "Psychiatry, Mental Health specialists"
- "Access to Infections Disease Specialists"
- "The hospital not offering a Speakers Bureau to mobilize the community"
- "Long wait times at health clinics such as North Hudson Community Action Corporation, the local Federally Qualified Health Center"
- "affordability"
- "dental, counseling"
- "Availability of Health Care"
- "Comprehensive health care choices and fairs"
- "Addressing free preventive medical care"
- "I think getting the information out to the community besides the website because a lot of the people from the community do not have access to the internet"
- "Transportation"
- "Being more polite to the people that go for services"
- "Better coordination of efforts to make sure that the community becomes aware of what assets exist to assist them to obtain access to information and services"
- "I have noticed an increase of numbers of young families that have children that are facing developmental delays. The lack of quality services around our community is significant. Whenever a family is faced with the need to bring their child for a neurological developmental evaluation, the "wait list" is for at least for six months. Although PMC offers excellent Physical Therapy, Occupational Therapy and speech services, a comprehensive neurodevelopmental examination and a behavioral evaluation is not an option that is available for families in our community. Unfortunately, the nearest center that offers these types of excellent and comprehensive evaluations is Hackensack Medical Center- Institute for Child Development, a center that provides high quality diagnostic and treatment services for children with special needs. However, this center is not only approximately 9 miles north in distance but it is also inaccessible for families that are unfamiliar to Bergen County or face language challenges".
- "I think grassroots community centers are needed to measure need in the community. I think there are many low income families in the area and I think they mostly are from Spanish speaking families. Community center or community spaces can be a place to educate folks on their options and educate them on how to take care of themselves."
- "The team social workers need greater support, resources and a better communication system."
- "Domestic Violence causes many mental health issues which lead to the deterioration of one's overall health - Alzheimer's education and support - Cancer awareness – Health & Mental Health services for children with special needs; everyone is directed to Hackensack or JCMC for special needs care and for man of our North Hudson

Community that is a significant distance – Overall Mental Health care – Brain injury education and support to families with athletic children in organized sports"

From your perspectives, what behaviors do residents engage in that place them and perhaps others at greatest risk for poor health?

- "Teen pregnancy, adolescent violence, adolescent substance abuse"
- "We still have some women drinking and smoking during pregnancy"
- "Drinking, drug use, obesity, depression, mental health"
- "Living in certain areas put certain people at great risk. Drinking and smoking or maybe drugs (more teenagers)"
- "Substance abuse"
- "Alcohol abuse, drug abuse, child abuse"
- "Low income populations go where things can be in their budget"
- "Poor choices regarding nutrition, physical activity, unhealthy lifestyles, much of that is based on lack of knowledge and resources. Chronic diseases are more prevalent than many other areas."
- "Basically, because of the large influx of possible immigrants coming to the area, poverty plays a significant role in facing affordability in providing balanced meals to their families.
- Also, whenever a family is new to this country/area, communication regarding available services can also be a challenge whenever trying to find needed services. Although food banks or soup kitchens at local churches are places that these needy families can access healthy meals. Overall, I feel that continuing to identify the social, economic and cultural barriers in our community are key components in providing successful outreach efforts when facing quality health care access."
- "Through a recent assessment of hookah and vape stores the Coalition observed two such establishments in the Palisades Hospital service area. One location was in Union City and the second was in West New York. The smoking of tobacco products can negatively affect an individual's health as more of these stores increase it becomes an issue of concern."
- "Local residents do not eat healthy and they are under a lot of stress. This combination can lead to many health issues."
- "Not engaging in physical activity, eating less fried food. The community is limited on the importance of nutrition, physical activity, social drinking"
- "Overeating/obesity, substance abuse, ignoring mental health issues, car seat and seat belt education, domestic violence"

Relative to these factors that you have just mentioned, how would you rate the overall quality of life in the community surrounding PMC?

- "Fair"
- "Poor"
- "fair"
- "In certain areas, the quality has improved by starkly different even just a couple of blocks away from quality areas"
- "some have no insurance or are low income"
- "Divided"
- "The quality of life for many is not as good as it could be. Outreach and education should be improved and enhanced."
- "I feel that the overall quality of life in the surrounding community has improved within the last three years. Ample opportunities and services are provided to the community that are of quality and relevant to their health needs."
- "Considering the density of population is it hard to assess the quality of life for the average resident of this area."
- "I think people make ends meet but I do not think they are living as healthy as they should. I think the quality of life for folks can be improved through a campaign to educate folks on healthy living."

