Developing Vibrant Congregations and Supporting Local Immigrants Initiative: Demographic Collection on Education and Health Profile of New Jersey's Foreign-Born Population for Strategic Outreach

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Abstract

This integrative paper will discuss hotspots within the four counties of the Archdiocese of Newark–Bergen, Essex, Hudson, and Union Counties–for which English language learning and healthcare outreach programs would be most beneficial. This paper's English language learning component features cross-tabulation to identify the areas with the highest need for English literacy outreach programs via aggregate scores based on six criteria. Cities such as Palisades Park, Newark, Union City, and Elizabeth, with predominant migrant and refugee communities from Korea, Ecuador, Dominican Republic, and Colombia, respectively, were identified with the highest need for English language learning programs in Bergen, Essex, Hudson, and Union Counties, respectively. The healthcare component of this project features a social epidemiological lens and cross-tabulation to search within the same four counties to produce aggregate health access and disparity scores to identify towns, cities, and neighborhoods with the highest risk for migrant and refugee populations to encounter worsened health outcomes. Cities such as Garfield, East Orange, Union City, and Plainfield were at the highest risk for worsened health outcomes in Bergen, Essex, Hudson, and Union Counties, respectively. The predominant migrant and refugee communities in these respective counties come from Poland, Jamaica, Dominican Republic, and Guatemala. The findings discussed in this paper will serve as the foundation for strategic future community outreach initiatives via remote parishes within the Archdiocese of Newark to effectively welcome, protect, promote, and integrate New Jersey's migrant and refugee population into their communities.

1. Background

According to New Jersey's Department of Human Services and Department of Labor and Workforce Development, New Jersey has the "fifth largest immigrant population in the United States with more than two million foreign-born residents" [7]. Furthermore, compared to a total state population, New Jersey has the third largest proportion of immigrant residents, following California and New York. New Jersey's foreign-born population is one of the most diverse in the U.S., speaking many native languages in the home setting besides English [7]. Within the wide diversity of this immigrant population, there is a large spread in where they reside, what languages they speak, their immigration status, education level, their access to healthcare resources, and their risk for developing several comorbidities that worsen

health outcomes in this population. Therefore, there is much work to be done in this area regarding outreach programs that can bridge these gaps in this diverse population's access to education and healthcare. To be able to welcome, protect, promote, and integrate this foreign-born population into New Jersey, Seton Hall has established a partnership with the Archdiocese of Newark that encompasses Bergen, Essex, Hudson, and Union County. Leading this partnership is the Center for Community Research and Engagement (CCRE). The mission of the CCRE is to establish partnerships that bring together Seton Hall University faculty, students, staff, and neighboring communities. Some existing partnerships the CCRE has lie in Newark, Irvington, and East Orange, but the CCRE is continually developing and expanding its outreach efforts in close communication with remote parishes under the Archdiocese of Newark. Through applied research and service-learning projects, the CCRE serves as an innovative center that drives forward community engagement and support that lies at the heart of Seton Hall's Catholic values [2]. The CCRE will also support provision of vital services and relief efforts to "documented and undocumented individuals who have been further marginalized" by the COVID-19 pandemic [2].

To bolster Seton Hall's support for immigrant populations in New Jersey, the Dean of the College of Arts and Sciences created an Immigration Task Force in 2018. The goal of the Immigration Task Force is to discover how Seton Hall can serve the four counties under the Archdiocese of Newark. Leading this push to increase support for New Jersey's foreign-born population, the CCRE founded the Migrant and Refugee Center, which will serve as a hub for legal, education, and healthcare outreach programs to be conducted via remote parishes within the Archdiocese of Newark [3].

In order for the Migrant and Refugee Center to have a foundation for how remote parish outreach programs could be developed for this center, Seton Hall initiated an Undergraduate Support Program to recruit undergraduate student researchers to explore the legal, education, and healthcare needs throughout the Archdiocese of Newark. For both the education-focused and healthcare-focused research projects discussed in this paper, data was collected on the languages spoken and predominant countries of birth within the areas with highest demonstrated need for English language learning and healthcare outreach programs. This was done to provide a closer look into the diverse profile of the identified regions with the goal of providing inclusive and attentive programs that are developed to match the needs of the existing immigrant population in those identified communities. This paper will discuss the pertinent findings collected from these two research projects conducted as part of the Migrant and Refugee Center's Undergraduate Support Program.

