



NORTH HUDSON
COMMUNITY ACTION CORPORATION

COMMUNITY Health and Social Service Needs Assessment

2018

UPDATED: AUGUST 2018

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INTRODUCTION

As a designated Community Action Agency and recipient of State Community Services Block Grant (CSBG) funding, along with funding from the Health Resources and Services Administration (HRSA), and the Office of Head Start (OHS), North Hudson Community Action Corporation (NHCAC) undertakes a Community Needs Assessment every three years as a way of identifying the most pressing health and social service needs in the community. During the years between the larger Community Needs Assessment, the Agency updates the data to provide a general sense of how conditions have changed.

Specifically, the Community Needs Assessment and updates are designed to:

- 1) Assist NHCAC with identifying and analyzing the unmet physical and mental health, social, and environmental needs within our service area;
- 2) Assist NHCAC staff and community partners with better understanding the circumstances facing low income families, including changes in the environment and changes in public policy that could have impacts;
- 3) Assist NHCAC staff and community partners with understanding NHCAC, what it provides, who it serves, the challenges it faces, and how well it is doing; and
- 4) Assist those responsible for the oversight of NHCAC to make informed decisions regarding service gaps, organizational/program design, resource allocation, and community partnerships.

The Needs Assessment also provides NHCAC with resources and contact information so that it may plan, complete, and execute a conceived and driven triennial strategic and annual community plan.

The Assessment has been separated into 6 categories:

- 1) Key Findings: SPA Priorities – Needs and Issues
- 2) Regional Social/Health Disparities
- 3) Service Planning Area (SPA) Overview
- 4) Healthcare
- 5) Social Services
- 6) Early Childhood Education

ACKNOWLEDGEMENTS

The triennial annual updating of the community needs assessment is made possible by the dedicated work of NHCAC's governing board, community partners, and the agency's health and social service senior management staff who worked diligently on data collection and analysis. The following individuals played a vital role in the updates to the 2018 Community Health & Social Needs Assessment:

- Joan M. Quigley, President/CEO
- Dr. Flordeliz Panem, NHCAC Chief Medical Officer
- Rosemary Lavagnino, Director NHCAC CAP
- Leslie Franks McRae, M.Ed., Planner/Grant Writer
- Marsha Nivins, MPA, Grants Manager
- Christian Mercado, MCRP, Planning Assistant

BOARD OF DIRECTORS

Under the provisions of the legislation creating Community Action Agencies, NHCAC is governed by a 21-member tripartite Board of Directors comprised of three sectors representing the low-income population, public and private sectors. This tripartite structure promotes a variety of viewpoints and expertise on both the issues and the possible solutions to those issues that affect those in poverty. Board members contribute skills, knowledge and experience in the areas of business, education, religion, the elderly, fiscal management, the needs of low-income populations, and legal matters. The Board sets policy, exercises fiscal oversight, and conducts overall management including selection of the President/CEO. In addition, the Board's work is augmented by a committee system including an Executive (which handles corporate compliance, nominations and assorted other issues) planning, finance, and quality. All of the committees meet on a regular schedule except Executive, which meets whenever required.

SENIOR MANAGEMENT

The community action agency is operated by an executive management team led by the President/CEO.

Joan M. Quigley, President/CEO

Michael Shababb, Chief Financial Officer

Dr. Flordeliz Panem, Chief Medical Officer

Rosemary J. Lavagnino, Director North Hudson CAP

Vito Venuroso, Director of Operations

Alex J. Keoskey, Esq., Corporate Compliance Officer

Dawn Castella, Director of Human Resources

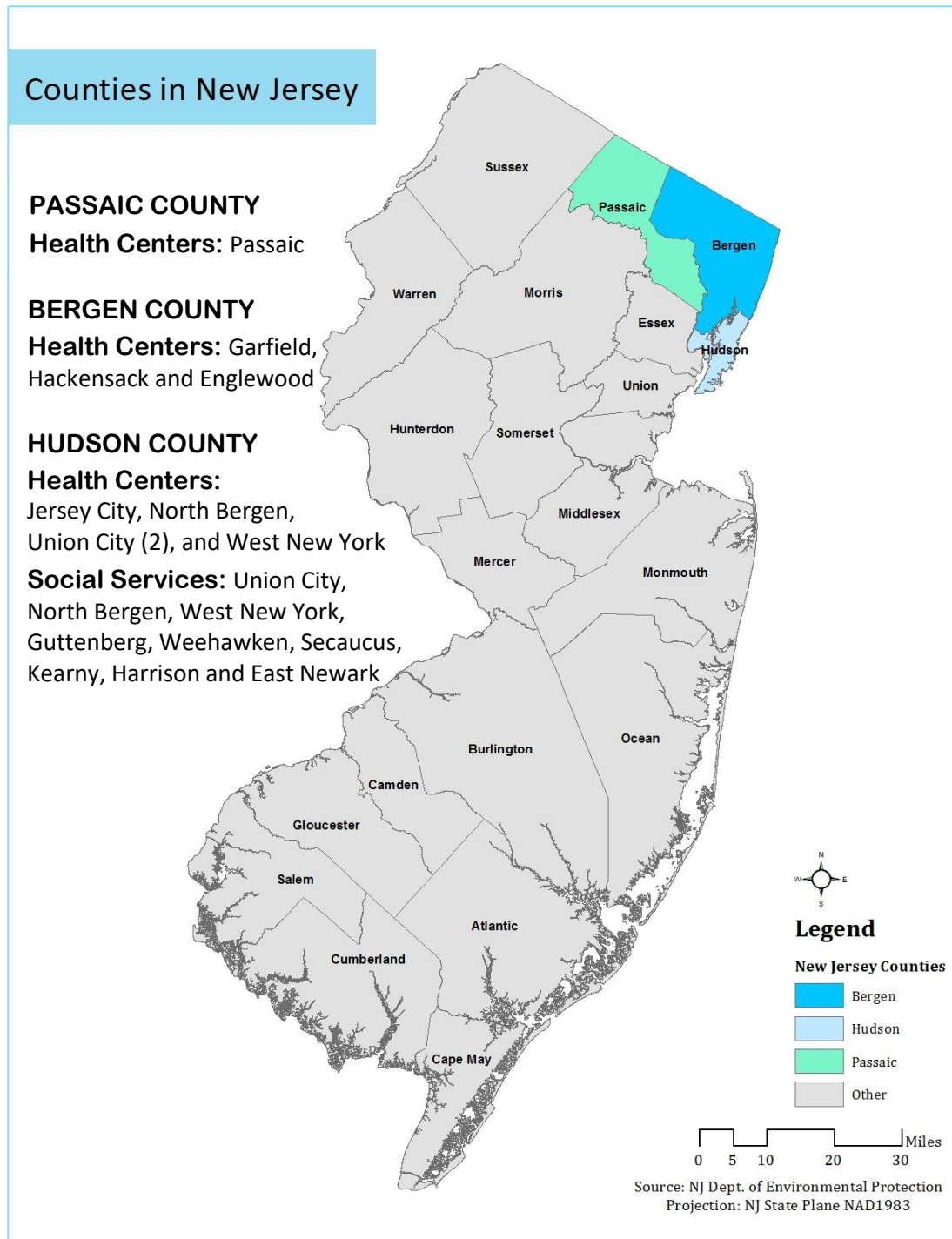
Dr. Janet Lavandeira, Director of Dentistry

Bridget Hogan, RN, DPN, Director of Integrated Clinical Services

The agency has been a local leader in the nationwide fight against poverty since 1965 and has built a sustainable and integrated system of health and social services that support low-income residents as they strive to achieve self-sufficiency.

MISSION STATEMENT

“To promote and to improve the quality of life, and to eliminate factors leading to poverty for northern New Jersey residents by providing comprehensive health and social services with compassion, through collaborations and partnerships in a culturally sensitive environment”



Map 1

ORGANIZATIONAL OVERVIEW

Since its founding in 1965 as a Community Action Agency (CAA), North Hudson Community Action Corporation (NHCAC) has expanded the array of offerings to include a full spectrum of quality primary health care and a broad range of social services. The Health Center was officially designated a Federally Qualified Health Center in 1997, achieved Joint Commission Accreditation in 2003, and in January 2018, re-designated as a JCAHO Primary Care Medical Home (PCMH) for all ten (10) of its practice sites. The Corporation is the largest and the only Federally Qualified Health Center/Community Action Agency (FQHC/CAA) in the State of New Jersey.

In pursuit of its vision - *Personas Ayudando a Person as Construir Comunidades Fuertes*— which translates into *People Helping People Build Strong Communities*—NHCAC has become a cornerstone for health and human services in the state of New Jersey. Raising the bar on quality of life for over 86,000 health center and social service patients/clients in 2017, NHCAC has grown to become a trusted one-stop service agency in its communities, as well as a cornerstone for health and human services in New Jersey.

All services are culturally sensitive and linguistically appropriate and provided with the highest degree of excellence and caring throughout richly diverse and multicultural neighborhoods in Hudson, Bergen and Passaic Counties.

FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS (FQHC) OFFERINGS INCLUDE:

- Internal Medicine
- Women’s Health
- Pediatrics
- Behavioral Health Services
- Family Planning
- Dental Specialties
- Infectious Disease
- Gastroenterology
- Oral Health Care
- Community Education
- Addiction Services
- Family Medicine
- Podiatry
- Cardiology
- Rheumatology

In addition to the Community Health Centers, NHCAC is singular in having the advantage of being a comprehensive, multi-service resource offering a myriad of vital social service programs for low-income families throughout Hudson County. These include:

Alcohol & Substance Abuse Counseling:

- Bilingual individual, group and family counseling,
- Detoxification referrals,
- Social and support services,
- Teenage counseling, and
- Domestic violence counseling.

Educational Services & Programs

- Head Start/Early Head Start.

Emergency Food & Shelter:

- Food vouchers,
- Temporary emergency motel shelter,

- Social service referrals, and
- Holiday toy assistance for the neediest families.

Employment Service/Job Placement

- Assistance with resumes and interview skills,
- Listing of job openings in the local area,
- Hosting of Job fairs,
- Referrals to Job Readiness Workshops, job training programs and local educational institutions, and
- Screen clients for employers.

Immigration & Naturalization

- Information & counseling,
- Translation and assistance with INS applications,
- Work permits & affidavit assistance, and
- ESL, Civics, English Reading & Writing classes.

IRS Income Tax Filing Services

- Preparation and submission of IRS Income Tax Forms, Earned Income Tax Credit and ITIN's.

Nutrition, Food & Breastfeeding Education (WIC)

- Nutrition counseling and assistance in obtaining healthy foods for young children up to the age of 5 and pregnant women who are expecting and who meet eligibility requirements, and
- Breastfeeding instruction and support.

Permanent Housing Assistance

- Rapid Re-housing (Permanent rental housing) for the homeless, TANF recipients and the working poor,
- Tenant & Landlord relations, and
- Residential Home Maintenance for those 60 years of age and over.

Social Health Assistance Program for the Elderly (Project S.H.A.P.E.)

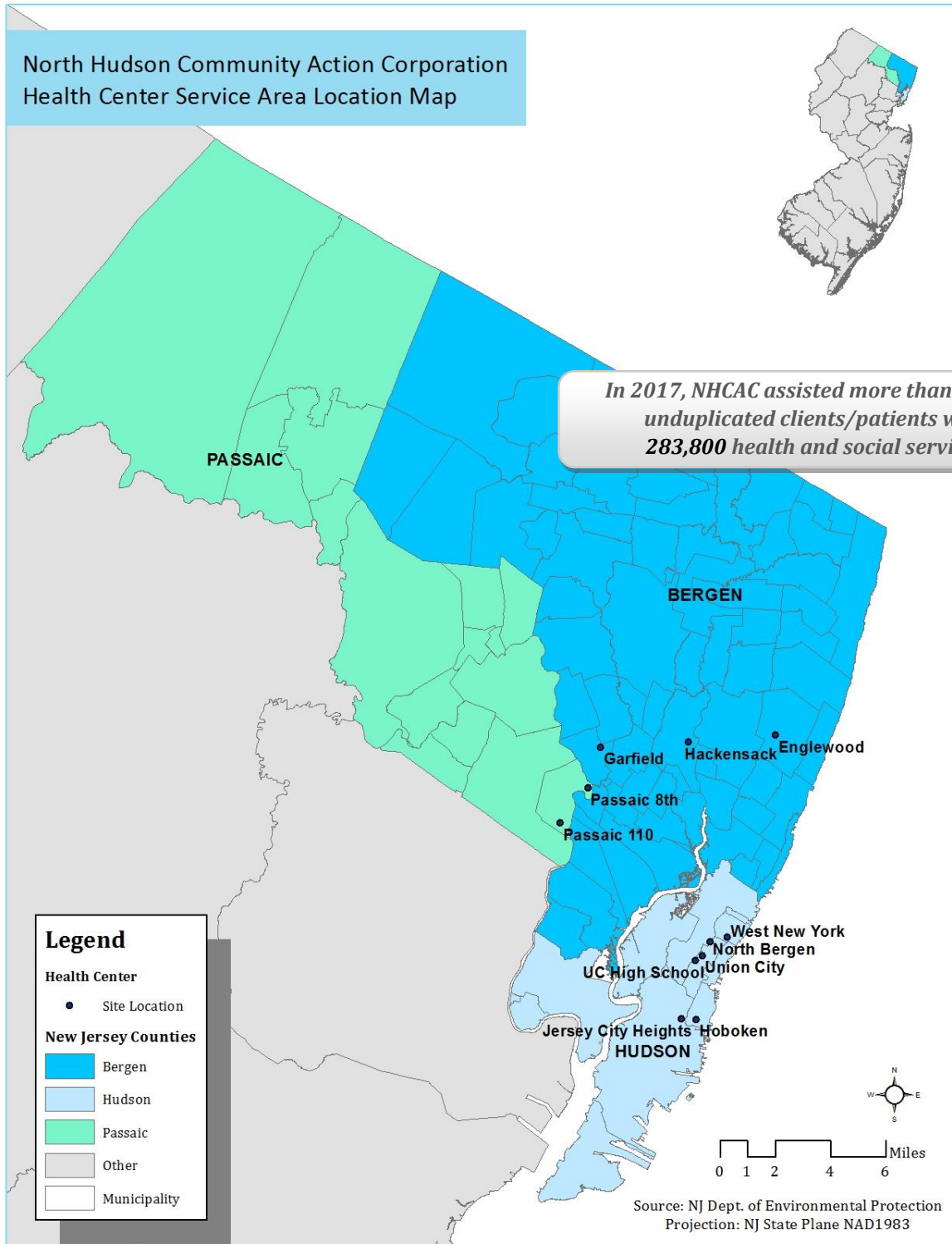
Extensive social services for seniors that include but not limited to:

- Information and assistance,
- Benefits screening,
- Senior health insurance programs,
- Assistance with home maintenance and utility bills, and
- Care management.

Housing Counseling and Tenant Advocacy

- Tenant/landlord mediation,
- Rental housing counseling,
- Budget development assistance, and
- Pre-purchase counseling and workshops.

NHCAC believes that healthcare, social services and education should be an attainable dream for everyone. Health centers, social service offerings, and Head Start/Early Head Start education sites are strategically located throughout municipalities in Bergen, Passaic and Hudson counties where the highest concentration of families are affected by poverty. Our overall goal is to promote the array of services that NHCAC has designed to reduce disparities, improve health and social outcomes, and of course, improve the quality of life in all the communities we serve.



ASSESSMENT METHODOLOGY

In developing the 2018 Needs Assessment, NHCAC conducted an extensive assessment to delineate community needs and the agency's strengths and challenges. We used several approaches (surveys and focus groups) to gain input from various stakeholders.

Primary Data Collection

a) Focus Groups

The protocol for the focus groups included the following concepts:

1. Community Strengths – Identification of those things the community can use to build upon in meeting the healthcare, social service, wellness, and quality of life needs of the community.
2. Weaknesses/Gaps – Identification of most pressing gaps that stand in the way of health, social service, wellness, and quality of life in the community.
3. Opportunities/Resources to Meet Needs – Seeking understanding of what the community needs to address the gaps in health, social service, wellness, and quality of life for the community.
4. Strengths/Recommended Actions – Identification of the one program, service, or resource that would move the community quickly to better health, social wellness, and quality of life.
5. Other Issues – Allowing participants additional time to identify what may not have been shared in previous concept conversations

b) Surveys

The following surveys were developed, distributed and their results analyzed to determine health and social service needs as well as patient and customer satisfaction:

- Social Services Customer Satisfaction Survey
- Patient Satisfaction Survey
- Cost of Care Patient Survey
- Community Voice Instrument Survey

The surveys were administered to NHCAC clients, patients and various stakeholders of the organization. In addition to requesting demographic characteristics, the surveys consisted of questions that requested the top three (3) focus areas for improving health and social service, rating quality service indicators, identify barriers to accessing services and determining overall client/patient satisfaction. Based on survey analysis, NHCAC stakeholders were consistently concerned with issues of housing, employment and mental health. The surveys also identified seven other priority health and social needs that formed North Hudson's focus areas for 2018 through 2020.

Secondary Data Collection – As part of NHCAC's emphasis on data driven decision-making, the Director of Planning and the Planning Assistant compiled information from a variety of local, statewide, and national data sources in order to create a meaningful context for the information gathered in the surveys. A list of the major sources of secondary data appears below. We make every attempt possible to find data that provides a local context for our survey data, although it is

sometimes difficult to find data at this “detailed” a level. Obtaining high quality data on local areas is an ongoing challenge. The most comprehensive source of data has always been the decennial census. The 2010 Census used a short form asking ten basic questions, including name, sex, age, date of birth, ethnicity, race, and homeownership status. This assessment draws on the 2010 data and subsequent ACS 2012-2016 estimates, and in some cases, 2017 census estimates.

A word about the 2010 U.S. Census data and subsequent estimates is relevant here. Every ten years the Census Bureau conducts a detailed census (the decennial census), and during the intervening years, it creates estimates of several measurements (e.g. population, income, etc.) based on modeled projections and sample surveys; with detailed information available only about population counts, race/ethnicity, and some housing variables. Thus, in many cases throughout the needs assessment, we must rely on estimates. It is important to note that, by their nature, these estimates have limitations. The more time has elapsed since the last decennial census – the actual counts – the more inaccurate the estimates tend to be. In addition, the smaller the number of people involved (e.g. a small town in western Hudson County vs. the county as a whole), the greater the possible margin of error in the estimate. With a small sample size, the margin of error can sometimes be half the size of the estimate, making the estimate virtually meaningless. At times, the most accurate comparative data we have is from the decennial census. Because of this, sometimes the best data may not be a measurement of exactly what we are seeking. For instance, at this point, it is almost ten years since the last decennial census, the best indicator of the number of people living in families with income below the poverty level may be school district data rather than census data because the school district data is very recent and very localized. But that data only gives us information about families that have children in the public schools; therefore, while we need data, we also need to understand its limitations if we are to make decisions based on it.

As aforementioned, and in addition to ongoing input from the Board of Directors and management staff, the community assessment draws from the following sources:

- Information from the State, Hudson, Bergen and Passaic County municipal master plans;
- Data collected on websites maintained by Federal and State agencies as part of the administration of other non-profit agencies and public programs such as health, education, labor, etc. These sources are cited in the body of the text;
- The Urban League of Hudson County;
- State of New Jersey Departments and other Agencies:
 - Health & Senior Services
 - Education
 - Environmental Protection
 - Children and Families
 - Law & Public Safety
 - Human Services
 - Labor & Workforce Development

An important source of data not to be overlooked comes from the Corporation itself—The Uniform Data System (UDS) Report. The UDS reports a core set of information that is appropriate for monitoring and evaluating performance and for reporting on annual trends. The report also provides comprehensive current health information on children and families served by the program. Other sources of data are derived from the Head Start program Information Report (PIR). The PIR provides comprehensive current information on children and families served by the agency.

New to the 2018 assessment is the inclusion of County Community Health Improvement Plans and Municipal and/or Hospital Community Health Needs Assessments. It is important to note that NHCAC provided valuable input – in terms of the provision of data and analysis – in the creation of these documents. **This is cited in the introductory section of each of the documents added in Appendix C.** These documents are compiled every three years and serve as a concrete basis for accountable community collaboration in monitoring overall health matters and in addressing specific health issues. The collective input from health partners also supports the development of shared community goals for health improvement and the implementation of a planned and integrated approach for achieving those goals.

In summary, information contained in the NHCAC 2018 Community Health & Social Needs Assessment and appended documents presents data – mostly but not exclusively quantitative—on numerous subjects – demographics, socio-economic status of the population, health status, education, housing, public safety, transportation, etc., for the northern and western region of Hudson County, parts of Bergen County, and Passaic City in Passaic County.

It is important to note that the data that has been collected is ever changing and provides an opportunity to review current priorities and determine if they should be modified. Thus, as a *working document*, the assessment and annual updates guide in program planning, implementation, and the completion of a conceived and driven strategic plan. The governing board, senior management, and agency staff are committed to the proactive use of this document, which means all stakeholders input will be used to build upon future updates as new data becomes available.

KEY FINDINGS: SUMMARY OF PRIORITY NEEDS AND ISSUES

Numerous studies reveal that certain demographic, socioeconomic, and other factors such as race, ethnicity, age, gender, obesity, family history, geographic location, income, and education influence prevalence and incidence of disease for a given population, and that such factors also impact disease treatment and prevention. This is problematic because good health represents a minimum condition for full participation in most dimensions of life, including the ability to work and be steadily employed, to consistently attend school and to learn, to socialize and engage in one's community, and to participate fully in activities and relationships that create a sense of wholeness and well-being. The economic, social, and psychological burdens imposed by poor health on populations that are already disadvantaged can be particularly devastating. This is particularly evident for the populations served by North Hudson Community Action Corporation.

Despite its locale in the various counties, the zip code areas can be categorized as highly urbanized and heavily populated. Although New Jersey has long been known as the nation's most densely populated state, nowhere is density more evident than in this region where three of Hudson county's municipalities—Guttenberg, Union City and West New York—have grown so crowded over the past decade that they have higher population densities than New York City and, according to the 2010 U.S. census, are three of the top five most densely populated municipalities in the nation (all exceeding 45,000 persons per square mile). The region also contains one of the largest populations of documented and undocumented Hispanic immigrants in the State, and the second largest in the U.S. (second only to Miami.) In fact, because of patterns of settlement over the past 3 decades, several

communities have significant Hispanic/Latino populations: Union City 80%, West New York 77%, North Bergen 73%, and Passaic City 73%.

As a result, a complex set of environmental and socioeconomic factors detrimentally impact the health and wellbeing of persons throughout the region and consistently appear as determinants of health disparities. Overcrowded living conditions, being exposed to multiple stressors in one's environment, lack of affordable housing, lower levels of education, low- and no-income, illiterate in Spanish and very low English proficiency, lack of health insurance, and extremely high levels of poverty further contributes to poor dietary options. Culturally, other unhealthy behavioral conditions such as obesity, diets high in fat and refined carbohydrates, high rates of tobacco use, and drug and alcohol consumption, further deter the positive health outcomes for this population.

In 2017, the Health Center provided services to 71,219 unduplicated patients. Patient information continues to provide important data for identifying the most significant health problems in the community that contribute towards social and economic issues faced by the community, and unhealthy behaviors in the service area. Additional primary data was collected from surveys administered to health center patients, social service clients including Head Start/Early Head Start parents, and NHCAC staff members who have experience with providing health care and social services to the low-income, uninsured population in northern New Jersey. Among other questions related to their personal health and socio-economic status, each group was asked to rank the top three immediate health and social service issues facing the community as a whole.

Consistent with previous years, the 2017 UDS report identified overweight and obesity, followed by hypertension and then diabetes as the top three diagnosed medical conditions (55,895, 8,826, 4,473 unduplicated patients respectively) in the region.

The following is the list of the top ten concerns identified using these methods.

- 1. Housing**
- 2. Employment**
- 3. Health Insurance**
- 4. Education**
- 5. Population Growth**
- 6. Mental Health Care**
- 7. Community Safety**
- 8. Quality of Care**
- 9. Child Care**
- 10. Stress**

The health of the communities are the result of many inter-related factors. Race, ethnicity, unemployment, low- and no-income, limited English proficiency, availability of safe and affordable housing, health insurance, and homelessness have been key concerns for both community leaders and residents. The overall consensus has been that many issues such as obesity, chronic diseases, and stress could be the result of being a member of a minority, very low-income and urban population. Reducing the disparities in health outcomes is a primary challenge being addressed throughout NHCACs planning efforts.

The following information provides a summary for each of the prioritized health and social needs.

HOUSING

According to the U.S Department of Housing and Urban Development, *“families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. An estimated 12 million renter and homeowner households now pay more than 50 percent of their annual incomes for housing. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.”*¹



Across New Jersey, there is a shortage of rental homes affordable and available to extremely low-income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.

As of January 2018, New Jersey had an estimated 9,398 individuals experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Hudson County has the second highest homeless population in the state. Homelessness is an extreme manifestation of poverty. According to the American Community Survey 2016 annual estimates prepared by the Census Bureau, about 668,526 people live in Hudson County, and 17.2% (115,156 persons) of Hudson County residents are living below the poverty line.

EMPLOYMENT



According to a 2017 news release from the Bureau of Labor Statistics, employment is projected to increase by 11.5 million over the 2016-26 decade, an increase from 156.1 million to 167.6 million. Overwhelmingly, the growth is attributed to the careers in the health care industry. In New Jersey, health care is the only industry that has added jobs in the state every year from 1990 through 2017 while increasing its share of jobholding from 7.5 percent in 1990 to 11.9 percent in 2017.²

New Jersey has a total of eight industry clusters that drive the state’s economy. Among them are: Biopharmaceutical & Life Sciences, Transportation, Logistics, Distribution, Financial Services, Advanced Manufacturing, Health Care, Technology, Construction and Utilities and Leisure, Hospitality and Retail. According to the New Jersey Department of Labor and Workforce Development, the greatest concentration of jobs within the financial services industry cluster is found in Hudson County (15.9%). Leisure, Hospitality and Retail has a strong presence in Bergen County while health care is present throughout the state with ambulatory care facilities represented heavily.

Not only can New Jersey boast consistent decreases in the number of unemployed residents since 2013, so can the three counties served by NHCAC. Even though there are larger percentages of individuals working in New Jersey future decrease are going to depend on residents obtaining

¹ Center of Budget and Policy Priorities, Federal Rental Assistance (New Jersey) Fact Sheet; March 30, 2017.

² New Jersey’s Health Care Industry Cluster. New Jersey Department of Labor and Workforce Development Office of Research and Information. 2018.

degrees and credentials to meet the requirements to obtain sustainable positions in the state's in-demand occupations.

HEALTH INSURANCE



While the Patient Protection Affordable Care Act (ACA) was intended to reduce the burden of uninsured in 2014, concerns remained high especially in the communities served where the majority of the population is Hispanic/Latino. A large percentage of these populations are undocumented and ineligible for ACA coverage. Since then, the country has made historic progress in expanding health coverage after President Obama signed the Affordable Care Act (ACA) into law on March 23, 2010. Uninsured rates have fallen dramatically across demographic groups; people receiving coverage through the ACA's Medicaid expansion have better access to health care, financial security, and health; and a large majority of enrollees in the ACA marketplaces say they are satisfied with their coverage. Hudson County experienced a 14 percent decrease in the number of uninsured civilians, consistent with New Jersey's 15% decrease between 2014 and 2016. Both Kearny and Weehawken experienced the greatest decrease by percentage points with 21% and 38% respectively. However, the North Hudson community continues to deal with the effects of systemic barriers to coverage such as citizenship, or lack thereof, and language. Rates of insurance coverage are also tied to employment, where traditionally minorities have high rates of unemployment. Moreover, many are finding it challenging to maintain their plans due to the costs of insurance premiums.

EDUCATION



Understanding the nature and causes of poverty helps shape the agency's goals and programs. Vast research suggests that there is a correlation between education and poverty. The more education, the less likely people are to live under the poverty line. Without a solid education, there is little hope of escaping poverty in today's competitive job market.

In North Hudson's service area there are eighteen colleges and universities. Among them are some of the State's top public institutions of higher education including New Jersey City University, William Paterson University and Ramapo College. Though, Hudson, Bergen and Passaic Counties has more than a 80 percent high school graduation rate, less than half of those graduates possess a Bachelor's Degree or higher.

One of the most vulnerable populations facing barriers to educational access is undocumented immigrant children also known as Dreamers. Dreamers are undocumented immigrants who arrived in the United States as children (before age 16). Hudson County has the largest number of undocumented immigrants estimated at 77,000 individuals. With the end of the DACA Act (Development, Relief, and Education for Alien Minors), undocumented immigrant children who are educated in the K-12 public school system have lost the opportunity to advance their education with access to federal financial aid and protected from deportation. 51,000 of the state's undocumented immigrants are DACA eligible. Unfortunately, several attempts at establishing the DACA Act as law has failed. The consequence is that this population of New Jersey residents potentially remain in a perpetual state of poverty which has detrimental effects on the state's economy. As of 2018, New Jersey offers Dreamers access to state-level financial aid but with the exorbitant tuition rate for a college education, access to alternate resources would be impactful.

MENTAL HEALTH CARE

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.³ It is also indirectly linked to one's physical health, adverse health behaviors, and social cohesiveness, all of which are parts of a healthy community. A 2003 World Health Organization report listed mental health disorders as the third leading contributor to burdens of life, meaning years lost to disease or disability. Poor mental health increases risk of physical disability or substance use disorders. For example, anxiety disorders can lead to digestive system issues, trouble sleeping, and alcohol or drug abuse. Mental health problems are especially concerning for low-income communities, as income is an influencing factor on mental health issues such as stress or anxiety.

Data from the National Survey on Drug Use and Health (NSDUH) 2017 show that 18.9% of Americans aged 18 or older have a mental disorder, not including substance abuse disorders.⁴ Over four percent of these cases are considered serious, or "resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities."⁵ Approximately twenty percent of New Jersey residents suffer mental illness and three percent suffer from serious mental illness. These rates are the best in the United States. Among patients who visited NHCAC for mental health reasons, mental health clinicians saw 2,545 patients with symptoms of depression.

COMMUNITY SAFETY

Community Safety is the concept of feeling safe where one lives, works, plays and learns. Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and unsafe neighborhoods can impact health in a multitude of ways.⁶

Living in unsafe neighborhoods can induce stress that accelerates aging and increase stress anxiety and depression. Crime and violence deter people from participating in community amenities such as parks and markets. Communities that avoid socializing, exercise and community life are susceptible to negative health outcomes.

New Jersey's overall crime rate decreased 5.7% between 2016 and 2017. Hudson County has a violent crime rate of 19.2 which is below the US average (22.7) but above the State average (15.3).

QUALITY OF CARE

The World Health Organization (WHO) defines quality of care as "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered." Gallup surveys indicate that Americans characterize their care as either good or excellent and that it is the best available in the world. Historically, quality of care is based on the use of technologically advanced equipment, well-educated and trained physicians and state-of-the-art facilities.

³ Strengthening Mental Health Promotion External. Fact sheet no. 220. Geneva, Switzerland: World Health Organization.

⁴ "Prevalence of Any Mental Illness Among Adults." National Institute of Mental Health. (NIMH)

⁵ NIMH

⁶ Community Safety. County Health Rankings and Roadmaps. University of Wisconsin Population Health Institute.

To further its commitment to improve the overall quality, efficiency, and value of health care services for the more than 27 million patients served at health centers, HRSA (Health Resource and Services Administration) provides Quality Improvement Awards (QIA). These awards recognize the highest performing health centers nationwide as well as those health centers that have made significant quality improvement gains from the previous year.

QIA support HRSA's strategic goal to improve access to quality health care and directly supports the U.S. Department of Health and Human Service's goal of moving towards a value-based payment system by improving the quality, efficiency, and overall value of primary health care delivered by health centers. North Hudson Community Action Corporation has been a "Health Center Quality Leader" for many years including 2018.

CHILD CARE



High quality, dependable and affordable childcare for children of all ages is more important than ever, especially since having both parents in the workforce is an economic necessity for many families.⁷ While the US Department of Health and Human Services recommends spending within 10 percent of one's household income on childcare, so many families, especially those living in poverty, spend nearly double and even some times triple that figure for preschool and infant care. The burden is most heavy for those who earning minimum wage. Childcare costs are one of the most significant expenses in a family's budget, largely because childcare and early education is a labor-intensive industry, requiring a low student-to-teacher ratio (CCAA 2014).⁸ Moreover, it has been documented that lowering the costs does not necessarily equate to affordability, not to mention issues of quality. Lower staff-child ratios and additional facility accommodations – all necessary to ensure a safe and healthy environment for babies - make caring for very young children more expensive.⁹

The average monthly childcare cost for in the county is approximately \$1,075. For a two-parent family with one child, living in poverty and making minimum wage, childcare constitutes 40% of their monthly income. This is four times the recommended spending.

STRESS



Stress is how the brain and body respond to any demand. Every type of demand or stressor—such as exercise, work, school, major life changes, or traumatic events—can be stressful. Stress can affect your health. It is important to pay attention to how you deal with minor and major stress events so that you know when to seek help.¹⁰ Not all stress is bad, Some stress can function as a motivator to react or perform in the moment. However, long-term stress can have harmful effects on one's overall health. Stress has the to potential to produce or exacerbate illness such as heart disease, diabetes, high blood pressure and anxiety.

Since 2007, money and work have topped the list of stressors surveyed by the American Psychological Association. New to the top of the list of most common sources of stress is "the future

⁷ High Quality Child Care is Out of Reach for Working Families. Economic Policy Institute, 2015

⁸ Child Care Aware of America (CCAA). 2014. *Parents and the High Cost of Child Care: 2014 Report*.

⁹ Same

¹⁰ 5 Things You Should Know About Stress. New Jersey Institute of Mental Health. NIH Publication No. OM 16-4310

of our nation". When asked what specific issues in our country cause them stress, Americans' most common responses were health care (43 percent) and the economy (35 percent).¹¹

New Jersey is characterized as the most stressed out state measured by long commute times, unemployment, hours worked, population density, home price to income ratio and percent uninsured population.

¹¹ Stress in America: The State of Our Nation. American Psychological Association. November 2017.

A SNAPSHOT OF THE GARDEN STATE

An analysis of New Jersey's data reveals that:

- While New Jersey remains the most densely populated state in the country, ironically it continues to be one of slow growth. As of July 1, 2017, New Jersey's population was estimated at 8,960,161, an increase of 238,584 from the latest decennial census. The state's 1.91 percent growth rate ranked 36th among all the states. The national average was 4.7 percent.

Three elements led to changes in the state population. These are the natural increment (or the difference between the number of births and deaths), domestic migration (the net number of persons moving into or out of a given area) and international immigration into the state.