If the community were going to tackle any of these issues you mentioned, what would be your top three?

- "External Affairs, Public Relations, Division of Adolescent & Young Adult Medicine"
- "Alcohol and drug free pregnancies, underage drinking, and opiate/prescription drug use"
- "I would tackle obesity, depression/mental health, and drug use/drinking"
- "Education on prevention for teens regarding drugs and alcohol"
- "Obesity, Substance Abuse, and Access to Healthcare"
- "Child abuse, drug abuse, alcohol abuse"
- "Transportation to events, free up-to-date information, treat each other with respect"
- "More awareness about health issues, more educational material, use low-income people to reach out to others"
- "Chronic diseases, access to health information, benefits of healthy lifestyle"
- "Healthy Eating Habits - Childhood Obesity; Cancer - Identifying and treating developmental delays in young children - Alcohol and Drug Abuse"
- "Alcohol, Tobacco and Rx Drug Abuse"
- "Obesity, how to manage stress, and more children mental health services/programs for troubled youth."
- "Cons of social drinking in front of children, education on nutrition"
- "Mental Health, domestic violence, substance abuse"

From your perspective, how can the residents in the community surrounding PMC make a difference in the quality of life in their community?

- "This needs assessment is one step. There would need to be appreciative inquiries conducted demonstrating SOAR – Strengths, Opportunities, Aspirations, and Results and then presented in Town Meetings"
- "Residents need places to go and engage in activities both for youth and elderly like a recreation center with free activities, etc."
- "More outreach programs. Provide more workshops in surrounding areas"
- "Get to know their resources"
- "Take more responsibility as a community, a more collective involvement, less thinking solely about how something affects the self and more care about the whole"
- "Becoming aware of what is available"
- "Do not divide according to income"
- "They need to become more engaged in the process of health, starting with prevention and continuing through management of disease"
- "By continuing to participate in educational opportunities and health related seminars that encourage the residents in becoming better educated. By encouraging the residents in becoming more responsible of the health and ensuring that meaningful and significant healthy measures are being observed daily (exercise, healthy eating, weight control/, etc.)"
- "They need to organize and team up with local agencies. Through this process they can identify goals and they can help each other accomplish the goal."
- "Attend more community meetings"
- "Volunteer their time to provide support groups, education, and positive activities for adolescents."

What factors do you think are the most important for the health and well-being of the community surrounding Palisades Medical Center?

- "Quality of life and Anti-poverty initiatives"
- "The community needs help with job opportunities as well as free activities that enhance the family dynamics."
- "Health care insurance, financial aid for students, drug prevention programs, counseling for family issues."
- "Affordable housing and job opportunity"
- "Safety is a priority, this will enable more community involvement, more after-school programs and activities for youth to encourage them to keep out of trouble"
- "Do not divide people depending on income"
- "Sometimes it's who you know"

- "I believe seniors for the most part are receiving support. Children in school are also in a better environment. The biggest struggle that I see is families with infants and young children. The problems include nutrition, unhealthy activities, etc. I believe that bigger problems can be avoided, if engagement with this core group is enhanced"

- "Affordable housing and employment"

- "Education continues to be the key factor for job opportunities and career growth. The Hudson Community College has been an excellent institution of higher learning for eligible adults to participate in meeting their career goals. Various opportunities are offered for the residents to participate and improve their education and overall skills. Hudson Community College has also partnered with PMC in providing health related services for the students attending the college- eg. Breast Cancer Awareness seminar.

- "Education continues to be the key factor for job opportunities and career growth. The Hudson Community College has been an excellent institution of higher learning for eligible adults to participate in meeting their career goals. Various opportunities are offered for the residents to participate and improve their education and overall skills. Hudson Community College has also partnered with PMC in providing health related services for the students attending the college- eg. Breast Cancer Awareness seminar.

- Additional opportunities need to be provided for seniors in terms of housing, networking, and transportation. Seniors who are carriers of Medicare insurance rather than Medicaid appears to have difficulty in qualifying for adequate and available services (eg, access to nursing aides, facilities, etc.)

- I feel that in today's society and with all of the pressing economic stressful issues amongst various members in our community, additional support groups should be available for these individuals. Mental illness appears to be a significant are of concern and perhaps at times overlooked due to lack of carefully identifying individuals in need of services."

- "I think education about healthy living and then also career training combined with access to work opportunities."

- "Raising children in terms of schools, after school programs, affordable housing in general this is important for everyone in community however, it is specifically more important for someone that falls in the lower middle class."

