

Date: 4.25.22
To: Planning Board Commissioners
From: Tanya R. Marione, AICP, PP - Planning Director
Subject: Office/Medical Office Planning Memo

Proposed:

Chapter 345-6. Definitions

OFFICE — A place for the transaction of business where reports are prepared, records are kept and services rendered, but where no retail sales are offered and where no manufacturing, assembly or fabricating takes place. **Office does not include Medical Office.**

OFFICE, MEDICAL — A professional office where the services of one or more practitioner can be obtained and where patients are studied or treated on an outpatient basis and where no overnight accommodations are provided. **Medical office is permitted wherever Office is a permitted use. Veterinarian offices are considered medical offices. Medical offices are subject to all licensing and code requirements from all relevant government regulations, including, but not limited to those from the Department of Health and the State Uniform Construction Code.**

The 2020 census calculated that the population in Jersey City rose to 292,449 people from 262,075 people in 2019 and 247,597 people in 2010. The 2019 number is based on an estimate since the census count only officially happens every ten years. However, the 11.6% increase from 2019 to 2020, shows that the City grew at a greater rate than what was expected. The growth of 44,852 people from 2010 to 2020 was aided by building 30,000 NEW housing units.

Population growth in Jersey City is not an anomaly. The region, and specifically the urban core, all saw significant growth in the last ten years. Brooklyn, Queens, the Bronx, and Manhattan saw an increase of over 600,000 people. Yet, it was Hudson County that experienced the fastest rate of population growth (14.3%) of any county in the region. (Source: New York Regional Planning and U.S. Census Bureau Decennial Census 2010; U.S. Census Bureau 2020 Redistricting Data).

According to the New York City Economic Development Corporation (NYCEDC), “The Health Care and Social Assistance industry is by far the largest employer in the US, accounting for nearly 16% of total private employment and boasting over 19.7 million employees, 4 million more than the next closest sector, Retail Trade. The same is true of New York City—where Health Care’s 740,000 employees account for nearly 20% of total private employment—and of the surrounding Metropolitan Area.” The New York/Newark/Jersey City Metropolitan Area Health Care employment accounts for 18.9% of the total MSA employment. (US Bureau of Labor Statistics, 2018). Despite this, the ratio of health care workers/general practitioners are not evenly distributed amongst the boroughs and cities. The NJ Department of Labor and Workforce Development cited that in 2020 Hudson County had one of the

lowest health care workers to residents, statewide, 34 workers for every 20 residents, whereas Bergen County had 15 workers for every 20 residents. Simply meaning that residents are forced to be more reliant on surrounding areas for health care services.

The 2020 Jersey City Master Plan, Land Use Element, Community Profile cited:

- A total of 10.6% of Jersey City adults reported having diabetes, compared with an average 10% across the Dashboard cities (CDC). Notably, census tract 44, on the border of Wards B and F, has a diabetes prevalence rate of 21.4%
- Jersey City had an annual average particulate matter concentration of 8.9, compared with an average 8.5 across the Dashboard cities. This portrays the presence of solid and liquid matter in the air which is an environmental risk that contributes to higher rates of asthma.
- Jersey City Medical Center's 2019 Community Health Needs Assessment reports that the top four community health issues are chronic diseases management (diabetes, hypertension), access to healthcare (primary care, mental health services, and substance abuse services), preventative healthcare services, and violence/public safety.
- In 2018, 13% of Jersey City residents were uninsured, significantly higher than the statewide rate of 8%. Census tracts in neighborhood areas that include Greenville and Bergen-Lafayette reported rates of uninsured residents at 20%.

Some of the established goals of the 2020 Master Plan are to:

- Promote the development of a diversified economy
- Establish a 15-minute cities at Neighborhood Cores
- Embed flexibility to allow retail and office to adapt
- Prioritize reinvestment in socially vulnerable communities
- Increase flexibility of programmable space
- Accommodate population growth and changing needs

Jersey City established "Healthier JC" in 2014 as a large component of the Jersey City Health Department. The mission of Healthier JC is to build a platform and create relationships with Jersey City residents to promote health through education, disease prevention, a child care clinic, environmental health, senior affairs and nutrition services. One of the Department's largest goals is increasing use of primary care providers, improve coordination of clinical care, and expand mental health access. The JC Health Department website states:

Demand for primary care services is projected to increase through 2020, largely because of aging and population growth and, to a much lesser extent, from expanded insurance coverage as the Affordable Care Act is fully implemented. According to HRSA and [Alprostadil.org](https://www.alprostadil.org/), while the number of primary care physicians in the U.S. is expected to increase 8% from 2010 to 2020, demand will increase by 14%. Without changes to how primary care is delivered, the growth in primary care physician supply will not be adequate to meet demand and the lack of care in medically underserved areas will only worsen.

According to County Health Rankings data, Hudson County ranks last in NJ when it comes to clinical care, with a primary care physician (PCP) to population ratio of 1870 to 1. Studies show, failure to make regular visits to PCPs leads to higher instances & severity of chronic illnesses.

This increases visits to emergency departments by traditionally underserved minority & low-income residents, increasing the cost of health care for all. It is not surprise, then, that the top 5 causes of death in Jersey City, according to a 2013 Community Health Needs Assessment (CHNA), are cancer, heart disease, stroke, unintentional injuries and diabetes. This same Assessment found a perceived lack of transportation options.

City Planning reached out to the Department of Health and the Construction Code Official, who both confirmed that both the Health code and building code are more than sufficient to handle any potential detriments for the medical use. Planning believes that land use related issues for medical offices such as signage and parking are similar if not identical to office uses. Additionally, the change in this definition will more than triple the amount of spaces in Jersey City that can be used for medical offices. Currently 72 zones or redevelopment plans permit office and only 28 of them allow for medical. The change alone in definition will create greater access for a growing population and more stability for a vulnerable population.