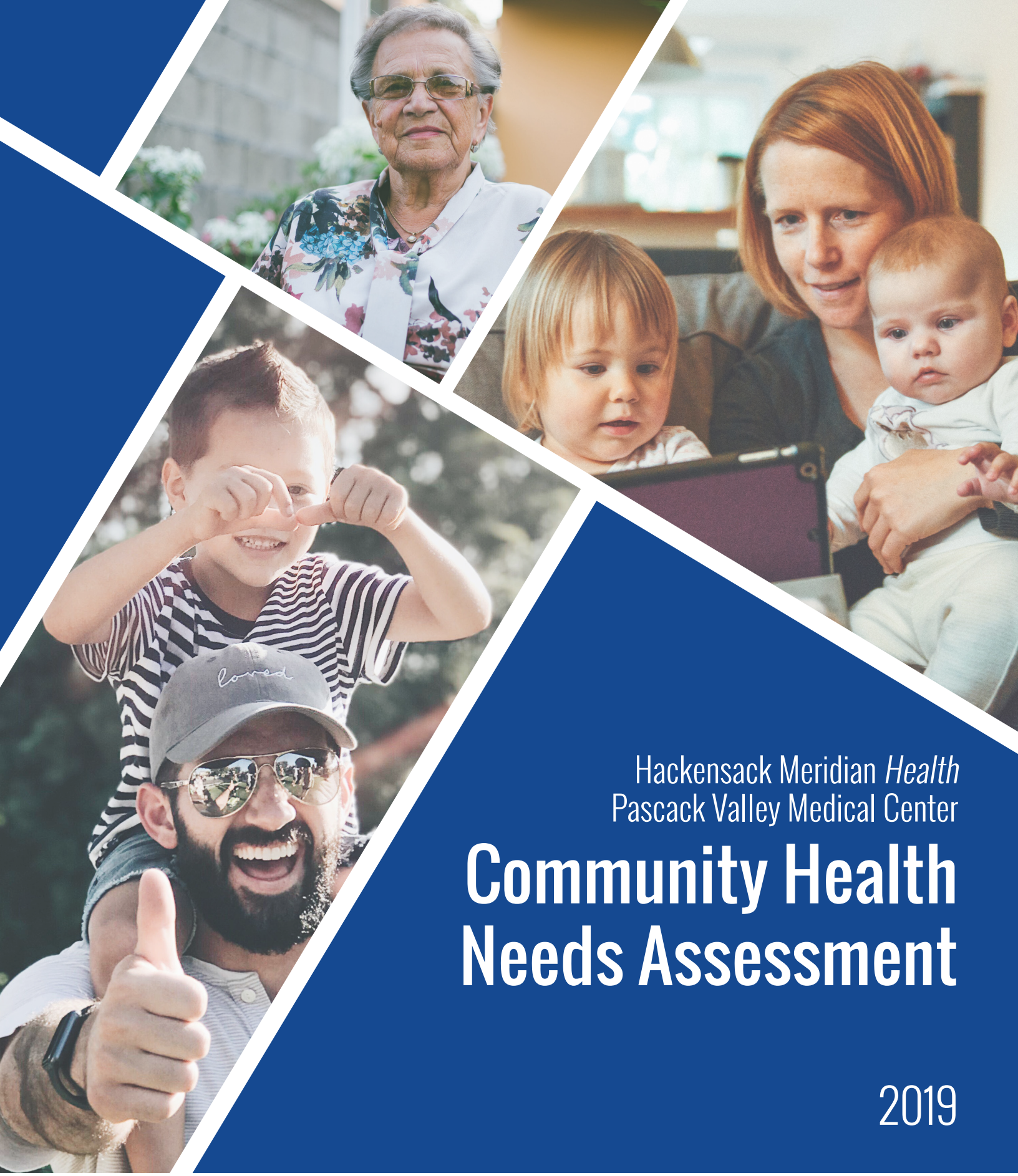

Hackensack Meridian *Health*
Pascack Valley Medical Center

Community Health Needs Assessment

2019

Hackensack
Meridian *Health*
Pascack Valley Medical Center

ACKNOWLEDGMENTS

The Bergen County Community Health Needs Assessment (CHNA) and Strategic Planning process was made possible through the generous support of Bergen New Bridge Medical Center, Englewood Health, Hackensack Meridian *Health* Hackensack University Medical Center, Hackensack Meridian *Health* Pascack Valley Medical Center, Holy Name Medical Center, Ramapo Ridge Psychiatric Hospital (a part of Christian Health Care Center),and The Valley Hospital. Representatives from these seven hospitals, along with representatives of the Bergen County Department of Health Services (BCDHS) and the Community Health Improvement Partnership of Bergen County, worked collaboratively for over a year to plan and execute this assessment. A Steering Committee comprised of representatives from each hospital and BCDHS guided this project. John Snow, Inc. (JSI) was hired by the Steering Committee to assist with the assessment.

Hundreds of individuals who live, work, and learn in Bergen County were engaged to participate in the assessment process. JSI administered a mail-based random household survey and received approximately 1,350 responses; the survey oversampled in areas of the County with higher percentages of Black/African American residents, Hispanic/Latino residents, and low-income households to achieve a sample that was representative of Bergen County demographics. Information was also gathered through interviews, focus groups, and community listening sessions. Finally, over 350 community residents responded to a web-based survey to capture opinions and perceptions of leading social determinants of health, barriers to care, vulnerable populations, and access to health care services.

The information gathered throughout this assessment will allow the hospitals, the BCHDS, the Community Health Improvement Partnership of Bergen County, and health and social service providers to gain a better understanding of health needs and barriers to care in Bergen County. The assessment results will be used to guide the development of strategic plans to address these issues and improve where, when, and how healthcare is provided. The Steering Committee would like to extend their sincere appreciation to all those who invested their time, effort, and expertise to ensure the development of a comprehensive and robust assessment.

2019 BERGEN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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EXECUTIVE SUMMARY

OVERVIEW AND PURPOSE

This Community Health Needs Assessment (CHNA) and the associated Community Health Improvement Plan (CHIP) were prepared for were prepared for Hackensack Meridian *Health* Pascack Valley Medical Center (PVMC). PVMC is a 128-bed acute care facility in Westwood, New Jersey. The hospital offers all the resources of a larger hospital with more personalized care for each patient.

The assessment effort was overseen by the Bergen County Department of Health Services (BCDHS), PVMC, and the other six acute care hospitals in Bergen County: Bergen New Bridge Medical Center, Ramapo Ridge Psychiatric Hospital (part of Christian Health Care Center), Englewood Health, Hackensack Meridian *Health* Hackensack University Medical Center, Holy Name Medical Center, and The Valley Hospital. Representatives from each of these entities worked collaboratively to guide the overall assessment methods and approach and to identify priority health issues and populations for Bergen County and individual hospital service areas.

The assessment efforts that took place over the past year engaged hundreds of community residents in Bergen County, as well as a wide range of community stakeholders, service providers, community advocates, state and local public officials, faith leaders, and representatives from community-based organizations. The process that was applied to conduct the CHNA and develop the CHIP exemplifies the spirit of collaboration and community engagement that is such a vital part of these assessments.

This CHNA provides information that will be used to make sure that PVMC's services and programs are appropriately focused, are delivered in ways that are responsive to those in its Community Benefits Service Area (CBSA), and are conducted to address leading barriers to health and wellbeing.

APPROACH AND METHODS

The assessment began in December 2018 and was conducted in three phases, which allowed for the collection of an extensive amount of quantitative and qualitative data (Phase 1); engagement of community residents, key stakeholders, and service providers (Phase 2); and analysis and prioritization of findings for use in developing a data-driven Implementation Strategy (Phase 3).

2019 Bergen County CHNA: Project Phases

Phase 1 Preliminary Assessment and Engagement	Phase 2 Targeted Engagement	Phase 3 Strategic Planning and Reporting
• Secondary Data Collection • Key Informant Interviews • Resource Inventory • Steering Committee Meetings	• Bergen County Random Household Survey • Focus Groups • Community Listening Sessions • Bergen County Community Health Perceptions Survey • Steering Committee Meetings	• Steering Committee Prioritization Meeting • Individual Hospital and BCHDS/Community Health Improvement Partnership Prioritization Meeting • Final Reporting

Many individuals from across Bergen County were engaged in the assessment and planning process, including:

- Health and social service providers
- BCDHS and CHIP leadership and staff
- Faith leaders
- Community residents
- Hospital leadership, clinicians, and staff
- Health and public health officials
- Community organizers and advocates

HACKENSACK MERIDIAN *HEALTH* PASCACK VALLEY MEDICAL CENTER COMMUNITY HEALTH PRIORITIES AND VULNERABLE POPULATIONS

The CHNA was designed as a population-based assessment, meaning the goal was to identify a full range of community health issues across the demographic and socioeconomic segments of the population. The issues identified were framed in a broad context to ensure that the breadth of unmet needs and community health issues were recognized.

An integrated analysis of the assessment activities, and a regional prioritization/strategic planning retreat with other Hackensack Meridian *Health* hospitals, framed the leading community health issues into four priority areas: wellness and prevention (risk factors), chronic and complex conditions, behavioral health, and social determinants of health and access to care.

To plan community health initiatives, there was an effort to identify segments of the population with complex health needs or that face significant barriers to care. Four population segments were chosen: children and families, older adults, low-resource individuals and families, and racially/ethnically diverse populations and non-English speakers.

Children & Families

Older Adults

Low-Resource Individuals & Families

Racially/Ethnically Diverse Populations & Non-English Speakers

KEY FINDINGS/THEMES BY PRIORITY AREA

Below is a listing of key findings and themes by priority area. These findings were used as the basis for the development of PVMC's Community Health Improvement Plan. For more detailed findings, data sources, and data on disparities by gender identity, race/ethnicity, income, and age, please see the full Community Health Needs Assessment report. Priority areas are listed in the order in which they are discussed in this Community Health Needs Assessment report and are not hierarchical.

Priority Area: Wellness & Prevention (Risk Factors)
• All-cause and premature mortality were lower in Bergen County than New Jersey overall • One-third (33.2%) of Bergen County Random Household Survey respondents were overweight, while approximately one in five were obese (22.8%) • Nearly a third (32.9%) of Bergen County Random Household Survey respondents reported that they did not participate in any physical activity or exercise in the past 30 days • Over 70% of Bergen County Random Household Survey respondents reported that they had a primary care visit and a dental visit within the past year • Individuals engaged during this assessment prioritized the risk factors associated with chronic and complex conditions (e.g., obesity, poor nutrition, sedentary lifestyle) as key issues of concern
Priority Area: Chronic & Complex Conditions
• Heart disease (#1) and cancer (#2) were the leading causes of death in Bergen County • Approximately 1 in 4 (26.5%) Bergen County Random Household Survey respondents had been diagnosed with high blood pressure • Approximately 1 in 10 (9.7%) Bergen County Random Household Survey respondents had ever been diagnosed with cancer • Approximately 1 in 10 (11.5%) Bergen County Random Household Survey respondents had ever been diagnosed with diabetes. • 14.1% of Bergen County Random Household Survey respondents had been diagnosed with asthma

- Influenza and pneumonia mortality rates were significantly high in Bergen County compared to New Jersey overall
- Individuals engaged in this assessment identified older adults, especially those with multiple chronic conditions and those who lack a regular caregiver, as a vulnerable population

Priority Area: Behavioral Health

- 6.8% of Bergen County Random Household Survey respondents reported that their mental health was poor for 15 or more days in the past month
- Nearly 1 in 10 (9.7%) of Bergen County Random Household Survey respondents had ever been diagnosed with a depressive disorder
- Over 1 in 10 (12.7%) of Bergen County Random Household Survey respondents had ever been diagnosed with an anxiety disorder
- 18.9% of Bergen County Random Household Survey respondents were current smokers
- Individuals engaged in this assessment characterized e-cigarette and vaping as a critical concern, especially for youth and adolescents
- 15.4% of Bergen County Random Household Survey respondents reported binge drinking in the past 30 days
- Drug-related deaths in Bergen County have increased since 2014, from 8.8 deaths to 13.8 deaths per 100,000
- The number of suspected opioid-overdose deaths has continued to increase annually since 2014; the number of opioids dispensed has decreased annually since 2015

Priority Area: Social Determinants of Health & Access to Care

- Nearly one third (30.5%) of Bergen County residents were foreign-born, and 14.5% of residents have limited English proficiency
- Educational attainment is high and unemployment is low
- The percentage of individuals and families in poverty is low compared to New Jersey overall. Despite this, individuals engaged in this assessment reported that there were pockets of poverty throughout Bergen County, even in affluent communities, and income, poverty, and employment were issues of concern
- Individuals engaged in this assessment identified housing issues – including lack of housing stock and housing affordability –as a major barrier to good health and well-being
- Individuals engaged in this assessment identified access to transportation resources, especially for older adults, low-income populations, and those without a personal vehicle as a barrier to accessing health and social services
- Nearly one-fifth (18.5%) of respondents to the Bergen County Random Household Survey reported that it was very or somewhat difficult to buy fresh produce or vegetables
- Less than 10% of Bergen County residents lacked health insurance. Despite this, respondents to the Bergen County Random Household Survey identified lack of health insurance as the leading social factor or barrier that limited access to care or impacted the health of those living in the community

TABLE OF CONTENTS

BACKGROUND AND APPROACH

OVERVIEW & PURPOSE

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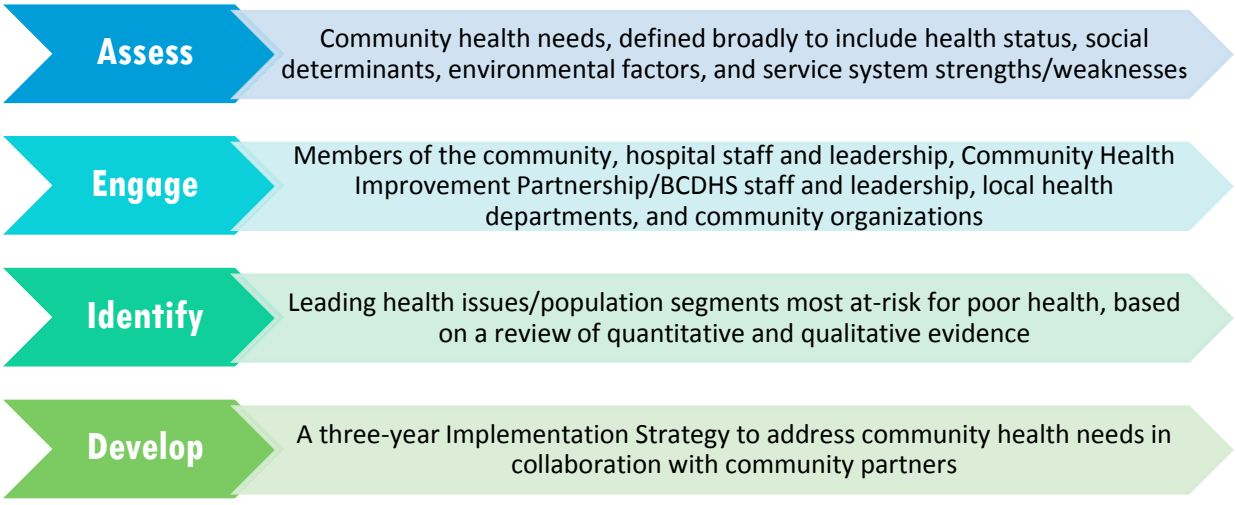
This CHNA provides information that will be used to make sure that PVMC's services and programs are appropriately focused, are delivered in ways that are responsive to those in its Community Benefits Service Area (CBSA), and are conducted to address leading barriers to health and wellbeing.