- "After school programs: The North Hudson area would benefit from a program like the Boys & Girls Club in Hoboken & Jersey City – housing is always a problem in Hudson County in general, especially for the North Hudson Area – Domestic Violence and Mental Health; there are no quality programs and support groups in the North Hudson area. The subject is "taboo" in the Latino culture and it is completely ignored by the community, but the numbers of domestic violence and mental health incidents are growing and it is a silent killer – there aren't many programs for our youth."

What other things, if any, do you think are pressing and should be considered as we gather information that will be used to support initiatives to make a difference in the community surrounding Palisades Medical Center?

- "Getting information from the undocumented"
- "The rise in rent prices forcing families to live in harsh financial hardship, leading to crime, violence and substance abuse, depression, etc."
- "Easier access to the Center"
- "Get more involved outside the offices"
- "The items previously mentioned are more than enough to occupy all of us"
- "That services are available to the entire population"
- "You should find out the needs of families that are migrating from countries that are overwhelmed with violence."
- "More outreach and having more partnerships with the community"
- "I think that we may have the answers and solutions to our questions and concerns, if only we can gather every agency together and collaborate with them. – for example, Palisades Medical Center organizes a "Call to Action" meeting and invites every agency that provides a service to the people of Hudson. They list all the problems we have in our community and through collaboration most of the problems will be solved."

Appendix C: Focus Group Responses for 2015

Palisades Medical Center (PMC)
Responses from two Focus Groups: Aug. 10, 2015 and Aug. 24, 2015

1. Were you aware that Palisades Medical Center conducted a Community Health Needs Assessment in 2012? *Yes & No – (mixed responses)*

   Have you noticed any community changes in the following areas?

   - Access to Health Care

     - *Improvement*
       - *Affordable Care Act*
         - *Now established community could obtain insurance*
         - *Premiums are high, especially pharmaceuticals*
       - *Extended clinic hours of the Federally Qualified Health Center (FQHC)*

     - *Same*
       - *Still utilize the ER*
         - *Lack of transportation*
         - *Don't understand how to use local resources*
         - *When need immediate attention, clinics usually have a 2-week period for an appointment*
         - *long waiting time at the medical doctor's office*
         - *Could rapidly apply for Charity Care through the ER versus the doctor's office (ex: college students)*
         - *Knowledge/cultural: urgent vs regular care (i.e. ear aches)*
         - *lots of self-medication*

   - Substance Abuse – Alcohol

     - *Same*
       - *Still on a rise*
       - *Services are offered, but patients do not follow them*
       - *Repeat patients in the ER*

   - Substance Abuse – Tobacco

     - *Improvement*
       - *Less youth smoking*
       - *Less newer smokers*
       - *There is a stronger use of other drugs now*

Have you noticed any community changes in the following areas? (continued)

- Inadequate Social Support

  - *Worse*
    - *Increase in non-document immigrants that do not qualify for services*
    - *NO programs for socialization for those 25-50, the "forgotten group"*
    - *Lack of support services for elderly population, especially those with Alzheimer's or dementia.*
    - *Community needs re-education on of their health, either too proud to ask questions or live alone and don't have an advocate*
      - *Those with families want resources but they do not qualify*
      - *Families can't help at home because they work and can't afford a home health aid*
      - *Some families use the hospital as a secondary home for "babysitting" their elder relatives*

- Obesity

  - *Improvement in children*
  - *Same for Adults*
    - *Healthier menu options are available*
    - *Healthy food available in supermarkets, but it is more expensive*
    - *More information should be available for the community*

2a. What are some of the things you see as being strengths; positive aspects (assets) in the community surrounding Palisades Medical Center?

- *Families are supportive*
- *Lots of community development (but expensive)*
- *View is fantastic*
- *More pharmacies and banks*
- *Availability of services*
- *Easy access to Manhattan/New York City*
- *Walkability*
- *North /South transportation*
- *Improved parks and green spaces in some communities*

2b.Do all community members have access to these? If not, which community members and groups are less likely to have access to them? *NO*

- *Lack of transportation - unaffordable to some, lack of safety to take public transportation*
- *Large working population, so if extended family at home, still a problem b/c elders live alone*

3. What factors do you think are the most important for the health and well-being of the community surrounding Palisades Medical Center?