2. Identifying Potential Outreach Areas with Highest English Language Learning Needs

The first research project was focused on the educational needs of the towns and cities within the Archdiocese of Newark. The Migrant and Refugee Center will prioritize provision of educational outreach programs utilizing English language learning services to the areas identified with highest demonstrated need for English literacy [3]. English literacy was chosen as the primary focus of educational outreach programs for its cultural capital value and its applicability to New Jersey's foreign-born population. Since English is the predominant language used in the United States, lacking verbal and written comprehension of this language places the immigrant population behind by limiting their access to opportunities in educational and career advancement. Therefore, English literacy outreach programs will serve as a primary means for lifting immigrant communities out of poverty. Using the Policy Map database, six key inclusion criteria were selected and applied all cities and towns within the Archdiocese

of Newark. The purpose and context for the selection of each criterion will be detailed below.

2.1. Graduation Rate

As described in the article "State Releases Latest Performance Figures for High School Graduation," more than 90% of students graduated from New Jersey high schools on time, according to the state [8]. This four-year percentage was slightly down from the previous year, however, from 90.9% to 90.6% [8]. Nonetheless, Education Writer for NJ Spotlight News writes that "this rate remains one of the highest, if not the highest, in the country" [8]. Furthermore, the five-year graduation rate is slightly higher, from 92.4% to 92.5%, as seen in Figure 1 [8].
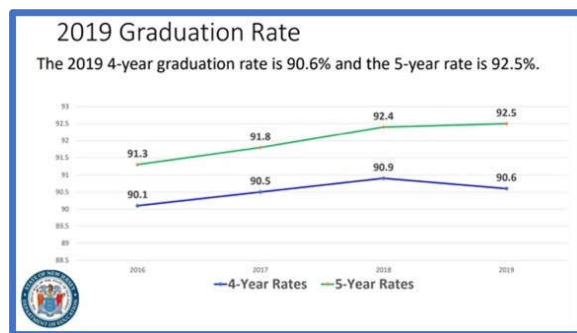

Figure 1. N.J. 2019 Graduation Rates (4-Year and 5-Year Rates)

Since high school graduation rate shows how well a school is preparing its students to complete their degrees in a timely fashion upon enrolling, this criterion was included as a metric for the educational achievement in each city and town. Compared to the average New Jersey high school graduation rate in 2019, there are six schools in Bergen County that fell below this level. From lowest to highest graduation rate, these schools are found in Garfield, Palisades Park, Midland Park, Hackensack, Lodi, and Park Ridge. In Essex County, six school also fell below the statewide high school graduation rate. From lowest to highest graduation rate, these schools are found in Irvington, Orange City, East Orange, Newark, Cedar

Grove, and South Orange. In Hudson County, seven schools fell below the statewide graduation rate. From lowest to highest graduation rate, these schools are found in Jersey City, Hoboken, Bayonne, North Bergen and Union City are tied, Weehawken, and West New York. In Union County, only five schools were found below the statewide graduation rate. From lowest to highest graduation rate, these schools are found in Elizabeth, Hillside, Plainfield, Roselle, and Rahway. Therefore, these high schools in their respective towns show they require the most need and intervention in raising their graduate rates [12].

2.2. Free or Reduced Lunch

In the article "Free or reduced-price lunch: A proxy for poverty?" the long-held notion that a "percentage of students receiving free or reduced-price lunch is often used as a proxy measure for the percentage of students living in poverty" is investigated [14]. While there exists a moderate correlation between schools with higher percentages of students receiving free or reduced-price lunch, it should not be used in place of understanding how many of the students are in poverty. For example, in 2012, just over half of public-school children were eligible for free or reduced-price lunches while the actual poverty rate of public school students was only 22% [14].