The primary goals for the CHNA and this report are to:



This CHNA may be used as a source of information and guidance to:

- Clarify issues related to community characteristics, barriers to care, existing service gaps, unmet community need and other health-related factors;
- Prioritize and promote investments in community health initiatives;
- Inform and guide a comprehensive, collaborative community health improvement planning process;
- Facilitate discussion within and across sectors regarding community need, community health improvement, and health equity;
- Serve as a resource to others working to address health inequities

PVMC is committed to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity, the attainment of the highest level of health for all people, requires focused and ongoing societal efforts to address avoidable inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. Throughout the assessment process, efforts were made to understand the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable. PVMC's Community Health Improvement Plan will focus on reaching the geographic, demographic, and socioeconomic segments of the population most at-risk, as well as those with behavioral and physical health needs.

PVMC SERVICE AREA

PVMC's primary Community Benefits Service Area (CBSA) includes 12 municipalities in Bergen County (Closter, Dumont, Emerson, Hillsdale, Montvale, New Milford, Northvale, Norwood, Park Ridge, Washington, Westwood, and Woodcliff Lake) and Passaic, in Passaic County, NJ. The communities that are part of the CBSA are an aggregate of the geographic areas and demographic segments that PVMC serves. For this assessment, a concerted effort to identify the health needs of residents within across Bergen County, regardless of whether or not they use or have used services at PVMC or any affiliated facilities.

APPROACH & METHODS

In September 2018, a Steering Committee was formed, comprised of representatives from each hospital and staff from BCDHS. The Steering Committee hired John Snow, Inc. (JSI), a public health research and consulting firm, to support their efforts and complete this CHNA. This Committee met regularly via in-person meetings and conference calls to plan and execute project activities, vet preliminary findings, address challenges, and ensure that the assessment process was inclusive, comprehensive, and objective.

During this process, each hospital and BCDHS engaged their senior leadership and clinical staff. These individuals helped to prioritize community health issues and priority population segments for inclusion in the Implementation Strategies.

The assessment was completed in three phases. Table 1 below provides a summary of each phase and the associated activities. The community engagement index (Appendix A) includes additional information and materials related to the engagement activities/approach.

Table 1: Summary of approach and methods

Phase 1 Preliminary Assessment and Engagement	Phase 2 Targeted Engagement	Phase 3 Strategic Planning and Reporting
• Secondary Data Collection • Key Informant Interviews • Resource Inventory • Steering Committee Meetings	• Bergen County Random Household Survey • Focus Groups • Community Listening Sessions • Bergen County Community Health Perceptions Survey • Steering Committee Meetings	• Steering Committee Prioritization Meeting • Individual Hospital and BCHDS/Community Health Improvement Partnership Prioritization Meeting • Final Reporting

PHASE I

The preliminary needs assessment and engagement effort relied on **secondary data** collected via local, state, and national sources. This information included data on the population characteristics of Bergen County, including demographics, social determinants of health, health status, and morbidity/mortality. Whenever possible, confidence intervals were analyzed to test for statistically significant differences between municipal and State of New Jersey data points. A comprehensive Data Book is included in Appendix B. In this Data Book, data points are color-coded to visualize which municipal-level data points were significantly higher or lower compared to the State overall. Relative to most states, New Jersey does an excellent job at making comprehensive data available at the state, county, and municipal levels through an interactive portal accessible via the New Jersey Department of Health (NJ DOH) website. The most significant limitation in regards to quantitative data was the availability of timely data related to morbidity, mortality, and service utilization. The data sets used in this report are the most up-to-date provided by NJ DOH. The data provided was valuable and allowed for identification of health needs relative to the State and specific communities. However, these data sets in some cases may not reflect recent trends in health statistics. Additionally, quantitative data was not stratified by age, race/ethnicity, income, or other characteristics, which limited the ability to identify health disparities in an objective way. The Bergen County Random Household Survey and the targeted community engagement and qualitative assessment activities allowed for exploration of these issues.

Key informant interviews were conducted with approximately 80 community stakeholders from throughout Bergen County. These interviews confirmed and/or refined the findings from quantitative data sources and provided valuable insight on community need, community health priorities, segments of the population most at-risk, and community health assets. Individual interviews were conducted by-phone using a structured interview guide developed by JSI and the Steering Committee. At the outset, JSI worked with the Steering Committee to identify a representative list of key informants that could provide a deep and broad perspective on the health-related needs of the County. This list included administrative and clinical representatives from each of the hospitals and BCDHS, as well as

representatives from across many sectors, including health, public health, social service, academic, and business. Detailed notes were taken for each interview. For a list of interviewees, their organizational affiliations, interview dates, and the interview guide, please see Appendix A. Key themes and findings from these interviews are included in the narrative sections of this report.

During this Phase, JSI staff worked with the Steering Committee to develop a **Resource Inventory**. This inventory was meant to inform what services are available in Bergen County to address community needs as well as to determine the extent to which there are gaps in health-related services. The Community Health Improvement Partnership and BCDHS staff supported this effort by providing a list of community partners and known resources from across the broad continuum of services, including clinical health care services, community health and social services, and public health resources. This was done primarily by compiling information from existing resource inventories and partner lists from the Community Health Improvement Partnership, BCDHS, hospitals, and other service providers. The Resource Inventory can be found in Appendix C.

PHASE I: PRELIMINARY ASSESSMENT AND ENGAGEMENT

SECONDARY DATA – 200+ INDCATORS

- Including:
  - *Demographics and socioeconomic status*
  - *Social determinants of health (e.g., housing, transportation, employment)*
  - *Risk factors*
  - *Health status and morbidity/mortality*
  - *Access to care and service utilization*
- Municipal-level data for all cities and towns in Bergen County
- National, New Jersey, and Bergen County comparison data when possible

KEY INFORMANT INTERVIEWS – 80 PHONE AND IN-PERSON

- Interviews conducted using structured interview guide
- Representation across sectors, including:
  - *Clinicians*
  - *Health and public health officials*
  - *Community organizations*
  - *Older adults/elder services*
  - *Cultural organizations and advocates*
  - *Hospital leadership and staff*
  - *Faith-based community*
  - *Schools and youth/adolescent services*
  - *Social service providers*
  - *Behavioral health providers and advocates*

RESOURCE INVENTORY

- Identified existing Bergen County assets/resources across health-related sectors

PHASE II

Phase II included several activities aimed at further engaging community residents and stakeholders – including segments that are typically hard to reach. JSI conducted a mail-based **Bergen County Random Household Survey**, which captured information directly from community residents on health status and overall well-being, service utilization, and barriers to care. To generate the survey sample, a comprehensive survey was distributed to more than 4,000 randomly identified households in the

County. The initial random sample of 4,000 households included an oversample of communities with large proportions of Black/African American, Hispanic/Latino, and low-income residents to ensure that enough surveys were generated from households with often under-represented segments of the population. In all, 1,372 community residents responded to the survey, representing a survey response rate of approximately 31%. Table 2 includes respondent characteristics. Detailed findings from the survey are included in the body of the report and in tabular form in Appendix B.

Table 2: Respondent characteristics (unweighted) for the Bergen County Random Household Survey (N=1,372)

	All	Male	Female	White	Black/African American	Hispanic/ Latino	Asian	Income <$50,000*	Over 65 years old
Number of respondents to survey	1,372	518	832	959	126	188	151	331	475
Average age	57	59	56	59	55	50	51	61	75
Female (%)	62	-	100	61	68	71	54	71	57
Less than a high school education (%)	4	4	4	4	2	12	1	13	7
Advanced degree (Masters or beyond) (%)	25	28	23	27	20	16	23	4	23
Total Household income (%)									
<$50,000	26	20	30	24	38	41	24	100	36
$50,000 - $124,999	40	43	39	40	31	41	48	--	43
>$125,000	33	37	31	36	31	18	27	--	21

*Throughout the report, the "low-income" cohort refers to are those whose total household income was less than $50,000.

Focus groups were conducted with population segments and health/social service provider groups to gather more precise and nuanced information on the needs of specific segments of the population or from individuals with specific expertise. Focus groups were held at locations that were considered safe and accessible for participants and were facilitated in appropriate languages to ensure full participation. JSI and co-facilitators conducted all focus groups using a guide that was similar to the one used for key informant interviews to ensure consistent data collection. JSI, the Steering Committee, and hospital partners worked with organizations in the County to plan these events and identify focus group participants.

JSI facilitated two **community listening sessions**, one in Ridgewood and one in Englewood. These sessions provided an opportunity for anyone who was interested to participate and allowed for the capture of information directly from community residents, staff from community-based organizations,

and local service providers. Participants were asked to react to preliminary data findings and to share thoughts on community health needs, barriers to care, vulnerable populations, and community assets and resources. Both sessions were held in locations that were easily accessible, safe, and well known.

Finally, JSI worked with the Steering Committee to develop a web-based **Bergen County Community Health Perceptions Survey** to solicit additional information directly from community residents. Respondents were asked to provide their opinion and perceptions of leading social determinants of health and barriers to care, clinical health issues, vulnerable populations, access to health care services, and opportunities for the hospital to improve community health programming. Surveys were available online, through the SurveyGizmo platform, in multiple languages. Surveys were also made available in hard copy for distribution; hard-copy surveys were collected and the responses were included in the final analysis. The BCDHS, Community Health Improvement Partnership, hospitals, and public health partners worked in close collaboration with local community organizations, businesses, and stakeholders to distribute the survey to community residents, including those who are typically hard-to-reach (e.g. non-English speakers, diverse populations). Findings from the survey are integrated into the narrative sections of this report.

PHASE II: TARGETED ENGAGEMENT

BERGEN COUNTY RANDOM HOUSEHOLD SURVEY

- County-wide sample
  Distributed via mail to 4,000 randomly selected households; oversampled in Black/African American, Hispanic/Latino, and low-income populations
- 1,372 surveys collected (31% response rate)

Average age of respondent = 57
61% female (N=832)
38% male (N=518)
70% White (N=959)
9% Black/African American (N=126)
14% Hispanic/Latino (N=188)
11% Asian (N=151)
35% over 65 years of age (N=475)
24% low-income (total household income <$50,000 (N=331)

BERGEN COUNTY COMMUNITY HEALTH PERCEPTIONS SURVEY

- County-wide sample
  Distributed via email, newsletters, social media, and other web-based sources
- 357 surveys collected

FOCUS GROUPS

- 60-90 minute sessions with population and provider segments

Black/African Americans
Koreans
Spanish-speakers
LGBTQ+
Individuals in recovery from substance use disorder
Mental health providers and advocates
Substance use disorder providers
Older adult health/elder services providers
School nurses
Bergen County Health Officers

COMMUNITY LISTENING SESSIONS

- 2-hour sessions, open to the public

Englewood *Ridgewood*

PHASE III

In August 2019, PVMC took part in a regional prioritization process with other Hackensack Meridian *Health* hospitals in the Northern Region. JSI presented an overview of findings specific to Bergen County and PVMC. Participants were given the opportunity to ask questions about the CHNA processes and findings.

Following the data presentations, JSI polled the audience to identify the issues of greatest concern in the Northern Region. Using a wireless audience response system, each participant was able to register their "top 3" health issues using a small remote keypad. The audience then discussed the voting results and, through consensus, grouped the results to arrive at four regional priorities, which would apply to PVMC and all other hospitals in the region.

Following the regional prioritization meeting, JSI worked with representatives from PVMC and Hackensack Meridian *Health* to draft CHNA reports and Community Health Improvement Plans. These documents were presented for adoption to the governing bodies at each hospital in Fall 2019.

POPULATION CHARACTERISTICS AND SOCIAL DETERMINANTS OF HEALTH

To understand community needs and health status for individuals in Bergen County, we begin with a description of community characteristics, including demographics, socioeconomics, and the social determinants of health. This information is critical to recognizing inequities, identifying vulnerable populations and health related disparities, and targeting strategic responses.

The social determinants of health (SDOH) are the conditions in which people live, work, learn and play.[1] These conditions influence and define quality of life for many segments of the population in the CHNA service area. To augment the lack of quantitative data, the key informant interviews, focus groups, listening sessions, and Bergen County Community Health Perceptions Survey specifically solicited feedback on SDOH and barriers to care. A dominant theme from community engagement activities was the impact that the underlying social determinants, particularly housing, transportation, and income/employment have on the residents of Bergen County.

More expansive data tables are included in PVMC's Data Book (Appendix B).

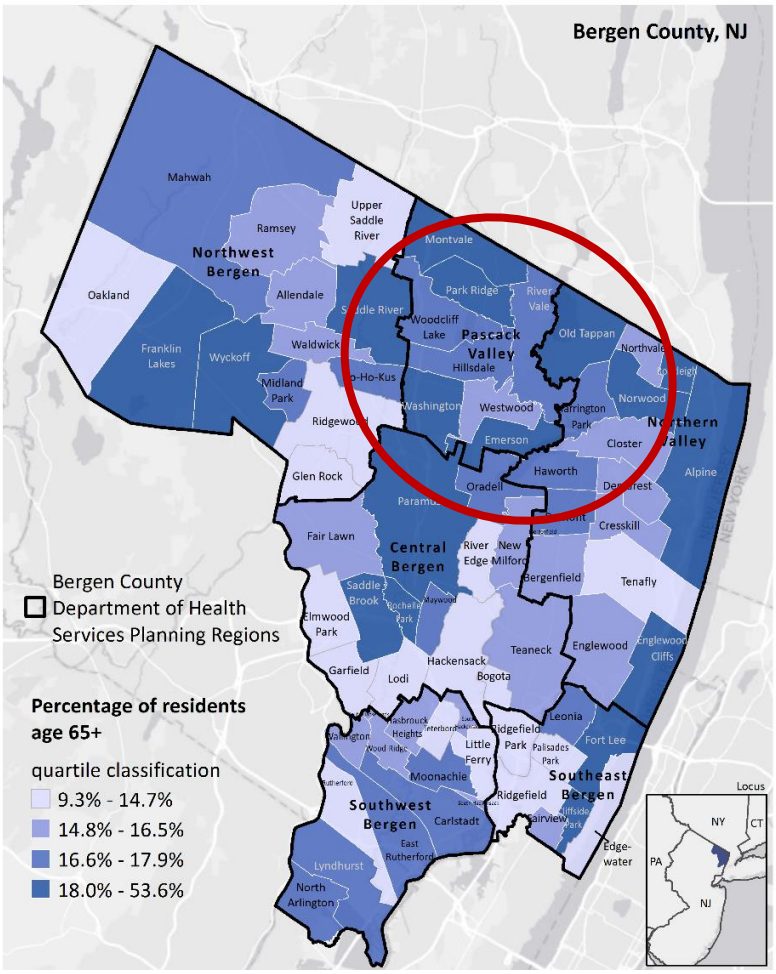
[1] "Social Determinants of Health: Know What Affects Health," *Centers for Disease Control and Prevention*, 29 Jan. 2018. https://www.cdc.gov/socialdeterminants/

AGE, RACE/ETHNICITY, AND FOREIGN BORN[2]

- **Bergen County has the second highest percentage of adults 65 and over among all counties in New Jersey.** The percentage of Bergen County residents over the age of 65 (16.4%) was significantly high compared to New Jersey overall (15.1%). The median age in Bergen County (41.6) was also higher than New Jersey overall (39.6).

- **Bergen County is predominantly white, though there is a large Asian population.** The percentage of the population that was white (57.8%) was significantly higher than New Jersey overall (56.1%). The percentage of Asian residents in Bergen County (16.2%) was significantly high compared to the state overall (9.4%).

Figure 1: Percentage of population over 65, by municipality



Source: US Census Bureau, American Community Survey 5-Year Estimates (2013-2017). Red circle represents an approximation of PVMC's primary community benefits service area.