- Between 2010 and 2017, natural increment was the major source of New Jersey's population growth with 231,729 more births than deaths. A hefty influx of international immigrants to New Jersey (+376,951) was offset by a net loss due to domestic migration (-395,160). As a result, the state's racial and ethnic composition has evolved to include higher proportions of Hispanics and Asians.
- With 1,210 persons per square mile, New Jersey's distinct status as the nation's most densely populated state remains unchallenged. The only other state with more than 1,000 persons per square mile is Rhode Island (1,020 persons per square mile). The national population density was 92.2 persons per square mile in 2017.
- After lagging behind other parts of the state, counties in the Northern Region (Bergen, Essex, Hudson, Morris, Passaic and Union) led the state's population growth over the 2010-2017 period with a 0.6 percent average annual rate of growth.
- Hudson County gained more residents (+45,450) than any other county in New Jersey, during the first seven years of this decade. Four other urbanized counties also gained more than 15,000 residents in the past six years: Bergen (+35,800), Middlesex (+27,400), Union (+20,800) and Essex (+16,400). With a 7.2 percent growth rate, Hudson was also the state's fastest growing county, followed by Bergen (+4.0%), Union (+3.9%), Middlesex (+3.4%), and Somerset (+3.1%).
- The hefty population growth in Hudson County was a result of substantial natural increment and migration. The county's 39,500 natural increment was the largest in the state, and its 4,700 net migration (including movement among New Jersey counties) was the state's third largest, after Bergen's 22,200 gain and Ocean's 3,600 gain.
- Every county in the state gained population from international migration. With a net gain of more than 20,000, Hudson (+58,650), Middlesex (+44,250), Bergen (+33,900), Essex (+32,800) and Union (+22,100) counties were the state's major magnets of international immigrants.
- Bergen (population 930,310, ranked 54th nationally) was still the most populous county in New Jersey, followed by Middlesex (831,852) and Essex (792,586).
- Seven municipalities in New Jersey had more than 100,000 residents as of July 1, 2017: Newark, Jersey City, Paterson, Elizabeth, Edison, Woodbridge Township and Lakewood Township. The

two “largest” municipalities — Newark (ranked 70) and Jersey City (ranked 75) — were also on the nation’s top 100 cities list.

- Numerically, Jersey City had the largest gain with 4,266 new residents, while West New York, Union City and Secaucus were three of the 565 municipalities that had population gains of 3,000 or more.
- Population is projected to increase in all counties except 5: Salem, Cape May, Warren, Hunterdon and Sussex between 2014 and 2034.¹²
- Hudson, Bergen, Middlesex and Union counties are projected to have the largest numeric gains in Hispanic population. About 539,435 Latinos will be added to the state’s population in the 2014-2034 period. 6 counties will have more than 200,000 Hispanic as of 2034: Hudson, Passaic, Bergen, Essex, Middlesex and Union. Together, they account for two-third (65.2%) of New Jersey’s total Latinos population.¹³
- In 2017, seven counties were the “majority-minority” counties (less than 50% residents were non-Hispanic whites) in NJ: Hudson, Essex, Union, Passaic, Middlesex, Cumberland and Mercer. However, the share of minority population remained low in Sussex (13.7%) and Hunterdon (14.5%) counties, as of 2017.¹⁴

¹² Population and Labor Force Projections for New Jersey: 2014 to 2034. Department of Labor and Workforce Development

¹³ Population and Labor Force Projections for New Jersey: 2014 to 2034. Department of Labor and Workforce Development

¹⁴ Highlights from the 2017 State and County Population Estimates by Age, Race, Sex and Hispanic Origin. NJ Department of Labor and Workforce Development

REGIONAL SOCIAL AND HEALTH DISPARITIES

With a population over two million people, North Hudson Community Action Corporation services an area that spans three counties, each with their own distinct social, cultural, and economic narratives. An examination of the population size, as well as features of age, race/ethnicity, household income, educational attainment, and insurance status provides an initial framework to describe the area's communities, identify needs and issues, and develop planning priorities.

POPULATION PROFILE

SIZE

Northeastern New Jersey consists of New Jersey's most populated county, Bergen (930,310 people), and the most densely populated, Hudson (668,526 people). Together with Passaic County (507,204 people), NHCAC's service area contains 2,106,040 people. This amounts to almost a quarter (24%) of the State's population.

Turning attention to the municipal level, the City of Passaic is the most populated, followed by Union City, North Bergen, Hoboken, and West New York. Aside from Passaic city, all these municipalities are located in Hudson County.

Area	Population	% of Reporting area	% of State	NHCAC Health Center Community	Population	% of Reporting Area
Bergen County	930,310	44%	10%	Passaic	70,536	3%
Hudson County	668,526	32%	7%	Union City	68,965	3%
Passaic County	507,204	24%	6%	North Bergen	62,791	3%
Reporting Area	2,106,040	100%	24%	West New York	52,407	2%
New Jersey	8,915,456		100%	The Heights (Jersey City)	45,018	2%

Source: US Census Bureau, 2012-2016 American Community Survey

AGE

POPULATION UNDER FIVE YEARS OF AGE

In the tri-county reporting area there are, 131,279 children between the ages of zero and four years. Although the largest percentage of this demographic is located in Bergen County, Passaic city contains the greatest amount of this age group by an overwhelming majority when compared to communities that utilize NHCAC Health Centers. Passaic city has 6,913 very young children; the second highest is North Bergen with 4,439. This is a difference of nearly 2,500 children. It is important to note, that North Bergen has advanced from having the fourth largest very young child population to the second since the 2015 assessment.

Area	Population	% of Reporting area	% of State
Bergen County	49,495	38%	9%
Hudson County	46,982	36%	8%
Passaic County	34,802	26%	7%
Reporting Area	131,279	100%	25%
New Jersey	528,509		100%

NHCAC Health Center Community	Population	% of Reporting Area
Passaic	6,913	5%
North Bergen	4,439	3%
Union City	4,295	3%
West New York	4,014	3%
The Heights (Jersey City)	3,549	3%

Source: US Census Bureau, 2012-2016 American Community Survey

SCHOOL AGED CHILDREN

School aged children are youth between five and eighteen years old. Bergen County contains the greatest amount of this demographic (152,998 children), totaling almost half (46%) of the amalgamated tri-county reporting area. Hudson and Passaic Counties each hold a little over a quarter each (27%). Analysis at the municipal level conclude that Passaic city has the highest amount of school aged children, with 16,453 children. Passaic city leads this group by approximately 5,500 children, as the second highest municipality is Union City, with 10,921 children. Union City has experienced a decrease of 6% with this population since the 2015 assessment.

Area	Population	% of Reporting area	% of State
Bergen County	152,998	46%	10%
Hudson County	90,665	27%	6%
Passaic County	88,607	27%	6%
Reporting Area	332,270	100%	22%
New Jersey	1,481,304		100%

NHCAC Health Center Community	Population	% of Reporting Area
Passaic	16,453	5%
Union City	10,921	3%
North Bergen	9,401	3%
The Heights (Jersey City)	6,906	2%
West New York	6,878	2%

Source: US Census Bureau, 2012-2016 American Community Survey

POPULATION AGED 18+

This demographic includes the largest segment of adults. It includes those who are between 18 years and 65 years old. Holding true to its status as the most populated county, Bergen County contains the most individuals in this group, with 727,817 people. At the municipal level, Union City contains the highest number of this demographic, with 53,749 people.

Area	Population	% of Reporting area	% of State
Bergen County	727,817	44%	11%
Hudson County	530,879	32%	7%

NHCAC Health Center Community	Population	% of Reporting Area
Union City	53,749	3%
North Bergen	48,951	3%

Passaic County	383,795	23%	6%
Reporting Area	1,642,491	100%	24%
New Jersey	6,905,643		100%

Passaic	47,170	3%
West New York	41,515	3%
Hackensack	36,427	2%

Source: US Census Bureau, 2012-2016 American Community Survey

SENIOR CITIZEN POPULATION (AGED 65+)

The final age group analysis is the senior citizen population. This group represents individuals age 65 years and older. Bergen County contains more than half of all seniors in the reporting area, with 149,111 people. Among the senior population is where the greatest gap exists in county statistics. The difference between Bergen and Hudson, the second largest population, is more than 77,000 seniors. Hudson County is well represented with North Bergen containing the most seniors (8,242 people), followed by Union City (7,225 people) and West New York (6,250 people). Hackensack (6,041 people) and Passaic city (5,695 people) complete the list of the top five municipalities. It is also important to note, that this is the first time that Passaic city has the lowest ranking, a distinct opposite of previous analysis.

Area	Population	% of Reporting area	% of State
Bergen County	149,111	52%	11%
Hudson County	71,682	25%	5%
Passaic County	66,562	23%	5%
Reporting Area	287,355	100%	22%
New Jersey	1,312,291		100%

NHCAC Health Center Community	Population	% of Reporting Area
North Bergen	8,242	3%
Union City	7,225	3%
West New York	6,250	2%
Hackensack	6,041	2%
Passaic	5,695	2%

Source: US Census Bureau, 2012-2016 American Community Survey

RACE/ETHNICITY

CAUCASIAN POPULATION

The county with the greatest amount of Caucasians is Bergen (546,148 people), which contains more than half (57%) of all Caucasians in the tri-county service area, followed by Passaic County (216,076 people, or 23% of the reporting area). Each county has experienced a reduction in their Caucasian population with the most significant reductions in Bergen (2%) and Passaic (4%) counties. A narrower view reveals community-level analysis are consistent with county statistics. Bergen County is represented heavily by Garfield (17,624), Hackensack (12,955) and Englewood (9,110), Distantly trailing behind is Passaic city, representing Passaic County, at 10,749 Caucasians and North Bergen, representing Hudson County, at ,9758.

Area	Population	% of Reporting area	% of State
Bergen County	546,148	57%	11%
Hudson County	193,874	20%	4%

NHCAC Health Center Community	Population	% of Reporting Area
Garfield	17,624	2%
Hackensack	12,955	1%

Passaic County	216,076	23%	4%
Reporting Area	956,098	100%	19%
New Jersey	5,054,611	---	100%

Passaic	10,749	1%
North Bergen	9,758	1%
Englewood	9,110	1%

Source: US Census Bureau, 2012-2016 American Community Survey

AFRICAN AMERICAN POPULATION

Most African Americans in the tri-county reporting area reside in Hudson County (73,268 people), followed by Passaic (54,527 people) and Bergen (49,047 people). On the other hand, two Bergen County municipalities have the highest African American populations among municipalities with NHCAC Health Centers, Hackensack and Englewood together make up 11% of the reporting area's African American population with 9,933 and 8,191 individuals respectively.

Area	Population	% of Reporting area	% of State
Bergen County	49,047	27%	4%
Hudson County	73,268	42%	6%
Passaic County	54,527	31%	5%
Reporting Area	175,660	100%	15%
New Jersey	1,133,918	---	100%

NHCAC Health Center Community	Population	% of Reporting Area
Hackensack	9,933	6%
Englewood	8,191	5%
Passaic	5,878	3%
The Heights (Jersey City)	2,504	1%
Union City	1,297	1%

Source: US Census Bureau, 2012-2016 American Community Survey

ASIAN POPULATION

The tri-county reporting area contains nearly one-third of the State's Asian population. Bergen County alone contains 135,600 individuals, more than half of the reporting area and 8 percent more than those analyzed in 2015, who identify as Asian. Moreover, Hudson County experienced the largest percentage increase (11%) in its Asian population since 2015. Among the communities which either house NHCAC Health Centers, or whose members receive a plurality of health center services from NHCAC, The Heights neighborhood of Jersey City contains the most Asian Americans, followed by Hackensack, North Bergen, Englewood and West New York. Passaic County is not represented in the top five (5) municipalities.

Area	Population	% of Reporting area	% of State
Bergen County	146,592	54%	18%
Hudson County	98,226	36%	12%
Passaic County	26,187	10%	3%
Reporting Area	271,005	100%	32%
New Jersey	813,826	---	100%

NHCAC Health Center Community	Population	% of Reporting Area
The Heights (Jersey City)	8,996	3%
Hackensack	4,365	2%
North Bergen	3,870	1%
Englewood	3,458	1%
West New York	3,138	1%

Source: US Census Bureau, 2012-2016 American Community Survey

HISPANIC POPULATION

Slightly less-than-half (44%) of all Hispanics who reside in the tri-county reporting area live in Hudson County. Both Union City and surrounding Hudson County continue to represent the historic moniker, “Havana on the Hudson.” Of the municipalities, Union City has nine percent of all Hispanics living in the tri-county reporting area (56,427 people). Aside from Passaic city, which contains eight percent, or 50,864 people, the remaining municipalities are in Hudson County. The reporting area contains 38 percent of all Hispanics in the State.

Area	Population	% of Reporting area	% of State
Bergen County	171,201	26%	10%
Hudson County	287,817	44%	17%
Passaic County	202,234	31%	12%
Reporting Area	661,225	100%	38%
New Jersey	1,719,831	---	100%

NHCAC Health Center Community	Population	% of Reporting Area
Union City	56,427	9%
Passaic	50,864	8%
North Bergen	46,910	7%
West New York	40,872	6%
The Heights (Jersey City)	22,234	3%

Source: US Census Bureau, 2012-2016 American Community Survey

NATIVITY

IMMIGRATED TO UNITED STATES IN 2010 OR LATER

The reporting area contains 32 percent of individuals who immigrated to the United States after 2010. More than half these arrivals, 54 percent, or 50,795 people, live in Hudson County. In NHCAC health center communities, West New York has the highest amount of individuals who immigrated in 2010 or later, followed by Union City, Jersey City (Heights), North Bergen, and Passaic. In 2015, this ranking was slightly different with Union City in the lead and West New York ranked in the fourth position. Although the county ratios of the Reporting Area remain the same, the number of individuals who immigrated to the respective counties has increased astronomically. Bergen County increased its immigrant population by 176%, Passaic County by 172% and Hudson County by 174%.

Area	Entered USA 2010 or Later	% of Reporting area	% of State
Bergen County	27,965	29%	9%
Hudson County	50,795	54%	17%
Passaic County	16,157	17%	5%
Reporting Area	94,917	100%	32%
New Jersey	298,754	---	100%

NHCAC Health Center Community	Entered USA 2010 or Later	% of Reporting Area
West New York	4,539	5%
Union City	4,520	5%
The Heights (Jersey City)	4,436	5%
North Bergen	4,191	4%
Passaic	3,094	3%

Source: US Census Bureau, 2012-2016 American Community Survey

EDUCATION

HIGH SCHOOL DIPLOMA

Of all New Jersey residents, 28.2% percent have a high school diploma. Among the reporting area, the county with the highest percentage of residents with a high school diploma is Passaic County (34.2%), followed by Hudson County (26.2%) and lastly, Bergen (24%). On a community level, Garfield, a Bergen County municipality, has the highest amount of residents with a high school diploma (42%), followed by Passaic (35%), Union City (32%), Hackensack (31%), and Harrison (30%).

Area	% of Population
Bergen County	24.0%
Hudson County	26.2%
Passaic County	34.2%
New Jersey	28.2%

NHCAC Health Center Community	% of Population
Garfield	42%
Passaic	35%
Union City	32%
Hackensack	31%
Harrison	30%

Source: US Census Bureau, 2012-2016 American Community Survey

BACHELOR'S DEGREE

Twenty-three percent of New Jersey residents have a bachelor's degree. Bergen County surpasses the state percentage, as 29.7 percent of its populace has earned this degree. Hudson County is slightly about the state average at (24.2%). However, Passaic County falls below the state statistic (17.7%). Englewood is the health center municipality with the highest percentage of college graduates with a bachelor's degree (28%), followed by Hackensack (23%), then The Heights neighborhood of Jersey City (22%), North Bergen (18%) and Harrison (17%).

Area	% of Population
Bergen County	29.7%
Hudson County	24.2%
Passaic County	17.7%
New Jersey	23.1%

NHCAC Health Center Community	% of Population
Englewood	28%
Hackensack	23%
The Heights (Jersey City)	22%
North Bergen	18%
Harrison	17%

Source: US Census Bureau, 2012-2016 American Community Survey

UNEMPLOYMENT

New Jersey has a statewide unemployment rate of 5.2 percent. This is a one and a half point reduction in the unemployed population since the 2015 needs assessment. Both Bergen and Passaic County have unemployment rates below the state's rate, a distinct contrast from 2015. Hudson has a rate slightly above the state (5.6%) and Bergen County has the lowest of the three, with 3.8 percent. Overall, the county rates have dropped on average 5.5 percentage points since the last assessment.

Parallel to the county statistics, four of the five NHCAC health center communities who have the greatest rates of unemployment are all located in Hudson County: North Bergen (7.9%); Union City (6.2%), West New York (7.1%) and The Heights - Jersey City (4%).

Area	Unemployed Population	% of Reporting area	% of State
Bergen County	28,810	37%	8%
Hudson County	30,554	40%	8%
Passaic County	17,754	23%	5%
Reporting Area	77,118	100%	21%
New Jersey	368,870	---	10%

NHCAC Health Center Community	Un-Employed Population	% of Reporting Area
North Bergen	3,993	5%
Union City	3,460	4%
West New York	3,020	4%
Passaic	2,248	3%
The Heights (Jersey City)	1,420	2%

Source: US Census Bureau, 2012-2016 American Community Survey

INCOME

POPULATION BELOW 100% FEDERAL POVERTY LEVEL

Together, the tri-county reporting area contains 28 percent of all New Jersey individuals that fall below 100 percent of the federal poverty level. Of that percentage, the majority resides in Hudson County (115,102). This is followed by Passaic County (83,824), and then Bergen County (68,952).

Passaic city had the most reporting area residents living 100 percent under the federal poverty level, at eight (8) percent. The remaining four of the top five are located in Hudson County, Union City (6%), West New York (4%), North Bergen (3%) and The Heights – Jersey City (3%).

Area	Population	% of Reporting area	% of State
Bergen County	68,952	26%	7%
Hudson County	115,102	43%	12%
Passaic County	83,824	31%	9%
Reporting Area	267,878	100%	28%
New Jersey	952,557	---	100%

NHCAC Health Center Community	Population	% of Reporting Area
Passaic	22,311	8%
Union City	16,658	6%
West New York	11,439	4%
North Bergen	9,206	3%
The Heights (Jersey City)	7,330	3%

Source: US Census Bureau, 2012-2016 American Community Survey

POPULATION BETWEEN 100% AND 200% FEDERAL POVERTY LEVEL

The tri-county reporting area contains 307,641 individuals who fall in between 100 and 200 percent of the federal poverty level. Of those, the majority are located in Hudson County (40 percent), with Bergen County and Passaic County following Hudson with 31 percent and 29 percent, respectively.

Passaic city and Union City comprises of six percent of all tri-county households within this income bracket. North Bergen and West New York hold five percent and four percent respectively. The list is completed with The Heights (Jersey City) with three percent.

Area	Population	% of Reporting area	% of State	NHCAC Health Center Community	Population	% of Reporting Area
Bergen County	95,614	31%	8%	Passaic	19,374	6%
Hudson County	121,717	40%	10%	Union City	18,509	6%
Passaic County	90,310	29%	8%	North Bergen	13,934	5%
Reporting Area	307,641	100%	26%	West New York	12,535	4%
New Jersey	1,197,251	---	100%	The Heights (Jersey City)	8,671	3%

Source: US Census Bureau, 2012-2016 American Community Survey

POPULATION ABOVE 200% FEDERAL POVERTY LEVEL

Combined, the tri-county reporting area has 1,504,799 individuals who are 200 percent above the federal poverty level. Bergen County contains the most individuals within this income bracket (75,798 individuals, or 50 percent of the reporting area). Bergen is distantly followed by Hudson County (424,685 residents, or 28 percent of the reporting area). Passaic completes the list with 325,316 residents, or 22 percent.

When focusing on NHCAC health center communities, North Bergen has the most households living 200 percent above the federal poverty level (39,064 residents, or 3% of the reporting area). Union City follows with 33,385 residents (2% of the reporting area). Hackensack (29,283 residents, or 2%), The Heights – Jersey City (28,695 residents or 2%), and Passaic (28,257 residents or 2%) complete the list.

Area	Population	% of Reporting area	% of State	NHCAC Health Center Community	Population	% of Reporting Area
Bergen County	754,798	50%	11%	North Bergen	39,064	3%
Hudson County	424,685	28%	6%	Union City	33,385	2%
Passaic County	325,316	22%	5%	Hackensack	29,283	2%
Reporting Area	1,504,799	100%	23%	The Heights (Jersey City)	28,695	2%
New Jersey	6,597,989	---	100%	Passaic	28,257	2%

Source: US Census Bureau, 2012-2016 American Community Survey

INSURANCE STATUS

PRIVATE INSURANCE COVERAGE

The counties of Bergen, Hudson, and Passaic together have 65 percent of their population covered by private health insurance. Although this falls below the statewide average, 71 percent, Bergen County itself is above this statistic (76%). Both Passaic and Hudson Counties have more than half of their populations covered by private insurance (56.2% and 57.5% respectively).

The NHCAC health center communities who have the fewest percentage of their populations with private insurance are Harrison (1%), Garfield (1%), West New York (2%), Union City (2%), and Passaic (2%).

Area	Population	% of Reporting area	% of State	NHCAC Health Center Community	Population	% of Reporting Area
Bergen County	703,590	51%	11%	Harrison	7,973	1%
Hudson County	382,310	28%	6%	Garfield	15,841	1%
Passaic County	282,708	21%	5%	West New York	22,165	2%
Reporting Area	1,368,608	100%	22%	Union City	25,358	2%
New Jersey	6,278,959	---	100%	Passaic	22,454	2%

Source: US Census Bureau, 2012-2016 American Community Survey

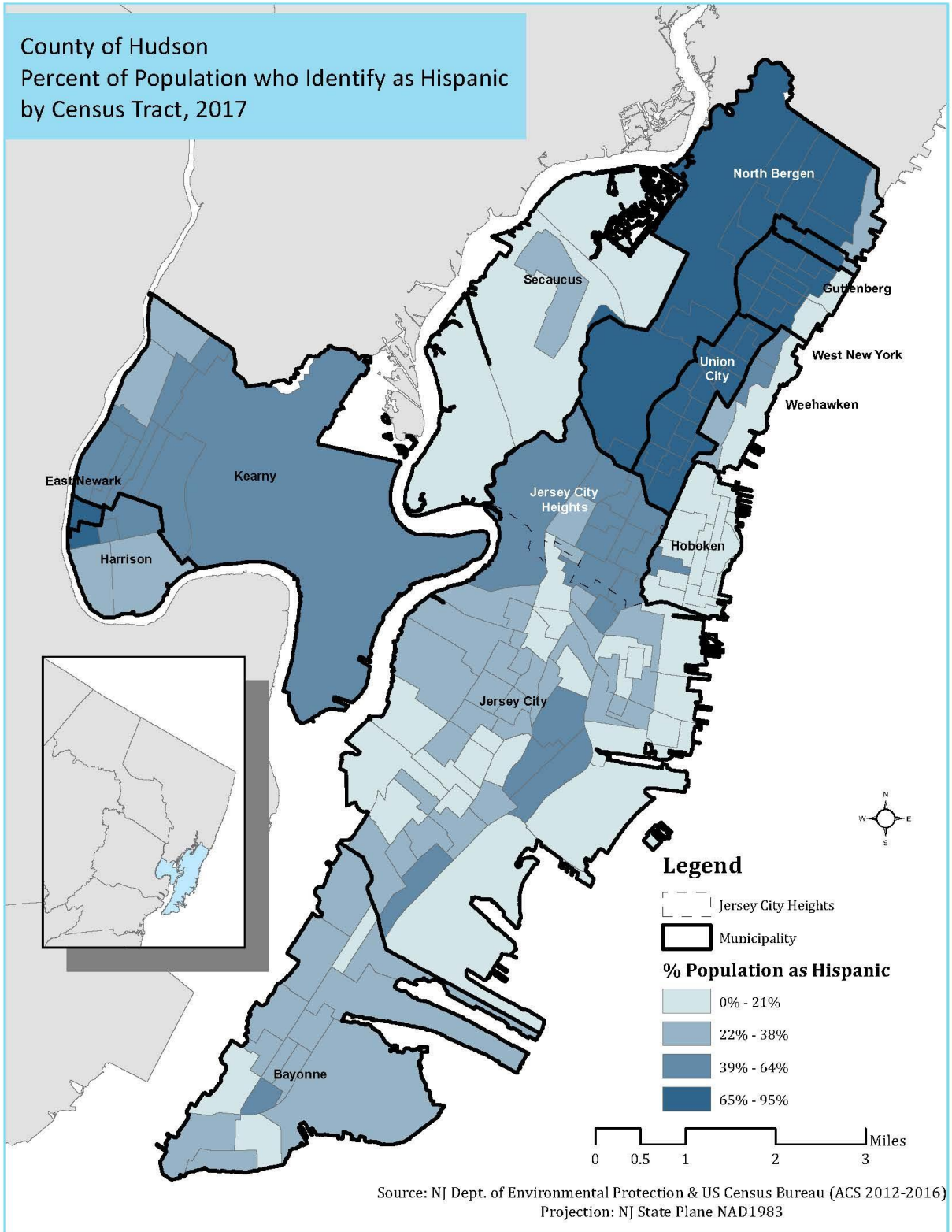
UNINSURED

Of the three counties that form the tri-county reporting area, Hudson has the greatest number of residents who are uninsured (119,414 people, or 41% of the reporting area). All counties have seen a reduction in the percentage of their uninsured population since the 2015 assessment. Passaic County experienced the largest decrease (19%). On the municipal level, Union City has the largest population that does not have health insurance (20,564 people, or 30%), followed by the Hudson County municipalities of West New York (28.3%), East Newark (27.1%), and Guttenberg (27.6%). Passaic city is the fifth largest, with 25.6 percent.

Area	Population	% of Reporting area	% of State	NHCAC Health Center Community	Population	% of Reporting Area
Bergen County	93,368	32%	1%	Union City	20,564	7%
Hudson County	119,414	41%	13%	West New York	14,844	5%
Passaic County	75,933	26%	8%	East Newark	737	Less than 1%
Reporting Area	288,715	100%	31%	Guttenberg	3,167	1%
New Jersey	938,966	---	100%	Passaic	17,979	6%

Source: US Census Bureau, 2012-2016 American Community Survey

Hudson County



Map 3

ABOUT HUDSON COUNTY

Hudson County has historically been home to recent immigrants to the United States. During the 19th century, the County's population and labor force was composed largely of immigrants. Irish immigrants began to come to the County in significant numbers about 1820, increasing significantly in the mid-1840s as tens of thousands of refugees fled Ireland when the potato crop failed. Late in the 1840s, the Germans began their immigration to the United States. Between 1840 and 1870, the population of Hudson County increased significantly as the Italians, Poles, Slovaks, Russians and Ukrainians joined the Irish and Germans as the major ethnic forces fighting for a share of the American promise. Immigrants also came from Hungary, Greece, Holland, Great Britain and Scandinavia.

In the 20th century, the County replaced a significant portion of its population with a new multi-racial blend. Throughout the first decades of the 20th century, West Indians and African-Americans from Southern States arrived in a small but steady stream. The need for workers in the factories during World War II induced many more African-Americans to migrate from the South and this movement continued throughout the 1960s.

The first airborne migration that of the Puerto Ricans starting in the late 1940s, introduced a new dimension into the population. In 1960, the first of two large waves of exiles from Castro's Cuba arrived in Hudson County. Unlike the Puerto Ricans who were concentrated in Jersey City and Hoboken, the Cubans moved to North Hudson County and crowded into Union City, West New York and North Bergen. Within a few years, North Hudson County became second to only Miami in its number of Cubans.

When Congress changed the immigration law in 1965, the doors were open to Asian and Middle Eastern immigrants who began to arrive and radically change the ethnic and racial composition of the County. Portuguese immigrants, who settled in the Ironbound section of Newark in the 1970s, started to move to Harrison, Kearny and East Newark by decades' end.

Unlike other urban counties in the State, Hudson County's population level remained relatively stable between 1980 and 1990, largely because of a strong immigrant population and the construction of new housing units. In fact, the County's population increased by over 10% between 1990 and 2000 because of the county's strong housing construction and significant immigration. Between 1990 and 2000 almost 56,000 new immigrant residents settled in Hudson County, including over 9,000 in Union City and over 7,600 in West New York.

Data shows that the County experienced a decline in population during the 2000-2007 period. Despite this, between 2008 and 2011, Hudson County had the largest population increase in the State, with 16,200 residents gained over the last two years alone. Population estimates released by

Demographic Analysis Hudson County Population Trends

Historical Population

Census	Pop.	%±
1840	9,483	—
1850	21,822	130.1%
1860	62,717	187.4%
1870	129,067	105.8%
1880	187,944	45.6%
1890	275,126	46.4%
1900	386,048	40.3%
1910	537,231	39.2%
1920	629,154	17.1%
1930	690,730	9.8%
1940	652,040	-5.6%
1950	647,437	-0.7%
1960	610,734	-5.7%
1970	607,839	-0.5%
1980	556,972	-8.4%
1990	553,099	-0.7%
2000	608,975	10.1%
2010*	634,266	4.2%
Est. 2016**	668,526	5.4%

Sources: * Census 2000 & 2010 population

** ACS 2012-2016 Five Year Estimates

US Census Bureau, Population Est.

Program

the U.S. Census Bureau in 2011 revealed that most of the population gains during the last two years occurred in the North Jersey counties of Hudson, Bergen, Middlesex and Union.

In addition, the County had the state's largest influx of international immigrants (+68,100) from 2000 to 2010 and today the county's citizenry is both ethnically and racially diverse—Hispanic or Latino 43.1%, White non-Hispanic 29%, African American 11%, Asian American 14.7%.

POPULATION LEVEL, CHANGE AND COMPOSITION

It is important to take care when looking at population data, especially in the types of communities served by the agency. The North Hudson communities have a large number of undocumented immigrants from various countries. There is no way to get an accurate count of these individuals. Even when individuals in this area are here legally, they may be reluctant to present themselves to social service and government agencies from which the original census data as well as updated estimated statistics are derived.

According to NJ Spotlight, three of the five municipalities with the greatest increase in population between 2014 and 2017 were in Hudson County including Harrison, Weehawken and Secaucus. The 2010 Census estimated the New Jersey population to be 8,791,894 and expected the State to grow by 1.4 million people by the year 2025¹⁵. From 1990 to 2000 Hudson County's population grew 10 percent reaching a population of 608,975, while New Jersey had only an 8.85% increase. In 2010, the County's population jumped to 634,266, up 4.2% from 2000, according to the 2010 U.S. Census¹⁶. This population change was highlighted by a drastic increase in the city of Hoboken's population as it reached 50,005, up 29.6% from 2000. The result of this increasing population size and stable land area is an intensification of the County's already high density. This trend is expected to continue with the North Jersey Transportation Planning Authority ("NJTPA") and New York Metropolitan Transportation Council ("NYMTC") predicting that Hudson County's population will rise to more than 800,000 people by the year 2040.

Additionally, Hudson County has one of the most diverse populations in the country. Data collected from the 2010 Census (displayed in Table 2) shows of the total population in Hudson County (634,266) about 13.2% are African American, 13.4% are Asian, 54% are Caucasian, 4.4% are mixed racially, and 42.2% are identified as Hispanic. Each of these minority percentages are well above the national averages in the 2010 Census. According to 2016 ACS estimates, 43 percent of Hudson County's population is foreign born, and of that portion, nearly 60 percent are from Central America, the Caribbean, or South America. In Union City alone, an estimated 82% of the population is Hispanic, and more than 86% of households speak a foreign language at home with a vast number speaking English less than "very well"¹⁷. The racial and ethnic changes resulting from the twentieth-century immigration pattern is firmly embedded in New Jersey's population profile.

¹⁵ NJ Dept. of Labor and Workforce Development

¹⁶ 2010 United States Census. U.S. Census Bureau.

¹⁷ 2016 American Community Survey

POPULATION DENSITY

New Jersey has long been known as the nation’s most densely populated state and nowhere is it more evident than in Hudson County. New Jersey is ranked 47th in the country for its land area, but the state is ranked 11th for total population and is the most densely populated state in the country.¹⁸

Hudson County is a peninsula and is the smallest of New Jersey’s twenty-one counties, comprised of 46.7 square miles. With the 2017 resident population of 691,643 and an average population density of 14,973.5 persons per square mile,¹⁹ Hudson County is the smallest, most urbanized, and most densely populated county in New Jersey and the sixth most densely populated county in the nation, trailing only four of New York City’s boroughs and San Francisco County, California.

Five of the state’s ten most densely populated communities are in Hudson County: Guttenberg (#1), Union City (#2), West New York (#3), Hoboken (#4) and East Newark (#7). In addition, four municipalities—Guttenberg, Union City, West New York and Hoboken—have grown so crowded over the past decade that they have higher population densities than New York City and, according to the 2010 US census, are four of the top five most densely populated municipalities in the nation.

The density is extremely significant. In dense, heavily populated and highly urbanized areas such as Hudson County, educational opportunity and social services are vital. Issues such as unemployment, increased infant and adult mortality rates, increased homicide rates, physical abuse, and alcohol and drug abuse are typically magnified where population density is high and economic opportunities are low. Such is the case in five (5) of the nine (9) municipalities served by the Agency.

Service Area Breakdown of Hispanic Ethnicities by Town

Town	Total Population	Hispanic Population	% Hispanic Population	Mexican	Puerto Rican	Cuban	Other Hispanic
East Newark	2,717	1,776	65%	98	227	42	1,409
Guttenberg	11,628	7,984	69%	472	432	1,393	5,687
Harrison	15,007	6,800	45%	681	986	283	4,850
Kearny	42,029	19,346	46%	858	3,374	725	14,389
JC (07307)							
North Bergen	62,791	46,910	75%	2,459	4,465	7,640	32,346
Secaucus	18,737	3,827	20%	102	812	572	2,341
Union City	68,965	56,427	82%	4,936	6,946	6,422	38,123
Weehawken	13,671	5,162	38%	324	765	777	3,296
West New York	52,407	40,872	78%	4,604	3,306	5,660	27,302
Total Est.	287,952	189,104	66%	14,534	21,313	23,514	129,743

Source: US Census Bureau, 2012-2016 Five Year American Community Survey Estimates

LANGUAGES SPOKEN

Much has not changed since the 2015 community assessment. The most common language spoken in the North Hudson region communities remain Spanish/Spanish Creole. This is followed by English, Italian, Indic, Polish, Portuguese or Portuguese/Creole, and Arabic. The table below shows that one

¹⁸ US Census Bureau www.census.gov

¹⁹ US Census Bureau 2010 NJ Department of Labor and Workforce Development

quarter of the population in Hudson County who speak a language other than English actually speak English less than “very well”. Among people who are at least five (5) years old living in Hudson County in 2016, 59.4 percent spoke a language other than English at home. Of those speaking a language other than English at home, 39 percent spoke Spanish; 46 percent of those that spoke Spanish reported that they did not speak English “very well.”

Because the region is a “first-stop” for immigrants, the need to learn English is essential. The Head Start Program has found that many of the English as a Second Language and Fatherhood Initiative participants possess, at a minimum, a high-school diploma, which would, in normal circumstances, make them eligible for low-paying jobs. Major barriers, including the inability to communicate in English, prevents many of the families served from moving out of poverty. English language proficiency is an important factor in economic success and points to the importance of developing English language proficiency for the whole family.

