

*Paterson*  
*Community Health Improvement*  
*Plan*



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Mayor

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**Paterson Governmental Public Health Partnership  
(PGPHP)**

**City of Paterson Human Services  
Paterson Community Health Center  
United Way of Passaic County  
City of Paterson Police Dept.  
City of Paterson Fire Dept.  
City of Paterson OEM  
New Jersey State Health Dept.  
St. Josephs Hospital  
Passaic County Sheriff Dept.  
American Red Cross  
City of Paterson City Council  
Barnert Hospital  
Passaic County Health Dept.  
Passaic County Mental Health  
Paterson Housing Authority  
City of Paterson Ryan White  
City of Paterson Board of Education  
Passaic County Community College  
Home Care Options  
Straight & Narrow  
Paterson YMCA  
PSE&G  
Paterson Youth Services**

**City of Paterson**  
**Department of Health & Human Services**  
**Division of Health**  
**CHIP**  
**(Community Health Improvement Plan)**

## **I. Executive Summary**

### **A. Overview:**

Utilizing the framework of a process developed by the National Association of County and City Health Officials (NACCHO) entitled “Mobilizing for Action through Planning and Partnerships” (MAPP), the Division of Health, surveyed Paterson’s residents and the city’s health and human service providers to determine the health status of Paterson’s residents and to analyze the city’s existing health care resources. Guided by the results of these surveys municipal, county and state data sources were reviewed. This data collection effort resulted in a number of “themes” as well as concerns relating to specific health conditions and categories of conditions.

### ***DATA COLLECTION → STRATEGIES → ACTION STEPS***

Utilizing the data collected in the **Phase I: MAPP process**, the Division of Health for the City of Paterson, in collaboration with local health and social service providers, known as the Paterson Governmental Public Health Partnership (PGPHP) entered into **Phase II, the development of a Community Health Improvement Plan (CHIP)**.

While addressing local concerns, this process is closely linked to New Jersey’s statewide plan to address health disparities by focusing on the development of strategies to assist Paterson to achieve Healthy New Jersey 2010 targets within each priority area.

The first step of the CHIP process is being accomplished with this report. This will be followed by the PGHHP development of detailed, multi-year, action steps to address each priority issue. The resulting Community Health Improvement Plan will act as a blue print for Paterson’s current and future leaders to creatively and effectively address Paterson’s health concerns. The expected result will be a healthier community with fewer health related disparities.

## **B. Themes:**

**In analyzing the quantitative and qualitative MAPP data a number of “themes” emerged.** The “themes” resulting from the process were as follows:

1. There is a lack of access to primary and preventive care for many of Paterson’s residents. This is particularly true for individuals who are uninsured and who are non-English speakers.
2. Many health disparities experienced by Paterson’s residents could be addressed by health education resulting in behavioral changes. These include behaviors which could directly and positively impact the incidence of HIV, diabetes, cardiovascular disease and cancers within Paterson such as safer sex, smoking cessation, substance abuse services, improved nutrition, increased physical activity and self monitoring for potential cancer risks.
3. Although there is a paucity of primary care providers within Paterson access to oral health care is even more limited, particularly for those who cannot pay out of pocket for services.
4. External factors such as unstable families, crime, gangs and a lack of structured recreational programs for Paterson’s youth directly and negatively impact on the quality of life in the community
5. The City of Paterson and the agencies that provide health and social services need to develop a unified data collection mechanism to ensure that data related to Healthy New Jersey 2010 goals and objectives are uniformly collected so that progress can be assess both longitudinally but also in comparison to other New Jersey communities.

## **C. The Creation of Action Steps/CHIP Process:**

The PGPHP conducted a meeting in which it reviewed the final MAPP report. At that time representatives from the Division of Health met to discuss the report findings and to develop priorities for action. While recognizing that many of the social and environmental factors identified by the process significantly contribute to the health status of Paterson’s residents it was acknowledged that many, such as drugs, gangs and parental structures, were outside of the direct purview of the Division of Health. **While factoring in the social and environmental constructs affecting health, the Division decided that the initial priority areas for focus would be directly related to health conditions prevalent in the community.**

#### **D. Selected Health Conditions for CHIP:**

The initial priority areas for focus are therefore as follows:

- 1 HIV
- 2 Cardiovascular Disease and Stroke
- 3 Cancer
- 4 Diabetes
- 5 Access to Primary Medical Care and Dental Care

For each, the Division of Health has established strategies to begin to address the concerns noted. As with other municipal Health departments throughout the United States, the Paterson Division of Health's funding is inadequate to meet the challenges of a complex urban setting. As such, many of the strategies noted while initiatives of the Division of Health will actually be implemented through collaboration with and coordination of the activities of area hospitals and outpatient service providers utilizing the Division's resources and the activities of the PGPHP.