  - In PVMC's service area, the percentage of Asian residents was significantly higher than the state in Closter (36.0%), Dumont (16.6%), Montvale (15.3%), New Milford (17.8%), Northvale (25.9%), and Norwood (28.2%).

- **The percentage of Black/African American residents in Bergen County (5.3%) was significantly low** compared to the state overall (12.7%).

- **The percentage of Hispanic/Latino residents in Bergen County (18.9) was similar to the state overall (19.7%).**

- **Nearly one-third (30.5%) of Bergen County residents were foreign-born.**

[2] All statistics from US Census Bureau, American Community Survey, 2013-2017

Table 3: Age distribution (2013-2017)

	United States	New Jersey	Bergen County
Median age (years)	37.8	39.6	41.6
Under 18 (%)	22.9	22.3	21.5
Ages 20-34 (%)	20.7	19.3	17.4
Ages 35-44 (%)	12.7	13.0	13.3
Ages 45-54 (%)	13.4	14.7	15.3
Ages 55-64 (%)	12.7	13.1	13.6
Ages over 65 (%)	14.9	15.1	16.4

Source: US Census Bureau, American Community Survey, 2013-2017
Shading represents statistical significance compared to the state. Data points highlighted in orange were statistically higher compared to the state overall, while figures highlighted in blue were significantly lower.

Table 4: Race, ethnicity, and foreign-born (2013-2017)

	United States	New Jersey	Bergen County
Non-Hispanic White (%)	73.0	56.1	57.8
Non-Hispanic Black (%)	12.7	12.7	5.3
Non-Hispanic Asian (%)	5.4	9.4	16.2
Non-Hispanic Korean (%)	0.5	1.1	6.1
Hispanic or Latino of any race (%)	17.6	19.7	18.9
Foreign-born (%)	13.4	22.1	30.5

Source: US Census Bureau, American Community Survey, 2013-2017
Shading represents statistical significance compared to the state. Data points highlighted in orange were statistically higher compared to the state overall, while figures highlighted in blue were significantly lower.

LANGUAGE[3]

- **Over a third of Bergen County residents speak a language other than English.** A significantly high percentage of Bergen County residents speak a language other than English in the home (39.9%) compared to the state overall (31%).
    - The percentage of these residents with limited English proficiency (LEP) – defined as speaking English "less than very well" – was also significantly high compared to the state (14.5% vs. 12.2%).

- **Over 1 in 10 Bergen County residents speak an Asian or Pacific Islander language in the home.** The percentage of Bergen County residents 5 years and older who spoke Asian and Pacific Islander languages (11.5%) was significantly high compared to the state overall.

- **Over 1 in 10 residents speak Spanish in the home.** The percentage of Bergen County residents 5 years and older who spoke Spanish in their home (14.9%) was significantly low compared to the state overall (16.1%).

[3] All statistics from US Census Bureau, American Community Survey, 2013-2017

- **Over 1 in 10 residents speak Indo-European languages (e.g., French, Portuguese, German, Russian, Polish) in the home.** The percentage of Bergen County residents who spoke Indo-European languages (11.1%) and other languages (2.4%) were all significantly high compared to the state overall.

Table 5: Percent of population 5+ who speak language other than English in the home (2013-2017)

	United States	New Jersey	Bergen County
Language other than English at home (%)	21.3%	31.0	39.9
With LEP (%)*	8.5%	12.2	14.5
Spanish at home (%)	13.2%	16.1	14.9
With LEP (%)	5.4%	7.1	5.1
Indo-European languages (%)	3.6%	8.3	11.1
With LEP (%)	1.1%	2.8	3.6
Asian/Pacific Islander languages (%)	3.5%	4.8	11.5
With LEP (%)	1.6%	1.9	5.1
Other languages (%)	0.3%	1.7	2.4

Source: US Census Bureau, American Community Survey, 2013-2017
Shading represents statistical significance compared to the state. Data points highlighted in orange were statistically higher compared to the state overall, while figures highlighted in blue were significantly lower.

SOCIOECONOMICS

Socioeconomic status (SES), as measured by income, employment status, occupation, education and the extent to which one lives in areas of economic disadvantage, is closely linked to morbidity, mortality and overall well-being.[4]

- **High educational attainment.**
  - The percentage of Bergen County residents with less than a high school diploma (8%) was significantly low compared to New Jersey overall (10.8%).[5]
  - The percentage of ninth-grade cohorts in Bergen that graduates in four years (95%) was higher than New Jersey overall (91%).[6]
  - The percentage of Bergen County adults ages 25-44 with some post-secondary education (77%) was higher than New Jersey overall (68%).[7]

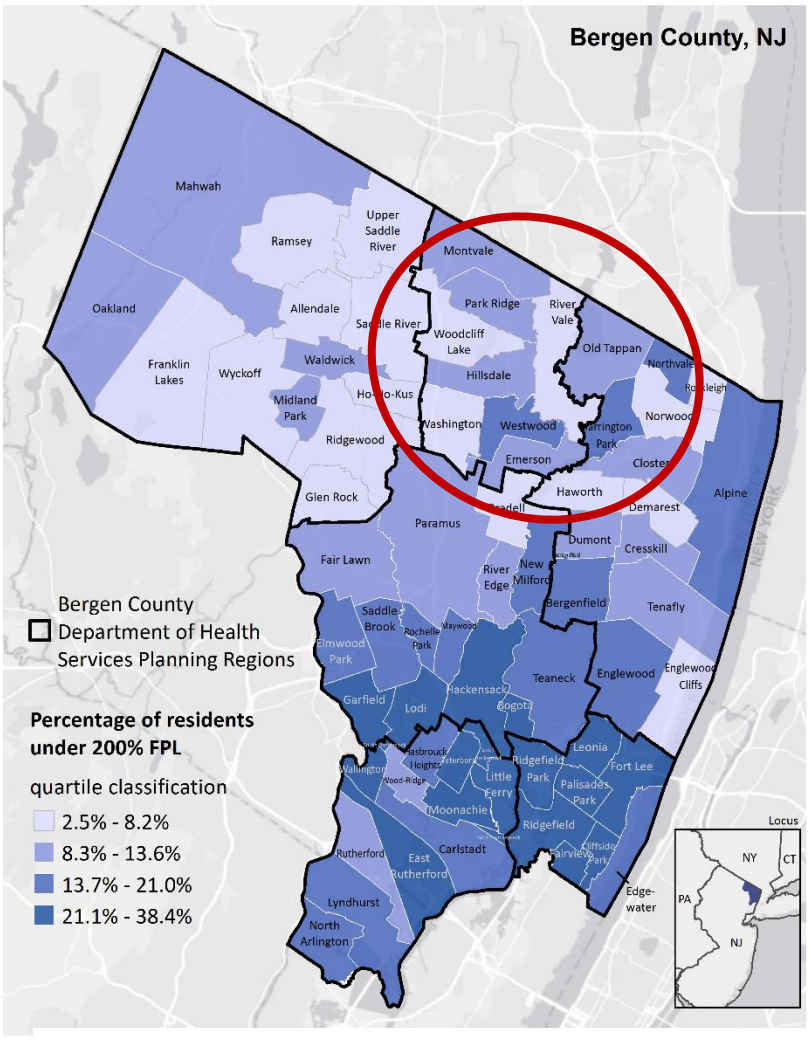
- **Low unemployment rate.** The unemployment rate in Bergen County was significantly low compared to the state of New Jersey overall (3.4% vs. 4.6%).[8]

[4] Nancy E. Adler and Katherine Newman, "Socioeconomic Disparities in Health: Pathways and Policies," HealthAffairs, 2002; 21(2), doi: https://doi.org/10.1377/hlthaff.21.2.60
[5] US Census Bureau, American Community Survey, 2013-2017
[6] County Health Rankings 2016-2017, from New Jersey Department of Education
[7] US Census Bureau, American Community Survey, 2013-2017
[8] US Census Bureau, American Community Survey, 2013-2017

- **Low percentage of individuals and families in poverty.** Despite this, key informant interviewees and focus group participants reported that there were pockets of poverty throughout Bergen County, even in towns that were considered affluent.
    - The percentage of Bergen County families (5.5%) and individuals (7.2%) living below the poverty level were significantly low compared to the state overall (7.9% and 10.7%, respectively).[9]

    - In Bergen County, the percentage of individuals with income below 200%, 300%, and 400% of the federal poverty level was lower than the state overall (Table 6).

Figure 2: Percentage of residents below 200% of the federal poverty level, by municipality



Source: US Census Bureau, American Community Survey 5-Year Estimates (2013-2017). Red circle represents an approximation of PVMC's primary community benefits service area.

[9] US Census Bureau, American Community Survey, 2013-2017

Table 6: Unemployment and poverty (2013-2017)

	United States	New Jersey	Bergen County
Unemployment rate (%)	4.1	4.6	3.4
Individuals with income below the federal poverty level (%)	14.6	10.7	7.2
Families with income below the federal poverty level (%)	10.5	7.9	5.5
Individuals with income <200% of federal poverty level	32.7	24.1	17.6
Individuals with income <300% of federal poverty level	49.1	37.1	28.3
Individuals with income <400% of federal poverty level	62.6	48.9	39.1

Source: US Census Bureau, American Community Survey, 2013-2017
Shading represents statistical significance compared to the state. Data points highlighted in orange were statistically higher compared to the state overall, while figures highlighted in blue were significantly lower.

HOUSING

- **Housing issues – including lack of housing stock and affordability – were identified as barriers to health and well-being.** Many key informants and focus group/forum participants expressed concern over the limited options for affordable housing throughout Bergen County. This was particularly an issue for older adults, who often bear the burden of household costs (e.g. taxes, maintenance, adaptabilities) while living on fixed incomes.
    - The percentage of owner-occupied units in which ownership costs exceed 35% of total household income, representing a major financial burden, was significantly high in Bergen (56.5%) compared to New Jersey overall (50.7%).[10]
    - The percentage of renter-occupied households whose gross rent exceeded 35% of total household income was significantly low (41.1%) compared to New Jersey overall (43.6%).[11]
    - Over one-fifth of households (22%) had at least one severe housing problem (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing) - the same as New Jersey overall. [12]

The Community Health Perceptions Survey asked people to name the issues they thought prevented people from living a healthy life. "Housing is expensive or unsafe" was the most common response (54.1%).

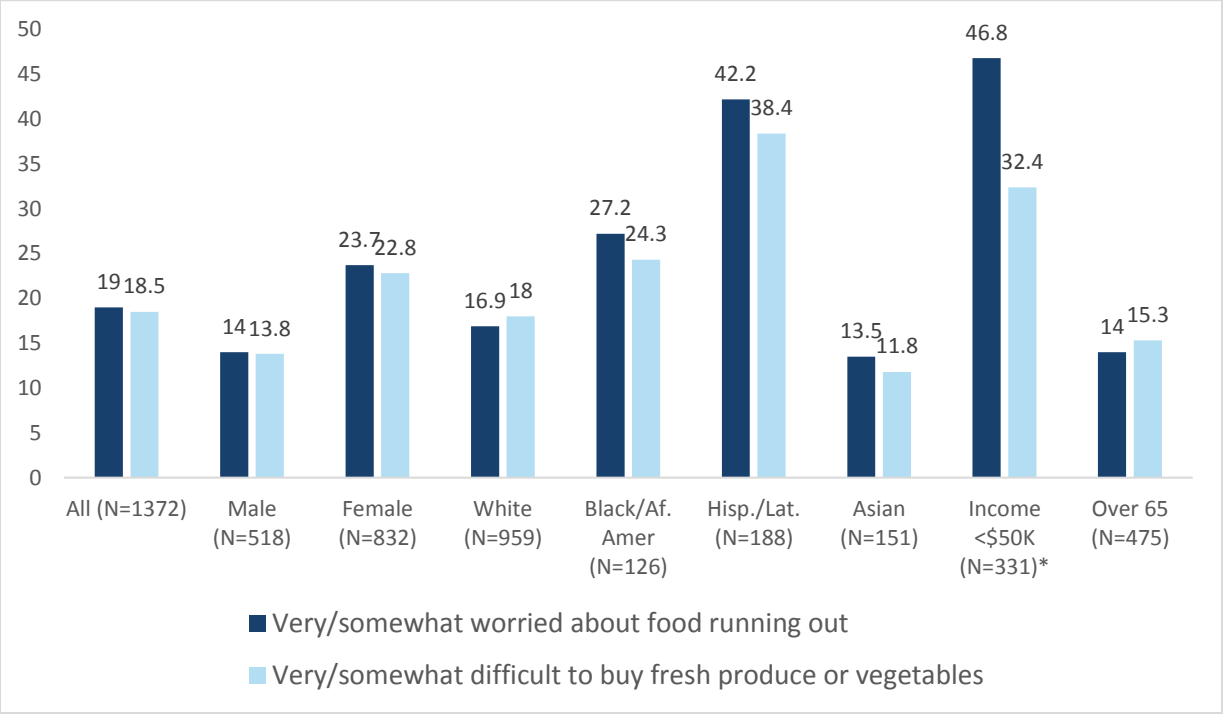
FOOD INSECURITY

- **The percentage Bergen County's population who lacked adequate access to food (8%) was slightly lower than New Jersey overall (10%).** However, this number equates to 70,200 individuals who reported that they did not have access to a reliable source of food during the past year.[13]

[10] US Census Bureau, American Community Survey, 2013-2017
[11] US Census Bureau, American Community Survey, 2013-2017
[12] Comprehensive Housing Affordable Strategy (US Department of Housing and Urban Development), 2011-2015, from County Health Rankings
[13] Map the Meal Gap, 2016, from County Health Rankings

- **Nearly one-fifth of all respondents to the Bergen County Random Household Survey reported that it was very or somewhat difficult to buy fresh produce or vegetables (18.5%)**; 19% reported they had been very or somewhat worried about food running out sometime in the past year.
    - Nearly half of all low-income respondents (46.8%) reported that they had been very or somewhat worried about food running out sometime within the past 12 months. Among racial/ethnic cohorts, percentages were highest among Hispanic/Latino respondents (42.2%) and Black/African American (27.2%) respondents.
    - 32.4% of low-income respondents that they found it very or somewhat difficult to buy fresh produce or vegetables. Among racial/ethnic cohorts, percentages were highest among Hispanic/Latino respondents (38.4%).

Figure 3: Bergen County Random Household Survey - Food insecurity (%)



*Total annual household income less than $50,000. This group is described as the "low-income" cohort throughout this report.

CRIME & VIOLENCE

- **Violent crime and property crime rates were low.**
  - The violent crime rate (e.g., murder/non-negligent manslaughter, forcible rape, robbery, aggravated assault) in Bergen County was significantly low compared to New Jersey overall (228.6). [14]
  - The property crime rates (e.g., burglary, larceny/theft, motor vehicle theft, arson) in Bergen County (966.9) was significantly low compared to New Jersey overall (1537.9).[15]

- **6% of Bergen County Random Household Survey respondents reported that they had experienced intimate partner violence.** Among these respondents:
  - Hispanic/Latino respondents were more likely to report intimate partner violence (8.0%) and Asian respondents were least likely to report intimate partner violence (1.1%).
  - Female respondents were more than twice as likely to report intimate partner violence compared to male respondents (8.7% vs. 3.1%).

[14] FBI Uniform Crime Reporting: Offenses Known to Law Enforcement 2017
[15] FBI Uniform Crime Reporting: Offenses Known to Law Enforcement 2017

KEY FINDINGS: WELLNESS & PREVENTION (RISK FACTORS)

At the core of the CHNA process is understanding leading risk factors and the extent to which individuals participate in certain risky behaviors. This information is critical to assessing health status, clarifying health-related disparities and identifying health priorities. The CHNA captures a wide range of quantitative data from federal and municipal data sources and from the Bergen County Random Household Survey. Qualitative information gathered from key informant interviews, focus groups, listening sessions, and the web-based Community Health Perceptions Survey informed the key findings sections of this report by providing perspective on the confounding and contributing factors of illness, health priorities, barriers to care, service gaps and possible strategic responses to the issues identified.