- *Increased knowledge of available services and health*
- *Education*
- *Privative health care*
- *Health vans*
- *Clinic next to hospital*
- *Primary care physicians in densely populated areas/buildings*
- *School-based clinics*
- *Free immunizations*
- *Afterschool programs and activities*
- *Fairs/lectures*
- *Free concerts*
- *Library events*
- *Jobs for people – ability to have jobs with benefits*
- *Small businesses do not want to pay premiums so they hire part-timers at 980 hours/year*
- *"Safety, more police presence"*
- *Clean streets: no garbage or gum on sidewalks or cracks in sidewalks and asphalt*
- *Less buildings/housing/traffic*
- *Adequate snow removal*

4. What do you see as the most important health problems in the area surrounding Palisades Medical Center?

- *Overpopulated*
- *Diabetes – people not told that they had it or didn't have insurance to take care of it*
- *Heart disease*
- *Respiratory: COPD/Asthma*
- *Primary care issues*
- *Mental Health Issues: Anxiety/Depression*
  - *Affecting young adults*
  - *Elderly*
  - *Economically disadvantaged*
  - *Lack of coping*
  - *Lack of socialization/isolation with computer games*
  - *Lack of Community Centers*
- *Stress*
- *Noise pollution (helicopters, motorcycles, horns honking)*
- *Smoking*
- *Dirty streets, Dog feces, lack of receptacles*
- *Lack of educated people, lack of programs or advertising of existing programs*
- *Lots of transient people, therefore no pride in the community*
- *Easy access to illegal drugs*
- *Taxes/cost of living prevents access to care*
- *Leaders not enforcing laws or educating the community*

5. From your perspectives, what behaviors do residents engage in that place them and perhaps others at greatest risk?

- *Lack of physical Activity*
  - *All sports are structured – soccer*
  - *No YMCA or affordable community exercise facilities*
  - *Increased computer/smart phone use – expected of peers*
  - *Parents work and don't take children out to exercise*
- *Overeating and not eating nutritious foods*
- *Making poor food decisions because healthier options are expensive*
- *Bullying*
- *Sense of Entitlement*
- *Drug use: illegal and poly-pharmacy amongst the elderly*
- *Crime*
- *Drivers speeding and pedestrians not watching when they cross*
- *Texting while driving or talking on the phone*

5b. Relative to these factors that you have just mentioned, how would you rate the overall quality of life in the community surrounding PMC?
- *Good overall quality of life*

5c. If the community were going to tackle some of these issues, in what **rank** order would you place tackling the top three to five of them?

- *Diabetes*
- *Heart disease*
- *Respiratory*
- *Lack of low activity*
- *Eat more nutritious food*
- *Improve community civic pride: not throwing garbage in street/loud noises*
- *Stop development of more housing*

5d. From your perspective, how can the residents in the community surrounding PMC make a difference in the quality of life in their community?

- *Get engaged / involved with community*
- *Vote*
- *Volunteer*
- *Increase their sense of responsibility for their health*
- *Only come to the hospital when in CRISIS*
- *Lead by example*
- *Observe the law*
- *More lectures/meetings in town halls or libraries*
- *Educate students on civic pride*
- *Residents should engage in volunteer services*
- *Be polite*
- *More group advocating / meetings*

5e. To what extent do you believe that there is an active sense of responsibility and engagement, and of civic pride in shared accomplishments?

- *NONE*

6. What other things, if any, do you think are pressing and should be considered as we gather information that will be used to support initiatives to make a difference in the community surrounding Palisades Medical Center?

- *Access to Care: not an adequate amount of primary care MD's in Hudson County - Increase primary care physicians or walk-in clinics*
- *Advanced Care Planning are not discussed in doctor's office*
- *Alzheimer's / Dementia: How to care for them? Resources? Relatives work, not time for patient.*
- *Resources for Hudson County are mainly in Jersey City and lack of transportation to them*
- *Cancer- pockets of issues*
- *Lack of Faith-Based services*
- *Head lice/bed bugs*
- *Limit over-development along Palisades*
- *Provide FREE English classes*
- *Better fire codes*
- *More centers for young adults and general population*