One way in which the percentage of students in poverty and those eligible for free or reduced-price lunch differ is that numerous students eligible for free or reduced-price lunch are above the federal poverty threshold. For example, a student from a household with an income that is at or below 130 percent of the poverty income threshold will be eligible for free lunch. In addition, a student from a household with an income between 130% and up to 185% of the federal poverty threshold will be eligible for a reduced-price lunch. There are also groups of children like foster children, children who participate in Head Start and Migrant Education Programs, or

children who receive services under the Runaway and Homeless Youth Act that will be eligible for free or reduced-price lunch. Furthermore, under the Community Eligibility option, some non-poor children may be included in the free or reduced lunch program if their district decides that it would be more efficient–from an administrative or service delivery perspective–to provide the free lunches to all students in the school. With these added groups in mind, the actual percentage of students who will receive free or reduced-price lunches includes all students who are at or below 185% of the poverty threshold, some non-poor children who meet other eligibility criteria, and other students in schools and districts that have utilized the Community Eligibility option. Thus, this results in a percentage that is more than double the official poverty rate [14].

While the free or reduced lunch percentage differs from the poverty rate in certain districts, it is still a useful indicator to researchers from an analytical perspective. The National Center for Education Statistics (NCES) characterized a school as a high poverty school when more than 75% of its students are eligible for a free or reduced lunch [14]. Using this threshold, a more definitive picture of high poverty schools can be created across the four counties described in this analysis. High poverty schools are of particular interest when it comes to determining the educational level reached within each city and town because schools serving a poorer student population are most likely to benefit from English literacy programs to bridge the gaps that poorer students face in reaching the same educational achievement of wealthier school districts.

In Bergen County, using the criterion of a school district having greater than 75% of its students receiving free or reduced-price lunch posed by the NCES, only Fairview's school district was classified as a high poverty school district, with 77.53% of the students receiving a free or reduced-price lunch. One other school district in Bergen County sat very close to the 75%

threshold, such that mentioning it as a school district with potential poverty markers could be useful for future outreach. This school district is in Garfield, with 63.45% of the students receiving free or reduced-price lunch [12].

Using the same methodology was used for the other three counties analyzed. In Essex County, only Irvington's school district was classified as a high poverty school district, with 75.95% of the students receiving a free or reduced-price lunch. One other school district in Essex County also sat very close to the 75% threshold. This school district was in Newark, with 70.26% of the students receiving free or reduced-price lunch. In Hudson Country, three school districts were classified as high poverty schools. In order from lowest to highest percentage of students receiving a free or reduced-price lunch in these school districts, they were West New York, Union City, and Guttenberg. Four other school districts in Hudson County sat very close to the 75% threshold. In order from smallest to largest percentage of students receiving a free or reduced-price lunch in these school districts, they were Bayonne, North Bergen, Harrison, and Jersey City. In Union County, only Elizabeth's school district can be classified as a high poverty school, with 79.11% of the students receiving a free or reduced-price lunch. However, three other school districts in Union County sat very close to the 75% threshold. In order from smallest to largest percentage of students receiving a free or reduced-price lunch at these school districts, they were Roselle, Hillside, and Plainfield [12].

2.3. Student Populations: English Language Learners

The percentage of students that are English language learners (ELLs) is an incredibly useful statistic to gauge the proportion of students from immigrant families in each city or town's school districts. Collecting these percentages for school districts in each county also allows for a direct understanding of which areas would most need and

benefit from English literacy outreach programs. Please see Figures 2 and 3 in the Appendix for each town cited in the top three for this criterion across the four counties.

2.4. Student Populations: Students in Poverty

The percentage of children under 18 years-old in related families in New Jersey who had incomes below the poverty line in 2019 was 12.1% [9]. Based on this statistic, the data gathered across Bergen, Essex, Hudson, and Union County in New Jersey on the percentage of students in poverty by school district will be highlighted using this criterion for which districts are particularly in need of services and outreach to bridge the gaps created by significant poverty rates. Please see Figures 2 and 3 in the Appendix for each town cited in the top three for this criterion across the four counties.