OVERALL HEALTH STATUS

- **Overall health status among Bergen County residents was good.**
    - Among all Bergen County Random Household Survey respondents, 87% reported that their general health was excellent, very good, or good. Only 13% reported their health status as fair or poor.
        - Over one fourth (25.3%) of low-income respondents reported fair or poor health status.
    - 19.7% of respondents to the Bergen County Random Household Survey responded that they are limited in some way because of a physical, mental, or emotional problem. Percentages were highest among low-income respondents (31.9%), respondents over 65 (31.1%), and Black/African American respondents (27.7%).

- **All-cause mortality and premature mortality was lower than the state overall.**
    - The all-cause mortality rate was significantly lower in Bergen County (760) than New Jersey overall (810.7).[16]
    - The premature mortality rate – or the years of life lost before age 75 – was lower in Bergen County (3,800) than the state overall (5,700).[17]
    - The average age of death in Bergen County (78.2) was significantly higher than New Jersey overall (75.0).[18]

[16] Deaths per 100, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017
[17] Years of potential life lost before age 75 per 100,000 (age-adjusted); National Center for Health Statistics – Mortality Files, 2015-2017
[18] New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

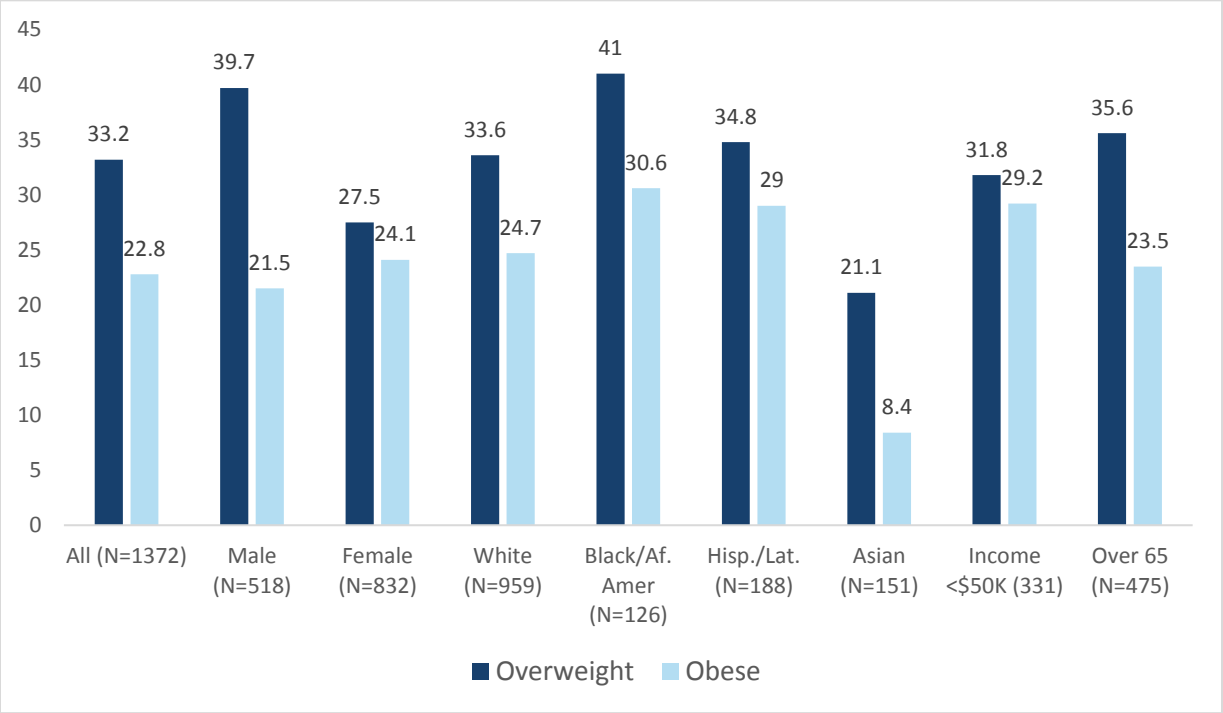
Table 7: Bergen County Random Household Survey - Self Reported Health Status among Respondents, by Sex and Race/Ethnicity

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. Amer. (N=126)	Hisp./ Lat. (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Reported health as excellent, very good, or good (%)	87.0	87.2	86.7	89.4	83.5	82.7	81.7	74.7	82.6
Reported health status as fair or poor (%)	13.0	12.8	13.3	10.6	16.5	17.3	18.3	25.3	17.4
Limited because of physical, mental, emotional problems (%)	19.7	18.2	20.9	21.4	27.7	20.3	10.0	31.9	31.1

NUTRITION & WEIGHT

- **One-third (33.2%) of all respondents to the Bergen County Random Household Survey were overweight, while 22.8% were obese.**
    - 41% of Black/African American respondents reported being overweight, and 30.6% reported as obese. These percentages were highest among all racial/ethnic cohorts.

Figure 4: Bergen County Random Household Survey - Overweight and obesity (%)



- **75.4% of Bergen County Random Household Survey respondents reported that, on average, they had less than three servings of fruit per day in the past month.**
    - Daily fruit consumption was lowest among Asian (86.6%) and Hispanic/Latino (85.9%) respondents.
- **78.8% of survey respondents reported that, on average, they had less than three servings of vegetables per day in the past month.**
    - Percentages were highest among Hispanic/Latino (83.1%) and Asian (83.1%) respondents.
- **4.1% of survey respondents reported drinking soda or pop on more than 5 days in the past week.**
    - Percentages were highest among low-income respondents (7.2%) and Hispanic/Latino respondents (6.0%).
- **19.1% of survey respondents reported drinking sugar sweetened drinks (e.g., Kool-Aid, lemonade, sweet tea, sports drinks, energy drinks) on more than 5 days in the past week.**
    - Percentages were nearly double among Hispanic/Latino (37.4%) and Black/African American (37.3%) survey respondents.

Table 8: Bergen County Random Household Survey - Fruit, vegetable, and sugar sweetened drink consumption (%)

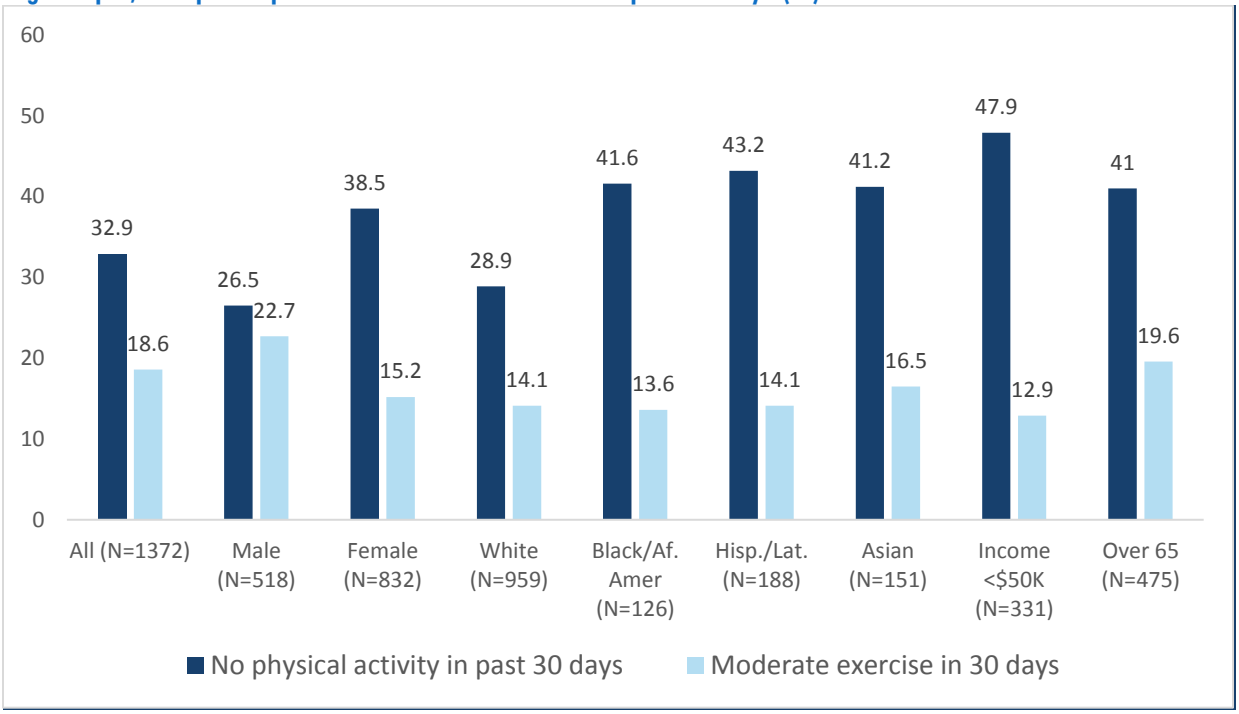
	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. Amer. (N=126)	Hisp./ Lat. (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Eats < 3 daily servings fruit (%)	75.4	83.3	69.2	69.3	83.0	85.9	86.6	80.2	43.0
Eats < 3 daily servings vegetables (%)	78.8	79.8	77.8	77.6	78.2	83.1	83.1	80.9	72.0
Drinks soda/pop >5 days/week (%)	4.1	5.7	2.7	4.2	5.2	6.0	1.2	7.2	3.3
Drinks sugar sweetened drinks >5 days/week (%)	19.1	25.2	13.9	14.9	37.3	37.4	22.8	27.4	11.5

PHYSICAL ACTIVITY

- **The Bergen County Random Household Survey revealed disparities in regular physical activity.** 32.9% of all respondents reported that they did not participate in any physical activity or exercise, outside of their normal job, in the past 30 days; only 18.6% reported moderate exercise in the past 30 days.
    - Low-income respondents (47.9%), Hispanic/Latino respondents (43.2%), Black/African American respondents (41.6%), and Asian (41.2%) respondents reported less exercise than other cohorts.

The Bergen County Community Health Perceptions Survey asked people to name the issues they thought prevented people from living a healthy life. "Physical inactivity or sedentary lifestyle" was the second most common response (44.5%).

Figure 5: Bergen County Random Household Survey – Participation in physical activity/exercise outside of regular job, and participation in moderate exercise in past 30 days (%)



ROUTINE HEALTH VISITS

- **Primary care providers.** Among all respondents to the Bergen County Random Household Survey, 83.9% reported that they had one person they considered their personal care doctor or primary care provider. Percentages were lowest among Hispanic/Latino respondents (77.2%).
- **Primary care visits.** Among all respondents to the Bergen County Random Household Survey, 70.3% reported that they had a primary care visit within the last year. Percentages were similar across racial/ethnic cohorts. Percentages were highest among respondents over 65 years old (87.4%).
- **Disparities in dental visits.** Approximately 70% of respondents reported having been to the dentist within the past year. Percentages were lowest among low-income respondents (54.1%) and Black/African American respondents (55.9%).

Table 9: Bergen County Random Household Survey – Primary care and dental visits (%)

	All (N= 1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/African American (N=126)	Hispanic/ Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Had personal doctor or primary care provider (%)	83.9	82.4	85.4	85.7	85.1	77.2	80.9	79.1	94.4
Had primary care visit in last 12 months (%)	70.3	68.7	72.0	70.3	70.8	67.1	73.6	70.6	87.4
Had dental visit in past 12 months (%)	70.6	71.0	70.3	73.8	55.9	65.1	70.1	54.1	68.5

KEY FINDINGS: CHRONIC & COMPLEX CONDITIONS

Chronic and complex conditions such as heart disease, cancer, stroke, Alzheimer's disease, and diabetes are the leading causes of death and disability in the United States, and are the leading drivers of the nation's $3.3 trillion annual healthcare costs.[19] Over half of American adults have at least one chronic condition, while 40% have two or more.[20] Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

This section discusses specific conditions in rough order of how they were prioritized in the assessment process. Age-specific findings (older adult health/healthy aging and maternal and infant health) follow the discussion of specific conditions.

CARDIOVASCULAR & CEREBROVASCULAR DISEASES

- **Heart disease was the leading cause of death in Bergen County in 2017**, representing 25.7% of all deaths.[21]
- **Cardiovascular and cerebrovascular disease mortality, inpatient hospitalization, and emergency discharge rates were significantly low in Bergen County compared to the state overall.** Despite this, key informants, focus group/listening session participants, and community residents identified these issues as priorities.

The Bergen County Community Health Perceptions Survey asked respondents what health issues they think people in their community struggle with the most. Despite significantly low mortality, hospitalization, and emergency room discharge rates, "Cardiovascular conditions (e.g., high blood pressure/hypertension, heart disease) was the most common response (49.2%).

[19] "Chronic Diseases in America," *Centers for Disease Control and Prevention,* 15 April 2019, https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm
[20] CDC, *Chronic Diseases in America*
[21] New Jersey Department of Health, Death Certificate Database, Office of Vital Statistics and Registry (2017)

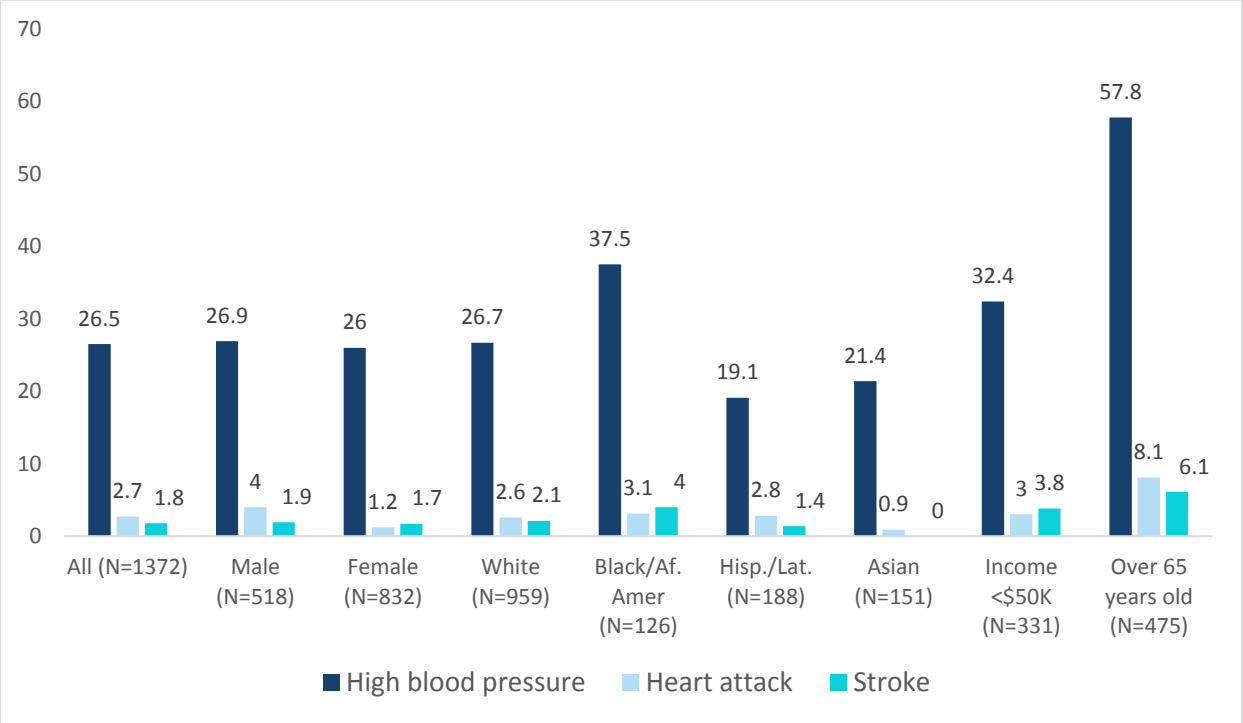
Table 10: Cardiovascular and cerebrovascular disease mortality, inpatient hospitalizations, and emergency room discharges (crude rates per 100,000)

	New Jersey	Bergen County
Cardiovascular disease		
Mortality	207.3	199.3
Inpatient hospitalizations*	1082.6	871.1
Emergency department discharges*	303.6	252.5
Cerebrovascular disease		
Mortality	38.3	36.7
Inpatient hospitalizations*	243.0	206.3
Emergency department discharges*	38.0	19.2

Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017
**Source:* New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016
Shading represents statistical significance compared to the state data point. Figures highlighted in orange were significantly higher compared to the state overall, while figures highlighted in blue were significantly lower.