Appendix D: County Health Rankings Comparison

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

Health Outcomes	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Mortality																		
Premature death - years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,615	6,503	6,224	5,624	5,624	5,293	4,314	4,215	4,183	3,916	3,916	3,914	6,294	6,170	5,987	5,636	5,636	5,558
Morbidity																		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	24%	25%	24%	24%	23%	23%	12%	12%	12%	12%	12%	12%	16%	15%	15%	15%	15%	15%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.3	4.3	4.3	4.2	4.2	2.8	2.8	2.8	2.8	2.8	2.8	3.3	3.4	3.4	3.3	3.3	3.3
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	3.5	3.4	3.5	3.4	3.4	2.8	2.8	2.9	2.8	2.9	2.9	3.3	3.3	3.3	3.3	3.3	3.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)	8.2%	8.2%	8.3%	8.3%	8.4%	8.6%	7.3%	7.4%	7.6%	7.7%	7.7%	7.8%	8.1%	8.2%	8.3%	8.4%	8.4%	8.4%

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

Health Factors	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Health Behaviors																		
Adult smoking - Percent of adults that report smoking >/= 100 cigarettes and that they currently smoke	20%	20%	19%	17%	16%	16%	15%	15%	15%	14%	14%	14%	18%	17%	17%	16%	16%	16%
Adult obesity - Percent of adults that report a BMI >/= 30	23%	24%	24%	24%	24%	24%	20%	21%	22%	22%	21%	21%	24%	24%	25%	25%	24%	24%
Food environment index - Index of factors that contribute to a health food environment, 0 (worst) to 10 (best)					7.8	7.7					9.1	8.9					8.3	8.1
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity			28%	28%	27%	26%			24%	24%	24%	23%			25%	25%	25%	24%
Access to exercise opportunities - Percent of the population with adequate access to locations for physical activity					100%	100%					97%	99%					90%	96%
Binge drinking - Percent of adults that report binge drinking in the past 30 days	15%						13%						14%					
Excessive drinking - Binge plus heavy drinking		16%	16%	17%	17%	17%		16%	16%	17%	17%	17%		16%	16%	16%	16%	16%
Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population	6	6	6	5			6	6	6	5			9	9	9	8		

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement					14%	16%					28%	24%					27%	26%
Chlamydia rate (Sexually transmitted infections) - Chlamydia rate per 100,000 population	316	323	342	352	328	336	107	106	121	116	130	134	247	258	276	297	297	308
Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19	40	39	39	37	35	34%	9	8	8	7	7	6%	27	26	25	24	23	22%
Clinical Care																		
Uninsured adults - Percent of population under age 65 without health insurance	26%	27%	23%	23%	22%	22%	18%	18%	13%	15%	13%	13%	17%	19%	14%	15%	15%	15%
Primary care provider rate - Primary care provider rate per 100,000 population	92						170						124					
Primary care physicians - Ratio of population to primary care physicians		1,170:1	1,170:1	1,890:1	1,880:1	1,874:1		583-1	583-1	808:1	819:1	798:1		808-1	808-1	1,180:1	1,174:1	1,168:1
Dentists - Ratio of population to dentists				1,795:1	1,779:1	1,706:1				853:1	835:1	810:1				1,317:1	1,288:1	1,240:1
Mental health providers - Ratio of population to mental health providers					2,712:1	2,023:1					589:1	491:1					826:1	623:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	108	106	93	90	84	74	70	67	63	61	56	51	81	78	72	69	67	61

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	69%	72%	76%	78%	77%	79%	77%	79%	82%	84%	85%	85%	76%	78%	80%	82%	83%	83%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening		53%	55%	54%	51%	51.5%		59%	62%	62%	59%	59.5%		58%	62%	63%	60%	60.8%
Hospice use - Percent of chronically ill Medicare enrollees in hospice care in last 6 months of life	20%	53%					26%	58%					27%	59%				
Social & Economic Factors																		
High school graduation - Percent of ninth grade cohort that graduates in 4 years	80%	80%	79%	80%	81%	78%	94%	95%	97%	93%	92%	93%	85%	84%	89%	83%	87%	87%
College degrees - Percent of population age 25+ with 4 year college degree or higher	32%						44%						34%					
Some college - Percent of adults aged 25-44 years with some post-secondary education		65%	65%	66%	67%	67.9%		75%	75%	76%	76%	76.3%		64%	64%	65%	66%	66%
Unemployment - Percent of population age 16+ unemployed but seeking work	6.0%	10.7%	10.8%	10.3%	10.5%	9.1%	5.0%	.7.9%	8.1%	7.9%	8.1%	7.1%	6.0%	9.2%	9.5%	9.3%	9.5%	8.2%
Children in poverty - Percent of children under age 18 in poverty	21%	24%	24%	24%	26%	32%	6%	6%	8%	8%	10%	11%	11%	12%	14%	15%	15%	17%