This also points to the need for the Agency to continue to have resources for parents, and to have programs and policies reflecting best practices in English Language acquisition for children. Additionally, the Agency must continue to provide adult Spanish Literacy classes for many parents. Lack of both Spanish and English proficiency prevents parents from securing legal employment above minimum wage and thus improving their low-income status.

*Percentage of Families who Speak English Less Than “Very Well” at Home
(Population 5 Years and Over)*

Municipality	% Speak a Language Other Than English	% Speak English Less Than “Very Well”	% Speak Spanish	% Spanish who Speak English Less Than “Very Well”
Hudson County	59.4	25.3	38.5	17.8
East Newark	80.2	47.4	57.1	51.4
Guttenberg	80.6	47.5	67.1	52.3
Harrison	73.9	45.0	41.2	50.7
Kearny	62.5	42.3	40.1	42.5
JC (07307)				
North Bergen	79.9	43.4	69.9	44.1
Secaucus	49.6	27.0	16.9	29.7
Union City	86.3	49.1	80.9	50.1
Weehawken	51.5	39.4	34.4	42.8
West New York	83.6	52.4	74.8	55.5

Source: U.S. Census Bureau, 2012-2016 American Community Survey

UNDOCUMENTED IMMIGRANTS

According to the U.S. Census, Hispanics are the fastest growing minority population in the nation, and by the year 2050, nearly one in four people in the U.S. will be Hispanic. Currently, one-in-five NJ residents were born outside of the US, thus, citizenship status and origin presents unique, inherent challenges for New Jersey, which is home to sizeable Hispanic (19.3%) and Asian (9.2%) populations.

Hudson County has the largest population of undocumented immigrants than any other county in New Jersey, with an estimated 77,000 residing in the county in 2017. Undocumented immigrants in New Jersey contribute more than \$587 million annually in state and local taxes.²⁰ In 2016, Hispanics accounted for 18% of the nation's population and were the second-largest racial or ethnic group behind whites.²¹ The Latino population in the United States has reached nearly [58 million in 2016](#) and has been the principal driver of U.S. demographic growth, accounting for half of [national population growth since 2000](#).²²

According to a report published by James W. Hughes, Ph.D., Dean of the Edward J. Bloustein School of Planning and Public Policy at Rutgers University, New Jersey's demographic future will be defined by its immigration.²³ To address the issue of undocumented immigrants, the report made recommendations for a "positive future." These recommendations should be considered by the Program at all levels of planning, Program activity implementation, and for impacting policy changes:

While immigration is largely a national issue, local communities and residents are most affected when it comes to such issues as health (both physical and mental); employment (e.g., workers' rights, policies regarding undocumented employees); resources for children of immigrants (e.g., educational, outreach counseling, mentoring, training and financial); distorted and misinformation regarding immigrants and immigration; paths to citizenship; anti-immigrant sentiment; and organizations taking advantage of immigrants.

The Garden State, after all, has the third highest percentage of foreign-born residents of all the states and one of the largest undocumented immigrant populations – an undocumented population that already contributes heavily to the state's economy and pays over \$600 million in state and local taxes each year.²⁴

In recent news, much attention has been centered on the advantages of integrating undocumented immigrants into state economies. It is believed that three key policies have the potential to bolster the amount of tax revenue that fund public programs such as health care, schools, roads and

²⁰ State and Local Contributions of Undocumented Immigrants in New Jersey. Institute of Taxation and Economic Policy. June 2017

²¹ Fact Tank News In the Numbers: How the U.S. Hispanic population is changing. The Pew Research Center. September 18, 2017.

²² Fact Tank News In the Numbers: How the U.S. Hispanic population is changing. The Pew Research Center. September 18, 2017

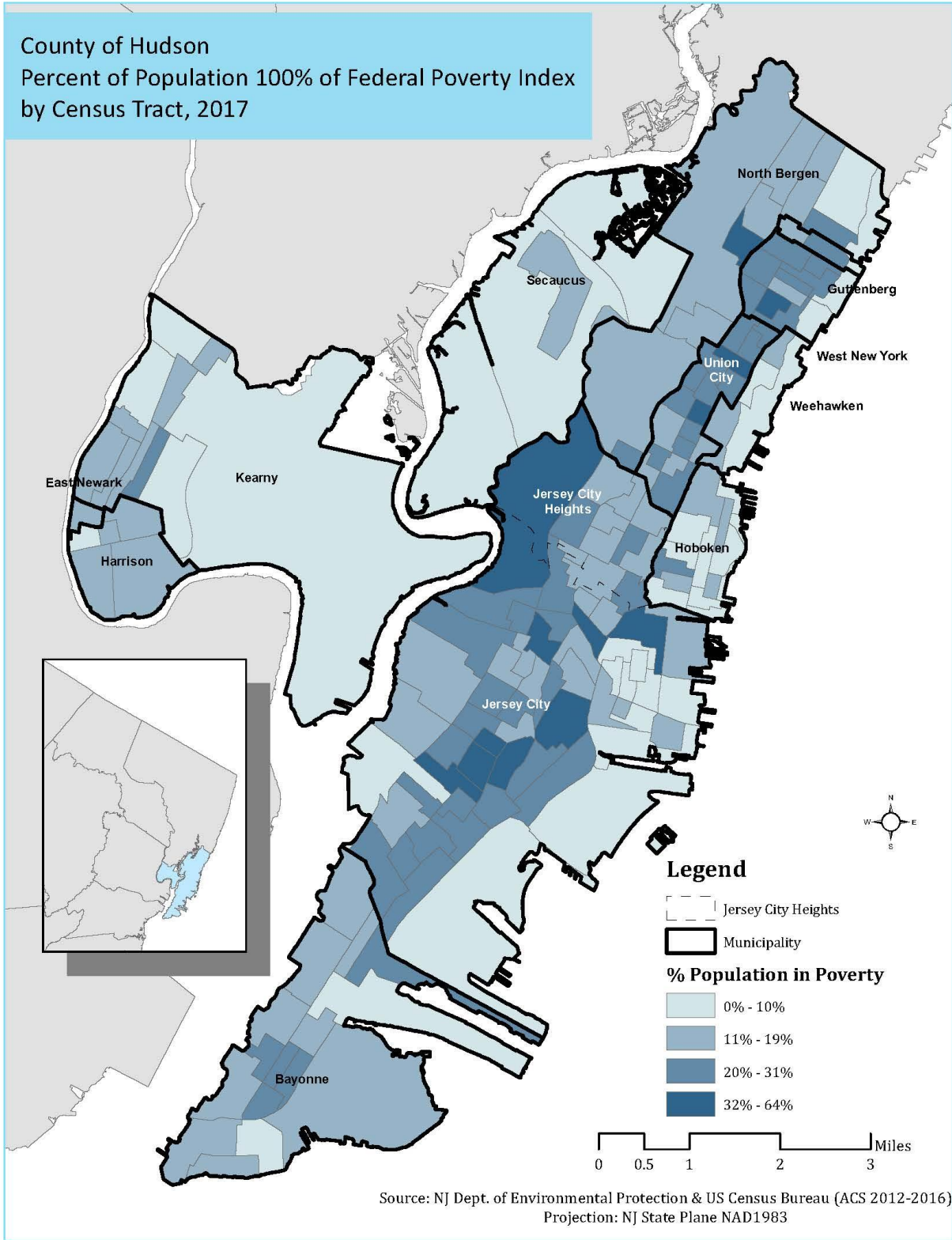
²³ New Jersey: A Statewide View of Diversity: A Report on the Leadership Conference on Diversity Issues Impacting New Jersey - 2007

²⁴ New National Report Highlights Need for New Jersey to Act on Inclusive Immigration Policies. New Jersey Policy Perspective. October 29, 2015 by Erika J Nava

bridges. They include instituting tuition equity for undocumented students, strengthening labor law enforcement and extending the privilege of drivers licenses.

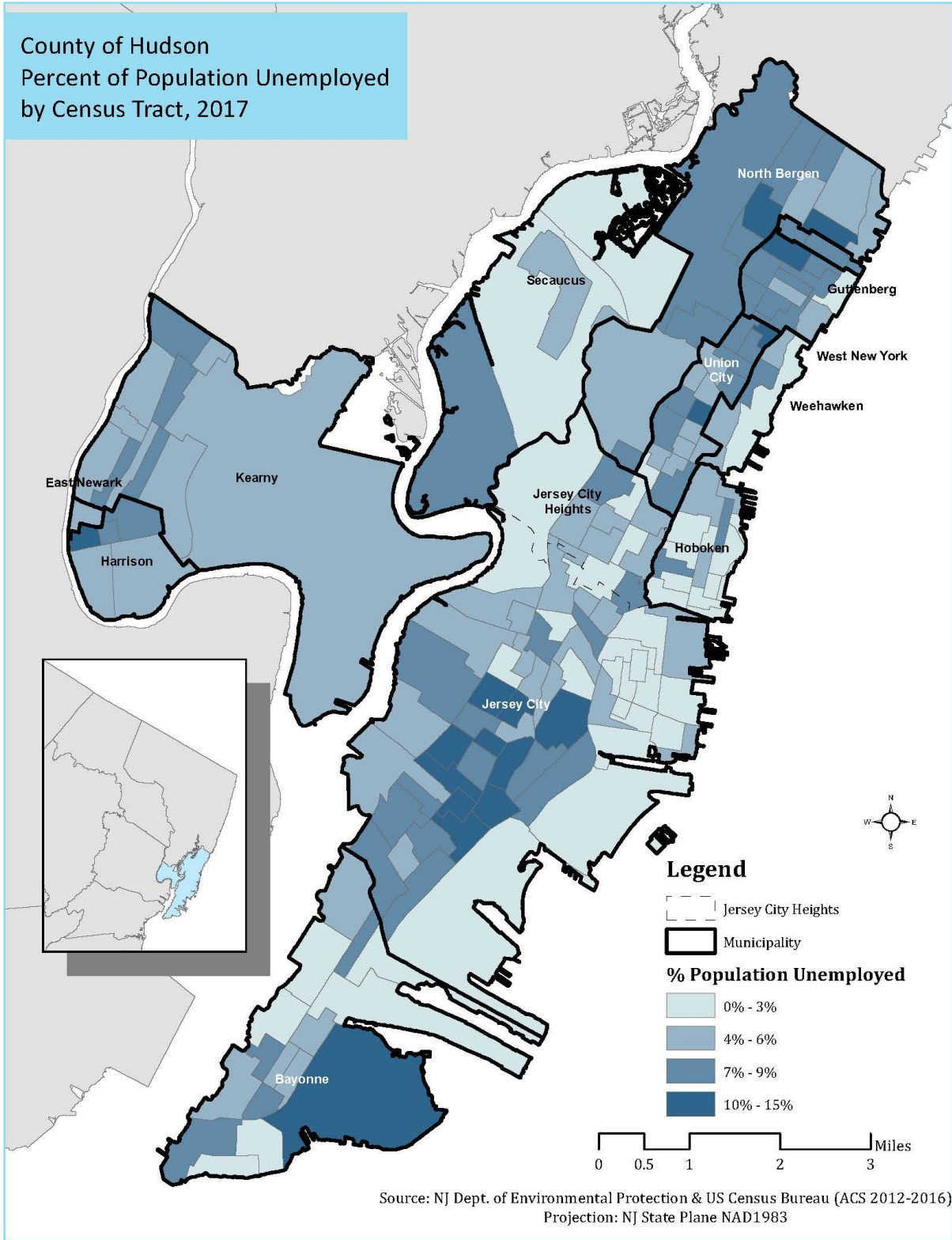
Despite the fact that it is difficult to measure the number of undocumented immigrants in New Jersey—many of whom largely reside in Hudson County—immigration has helped to sustain the population growth in the current decade and accounts for all of our growth in the last 10 years; the growth rate of Asians in New Jersey is 36 percent and of Hispanics is 22 percent.

County of Hudson
Percent of Population 100% of Federal Poverty Index
by Census Tract, 2017



Map 4

County of Hudson
 Percent of Population Unemployed
 by Census Tract, 2017



Map 5

ABOUT BERGEN COUNTY

The County of Bergen is the most populated in New Jersey, with 930,310 residents, and contains the greatest amount of municipalities. There are seventy municipalities located on 246 square miles, thus averaging only 3.5 square miles per municipality. While often described as the quintessential suburban county, Bergen County is considerably more complex. In fact, it is a microcosm of the State of New Jersey, exhibiting many of the same contrasts and contradictions, strengths and shortcomings, as the state as a whole.

Bergen is a county of deep contrasts and startling extremes. Within its borders can be found a broad range of land uses from highly urbanized, high density places capable of supporting sophisticated transit services to quasi-rural, auto-dependent low density ones. The county's population is extremely diverse, with a wide variety of ethnic groups and an equally wide diversity of religious beliefs and world views. While one of the most affluent counties in the nation, it nevertheless hosts significant pockets of populations that struggle to make ends meet. Its workforce is highly skilled and educated and its employment base boasts leading medical and health care facilities but it also hosts a large number of relics from an earlier manufacturing age that undermine its tax base and are a blighting influence on surrounding neighborhoods. It is a county with a world-class park system that includes large nature preserves, but most of its residents are not within walking distance of a park or public open space. It is a retail mecca with a major concentration of regional malls and outlet centers and the healthy demographics to support them, yet a number of the county's small downtowns are struggling and depopulated.

The diverse Latino population in Bergen is growing in many areas of the county, but is especially concentrated in a handful of municipalities, including Fairview (57.8 %), South Hackensack (43%), Bogota (41.1%) Ridgefield Park (38%), and Lodi (36.7%). In Bergen County's three cities, Hispanics comprise of 34.8 percent of Garfield's population, 34.3 percent of Hackensack's population, and 22 percent of Englewood's total population. Traditionally, many of the Latino residents were of Colombian and Cuban ancestry, today 60 percent of Bergen County's Hispanic population are from Puerto Rico, Dominican Republic, Columbia and Ecuador. Currently, Hackensack's Colombian community is the largest in Bergen County and among the top ten in the United States (10.5%); Bergenfield, Englewood and Lodi also have notable populations. The Cuban population is largest in Fairview, Ridgefield Park, and Ridgefield, although the Cuban community is much larger in Hudson County to the south. Since 2000, an increasing number of immigrants from other countries have entered the region, including people from Peru, Mexico, El Salvador, the Dominican Republic, Ecuador, Spain, as well as from the U.S. territory of Puerto Rico. The diverse backgrounds of the local Latino community are best exemplified in Fairview, where 16 percent of the overall population hails from Central America, fourteen percent from other Latin American countries, mainly the Caribbean and eleven percent from South America. Overall, Bergen County's Latino population has demonstrated a robust increase from 145,281 in the 2010 Decennial Census count to an estimated 171,201 in the 2016 *American Community Survey*.

Hispanic/Latino Population Change in Bergen County, NJ (2000-2016).

Geography	Percent Hispanic Or Latino		
	2000	2016	% Change
Fairview	37.1%	58.9%	58.8%
Hackensack	25.9%	36.5%	40.9%
Ridgefield Park	22.2%	40.1%	80.6%

Englewood	21.8%	23.4%	7.3%
Bogota	21.3%	42.1%	97.7%
Garfield	20.1%	35.9%	78.6%
Cliffside Park	18.2%	30.0%	64.8%
Lodi	18.0%	36.7%	103.9%
Bergenfield	17.0%	26.5%	55.9%

Source: US Census Bureau

One of the largest immigrant groups in Bergen County is the Korean-American community, which is concentrated along the Hudson River—especially in the area near the George Washington Bridge—and represents nearly 60 percent of the state's entire Korean population. As of the *2016 American Community Survey*, persons of Korean ancestry make up six percent of Bergen County's population, the highest of any county in the United States; while the concentration of Koreans in Palisades Park in Bergen County, is the highest of any municipality in the United States, at 48 percent of the population. As of the 2010 US Census, Palisades Park is also residence to the highest total number of individuals of Korean ancestry (6,065) among all municipalities in the state, while neighboring Fort Lee has the second largest cluster (5,978) and third highest proportion (17.18%, trailing Leonia's 17.24%). Eight of the nation's top ten municipalities by percentage of Korean population are located in Bergen County, including Palisades Park, Leonia, Fort Lee, Ridgefield, Closter, Norwood, Edgewater, and Englewood Cliffs. Overall, sixteen of the top twenty communities on that list are located in Bergen; virtually all are in the eastern third of the county near the Hudson River. However, Ridgewood has emerged as a new Korean American nexus in western Bergen County. According to The Record of Bergen County, the American Community Survey has determined that the county's Korean American population—2010 Census figures put it at 55,105—has grown enough to warrant language assistance during elections.

The county's African-American community is almost entirely concentrated in three municipalities: Englewood (8,577 residents, accounting for 30.4 percent of the city's total population), Teaneck (11,904; 29.3%), and Hackensack (10,886; 24.6%). Collectively, these three areas account for nearly 60 percent of the county's total African-American population of 54,765, and in fact, blacks have had a presence in these towns since the earliest days of the county. In sharp contrast, African-Americans comprise less than two percent of the total in most of Bergen's other municipalities. In Englewood, the African-American population is concentrated in the Third and Fourth wards of the western half of the city, while the northeastern section of Teaneck has been an African-American enclave for several decades. Hackensack's long-established African-American community is primarily located in the central part of the city, especially in the area near Central Avenue and First Street. Bergen County's African-American population has increased from 52,473 counted in the 2010 Census to 54,765 in 2016.

POPULATION: LEVEL, CHANGE AND COMPOSITION

Like its neighboring Counties, it is important to take care when examining population data in the types of communities served by the Agency. The regions have a large number of undocumented immigrants from various countries. There is no way to get an accurate count of these individuals. Even when individuals in this area are here legally, they are reluctant to present themselves to social service and government agencies from which the original census data as well as updated estimated statistics are derived.

A review of Bergen County's historical and projected population growth reveals that moderate population growth is expected to continue in the future. Bergen County's population posted steady and consistent gains up until 1970 when the population stood at 896,473 (US Census). The next two decades saw the County's first declines, by 5.8 percent and 2.4 percent respectively. That relatively brief trend was reversed between 1990 and 2000 when the population increased moderately by seven percent, just under the statewide growth rate of 8.6 percent. Based on the 2016 American Community Survey Five Year Population Estimate, the County has continued to grow by an additional 2.76% to 930,310 people. Bergen's recent growth is in line with growth trends in neighboring counties.

The North Jersey Transportation Planning Authority (NJTPA) projects continued growth in Bergen County with the population crossing the one-million mark by 2035, an increase of about 10 percent. The County's planning efforts continue to focus on where this additional population will live, in what type of housing, in what type of community and how they will travel efficiently.

POPULATION DENSITY

Bergen County's residents live in a fairly dense environment, at about 4,070 persons per square mile, placing Bergen County fourth in density among New Jersey counties behind Hudson (14,900), Essex (6,400) and Union (5,400), and far exceeding the statewide density of 1,100 persons per square mile. North Hudson's service area, Southern Bergen, is the most densely populated area, particularly the southeastern municipalities with over 10,000 people per square mile approaching Hudson County-like density, with Cliffside Park topping the list at 24,509 persons per square mile. The northwestern area is the least dense with just over 3,500 people per square mile.

Bergen County Population Trends, 1900-2010, with 2016 Population Estimate

Census	Population	% Change
1900	78,441	--
1910	138,002	76%
1920	210,703	53%
1930	364,977	73%
1940	409,646	12%
1950	539,139	32%
1960	780,255	45%
1970	897,148	15%
1980	845,385	-6%
1990	825,380	-2%
2000	884,118	7%
2010	905,116	2%
Est.2016	930,310	3%

Source: US Decennial Census Counts, and 2012-2016 American Community Survey

CITIES OF BERGEN COUNTY – POPULATION GROWTH TRENDS

Garfield Historical Population Growth Trends

Census	Pop.	% Change
1900	3,504	--
1910	10,213	191%
1920	19,381	90%
1930	29,739	53%
1940	28,044	-6%
1950	27,550	-2%
1960	29,253	6%
1970	30,797	5%
1980	26,803	-13%
1990	26,727	0%
2000	29,786	11%
2010	30,487	2%
Est.2016	31,456	3%

Source: US Decennial Census

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Hackensack Historical Population Growth Trends

Census	Pop.	% Change
1900	9,443	--
1910	14,050	49%
1920	17,667	26%
1930	24,568	39%
1940	26,279	7%
1950	29,219	11%
1960	30,521	4%
1970	36,008	18%
1980	36,039	0%
1990	37,049	3%
2000	42,677	15%
2010	43,010	1%
Est.2016	44,271	3%

Source: US Decennial Census

Englewood Historical Population Growth Trends

Census	Pop.	% Change
1900	6,253	--
1910	9,924	59%
1920	11,627	17%
1930	17,805	53%
1940	18,966	7%
1950	23,145	22%
1960	26,057	13%
1970	24,985	-4%
1980	23,701	-5%
1990	24,850	5%
2000	26,203	5%
2010	27,147	4%
Est.2016	28,184	9%

Source: US Decennial Census

ABOUT PASSAIC CITY

It is a city of immigrants; as such, it has representations of these immigrant cultures throughout the City. Dutch settlers originally populated the City, but as time went on, many immigrants began to arrive from Eastern and Western Europe. Southern Blacks started to arrive after World War I. After World War II, Passaic saw its first arrival of Puerto Ricans. Puerto Ricans were the first Hispanic group to settle in Passaic. Since that time many different Hispanic groups have come to Passaic. Today, the City of Passaic is 72 percent Hispanic, with the largest group originating from Mexico (43%).

It is evident that Passaic is a city of immigrants, with 43 percent of the city's population, or 27,215 individuals, having been born outside the United States. A majority of the foreign-born population or 86 percent comes from Latin America. The Census shows more than 74.4% of the City's population speaks a language other than English at home, and 35.2% of individuals over the age of 5 speak English less than 'very well'.

Unemployment is not high in Passaic City, with only 4.5 percent of the civilian population reporting unemployment. However, almost one-third of the population of Passaic City, or 31.9% percent, is below the poverty level. Over 55 percent of single-female households with children under 18 are in poverty.²⁵ Of the 5,739 NHCAC patients from Passaic City, 53 percent, or 3,034 were uninsured.

²⁵ US Census, American Community Survey, 2012 – 2016.

HEALTH CARE

HUDSON COUNTY'S SERVICE PLANNING AREA

Hudson County contains twelve municipalities which can be divided into three distinctive areas: Kearny, East Newark and Harrison form West Hudson which is characterized by small industrial boroughs. Secaucus, North Bergen, Guttenberg, Union City, West New York and Weehawken form North Hudson, which is characterized by densely populated communities on the eastern end and tidal marshlands on the western side; Hoboken, Jersey City and Bayonne form South Hudson which is characterized by larger cities that form the industrial and civic base of the County.

Of the twelve municipalities that comprise Hudson County, the Agency's service area consist of the six (6) communities located in the Northern region: Guttenberg, North Bergen, Secaucus, Union City, Weehawken, and West New York. UDS data reveals that services are also provided to a large number of patients from the three (3) West Hudson towns: East Newark, Harrison, and Kearny. The service area is bordered on the north by Bergen County, on the south by Jersey City, to the east by Hoboken and the Hudson River, and by the Jersey Meadowlands to the west.

Hudson County Service Area by Zip Code/Unduplicated Patient Trends

Municipality	Total Population	Zip Code/s	Unduplicated Patients Served			
			2015	2016	2017	
East Newark	2,717	07029*				
Guttenberg	11,628	07093**				
Harrison	15,007	07029	98	742	1,231	
Jersey City Heights	55,039	07306	1,528	1,633	1,557	***
Jersey City Heights	45,018	07307	3,841	3,804	3,710	
Kearny	42,029	07032	362	697	914	
North Bergen	62,791	07047	6,427	6,311	6,336	***
Secaucus	18,737	07094	295	284	263	
Union City	68,965	07087	12,197	12,073	11,891	***
Weehawken	13,671	07086	842	798	742	
West New York	52,407	07093	10,559	10,504	10,271	***
Total Estimate	441,145		36,893	37,430	37,371	

Source: US Census Bureau, 2012-2016 Five Year American Community Survey Estimates

* Harrison and East Newark share the same zip code

** Guttenberg and West New York share the same zip code

*** NHCAC Health Centers are located in the municipalities

Based on the 2012-2016 Five Year American Community Survey (ACS) Estimates, the estimated service area population in Hudson County is 441,145 (an approximate 20% since 2010; and an approximate 18% since the 2015 assessment). The entire county has an estimated population of 668,526. An estimated 17.4%—or 76,759—of the county's service area population live at or below the Federal Poverty Level. As the population increases, the numbers living in poverty also increases. The five (5) health centers (Map 1), Head Start/Early Head Start centers and social service programs are strategically located within the municipalities where the highest concentration of families are affected by poverty.

SERVICE AREA CHARACTERISTICS²⁶

Hudson County contains 7.2% of the state's population but only 0.6% of its land mass. With a population density in excess of 13,000 persons per square mile the County is the most densely populated in New Jersey and the sixth most densely populated County in the nation. Population densities in some municipalities—Guttenberg, Union City, and West New York—exceed 40,000 persons per square mile (Map 3).

KEARNY

The Town of Kearny is located in the western region of Hudson County. 9.3 square miles in area, it is bordered by two rivers—Hackensack and Passaic—the town is divided into two zones: the “uplands” or residential area comprised of single and multi-family homes, stately Victorians, apartments and small retail shops, and South Kearny, the commercial zone comprised of manufacturing, transportation companies, and other industries. The present municipal boundaries were formed when the town separated from the northern part of Harrison Township in 1867.

HARRISON

The Town of Harrison is located in western Hudson County, adjacent to the city of Newark. Harrison is 1.2 square miles in area and is bordered by East Newark, the Passaic River and the Town of Kearny. Harrison is an industrial based community which has a significant concentration of manufacturing jobs. Harrison Township was formed from Lodi Township in 1849 and renamed Harrison Town in 1869.

EAST NEWARK

The Borough of East Newark was formed from a portion of Kearny Township by referendum on July 2, 1895. Comprising a land area of 0.1 miles, East Newark is the smallest municipality in Hudson County. Located on the Passaic River, the borough is situated between the towns of Kearny and Harrison (See Figure 1). East Newark maintains a strong concentration in manufacturing.

NORTH BERGEN

The township of North Bergen comprises a land area of 5.4 square miles. The municipality is bounded by Bergen County to the north, the Hudson River to the east, Jersey City, West New York and Guttenberg to the south and the Hackensack River, Union City and Secaucus to the west. North Bergen was formed by separated from Bergen Township in 1843.

GUTTENBERG

The Town of Guttenberg was incorporated March 9, 1859 and is situated on a narrow strip of land—0.2 square miles in area. Guttenberg is bounded on the north and west by the township of North Bergen, on the south by the town of West New York and on the east by the Hudson River. The Galaxy Apartments, three high-rise structures on the Hudson waterfront, is home to approximately 20% of the town's total population. Guttenberg is the most densely populated municipalities in the state as well as the country, with a population density twice that of New York City.

SECAUCUS

Secaucus (Sacakus) was so named by its original inhabitants, the Lenni Lenape Indians, meaning the “Island of Snakes”. The town was incorporated in 1900 following its separation from North Bergen

²⁶ Hudson County Economic and Demographic Profile. 2016.

Township. Secaucus has a land area of 5.8 square miles, and is bounded by the Hackensack River to the north, west, and south and North Bergen and Jersey City to the east.

UNION CITY

The consolidation of the town of Union and the town of West Hoboken formed Union City by referendum in 1924. Union City is bounded by West New York to the north, Hoboken and Weehawken to the east, Jersey City and Hoboken to the south and North Bergen to the west. The 1.4 square mile city, entirely landlocked, is the only Hudson municipality without a waterfront. In the 1960's Union City became the home to thousands of Cuban citizens who fled the regime of Fidel Castro.

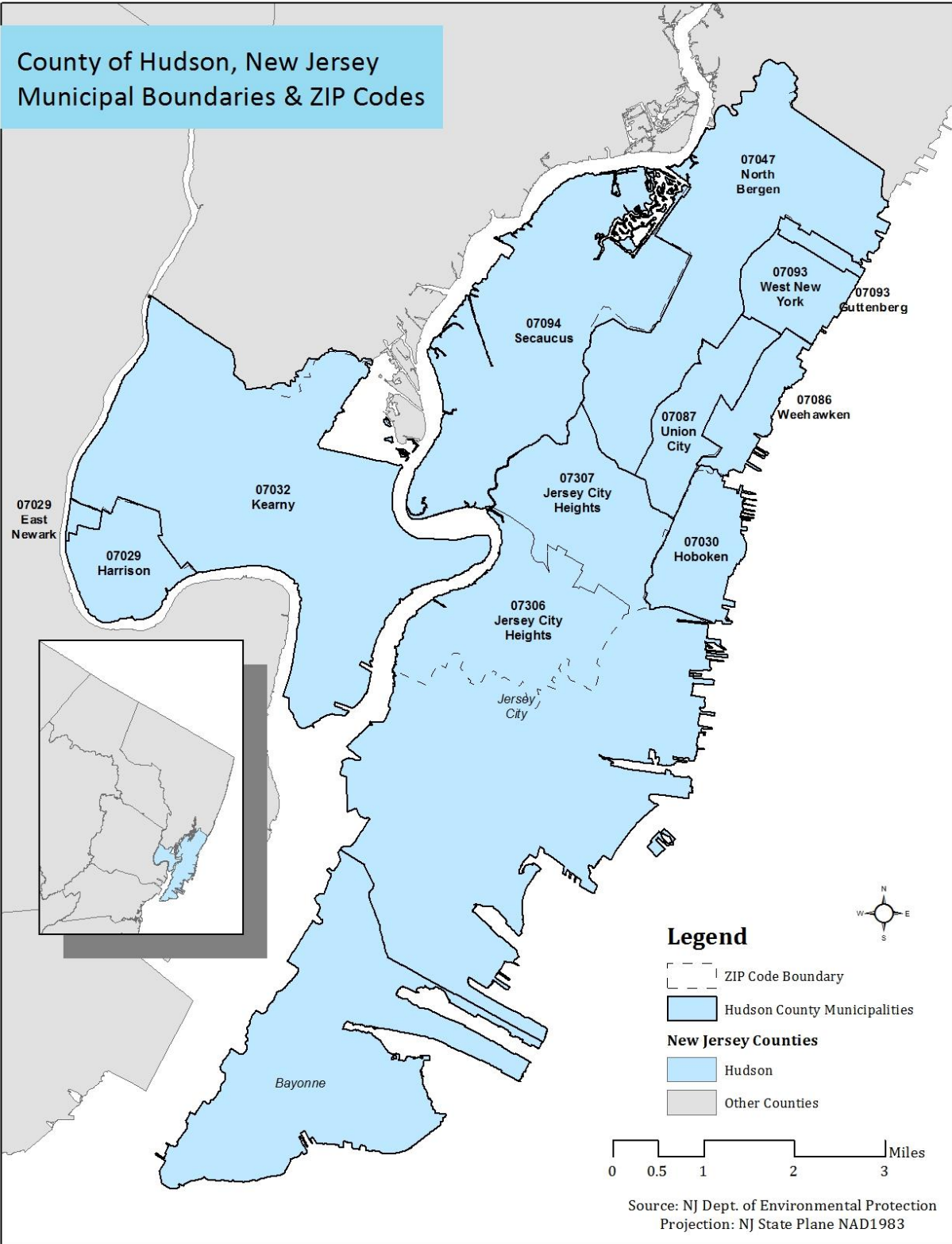
WEEHAWKEN

Weehawken was formed from portions of Hoboken and North Bergen Township in 1859 and is bounded on the north by West New York, the Hudson River to the east, Hoboken to the south and Union City to the west. Comprising an area of 0.78 square miles, Weehawken is situated atop the Palisade Rock formation and has elevations up to 150 feet offering spectacular views of the Hudson River and the New York City Skyline.

WEST NEW YORK

The Town of West New York was incorporated in 1898 following its separation from Union City. The 0.9 square mile town is located on top of the Palisade Rock formation and is bounded by Guttenberg to the north, the Hudson River to the east, Union City and Weehawken to the south and North Bergen to the west. At 52,815 persons per square mile, it is the second most densely populated municipality in the state.

County of Hudson, New Jersey
Municipal Boundaries & ZIP Codes



Map 6

BERGEN COUNTY'S SERVICE PLANNING AREA

Bergen County was developed in tandem with the larger New York metropolitan region and shares a range of physical, economic, and environmental resources. The Hudson River serves as both a boundary and a corridor that connects the county to the New York-New Jersey Harbor, the Hudson River Valley to the north and the cities to the south and east. The Ramapo Mountains define the county's northern edge, but also connect it to the Appalachian Highlands, a national resource that forms the spine of the Eastern seaboard. The watersheds of the Hackensack, Passaic and other rivers form ecological links between Bergen and other counties in Northern New Jersey.

In the last decades of the 19th century, Bergen County, to a far greater extent than any other county in the state, began dividing its townships up into incorporated boroughs. Today, Bergen County is comprised of 70 municipalities - of these, there are 56 boroughs, three cities, two villages, and nine townships. North Hudson Community Action Health Centers are strategically located in Southern Bergen's three cities – Garfield, Hackensack (the County seat), and Englewood as identified in Map 4.

Bergen County Service Area by Zip Code/Unduplicated Patient Trends

Municipality	Total Population	Zip Code	Unduplicated Patients Served			
			2015	2016	2017	
Englewood	28,184	07631	2,063	2,147	2,110	*
Garfield	31,456	07026	3,028	2,957	2,785	*
Hackensack	44,271	07601	3,105	3,026	3,004	*
Total Estimate	103,911		8,196	8,130	7,899	

Source: US Census Bureau, 2012-2016 Five Year American Community Survey Estimates

* NHCAC Health Centers are located in the municipalities

Based on the 2012-2016 Five Year American Community Survey Estimates, Bergen County's service area population are 103,911. The three (3) health center locations are identified in Map 1.

SERVICE AREA CHARACTERISTICS

Located in the New York Metropolitan Region, Bergen County is bordered by Rockland County, New York to the north, by Westchester County, The Bronx, and Manhattan in New York, across the Hudson River to the east, Hudson County to the south, a small border with Essex County also to the south and Passaic County to the west. According to the United States Census Bureau, the county had a total area of 246.671 square miles (638.87 km²), of which 233.009 square miles (603.49 km²) of it (94.5%) was land and 13.662 square miles (35.38 km²) of it (5.5%) was water.

GARFIELD

Garfield was originally incorporated as a borough on March 15, 1898, from portions of Saddle River Township and Wallington. At the time, the New Jersey Legislature set Garfield's boundaries as they exist today. On April 19, 1917, the borough became the City of Garfield. The city has a total area of 2.160 square miles, of which, 2.099 square miles of it is land and 0.061 square miles of it (2.82%) is water. The city has land borders with adjacent Elmwood Park, Saddle Brook, Lodi and South Hackensack.