As part of this coordination, a uniform data collection system will need to be developed and administered in order to collect baseline data specific to Paterson as well as to track progress made through the selected initiatives. This database should tie in closely with the goals and objectives of Healthy New Jersey 2010 so that comparisons can be made between Paterson's level of success as compared to statewide data and results from other municipalities.

An overview of each problem area, selected data defining the problem (see MAPP for full report) and strategies to address the concern are presented in the sections that follow.

## II. SELECTED HEALTH CONDITIONS FOR CHIP

### A. HIV and AIDS

**Problem:** The City of Paterson continues to have disproportionately high rates of HIV as compared to other areas of the state and New Jersey overall.

**Quantitative/Qualitative Evidence:** The tables below show the number of individuals with HIV and AIDS living in Paterson (as of June 30, 2006) and the transmission rate for individuals living and dead known to be/have been HIV positive.

#### *Paterson Residents Living with HIV/AIDS Cases by Diagnostic Status and Sex* (Reported as of June 30, 2006)

Diagnostic status	Males		Females		Total	
	Cases	%	Cases	%	Cases	%
HIV Infection	445	44	401	53	846	48
AIDS-Immunologic	385	38	243	32	628	35
AIDS – All others	190	19	114	15	304	17
Total	1020	100	758	100	1778	100

#### *Paterson Residents: Number of Cases by Transmission Category & Sex* (Reported as of June 30, 2006)

Transmission Category	Males		Females		Total	
	Cases	%	Cases	%	Cases	%
Male-to-male sexual contact	383	16	0	0	383	10
Injection drug use	1154	48	593	40	1747	45
Male-to-male sexual contact and injection drug use	115	5	0	0	115	#
Heterosexual contact	532	22	761	52	1293	33
Risk not reported/other	224	9	118	8	342	9
Total	2408	100	1472	100	3880	100

**Risk Factors/Disparities:** Nine out of ten cases of HIV/AIDS within Paterson were diagnosed among Hispanic and African-American residents.

#### *Paterson Residents: HIV/AIDS by Race/Ethnicity & Sex* (Reported as of June 30, 2006)

Race/Ethnicity	Males		Females		Total	
	Cases	%	Cases	%	Cases	%
Hispanics, All races	726	30	354	24	1080	28
Not Hispanic, Black or African American	1460	61	995	68	2455	63
Not Hispanic, White	212	9	119	8	331	9
Other/Unknown	10	0	0	0	14	0
Total	2408	100	1472	100	3880	100

As a community with a significant amount of drug use the majority of individuals who are HIV positive reported that I.V. drug use was the mode of transmission, with 48% of men and 40% of women indicating that this was the case. For the female population, 52% indicated that heterosexual contact was the route of transmission for the virus. For the

majority of individuals within Paterson, the age at time of diagnosis was in the 25-44 year range.

**Strategies/Objectives:**

Until an effective vaccine is developed for the prevention of HIV infection, communities must support programs that focus on behavioral risk reduction and other prevention strategies. These strategies must be targeted to racial and ethnic minorities and other populations with high HIV infection rates. Because many individuals in Paterson are aware of their serostatus only after being diagnosed with HIV, the community must develop strategies to support and develop counseling, testing, and treatment.