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Income inequality - Gini coefficient of income inequality based on household income	48						47						46					
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile						5.8						5.1						5.0
Inadequate social support - Percent of adults without social/emotional support	31%	30%	30%	30%	30%		22%	22%	21%	21%	21%		23%	23%	22%	22%	22%	
Social Associations - Number of membership associations per 10,000 population						5.8						9.7						8.3
Single-parent households - Percent of all households that are single-parent households	12%	44%					6%	18%					9%	28%				
Children in single-parent households - Percent of children that live in household headed by single parent			44%	44%	44%	44%			18%	19%	19%	20%			28%	28%	29%	29%
Violent crime rate - Violent crime rate per 100,000 population	683	640	571	513	473	460	110	107	107	106	102	98	345	336	322	315	309	302
Injury deaths - Rate of intentional and unintentional injuries per 100,000 population					30	31					31	31					39	41

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Physical Environment																		
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	11	9	9	11.6	10.9	10.9	8	6	6	11.4	10.9	10.9	4	5	5	11.6	11.3	11.3
Drinking water violations - Percent of population potentially exposed to water exceeding a violation limit during the past year					1%	0%					5%	4%					6%	6%
Severe Housing Problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities					28%	28%					22%	23%					22%	23%
Driving alone to work - Percent of the workforce that drives alone to work					40%	39%					70%	70%					72%	72%
Long commute - driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes					47%	48%					39%	39%					41%	41%
Air pollution-ozone days - Annual number of unhealthy air quality days due to ozone	12	10	10				17	9	9				14	11	11			
Access to healthy foods - Healthy food outlets include grocery stores and produce stands/farmers' markets	63%	100%					77%	85%					57%	84%				

COUNTY HEALTH RANKINGS
Hudson, Bergen, and New Jersey
2010-2015

	Hudson County						Bergen County						New Jersey State					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store			0%	0%					1%	1%					4%	4%		
Fast food restaurants - Percent of all resturauants that are fast food establishments			56%	55%					49%	50%					50%	50%		
Liquor store density - Number of liquor stores per 10,000 population	2.8						1.9						2.0					
Access to recreational facilities - Rate of recreational facilities per 100,000 population		9	10	9				21	20	19				19	15	15	14	
Drinking water safety -				1%														

Note: Blank values reflect unreliable or missing data

Source URL - http://www.countyhealthrankings.org

Appendix E: Community Health Status Indicators Comparison

COMMUNITY HEALTH STATUS INDICATORS (CHSI 2015)
Summary of how Hudson and Bergen compare with peer counties - 2015

	Hudson County	Bergen County	US Median	Health People 2020 Target
	2015	2015	2015	
Mortality				
Alzheimer's Disease Deaths - The age adjusted Alzheimer's disease death rate per 100,000 persons	14.2	15.7	27.3	
Cancer Deaths - The age adjusted overall cancer death rate per 100,000 persons	164.7	158.5	185.0	161.4
Chronic Kidney Disease Deaths - The age adjusted chronic kidney disease (nephritis, nephrotic syndrome and nephrosis) death rate per 100,000 persons	17.8	11.8	17.5	
Chronic lower Respiratory Disease (CLRD) Deaths - The age adjusted chronic lower respiratory disease rate per 100,000 persons	32.3	23.8	49.6	
Coronary Heart Disease (CHD) Deaths - The age adjusted CHD rate per 100,000 persons	154.4	108.3	126.7	
Diabetes Deaths - The age adjusted diabetes death rate per 100,000	34.7	16.7	24.7	
Female Life Expectancy - in years	82.2	84.3	79.8	
Male Life Expectancy - in years	77.2	80.5	75.0	
Motor Vehicle Deaths - The age adjusted motor vehicle traffic-related death rate per 100,000	4.9	4.7	19.2	12.4
Stroke Deaths - The age adjusted stroke death rate per 100,000	36.7	29.6	46.0	34.8
Unintentional Injury (Including Motor Vehicle) - The age adjusted rate per 100,000	21.0	19.5	50.8	36.0
The age-adjusted unintentional injury (excluding motor vehicle) death rate per 100,000	16.0	14.6	29.5	

COMMUNITY HEALTH STATUS INDICATORS (CHSI 2015)
Summary of how Hudson and Bergen compare with peer counties - 2015