2.5. Percent of People in Poverty by Town

As compared to the previously reported statistic of students in poverty by school district, a similar but distinctly different and valuable statistic to know is what percentage of people are in poverty by town in each county. It would be expected, however, that the towns with the highest percentages of students in families below the poverty line would show up in this similar category as well. The overall percentage of people in New Jersey who had incomes below the poverty line in 2019–25,926 U.S. dollars for a family of four–was 9.2% [9]. Therefore, this threshold was used to indicate towns that are particularly in need of educational outreach by their higher rates of poverty. Please see Figures 2 and 3 in the Appendix for each town cited in the top three for this criterion across the four counties.

2.6. Percent of Non-English-Speaking Population

Based on the U.S. Census in 2010, 2.6 million residents, or 30.7%, above the age of five spoke a language other than English at home in New Jersey. This was an increase of 1.5 percentage points

over the last ten years. Towns that had a percentage of their population above this threshold value of 30.7% were identified as having a significant amount of non-English speaking residents. Subsequently, towns that fell within approximately 15% of this threshold value were identified as having a moderate amount of non-English speaking residents [1].

For Bergen County, two towns had a percentage of non-English speaking residents above the 30.7% threshold: Fairview at 34.64% and Palisades Park at 43.61%. Twenty towns fell into the moderate category of non-English speaking residents, indicating Bergen County as hosting a broadly diverse community. From smallest to largest percentages of the residents being non-English speaking residents, these towns were Norwood, Alpine, Maywood, Englewood, Englewood Cliffs, Edgewater and Elmwood Park, North Arlington, Hackensack, Ridgefield Park, Northvale, Carlstadt, Lodi, Little Ferry, Leonia, Cliffside Park, Garfield, Moonachie, Fort Lee, and Ridgefield [12].

For Essex County, no towns were above the 30.7% threshold for non-English speaking residents. Furthermore, two towns fell into the moderate category of non-English speaking residents. From smallest to largest percentages of the residents being non-English speaking residents, these towns were Silver Lake at 20.66% and Newark at 23.76% [12].

For Hudson County, six towns had percentages of non-English speaking residents above the 30.7% threshold. From smallest to largest fractions of non-English speaking residents, these towns were Kearny, Harrison, Guttenberg, Union City, East Newark, and West New York. In addition, two towns fell into the moderate category of non-English speaking residents. From smallest to largest percentages of the residents being non-English speaking residents, these towns were Bayonne and Hoboken [12].

For Union County, one town–Elizabeth–had a percentage of non-English speaking residents

above the 30.7% threshold: 43.02%. Furthermore, six towns fell into the moderate category of non-English speaking residents. From smallest to largest percentages of the residents being non-English speaking residents, these towns were Rahway, Roselle, Kenilworth, Roselle Park, Linden, and Plainfield–which almost passed the threshold at a value of 30.06% [12].

3. Identifying Potential Outreach Areas with Highest Healthcare Outreach Program Needs

The second research project was focused on the healthcare needs of the towns, cities, and selected neighborhoods within the Archdiocese of Newark. Since Seton Hall has existing strong ties to the Vailsburg community within Newark, New Jersey, the health profile of this neighborhood was included in the collected data while the other regions identified were towns and cities. A social epidemiological lens was used to lead this research project because it most closely aligns the Migrant and Refugee Center's mission to support neighboring underserved communities. Under the social epidemiological lens, identified immigrant communities within New Jersey that have lower access to health care, higher engagement in social risk factors, and higher percentages of existing comorbidities will encounter worsened health outcomes more frequently. Furthermore, lower income regions, which attract individuals of lower socioeconomic status, are most susceptible to these social determinants of health. Therefore, an additional screen was used such that only regions with median household incomes below 100,000 U.S. dollars were included as potential outreach areas. This was done to exclude wealthier, upper-class communities, which lie outside of the target demographic for this research project. Identifying areas with lower socioeconomic status coupled with identifiable health disparities and risk factors will allow for the optimal approach for the Migrant and Refugee Center's future outreach

programs in partnership with the Archdiocese to be successful. Using the Policy Map database, thirteen key inclusion criteria were selected and applied to all cities and towns within the Archdiocese of Newark while four criteria were excluded. The purpose and context for the selection of each criterion will be detailed below.