1. Utilizing the new Rapid Testing format, the Division of Health in collaboration with area providers must expand HIV Counseling and Testing efforts so that individual can learn their HIV status and be educated about the disease and transmission routes. This could potentially be done through expansion of the Mobile Access programs hours in the community.
2. Educational efforts must be expanded through the Paterson schools, Cable system, and community based organizations so that individuals become aware of HIV transmission routes and those at risk learn the importance of testing.
3. The Division of Health should consider the development of a train-the-trainer Prevention Case Management program whereby Division of Health employees train individuals at Community Based Organizations to counsel and refer individuals for testing. Following training ongoing technical assistance could be provided.
4. A cooperative outreach program should be developed as a joint effort of the Division of Health, local providers and local social service organizations to locate, educate, counsel and test hard to reach populations including injection drug users and prostitutes.
5. The Paterson Division of Health should explore the possibility of obtaining funding under Title I of the Bergin-Passaic Transitional Grants Area program to further HIV educations, counseling and testing.
6. As part of the expansion of access to dental care, outlined above, the Division of Health should work to ensure that individuals with HIV have access to preventative and restorative dental care.
7. Paterson should develop a pilot needle exchange program.

## **B. CARDIOVASCULAR DISEASE AND STROKE**

**Problem:** Paterson's residents suffer from excessively high rates of heart disease

**Quantitative/Qualitative Evidence:** Heart Disease was the leading cause of death among Paterson's residents for the years 1999-2003 accounting for 27.3% of reported deaths. Stroke, a frequent consequence of cardiovascular disease and hypertension accounted for 5.2% of deaths for the same time period and was the third leading cause of reported death.

**Risk Factors/Disparities:** The population of Paterson is 50% Hispanic and 31% Black/African-American. While significant for all populations Cardiovascular Disease is of particular concern for Paterson's large Black/African American population which, on a national basis, has significantly higher rates of hypertension, cardiovascular disease and stroke than their White or Hispanic counterparts. (The overall death rate from Cardiovascular Disease in the United States is 288.6/100,000 however the rate for Black Americans is 15 times that at 4,448.9 for males and 3,331.6 for females.)

For Coronary Heart Disease, both Paterson's Black and White populations are significantly at risk particularly as the population ages.

### **Strategies/Objectives:**

The most important thing in the treatment of heart disease is control of the coronary risk factors including high blood pressure, diet, and lifestyle changes. Promotion of a healthy lifestyle including improved diets, tobacco cessation and hypertension control will significantly improve the lives of all of Paterson's residents. To accomplish this, the following strategies have developed:

1. Increase access to primary care (see above)
2. Identify and label "walking trails" in various parts of the city and within city parks and sponsor events to encourage people to begin walking for fitness.
3. Be vigilant for available federal, state and private grant funding to conduct programs related to nutritional education. This educational initiative should encompass all ages and should include the schools, health care providers and other community based organizations.
4. Non-traditional settings should be considered for the distribution of literature related to hypertension, smoking cessation and nutrition education all of which influence cardiovascular health. These settings could include barber shops, churches and small businesses.
5. Free blood pressure screenings should be offered at stores, community groups, health fairs, community events and other places where individuals assemble.

6. Programs should consider the creation of an “incentives program” for individuals that are compliant with making and keeping their primary care appointments.
7. The PGPHP should explore collaboration with the American Cancer Society to promote city wide access to smoking cessation programs.
8. A number of drugs have changed the outcome of patients with coronary heart disease. These include aspirin, beta-blockers and blood pressure lowering drugs. An analysis should take place of available low cost and free drug programs administered by the federal government as well as the drug companies.
9. The Paterson Division of Health in conjunction with St. Joseph Hospital and the American Heart Association should develop an innovative program such as “an aspirin a day” program encouraging residents to take a low dose aspirin daily, as a low cost action, for the prevention of heart disease. (Research has shown that a daily aspirin benefits individuals with a documented personal or family history of heart disease (including heart attacks, strokes, or angina) as well as individuals with multiple risks for the development of heart disease such as those with high blood pressure, high cholesterol or those who smoke).

## C. CANCER

**Problem:** Blacks (particularly Black men) and Hispanics have a higher incidence of cancers than their White counterparts and higher death rates than their White counterparts for many types of Cancers. Blacks and Hispanics account for 81% of Paterson's population (Hispanics 50% and Blacks 31%).

**Quantitative/Qualitative Evidence** Cancer was the second leading cause of death in Paterson for the years 1999-2003 Cancers in Paterson affected all bodily systems with some systems affected more than others. The most prevalent cancers found in Paterson were:

- Prostate
- Breast
- Lung and Bronchus
- Colon and Rectum

For these particular types of Cancers the rates for Paterson's Blacks/African-Americans are of particular concern.