	Hudson County 2015	Bergen County 2015	US Median 2015	Health People 2020 Target
Morbidity				
Adult Diabetes - The percent of adults living with diagnosed diabetes	9.6	6.0	8.1	
Adult Obesity - The percentage of adults 20 years and over that report BMI >=30	25.2	20.2	30.4	
Adult Overall Health Status - The percent of adults reporting fair or poor health	23.0	12.2	16.5	
The average number of reported mentally unhealthy days per month per person	3.4	2.9	3.5	
The average number of reported physical unhealthy days per month per person	4.2	2.8	3.7	
Alzheimer's Disease/Dementia - The percent of older adults, Medicare Fee-for Service Beneficiaries, living with Alzheimer's/dementia	16.8	12.0	10.3	
Cancer - The age adjusted cancer incidence rate per 100,000 persons	416.3	472.9	457.6	
The age adjusted colon and rectum cancer incidence rate per 100,000	49.1	43.4	46.8	
The age adjusted female breast cancer incidence rate per 100,000	105.6	133.6	115.6	
The age adjusted Lung and Bronchus cancer incidence rate per 100,000	53.4	53.8	71.7	
The age adjusted Male Prostate cancer incidence rate per 100,000	130.2	152.3	137.9	
Gonorrhea - rate per 100,000 persons	76.7	21.5	30.5	
Syphilis - primary and secondary syphilis rate per 100,000 persons	8.6	1.8	0.0	
The chlamydia rate per 100,000	342.2	134.8	280.6	
HIV - The rate of persons living with diagnosed HIV per 100,000 persons	991.6	229.3	105.5	
Older Adult Asthma - The percent of older adults living with asthma	6.0	5.0	3.6	
Older Adult Depression - The percent of older adults living with depression	11.3	11.4	12.4	

COMMUNITY HEALTH STATUS INDICATORS (CHSI 2015)
Summary of how Hudson and Bergen compare with peer counties - 2015

	Hudson County 2015	Bergen County 2015	US Median 2015	Health People 2020 Target
Preterm Births - The percentage of preterm births	12.3	11.6	12.1	11.4
The percentage of low birth weight deliveries	8.6	7.8	7.9	7.8

Health Care Access and Quality				
Cost Barrier to Care - The percent of adults who did not see a doctor due to cost	20.3	12.9	15.6	9.0
Older Adult Preventable Hospitalizations - The older adult preventable hospitalizations rate per 1,000 Medicare enrollees age 65 years or older	84.2	56.0	71.3	
Primary Care Provider Access - The primary care provider rate per 100,000 persons	73.9	155.9	48.0	
The dentist provider rate per 100,000 persons	56.8	119.8	35.1	
Uninsured - The estimated percent of the population under 65 years of age without health insurance	22.4	13.5	17.7	

Health Behaviors				
Adult Binge Drinking - The percent of adults 18 and over who report binge drinking	15.6	16.5	16.3	
Adult Female Routine Pap Tests - The percent of adult women who report having routine pap tests in the last 3 years	78.5	84.1	77.3	93.0
Adult Physical Inactivity - The percent of adults who report no leisure time physical activity	33.5	23.8	25.9	32.6
Adult Smoking - The percent of adults 18 and over who report smoking cigarettes	16.1	14.5	21.7	12.0
Teen Births - The teen births rate per 1,000 females age 15-19 years	31.4	6.3	42.1	36.2

COMMUNITY HEALTH STATUS INDICATORS (CHSI 2015)
Summary of how Hudson and Bergen compare with peer counties - 2015

	Hudson County	Bergen County	US Median	Health People 2020 Target
	2015	2015	2015	
Social Factors				
Children in Single-Parent Households - The percent of children in family households headed by a single parent (male or female head of household with no spouse present)	44.2	19.2	30.8	
The percent of families with a single head of household	11.8	6.7	8.5	
High Housing Costs - This measure represents the percent of people that live in renter-occupied housing units or owner-occupied housing units with a mortgage and pay 30 percent or more of their household income on housing costs	45.9	44.7	27.3	
The percent of people that live in Very High Housing costs	23.2	21.7	11.5	
Inadequate Social Support - Percent of adults 18 years and over who report not receiving sufficient social-emotional support	30.1	20.9	19.6	
On time High School Graduation - Percent of a county's nine-grade cohort in public schools that graduates from high school in four years	80.7	92.2	83.8	
The percent of adults with an associates level degree or higher	40.3	50.8	25.8	
The percent of adults with no high school diploma	18.3	8.9	14.4	
Poverty - Percent of individuals living in households with income below the Federal Poverty Level (FPL)	16.6	8.0	16.3	
The percent of children living in poverty	26.1	9.7	23.9	
The percent of older adults living in poverty	14.7	7.3	9.6	
Unemployment - Percent of the civilian labor force, age 16 and older, that is unemployed but seeking work.	9.1	7.1	7.1	
Violent Crime - Annual rate of violent crimes including homicide, forcible rape, robbery, and aggravated assault per 100,000 population	459.8	97.6	199.2	