- **Racial/ethnic, age, and income disparities.** The Bergen County Random Household Survey revealed disparities in the percentage of residents who had been told by a doctor that they had high blood pressure, had a heart attack, or had a stroke.
  - Approximately 1 in 4 Bergen County Random Household Survey respondents had been diagnosed with high blood pressure by a physician (26.5%).
    - Percentages were highest among respondents over 65 (57.8%) and Black/African American respondents (37.5%).
  - 2.7% of Bergen County Random Household Survey respondents had experienced a physician-diagnosed myocardial infarction (heart attack).
    - Percentages were highest among respondents over 65 (8.1%) and male respondents (4.0%).
  - 1.8% of Bergen County Random Household Survey respondents had experienced a stroke.
    - Percentages were highest among respondents over 65 (6.1%), Black/African American respondents (4.0%), and low-income respondents (3.8%).

Figure 6: Bergen County Random Household Survey – Self-reported high blood pressure, heart attack, and stroke (%)



CANCER

SCREENINGS

- **Low-income respondents reported less frequent mammograms.** Among respondents to the Bergen County Random Household Survey, a smaller percentage of low-income women over 40 reported having had a recent mammogram (57.3%) compared to all female respondents over 40 (68.1%).
- **Disparities for recent PSA tests among men over 40.** Among men over 40 who responded to the Bergen County Random Household Survey, 44.9% reported a recent prostate antigen test (PSA). Percentages were lowest among low-income respondents (31.7%) and Hispanic/Latino respondents (33.5%).
- **Disparities in sigmoidoscopies/colonoscopies.** Among individuals over 50 who responded to the Bergen County Random Household Survey, 70.4% reported having ever had a sigmoidoscopy/colonoscopy. Percentages were lowest among Black/African American respondents (55.0%) and low-income respondents (56.7%).
- **Disparities in recent Pap tests.** Among women over 18 who responded to the Bergen County Random Household Survey, 58.9% reported having had a recent Pap test. Percentages were lowest among Asian respondents (39.2%) and low-income respondents (40.0%).

Table 11: Bergen County Random Household Survey: Cancer screenings (%)

	All (N= 1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. American (N=126)	Hisp./ Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Recent mammogram among women >40 years of age[1] (%)	68.1	.	68.1	67.9	66.1	68.2	68.2	57.3	60.7
Recent PSA among men >40 years of age[2] (%)	44.9	44.9	.	46.9	37.9	33.5	44.2	31.7	70.7
Ever had sigmoidoscopy/ colonoscopy among men and women >50 years of age[3] (%)	70.4	70.3	70.5	72.9	63.2	55.0	64.7	56.7	78.5
Recent Pap among women >18 years of age[4] (%)	58.9	.	58.9	62.7	66.3	58.3	39.2	40.0	48.3

[1]A mammogram uses low-dose x-rays to check for breast cancer.
[2]The Prostate-Specific Antigen (PSA) test is primarily used to screen for prostate cancer.
[3]Sigmoidoscopies and colonoscopies are the two main procedures to screen for colorectal cancer.
[4]The Papanicolaou (Pap) test is a method of cervical screening used to detect potentially precancerous and cancerous processes in the cervix.

DIAGNOSES

- **Approximately 1 in 10 Bergen County Random Household Survey respondents had ever been diagnosed with cancer (9.7%).** The percentage was higher among respondents over 65 (26.5%) and White respondents (12.0%).

Table 12: Bergen County Random Household Survey - Ever been diagnosed with cancer, by type (%)

	All (N= 1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. American (N=126)	Hisp./ Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Any cancer (%)	9.7	8.9	10.5	12.0	7.6	5.1	3.9	10.9	26.5
Lung (%)	.3	0.3	0.3	0.4	-	-	-	0.4	0.2
Breast (%)	-	-	5.2	3.2	2.2	1.1	2.0	4.0	6.4
Colorectal (%)	0.4	0.5	0.4	0.4	1.2	-	-	1.2	1.8
Prostate (%)	-	4.6	-	2.2	4.5	2.8	0.4	1.3	5.7
Skin (melanoma) (%)	2.5	3.0	2.0	3.4	-	0.4	-	2.3	6.8
Cervical, ovarian, or uterine (%)	-	-	2.1	1.2	1.5	0.5	0.5	1.9	2.3

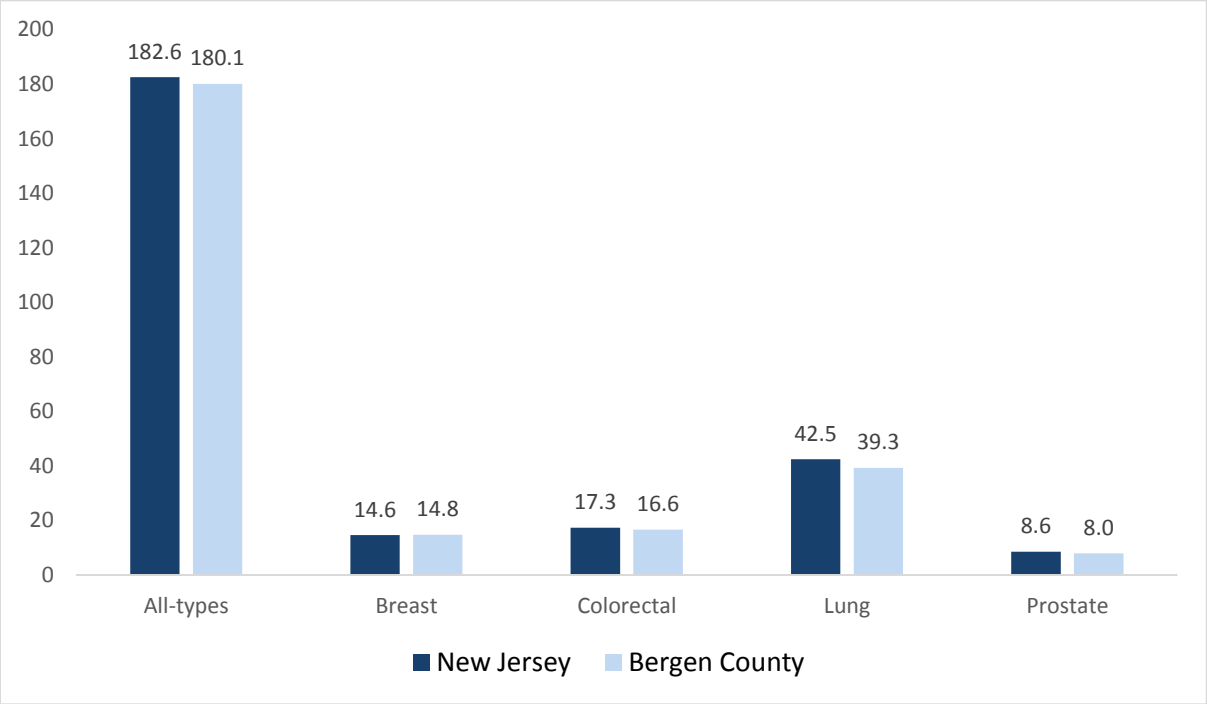
MORTALITY

- **Cancer was the second leading cause of death in Bergen County in 2017,** representing 22.6% of all deaths. [22]
- **Cancer mortality rates similar to New Jersey.** Across all-types of cancer, breast cancer, colorectal cancer, lung cancer, and prostate cancer, mortality rates were similar to New Jersey overall (Figure 7).

Key informants and focus group/listening session participants identified several needs for individuals with cancer and their caregivers, including more support groups, alternative/integrative therapies, assistance with care navigation and management, and respite services.

[22] New Jersey Department of Health, Death Certificate Database, Office of Vital Statistics and Registry (2017)

Figure 7: Cancer Mortality (crude rates per 100,000), 2013-2017



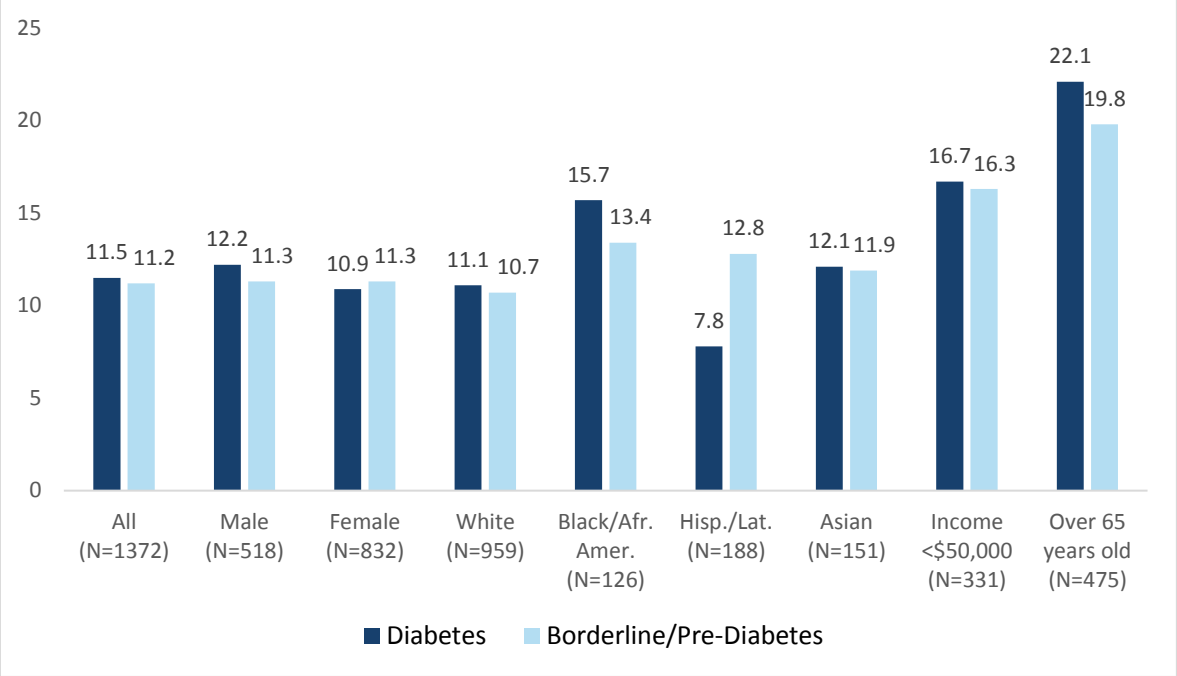
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

DIABETES

- **Over 10% of survey respondents reported that they had diabetes.**
  - Among respondents to the Bergen County Random Household Survey, 11.5% reported that they had been diagnosed with diabetes.
    - Percentages were highest among respondents over 65 (22.1%), low-income respondents (16.7%), and Black/African American respondents (15.7%).
  - 11.2% Bergen County Random Household Survey respondents reported that a physician had told them that they had borderline or pre-diabetes. Percentages were highest among respondents over 65 (19.8%) and low-income respondents (16.3%).

Key informants and focus group/listening session participants prioritized many of the risk factors for diabetes – poor nutrition, physical inactivity, and obesity – and discussed the need for diabetes management and support services for those affected.

Figure 8: Bergen County Random Household Survey - Diabetes and pre-diabetes (%)



- **Diabetes mortality, inpatient hospitalizations, and emergency discharges significantly low.**
  - In Bergen County, the diabetes mortality rate (17.9) was significantly low compared to New Jersey overall (22.1).[23]
  - In Bergen County, the rates of inpatient hospitalizations (105.6) and emergency department discharges (100.4) due to diabetes were significantly low compared to New Jersey overall (177.1 and 189.9, respectively).

Table 13: Diabetes mortality, inpatient hospitalizations, and emergency department visits

	New Jersey	Bergen County
Diabetes mortality	22.1	17.9
Diabetes inpatient hospitalizations*	177.1	105.6
Diabetes emergency room visits*	189.9	100.4

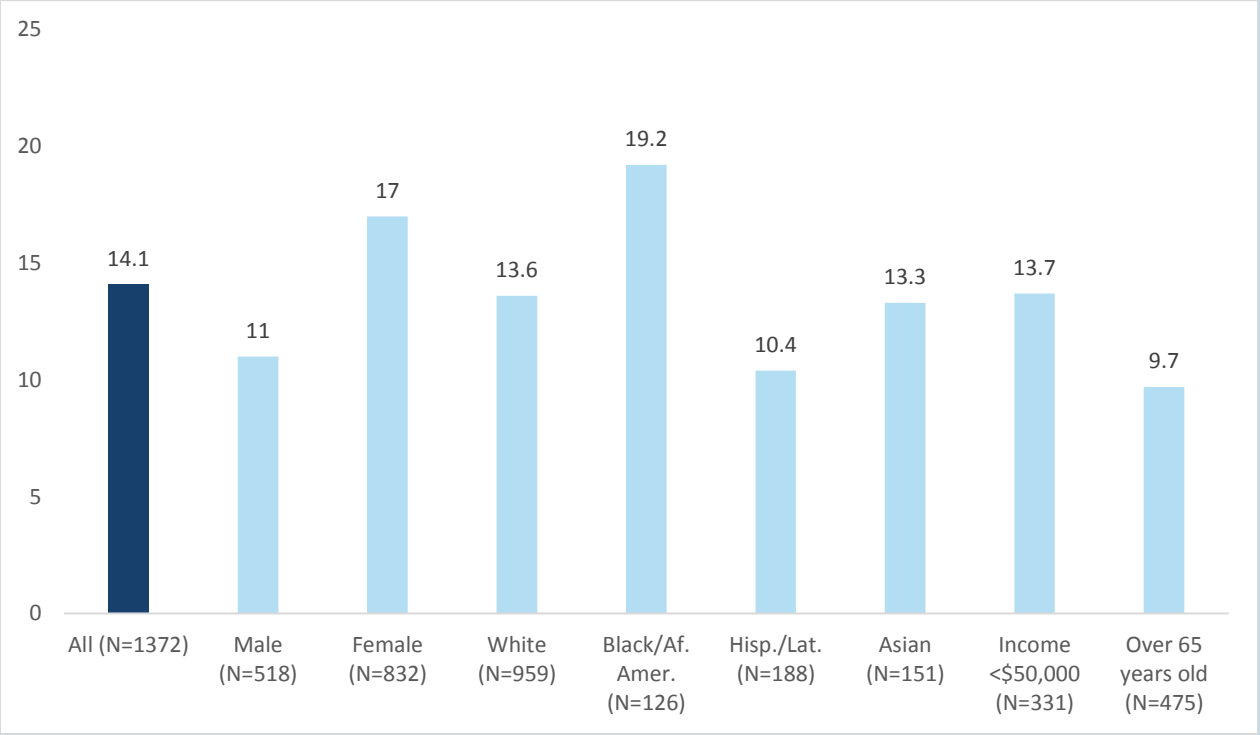
Source: Crude rates per 100,000; New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017
**Source:* New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016
Shading represents statistical significance compared to the state data point. Figures highlighted in orange were significantly higher compared to the state overall, while figures highlighted in blue were significantly lower.