**Risk Factors/Disparities:** As with many of the diseases impacting the Paterson community, there is a strong racial and ethnic component to cancer incidence and mortality rates.

### *Incidence by Site, Race and Ethnicity, U.S. 1998-2002*

INCIDENCE	WHITE	BLACK	HISPANIC
<b>All sites</b>			
Males	556.4	<b>682.6</b>	420.7
Females	429.3	398.5	310.9
<b>Breast (female)</b>	<b>141.1</b>	119.4	89.9
<b>Colon &amp; rectum</b>			
Males	61.7	<b>72.5</b>	48.3
Females	45.3	<b>56.0</b>	32.3
<b>Lungs &amp; bronchus</b>			
Males	76.7	<b>113.9</b>	44.6
Females	51.1	<b>55.2</b>	23.3
<b>Prostate</b>	169.0	<b>272.0</b>	141.9

### **Strategies/Objectives:**

Ongoing screening, primary care, patient education and early detection can greatly affect whether someone will be a cancer survivor or not. The risk of developing many types of cancer can be reduced by changes in a person's lifestyle such as quitting smoking, eating

a better diet, etc. Educating patients in self monitoring can also assist in early detection. The sooner a cancer is found and treatment begins, the better the chances are for living for many years. Regular primary care and patient support to eat better and to quit smoking can significantly impact the health of the community. To accomplish these tasks the following strategies have been developed:

1. Explore for potential sources of funding to conduct outreach and screening programs regarding prostate, breast and colon cancers.
2. Conduct educational sessions for women regarding the importance of monthly self-screening for possible breast cancer. Develop referral arrangements for free/low cost annual mammography.
3. Explore collaboration with the American Cancer Society regarding smoking cessation programs and for the distribution of language and culturally appropriate educational material regarding signs and symptoms of various cancers and screening/testing protocols.
4. The Division of Health should finalize and update annually a directory of all providers of low and no cost screening services and low and no cost primary care.
5. School based health education should incorporate information about self screenings for cancers as well as the impact of nutrition, smoking and other behaviors on the incidence of various cancers.

## D. DIABETES

**Problem:** The incidence of Type 2 diabetes has significantly increased over the past decade. In reviewing the risk factors for the disease, all factors include age, overweight, family history, physical inactivity, being a racial/ethnic minority, high cholesterol and high blood pressure all place Paterson residents at risk for the disease.

**Quantitative/Qualitative Evidence:** Within Paterson, for the years 1999-2003 diabetes was tied with HIV as the fourth leading cause of death. The New Jersey Department of Health and Senior Services Behavioral Risk Factor Surveillance System (BRFSS) data for 2004 estimate that 444,000 adults 18 years and older, or 6.8 % of the adult population statewide, have been diagnosed with diabetes. A previous report from the NJDHSS covering the years 2001-2003 estimated that an additional 178,000 individuals have diabetes but have not been diagnosed.

**Risk Factors/Disparities:** There are significant racial/ethnic disparities as relates to diabetes. The death rate from diabetes for Passaic County overall for the year 2000 was 33.8 per 100,000. For the White population the rate was 30.6 per 100,000 however for the Black/African-American population the rate was 86% higher at 57.0 per 100,000.

### **Strategies/Objectives:**

The onset of Diabetes can frequently be prevented through improved diet, weight loss and increased physical activity under the supervision of a health professional. For those with the disease, access to ongoing primary care, patient education and specialty services is needed to prevent significant complications and lifetime disability. Since physical inactivity, hypertension, nutrition, high cholesterol and general conditioning all play a significant factor in preventing and controlling diabetes, many of the recommendations parallel those made in reference to addressing the issues of Cardiovascular Disease and Stroke, outlined above.

1. Increase access to primary care (see above)
2. Identify and label “walking trails” in various parts of the city and within city parks and sponsor events to encourage people to begin walking for fitness.
3. Review for available federal, state and private grant funding to conduct programs related to nutritional education. This educational initiative should encompass all ages and should include the schools, health care providers and other community based organizations.
4. Non-traditional settings should be considered for the distribution of literature related to hypertension, smoking cessation and nutrition all of which influence the onset and exacerbation of diabetes. These settings could include barber shops, churches and small businesses.