3.1. Health Costs and Insurance: Inclusion Criteria #1-#2 and Exclusion Criteria #1

For the first of the two included criteria under health costs and insurance, the criterion "Estimated percent of all people without health insurance, between 2015-2019" was included because the lack of health insurance is a clear barrier to accessing healthcare (Policy Map: Data Dictionary). The second of the two included criteria under health costs and insurance, "Estimated percent of people with Medicaid, between 2015-2019," was included because Medicaid provides health coverage for some low-income families and children, the elderly, those with disabilities, and even pregnant women [10]. In this category, the first of the exclusion criteria was the "estimated percent of people with Medicare, between 2015-2019" [10]. This category helps show the percentage of residents in each town and city across the four researched counties covered by Medicare. However, age alone is not a good measure of demonstrated need in these areas. One key example is that Alpine ranked second highest in Bergen County for the percentage of its residents having coverage by Medicare despite Alpine being the richest town in New Jersey. Therefore, this criterion was excluded from the aggregate score assessment.

3.2. Access to Medical Care: Inclusion Criteria #3-#5 and Exclusion Criteria #2-#4

For assessing the access to medical care, all towns and cities in the four counties were first analyzed by inclusion criterion #3: what fraction of each town is composed of medically underserved

areas (MUAs) as of 2020. MUAs denote areas that have been classified as having several barriers and insufficiencies in access to healthcare in these regions. MUAs were found through looking up census tracts via Policy Map that were designated by the Health Resources and Services Administration (HRSA) as having "too few primary care providers, high infant mortality, high poverty, and/or high elderly population" [5]. As for medically underserved populations (MUP), these are areas where a specific population group is underserved, including groups with economic, cultural, or linguistic barriers to primary medical care. If a population group does not meet the criteria for an MUP, a recommendation from the state's Governor can be designated to allow for an exception [10].

Inclusion criterion #4 was the "estimated percent of adults reporting to have a personal doctor or health care provider in 2018" [10]. This category was included because it can elicit which areas in each county have the greatest barrier to maintaining continuity of care. Since none of the towns in each county ranked as health professional shortage areas (HPSAs), this data helped to elicit a more detailed understanding of where each town breaks down in this category. While 77.2% of United States citizens report having a personal doctor or health care provider, 79.6% of New Jersey residents report having a primary care provider [13]. For Bergen County, the estimated percent of adults reporting to have a personal doctor or health care provider in 2018 was 80.7% with Union County following at 77.4%, then 77.3% for Essex County, and 73.7% for Hudson County [13]. Receiving preventive care can reduce the risk for diseases, disabilities, and death. However, according to the United States Department of Health and Human Services (DHHS), there are still millions of people in the United States that fall short of receiving this continuity of care [11]. This is why each county was broken down into its towns and cities to assess for which towns had even lower percentages of reported use of primary

care providers.

In this same breath, the inclusion criterion #5 was the "estimated percent of adults reporting a physical checkup in the past year in 2018" [10]. This category was included to add more depth in revealing which areas in each county have the greatest barrier to maintaining continuity in their care. Since none of the towns in each county ranked as HPSAs, this data further supported a better understanding of where each town breaks down in this category. Barriers to this continuity of care include cost of care, not having a primary care provider, geographic separation from providers, and lack of awareness about what preventive services exist. Therefore, teaching people about the importance of preventive care can be a crucial factor in making sure more people get these recommended services [11].

Exclusion Criteria #2-#4 came from the result of empty data sets in Policy Map to indicate "Primary Care Health Professional Shortage Area Status as of 2021," as well as "Mental Health Professional Shortage Area status as of 2021," and "Dental Health Professional Shortage Area status as of 2021" [13]. Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that need more health providers in primary care, dental health, or mental health [10].