COMMUNITY HEALTH STATUS INDICATORS (CHSI 2015)
Summary of how Hudson and Bergen compare with peer counties - 2015

	Hudson County 2015	Bergen County 2015	US Median 2015	Health People 2020 Target
Physical Environment				
Access to Parks - The percent of individuals living within a half mile of *NAVTEQ park features	78.0	51.0	14.0	
The ratio of recreation & fitness facilities to number of residents per 1,000 persons	0.1	0.2	0.1	
Annual Average **PM 2.5 Concentration - in micrograms per cubic meter (Air Quality)	12.7	12.3	10.7	
The number of days the air was rated unhealthy for ozone	7.0	6.0	0.0	
The number of days the air was rated unhealthy for PM2.5	4.0	2.0	0.0	
Housing Stress - The percent of housing with one or more housing conditions	48.1	44.2	28.1	
The percent of homes built before 1950 in percentage	47.2	33.2	18.8	
The percent of homes built between 1950 and 1979	29.2	48.3	36.9	
The percent of vacant residential properties	9.9	5.2	14.7	
Limited Access to Healthy Food - Percent of population who are low-income and do not live close to a grocery store	0.0	1.1	6.2	
Living Near Highways - Percent of the population living within 150 meters of a Highway	5.2	3.8	1.5	
The percent of schools located near highways (within 150 meters)	6.5	1.4	0.0	

* NAVTEQ - provider of Geographic Information Systems data and a major provider of base electronic navigable maps

** PM - Particulate matter, is the term for particles found in the air, including dust, dirt, soot, smoke and liquid droplets

Appendix F: Prioritizing Issues and Concerns Worksheet

COMMUNITY HEALTH NEEDS ASSESSMENT

PRIORITIZING ISSUES / CONCERNS

Issue/Concern: _____

Primary data for selecting this issue: _____
_____

Population(s) affected: _____ _____

Seriousness/urgency: _____

Available data sources: _____

Possible interventions (behavioral, environmental, legislative, etc.) effective in solving problem:
_____
_____

Likelihood of success/impact (taking into account available resources): _____
_____

Current interventions addressing issue in community that we may expand: _____
_____

Consequences if not addressed (personal, societal, economic): _____
_____

_____

Appendix G: Community Health Screening Data

Results of Hemoglobin A1c (HbA1c) tests of community residents in the service area conducted by Palisades Medical Center (February – September 2015)

Screening Date	Place	Total # of people seen at screening	Total % of people without insurance or no answer to question	Total # of people diagnosed at screening with pre-diabetes and no history of diabetes	Total # of people stating that they have diabetes	Total # diagnosed with diabetes at screening and no previous history	Total # of people diagnosed with diabetes and poorly managed	Total # of people with diabetes, poorly managed and no insurance
2/17/2015	St. Joseph Church, West New York	45	84% (38)	3	5	0	3	2
3/1/2015	St. Augustine Church, Union City	79	75% (59)	7	7	2	2	2
3/21/2015	Grove Reform Church, North Bergen	27	41% (11)	3	7	0	2	1
4/12/2015	Lion's Club Health Fair, West New York	90	58% (52)	8	7	1	1	0
5/3/2015	First United Methodist, Church, Union City	19	53% (10)	0	3	1	1	1
5/17/2015	Diabetes Walk, Cliffside Park	19	84% (16)	1	3	0	3	0
7/25/2015	Nazareth Baptist Church West New York	62	56% (35)	12	10	4	4	3
8/29/2015	Back to School Fair, West New York	93	29% (64)	17	16	4	3	1
9/13/2015	Jose Marti School, Union City	125	67% (84)	47	27	6	17	6
9/28/2015	Holy Family Church, Union City	70	58% (41)	30	15	1	10	4
TOTALS		**629**	410	128	100	19	46	20
% from Total # screened			65%	20%	16%	3%	7%	3%

Appendix H: Action Plan Template

PALISADES MEDICAL CENTER

ACTION PLAN TEMPLATE

Goal:

Objective:

Activity	Timeframe (Due Date)	Resources Required	Lead	Anticipated Products or Results	Date Completed