HACKENSACK

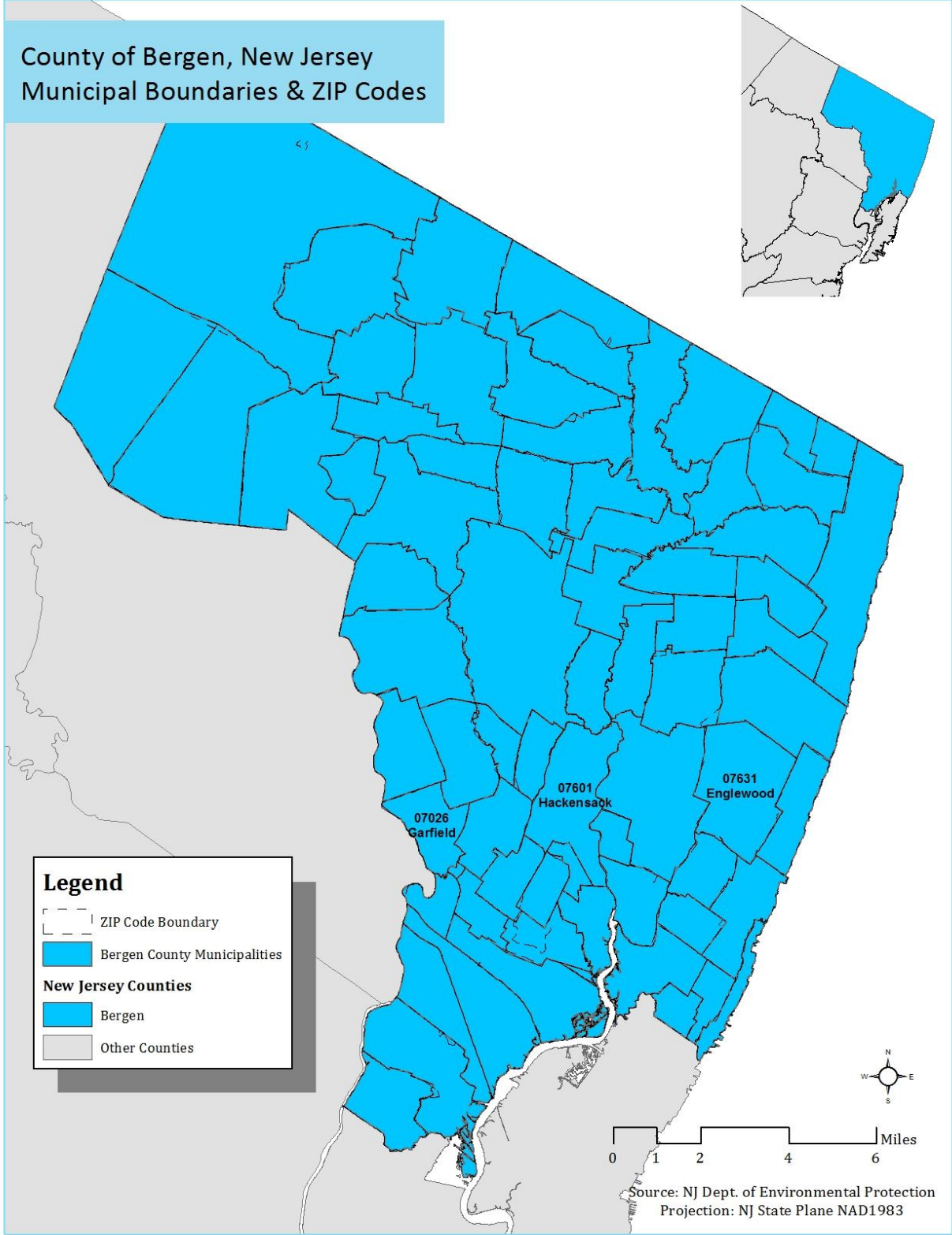
According to the United States Census Bureau, Hackensack has a total area of 4.346 square miles; 4.180 square miles is land and 0.166 square miles is water. Officially named New Barbadoes

Township until 1921, the city is bordered by Paramus, River Edge, Teaneck, Bogota, Ridgefield Park, Little Ferry, South Hackensack, Hasbrouck Heights, Lodi, and Maywood.

ENGLEWOOD

Incorporated as a city on March 17, 1899, from portions of Ridgefield Township and the remaining portions of Englewood Township, Englewood city has a total area of 4.937 square miles, of which, 4.914 square miles of it is land and 0.023 square miles (0.47%) is water.

County of Bergen, New Jersey Municipal Boundaries & ZIP Codes



Map 7

PASSAIC COUNTY'S SERVICE PLANNING AREA

Passaic County is located in northern New Jersey within the New York-New Jersey metropolitan region, and is home to 512,607 residents. The county borders New York State on the north and is surrounded by Sussex, Morris, Essex, and Bergen Counties. With 16 municipalities, it is characterized by its bent hourglass shape with the area above the neck running generally north and south and the portion below, east to west. The upper half of Passaic County is consist of large lakes and watershed areas with low-density development. The lower half of Passaic County contains more than 85% of the population in a third of the area.

The highest point in Passaic County is Bearfort Mountain in West Milford with an elevation of 1,484 feet. Passaic County's lowest spots are tidal lands along the Passaic River in Passaic and Clifton. Passaic County has over 40 lakes and ponds with areas in excess of 20 acres, as well as, nine reservoirs.

Passaic County Service Area by Zip Code/Unduplicated Patient Trends

Municipality	Total Population	Zip Code/s	Unduplicated Patients Served		
			2015	2016	2017
Passaic City	70,536	07055	6,267	5,739	5,121 *

Source: US Census Bureau, 2012-2016 Five Year American Community Survey Estimates
 *One (1) NHCAC Health Center is located in Passaic City

Map 1 highlights the health center location in the City.

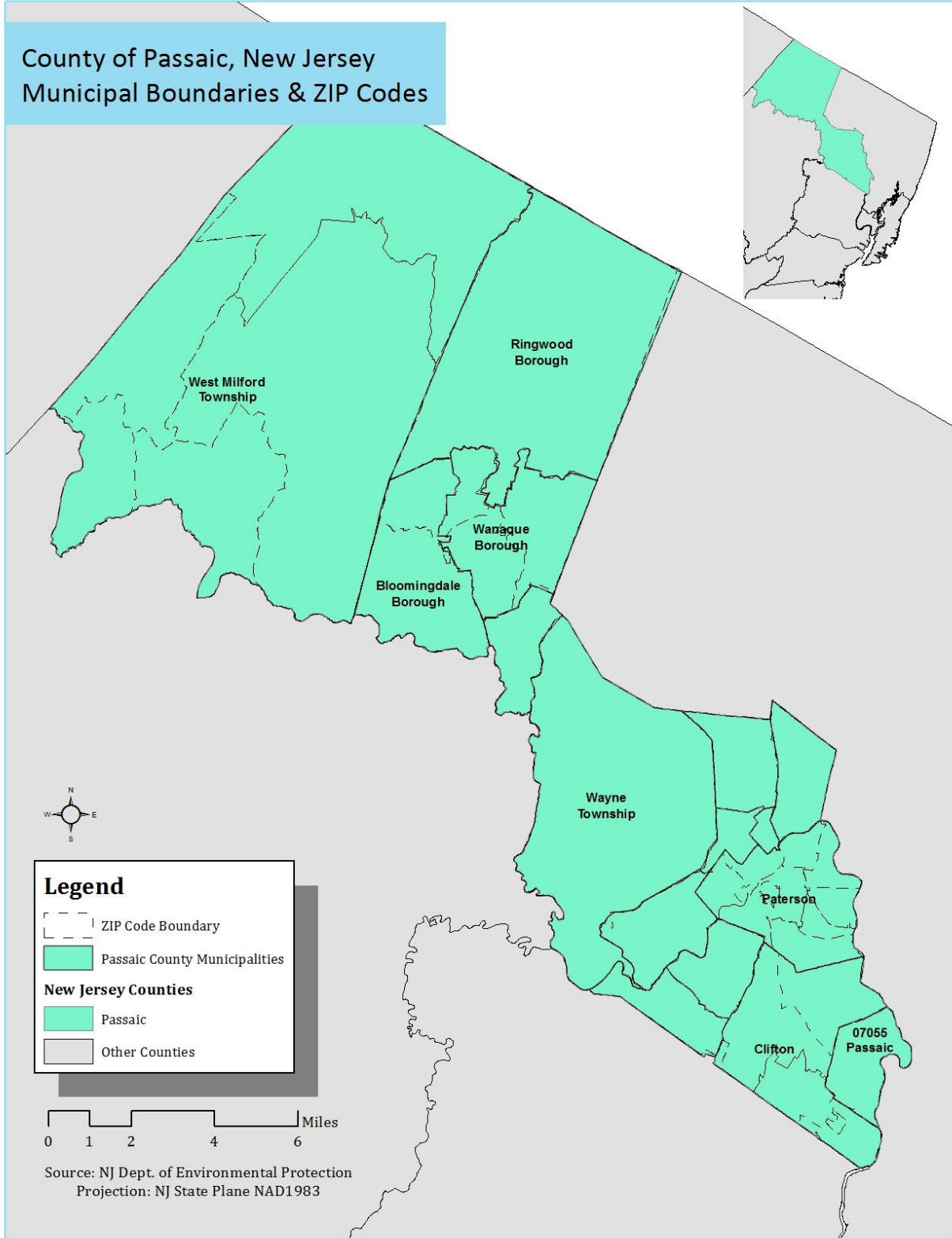
SERVICE AREA CHARACTERISTICS

Passaic County is 193.81 square miles in size, making it the fourth smallest of New Jersey's 21 counties. The County is divided into 16 municipalities – see Map 5. The largest is the Township of West Milford, located at the northern tip of the county with an area of 80+ square miles. The Borough of Prospect Park is the smallest municipality with an area of 0.48 square miles. Passaic City is home to the only NHCAC health center location in Passaic County. According to the U.S. Census Bureau American Community Survey 2012-2016 five-year estimates, a total of 70,536 people live within its borders.

PASSAIC CITY

In a battle over whether to name the commercial center of textile and metal working businesses Passaic Village or The Village of Aquackanock Landing, Passaic Village was formed and later was chartered as a city on April 2, 1873. With a population density of 22,420.9 per square mile, Passaic City has a total area of 3.244 square miles, of which, 3.146 square miles of it is land and 0.098 square miles of it (3.01%) is water. Passaic City is bordered on the north, west and south by the City of Clifton, and to the east by the Passaic River.

County of Passaic, New Jersey Municipal Boundaries & ZIP Codes



Map 8

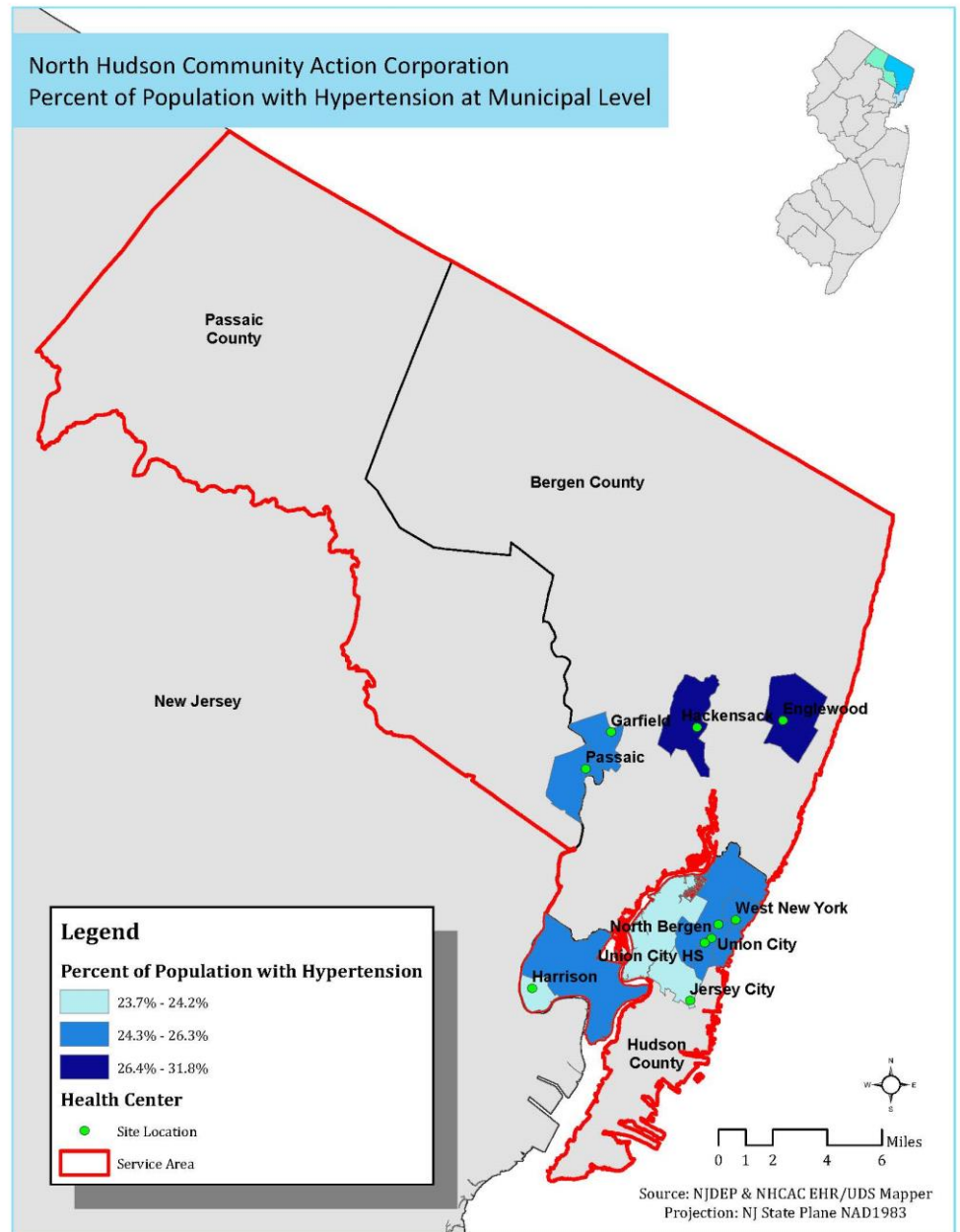
KEY DISEASE PROFILES

NHCAC detailed health data is reported in this section. According to NHCAC's 2017 UDS Report, 63,349 patients were seen for physical ailments (heart disease, obesity, diabetes, etc), 2,789 patients were seen for mental health needs, and 13,437 patients were seen for oral health. Rates for the various NHCAC health concerns were taken from the specific category under which the treatment or diagnosis fell.

HYPERTENSION

Blood pressure is the force of blood against the artery walls as it circulates through the body. Blood pressure normally rises and falls throughout the day, but it can cause health problems if it stays high for a long period of time. Having high blood pressure raises the risk for heart disease and stroke – the leading causes of death in the United States.²⁷ About one in every three American adults has high blood pressure, and only half of these people have their blood pressure under control.

High blood pressure, or hypertension, is often referred to as “the silent killer,” for many individuals are unaware that they have the condition. Unlike most afflictions, hypertension does not have symptoms to aid in diagnosis. Rather, family history and lifestyle choices dictate how at risk an individual is for developing hypertension. Examples of such behaviors include keeping an unhealthy diet, maintaining a sedentary



Map 9

²⁷ “High Blood Pressure”. Centers for Disease Control and Prevention

lifestyle, smoking, alcohol abuse, being obese, and having diabetes. Other characteristics that increase risk for high blood pressure are age and race.²⁸ Because blood pressure tends to rise as people get older, the risk for high blood pressure also increases. African Americans develop high blood pressure more often and earlier in life than any other race.²⁹ Map 6 identifies the percent of the population diagnosed with hypertension.

The total estimated cases of hypertension in Bergen, Hudson and Passaic Counties represent 28 percent (461,477 people) of the total population aged 18 and older. The number is lower than the overall rate of hypertension in the United States (32% or 25,721,979 people).

Population with Hypertension in Reporting Areas, NJ and U.S., 2017

	Total Population (Adults aged 18+)	Total Adults with High Blood Pressure	Percentage of Adults with High Blood Pressure
Bergen County, NJ	727,502	169,508	23.3%
Englewood	21,999	7,002	31.8%
Garfield	24,115	6,300	26.1%
Hackensack	36,427	10,801	29.7%
Hudson County, NJ	530,810	173,575	32.7%
East Newark/Harrison	14,057	3,331	23.7%
Jersey City Heights	34,563	8,359	24.2%
Kearny	32,432	8,545	26.3%
North Bergen	48,951	12,381	25.3%
Secaucus	15,112	3,622	24.0%
Union City	53,833	13,975	26.0%
Weehawken	11,451	2,962	25.9%
W.New York/Guttenberg	50,955	12,860	25.2%
Passaic County, NJ	383,953	119,026	31.0%
Passaic	47,195	12,170	25.8%
Reporting Area	1,642,265	461,477	28.1%
New Jersey	6,909,478	1,948,473	28.2%
United States	244,971,227	79,125,706	32.3%

Sources: UDS Mapper, NJ DOH, Centers for Disease Control and Prevention, BRFSS

Hypertension among NHCAC Patient Population, 2017

	Total Patients with Physical Illness	Total Patients with Hypertension	% of Physical Illness Patients w/Hypertension
NHCAC 2017	27,855	8,826	31.69%

Source: NHCAC EHR 2017

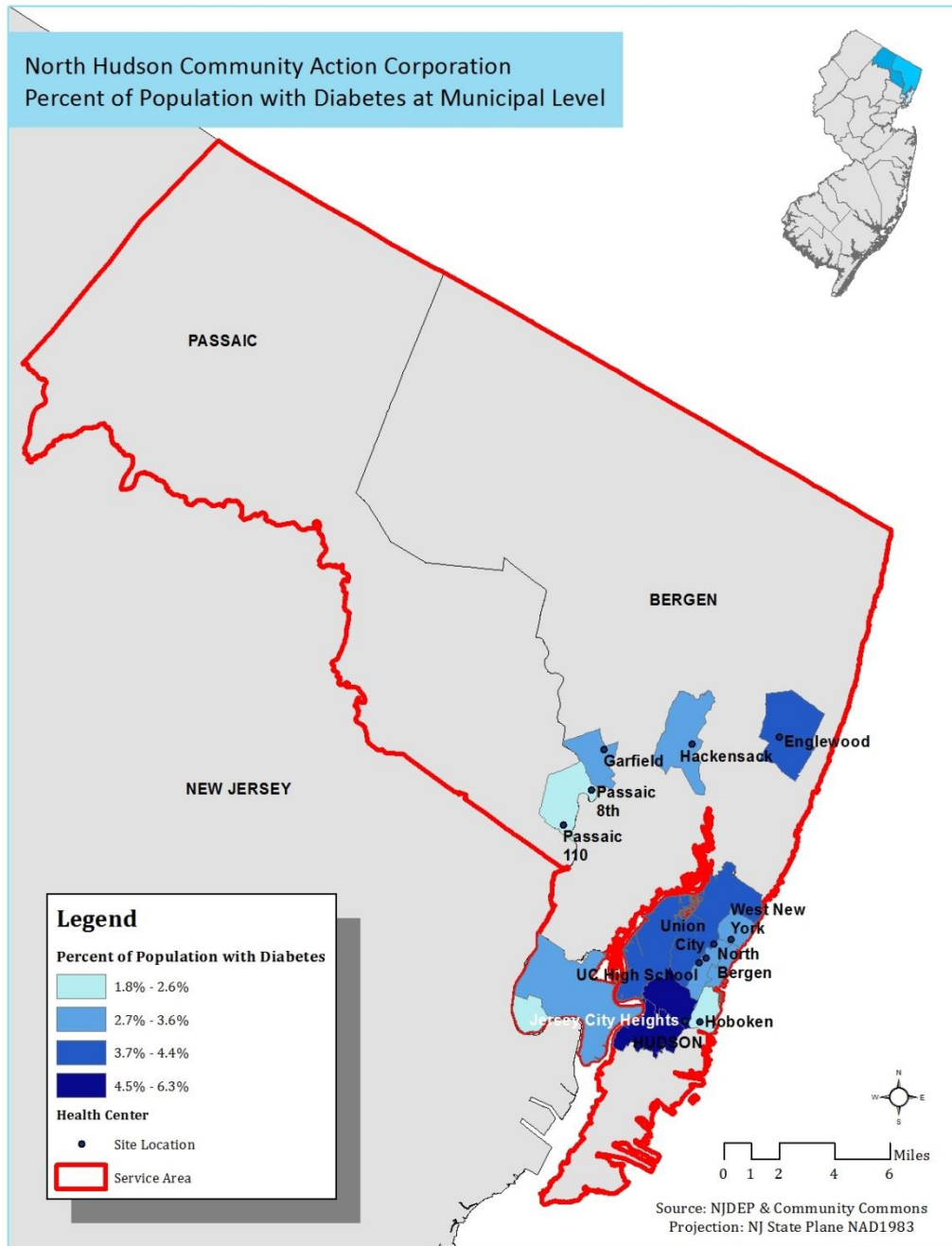
The number of overall NHCAC patients with hypertension, 31.69% percent is also lower than that found in the US, but higher than New Jersey’s overall rate of hypertension (28.2%).

²⁸ Vasan RS, Beiser A, Seshadri S, et al. Residual lifetime risk for developing hypertension in middle-aged women and men: the Framingham Heart Study. JAMA. 2002;287(10):1003-1010.

²⁹ Go AS, Mozaffarian D, Roger VL, et al; the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013;127:e6-245

DIABETES

Diabetes is the seventh leading cause of death in the United States and roughly ten-percent of the American population has the disease as of 2018.³⁰ One of the primary causes of diabetes is heredity, but being overweight and having an unhealthy diet is highly linked to Type II diabetes, the most common form of the disease. Diabetes is most prevalent in non-Hispanic black and Hispanic



Map 10

³⁰ "Statistics About Diabetes." American Diabetes Association.

populations, and low-income communities are disproportionately diagnosed with diabetes when compared to higher income communities.³¹

Population with Diabetes in Reporting Areas, NJ, and U.S., 2017

	Total Population (Adults aged 18+)	Population Diagnosed with Diabetes	Percentage of Population with Diabetes
Bergen County, NJ	727,502	31,283	4.3%
Englewood	21,999	1,681	7.6%
Garfield	24,115	1,733	7.2%
Hackensack	36,427	2,808	7.7%
Hudson County, NJ	530,810	42,465	8.0%
East Newark/Harrison	14,057	1,182	8.4%
Jersey City Heights	34,563	2,993	8.7%
Kearny	32,432	2,753	8.5%
North Bergen	48,951	4,416	9.0%
Secaucus	15,112	1,159	7.7%
Union City	53,833	5,018	9.3%
Weehawken	11,451	964	8.4%
W. New York/Guttenberg	50,955	4,665	9.2%
Passaic County, NJ	383,953	33,020	8.6%
Passaic	47,195	5,235	11.1%
Reporting Area	1,642,265	140,880	8.6%
New Jersey	6,909,478	566,577	8.2%
United States	244,971,227	25,721,979	10.5%

Sources: UDS Mapper, NJ DOH, Centers for Disease Control and Prevention, BRFSS

However, the rate of patients in 2017 with diagnosed diabetes at NHCAC was over seven percent higher than the United States as a whole, and between eight percent and thirteen percent higher than any of the three counties. Map 7 identifies the concentration of persons diagnosed with diabetes.

Diabetes among NHCAC Patient Population, 2017

	Total Patients with Physical Illness	Total Patients with Diabetes	Percent of Physical Illness Patients with Diabetes
NHCAC 2017	27,855	4,873	17.49%

Source: NHCAC EHR 2017

CARDIOVASCULAR DISEASE

Leading risk factors for heart disease and stroke include high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, and being overweight or obese. Cardiovascular health is substantially influenced by societal factors such as access to health care, access to healthy foods, educational opportunities, opportunities for physical activity, and healthy

³¹ “Low Income Populations and Physical Activity: An overview of issues related to active living.” Active Living by Design.

working conditions.³² Death rates due to heart disease are highest in Hudson, Essex, and Ocean counties.³³

Population with Heart Disease in the Reporting Areas, NJ, and U.S., 2017

	Total Population (Adults aged 18+)	Total Adults with Heart Disease	Percentage of Adults with Heart Disease
Bergen County, NJ	727,502	18,915	2.6%
Hudson County, NJ	530,810	19,109	3.6%
Passaic County, NJ	383,953	10,751	2.8%
Report Area	1,642,265	47,626	2.9%
New Jersey	6,909,478	241,832	3.5%
United States	244,971,227	9,553,878	3.9%

Source: Centers for Disease Control and Preventions, BRFSS

Less than three percent (2.9%) of adults residing in the service area have coronary heart disease; this is lower than that of the State and the nation, which stands at 3.5 percent and 3.9 percent respectively. Upon closer examination however, Hudson County has a higher rate of heart disease (3.6% or 19,109 adults) than that of New Jersey.

Heart Disease among NHCAC Patient Population, 2017

	Total Patients with Physical Illness	Patients with Heart Disease	Percentage of Physical Illness Patients with Heart Disease
NHCAC 2017	27,855	945	3.39%

Source: NHCAC EHR 2017

OBESITY

According to the CDC, overweight and obesity describe ranges of weights that are higher than what is considered healthy for a given height. Obesity is caused by a variety of factors, including genetics, overeating, and lack of adequate physical activity. As weight increases, people are at greater risk for a range of health conditions, including heart disease, Type 2 diabetes, cancer, hypertension, stroke, and respiratory problems.

The CDC further reports that childhood obesity has risen dramatically in the United States in the past decade, particularly among young children from low-income and minority groups. Lack of physical activity and poor nutrition are significant contributors to childhood obesity. Overweight preschool children are now suffering the precursors of chronic diseases and negative health consequences formerly seen only in adults. These include:

- Depression/Social Isolation
- Type II Diabetes
- Cardiovascular Diseases
- High Blood Pressure
- High Cholesterol

³² Healthy People 2020 and 2013

³³ New Jersey Department of Health: Center for Health Statistics

- Orthopedic Problems/Destruction of weight-bearing joints

While obesity is a rising problem for all populations in New Jersey and in the Agency’s service area, there are substantial racial disparities present. Obesity is most prevalent amongst minorities with 37.6% of blacks in New Jersey and 37% of Hispanics aged 20+ considered obese, compared with 25.3% of whites, and 9.2% of Asians.³⁴ According to New Jersey’s Department of Health, this disparity starts at a young age.

The tables below show the most recently available data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) on overweight and obesity in the service area. Also shown is the number and percentage of NHCAC patients who were treated for obesity or overweight.

Obese Population in Report Areas, NJ, and U.S., 2017

	Total Population (Adults aged 20+)	Adults with BMI > 30.0 ("Obese")	Percentage of Adults with BMI > 30.0
Bergen County, NJ	707,036	160,497	22.7%
Hudson County, NJ	517,439	167,133	32.3%
Passaic County, NJ	370,259	110,707	29.9%
Report Area	1,594,734	432,173	27.1%
New Jersey	6,677,677	1,802,973	27.0%
United States	236,051,598	74,592,305	31.6%

Source: Centers for Disease Control and Prevention, BRFSS

Overweight/Obesity among NHCAC Patient Population, 2014

	Total Patients with Physical Illness	Total Patients who are Overweight or Obese	Percentage of Patients who are Overweight or Obese
NHCAC 2014	29,325	6,777	23.11%

The Head Start community surveyed reported that poor food choices are a major source of health issues in the counties. This is evident in the Agency’s Head Start/Early Head Start annual Program Information Report where 44% of the children were either obese or overweight. It should be noted that NHCACs largest practice site (West New York) alone served 3,302 unduplicated hypertension patients; 6,200 unduplicated obese patients; and 1,524 unduplicated diabetic patients between 2012 and 2014.

CANCER

National Air Toxic Assessments (NATA) analysis indicates that the cumulative impact of air toxics poses an elevated cancer risk in heavily trafficked areas, with the highest cancer risks in Bergen, Essex, Hudson, and Passaic Counties. Diesel emissions, fine particulate matter (PM 2.5), and air toxics (benzene, 1,3-butadiene, ethylbenzene and formaldehyde), particularly those emitted by vehicles, are increasingly linked to an array of adverse health effects including cancer, asthma, birth

³⁴ New Jersey Department of Health: Center for Health Statistics; 2012

defects, and brain damage.³⁵ Though the overall death rate due to cancer has declined throughout the region over the past decade, presumably due to improvements in early detection screenings, improvements in air quality is still direly needed throughout the service area.

COLORECTAL CANCER

The National Cancer Institute (NCI) describes colon cancer as a cancer that develops in the tissue of the colon, the longest part of the large intestine. Most colon cancers start in cells that produce and release mucus and other fluids. Rectal cancer forms in the tissue of the rectum, the last part of the large intestine closest to the anus. A cancer that starts at either of these areas is known as colorectal cancer. The risk factors for colorectal cancer include family history, being 50 years or older, and polyps in colon or rectum. Even though most polyps are non-cancerous, some can and do become cancerous. Other risk factors that were identified were a personal history of cancer, an unhealthy diet, and smoking tobacco.³⁶

Population with Colorectal Cancer in the Reporting Areas, NJ, and U.S., 2011-2015

	Population	Average New Cases per Year	Annual Incidence Rate per 100,000
Bergen County, NJ	930,310	447	38.3
Hudson County, NJ	668,526	254	41.4
Passaic County, NJ	507,204	215	40
Report Area	2,106,040	4,346	41.9
New Jersey	8,915,456	139,950	39.2
United States	318,558,162	447	38.3

Source: NIH State Cancer Profiles, US Census Bureau

The total incidence rate of colorectal cancer in the three-county area is 43.5. However, in Hudson County the incidence rate of colorectal cancer is almost 10% higher than it is in the US overall.

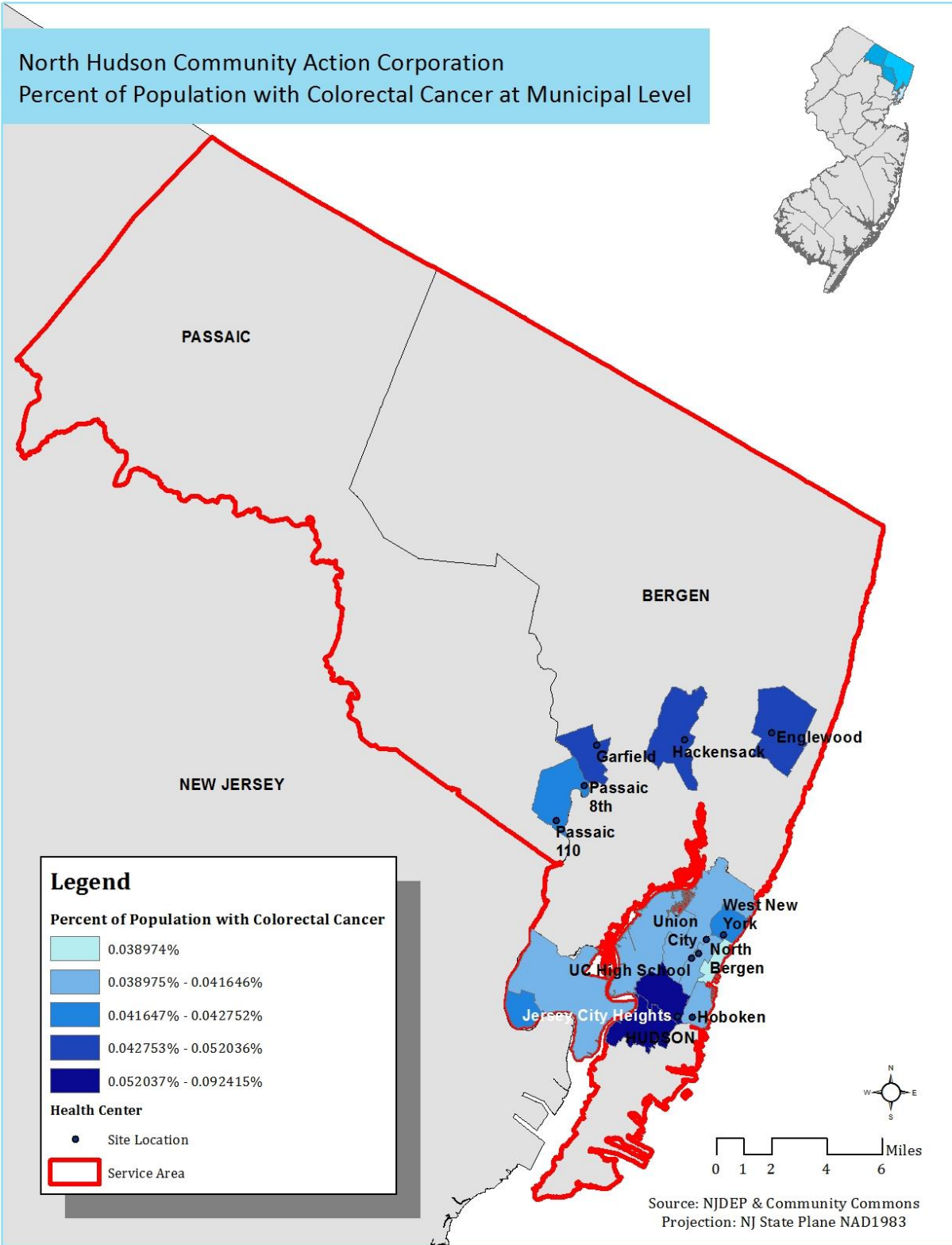
BREAST CANCER

Breast cancer is the second most common cancer among women in the United States. Risk factors include family history of breast cancer, early onset of menstruation (before age 12), radiation exposure, being obese or overweight, and lack of physical activity. According to the New Jersey Department of Health: Center for Health Statistics, statewide incidence levels of breast cancer have been relatively stable for a decade. The Healthy People 2020 reports that screening is critical in identifying certain types of cancer, including breast, cervical, and colorectal cancers. This underscores the need to facilitate easy access to facilities where screenings are available. Screenings are vital in the communities served. Statewide data shows that 78.8% of white women aged 50 and older in New Jersey had a mammogram in the period 2011-2016, compared with 88.1% of black women, and 86.6% of Hispanic women.