When assessing health risk factors, it was first verified that only towns, cities, or neighborhoods with median household incomes below 100,000 dollars would be included as potential outreach areas with associated aggregate risk evaluation scores being made. Conversely, towns, cities, or neighborhoods with median household incomes above 100,000 dollars were excluded. The reason for this connects back to the discussion of outliers like Alpine in categories like Medicaid. While high percentages of Alpine's residents in Bergen County rank as having multiple comorbidities, these comorbidities are connected more to lifestyle choices rather than lack of access to health care and resources to fund their treatment

plans. Therefore, the "estimated median income of a household, between 2015-2019" was used to both include and exclude certain towns in the health risk factors criteria section to produce aggregate risk scores that were in line with a socioeconomic health gradient perspective [10]. In this perspective, lower income areas face worse health outcomes due to lacking access to continuity of care and having less funds available to afford expensive and chronic management of health conditions like diabetes mellitus.

3.3. Health Risk Factors: Inclusion Criteria #6-#9

The inclusion criterion #6 was "estimated percent of adults reporting to be obese (a body mass index of 30 or greater) in 2018" [10]. Since a body mass index of 30 or greater indicates obesity, this can be large risk factor for high blood pressure, high cholesterol, coronary artery disease (CAD), and strokes. Therefore, this is a significant risk factor, which can provide a snapshot into the health of specific populations within each county.

The inclusion criterion #7 was "estimated percent of adults reporting to engage in heavy drinking in 2018" [10]. Consumption of alcoholic beverages was assessed by asking respondents how many drinks they consumed during the past 30 days. A drink will be equivalent to a 12-ounce beer, 5-ounce glass of wine, or one shot of liquor. The definition of heavy drinking and binge drinking differ for males and females due to body weight and metabolism differences. Heavy drinking for men is defined as "more than two drinks per day," and "one or more drinks per day for women" [10].

The inclusion criterion #8 was "estimated percent of adults reporting to engage in binge drinking in 2018" [10]. Binge drinking refers to "five or more drinks per occasion for men," and "four or more drinks per occasion for women" [10].

The inclusion criterion #9 was "estimated percent of adults reporting to have ever smoked cigarettes in 2018" [10]. The Behavioral Risk Factor Surveillance System (BRFSS) asks questions relating to the use of tobacco and alcohol products. Current or former smoking status is associated with negative health outcomes [10].

3.4. Health Conditions: Inclusion Criteria #10-#13

The inclusion criterion #10 was "estimated percent of adults ever diagnosed with diabetes mellitus in 2018" [10]. Both Type I and Type II diabetes mellitus dramatically increase the risk of significant chronic conditions in multiple body systems. According to Mayo Clinic, this includes "cardiovascular problems, nerve damage, kidney damage, eye damage, foot and skin damage, hearing impairments, Alzheimer's disease, and depression" [4]. Therefore, this criterion helps distinguish at-risk populations.

The inclusion criterion #11 was "estimated percent of adults ever diagnosed with heart disease or a heart attack in 2018" [10]. Cardiovascular disease, commonly known as heart disease, is the leading cause of death across most racial and ethnic groups in the United States, including African American, American Indian, Alaska Native, Hispanic, and white men. For women from the Pacific Islands and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer. The most common form of heart disease is coronary artery disease (CAD), for which treatment measures and management of this condition can make a significant impact in preventing new cases and reducing the risk of poor health outcomes in existing patients. Therefore, identification of at-risk populations can serve as the first step to improving health outcomes [6].

The inclusion criterion #12 was "estimated percent of adults ever diagnosed with high blood pressure (hypertension) in 2017" [10]. The inclusion criterion #13 was "estimated percent of adults ever diagnosed with high cholesterol in 2017" [10]. These criteria follow the same methodology and reasoning as inclusion criterion #11.

Summaries

All figures referenced in this section appear in an Appendix at the end of the paper.