5. Free blood pressure screenings should be offered at stores, community groups, community events and other places where individuals assemble.
  6. Programs should consider the creation of an “incentives program” for individuals that are compliant with primary care appointments.
  7. The Paterson Division of Health should work with community providers and the American Diabetes Association to ensure that individuals with Diabetes have access to glucometers.
  8. As part of the expansion of primary care services planning must take place to ensure that individuals with Diabetes have access to foot and vision evaluations at least annually or more often if clinically indicated.
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## E. ACCESS TO PRIMARY MEDICAL CARE & DENTAL CARE

**Problem:** Many of Paterson’s residents lack access to basic primary medical and dental care as evidenced by the following. Within Passaic County there are ten Census Tracts that have been designated by the federal government as Medically Underserved Areas (MUAs). Of these, nine are within Paterson and comprise much of the city’s service area. The Census Tracts which have received federal MUA designation are presented below:

Census Tract	Score	Within Paterson
CT 1803.00	50.10	X
CT 1804.00	50.10	X
CT 1805.00	50.10	X
CT 1806.00	50.10	X
CT 1807.00	50.10	X
CT 1817.02	59.73	X
CT 1832.00	59.73	X
CT 1828.00	59.80	X
CT 1829.00	59.80	X
CT 1759.00	62.00	

Paterson is also challenged by the fact that the area has a shortage of dental providers with only **one Dentist for every 4,203 residents**

**Quantitative/Qualitative Evidence:** In addition to the Medical Underservice data presented above the MAPP study found significant additional evidence that the City of Paterson requires significant expansion of its primary care capacity. In the survey of area providers and social service agencies the primary concerns raised related to access to care and/or conditions which lend themselves to primary care interventions.

- The most pressing concern expressed by providers related to obtaining services for individuals with HIV/AIDS. This was followed by care for diabetes, cardiovascular disease and cancer.
- The most challenging clinical services to access were identified as dental, mental health and Ob/Gyn. Access was also said to be particularly difficult for individuals who require bilingual providers

**Risk Factors/Disparities:** Many respondents to the provider assessment of the health status of Paterson felt that there were significant sub-populations that were particularly underserved. These subpopulations reflect the need for bilingual services as those most frequently cited were “immigrants” and “foreign speakers”. The working poor, those without health insurance and those with low income were cited also lacking access to care.

**Strategies/Objectives:** In addition to the disease specific Strategies/Objectives outlined below, the following strategies should be explored to increase the availability of primary care for area residents.

1. Support the expansion of the Paterson Community Health Center by assisting the Center expand its sites and services.
2. Review the potential for development of a Facilitated Enrollers program utilizing local CBOs to enroll individuals in benefits programs for which they are eligible.
3. Promote collaborations, data sharing, grant submission for joint funding applications and technical assistance between Paterson's providers to address unmet needs.
4. Assist Centers in recruitment of non-English speaking providers through promotion of collaborations between the City and organizations such as UMDNJ.
5. Review potential funding for recruitment and partial loan repayment of bilingual providers through the New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health and New Jersey based foundations such as the Robert Wood Johnson Foundation, the Healthcare Foundation of New Jersey, ACORN, Programs for Parents, etc.
6. Develop a job bank to track openings among local agencies and explore the potential for job sharing whereby agencies with part time needs could work together to employ a full time provider.
7. Provide clinically focused Spanish classes for providers and support staff so that they may better serve non-English speaking patients.
8. Train medical interpreters through use of the Bridging Language and Culture in Healthcare Communications program which was developed under funding from the New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health.
9. City officials should re-consider the addition of fluoride into Paterson's water as fluoride has proven to be a safe and effective means to decrease the rate of dental caries.
10. Working with the Paterson Community Health Center, the Division of Health should assist the Center in identifying creative means to continue and expand the Seal Your Smile dental screening and sealant program. One solution to be considered is the use of a dental van to travel to additional schools and community centers.

11. Review on a systems level the mechanisms for referrals and data sharing between providers and, as needed, work to improve linkages and referral mechanisms.
12. Review available City & County resources to seek mechanisms to support the expansion of primary care.
13. Utilizing the members of the PGPHP explore mechanisms to maximize enrollment in available Child Health programs.
14. Utilizing print and other media and the expertise of the PGPHP members develop a campaign to promote issues related to Health Literacy. Utilize forums such as Town Meetings to educate the community about specific health topics including nutrition and available primary care/preventive services.