³⁵ Environmental Protection Agency. (2013, February 22). *National Air Toxic Assessments*. Retrieved from Technology Transfer Network Air Toxics Web Site: <http://www.epa.gov/nata/>

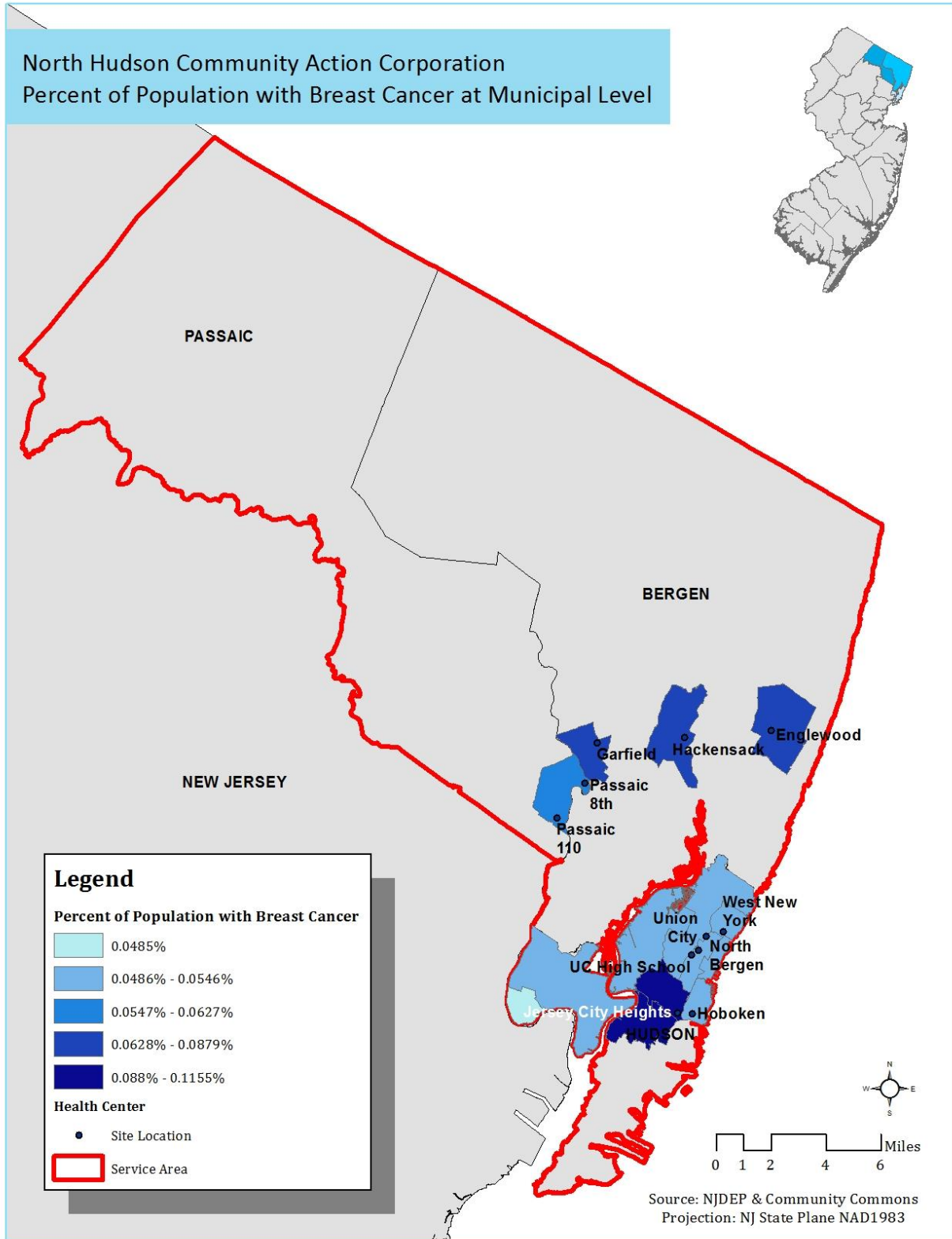
³⁶ NCI, What You Need to Know about Colorectal Cancer, 2012.

North Hudson Community Action Corporation
 Percent of Population with Colorectal Cancer at Municipal Level



Map 11

BREAST CANCER



Map 12

BREAST CANCER

Breast cancer is the second most common cancer among women in the United States. Risk factors include family history of breast cancer, early onset of menstruation (before age 12), radiation exposure, being obese or overweight, and lack of physical activity. According to the New Jersey Department of Health: Center for Health Statistics, statewide incidence levels of breast cancer have been relatively stable for a decade. The Healthy People 2020 reports that screening is critical in identifying certain types of cancer, including breast, cervical, and colorectal cancers. This underscores the need to facilitate easy access to facilities where screenings are available. Screenings are vital in the communities served. Statewide data shows that 78.8% of white women aged 50 and older in New Jersey had a mammogram in the period 2011-2016, compared with 88.1% of black women, and 86.6% of Hispanic women.

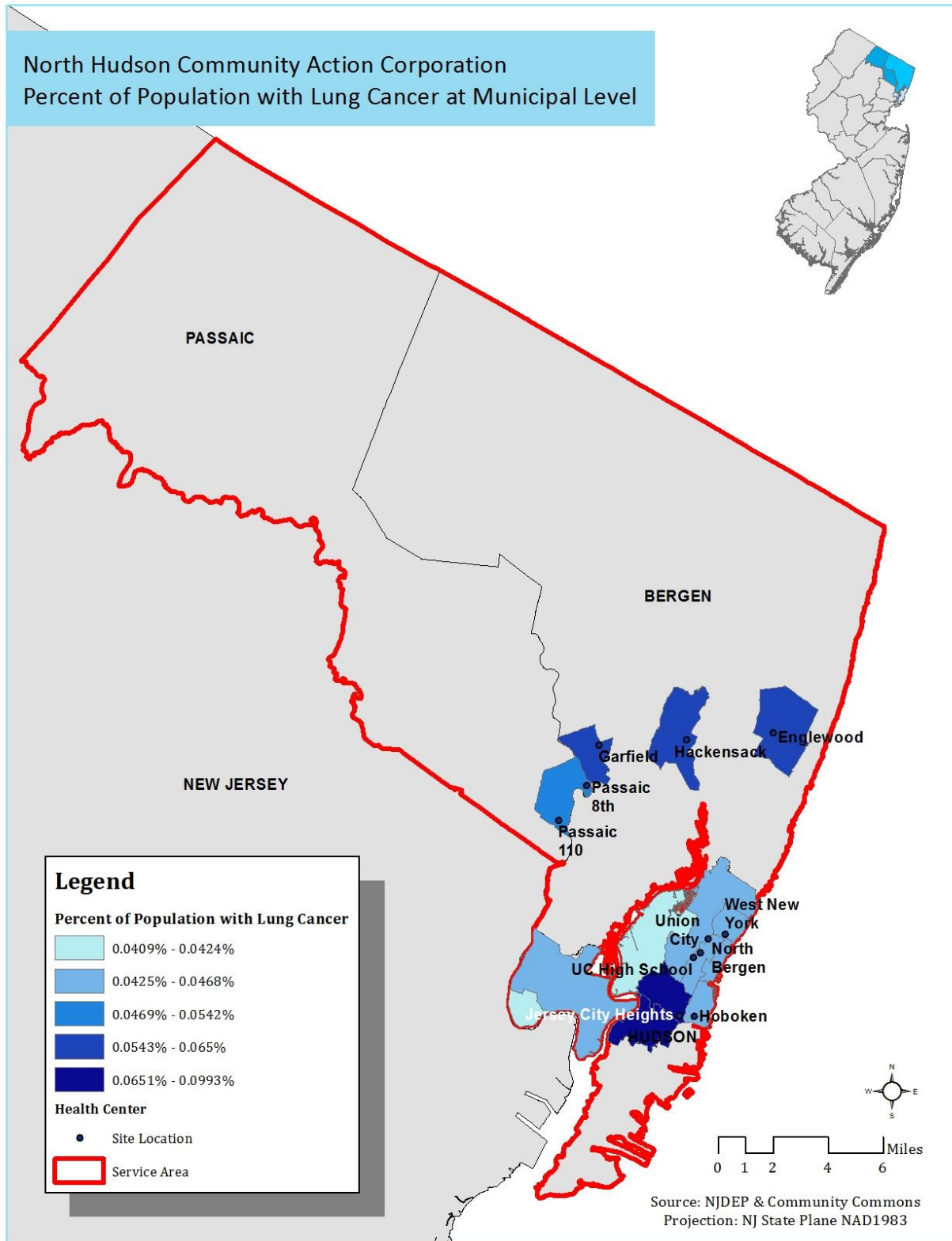
Population with Breast Cancer in the Reporting Areas, NJ, and U.S., 2011-2015

	Female Population	Average New Cases per Year	Annual Incidence Rate per 100,000
Bergen County, NJ	479,981	822	135.5
Hudson County, NJ	336,316	356	104.4
Passaic County, NJ	260,356	344	117
Report Area	1,076,653	1,522	141.4
New Jersey	4,564,925	7,357	133.4
United States	161,792,840	234,445	124.7

Source: NIH State Cancer Profiles, US Census Bureau

PROSTATE CANCER

Population with Prostate Cancer in the Reporting Areas, NJ, and U.S., 2011-2015

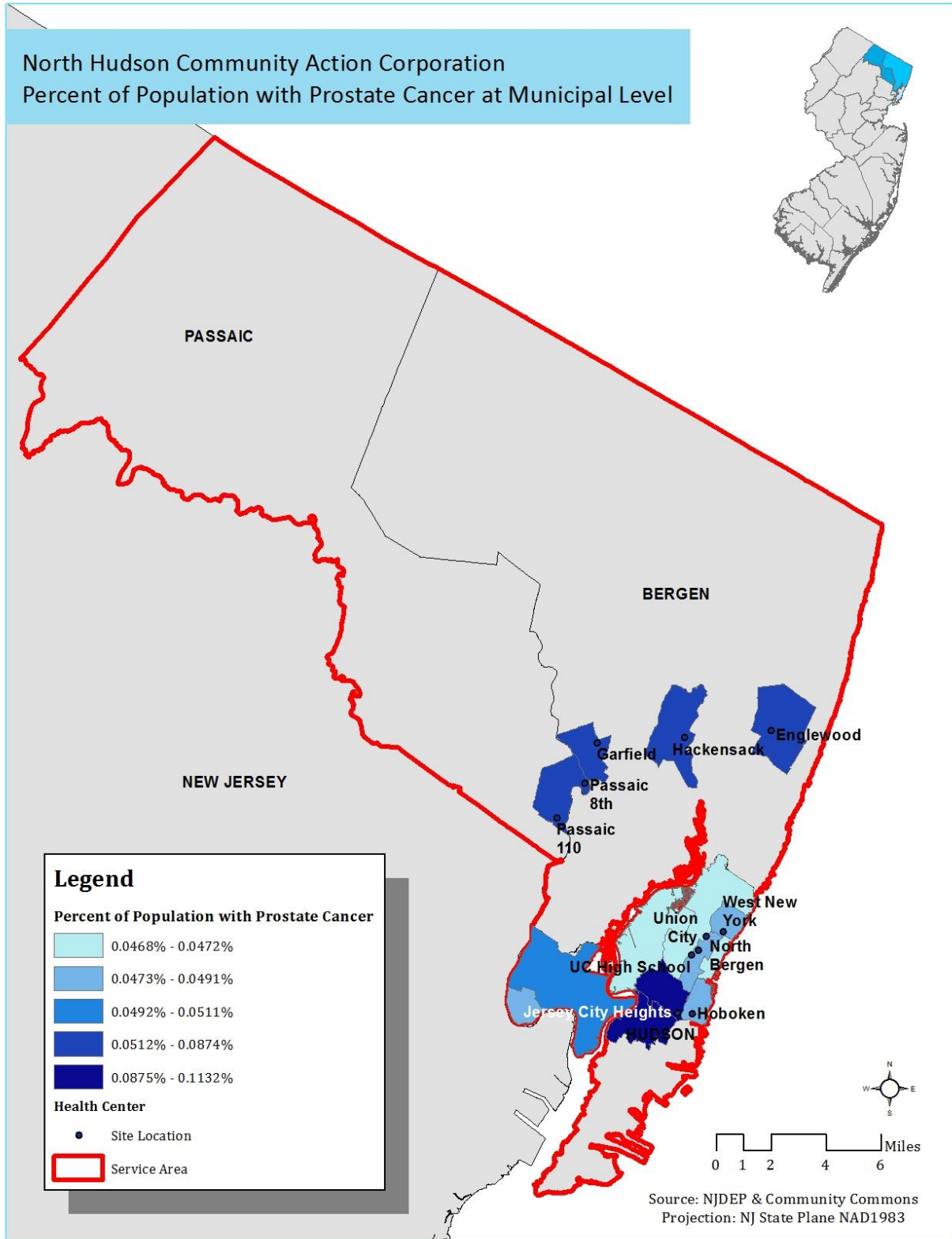


Map 13

	Male Population	Average New Cases per Year	Annual Incidence Rate per 100,000
Bergen County, NJ	450,329	714	131.1
Hudson County, NJ	332,210	297	111.8
Passaic County, NJ	246,848	342	137.1
Report Area	1,029,387	1,353	131.4
New Jersey	4,350,531	6,575	134.7
United States	156,765,322	190,639	109.0

Source: NIH State Cancer Profiles, US Census Bureau

PROSTATE CANCER



Map 14

CERVICAL CANCER

Population with Cervical Cancer in the Reporting Areas, NJ, and U.S., 2011-2015

	Female Population	Average New Cases per Year	Annual Incidence Rate per 100,000
Bergen County, NJ	479,981	36	6.7
Hudson County, NJ	336,316	35	10.1
Passaic County, NJ	260,356	21	7.9
Report Area	1,076,653	92	8.5
New Jersey	4,564,925	380	7.6
United States	161,792,840	12,529	7.5

Source: NIH State Cancer Profiles, US Census Bureau

LUNG CANCER

Lung cancer is the leading cause of cancer death, and the second most diagnosed cancer in both men and women in the United States. Lung cancer begins in the lungs and may spread to lymph nodes or other organs in the body, such as the brain. Cancer from other organs also may spread to the lungs. Lung cancer also can be caused by using other types of tobacco (such as pipes or cigars), breathing secondhand smoke, being exposed to substances such as asbestos or radon at home or work, and having a family history of lung cancer.³⁷

Population with Lung Cancer in the Reporting Areas, NJ, and U.S., 2011-2015

	Population	Average New Cases per Year	Annual Incidence Rate per 100,000
Bergen County, NJ	930,310	596	50.9
Hudson County, NJ	668,526	274	46.3
Passaic County, NJ	507,204	266	49.6
Report Area	2,106,040	1,136	53.9
New Jersey	8,915,456	5,940	57.3
United States	318,558,162	217,545	60.2

Source: NIH State Cancer Profiles, US Census Bureau

ASTHMA

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of breathing problems due to airway narrowing and obstruction. Symptoms include wheezing, coughing, and shortness of breath; episodes can range from mild to life---threatening. Risk factors include family history of asthma, having childhood respiratory infections, and being overweight.³⁸ Episodes are triggered by a variety of factors, including pollen, air pollution, cigarette smoke, mold, pet dander, and dust mites. As a chronic disease, asthma cannot be cured, but avoiding environmental and occupational triggers helps in reducing episodes of asthma.³⁹

The Air Quality Report prepared as part of the Together North Jersey's 2013 Report focuses on four principal pollutants which have major impacts on respiratory health in the northern region of the

³⁷ CDC: Basic Information about Lung Cancer, 2013

³⁸ Healthy People 2020, 2013

³⁹ New Jersey Department of Health: Center for Health Statistics

State: fine particulate matter, diesel particulate matter, and air toxics (benzene, 1,3-butadiene, ethylbenzene and formaldehyde). Mobile sources such as cars, trucks, and buses are major contributors to the emission of these pollutants to the air in the region. The Air Quality report noted that a growing body of research links asthma, low birth weight, and other adverse health effects to exposure to motor vehicle exhaust, particularly among those who live near heavily-traveled roadways. Diesel emissions are of particular concern in older urban areas like Hudson County.

The average rate of asthma hospitalizations per 10,000 in New Jersey was 7.3 in 2016. This rate varied substantially by county with Passaic (11.9) and Hudson (7.5) counties experiencing the highest rates of asthma hospitalization. The most current data from the New Jersey Department of Health reports that statewide, asthma hospitalization rates fell from 15.2 in 2000 to 7.3 in 2017.

Population with Asthma in Reporting Areas, NJ, and U.S., 2011-2016

	Survey Population	Total Adults with Asthma (Adults aged 18+)	Percentage of Adults with Asthma
Bergen County, NJ	727,502	101,123	13.9%
Hudson County, NJ	530,810	52,550	9.9%
Passaic County, NJ	383,953	51,834	13.5%
Reporting Area	1,642,265	203,641	12.4%
New Jersey	6,909,478	842,956	12.2%
United States	244,971,227	20,087,641	8.2%

Source: NJDOH, Centers for Disease Control and Prevention, BRFSS

As for asthma among children, health survey data for 2013-2014 show that 10.1 percent of Hudson County children have asthma, 5.7 percent of Bergen County children have asthma, and 10.9 percent of children in Passaic County have asthma. This compares with 9.0 percent of children throughout the state.

Asthma among NHCAC Patient Population, 2017

	Total Patients with Physical Illness	Patients with Asthma	% of Patients w/Asthma
NHCAC 2017	27,860	2,124	7.62%

NHCAC 2017 patient data shows that a moderate amount of individuals have asthma. However, only 23.6 percent of patients between the ages of five and 40 have an acceptable plan to control their asthma.

With appropriate management, asthma can be controlled so that most visits to the Emergency Department (ED) are avoided. In 2017, residents of:

- Bergen County had 2,594 total asthma ED visits, or 29.8 per 10,000;
- Hudson County had 3,913 total asthma ED visits, or 59 per 10,000 residents; and
- Passaic had 3,626 total asthma ED visits, or 72.5 per 10,000 residents.

Note: compared with the state average of 56.5 asthma ED visits per 10,000 residents.

Asthma ED visit rates for all age groups in all three counties were at or above their state averages and grew faster than their respective state averages from 2004–2012. It should also be noted that

Hudson County contains 7.4 percent of the state's population and accounted for 7.3 percent of the state's asthma ED visits.

Asthma ED visits tend to vary by age, with children having higher visit rates than adults. Rates for all counties for adults aged 35 and older were above their state averages, while rates for children under age five and young adults aged between 18 and 34 years were consistently below their state averages.

Asthma ED visits also vary quite a bit among racial and ethnic groups:

- The highest rate was for non-Hispanic black residents of Hudson County, at 5.2 times the rate for non-Hispanic white residents and 3.2 times the rate for Hispanic residents.
- The asthma ED visit rate for Hispanic residents was 1.7 times the rate for non-Hispanic white residents.

Note: An analysis of asthma-related ED visits by municipality from 2008–2012 showed that only Jersey City's rate exceeded the state average (by 12%). Jersey City accounted for 50% of Hudson County's asthma ED visits while holding only 40% of the population.

Asthma hospitalizations tend to be highest among the youngest and oldest residents in the region. Rates for all age groups were above the state average for comparable age groups throughout the 2002–2012 period (rolling averages are used for comparability because of low numbers in some age groups in some counties).

- Passaic County showed the largest difference for children under age five – children averaged 65 percent higher than the state rate over the period.
- The smallest difference was for young adults aged 18–34 in Passaic County, who averaged 23 percent above the state rate over the period.
- Asthma hospitalization rates for most Passaic County age groups declined somewhat over the period. However, two groups increased: 1) adults 65 and over increased 35 percent, versus an 18 percent increase for the state average; 2) children age five to 17 increased nine percent, versus a three percent decline in the state average.
- Bergen County's rate of asthma hospitalizations has been from 27 to 40 percent lower than the state average in these years.
- Asthma hospitalization rates from 2002–2012 for all Hudson County age groups were above their state averages, on average, over the period. Rates for all age groups other than adults ages 65 and over declined over the period. Rates for adults ages 65 and over increased by 38 percent over the period, while the statewide average for people that age increased by 18 percent.

According to the Healthy New Jersey 2020 Report, New Jersey has adopted a broad, multi-disciplinary approach to addressing asthma. The complex nature of this epidemic requires partnerships with State as well as non-governmental organizations.

The DOH-Asthma Program and the State Asthma Committee partnered to create the New Jersey Asthma Strategic Plan 2008-2013, which serves as a guidance document for the state government, healthcare providers, community organizations, public health advocates and others in the awareness, management and treatment of asthma in New Jersey. The DOH actively supported the American Lung Association of New Jersey and the New Jersey Thoracic Society in the founding of the Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) to act as a statewide clearinghouse for pediatric asthma programs and services. NHCAC Health Center must continue to seek funding

opportunities for Asthma education to help achieve the Healthy New Jersey 2020 goals of reducing asthma hospitalizations and reduced deaths.

ORAL HEALTH

Access to comprehensive dental services are essential for all, but even more important for those in NHCAC's targeted service area who experience a disproportionate impact from its lack – namely minority children, low-income families, persons with limited English proficiency, the uninsured and underinsured. For the Agency's target area, this presents serious problems as significant portions of the populations fall into one or more of these high risk groups.

According to a 2013 CDC report, dental caries is the most common chronic disease affecting children in the United States; 5 times more than asthma and 7 times more common than hay fever. The report also cited that children in low-income households and children of racial and ethnic minority groups have twice as much untreated decay in their permanent teeth, but only receive about half as many dental sealants. Tooth decay has a direct relationship to heart disease and stroke, yet studies show that children living in poverty are twice as likely not to seek preventive dental care. In fact, children living in poverty are twice as likely to have decay, and 80% of decay is found in 25% of African-American and Hispanic/Latino children.

Population with No Dental Visit in Last Year in the Reporting Areas, NJ, and U.S, 2016

	Total Population (Adults aged 18+)	Total Adults with Poor Oral Health	Percentage Adults with Poor Oral Health
Bergen County, NJ	727,502	190,606	26.2%
Hudson County, NJ	530,810	153,935	29.0%
Passaic County, NJ	383,953	116,722	30.4%
Reporting Area	1,642,265	461,477	28.1%
New Jersey	6,909,478	1,837,921	26.6%
United States	244,971,227	82,555,303	33.7%

Source: NJDOH, Centers for Disease Control and Prevention, BRFSS

BRFSS data for Hudson and Passaic County show that about 30 percent of each county's adults had not seen a dentist in the past year. In addition, 7.03 percent of dental patients at NHCAC were treated for emergency services.

Selected Dental Hygiene Services Performed at NHCAC Health Centers, 2017

Dental Hygiene (selected services)	NHCAC 2017	Percent treated for condition
Emergency	1,959	7.03%
Restorative	4,896	17.58%
Oral Surgery	2,074	7.45%
Rehabilitative	2,753	9.88%

MENTAL HEALTH

Depression among NHCAC Patient Population, 2017

	Total Patients with Mental Health Issues	Total Patients with Depression	Percentage of Mental Illness Patients with Depression
NHCAC 2017	4,841	2,322	47.97%

Many factors contribute to depression. According to the 2006-2012 BRFSS, over 24 percent of individuals in the three-county study area do not feel they have adequate social or emotional support.

Population with a Form a Depression in the Reporting Areas, NJ, and U.S., 2011-2016

	Total Population (Adults aged 18+)	Total Adults with Depression	Percentage Adults with Depression
Bergen County, NJ	727,502	10.4%	75,660
Hudson County, NJ	530,810	11.5%	61,043
Passaic County, NJ	383,953	12.2%	46,842
Report Area	1,642,265	11.2%	183,934
New Jersey	6,909,478	12.1%	836,047
United States	244,971,227	17.3%	42,380,022

Source: NJDOH, Centers for Disease Control and Prevention, BRFSS

Homeless populations have high concentrations of mental illness. The three-county study area contains 1,573 homeless households. Hudson County has the largest homeless population (822 persons), and 24 percent of those homeless individuals suffer from depression, while 22 percent have a substance abuse problem. Low-income populations are more susceptible to monetary stresses that can lead to mental health issues. In addition, low-income areas are more vulnerable to crime, which can also create stress or mental disorders. Garfield, West New York and Passaic have large, low-income populations, with an average of 26 percent of the population below the poverty line.

Mental health is a key driver of health status. Economic and social insecurity often are associated with poor mental health. Poverty, unemployment, heavy alcohol and tobacco consumption, and physical inactivity affect mental health as well.

OTHER RELEVANT COMMUNITY/ENVIRONMENTAL DATA

SUBSTANCE ABUSE

Data from the National Institute on Drug Abuse show that age-adjusted rate of drug overdose deaths increased significantly in New Jersey by 29.3 percent from 2016 (23.2 deaths per 100,000) to 2017 (30.0 deaths per 100,000). Between 2011 and 2016, the age-adjusted death rate due to drug induced causes more than doubled among New Jersey residents. In Hudson County, there are 234 drug overdose deaths per 100,000 in and the mortality rate is 12 percent. New policies have taken into account the gray areas that exist when criminalizing substance abuse because high incidences of substance abuse have rippling social effects including major impacts on families, especially children.

Drug courts are specialized courts that offer drug dependent criminal offenders intensive treatment as an alternative to traditional incarceration. The effectiveness of drug courts is well documented. Characteristics of successful drug courts are limiting participation to nonviolent offenders, having longer treatment periods, conducting weekly staff meetings, or requiring restitution but not fines, community service, or Alcoholics Anonymous/Narcotics Anonymous attendance.⁴⁰

The National Institute of Justice's Multisite Adult Drug Court Evaluation (MADCE) found that: Drug court participants reported less drug use (56 percent versus 76 percent) and were less likely to test positive for drug use (29 percent versus 46 percent) than the comparison probationers. Participants also reported less criminal activity (40 percent versus 53 percent) and had fewer rearrests (52 percent versus 62 percent, but not statistically significant difference) than the comparison probationers. Additional MADCE research found that drug courts produce an estimated \$1.50 in benefits for every dollar in costs.

There is strong evidence that drug courts family treatment drug courts (FTDCs) increase the likelihood that children will safely reunite with their parent or parents. Parents assigned to FTDC are more likely to enter and complete substance abuse treatment than parents receiving usual care.⁴¹ In a Baltimore-based study, a FTDC yielded \$5,500 of savings per family by reducing foster care use and increasing family reunification.

Approximately 10 years ago, the Hudson County Comprehensive Alcoholism and Drug Abuse Plan attempted to incorporate drug abuse prevention and treatment needs into the existing County-based planning process. The Plan identifies service gaps and priority needs in Hudson County. The Plan's goals were, and continue to be, to:

1. Eliminate the abuse of alcohol and other drugs in the community, particularly among adolescents and pre-adolescents;
2. Build the capacity of the community to fight drug abuse; and
3. Improve the quality of life in the community by creating an atmosphere in which people have hope and can build a better future.

⁴⁰ Shaffer DK. Looking inside the black box of drug courts: A meta-analytic review. *Justice Quarterly*. 2011;28(3):493-521.

⁴¹ van Wormer J, Hsieh ML. Healing families: Outcomes from a family treatment drug court. *Juvenile & Family Court Journal*. 2016;67(2):49-65.

The Plan identified the highest priority services for fighting alcoholism and drug abuse, which are:

- Substance abuse treatment services;
- Counseling services;
- HIV treatment;
- Case management;
- Income maintenance services;
- Medical treatment;
- Affordable housing;
- Community education services;
- Mental health treatment services; and
- Information and referral services.

In 2017, 4.8 percent of the mental health patients were treated for substance abuse conditions. In order to better assist families, the Agency must maximize access to programs, facilities and resources by Hudson County agencies and individuals. This is essential for a comprehensive and integrated continuum of prevention and/or treatment for our families.

SEXUALLY TRANSMITTED DISEASE

A neighborhood's level of reproductive health is dependent on access to accurate information and affordable contraception. Culture also plays a role in maintaining one's reproductive health, as certain religions and ethnic groups discourage use of condoms and other methods of birth control.

Hispanics make up 17 percent of the U.S. population, but account for 26 percent of diagnosed cases of HIV in 2016. Lower percentages of Hispanics and Latinos than whites who were living with HIV, were aware that they had the disease and those that were aware had lower rates of treatment.

According to the World Health Organization (WHO), sexual transmitted infections or sexually transmitted diseases (STI/STDs) are spread from person to person by sexual contact. Common STD causing bacteria include gonorrhea, chlamydia, and syphilis. Common sexually transmitted viral infections include HIV, genital herpes, genital warts, and Hepatitis B. A common sexually transmitted parasitic infection is vaginal trichomoniasis, while yeast can cause vulvovaginitis in women, and inflammation of the penis glans, balanitis in men.

According to the 2017 data from NHCAC, 18% of the 47W8 patients treated for STDs were diagnosed with Hepatitis C and HIV.

Women and their infants are uniquely vulnerable to the consequences of sexually transmitted infections (STI). While individual-level determinants, including high-risk behaviors, contribute to disease transmission and acquisition risk, it is widely accepted that social barriers to STD prevention and control efforts also contribute to infectious disease prevalence.⁴² The use of condoms is an effective safe sex practice to prevent HIV and other sexually transmitted infections including, gonorrhea, chlamydia, syphilis and trichomoniasis. However, abstinence is the safest measure to protect against the transmission of syphilis and herpes, which are spread through skin-to-skin

⁴² Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services. 2018

contact. These risks factors are heightened for racial and ethnic minorities, adolescents and young people affected by disparities in access to health care including lack of insurance, cultural discrimination, language barriers and provider distrust.

WATER QUALITY

Water quality is a significant concern in New Jersey, and particularly for the patients/clients in the Agency's service area. None of the three counties served have fluoridated water. Spokespersons from the counties water providers say that although there may be some naturally occurring fluoride in the water supply, they cannot purposefully add the element without approval from each of the communities they serve. Although other fluoride-containing products are available, water fluoridation remains the most equitable and cost-effective method of delivering fluoride to all members of most communities, regardless of age, educational attainment, or income level. Tooth enamel of a child's developing primary and permanent teeth will be permanently strengthened, and tooth decay prevented, by absorbing fluorides from the blood. These can come from natural or added fluoride in drinking water, food or toothpaste, among other sources.

The fluoride level the U.S. Centers for Disease Control (CDC) recommend to prevent tooth decay is 0.7 parts of fluoride per million parts (ppm) of water, and not more than 2.0 ppm to avoid mild fluorosis (hypomineralization of tooth enamel). If a water supply has less than that amount naturally, adding fluoride to bring levels to the recommended level results in "fluoride-adjusted" water supplies.

The majority of the service area's municipalities are served by Suez North America which uses reservoirs in Oradell, Woodcliff Lake and Lake Tappan in Bergen County, as well as Lake DeForest Reservoir in Rockland County, N.Y.

Kearny and East Newark are serviced by the North Jersey District Water Supply Commission in Wanaque, which receives its water from a reservoir in Wanaque, Passaic County. Harrison and Passaic are served by the Passaic Valley Water Commission in Little Falls, which receives its water from a Wanaque reservoir as well as the Passaic River.

AIR QUALITY

The air in New Jersey is affected by many naturally occurring and manufactured pollutants. Air quality in the state varies significantly depending on location, time and weather conditions. High or prolonged levels of air pollution are associated with increases in morbidity and mortality from respiratory illnesses, such as asthma and lung cancer. The Clean Air Act requires that National Ambient Air Quality Standards (NAAQS) be set for carbon monoxide, PM-10, lead, sulfur dioxide, nitrogen dioxide, and ozone.

The cities served are densely populated, heavily developed, multi-modal and heavily traveled. Consequently, air quality is of particular importance. Toxic air pollutants can cause serious health effects such as "damage to the immune system, neurological, reproductive (i.e. reduced fertility), developmental, respiratory and other health problems."

Particularly, air pollution in Hudson County originates from a mix of mobile, area and point sources with significant contributions from sources outside the County. Areas are designated as "attainment" or "non-attainment" status depending on whether they meet the National Ambient Air Quality Standards (NAAQS) for six criteria pollutants. The nationwide monitoring network established rates the air quality of an area from "good to very unhealthy."

In early 2018, the Federal Environmental Protection Agency (EPA) designated Hudson County as failing to meet air-quality standards. Following, the county was given failing grades by the American Lung Association's 2018 "State of the Air" report. Hudson failed in the High Ozone Days category.

Ozone, commonly known as smog, is an air pollutant that forms in the atmosphere when hydrocarbon vapors react with nitrogen oxides in the presence of sunlight. When inhaled, it causes inflammation of the lungs and inhaling too much can lead to lung diseases like asthma and chronic obstructive pulmonary disease.

In this category, Hudson County had the fifth-lowest ranking of the 15 New Jersey counties that were measured. Hudson also had a total of 20 days deemed "Unhealthy for Sensitive Populations," one day classified as flat-out "Unhealthy," and zero days that were considered "Very Unhealthy" in the 2015-2017 monitoring period.

For particle pollution, made up of the specks of soot, dust and aerosols suspended in the air, the county had the fifth-highest particle pollution ranking of the 11 counties measured, behind Mercer, Atlantic, Ocean and Morris. This type of pollution is often associated with diesel engines and coal-burning facilities and exposure can lead to lung and cardiovascular problems. It is important to note, PSE&G closed its coal-fired power plant in Jersey City in 2017.

The number of children being treated for asthma evidences Hudson's poor air quality. There are currently 11,287 children suffering with pediatric asthma. Some children with asthma may suffer serious attacks that greatly limit their activities, or result in visits to emergency rooms and hospitals. Environmental factors such as air pollution and secondhand tobacco smoke, along with infections, exercise, and allergens, can trigger asthma attacks in children who have the disease. Families need to be provided with ongoing educational information to assist in the care of those children with asthma. The information should also target measures in the home.

SOCIAL SERVICES

HOUSING

The *Fair Housing Act* of 1990 states that it is the policy of the United States to provide for fair housing throughout the country. It prohibits any person from discriminating in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including or otherwise making unavailable or denying a dwelling to any person because of race, color, religion, sex, national origin, handicap, or familial status. The State of New Jersey echoes such a goal, and has adopted legislation protecting equal access to housing.

The Hudson County Division of Housing and Community Development has developed the following Mission Statement:⁴³

As Lead Agency for the Hudson County CDBG Urban County and the Hudson County Consortium, the Hudson County Division of Housing and Community Development's mission is to provide safe, decent, and affordable housing and a positive community environment that offers a good quality of life and economic opportunity to all residents, but especially to extremely low, low- and moderate-income residents, including the elderly, disadvantaged and disabled.

To that end, the County continues to use a portion of its CDBG funding to support programs of fair housing services for low and moderate-income households. In addition to Hudson, both Bergen and Passaic Counties have consistently supported the concept of the provision of fair housing for its residents without regard to race, color, religion, sex, national origin, handicap or familial status.

FAIR HOUSING AND AFFORDABLE HOUSING⁴⁴

When talking about "fair housing" and "affordable housing" the two phrases are often used interchangeably. The concepts are distinct, but intertwined. However, it is important to distinguish between the two in order to clearly identify issues and reduce fair housing discrimination. The phrase "fair housing," refers to persons (families, seniors, individuals, and special needs populations) who are members of protected classes, as specified by federal statutes. It is illegal to discriminate against a person based on their membership in a protected class in the sale, rental, financing, and insuring of

⁴³ May 2010, Hudson County Consortium: Analysis Of Impediments To Fair Housing Choice

⁴⁴ New Jersey's 2015-2019 Consolidated Plan

housing. On the other hand, “affordable housing” generally refers to the ability of households to afford, based on income, to buy or rent housing.