Figure 2 shows the six included criteria that encapsulate English-language learning needs with the aggregate scores produced. Since only six distinct and equally significant criteria were used, towns that ranked highest in any particular category would be assigned a score of 3 points. Towns that ranked second highest in a category would be given 2 points. Towns that ranked last were given 1 point. Any ties were given equal weight to all affected areas.

To narrow down the areas with the highest demonstrated need for English language learning needs, the top highest aggregate scores were chosen from Bergen, Essex, Hudson, and Union County. When two towns or cities tied, they were both given the same designation, as seen in Figure 3.

Figure 4 shows the thirteen included criteria with the towns cited at least once in the top three for a criterion visible in this figure. Areas with higher percentages of existing comorbidities, higher engagement in social risk factors, or lower access to health care were given more points on an integer scale of one to three. Any ties were given equal weight to all affected areas. To flexibly account for the relative severity of the criterion, a score modifier was implemented. Any given base score could be given a score modifier of a 50% reduction, no reduction, or 150% multiplied by the base score, as applicable, based on the severity of each criterion.

As seen in Figure 5, to narrow down the areas with the highest demonstrated need for healthcare outreach programs, the top highest aggregate scores were chosen from Bergen, Essex, Hudson, and Union County.

4. Conclusion

Multiple metrics were used to home in on and pinpoint specific towns within Bergen, Essex, Hudson, and Union County with the ultimate goal of discerning education-related needs in the form of English-language learning as well as depicting which areas under the Archdiocese of Newark have the highest percentage of risk factors, health disparities, and comorbidities that can lead worsen health outcomes and increase risk of leading causes of death like heart disease and cancer. Through the creation of these aggregate scores via cross-tabulation of each counties' most underserved areas in both education and health combined with a deeper picture of the diverse profile of migrants and refugees that live in each identified town and city, this will help pave the way for targeted and efficient remote parish outreach work conducted via Seton Hall's CCRE Migrant and Refugee Center in partnership with the Archdiocese of Newark to allow for the most underserved areas to get education and health outreach programs to help work at closing the gaps between these towns and cities within each city and welcome, protect, promote, and integrate the large migrant and refugee population in New Jersey into their local community.

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Appendix

County/Town	Graduation Rate	Free or Reduced Lunch	Student Populations: English Language Learners	Student Populations: Students in Poverty	Percent of People in Poverty by Town	Percent of Non-English-Speaking Population	Total Score
Summary of Towns that were Cited at Least Once in the Top 3 Priority for Potential Outreach Areas in Archdiocese of Newark: English Language Learning Needs Score							
Elizabeth, **Union**	3	3	2	3	2	3	16
Plainfield, **Union**	1	2	3	2	3	2	13
Newark, **Essex**	X	2	2	3	3	3	13
Palisades Park, **Bergen**	2	X	3	2	1	3	11
Union City, **Hudson**	1	2	3	1	2	1	10
Irvington, **Essex**	3	3	3	1	X	X	10
Fairview, **Bergen**	X	3	1	3	X	2	9
Garfield, **Bergen**	3	2	X	X	3	X	8
Guttenberg, **Hudson**	X	3	2	3		X	8
West New York, **Hudson**	X	1	1	X	3	3	8
Orange City, **Essex**	2	X	1	2	X	X	5
East Newark, **Hudson**	X	X	X	2	X	2	4
Jersey City, **Hudson**	3	X	X	X	1	X	4
Silver Lake, **Essex**	X	X	X	X	2	2	4
Hillside, **Union**	2	1	X	X	X	X	3
East Orange, **Essex**	1	X	X	X	1	1	3
Edgewater, **Bergen**	X	X	2	X	X	X	2
Hackensack, **Bergen**	X	X	X	X	2	X	2
Hoboken, **Hudson**	2	X	X	X	X	X	2
Linden, **Union**	X	X	X	X	1	1	2
Belleville, **Essex**	X	1	X	X	X	X	1
Cliffside Park, **Bergen**	X	X	X	1	X	X	1
Englewood, **Bergen**	X	1	X	X	X	X	1
Midland Park, **Bergen**	1	X	X	X	X	X	1
Ridgefield, **Bergen**	X	X	X	X	X	1	1
Roselle, **Union**	X	X	1	X	X	X	1
Winfield, **Union**	X	X	X	1	X	X	1

Figure 2. Aggregate English Language Learning Scores.