[23] New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

ASTHMA

- 14.1% of respondents to the Bergen County Random Household Survey reported that a doctor had told them that they had asthma.
    - Percentages were highest among Black/African American (19.2%) respondents.

Figure 9: Bergen County Random Household Survey – Ever been told by a doctor they had asthma (%)



INFECTIOUS DISEASE

- **Pneumonia/Influenza -** The Influenza/pneumonia mortality rate was significantly high in Bergen County (16.5) compared to New Jersey overall (14.6).[24]
    - Over half of Bergen County residents had not received a flu vaccination within the past 12 months.[25]

- **Sexually transmitted diseases –** Chlamydia, gonorrhea, and syphilis case counts were significantly low in Bergen County compared to New Jersey overall (Table 14).

[24] New Jersey Death Certificate Database, Office of Vital Statistics and Registry, crude death rate per 100,000 2013-2017
[25] New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health, age-adjusted rates per 100,000 (2012-2016)

Table 14: Sexually transmitted diseases

	New Jersey	Bergen County
Chlamydia cases (counts per 100,000), 2013-2017	1772.8	947.8
Gonorrhea cases (counts per 100,000), 2013-2017	427.7	147.2
Syphilis cases - primary, secondary, latent (counts per 100,000), 2013-2017	77.4	47.4

Source: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, 2013-2017
Shading represents statistical significance compared to the state data point. Figures highlighted in orange were significantly higher compared to the state overall, while figures highlighted in blue were significantly lower.

- **Other communicable diseases** - Hepatitis B and Tuberculosis incidence in Bergen County was similar to New Jersey overall. Incidence of Hepatitis C, in all forms, was significantly lower than the state. HIV prevalence was lower than the state (Table 15).

Table 15: Communicable diseases

	New Jersey	Bergen County
Hepatitis B – acute, chronic, and perinatal (counts per 100,000), 2013-2017	4.2	4.3
Hepatitis C – acute, chronic, and perinatal (counts per 100,000), 2013-2017	85.5	40.9
HIV prevalence among those 13 years or older (cases per 100,000) 2015*	474	222
Tuberculosis (cases per 100,000), 2018**	3.3	3.7

Source: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, 2013-2017
**Source:* National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention, 2015
***Source:* New Jersey Department of Health Tuberculosis Control Program
Shading represents statistical significance compared to the state data point. Figures highlighted in orange were significantly higher compared to the state overall, while figures highlighted in blue were significantly lower.

OLDER ADULT HEALTH/HEALTHY AGING

Additional information on the health of older adults is included throughout this report, where data is stratified by age.

- **Falls –** 14.9% of Bergen County Random Household Survey respondents 65 or older reported that they had fallen at least once in the past 3 months.

- **Advanced Directives/End of Life Care –** 58.7% of Bergen County Random Household Survey respondents 65 or older reported that they had no legal documents that provide end of life instructions (e.g., medical power of attorney, health care proxies, and advanced directives).

The Bergen County Community Health Perceptions Survey asked people to name the populations with the greatest health needs. "Older adults (65+)" was the most common response (66.2%).

Many key informants and focus group/listening session participants were concerned about social isolation and depression for older adults, especially those that are frail, live alone, and lack a regular caregiver.

- **Social and emotional support –** 12.7% of Bergen County Random Household Survey respondents 65 or older reported that they rarely or never get the social and emotional support they need.
    - Within this same age cohort, 32% reported that they do not regularly participate in activities that allow them to socialize.

- **Neurological and memory disorders.**
    - The Alzheimer's disease mortality rate was significantly high in Bergen County (30.6) compared to New Jersey overall (25.2).
    - The Parkinson's disease mortality rate in Bergen County was similar to the state overall.

Table 16: Alzheimer's and Parkinson's disease mortality

	New Jersey	Bergen County
Alzheimer's Disease mortality (crude rate per 100,000)	25.2	30.6
Parkinson's disease mortality (crude rate per 100,000)	8.3	9.5

Source: Crude rates per 100,000; New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017
Shading represents statistical significance compared to the state data point. Figures highlighted in orange were significantly higher compared to the state overall, while figures highlighted in blue were significantly lower.

MATERNAL & INFANT HEALTH

- **Adequate prenatal care –** approximately 66% of individuals received adequate prenatal care. [26]
- **Low birthweight and preterm births** – The percentage of low birthweight (<2500 g) infants and preterm births (<37 weeks) in Bergen County were lower than New Jersey overall.

Table 17: Maternal and infant health

	New Jersey	Bergen County
Adequate prenatal care (%)	67.1	66.4
Low birthweight (%)	8.1	7.9
Preterm births <37 weeks (%)	9.6	9.7

Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, 2013-2017
Shading represents statistical significance compared to the state data point. Figures highlighted in orange were significantly higher compared to the state overall, while figures highlighted in blue were significantly lower

[26] The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck Index classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9, with the underlying assumption that the earlier prenatal care begins the better. To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. A ratio of observed to expected visits is calculated and grouped into four categories-Inadequate (received less than 50% of expected visits), Intermediate (50%-79%), Adequate (80%-109%), and Adequate Plus (110% or more). The final Kotelchuck index measure combines these two dimensions into a single summary score. The profiles define adequate prenatal care as a score of 80% or greater on the Kotelchuck Index.

KEY FINDINGS: BEHAVIORAL HEALTH

Information on access to mental health and substance use treatment and support services is included in the "Social Determinants of Health and Access to Care" section of this report.

MENTAL HEALTH

Mental health, including depression, anxiety, stress, and other conditions – was overwhelmingly identified by key informants, focus group/listening session participants, and stakeholders as the leading health issue for residents of Bergen County.

- **Impact and prevalence across population segments, though emphasis on youth/adolescents, isolated older adults, and immigrants.**
  - Depression, stress, and anxiety are mental health issues affecting youth and adolescents. Several individuals cited increased pressure to succeed in school and extracurricular activities, the impacts of social media, and increased social isolation due to use of technology as contributing factors.
  - Many key informants and focus group/listening session participants identified social isolation as an issue for older adults. Participants suggested several reasons for this isolation – a lack of friends or family, inability to leave the home due to frailty or limited access to transportation, or unwillingness to leave the home for unknown reasons. While there are many active senior centers and Councils on Aging in Bergen County, participants reported that it was difficult for some older adults to attend activities or utilize services because of transportation or mobility issues.
  - In a focus group with Koreans in Bergen County – many of whom were older adults – social isolation was identified as a significant issue. Participants spoke about the loneliness that comes along with being a new immigrant, a non-English speaker, or someone who doesn't identify with a particular culture. Participants also noted that mental health issues have historically been considered taboo in Korean culture – many individuals do not feel comfortable speaking about these issues with family, friends, or health care providers.

- **6.8% of respondents to the Bergen County Random Household Survey reported that their mental health was poor for 15 or more days in the past month.**
  - Percentages were highest among low-income (13.3%), Black/African American (10.9%), and Hispanic/Latino (9.5%) respondents.

- **Nearly 1 in 10 with diagnosed depression.** 9.7% of respondents to the Bergen County Random Household Survey had been diagnosed with a depressive disorder.

- Percentages were higher among female (11.9%) respondents and low-income respondents (11.6%).
- 7.5% of respondents reported that they had felt sad, blue, or depressed for more than 15 days within the past month. Percentages were highest among low-income (13.2%) and Hispanic/Latino (10.3%) respondents.

- **Over 1 in 10 with anxiety.** 12.7% of respondents to the Bergen County Random Household Survey reported that they had been diagnossed with an anxiety disorder.
  - Percentages were highest among white (15.6%) and female (15.2%) respondents.
  - 13.9% of respondents reported that they had felt worried, tense, or anxious for more than 15 days within the past month. Percentages were highest among low-income (22.4%), female (16.1%), and Hispanic/Latino (15.8%) respondents.

Table 18: Bergen County Random Household Survey - Depression and anxiety (%)

	All (N= 1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. American (N=126)	Hisp./ Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Felt sad, blue, depressed >15 days in past month (%)	7.5	6.9	8.2	6.2	7.7	10.3	8.8	13.2	5.4
Felt worried, tense, anxious >15 days in past month (%)	13.9	11.5	16.1	13.1	14.9	15.8	10.3	22.4	10.2
Ever been diagnosed with depressive disorder (%)	9.7	7.2	11.9	11.0	10.1	11.1	3.0	11.6	9.4
Ever been diagnosed with anxiety disorder (%)	12.7	10.0	15.2	15.6	7.8	11.9	2.2	11.2	9.7

- **Mental and behavioral disorder inpatient hospitalization rate significantly high.** The rate of mental and behavioral disorder inpatient hospitalizations was significantly high in Bergen County (557.3) compared to New Jersey overall (525.1).

SUBSTANCE USE

TOBACCO USE AND E-CIGARETTE/VAPING

- **18.9% of Bergen County Random Household Survey respondents were smokers.**
    - Nearly half of all Asian respondents (49%) smoked. The percentage was also high among low-income respondents (28.8%).

- **6.0% of Bergen County Random Household Survey respondents reported having used an e-cigarette or vapor product within the past 12 months.** It should be noted that the Bergen County Random Household Survey was aimed at reaching individuals over 18, thus the small percentage represents use among adult respondents only. According to the 2018 National Youth Tobacco Survey, e-cigarette use among high school students increased by a staggering 78% from 2017 to 2018.[27]
    - Among the Bergen County Random Household Survey respondents who reported using an e-cigarette/vapor product in the past 12 months, 24.7% reported that they used it to help them quit smoking.

Key informants and focus group/listening session participants identified e-cigarette use among youth/adolescents as a critical issue.

Table 19: Random Household Survey - Tobacco use

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. American (N=126)	Hisp./ Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Current cigarette smoker (%)	18.9	14.8	23.5	15.0	24.3	14.4	49.0	28.8	10.9
Used e-cigarettes/vapor cigarettes in past 12 months (%)	6.0	6.9	5.3	4.5	7.9	8.1	3.4	0.9	5.6

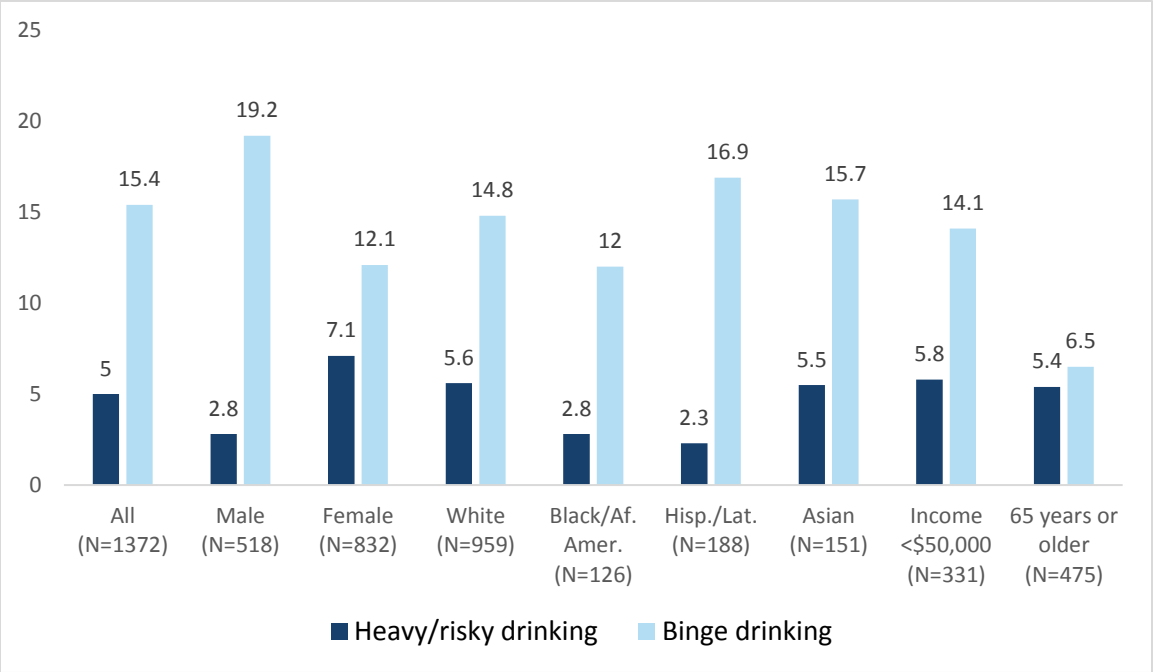
ALCOHOL USE

- **Risky/heavy drinking -** 5.0% of respondents to the Bergen County Random Household Survey reported heavy/risky drinking in the past 30 days – defined as having more than one alcoholic beverage per day on average (7 drinks per week) for women, and more than two alcoholic beverages per day on average (14 drinks per week) for men.

[27] "2018 NYTS Data: A Startling Rise in Youth E-Cigarette Use." *U.S. Food and Drug Administration*. Feb 6 2019. https://www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-startling-rise-youth-e-cigarette-use

- **Binge drinking -** 15.4% of respondents to the Bergen County Random Household Survey reported binge drinking in the past 30 days – defined as more than four alcoholic beverages at any one sitting for women, and five alcoholic beverages at any one sitting for men. Percentages were highest among male (19.2%) respondents.

Figure 10: Random Household Survey - Alcohol use (%)



ILLICIT DRUG USE

- **7.8% of Random Household Survey respondents reported having used drugs (e.g., heroin, cocaine, crack, painkillers like Percocet, Dilaudid, Demerol, Vicodin, and OxyContin) within the past 12 months.** It should be noted that individuals who responded that they used painkillers did not define whether these substances were used as-prescribed or for recreational purposes.

- **Drug-related deaths have increased.** Drug-related deaths in Bergen County have increased annually, from 8.8 deaths per 100,000 in 2014 to 13.8 deaths per 100,000 in 2017.

- The number of Naloxone (Narcan) administrations – to rapidly reverse an opioid overdose – have already increased every year since 2015.

- **Prescriptions dispensed decreased.** Since 2015, the number of opioid prescriptions dispensed has steadily decreased. Approximately 47,000 fewer opioid prescriptions were dispensed in 2018 than in 2017.

Table 20: Bergen County opioid deaths, naloxone administration, and prescriptions dispensed

	2013	2014	2015	2016	2017	2018
Suspected opioid-overdose deaths	91	81	85	99	129	157
Naloxone (Narcan) administrations	N/A	N/A	331	457	613	677
Opioid prescriptions dispensed	442,151	446,614	474,269	446,233	413,016	366,699

Source: NJCares, Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies; State of New Jersey Office of the Attorney General

MARIJUANA USE

- 11% of Random Household Survey respondents reported that they currently use marijuana.
    - Percentages were highest among male (14.6%), Black/African American (12.5%), and white (13.1%) respondents.