HOUSING COSTS

Affordable rental housing for households that need it most (extremely low-income families facing the greatest housing cost burden) consistently plague the national, state and local housing markets. Given the fundamental need for shelter, rent is typically the first bill paid each month. High housing costs erode renters’ purchasing power, leaving little money left over for other essentials such as food, childcare, and healthcare. In 2016, the median renter in the bottom income quartile had just \$488 per month to spend on other essentials—18 percent less than in 2001 after adjusting for inflation. The added costs of utilities and transportation further strain household budgets. Low-income households with children and older adults with severe rental cost burdens are in a particularly precarious position and may be unable to afford other goods and services that are critical to health and well-being.⁴⁵

Following the housing crisis the demand for rental properties skyrocketed as homeowners lost their homes to foreclosure. In recent years, the nation has experienced a slight shift back to homeownership, largely because older adults account for a large share of households. For the millions of older owners with limited incomes and wealth, however, these expenditures may present a financial challenge. And whether they own or rent, the growing population of older adults will require better access to transportation and support services, adding to the pressures on local governments to expand the supply of good-quality, affordable, and accessible housing.⁴⁶

Conversely, New Jersey’s rental market continues to heat up and with it are high rental costs disproportionately set to rises in income. According to New Jersey’s 2015-2019 Consolidated Plan, housing costs continue to present a burden to many families throughout the State, and in particular, families living in the northern urban communities. The same exists nationally. At last measure in 2016, some 38.1 million households spent more than 30 percent of their incomes on housing (the standard definition of cost burdened).⁴⁷ There is an expansive disparity between the increase housing costs versus the increase in income. Yet, overall, New Jersey remains a majority homeownership state. Sixty-four percent of the housing units in the state are owner-occupied.

Hudson County’s housing market presents the inverse of the national and state housing market picture. In 2016, there were 68.8% of renter-occupied housing units in the county. Nearly half of those renters are cost burdened and 53.3% pay between \$1,000 and \$2,000 per month in rent, which means they need to make between \$40,000 and \$80,000 per year income not to be cost burdened. Among New Jersey’s 21 counties, Passaic County ranked 17th in terms of the amount of its population who spend more than a third of household income towards housing (56%). Bergen County ranked fourth (46%), followed by Hudson County (45%).⁴⁸ As with national trends, young adults are buying homes at much lesser rates than in decades prior. The contributing factors include: young adults are

⁴⁵ Joint Center for Housing Studies. (2017) America’s Rental Housing 2017. Cambridge, MA: Author

⁴⁶ Harvard Joint Center for Housing Studies. (2018) State of the Nation’s Housing. Cambridge, MA: Author.

⁴⁷ Joint Center for Housing Studies. (2018). State of nation’s housing. Cambridge, MA: Author.

⁴⁸ New Jersey Kids Count 2016

leaving home later, furthering their education at increased rates, and getting married and starting families further into adulthood. Possibly, the most significant impact to the County’s rental market is the importance of immigration to housing. As the foreign-born population grows, so will their share of household growth.

According to New Jersey Future, a Trenton-based nonprofit research organization that studies the impact of development, the state is facing a serious affordable housing crisis. Local initiatives such as incentivizing low-income units in market-rate developments account for small impacts but impacts nonetheless. The organization claims that the areas in the state that are experiencing the most job growth and redevelopment, specifically Hudson County, are the same ones that have a shortage of housing for entry-level professionals, recent college grads, and low-income workers. Housing rental costs have continuously increased in the region, which puts an additional economic strain on the population. . The solution is affordable and subsidized housing which is supplied at must slower rates than the demand. According to the US Department of Housing and Urban Development, the 2017 Fair Market Rent for a two-bedroom unit in Hudson County is \$1,519; in Bergen and Passaic Counties, this rises to \$1,557.

FAIR MARKET RENTS

The federal Department of Housing and Urban Development (HUD) determines a Fair Market Rent (FMR) for all counties and metropolitan areas in the nation every year. These rents provide a guideline for the cost of rent within the state by estimating the rental cost of moderate, non-luxury units at the 40th percentile rate, meaning that 40 percent of units rent for lower monthly rents and 60 percent of units charge higher rents. The FMR value includes the shelter rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service. The table below shows the final fiscal year 2017 FMRs by unit bedrooms for the service area.

Fair Market Rents (FMR), Fiscal Year 2017 by Unit Bedrooms

	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Bergen 2017 FMR	\$1,151	\$1,278	\$1,557	\$1,946	\$2,094
Hudson 2017 FMR	\$1,178	\$1,328	\$1,519	\$2,201	\$2,362
Passaic 2017 FMR	\$1,151	\$1,278	\$1,557	\$1,946	\$2,094

Source: United States Department of Housing and Urban Development, 2017; HUD USER.

HUD also defines median family income as follows:

Median Family Income for Fiscal Year 2017

Area	Median
Bergen County	\$96,500
Hudson County	\$63,100
Passaic County	\$96,500

Source: HUD USER Income Limits, 2017

IMPLICATIONS FOR NHCAC FAMILIES

HOUSING QUALITY

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.⁴⁹

Severe housing problems (SHA) are measured by the U.S. Census Bureau to demonstrate housing needs, particularly in low-income areas. SHA is the percentage of households with at least one or more of the following issues:

1. housing unit lacks complete kitchen facilities;
2. housing unit lacks complete plumbing facilities;
3. household is severely overcrowded; and
4. household is severely cost burdened.

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50 percent of monthly income.⁵⁰

As shown in the table below, of the households living in rental homes, 31 percent of Hudson County, 43 percent of Passaic County, and 28 percent of Bergen County reported one or more of the severe housing problems monitored by the census.⁵¹

Severe Housing Problems by County, 2015

	Bergen County	Hudson County	Passaic County
1+ Severe Housing Problems	33,120	52,870	32,260
No housing problems	84,925	118,625	42,375
Total	118,045	171,495	74,635

Source: HUD USER, CHAS Data Query Tool, 2018

The low-income areas of these counties suffer a disproportionately higher rate of household problems higher income districts. For example, 44 percent of Union City renters and 56 percent of Passaic city renters report one or more severe housing problems compared to 28 percent in Ridgefield Park and 22 percent in Rutherford. This leads to increasing health disparities.

The considerably high costs of living in New Jersey can be quantified when taking into account the FMR, in comparison to the level of income required to be able to pay the state average FMR. According to a report issued by the National Low Income Housing Coalition (NLIHC), a private, fair housing advocacy group, in 2018, in New Jersey, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,465. In order to afford this level of rent and utilities – without paying more than 30% of income on housing – a household must earn \$4,884 monthly or \$58,603 annually. Assuming a 40-hour workweek, 52 weeks per year, this level of income translates into a housing wage of \$28.17. NLIHC ranked New Jersey as the state with the seventh highest housing wage in the nation.

⁴⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2012. Accessible at www.countyhealthrankings.org.

⁵⁰ U.S. Department of Housing and Urban Development CHAS Data Query Tool

⁵¹ CHAS Data Query Tool. http://www.huduser.org/portal/datasets/cp/CHAS/data_querytool_chas.html

In New Jersey, a minimum wage worker earns an hourly wage of \$8.60. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 131 hours per week, 52 weeks per year. Or a household must include 3.0 minimum wage earners working 40 hours per week year-round in order to make the two-bedroom FMR affordable.⁵²

In addition, individual municipal housing authorities within the region are plagued with long wait-lists. Living “doubled-up” throughout the cities served has become a community norm. Such living conditions have both physical and mental health implications.

HOMELESSNESS

The homeless numbers in this document are taken from NJ Counts 2017, New Jersey’s annual Point-In-Time (PIT) Count of the Homeless. This data provides a statewide snapshot of homeless households in our communities; where they find shelter, what their needs are, and what factors contribute to making them homeless. The 2017 Count reveals important demographic and other information about families and individuals who were homeless on the night of Tuesday, January 24, 2017, and was carried out with the help of government agencies, community-based organizations, and local volunteers. In New Jersey, each County’s count is planned, coordinated, and carried out locally, and the information gathered enables each community to better allocate housing resources and services in order to prevent and end homelessness. The PIT Count is the only opportunity throughout the year for most communities to take a comprehensive look at the total homeless population, and is especially crucial in assessing the needs of the unsheltered homeless. Below are some key findings of the most recent PIT counts for Hudson, Bergen and Passaic Counties.

Key Findings: Hudson County

- On the night of January 24th, 2017 a total of 721 households, including 822 persons, were experiencing homelessness in Hudson County, according to the 2017 Point-In-Time Count.
- A total of 170 households, with 176 persons, were identified as chronically homeless.
- 184 unsheltered homeless persons were counted.

Key Findings: Bergen County

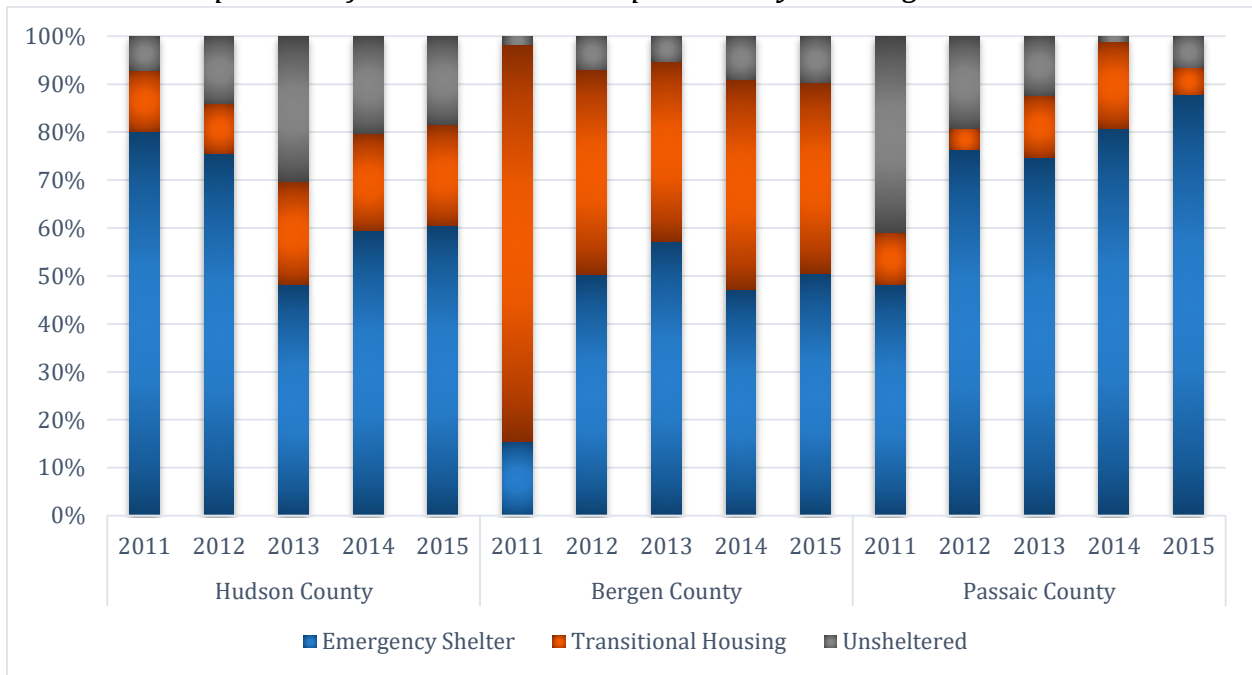
- On the night of January 24th, 2017 a total of 216 households, including 302 persons, were experiencing homelessness in Bergen County, according to the 2017 Point-In-Time Count.
- A total of 3 households, with 3 persons, were identified as chronically homeless.
- 5 unsheltered homeless persons were counted.

Key Findings: Passaic County

- On the night of January 24th, 2017 a total of 306 households, including 449 persons, were experiencing homelessness in Passaic County, according to the 2017 Point-In-Time Count.
- A total of 56 households, with 58 persons, were identified as chronically homeless.
- 89 unsheltered homeless persons were counted

⁵² National Low Income Housing Coalition, *Out of Reach 2018*.

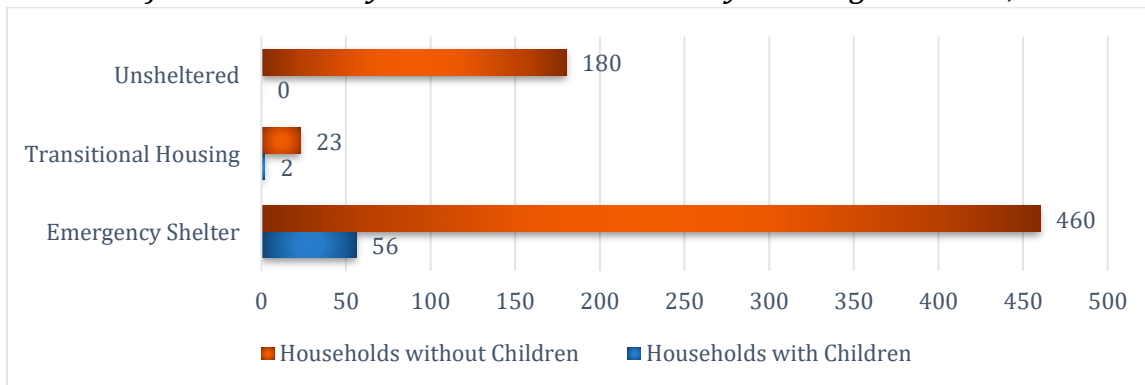
Five-Year Comparison of Total Homeless Population by Housing Situation



Source: Monarch Housing Associates, New Jersey’s 2017 Point-In-Time Count

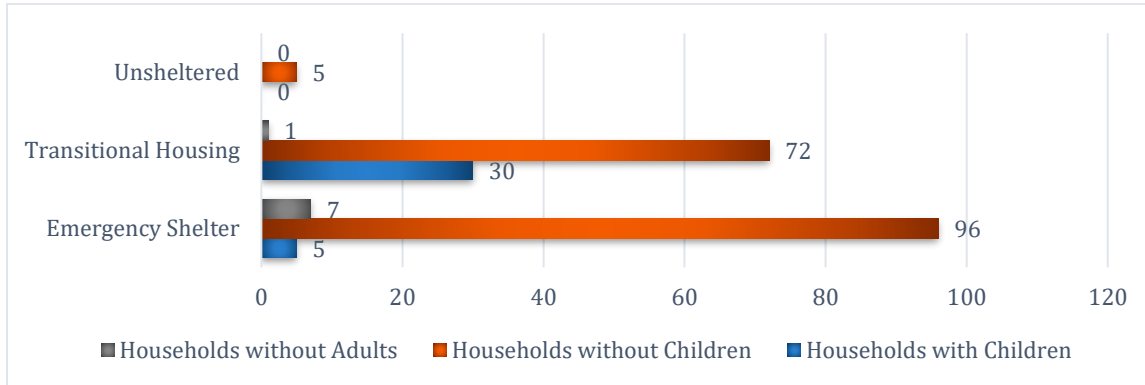
When reading the data regarding different types of homeless households, it is important for the reader to remember that, in this report, ‘household’ means “any group of persons who, if they were able to attain permanent housing, would choose to live together; and, shared the same sleeping arrangements on the night of the count.” Three different types of households are discussed below: households with adults and children under 18 (‘families’), households without children (‘individuals’), and households with only children under 18 (‘unaccompanied youth’)

Number of Hudson County Homeless Households by Housing Situation, 2017



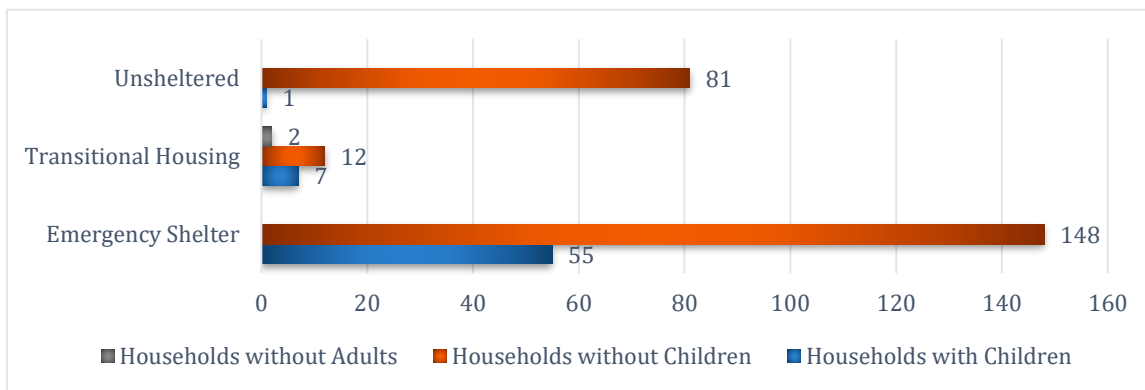
Source: Monarch Housing Associates, New Jersey’s 2017 Point-in-Time Count

Number of Bergen County Homeless Households by Housing Situation, 2017



Source: Monarch Housing Associates, New Jersey’s 2017 Point-in-Time Count

Number of Passaic County Homeless Households by Housing Situation, 2017



Source: Monarch Housing Associates, New Jersey’s 2017 Point-in-Time Count.

TRANSPORTATION

Due to the low socio-economic status of the target population, many of service area residents do not own a car and rely on public transportation. Four of the municipalities with the least access to personal vehicles are located in Hudson County (Union City –45%, Guttenberg, West New York and Jersey City – 38%) Hudson County’s travelers are well served by extensive mass transit and infrastructure, including the PATH, the Hudson Bergen Light Rail system and many bus lines. Hoboken Terminal is a major hub of train, bus and ferry activity. The county’s three largest transit hubs, Hoboken Terminal, Exchange Place and Journal Square, are host to transit services including:

- The Port Authority Trans-Hudson Corporation (PATH)
- Hudson-Bergen Light Rail (operated by NJ Transit)
- NJ Transit Commuter Rail
- NY Waterway, NY Water Taxi ferries
- Hudson Bike Share
- Citi Bikes

In addition to the myriad transit services provided by public and private operators in Hudson County, an increasing number of smaller “jitney” van operators compete for customers on local streets. As a densely populated urban area, most movement within the region, especially for low-income

residents, is by low-cost “jitney” buses or public transportation. The jitney services cater to the large immigrant population in the region. Smaller vans operate more frequently than many traditional fixed route bus services and focus on transit hubs such as key corridors including along the Anderson Avenue-Bergenline Avenue transit corridor, as well as 42nd Street in Manhattan, Newport Mall and Five Corners in Jersey City, and GWB Plaza in Fort Lee.

While jitney operators address frequency gaps in the regional transit network, there are concerns that many jitney operators do not adhere to state regulations for transit carriers, operate in unsafe manner or with substandard equipment, and contribute to traffic congestion and conflicts in an already crowded and difficult operating environment. Moreover, transportation network companies Uber and Lyft, are redefining the way commuters travel. Governed by the Transportation Network Company (TNC) Safety and Regulatory Act in the State of New Jersey, operators adhere to safety and insurance requirements to use a digital network to connect prearranged rides between driver and riders. These modes of transit are especially useful in the western Hudson region – Kearny, Harrison, and East Newark –, which was traditionally dependent solely on NJ Transit services.

As a part of the Northern New Jersey Transportation Improvement Plan, rail service is being reintroduced between Englewood and North Bergen to improve regional mobility, mitigate traffic congestion, and foster economic investment. The reintroduction of rail transit service in eastern Bergen County will mark a significant step forward for congestion relief on local and county roads burdened by daily commuter traffic.⁵³ In Bergen County, the lack of sufficient public transportation and that routes follow a pattern that does not easily connect low-income residents to needed services. For Passaic City, the bus stops directly in front of the Passaic 220 site at Contemporary Plaza. Until NHCACHC opened its Bergen and Passaic sites, there was little access to care for low-income people by public transportation.

IMPLICATIONS FOR NHCAC FAMILIES

Transportation equates to accessibility, self-sufficiency, and safety. Transportation enables people to stay connected with family, friends, and community resources and is of particular concern to families who cannot afford their own cars, cab or bus fare.

NHCAC health and social service sites have been strategically located on NJ Transit routes, within walking distance of light rail stations and nearby jitney van services who operate at greater frequencies and additional stops. Clients/patients utilize all modes of transport including transportation network companies: Uber and Lyft to and from the centers.

NHCAC will continue to ensure that health and social service programs are located on routes and in areas that are most accessible to low income residents. Whenever possible, grant applications for particular programs should consider funding for transportation vouchers.

⁵³ Plan 2045 Connecting North Jersey. NJTPA Regional Transportation Plan. November 2017

ECONOMICS AND POVERTY

INCOME

New Jersey continues to be one of the wealthiest states in the nation (2nd), but 10 percent of the state's residents live in poverty, according to the U.S. Census Bureau's Estimates. That calculates out to approximately 896,000 people. Despite this, New Jersey had the second-highest median income in the country; just over \$76,000 in 2016.⁵⁴ This was due in part to the large number of especially wealthy households. Nearly twelve percent of households had an income of at least \$200,000 in 2016. But not all residents were well off in 2016. The state's unemployment rate for the year was five percent and nine percent of households relied on food stamps.

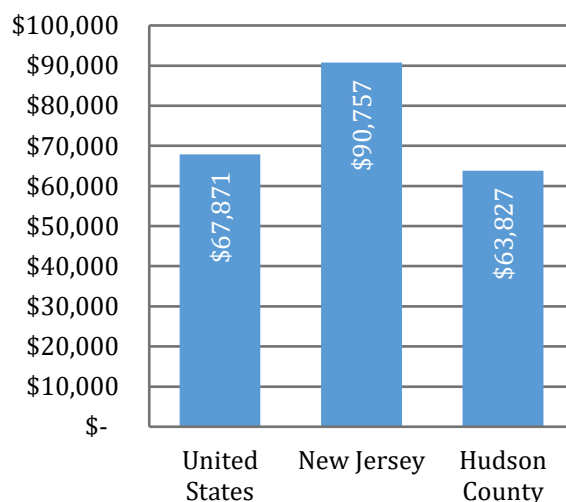
The situation is worse for children in the Garden State: 15 percent under the age of 18 were living in poverty, and 18 percent under the age of five met that criterion. In four counties – Cumberland, Essex, Atlantic, Passaic, and Hudson – more than 30 percent of the population is living in households below 200 percent of the federal poverty level (FPL).

Four (4) of the eight (8) counties - Passaic, Cumberland, Hudson, Essex - have consistently had more than 30 percent of their population living in households with incomes below 200 percent FPL since 2006⁵⁵. *It is very difficult to be poor in any environment; it is especially so in one of the wealthiest states in the nation.*

In addition to its ethnic diversity, Hudson County has a very diverse socioeconomic community. Being close to NYC and Bergen County, there are very wealthy areas along the waterfront with a highly educated and high-income population. Meanwhile, as a dense county with access to the NYC job market, it also has a large immigrant, less educated and low-income population. It is important to understand how drastic the income distribution is because there are issues that arise when extreme wealth meets extreme poverty.

Understanding the nature and causes of poverty helps shape the Agency's goals and programs. Vast research suggests that there is a correlation between education and poverty: the more education, the less likely people are to be under the poverty line. Without a good education, there is little hope of escaping poverty in today's competitive job market. Other factors include poor transportation and inadequate childcare that prevent many from finding better jobs and escaping chronic poverty.⁵⁶

Median Family Income

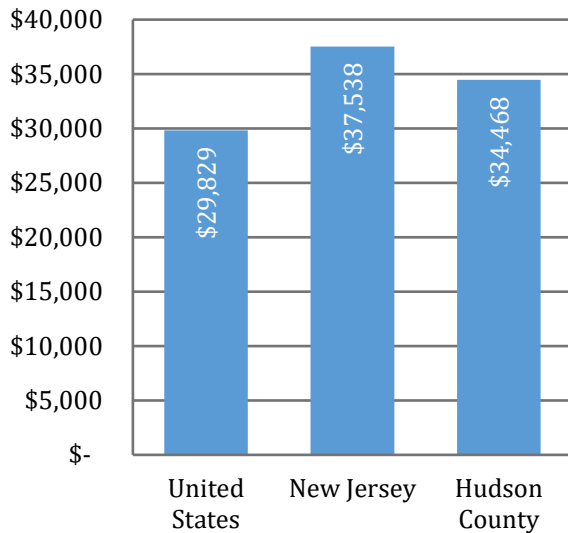


⁵⁴ US Census Bureau 2013-2017 American Community Survey

⁵⁵ Poverty Benchmarks 2013: The 7th Annual Report from the LSNJ Poverty Research Institute

⁵⁶ STATE OF NEW JERSEY DCA Consolidated Plan Update June 13, 2013

Per Capita Income



The 2016 median family income in Hudson County is lower than both the state and national average; however, the County does have a higher per capita (per person) income than the national average but lower than the state.

This is due to the higher income areas in Hudson County; 50 percent of Hudson County's total aggregate income is held by approximately 15 percent of households that earn the highest incomes in the County⁵⁷. New Jersey's per capita (personal mean) personal income was \$37,538 in 2016 while Hudson County's was \$34,468 according to Census estimates. These types of data are important for the Program in order to better determine the type of resources needed to improve the quality of life for those children and families served.

The service area and target population are low-income individuals. NHCACHC has always and will continue to target low-income individuals; currently, 40.9% of service area residents have incomes at or below 200% FPL, with low-income residents representing more than half of the community in Passaic (59.6%), Union City (51.3%), and a large number in West New York (46.0%). These low-income individuals face undue hardship as their limited income is spent on basic needs - food and shelter; access to health care is difficult when one lacks the ability to pay and does not have health insurance. Thus, the target population foregoes needed routine and preventive services.

Percentage of Families and People Whose Income in the Past 12 Months (2016) is Below the Federal Poverty Level

Subject	United States	New Jersey	Hudson County
All people	15.10%	10.90%	17.40%
Under 18 years	21.20%	15.60%	26.40%
Related children under 18 years	20.80%	15.40%	26.10%
Related children under 5 years	23.60%	18.00%	23.10%
Related children 5 to 17 years	19.80%	14.50%	27.70%
18 years and over	13.30%	9.50%	15.10%
18 to 64 years	14.20%	9.80%	14.90%
65 years and over	15.10%	8.10%	16.50%
All families	11.00%	8.10%	14.50%
With related children under 18 years	17.40%	12.70%	21.70%
With related children under 5 years only	17.20%	11.90%	14.20%
Married couple families	5.50%	3.80%	7.60%
With related children under 18 years	7.90%	5.00%	10.20%

⁵⁷ Hudson County Regional Commerce, Economic Development Strategy Committee 2010-2014

With related children under 5 years only	6.30%	4.20%	6.00%
Families with female householder, no husband present	29.90%	23.30%	30.70%
With related children under 18 years	39.70%	33.60%	42.50%
With related children under 5 years only	45.00%	37.90%	36.60%

Source: United States Census Bureau, 2012-2016 American Community Survey

POVERTY AND PARTICIPATION IN GOVERNMENT PROGRAMS

Poverty exists when income and resources are below what is needed to meet basic human needs. The U.S. Census Bureau measures poverty by using dollar amounts adjusted for inflation every year that can also be compared across years. These numbers are far below incomes needed to live in the state of New Jersey.

In New Jersey, poverty is better measured below a level of double or more (200+ %) the amount of the federal poverty level. However, using the federal measure, 17% of people in Hudson County in 2017 were in poverty, meaning an estimated 115,254 persons lived below the poverty line. This is significantly higher than the state's 11%.

Of note, nearly one in four children lived in families where no parent held full-time employment. Additionally, according to ACS 2016 data, 29% of families with a female-headed household in Hudson County are living with an income below the poverty level. A startling one in four children below the age of 5 are living in poverty in Hudson County⁵⁸.

According to the 2016 NJ Kids Count report, Hudson County rose to 13th place in the annual New Jersey Kids Count rankings, which measure progress in improving the lives of children in 13 critical areas. Last year, the county ranked 15th. The well-being of Hudson County children progressed in several areas, including great decreases in juvenile commitments to state detention centers (a decrease of 77%), slight increases in median income for families and women receiving early prenatal care. The county lost ground however, in other areas, including an increase in the percentage of children living in poverty.

Other Kids Count Hudson County findings include:

Child Poverty: About a quarter of Hudson County's children, roughly 36,000 children were living in poverty in 2014. Up from 23 percent in 2009. The county ranked 19^h in the state on this important indicator of child well-being.

Housing Costs: Hudson ranked sixth in the state in the percentage of households that spent too much of their income on rent, an improvement from its fourth place ranking in 2013. In 2016, 46 percent of households spend more than the recommended 30 percent of their income on rental costs.

School Breakfast: About half of low-income Hudson County children received school breakfast in 2016. This participation rate had doubled from 2011; the county rose from 17th to third in the rankings on this important indicator.

⁵⁸ US Census Bureau 2012-2017 American Community Survey

POVERTY AMONGST IMMIGRANT FAMILIES

Children of immigrants face several difficulties that children of native-born parents do not, including adapting to cultural norms that may differ from those of their parents and learning a language that may not be spoken at home. The poverty rate of children in immigrant families continues to be nearly double those of native-born children. Nearly half of the children in immigrant families have family incomes below 200% of poverty compared with only 25% of native children. Given the evidence that poverty is detrimental to the development of children, poverty among children of immigrants is reason for concern⁵⁹.

Children of immigrants are more likely than children of native-born parents to be in families worried about or encountering difficulties paying for food. Research by Donald Hernandez⁶⁰ has shown that children of immigrants are at increased risk for poor developmental outcomes. Hernandez has calculated the share of children exposed to four risk factors that correlate with poor development: having a mother without a high school diploma, being economically deprived, living in a linguistically isolated household, and living in a single-parent family. They are nearly twice as likely to lack health insurance, and they are more than four times as likely to live in crowded housing as evidenced in Union City and West New York.

The 2016 Kids Count report confirmed that Hudson County continues to have one of the highest concentration of children living in poor families. Despite their higher poverty and hardship rates, low-income children in immigrant families are less likely to receive public assistance than other low-income children. This fact is also evidenced by the families who are currently served by the Program. Only 5% (23) of the 501 children and families served in 2016 received TANF benefits.

Public assistance provides an often much-needed safety net for families living in poverty and struggling to get by. However, most families realize that the level of cash assistance provided through welfare is far below the FPL. TANF (WFNJ) grant levels have remained static since 1987 with a maximum award of \$424 per month (\$5,088 annually; Food Stamp benefit is \$6,048 annually - \$504 monthly) for a family of three. The total basic cash assistance package is \$928 per month or \$11,136 per year in Hudson County. It is clear that, in real dollars, the welfare grant amount - when adjusted for inflation - is declining. This results in a growing gap between what a family of three can afford on welfare and the poverty line, making it all the more difficult to escape poverty.

Although the children of many immigrants are legal, families are reluctant to take more than WIC benefits. In November 2007, the Center for Immigration Studies, in "*A Profile of America's Foreign-Born Population*," reported that the primary reason for the high rates of immigrant poverty and lack of health insurance is their low education levels and weak English proficiency, not their legal status or an unwillingness to work. This is also evidenced by the number of the Head Start Program's

⁵⁹ *Federal Policy for Immigrant Children: Room for Common Ground?* is a companion piece for the final issue of *The Future of Children* published by The David and Lucile Packard Foundation entitled "Children of Immigrant Families," Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution, Volume 14, Number 2, Summer 2004.

⁶⁰ Hernandez, Donald J. 2004. "Demographic Change and the Life Circumstances of Immigrant Families." *The Future of Children*: "Children of Immigrant Families," 14 (2), 17-48.

families - 85% - who actually work, many two jobs – most for minimum wage – and remain in poverty or amongst the “working-poor.”

In addition to the language and socioeconomic barriers faced by immigrants, they face the critical concern of documentation for legal status. While legal status is not required for Head Start enrollment, the logistical challenges posed by a parents undocumented status result in parents having difficulty with transportation, living expenses, etc. Prevalent also are unique assimilation difficulties due to problems securing valid United States status credentials and subsequent employment in an immigrant’s field of expertise.

IMPLICATIONS FOR NHCAC FAMILIES

Research is clear that poverty is the single greatest threat to children’s well-being and is a major concern because of the current, as well as future, impact upon their lives, and upon the nation. Most children of immigrants will be lifelong U.S. residents and will become part of the nation’s workforce. Some will serve in the U.S. military; some will be manual workers; others will become teachers or doctors. Thus, improving the development and well-being of children in immigrant families is not only beneficial, but essential⁶¹.

The 2013 Poverty Benchmarks Report published by the Legal Services of New Jersey Poverty Research Institute, cites that families living at severe, federal and true poverty incomes are forced to spend less and thus fail to achieve a minimum standard of living. Alternately, they make choices to spend more on goods than they have in income. The result is that the one-fifth of the state’s population living below true poverty face difficult choices created by the mismatch between their low-income and the state’s high cost of living.

NHCAC’s continuous goal is to break generational poverty in families and help families become self-sufficient without the assistance of private or public funds. Thus, the Agency must continue to direct families to the array of NHCAC services that assist in helping to meet their basic needs - including child care - and address income inadequacy; e.g. the state Earned Income Tax Credit (EITC) provides a refundable tax credit to reduce the income gap for the “working poor.”

EMPLOYMENT

In 2017, the US unemployment rate had declined to 4.6 percent. The U.S. Bureau of Labor Statistics reported that 8 of the 25 counties that make up the metropolitan area had rates that exceeded the national unemployment rate; Hudson County had the thirteenth lowest rate (4.5%) of unemployment among the 25 counties surveyed in the New York-New Jersey Metropolitan Statistical Area; Passaic County had the fourth highest rate, with 5.8 percent.⁶²All 25 counties in the New York area had lower unemployment rates in July 2014 than one year earlier.

⁶¹ *Federal Policy for Immigrant Children: Room for Common Ground?* is a companion piece for the final issue of *The Future of Children* published by The David and Lucile Packard Foundation entitled “Children of Immigrant Families,” Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution, Volume 14, Number 2, Summer 2004.

⁶² The New York-Northern New Jersey-Long Island Metropolitan Statistical Area (MSA) consists of New York City, Nassau, Putnam, Rockland, Suffolk, and Westchester Counties in New York; Bergen, Essex, Hudson,

Unemployment Rates for the United States, the New York-Northern New Jersey-Long Island, NY-NJ-PA Metropolitan Statistical Area, and its Components, Not Seasonally Adjusted, July 2016-2018

Area	Unemployment rates			Net change from	
	July 2016	July 2017	July 2018	July 2016 to July 2018	July 2017 to July 2018
United States	5.1	4.6	4.1	-1.0	-0.5
New York-Newark-Jersey City, N.Y.-N.J.-Pa. Metropolitan Statistical Area	5.2	4.9	4.4	-0.8	-0.5
Bergen County, N.J.	4.8	4.5	4.2	-0.6	-0.3
Hudson County, N.J.	5.2	4.9	4.5	-0.7	-0.4
Passaic County, N.J.	6.9	6.3	5.8	-1.1	-0.5

Source: United States Bureau of Labor Statistics

Unemployment rates, however, ignore those people who have given up looking for work or accept part-time work. According to the Bureau of Labor Statistics, while 4.3 % of American workers were unemployed in 2017, 12.6% percent were underemployed, meaning they wanted to work full time but could not.

IMPLICATIONS FOR NHCAC FAMILIES

Holding and retaining a good job is what keeps most New Jersey residents out of poverty. The Legal Services of New Jersey Poverty Report cites that it is commonly believed that families in poverty do not include working members. Another commonly held belief is that work should be sufficient to lift a family out of poverty. The data reveal that both of these beliefs are little more than persistent myths. Many families and individuals living in poverty include a worker.

Work is vital to both avoiding and escaping poverty. It is a necessary tool for achieving self-sufficiency and providing for a family's security. Unfortunately, when jobs are short-term or pay low wages, the alarming fact is that work is not a sufficient anti-poverty tool. Indeed, for the majority of families with children living in poverty in New Jersey, and those whom the program serves, work does not provide relief from poverty.