County/Town	Predominant Country of Birth Among the Foreign Born Population		Predominant Language Spoken at Home (Including English)	Predominant Language Spoken at Home (Excluding English)	Predominant Language Spoken at Home (Excluding English and Spanish)
Comparison of Predominant Languages Spoken and Predominant County of Birth Among Foreign Born Population for Top 3 Potential Target Areas for English Language Learning Programs Per County					
Union County					
Elizabeth	Colombia		Spanish or Spanish Creole	Spanish or Spanish Creole	Portuguese or Portuguese Creole
Plainfield	Guatemala		English	Spanish or Spanish Creole	African Languages
Hillside	Inconclusive		English	Spanish or Spanish Creole	Portuguese or Portuguese Creole
Hudson County					
Union City	Dominican Republic		Spanish or Spanish Creole	Spanish or Spanish Creole	Hindi
Guttenberg	Colombia		Spanish or Spanish Creole	Spanish or Spanish Creole	Arabic
West New York	Dominican Republic		Spanish or Spanish Creole	Spanish or Spanish Creole	Other Asian Languages (Chinese and Tagalog)
Jersey City	India		English	Spanish or Spanish Creole	Tagalog
East Newark	Ecuador		Spanish or Spanish Creole	Spanish or Spanish Creole	Portuguese or Portuguese Creole
Essex County					
Newark	Ecuador		English	Spanish or Spanish Creole	Portuguese or Portuguese Creole
Irvington	Haiti		English	French or French Creole	French or French Creole
Orange City	Haiti		English	Spanish or Spanish Creole	French or French Creole
Bergen County					
Palisades Park	Korea		Korean	Korean	Korean
Fairview	El Salvador		Spanish or Spanish Creole	Spanish or Spanish Creole	Italian
Garfield	Poland		English	Spanish or Spanish Creole	Polish

Figure 3. Summary of Top 3 Potential Outreach Areas for English Language Learning Needs.

Figure 4. Aggregate Health Access and Health Disparity Score.

Comparison of Predominant Languages Spoken and Predominant County of Birth Among Foreign Born Population for Top 3 Potential Target Areas for Health Outreach Per County					
County/Town	Predominant Country of Birth Among the Foreign Born Population		Predominant Language Spoken at Home (Including English)	Predominant Language Spoken at Home (Excluding English)	Predominant Language Spoken at Home (Excluding English and Spanish)
Union County					
Plainfield	Guatemala		English	Spanish or Spanish Creole	African Languages
Elizabeth	Colombia		Spanish or Spanish Creole	Spanish or Spanish Creole	Portuguese or Portuguese Creole
Garwood	Ukraine		English	Spanish or Spanish Creole	Russian
Hudson County					
Union City	Dominican Republic		Spanish or Spanish Creole	Spanish or Spanish Creole	Hindi
West New York	Dominican Republic		Spanish or Spanish Creole	Spanish or Spanish Creole	Other Asian Languages (Chinese and Tagalog)
North Bergen	Cuba		Spanish or Spanish Creole	Spanish or Spanish Creole	Gujarati
Essex County					
East Orange	Jamaica		English	Spanish or Spanish Creole	French Creole
Newark (Vailsburg)	Ecuador		English	Spanish or Spanish Creole	Portuguese or Portuguese Creole
Nutley	India		English	Spanish or Spanish Creole	Italian
Bergen County					
Garfield	Poland		English	Spanish or Spanish Creole	Polish
Fairview	El Salvador		Spanish or Spanish Creole	Spanish or Spanish Creole	Italian
Hackensack	Dominican Republic		English	Spanish or Spanish Creole	Only Tagalog

Figure 5. Summary of Top 3 Potential Outreach Areas for Healthcare Outreach Programs.