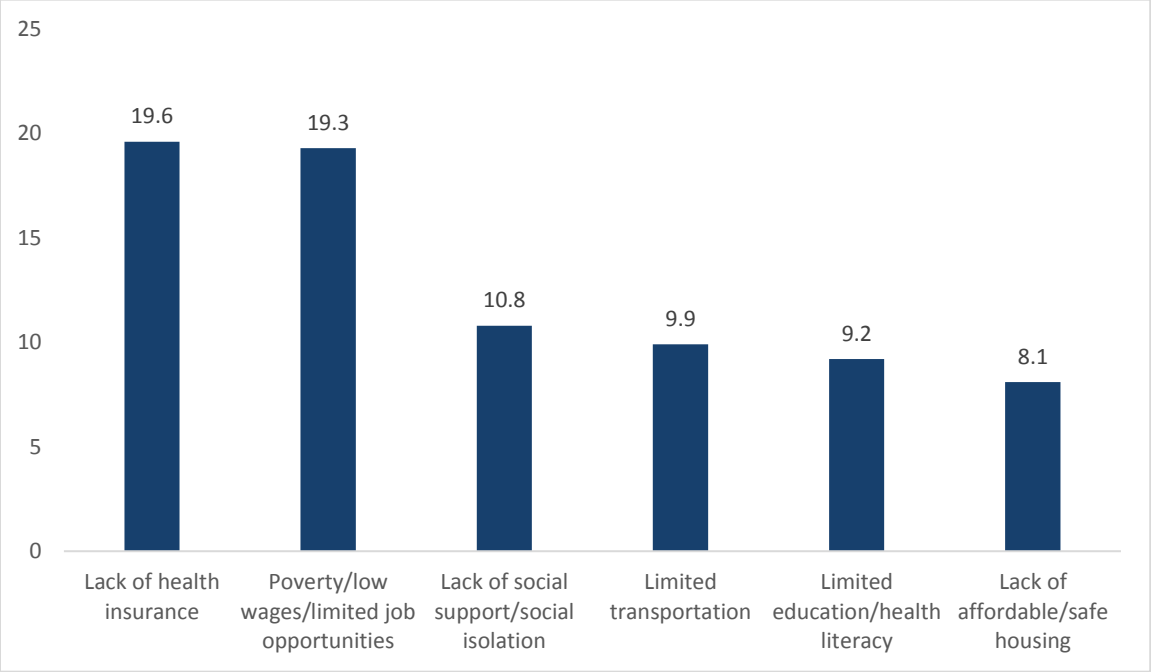
KEY FINDINGS: SOCIAL DETERMINANTS OF HEALTH & ACCESS TO CARE

PERCEIVED BARRIERS TO CARE

Just as it is important to understand and characterize disease burden, it is important to understand whether individuals are able to access health care services when they want them, where they want them, and how they want them. Throughout the assessment, key informants, focus/group listening session participants, and key stakeholders described the common barriers to care people when face when trying to access care in Bergen County. Many of these barriers are associated with the social determinants of the health – inability to pay for needed services or health insurance, lack of transportation, and linguistic/cultural barriers. Other barriers were related to issues within the health service system – lack of providers, inability to find appointments, and fragmented service systems.

- **Receiving all needed medical services -** 10.1% of Bergen County Random Household Survey respondents reported that they did not receive all of the medical services they needed in the past 12 months. Percentages were highest among low-income (14.4%) respondents.
    - Among those who did not receive needed care (of any kind) within the past 12 months, 4.1% of respondents reported that it was because of the high cost of care; 2.2% reported that it was because they had no health insurance.
- **Factors that limit access to care and impact health -** Bergen County Random Household Survey respondents were asked to identify the leading social factors or barriers that limit access to care or impact the health of those living in the community.
    - Lack of health insurance, poverty/low wages/limited job opportunities, lack of social support and social isolation, limited transportation, limited education/health literacy, and lack of affordable and/or safe housing were the top six responses.

Figure 11: Bergen County Random Household Survey - Leading factors that limit access to care/impact health (%)



HEALTH INSURANCE

Whether an individual has health insurance—and the extent to which it helps to pay for needed acute services and access to a full continuum of high-quality, timely and accessible preventive and disease management or follow-up services—has been shown to be critical to overall health and well-being.[28]

The Bergen County Community Health Perceptions Survey asked people to name the issues they thought prevented people from living a healthy life. "No or limited health insurance" was the second most common response (43.1%)

- **Percent uninsured significantly low -** In Bergen County, the percentage of the population that was uninsured (9.2) was significantly low compared to New Jersey overall (9.7).[29]
  - The percentage with public insurance (e.g., Medicaid, Medicare) in Bergen County (24.3%) was also significantly low compared to New Jersey overall (29.7%).
  - The percentage of the population with private insurance (76.4%) was significantly high compared to New Jersey overall (71.6%).

[28] "Health Insurance and Access to Care," *National Center for Health Statistics*, Feb. 2017, https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf

[29] US Census Bureau, American Community Survey, 2013-2017

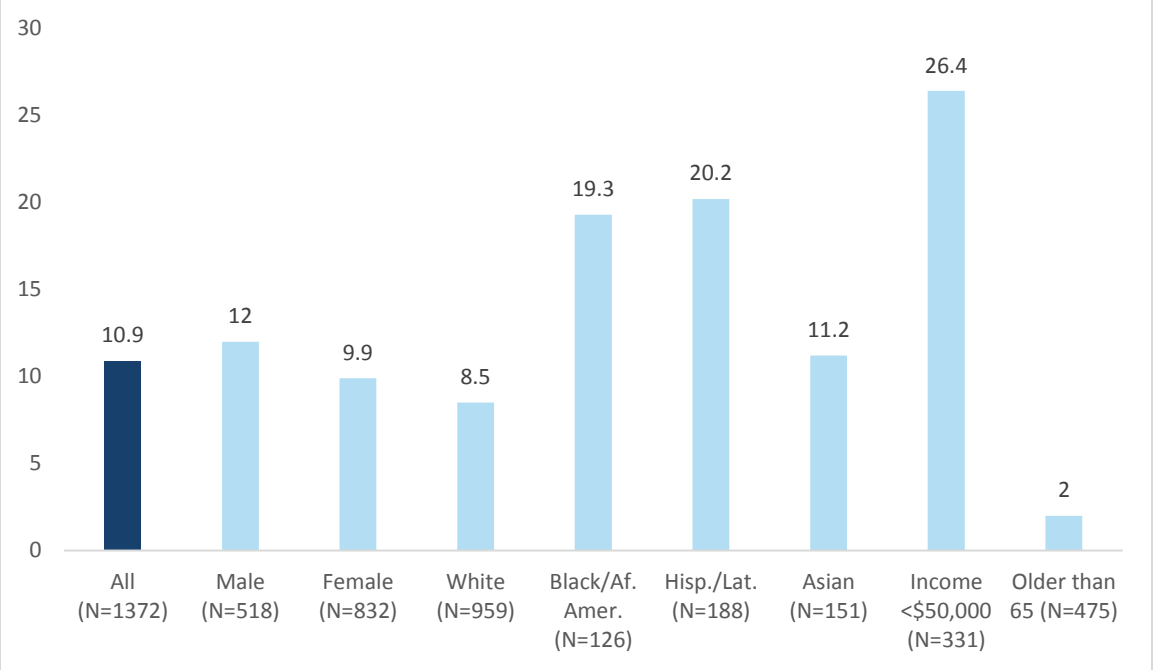
Table 21: Health Insurance (2013-2017)

	New Jersey	Bergen County
Uninsured (%)	9.7	9.2
Public health insurance (e.g., Medicaid, Medicare) (%)	29.7	24.3
Private health insurance (%)	71.6	76.4

Source: US Census Bureau, American Community Survey, 2013-2017
Shading represents statistical significance compared to the state. Figures highlighted in orange were significantly high compared to the state overall, while figures highlighted in blue were significantly low.

- **Among respondents to the Bergen County Random Household Survey, 10.9% reported that they had been uninsured sometime within the past year.**
    - Percentages were highest among low-income (26.4%), Hispanic/Latino (20.2%), and Black/African American (19.3%) respondents.

Figure 12: Bergen County Random Household Survey – Uninsured sometime within past 12 months (%)



SERVICE UTILIZATION

- **20.2% of Bergen County Random Household Survey respondents reported that they had visited the emergency room one or more times in the past year.**
    - Percentages were highest among Black/African American respondents (28.8%) and those over 65 (24.9%).

- **9.3% of Bergen County Random Household Survey respondents reported that they had stayed in a hospital overnight for care of observation one or more times in the past year.**
    - Percentages were highest among respondents over 65 (18.0%) and low-income respondents (14.8%).

One of the major themes of this assessment was that individuals struggle to access behavioral healthcare services, including psychiatry, inpatient/outpatient mental health treatment, substance use detoxification and rehabilitation, outpatient substance use treatment, and medication-assisted treatment. Many of the individuals engaged during this assessment reported that hospitals and community partners were working to fill service gaps and address the needs of individuals and the community at-large, yet people continue to face delays or barriers to care due to limited providers and specialists, limited treatment beds, and social determinants that impede access to care (e.g., insurance coverage, transportation, employment, health literacy). Many participants also discussed the co-morbidity that often occurs between mental health and substance use issues, which complicates treatment options.

- **9.3% of Random Household Survey respondents that they received counseling, treatment, or medicine for mental health or substance use issues within the last 12 months.**
    - Percentages were highest among low-income (11.2%) respondents.
- **17.8% of Bergen County Random Household Survey respondents reported that they never or rarely get the social/emotional help they need.**
    - Percentages were highest among Asian (34.3%), low-income (25.6%), and male (23.5%) respondents.

Table 22: Behavioral health services (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/Afr. American (N=126)	Hisp./ Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Received counseling, treatment, medicine for mental health or substance use in past year	9.3	7.6	10.8	9.7	10.3	8.3	6.9	11.2	5.9
Did not receive needed mental health care in past year	16.5	16.4	16.8	17.7	20.2	12.6	8.9	16.0	15.5
Did not receive needed substance use treatment in past year	7.1	8.6	5.9	6.0	4.6	8.3	9.0	10.8	8.5
Never or rarely get social/emotional help they need	17.8	23.5	12.7	15.0	11.5	20.1	34.3	25.6	12.7

SUMMARY COMMUNITY HEALTH IMPROVEMENT PLAN

This section provides a summary of the priority issues and priority populations that were identified for PVMC, based on an integrated analysis of quantitative and qualitative data and results of the regional prioritization meeting with senior leadership and staff. A full Community Health Improvement Plan, with goals, objectives, strategies, sample measures, and potential community partners may be found in Appendix D.

COMMUNITY HEALTH IMPROVEMENT STRATEGIC FRAMEWORK

The following defines the types of programmatic strategies and interventions that were applied in the development of the Community Health Improvement Plan.

- **Identification of those At-risk (Outreach, Screening, Assessment and Referral):** Screening and assessment programs reduce the risk of death or ill health from a specific condition by offering tests to help identify those who could benefit from treatment. A critical component of screening and referral efforts is to provide linkages to providers, treatment, and supportive services should an issue be detected.

- **Health Education and Prevention:** Initiatives that aim to prevent disease or injury before it ever occurs by reducing risks, preventing exposures to hazards, or altering unhealthy behaviors. Programs might include targeted efforts to raise awareness about a particular condition or provide information on risk and protective factors.

- **Behavior Modification and Chronic Disease Management:** Evidence-based behavioral modification and/or chronic disease management programs that encourage individuals to manage their health conditions, change unhealthy behaviors, and make informed decisions about their health and care.

- **Care Coordination and Service Integration:** Initiatives that integrate existing services and expand access to care by coordinating health services, patient needs, and information.

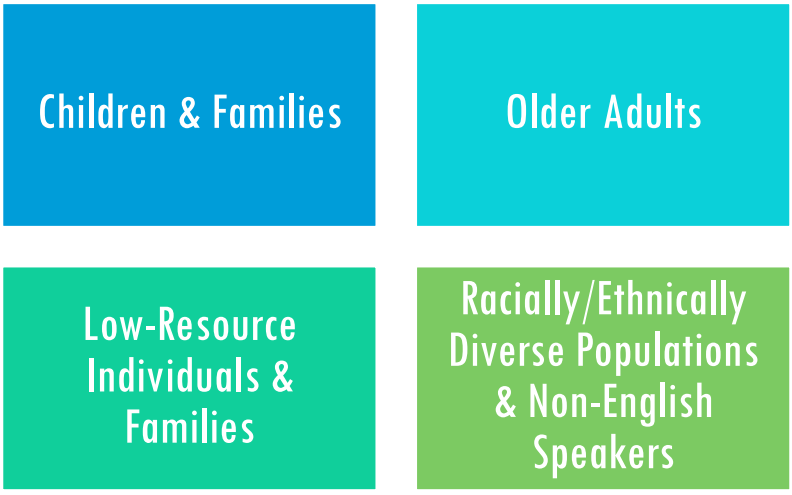
- **Patient Navigation and Access to Care:** Efforts which aim to help individuals navigate the health care system and improve access to services when and where they need them.

- **Cross-Sector Collaboration and Partnership:** Includes collaborations, partnerships, and support of providers and community organizations across multiple sectors (e.g., health, public health, education, public safety, and community health).

PRIORITY POPULATIONS

PVMC is committed to improving the health status and well-being of all residents living in in their service area - certainly all geographic, demographic, and socioeconomic segments of the population face challenges that may impede their ability to access care or maintain good health. Regardless of age, race/ethnicity, income, family history, or other characteristics, everyone is impacted in some way by health-related disparities. With this in mind, PVMC's Community Health Improvement Plan includes activities that will support all residents, across all segments of the population. However, based on the assessment's quantitative and qualitative findings, there was broad agreement that the CHIP should prioritize certain demographic and socio-economic segments of the population that have complex needs or face especially significant barriers to care, service gaps, or adverse social determinants of health, which put them at greater risk. The assessment identified the following priority populations:

Figure 13: PVMC Priority Populations 2020-2022



CHILDREN & FAMILIES

Individuals that were engaged during this assessment identified children as one of the most vulnerable and at-risk populations in the region. Participants' reasons for believing this group should be prioritized varied, but centered on the prevalence and impact of mental health and substance use. Children and adolescents are both in critical formative and transitional period that include biological and developmental milestones that are important to establishing long-term identity and independence. Although adolescents are generally healthy, they do struggle with health and social issues, such as obesity (e.g., poor nutrition and lack of physical activity), mental health (e.g., depression, anxiety, stress), substance use (e.g., cigarettes/vaping, marijuana, alcohol, opiates), sexually transmitted infectious, and injuries due to accidents. In order to thrive, children and adolescents need strong, supportive families and/or other support networks to guide them through the early stages of life.

OLDER ADULTS

The challenges faced by older adults came up in nearly every interview and focus group. Chronic disease, social isolation/lack of family support, living on fixed incomes, affordable housing, and

transportation were identified as significant issues. In the U.S. and New Jersey, older adults are among the fastest growing age groups.

Older adults experience a higher risk of chronic and complex conditions such as heart disease, cancer, stroke, diabetes, and neurological disorders (e.g., dementia, Alzheimer's, Parkinson's disease). These conditions contribute to the leading causes of death for older adults and may affect an individual's quality of life, especially for those who manage two or more chronic conditions.[30]

Significant proportions of this group experience hospitalizations, are admitted to nursing homes, and receive home health services and other social supports in home and community settings. Addressing these concerns demands a service system that is robust, diverse, and responsive.

LOW RESOURCE INDIVIDUALS & FAMILIES

Key informants, focus group participants, and hospital leadership discussed the challenges that individuals and families face when they are forced to decide between housing, food, heat, health care services, childcare, transportation, and other essentials. These choices often lead to missed care or delays in care, due to either the direct costs of care (co-pays and deductibles) or the indirect costs of transportation, childcare, or missed wages. There was near consensus that lack of affordable housing was a leading issue in the region. Participants also spoke of the intense challenges that many moderate income individuals and families face due to the high cost of living in Bergen County, combined with the fact that most of those in middle-income cohorts are not eligible for subsidized public programs like Medicaid, food stamps, and Healthy Start.