The Agency must continually address the barriers to finding and retaining employment: language, cost of transportation, childcare, medical concerns, and lack of training or education. The Agency must also create partnerships to prevent systemic barriers to the effective recruitment and consideration of Hispanics in the job market.

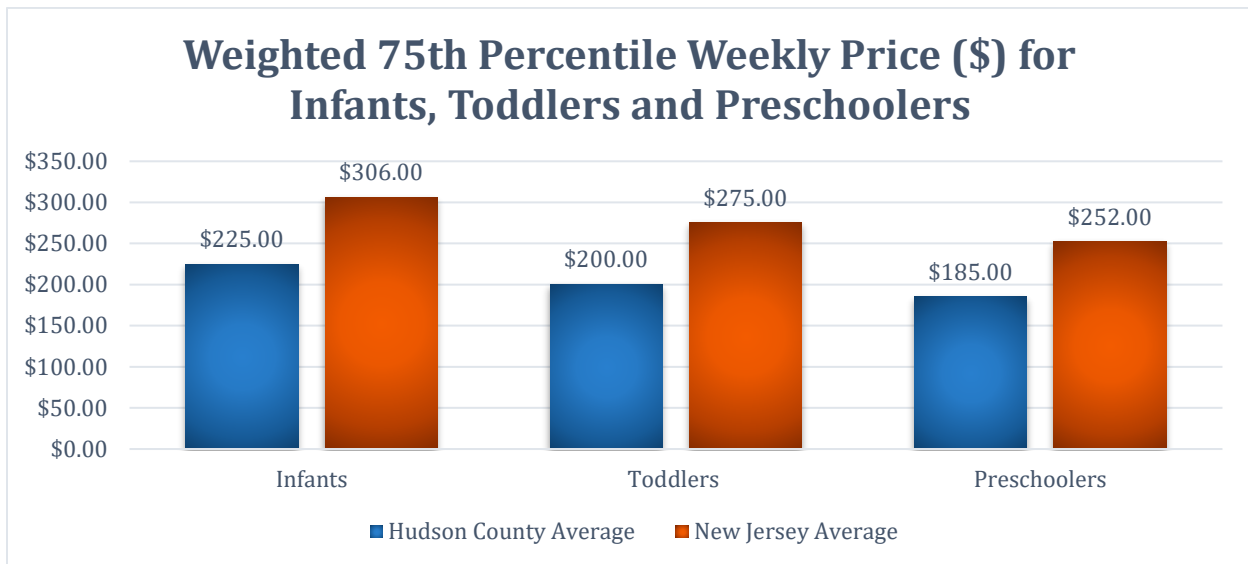
Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, and Union Counties in New Jersey; and Pike County, Pennsylvania.

EARLY CHILDHOOD EDUCATION

COST OF CHILDCARE

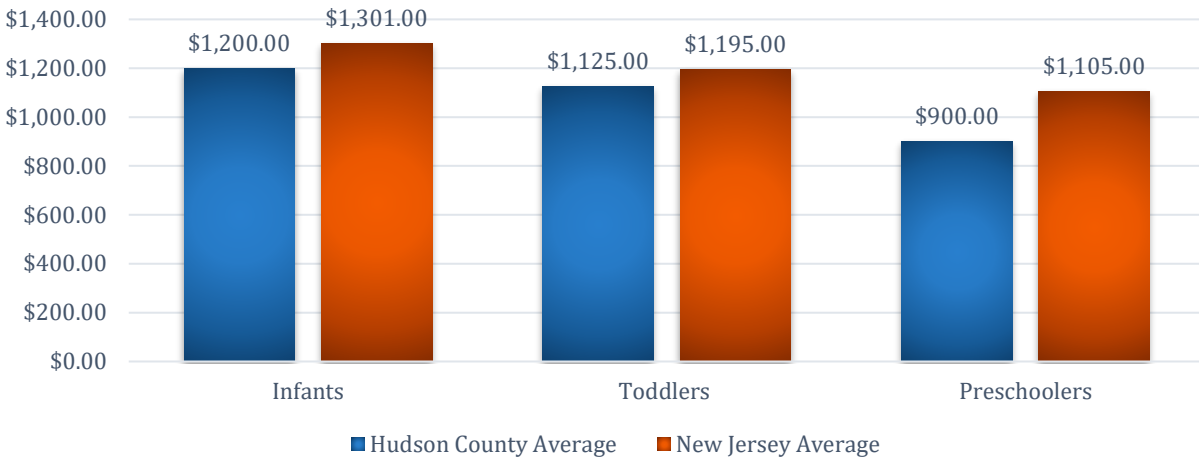
The cost of childcare in Hudson County for infants/toddlers vary depending on the child's age. For families that are already struggling to make ends meet, steep childcare expenses can make it unaffordable. In New Jersey, single parents pay 41.8% of their income for infant center care. Married parents of 2 children living at the poverty line pay 94.6% of their household income for center-based child care. The cost of infant care in New Jersey is nearly the same as the annual cost of college tuition at a four-year college.⁶³

In compliance with Child Care and Development Block Grant (CCDBG) Reauthorization of 2014 and the Child Care Development Fund the New Jersey Department of Human Services, Division of Family Development conducted the 2017 New Jersey Child Care Market Price Study. Every three years the study examines price data to guide the determination of subsidy rates and advocate for childcare access. The study reveals that of the 3,611 licensed childcare centers with a total enrollment capacity of 351,461 slots, Hudson County's centers have some of the lowest weekly childcare rates but even those costs are unaffordable for low-income families who need childcare while they work.



⁶³<https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>

Weighted 75th Percentile Monthly Price (\$) for Infants, Toddlers and Preschoolers



Although New Jersey has childcare assistance programs—e.g. New Jersey Cares for Kids (NJCK)—aid low-income families in reducing child care costs, these programs frequently fall short in meeting the existing demand and eligible families remain at length on wait lists. North Hudson Community Action Corporation has been the grantee for the Head Start (HS) program in the northern and western regions of Hudson County since 1965. Currently, NHCACs Head Start/Early Head Start Program serves 467 children in 36 classroom at five locations across 4 Hudson County municipalities. For those who qualify, the childcare cost burden is eliminated. However, NHCACs wait-list has, since its 1999 opening, exceeded 200 applicants. This is in large part due to (1) the lack of infant/toddler slots countywide and (2) the high cost of infant/toddler care for low-income families. The following table is the most recent accessible data obtained from the Child Care Resource and Referral (CCR&R) Agency. In 2011, the data revealed requests for childcare exceeded 1,500.

Total Child Care Requests by Municipality, 2011

Municipality	2014 Population Estimates	Percent of Total Population	Rank in Pop.	Total Child Care Requests
Bayonne	63,024	10%	3	138
East Newark	2,406	0%	12	3
<i>Guttenberg</i>	<i>11,176</i>	<i>2%</i>	<i>11</i>	<i>12</i>
<i>Harrison</i>	<i>14,025</i>	<i>2%</i>	<i>10</i>	<i>21</i>
<i>Hoboken</i>	<i>50,929</i>	<i>8%</i>	<i>5</i>	<i>33</i>
<i>Jersey City</i>	<i>251,717</i>	<i>39%</i>	<i>1</i>	<i>902</i>
<i>Kearny</i>	<i>40,684</i>	<i>6%</i>	<i>7</i>	<i>74</i>
<i>North Bergen</i>	<i>61,434</i>	<i>10%</i>	<i>4</i>	<i>138</i>
<i>Secaucus</i>	<i>17,106</i>	<i>3%</i>	<i>8</i>	<i>2</i>
<i>Union City</i>	<i>67,233</i>	<i>10%</i>	<i>2</i>	<i>196</i>

Weehawken	12,554	2%	9	7
West New York	50,649	8%	6	72
TOTAL	644,605	1		1,598

Additionally, the CCR&R Agency saw a high demand in the Agency service area (525) specifically for infant/toddler care. The demand for childcare, and in specific infant/toddler care, is continuous. New Jersey has a limited supply of licensed center-based infants and toddlers. According to a recent study conducted by Advocates for Children of New Jersey, three quarters of New Jersey’s infants and toddlers likely to need care do not have access to licensed center-based child care programs.⁶⁴

The high cost of childcare is not an option for eligible HS & EHS parents. Consequently, many families who work non-traditional hours or have unpredictable schedules rely on more than one arrangement. Thus, many young children experience multiple non-parental care arrangements in a given week, often combining center-based and home-based early care and education services. Although there are licensed home-based childcare options in New Jersey, the oversight for health, safety and quality is minimal. As a result, the probability of school-readiness is minimal. In fact, as the state attempts to regulate home-based childcare, many providers are closing their home-based businesses. There were 216 registered family providers in 2017, an 18% decrease from 2015.

EXISTING CHILDCARE FACILITIES IN HUDSON COUNTY

Hudson County saw an 18% increase in licensed childcare centers between 2015 and 2017⁶⁵. The service area municipalities had 85 licensed childcare centers with a total placement capacity of 8,660 providing services to children ages 0 to 13. Even though these facilities are licensed by the state, they fall far short of the requirements of the Head Start Performance Standards. Children from the communities with which the Program are concerned, especially Union City and its neighboring towns, need and can benefit from the no-cost comprehensive program that only Head Start provides.

Because of the population, all of the licensed facilities in the County are willing to accept childcare subsidies. However, according to the county Child Care Resource and Referral agency, the need for low-cost infant/toddler care is great, while the availability of funds to subsidize the need is decreasing, leaving children on long wait-list for any type of subsidy.

Within the communities served, Head Start and Early Head Start are the only providers of high-quality comprehensive services at no cost to families. The need for quality, comprehensive care—at no cost—is dire within the community. In a 2018 survey of community needs, childcare was listed as one of the Top 10 Community Needs.

2017 Childcare Licensed Capacities

Municipality	Total # of Centers	0-2 ½ or >	2 ½ - 6 or 13	Total Licensed Capacity
East Newark	1	0	1	25

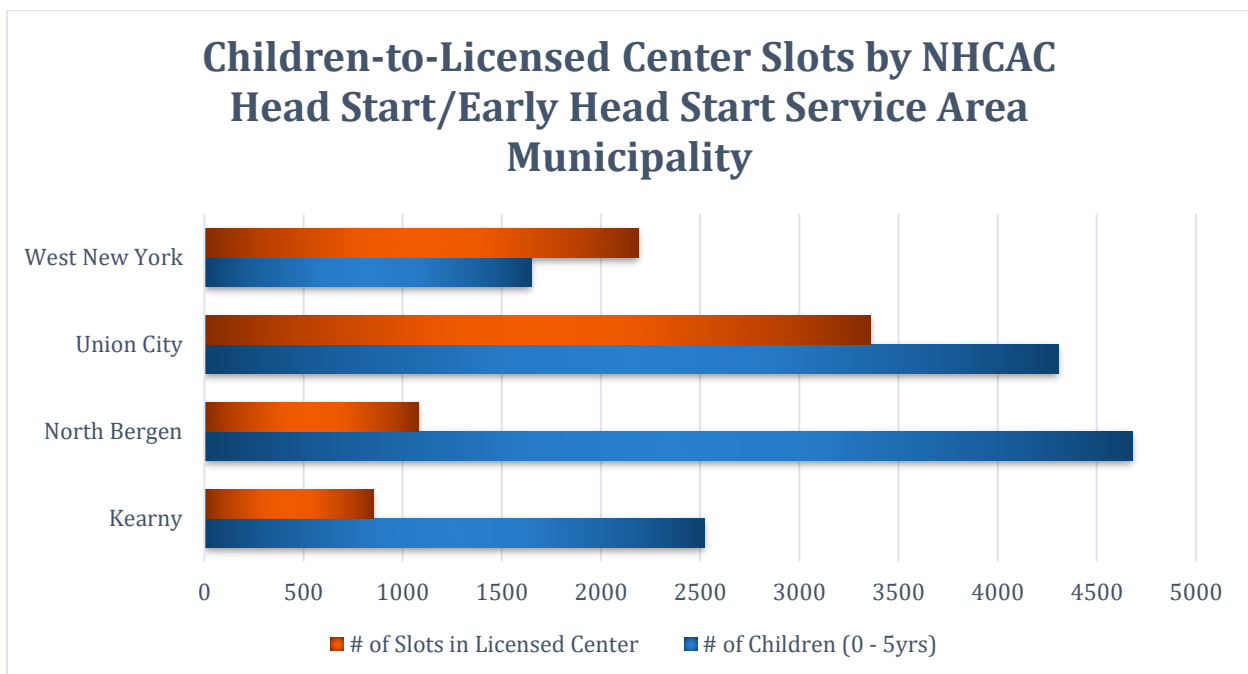
⁶⁴ No Room For Babies Center Based Infant Toddler Child Care In Short Supply. Advocates for Children of New Jersey, April 2017.

⁶⁵ 2017 Kids Count

Guttenberg Town	9	8	1	652
Harrison	9	6	2	657
Kearny (Includes NHCAC HS/EHS)	14	7	7	840
North Bergen Township (Includes NHCAC HS/EHS)	14	7	7	814
Union City (includes NHCAC EHS)	56	23	33	3,738
Secaucus	5	4	1	739
Weehawken Township	3	2	1	311
West New York Town (Includes NHCAC HS/EHS)	29	19	10	2,204
Total for Service Area	140	76	63	9,980

Source: State of New Jersey Office of Information Technology Open Data Center

Research demonstrates that high quality early learning education programs that are developmentally appropriate are the trajectory for a child’s on-going school and adult life success (Isaacs, 2012). Often times, achievement gaps persist among children who, for example, come from low-income families, are Dual-Language Learners, homeless or who may have developmental delays and/or learning disabilities. These gaps can be attributed to the nature of their circumstances; but can also be a result of the lack of appropriate educational supports and strategies to meet their learning needs. Access to high-quality comprehensive programs, such as Early Head Start (EHS), can foster healthy development by securing attachment at the prenatal stage, and continuing to influence the developmental competence of very young children throughout their first years.



2017 New Jersey Child Care Market Price Study

While Hudson County represents a high need area, decisions regarding location of classrooms are often made based on space availability in buildings.

HEALTH AND NUTRITION

North Hudson Community Action Agency (NHCAC) has been a cornerstone for health and human services for more than 40 years throughout the Hudson County region. The largest Community Action Agency/Federally Qualified Health Center in the nation, in 2017, the Agency served in excess of 71,000 low-income residents from its ten locations, four of which are in the Program’s service area municipalities of Union City, West New York, and North Bergen. Families benefit from a myriad of services offered by NHCAC, including screenings for high blood pressure, diabetes, and high cholesterol, immigration assistance, temporary emergency housing, job placement assistance, emergency food and shelter, substance abuse treatment, and mental health services. Access to continuous preventive and primary care is critical to assuring the health of our families.

Aligning with the *Healthy New Jersey 2020* state's health improvement plan and its health promotion and disease prevention agenda for the decade, a number of environmental and physical health data were examined. The Agency’s ultimate goal is to strategically seek funding to support initiatives that line up with the goals outlined in Hudson, Bergen and Passaic’s *Community Health Improvement Plans*.

SUPPLEMENTARY NUTRITION ASSISTANCE PROGRAM (SNAP) PARTICIPATION

The United States Department of Agriculture (USDA) tracks a condition known as “food insecurity” – the “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”

According to the USDA, 11.5% percent of all American households were food insecure, meaning that members of these households lacked continued and reliable access to food to insure an active healthy life. Moreover, 15.7% of U.S. households with children were food insecure. In order to make ends meet, many New Jerseyans rely on a patchwork of emergency food assistance programs across the state. In 2016, over 600,000 persons relied on food from an emergency food provider in New Jersey.

TANF/NJ SNAP/ School Breakfast & Lunch Data for Hudson County Children, 2012 & 2016

<u>Indicator</u>	<u>2012</u>	<u>2016</u>	<u>% Change</u>
Children Receiving WFNJ/TANF	7,693	3,912	-51%
Children Receiving NJ SNAP	49,507	49,140	-.01%
Children Receiving Free or Reduced-Price School Breakfast	15,544	31,949	205%
Children Receiving Free or Reduced-Price School Lunch	41,501	41,181	-.01%
Women, Infants, and Children Enrolled in WIC Nutrition Program	23,617	21,619	-8%

Source: Advocates for Children of New Jersey via Kids Count Data Center

Contrary to NHCACs 2015 Needs Assessment, a five-year comparison reveals dramatic changes in entitlement program participation. Enrollment in TANF, SNAP and WIC nutrition program has steadily fallen since 2012. The largest change in Hudson County has been a decrease in participation in the Temporary Assistant for Needy Families (TANF). More than half (54%) of all school-aged children living in Hudson County receive NJ SNAP benefits. Just over one-third (35%) of children residing in the county receive free or reduced school breakfast, and nearly half 45 percent receive either free or reduced lunch.

BIRTHS

The following consistent birth rates remain evident among Hispanics; the population accounts for 47 percent of the births in the municipalities served by the program.

Final Births by Municipality of Residence and Race/Ethnicity of Mother, 2016

Municipality of Residence	Race/Ethnicity								Total
	White Non-Hispanic	Black Non-Hispanic	Hispanic	American Indian Non-Hispanic	Asian/Pacific Islander Non-Hispanic	Other Non-Hispanic	Two or More Races	Unknown	
Bayonne	242	86	269	1	139	30	50	6	823
East Newark	5	0	19	0	3	1	0	0	28
Guttenberg	20	1	100	0	16	4	1	0	142
Harrison	36	7	92	0	70	7	2	1	215
Hoboken	478	18	67	0	75	8	5	2	653
Jersey City	519	728	971	1	1,205	128	93	28	3673
Kearny	122	8	245	1	37	8	7	7	435
North Bergen	100	8	461	0	65	17	5	6	662
Secaucus	46	6	41	0	131	6	2	5	237
Union City	78	6	783	0	33	4	5	12	921
Weehawken	64	2	54	0	33	2	2	3	160
West New York	77	13	540	0	77	10	2	5	724
Total	1,787	883	3,642	3	1,884	225	174	75	8673

Source: Center for Health Statistics, New Jersey Department of Health

PEOPLE WITH DISABILITIES

The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job (Cornell University Employment and Disability Institute). Disabilities range from physical disabilities such as hearing and vision impairment to developmental disabilities such as autism spectrum disorders, cerebral palsy, Down syndrome, and intellectual and learning disabilities. Causes of developmental disabilities vary widely but include fetal alcohol poisoning, cytomegalovirus (CMV) infection, low birthrate, premature birth, and newborn jaundice (Centers for Disease Control).

People with disabilities have a range of special needs ranging from medical attention, job training, public transportation services, and supportive housing, though individual needs vary widely based on the type and extent of disability.

According to the New Jersey Department of Human Services, more than 25,000 individuals in the state are eligible to receive services funded by the Division of Developmental Disabilities (New Jersey Department of Human Services). Based on the American Community Survey's 2012 – 2016 5-year estimates, approximately 10.4% of New Jersey residents have some sort of disability.

APPENDICES

Development of the *2014-2019 Strategic Plan* began in September 2013. Pertinent to the development of the Strategic Plan was the Community Needs Assessment. In addition to national, state, and local data, the Community Needs Assessment process gathered feedback from NHCAC board members, management staff, its employees, and community stakeholders through surveys and advisory committee focus groups. The results of the Community Needs Assessment, coupled with information gathered from the mandated annual Uniform Data System (UDS) Report, Head Start/Early Head Start Program Information Report, and the CSBG Information Systems Survey, provided the basis for the determination of the short and long-range goals and objectives defined in the Strategic Plan. Accordingly, the *2014-2019 Plan* serves as the foundation for program and services development, and implementation and operation of all NHCAC Health and Social Service offerings.

SUMMARY OF FIVE YEAR GOALS

GOAL ONE. Improve the patient experience to attract and retain more patients, improve health outcomes, and generate revenue.

Strategies

- 1) Reposition NHCAC as community focused, culturally competent provider of excellence.
- 2) Reduce wait time and improve wait experience.
- 3) Enhance customer service skills in frontline staff.
- 4) Redesign physical plant to create more welcoming and comfortable environment.

GOAL TWO. Better coordinate social and healthcare services to improve community well-being and distinguish NHCAC from its competitors for clients and funding.

Strategies

- 1) Improve the internal organizational culture and expectation for cross-referrals among services.
- 2) Improve the uniform system for tracking intakes, referrals, and outcomes across the organization.
- 3) Better promote current services to existing clients and patients.

GOAL THREE. Assure NHCAC's financial sustainability in order to be able to continue to provide highly valued, quality services that offer the highest return on mission.

Strategies

- 1) Build NHCAC's charitable foundation (the Foundation) as a vehicle through which the community at-large can help support highly valued, yet under-resourced services that benefit vulnerable people.
 - 2) Establish the NHCAC Innovation Fund⁶⁶ to finance the expansion of programs with growth potential.
-

GOAL FOUR. Solidify NHCAC's brand as the community-driven provider of choice offering high quality care in a welcoming environment.

Strategies

- 1) Continue to sell the brand promise internally and actively support staff to deliver on it.
- 2) Create welcoming physical environments that reflect well on the quality of care offered within them.
- 3) Improve the online presence to attract and serve multiple audiences including patients and clients, funders, peers, and prospective employees.

2014 SWOT ANALYSIS

(STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS)

STRENGTHS

Stakeholders supplied relevant views of present **STRENGTHS** that NHCAC can call upon in carrying out its mission. Notable among these were:

- Predominant Hispanic community with strong family values
- NHCAC is the largest and only Federally Qualified Health Center/Community Action Agency integrating health and social services to meet client self-sufficiency needs
- The Agency's quality of healthcare services, compassionate care for low-income and underserved populations, and focus on providing a comprehensive system of supports contributes to the overarching view that NHCAC is viewed as a 'gold standard' organization
- The Agency serves low-income children and families most in need of comprehensive services and who are underserved
- NHCAC is well-positioned to play an increasingly important role in the provision of accessible, quality patient care for Medicaid beneficiaries and uninsured patients in traditionally underserved areas
- Health Centers and social service offices are strategically located and easily accessible in municipalities with the highest concentration of low-income families
- NHCAC staff comes from and represents the communities it serves, ensuring cultural and linguistic competence that is unmatched by its competitors
- Strong formal (MOU's) and informal collaborations with local hospitals and social service agencies that have proven expertise in specific service areas
- Strong emphasis on demonstrable results and the ongoing collection of accurate and meaningful outcome data.

WEAKNESSES

The *Plan* also responds to Weaknesses in certain areas. These included:

- ☑ Out-of-date technology causing bottleneck/downtime in services
- ☑ Increasing family literacy education and support in its education program
- ☑ Improving male participation in its education program

OPPORTUNITIES

The strategic planning process brought into focus several **OPPORTUNITIES** that are available to the Agency:

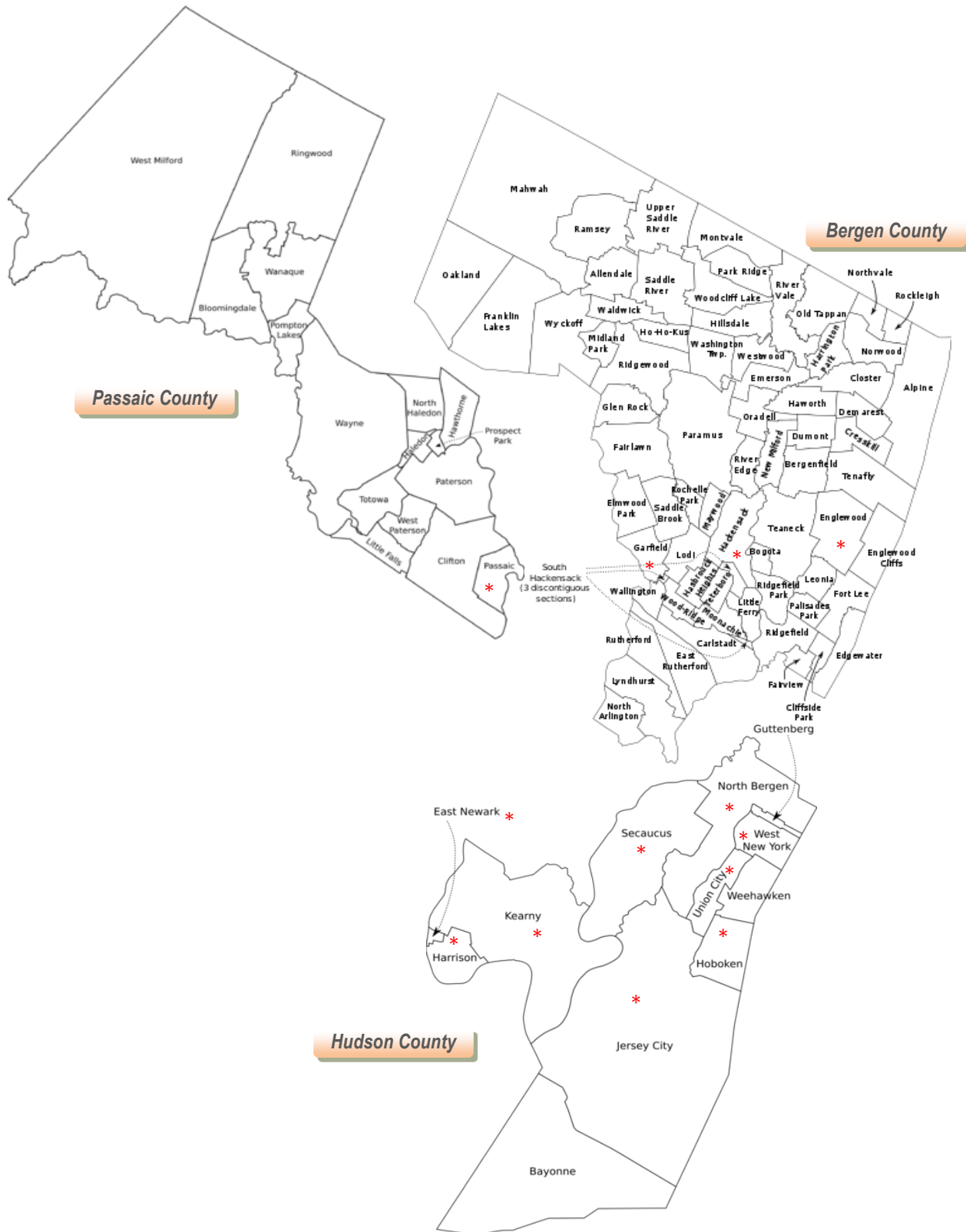
- ☑ Establish NHCAC as a “*living laboratory*” – offering undergraduate and graduate students opportunities for observation and practice in fields such as physical and mental health, social work, early childhood education, human resources, and business administration
- ☑ Nationwide, 17-20 million people are projected to become “paying patients,” resulting in NHCACs experiencing both a greater number of clients seeking services, as well as an increase in potential revenue
- ☑ Expand comprehensive health care into medically underserved areas
- ☑ Promote the agency as a “one-stop” for health and social services
- ☑ Expansion of on-site Pharmaceutical services
- ☑ Expansion of Early Head Start in the Western Hudson region
- ☑ Expansion of Early Head Start in North Bergen
- ☑ Provide full-day, full-year services in all non-PEP Head Start/Early Head Start classrooms

THREATS

Certain **THREATS** confronting NHCAC were recognized in the planning process. Most basic is how best to respond to the needs of a vast number of families living in poverty and those who are the “working poor.” Also included in the *Plan* were:

- ☑ Private health care providers
- ☑ Severe reductions in federal and state funding
- ☑ Drug and alcohol abuse
- ☑ Poor air quality causing rise in asthma related illnesses
- ☑ Lack of employment opportunities
- ☑ Lack of affordable housing forcing 3 and 4 families to co-exist – “homelessness”
- ☑ No fluoridated drinking water
- ☑ Natural disasters causing slow/shut down in services, resulting in service delay and loss of revenue

Service area snapshots



UNION CITY

HUDSON COUNTY

Two major waves of immigration, first of German speakers and then of Spanish speakers, greatly influenced the development and character of Union City. By the 1960's Union City became home to thousands of Cuban citizens who fled the regime of Fidel Castro. Its two nicknames, "Embroidery Capital of the United States" and "Havana on the Hudson", reflect important aspects of that migration.

Geographic Boundaries: Union City is bounded by West New York to the north, Hoboken and Weehawken to the east, Jersey City and Hoboken to the south and North Bergen to the west. The 1.4 square mile city, entirely landlocked, is the only Hudson municipality without a waterfront. The population density was 51,810.1 inhabitants per square mile. As of 2010, it was still the Nation's second most densely populated city. In fact, according to the 2010 U.S. Census, Hudson County contains four of the top five most densely populated municipalities in the Nation.

Population:

- 68,965 individuals
- 23,675 households

Gender:

- 34,813 male
- 34,152 female

Age:

- Under 5: 4,276 (6.2%)
- 5 to 19: 12,552 (18.2%)
- 20 to 24: 5,172 (7.5%)
- 25 to 59: 36,551 (53.0%)
- 60 to 64: 3,172 (4.6%)
- 65 and Over: 7,241 (10.5%)

Income:

- Median per capita income (2016 est.): \$20,995
- Median household income (2016 est.): \$42,483

Housing:

- # of housing units: 26,356 (23,675 occupied)
- Owner-occupied: 4,569 (12,336 individuals)
- Renter-occupied: 19,106 (56,172 individuals)
- Vacant housing units: 2,681
- Vacant housing units for rent: 1,542

Assets:

- Med. value of owner-occupied housing: \$288,600

Household Characteristics:

- Average household size: 2.89
- Average family size: 3.41

Race/Ethnic Origin:

- Hispanic or Latino: 56,427 (81.8%)
- Not Hispanic or Latino: 12,538 (18.2%)
- White: 8,030 (11.6%)
- African American: 1,291 (1.9%)
- Asian: 2,597 (3.8%)
- American Indian or Alaska Native: 0
- Native Hawaiian or Pacific Islander: 25
- Some other race: 175 (0.3%)
- Two or more races: 410 (0.6%)

Labor Force:

- Number in workforce: 34,900
- Number unemployed: 2,000
- Unemployment rate: 5.6%

Education:

- High school Drop-out rate: 20.4%
- Graduation rate: 79.6%
- High school graduates: 15,465
- Bachelor's degree: 6,143
- Graduate or professional degree: 2,759

Veterans (2016 estimate): 687

Living At or Below Poverty Level:

- Individuals (2016 estimate): 24.3%
- Families: 21.7%
- Children/Youth under age 18: 37.5%
- Over 65: 24.2%

WEST NEW YORK

HUDSON COUNTY

Incorporated as a town in 1898, the town was predominately occupied by first Germans, then Irish and Italians. West New York underwent a massive growth – with an influx of Puerto Ricans and Cubans - at the beginning of the 20th century, driven by development of textile industries that made North Hudson the "Embroidery Capital of the United States.

Geographic Boundaries: The 1.329 square mile town is located on top of the Palisade Rock formation and is bounded by Guttenberg to the north, the Hudson River to the east, Union City and Weehawken to the south and North Bergen to the west. West New York is the third most densely populated (49,341.7 per square mile) municipality in the State of New Jersey and one of the top five nationally.

Population:

- 52,407 individuals
- 19,048 households

Gender:

- 25,997 male
- 26,410 female

Age:

- Under 5: 4,035 (7.7%)
- 5 to 19: 7,966 (15.2%)
- 20 to 24: 3,406 (6.5%)
- 25 to 59: 28,667 (54.7%)
- 60 to 64: 2,149 (4.1%)
- 65 and Over: 6,236 (11.9%)

Income:

- Median per capita income (2016 est.): \$26,450
- Median household income (2016 est.): \$50,334

Housing:

- # of housing units: 20,650 (19,048 occupied)
- Owner-occupied: 3,838 (9,979 individuals)

- Renter-occupied: 15,210 (42,436 individuals)
- Vacant housing units: 1,602
- Vacant housing units for rent: 766

Assets:

- Med. value of owner-occupied housing: \$324,000

Household Characteristics:

- Average household size: 2.75
- Average family size: 3.31

Race/Ethnic Origin:

- Hispanic or Latino: 40,872 (78.0%)
- Not Hispanic or Latino: 11,535 (22.0%)
- White: 6,516 (12.4%)
- African American: 1,076 (2.1%)
- Asian: 3,138 (6.0%)
- American Indian or Alaska Native: 40 (0.1%)
- Native Hawaiian or Pacific Islander: 29 (0.1%)
- Some other race: 431 (0.8%)
- Two or more races: 305 (0.6%)

Labor Force:

- Number in workforce: 28,500
- Number unemployed: 1,400
- Unemployment rate: 4.7%

Education:

- High school Drop-out rate: 17.3%
- Graduation rate: 82.7%
- High school graduates: 9,833
- Bachelor's degree: 6,263
- Graduate or professional degree: 3,317

Veterans (2016 Estimate): 619

Living At or Below Poverty Level:

- Individuals (2016 estimate): 21.9%
- Families: 17.9%
- Children/Youth under age 34: 1%
- Over 65: 24.9%

NORTH BERGEN

HUDSON COUNTY

Situated on the Hudson Palisades, North Bergen is one of the "hilliest" municipalities in the United States. Like neighboring North Hudson communities, North Bergen is among those places in the nation with the highest population density and a majority Hispanic population. Many residents are part of the wave of Spanish language speakers which had begun in the 1960s with Cuban émigrés, leading to the signature "Havana on the Hudson" name for the Northern region of the County.

Geographic Boundaries: With a population density of 11,838.0 inhabitants per square mile, the township of North Bergen comprises an area of 5.575 square miles, of which, 5.134 square miles of it is land and 0.441 square miles (7.91%) is water. The municipality is bounded by Bergen County to the north, the Hudson River to the east, Jersey City, West New York and Guttenberg to the south and the Hackensack River, Union City and Secaucus to the west.

Population:

- 62,791 individuals
- 21,644 households

Gender:

- 30,915 male
- 31,876 female

Age:

- Under 5: 4,458 (7.1%)
- 5 to 19: 10,737 (17.1%)
- 20 to 24: 3,893 (6.2%)
- 25 to 59: 31,709 (50.5%)
- 60 to 64: 3,705 (5.9%)
- 65 and over: 8,226 (13.1%)

Income:

- Median per capita income (2016 est.): \$25,566
- Median household income (2016 est.): \$56,129

Housing:

- # of housing units: 22,978 (21,644 occupied)
- Owner-occupied: 8,742 (26,488 individuals)
- Renter-occupied: 12,902 (35,739 individuals)
- Vacant housing units: 1,334
- Vacant housing units for rent: 422

Assets:

- Med. value of owner-occupied housing: \$301,300

Household Characteristics:

- Average household size: 2.87
- Average family size: 3.52

Race/Ethnic Origin:

- Hispanic or Latino: 46,910 (74.7%)
- Not Hispanic or Latino: 15,881 (25.3%)
- White: 9,758 (15.5%)
- African American: 1,594 (2.5%)
- Asian: 3,870 (6.2%)
- American Indian or Alaska Native: 68 (0.1%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 263 (0.4%)
- Two or more races: 328 (0.5%)

Labor Force:

- Number in workforce: 32,600
- Number unemployed: 1,600
- Unemployment rate: 5.0%

Education:

- High school Drop-out rate: 17.3%
- Graduation rate: 82.7%
- High school graduates: 13,968
- Bachelor's degree: 7,665
- Graduate or professional degree: 3,446

Veterans: 1,241

Living At or Below Poverty Level:

- Individuals (2016 estimate): 14.8%
- Families: 11.2%
- Children/Youth under age 18: 23.6%
- Over 65: 15.6%

GUTTENBERG

HUDSON COUNTY

Formerly farmland owned by German immigrants, Guttenberg was formed as a town in 1859 from portions of North Bergen Township. The town's name was based on a German word which meant "Good Mountain."

Geographic Boundaries: Only four blocks wide—0.243 square miles, of which, 0.196 square miles of it is land and 0.047 square miles of it (19.24%) is water—Guttenberg is the ninth-smallest municipality in the state and the most densely populated town in the United States, with 57,116 people per square mile of land area. Approximately 20% of the town's population resides in the Galaxy Towers. Guttenberg is bounded on the north and west by the township of North Bergen, on the south by the town of West New York and on the east by the Hudson River.

Population:

- 11,628 individuals
- 4,551 households

Gender:

- 5,632 male
- 5,996 female

Age:

- Under 5: 814 (7.0%)
- 5 to 19: 1,581 (13.6%)
- 20 to 24: 884 (7.6%)
- 25 to 59: 6,244 (53.7%)
- 60 to 64: 779 (6.7%)
- 65 and Over: 1,302 (11.2%)

Income:

- Median per capita income (2016 est.): \$31,010
- Median household income (2016 est.): \$54,368

Housing:

- Number of housing units: 4,817 (4,551 occupied)
- Owner-occupied: 1,373 (2,883 individuals)
- Renter-occupied: 3,178 (8,612 individuals)
- Vacant housing units: 266
- Vacant housing units for rent: 51

Assets:

- Med. value of owner-occupied housing: \$279,600

Household Characteristics:

- Average household size: 2.53
- Average family size: 3.22

Race/Ethnic Origin:

- Hispanic or Latino: 7,984 (68.7%)
- Not Hispanic or Latino: 3,644 (31.3%)
- White: 2,245 (19.3%)
- African American: 417 (3.6%)
- Asian: 802 (6.9%)
- American Indian or Alaska Native: 26 (0.2%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 82 (0.7%)
- Two or more races: 72 (0.6%)

Education:

- See North Bergen High School Statistics
- High school graduates: 2,174
- Bachelor's degree: 1,488
- Graduate or professional degree: 907

Veterans: 237

Living At or Below Poverty Level:

- Individuals (2016 estimate): 16.1%
- Families: 15.5%
- Children/Youth under age 18: 28.7%
- Over 65: 10.5%

SECAUCUS

HUDSON COUNTY

Some of the earliest settlers in Secaucus were the Native American Algonquian tribe who named the area for its profusion of reptiles: their word for black (seke or sukut) and snake (achgook) combined and eventually came to be known as Sikakes, or "island of snakes." By the early 20th century, Secaucus was home to some 55 pig farms (approximately 250,000 pigs). To put that number in context, the pig count in Secaucus was once approximately 15 times that of the human population. Today, the town is the most suburban of the county's municipalities.

Geographic Boundaries: The town had a total area of 6.599 square miles, of which, 5.822 square miles of it is land and 0.777 square miles of it (11.77%) is water. Bounded by the Hackensack River to the north, west, and south and North Bergen and Jersey City to the east, the Town of Secaucus is part of a larger region, the Hackensack Meadowlands, a 30 square-mile environmentally-sensitive expanse of marshes, waterways, and meadows. The Meadowlands combines parts of 14 municipalities in Hudson and Bergen Counties and serves as the habitat for a variety of endangered species. Secaucus has a population density of 2,794 inhabitants per square mile.

Population:

- 18,737 individuals
- 6,905 households

Gender:

- 9,344 male
- 9,393 female

Age:

- Under 5: 993 (5.3%)
- 5 to 19: 2,923 (15.6%)
- 20 to 24: 937 (5.0%)
- 25 to 59: 9,893 (52.8%)
- 60 to 64: 956 (5.1%)
- 65 and Over: 3,035 (16.2%)

Income:

- Median per capita income (2016 est.): \$44,632
- Median household income (2016 est.): \$94,160

Housing:

- Number of housing units: 7,538 (6,905 occupied)
- Owner-occupied: 3,890 (10,309 individuals)
- Renter-occupied: 3,015 (7,688 individuals)
- Vacant housing units: 633
- Vacant housing units for rent: 267

Assets:

- Med. value of owner-occupied housing: \$399,300

Household Characteristics:

- Average household size: 2.61
- Average family size: 3.16

Race/Ethnic Origin:

- Hispanic or Latino: 3,827 (20.4%)
- Not Hispanic or Latino: 14,910 (79.6%)
- White: 8,735 (46.6%)
- African American: 491 (2.6%)
- Asian: 5,067 (27.0%)
- American Indian or Alaska Native: 15 (0.1%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 96 (0.5%)
- Two or more races: 506 (2.7%)

Education:

- High school Drop-out rate: 5.97%
- Graduation rate: 94.03%
- High school graduates: 3,442
- Bachelor's degree: 3,517
- Graduate or professional degree: 2,555

Veterans: 569

Living At or Below Poverty Level:

- Individuals (2016 estimate): 7.8%
- Families: 3.9%
- Children/Youth under age 18: 11.2%
- Over 65: 7%

JERSEY CITY

HUDSON COUNTY

Jersey City is the seat of Hudson County, and the second-largest city in New Jersey after Newark. One of the most racially diverse cities in the world, Jersey City's formerly most populous ethnic group, non-Hispanic white, declined from 69.5% in 1970 to 21.5% by 2010. The city has a large Kenyan community, and the country's largest Egyptian Coptic population. Living up to its legacy as a Tapestry of Nations, the City is also composed of substantial communities of Jewish, Italian, Cuban, Filipino, Polish, Indian, Irish, Puerto Rican, Dominican, African, Arab, and Asian descent.

Geographic Boundaries: The 14.7 square mile city is bounded on the north by Secaucus, North Bergen, Union City and Hoboken, on the west by the Hackensack River, on the south by Bayonne and on the east by the Hudson River; population density was 51,810.1 inhabitants per square mile.

Population:

- 261,666 individuals
- 99,612 households

Gender:

- 128,770 male
- 132,896 female

Age:

- Under 5: 19,887 (7.6%)
- 5 to 19: 39,773 (15.2%)
- 20 to 24: 18,840 (7.2%)
- 25 to 59: 145,486 (55.6%)
- 60 to 64: 12,037 (4.6%)
- 65 and Over: 25,382 (9.7%)

Income:

- Median per capita income (2016 est.): \$34,887
- Median household income (2016 est.): \$60,703

Housing:

- # of housing units: 111,331 (99,612 occupied)
- Owner-occupied: 27,758 (78,555 individuals)
- Renter-occupied: 71,854 (180,354 individuals)
- Vacant housing units: 11,719
- Vacant housing units for rent: 4,048

Assets:

- Med. value of owner-occupied housing: \$331,300

Household Characteristics:

- Average household size: 2.60
- Average family size: 3.25

Race/Ethnic Origin:

- Hispanic or Latino: 73,479 (28.1%)
- Not Hispanic or Latino: 188,187 (71.9%)
- White: 56,101 (21.4%)
- African American: 59,253 (22.6%)
- Asian: 65,180 (24.9%)
- American Indian or Alaska Native: 516 (0.2%)
- Native Hawaiian or Pacific Islander: 103
- Some other race: 1,657 (0.6%)
- Two or more races: 5,377 (2.1%)

Labor Force:

- Number in workforce: 140,500
- Number unemployed: 6,700
- Unemployment rate: 4.8%

Education:

- High school Drop-out rate: 25.15%
- Graduation rate: 74.85%
- High school graduates: 43,194
- Bachelor's degree: 47,982
- Graduate or professional degree: 32,768

Veterans: 5,039

Living At or Below Poverty Level:

- Individuals (2016 estimate): 19.4%
- Families: 16.4%
- Children/Youth under age 18: 28.9%
- Over 65: 17.4%

JERSEY CITY HEIGHTS

HUDSON COUNTY

Jersey City is the seat of Hudson County, and the second-largest city in New Jersey after Newark. One of the most racially diverse cities in the world, Jersey City's formerly most populous ethnic group, non-Hispanic white, declined from 69.5% in 1970 to 21.5% by 2010. The city has a large Kenyan community, and the country's largest Egyptian Coptic population. Living up to its legacy as a Tapestry of Nations, the City is also composed of substantial communities of Jewish, Italian, Cuban, Filipino, Polish, Indian, Irish, Puerto Rican, Dominican, African, Arab, and Asian descent.

Geographic Boundaries: The 14.7 square mile city is bounded on the north by Secaucus, North Bergen, Union City and Hoboken, on the west by the Hackensack River, on the south by Bayonne and on the east by the Hudson River; population density was 51,810.1 inhabitants per square mile.

Population:

- 100,057 individuals
- 36,258 households

Gender:

- 51,103 male
- 48,954 female

Age:

- Under 5: 7,805 (7.8%)
- 5 to 19: 15,643 (15.6%)
- 20 to 24: 7,702 (7.7%)
- 25 to 59: 54,691 (54.7%)
- 60 to 64: 4,706 (4.7%)
- 65 and Over: 9,510 (9.5%)

Income:

- Median per capita income (2016 est.): \$26,970
- Median household income (2016 est.): \$53,262

Housing:

- # of housing units: 39,415 (36,258 occupied)
- Owner-occupied: 8,835 (26,205 individuals)
- Renter-occupied: 27,423 (72,407 individuals)
- Vacant housing units: 3,157
- Vacant housing units for rent: 1,442

Assets:

- Med. value of owner-occupied housing: \$310,300

Household Characteristics:

- Average household size: 2.73
- Average family size: 3.32

Race/Ethnic Origin:

- Hispanic or Latino: 37,248 (37.2%)
- Not Hispanic or Latino: 62,809 (62.8%)
- White: 22,621 (22.6%)
- African American: 9,533 (9.5%)
- Asian: 28,278 (28.3%)
- American Indian or Alaska Native: 248 (0.2%)
- Native Hawaiian or Pacific Islander: 29
- Some other race: 410 (0.4%)
- Two or more races: 1,690 (1.7%)

Education:

- See Jersey City High School Statistics
- High school graduates: 16,511
- Bachelor's degree: 18,162
- Graduate or professional degree: 9,550

Veterans: 1,916

Living At or Below Poverty Level:

- Individuals (2016 estimate): 20.0%
- Families: 16.7%
- Children/Youth under age 18: 29.0%
- Over 65: 15.7%

WEEHAWKEN

HUDSON COUNTY

Weehawken is an Indian name which, because of its origin AWIEHAKEN, has variously been interpreted as "at the end of (Palisades)" or "rocks that look like trees." The first inhabitants were the wealthy Dutch, Irish and Germans who constructed large estates close to their breweries and embroidery factories in nearby Union City and West New York. Shortly after the First World War, a significant contingent of Syrian immigrants from Homs (a major textile center) moved into Weehawken to take advantage of the burgeoning textile industry. Today, some of the current residents are descendants of the early inhabitants.

Geographic Boundaries: Geographically, Weehawken has distinct neighborhoods: Downtown (or The Shades), The Heights, Uptown (which includes Kingswood Bluff), and The Waterfront. The town is bounded on the north by West New York, the Hudson River to the east, Hoboken to the south and Union City to the west. Comprising a total area of 1.477 square miles (0.796 square miles of land and 0.681 square miles - 46.10% - is water), the town is situated atop the Palisade Rock formation and has elevations up to 150 feet. The population density is 15,764.6 inhabitants per square mile.

Population:

- 13,671 individuals
- 5,958 households

Gender:

- 7,107 male
- 6,564 female

Age:

- Under 5: 725 (5.3%)
- 5 to 19: 1,709 (12.5%)
- 20 to 24: 738 (5.4%)
- 25 to 59: 8,066 (59.0%)
- 60 to 64: 943 (6.9%)
- 65 and Over: 1,504 (11.0%)

Income:

- Median per capita income (2016 est.): \$56,036
- Median household income (2016 est.): \$83,447

Housing:

- Number of housing units: 6,671 (5,958 occupied)
- Owner-occupied: 1,986 (5,084 individuals)
- Renter-occupied: 3,972 (8,580 individuals)
- Vacant housing units: 713
- Vacant housing units for rent: 293

Assets:

- Med. value of owner-occupied housing: \$529,200

Household Characteristics:

- Average household size: 2.29
- Average family size: 2.97

Race/Ethnic Origin:

- Hispanic or Latino: 5,162 (37.8%)
- Not Hispanic or Latino: 8,509 (62.2%)
- White: 6,408 (46.9%)
- African American: 457 (3.3%)
- Asian: 1,488 (10.9%)
- American Indian or Alaska Native: 0 (0%)
- Native Hawaiian or Pacific Islander: 0 (0%)
- Some other race: 0 (0%)
- Two or more races: 156 (1.1%)

Education:

- High school Drop-out rate: 9.76%
- Graduation rate: 90.24%
- High school graduates: 1,910
- Bachelor's degree: 3,475
- Graduate or professional degree: 2,565

Veterans: 354

Living At or Below Poverty Level:

- Individuals (2016 estimates): 10.3%
- Families: 7.3%
- Children/Youth under age 18: 9.2%
- Over 65: 17.3%

KEARNY

HUDSON COUNTY

The town's nickname, "Soccer Town, U.S.A." is derived from a soccer tradition that originated in the mid-1870s, when thousands of Scottish and Irish immigrants settled in the town to work at the textile and floor-covering mills and plants. These immigrants brought with them a heritage still evident in the town today.

Geographic Boundaries: Situated in the Southern region of Hudson County, Kearny's total area is 10.19 square miles, of which 9.14 sq. mi. is land and 1.05 sq. mi is water area. The 9.14 square miles within the Town's boundaries are divided into three- (3) broad sections, referred to locally as the "Uplands", the "Hackensack Meadowlands" and "South Kearny". With a population density of 4,636.5 inhabitants per square mile, the town is bounded by the Hackensack River/Jersey City on the east, East Newark/Harrison on the south, the Passaic River/ Belleville on the west, and North Arlington on the north. The Passaic River separates it from Newark and Belleville, and the Hackensack River separates it from Jersey City. The town is varied in topography and roughly divided into three parts: the Kearny Uplands, the Kearny Meadows and Kearny Point.

Population:

- 42,029 individuals
- 13,617 households

Gender:

- 21,050 male
- 20,979 female

Age:

- Under 5: 2,690 (6.4%)
- 5 to 19: 7,859 (18.7%)
- 20 to 24: 2,858 (6.8%)
- 25 to 59: 21,309 (50.7%)
- 60 to 64: 2,396 (5.7%)
- 65 and Over: 4,833 (11.5%)

Income:

- Median per capita income (2016 est.): \$25,577

- Median household income (2016 est.): \$61,558

Housing:

- # of housing units: 14,708 (13,783 occupied)
- Owner-occupied: 6,358 (19,861 individuals)
- Renter-occupied: 7,425 (21,074 individuals)
- Vacant housing units: 925
- Vacant housing units for rent: 140

Assets:

- Med. value of owner-occupied housing: 307,100

Household Characteristics:

- Average household size: 3.00
- Average family size: 3.45

Race/Ethnic Origin:

- Hispanic or Latino: 19,346 (46.0%)
- Not Hispanic or Latino: 22,683 (54.0%)
- White: 17,959 (42.7%)
- African American: 1,414 (3.4%)
- Asian: 1,897 (4.5%)
- American Indian or Alaska Native: 92 (0.2%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 666 (1.6%)
- Two or more races: 655 (1.6%)

Labor Force:

- Number in workforce: 20,800
- Number unemployed: 1,100
- Unemployment rate: 5.5%

Education:

- High school Drop-out rate: 9.96%
- Graduation rate: 90.04%
- High school graduates: 10,445
- Bachelor's degree: 4,641
- Graduate or professional degree: 1,961

Veterans: 1,139

Living At or Below Poverty Level:

- Individuals: 11.6%
- Families: 9.7%
- Children/Youth under age 18: 15.4%
- Over 65: 8.6%

HARRISON

HUDSON COUNTY

Known as the "Beehive of Industry", Harrison town and surrounding areas were home to as many as 90,000 manufacturing jobs during its heyday. Although the town is within Hudson County and is influenced by other Hudson County municipalities, Harrison is also influenced by the adjacent City of Newark and the municipalities of Essex County to the west.

Geographic Boundaries: The Town of Harrison is 1.3 square miles in size (1.203 square miles of land; .116 square miles (8.76%) is water), and is located on the western edge of Hudson County, along the eastern banks of the Passaic River. To the north and east of Harrison lies the Town of Kearny, to the northwest lies the Borough of East Newark, and to the west and south lies the City of Newark. The population density was 11,319.3 inhabitants per square mile.

Population:

- 15,007 individuals
- 5,413 households

Gender:

- 7,792 male
- 7,215 female

Age:

- Under 5: 870 (5.8%)
- 5 to 19: 2,476 (16.5%)
- 20 to 24: 1,065 (7.1%)
- 25 to 59: 8,389 (55.9%)
- 60 to 64: 600 (4.0%)
- 65 and Over: 1,621 (10.8%)

Income:

- Median per capita income (2016 est.): \$27,223
- Median household income (2016 est.): \$58,047

Housing:

- Number of housing units: 5,680 (5,413 occupied)
- Owner-occupied: 1,507 (3,963 individuals)
- Renter-occupied: 3,906 (11,054 individuals)
- Vacant housing units: 267
- Vacant housing units for rent: 135

Assets:

- Med. value of owner-occupied housing: 318,600

Household Characteristics:

- Average household size: 2.77
- Average family size: 3.22

Race/Ethnic Origin:

- Hispanic or Latino: 6,800 (45.3%)
- Not Hispanic or Latino: 8,207 (54.7%)
- White: 4,613 (30.7%)
- African American: 251 (1.7%)
- Asian: 2,989 (19.9%)
- American Indian or Alaska Native: 85 (0.6%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 91 (0.6%)
- Two or more races: 178 (1.2%)

Education:

- High school Drop-out rate: 5.43%
- Graduation rate: 94.57%
- High school graduates: 3,137
- Bachelor's degree: 1,790
- Graduate or professional degree: 1,703

Veterans: 312

Living At or Below Poverty Level:

- Individuals: 14.4%
- Families: 11.2%
- Children/Youth under age 22.1%
- Over 65: 10.9%

EAST NEWARK

HUDSON COUNTY

East Newark, although a tiny Borough, made its mark in U.S. history from its inception. It housed the foremost thread processing center in the nation. Its residents have served in every war that involved the United States dating back to The Spanish-American War of 1898.

Geographic Boundaries: Located on the Passaic River, the borough is situated between the towns of Kearny and Harrison. Comprising a land area of 0.1 miles, East Newark is the smallest municipality in Hudson County. The borough had a total area of 0.123 square miles, of which, 0.102 square miles of it is land and 0.021 square miles of it (17.13%) is water. The population density was 23,532.1 inhabitants per square mile.

Population:

- 2,717 individuals
- 830 households

Gender:

- 1,370 male
- 1,347 female

Age:

- Under 5: 141 (5.2%)
- 5 to 19: 549 (20.2%)
- 20 to 24: 177 (6.5%)
- 25 to 59: 1,527 (56.2%)
- 60 to 64: 133 (4.9%)
- 65 and Over: 190 (7.0%)

Income:

- Median per capita income (2016 est.): \$25,886
- Median household income (2016 est.): \$59,038

Housing:

- Number of housing units: 902 (830 occupied)
- Owner-occupied: 253 (754 individuals)
- Renter-occupied: 577 (1,962 individuals)
- Vacant housing units: 72
- Vacant housing units for rent: 26

Assets:

- Med. value of owner-occupied housing: 260,500

Household Characteristics:

- Average household size: 3.27
- Average family size: 3.48

Race/Ethnic Origin:

- Hispanic or Latino: 1,776 (65.4%)
- Not Hispanic or Latino: 941 (34.6%)
- White: 666 (24.5%)
- African American: 14 (0.5%)
- Asian: 231 (8.5%)
- American Indian or Alaska Native: 0
- Native Hawaiian or Pacific Islander: 0
- Some other race: 25 (0.9%)
- Two or more races: 5 (0.2%)

Education:

- See data for Harrison High School
- High school graduates: 738
- Bachelor's degree: 157
- Graduate or professional degree: 162

Veterans: 45

Living At or Below Poverty Level:

- Individuals: 13.3%
- Families: 11.7%
- Children/Youth under age 18: 33.9%
- Over 65: 8.9%

PASSAIC

PASSAIC COUNTY

Passaic has always been a city of immigrants. After the original Dutch settlers of the latter seventeenth century, came the great wave of English, the Scottish, Germans, Italians, Russians, Polish, Irish, and a lesser mixed group of political émigrés from all over Europe. After World War II, Passaic saw an influx of Puerto Ricans, the first Hispanic group to come in any numbers. Since the 1970's many Hispanic immigrants from Central America, South America, Mexico and the Caribbean Island countries have chosen to share in the "American Dream."

Geographic Boundaries: With a population density of 22,179.6 per square mile, the city has a total area of 3.244 square miles, of which, 3.146 square miles of it is land and 0.098 square miles of it (3.01%) is water. Passaic is bordered on the north, west and south by the City of Clifton, and to the east by the Passaic River.

Population:

- 70,536 individuals
- 19,350 households

Gender:

- 35,305 male
- 35,231 female

Age:

- Under 5: 6,913 (9.8%)
- 5 to 19: 18,581 (26.3%)
- 20 to 24: 5,414 (7.7%)
- 25 to 59: 27,801 (39.4%)
- 60 to 64: 2,859 (4.1%)
- 65 and Over: 5,695 (8.1%)

Income:

- Median per capita income (2016 est.): \$15,630
- Median household income (2016 est.): \$33,859

Housing:

- # of housing units: 21,345 (19,350 occupied)
- Owner-occupied: 4,507 (16,811 individuals)
- Renter-occupied: 14,843 (53,286 individuals)
- Vacant housing units: 1,996
- Vacant housing units for rent: 590

Assets:

- Med. value of owner-occupied housing: 303,600

Household Characteristics:

- Average household size: 3.62
- Average family size: 4.27

Race/Ethnic Origin:

- Hispanic or Latino: 50,864 (72.1%)
- Not Hispanic or Latino: 19,672 (27.9%)
- White: 10,749 (15.2%)
- African American: 5,878 (8.3%)
- Asian: 2,198 (3.1%)
- American Indian or Alaska Native: 95 (0.1%)
- Native Hawaiian or Pacific Islander: 57 (0.1%)
- Some other race: 382 (0.6%)
- Two or more races: 313 (0.4%)

Education:

- High school Drop-out rate: 21.55%
- Graduation rate: 78.45%
- High school graduates: 13,890
- Bachelor's degree: 3,942
- Graduate or professional degree: 1,944

Veterans: 903

Living At or Below Poverty Level:

- Individuals: 31.9%
- Families: 30.1%
- Children/Youth under age 18: 42.0%
- Over 65: 26.5%

GARFIELD

BERGEN COUNTY

In the early days, Garfield became predominantly populated with immigrants from Italy, Slovaks, Russians, Italians, Poles, Slavs, and Hungarians. Today, the City has attracted many Hispanic and Polish immigrants.

Geographic Boundaries: The city had a total area of 2.160 square miles, of which, 2.099 square miles of it is land and 0.061 square miles of it (2.82%) is water. The population density is 14,524.8 inhabitants per square mile.

Population:

- 31,456 individuals
- 10,987 households

Gender:

- 15,000 male
- 16,456 female

Age:

- Under 5: 2,414 (7.7%)
- 5 to 19: 5,785 (18.4%)
- 20 to 24: 2,156 (6.9%)
- 25 to 59: 13,963 (44.4%)
- 60 to 64: 1,799 (5.7%)
- 65 and Over: 3,503 (11.1%)

Income:

- Median per capita income (2016 est.): \$23,479
- Median household income (2016 est.): \$48,254

Housing:

- # of housing units: 11,819 (10,987 occupied)
- Owner-occupied: 4,001 (11,963 individuals)
- Renter-occupied: 6,986 (19,421 individuals)
- Vacant housing units: 832
- Vacant housing units for rent: 195

Assets:

- Med. value of owner-occupied housing: 329,900

Household Characteristics:

- Average household size: 2.86
- Average family size: 3.38

Race/Ethnic Origin:

- Hispanic or Latino: 11,306 (35.9%)
- Not Hispanic or Latino: 20,150 (64.1%)
- White: 17,624 (56.0%)
- African American: 1,239 (3.9%)
- Asian: 771 (2.5%)
- American Indian or Alaska Native: 49 (0.2%)
- Native Hawaiian or Pacific Islander: 6 (0%)
- Some other race: 75 (0.2%)
- Two or more races: 386 (1.2%)

Labor Force:

- Number in workforce: 16,100
- Number unemployed: 1,100
- Unemployment rate: 6.7%

Education:

- High school Drop-out rate: 18.55%
- Graduation rate: 81.45%
- High school graduates: 8,782
- Bachelor's degree: 2,770
- Graduate or professional degree: 1,089

Veterans: 757

Living At or Below Poverty Level:

- Individuals: 18.6%
- Families: 17.1%
- Children/Youth under age 18: 27.2%
- Over 65: 18.6%

HACKENSACK

BERGEN COUNTY

Prior to being settled by the Dutch in the late 1600's, Hackensack was home to the thriving Lenni Lenape Indian community. Men and women from Sweden had also come to the area, but from 1655, when New Netherlands conquered New Sweden, until 1664, the whole of New Jersey was completely under Dutch control. Like other parts of the northern region, large waves of immigrants from European countries came looking for "the land of opportunity." An influx of immigrants from South America came in the 60s and 70s from Colombia and then from Ecuador. Today, Central Bergen, of which Hackensack (the county seat) is a part, has the largest proportion of Spanish speaking immigrants in the County; included are people from Cuba, Puerto Rico, Argentina, the Dominican Republic, Spain, Venezuela, Mexico, Costa Rica and Central America.

Geographic Boundaries: Hackensack is bordered by a number of towns: Paramus, River Edge, Teaneck, Bogota, Ridgely Park, Little Ferry, South Hackensack, Hasbrouck Heights, Lodi, and Maywood. The entire easterly perimeter of Hackensack is bounded by the Hackensack River. There were 43,010 people residing in the city; the population density was 10,290.0 inhabitants per square mile.

Population:

- 44,271 individuals
- 18,524 households

Gender:

- 21,977 male
- 22,294 female

Age:

- Under 5: 3,329 (7.5%)
- 5 to 19: 5,297 (12.0%)
- 20 to 24: 2,698 (6.1%)
- 25 to 59: 21,327 (48.2%)
- 60 to 64: 2,486 (5.6%)
- 65 and Over: 6,041 (13.6%)

Income:

- Median per capita income (2016 est.): \$32,105
- Median household income (2016 est.): \$56,222

Housing:

- # of housing units: 19,932 (18,524 occupied)
- Owner-occupied: 6,541 (16,418 individuals)
- Renter-occupied: 11,983 (26,363 individuals)
- Vacant housing units: 1,408
- Vacant housing units for rent: 793

Assets:

- Med. value of owner-occupied housing: 291,500

Household Characteristics:

- Average household size: 2.31
- Average family size: 3.13

Race/Ethnic Origin:

- Hispanic or Latino: 16,152 (36.5%)
- Not Hispanic or Latino: 28,119 (63.5%)
- White: 12,955 (29.3%)
- African American: 9,933 (22.4%)
- Asian: 4,365 (9.9%)
- American Indian or Alaska Native: 126 (0.3%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 147 (0.3%)
- Two or more races: 593 (1.3%)

Labor Force:

- Number in workforce: 24,400
- Number unemployed: 1,200
- Unemployment rate: 5.0%

Education:

- High school Drop-out rate: 7.93%
- Graduation rate: 92.07%
- High school graduates: 5,135
- Bachelor's degree: 7,627
- Graduate or professional degree: 3,662

Veterans: 1,304

Living At or Below Poverty Level:

- Individuals: 14.6%
- Families: 11.3%

- Children/Youth under age 18: 25.4%
- Over 65: 11.7%

ENGLEWOOD

BERGEN COUNTY

Many years before Europeans came to the Hackensack Valley, the Lenni Lenape, came from the west and settled in Englewood. Today, Englewood, like much of the rest of Bergen County and New Jersey experienced a significant increase in the number and percentage of people of Hispanic & Latino heritage. This follows a 20-year trend of a rapidly growing Hispanic and Latino population residing in Englewood.

Geographic Boundaries: Englewood city has a total area of 4.937 square miles, of which, 4.914 square miles of it is land and 0.023 square miles of it (0.47%) is water. The population density was 5,524.6 inhabitants per square mile.

Population:

- 28,184 individuals
- 10,673 households

Gender:

- 13,551 male
- 14,633 female

Age:

- Under 5: 1,847 (6.6%)
- 5 to 19: 4,725 (16.8%)
- 20 to 24: 1,356 (4.8%)
- 25 to 59: 12,475 (44.3%)
- 60 to 64: 1,552 (5.5%)
- 65 and Over: 4,478 (15.9%)

Income:

- Median per capita income (2016 est.): \$47,451
- Median household income (2016 est.): \$77,272

Housing:

- # of housing units: 11,646 (10,673 occupied)
- Owner-occupied: 5,482 (15,514 individuals)
- Renter-occupied: 5,191 (12,458 individuals)
- Vacant housing units: 973

- Vacant housing units for rent: 286

Assets:

- Med. value of owner-occupied housing: 379,900

Household Characteristics:

- Average household size: 2.62
- Average family size: 3.29

Race/Ethnic Origin:

- Hispanic or Latino: 6,597 (23.4%)
- Not Hispanic or Latino: 21,587 (76.6%)
- White: 9,110 (32.3%)
- African American: 8,191 (29.2%)
- Asian: 3,458 (12.3%)
- American Indian or Alaska Native: 87 (0.3%)
- Native Hawaiian or Pacific Islander: 0
- Some other race: 114 (0.4%)
- Two or more races: 627 (2.2%)

Labor Force:

- Number in workforce: 15,100
- Number unemployed: 700
- Unemployment rate: 4.5%

Education:

- High school Drop-out rate: 12.71%
- Graduation rate: 87.29%
- High school graduates: 5,135
- Bachelor's degree: 5,574
- Graduate or professional degree: 4,011

Veterans: 743

Living At or Below Poverty Level:

- Individuals: 11.3%
- Families: 9.6%
- Children/Youth under age 18: 17.9%
- Over 65: 5.6%

Bergen County Health Improvement Plan (2015 - 2018)

Hudson County Health Improvement Plan (2007)

Passaic County Health Improvement Plan (2016)

Resources: Mental Health

<i>Bergen County:</i> Crisis hotline: 201-262-HELP (4357)		
Hackensack University Medical Center Outpatient Behavioral Health and Psychiatry		
Address: 30 Prospect Avenue Hackensack, NJ 07601	Phone: 551-996-4450 (Spanish speaking psychiatrist available)	Alternate locations: Maywood: 551-996-3066 <i>Note: If pt has approved charity care HUMC Hackensack. They accept Medicaid, private</i>
Comprehensive Behavioral Healthcare (Serving Central, Southern Corridor of Bergen County)		
Address: 25 East Salem St. 1 st fl., Hackensack NJ 07601	Phone: 201-646-0333 (Spanish speaking clinician available)	Alternate locations: Lyndhurst: 201-935- 3322 Westwood: 201-957-1800 <i>Note: Initial contact must be with Hackensack</i>
West Bergen Mental Health (Serving northwest corridor of BC)		
Address: 120 Chestnut Street Ridgewood, NJ 07450	Phone: 201-444-3550 (Spanish speaking clinician available)	Alternate locations: Ramsey 201-934-1160 Ridgewood: 201-528-8075 Mahwah 201-485-7172 <i>Note: Children and Adolescent services at the Ramsey location</i>
Care Plus NJ (Serving Central Bergen County)		
Address: 610 Valley Health Plaza Paramus, NJ 07652	Phone: 201-265-8220 (Spanish speaking clinician available)	Alternate locations: Fair Lawn : 201-797-2660 Hasbrouck Heights: 201-265-8200 Hackensack: 201-336-6484
Vantage Health (Serving North East Corridor of Bergen County)		
Address: 93 W Palisade Ave Englewood, NJ 07631	Englewood 201-567-0500 (Spanish speaking clinician available)	Alternate locations: Dumont: 201-385-4400 Closter: 201-767-2010
<i>Passaic County:</i> Crisis hotline 973-754-2230		
St. Joseph Medical Center Outpatient Mental Health		
Address: 641 Main Street Paterson NJ 07503	Phone: 973-754-4750 (Spanish speaking clinician available)	Alternate locations: Paterson: 973-754-5590 (Children's Services) Paterson: 973-754-2800 (IT-COD Services) <i>Note: Charity care accepted</i>
Seton Center St. Mary's Hospital Behavioral Health		
Address: 530 Main Ave Passaic, NJ 07055	Phone: 973-470-3056 (Spanish clinician available)	Note: Accepts Medicare, Medicaid and Uninsured Note: Accepts Medicare, Medicaid and Uninsured
Mental Health Clinic of Passaic		
Address: 111 Lexington Ave Passaic NJ 07505	Phone: 973-471-8006 (Spanish speaking clinician available)	Alternate locations: Clifton: 973-473-2775 (Therapeutic Children's Program) Passaic: 973-777-1403 (Therapeutic Children's Program)

Resources: Mental Health

Clifton Behavioral Healthcare		
Address: 777 Bloomfield Ave. Suit B Clifton NJ 07012	Phone: 973-594-0125 (Spanish speaking clinician available)	Note: Accepts Medicare, Medicaid and Uninsured
Catholic Family and Community Services		
Address: 24 DeGrasse Street Paterson, NJ 07505	Phone: 973-279-7100 (Spanish clinician available)	Note: Accepts Medicare, Medicaid and Uninsured Note: Accepts Medicare, Medicaid and Uninsured
Hudson County		
Crisis and Mental Health Hotline: 866-367-6023		
Jersey Medical Center Outpatient Behavioral Health		
Address: 355 Grand street Jersey City, NJ 07302	Phone: 201-915-2272 (Spanish speaking clinician available)	<i>Note: Accept Medicaid, apply for charity care at Jersey City Medical Center</i>
Christ Hospital Psychotherapy Behavioral Health		
Address: 179 Palisade Ave Jersey City, NJ 07306	Phone: 201-795-8375 (Spanish speaking clinician available)	<i>Note: Charity care accepted</i>
Bridgeway Crisis Intervention		
Address: 152 Central Avenue Jersey City, NJ 07306	Phone: 201.885.2539 (Spanish speaking clinician available)	<i>Note: Accepts Medicare, Medicaid and Uninsured</i>
Bayonne Community Mental Health Center		
Address: 601 Broadway Bayonne, NJ 07002	Phone: (201) 339-9200 (Spanish clinician available)	Note: Accepts Medicare, Medicaid and Uninsured Note: Accepts Medicare, Medicaid and Uninsured