RACIALLY/ETHNICALLY DIVERSE POPULATIONS & NON-ENGLISH SPEAKERS

Many engaged during this assessment reported that many racial, ethnic, and cultural minorities and non-English speakers experiences disparities with respect to the social determinants (e.g. housing, income and employment, access to transportation), health care access (e.g. navigation of health system, access to primary care), and overall health status. Information gathered from the assessment, supported by findings from academic literature, highlight the disparities that these segments face. These segments may also experience adverse health outcomes due to stress, racism, and discrimination.[31]

GOALS AND OBJECTIVES BY PRIORITY AREA

The following is a listing of the goals and objectives that have been established for each priority area in PVMC's Community Health Improvement Plan. A full Community Health Improvement Plan, with goals, objectives, strategies, sample measurements, and community partners can be found in Appendix D.

[30] "Older Adults." *HealthyPeople.gov, Office of Disease Prevention and Health Promotion,* https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

[31] DR Williams, "Race, socioeconomic status, and health. The added effects of racism and discrimination." *Ann N Y Acad Sc*i, 1999; 896: 173-88.

PRIORITY AREA: WELLNESS & PREVENTION (RISK FACTORS)

Goal	Objectives
All residents will have the tools and resources to recognize and address risk factors that impact health and wellbeing	• Continue to provide education and counseling regarding wellness, health promotion, risk factors, and healthy behaviors • Support efforts to improve maternal and infant health

PRIORITY AREA: CHRONIC & COMPLEX CONDITIONS

Goal	Objectives
All residents will have access to chronic disease education, screening, and management services to achieve an optimal state of wellness	• Continue to screen adults for chronic and complex conditions and risk factors in community-based settings, and refer those at-risk to appropriate services • Continue to support community education and awareness of chronic and complex conditions

PRIORITY AREA: BEHAVIORAL HEALTH

Goal	Objectives
A community where all residents have access to high quality behavioral health care, and experience mental wellness and recovery	• Support efforts to reduce stigma associated with mental health and substance use issues • Continue to support initiatives that promote community education and awareness of substance use/misuse and healthy mental, emotional, and social health • Support opportunities to prevent and reduce the misuse of drugs and alcohol • Strengthen existing – and explore new – community partnerships to address mental health and substance use

PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH & ACCESS TO CARE

Goal	Objectives
All individuals will have the opportunity to be as healthy as possible, regardless of where they live, work, or play	• Support plans, programs, and policies that address barriers to achieving optimal health • Support individuals to enroll in health insurance and public assistance programs • Address common barriers to accessing health care

COMMUNITY HEALTH NEEDS NOT ADDRESSED IN PVMC'S CHIP

It is important to note that there are community health needs that were identified through PVMC's Community Health Needs Assessment that were not prioritized for inclusion in the Community Health Improvement Plan. Reasons for this include:

- Feasibility of PVMC having an impact on this issue in the short or long term
- Clinical expertise of the organization
- The issue is currently addressed by community partners in a way that does not warrant additional support

Behavioral health treatment, housing cost and stability, and limited transportation were identified as community needs, but were deemed to be outside of PVMC's primary sphere of influence. PVMC remains open and willing to work with hospitals across the HMH network and other public and private partners to address these issues should an opportunity arise.

APPENDIX A:

COMMUNITY ENGAGEMENT INDEX

Bergen County Random Household Survey
Key informant interviews
Focus groups
Community listening sessions
Bergen County Community Health Perceptions Survey

RANDOM HOUSEHOLD SURVEY

2019 Bergen County Community Health Needs Assessment

NOTE: It is important that this survey be filled out by the adult (18 years or older) in the household whose birthday is coming up next.

This is important so we can accurately represent all ages of people in your community.

Si le gustaría recibir esta encuesta en español, por favor llame gratis al 1-844-728-6499 JSI y deje su nombre, dirección, ciudad y código postal y se la enviraremos.

If you need additional assistance in completing this survey please call XXXXXX at JSI: 1-844-728-6499.

38273

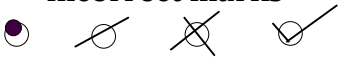
Bergen County, NJ - Community Health Needs Assessment Survey

INSTRUCTIONS AND INFORMATION FOR COMPLETING THE SURVEY
PLEASE READ CAREFULLY

Thank you for your willingness to complete this important survey. This survey is part of the Bergen County Community Health Needs Assessment. Your responses to this survey will help to identify primary health concerns and explore ways that health and social service agencies, and the community at-large can work together to meet the needs of and to improve the health and well-being of residents.

Your responses are completely <u>confidential</u> and your participation is voluntary. Information will never be presented in a way that could identify individual respondents. Questionnaires will be destroyed after the results have been compiled.

- **If there is any question that you would prefer not to answer, you can skip over it.** However, your response to each question is important to the project.
- **The adult (18 years or older) in the household whose birthday is coming up next should complete this survey.** This will help us to ensure that we obtain a representative sample of adults living in your area. As the adult whose birthday is coming up next, answer questions with respect to yourself, such as your age and your sex.
- If you need assistance filling out the survey due to poor eye sight or difficulty reading, then please ask another person in your household to help you read the survey and respond to each question. However, make sure that you are still answering questions specific to yourself (the adult in the household with the next upcoming birthday).

incorrect marks	**correct mark**	**Fill in circles darkly and completely.**
	●	

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Section A: About You

First we would like to find out some things about your background so that we can compare needs for people like yourself to other groups in the community.

A1. What is your age? ☐☐ Years

A2. Do you consider yourself to be:

- ○ Male
- ○ Female
- ○ Transgender man/Female-to-male
- ○ Transgender woman/Male-to-female
- ○ Gender queer
- ○ Gender nonconforming
- ○ Neither exclusively male nor female
- ○ Other
- ○ Choose not to answer

A3. Do you consider yourself to be:

- ○ Straight or heterosexual
- ○ Lesbian or gay
- ○ Bisexual
- ○ Queer/Pansexual/Questioning
- ○ Something else
- ○ Don't know
- ○ Choose not to answer

A4. Are you Hispanic or Latino? ○ Yes ○ No

A5. Which one or more of the following would you say is your race? *Mark all that apply.*

- ○ White
- ○ Black or African American
- ○ Asian
- ○ Native Hawaiian or Other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other: _____

A6. What language(s) do you speak at home? *Mark all that apply.*

○ English	○ Vietnamese	○ Russian
○ Spanish	○ Chinese	○ Other
○ Portuguese	○ Korean	

Please specify other language:_____

A7. What is your current marital status?

- ○ Married
- ○ Divorced/Separated
- ○ Widowed
- ○ Never married
- ○ A member of an unmarried couple living in the same household

A8. What is the highest grade or year of school that you have completed?

- ○ Never attended school or only attended kindergarten
- ○ Grades 1 through 8 (elementary)
- ○ Grades 9 through 11 (some high school)
- ○ Grade 12 or GED (high school graduate)
- ○ College 1 year to 3 years (some college, Associate's degree, or technical)
- ○ College 4 years (Bachelor's degree)
- ○ Masters degree or beyond

A9. Mark the one answer that best describes your current employment status.

- ○ Employed for wages - full time
- ○ Employed for wages - part time
- ○ Self-employed
- ○ Out of work for more than 12 months
- ○ Out of work for less than 12 months
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work

A10. How many children (younger than 18 years of age) live in your household?

☐☐ Number of children

A11. How many members of your household, including yourself, are 18 years or older?

☐☐ Number of adults

A12. Please estimate your total annual household income (before taxes) including all sources and types of income earned by all individuals in your household. Types of incomes include wages, public assistance, child support, interest income, social security, stocks, rental income, trust funds.

○ $0 - $14,999	○ $75,000 - $124,999
○ $15,000 - $24,999	○ $125,000 - $249,999
○ $25,000 - $34,999	○ $250,000 - $349,999
○ $35,000 - $49,999	○ $350,000 or more
○ $50,000 - $74,999	

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Section B: Access to Services

B1. In the past 12 months, was there any time that you did not have any health insurance/coverage?

○ Yes ○ No *(If 'No' go to Question B3)*

B2. In the past 12 months, why did you not have health insurance/coverage? *Mark all that apply.*

- ○ My employer does not offer it
- ○ I am self-employed
- ○ I am currently (or was) unemployed
- ○ I can't afford insurance
- ○ I am healthy and don't think I need it
- ○ Other: _____

B3. Do you currently have health insurance/coverage?

○ Yes ○ No *(If 'No' go to Question B6)*

B4. What kind(s) of health insurance do you currently have? *Mark all that apply.*

- ○ Employer Sponsored/Commercial Insurance
- ○ Medicare
- ○ Medicaid or other public insurance
- ○ Veteran's Affairs, Military Health, TRICARE, or CHAMPUS
- ○ None of the above

B5. With your current health insurance plan, do you have prescription drug coverage, which covers a share of the cost of prescription drugs?

○ Yes ○ No

Primary care providers are the health care providers that people usually go to first if they are sick or have health care problems. Primary care providers can be physicians (e.g., family practitioners, internists, obstetricians, or gynecologists), nurse practitioners (NPs), or physician's assistants (PAs). They manage care for their patients, including referrals to specialist physicians.

B6. Do you have at least one person you think of as your personal doctor or primary care provider?

○ Yes ○ No *(If 'No' go to Question B8)*

B7. What type of primary care provider do you usually see?

- ○ Family/General Practice/Internal Medicine Physician
- ○ OB/GYN Physician
- ○ Nurse Practitioner/Physician's Assistant
- ○ Other: _____

B8. Do you have one place (i.e., clinic, hospital, physician practice) that you usually go to for primary care?

○ Yes ○ No *(If 'No' go to Question B10)*

B9. Where do you usually go for primary care services?

- ○ Physician's office
- ○ Clinic in the community
- ○ Hospital Emergency Room
- ○ Urgent Care/Immediate Care Center
- ○ Other: _____

B10. About how long has it been since you last visited a primary care provider for a routine check-up?

- ○ Less than 12 months ago
- ○ 1 year but less than 2 years ago
- ○ 2 years but less than 5 years ago
- ○ 5 or more years ago
- ○ Never

B11. In the past 12 months, how many times did you go to an emergency room to receive medical care?

- ○ None
- ○ 1-2
- ○ 3-4
- ○ 5 or more

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Section B: Access to Services

Specialty care providers are physicians (MDs), nurse practitioners (NPs), physicians assistants (PAs), or licensed therapists who are trained to identify and treat physical, mental, or oral health issues or substance use related illnesses. For example, a cardiologist treats conditions related to the heart; a dermatologist treats conditions and diseases of the skin; a psychiatrist treats mental health conditions. Most times, you need a referral from your primary care provider if you want to see a specialist for a particular problem.

B12. In the past 12 months, what kind of specialty care did you receive? *Mark all that apply.*

- ○ Cardiology (heart)
- ○ Dermatology (skin)
- ○ Endocrinology (hormonal system, diabetes, metabolic disorders)
- ○ GI (digestive system, stomach, colon)
- ○ General Surgery
- ○ Mental Health Specialist (psychiatrist, counselor)
- ○ Neurology (nervous system, brain disorders, stroke)
- ○ OB/GYN (female reproductive system, maternity care)
- ○ Oncology (cancer care)
- ○ Orthopedics (bones, muscles)
- ○ Pain Management
- ○ Pulmonology (lungs)
- ○ Rheumatology (arthritis, joints)
- ○ Substance Use Specialist
- ○ Urology (urinary system, prostate)
- ○ Other: _____

B13. In the past 12 months, did you stay in a hospital overnight for care or observation?

○ Yes ○ No *(If 'No' go to Question B17)*

B14. Please tell us how much you agree or disagree with the following statement: ***When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.***

- ○ Strongly disagree
- ○ Disagree
- ○ Agree
- ○ Strongly agree

B15. Please tell us how much you agree or disagree with the following statement: ***When I left the hospital, I clearly understood the purpose for taking each of my medications.***

- ○ Strongly disagree
- ○ Disagree
- ○ Agree
- ○ Strongly agree
- ○ I was not given any medications

B16. Please tell us how much you agree or disagree with the following statement: ***After I left the hospital, I was able to complete all of the activities in my follow-up plan.***

- ○ Strongly disagree
- ○ Disagree
- ○ Agree
- ○ Strongly agree
- ○ I was not given a follow-up plan

B17. In the past 12 months, did you receive all of the medical services you needed, including primary care, specialty care, x-rays, lab test, etc.?

○ No ○ Yes ○ Did not need care/No health issues

(If 'Yes' or 'Didn't need care' go to Question B19 on pg. 4)

B18. In the past 12 months, why did you not get the medical services you needed? *Mark all that apply.*

- ○ Cost of visits, co-payments, deductibles
- ○ Did not have health insurance
- ○ Did not have a health care doctor/ provider
- ○ Could not find a provider willing to serve me
- ○ Did not feel comfortable with or trust a provider
- ○ Did not have transportation to get to an appointment
- ○ Appointment times were not convenient
- ○ Wait time for an appointment was too long
- ○ Afraid of getting bad news
- ○ Other: _____

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Section B: Access to Medical Care

B19. Currently, how many, if any, different prescription medications are you taking?

☐☐ Number of prescription medications

B20. In the past 12 months, was there a time when you needed to fill a drug prescription or to buy a doctor-recommended non-prescription drug, but could not because of the cost?

○ Yes ○ No

B21. Do you currently have dental insurance/coverage?

○ Yes ○ No

B22. How long has it been since you last visited a dentist or dental clinic for any reason?

○ Less than 12 months ago *(go to Question B24)*
○ 1 year but less than 2 years ago
○ 2 years but less than 5 years ago
○ 5 or more years ago
○ Never

B23. In the past 12 months, why did you <u>not</u> visit the dentist? *Mark all that apply.*

○ Cost of visits, co-payments, deductibles
○ Did not have dental insurance
○ Did not have a dentist or dental provider
○ Could not find a dentist or dental provider willing to serve me
○ Did not feel comfortable with or trust a dentist or dental provider
○ Did not have transportation to get to an appointment
○ Wait time for an appointment was too long
○ Afraid of getting bad news
○ No reason to go/no oral health problems
○ Other: _____

B24. In the past 12 months, did you receive all of the mental health or emotional support services you needed?

○ No ○ Yes ○ Did not need care/No behavioral health issues

(If 'Yes' or 'Didn't need care' go to Question B26)

B25. In the past 12 months, why did you <u>not</u> get the mental health or emotional support services you needed?
Mark all that apply.

○ Cost of visits, co-payments, deductibles
○ Did not have insurance
○ Did not have a provider
○ Could not find a doctor willing to serve me
○ Did not feel comfortable with or trust a doctor
○ Did not have transportation to get to an appointment
○ Appointment times were not convenient
○ Wait time for an appointment was too long
○ Afraid of getting bad news
○ Other: _____

B26. In the past 12 months, did you receive all of the substance use services you needed?

○ No ○ Yes ○ Did not need care/No substance use services needed

(If 'Yes' or 'Didn't need care' go to Question C1 on pg. 5)

B27. In the past 12 months, why did you not get the substance use services that you needed? *Mark all that apply.*

○ Cost of visits, co-payments, deductibles
○ Did not have insurance
○ Did not have a provider
○ Could not find a doctor that takes my insurance
○ Did not feel comfortable with or trust a provider
○ Did not have transportation to get to an appointment
○ Appointment times were not convenient
○ Wait time for an appointment was too long
○ Afraid of getting bad news
○ Other: _____

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Section C: Health Behaviors/Lifestyle

C1. How tall are you?

☐ Feet ☐☐ Inches

C2. How much do you weigh?

☐☐☐ Pounds

C3. In the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, biking, yoga, golf, gardening, or walking for exercise?

○ Yes ○ No *(If 'No' go to Question C5)*

C4. In the past 30 days, on average, how many minutes did you exercise per week?

☐☐☐ Minutes per week

For the following questions, think about all the foods you consumed during the past 30 days, including meals and snacks.

C5. In the past 30 days, on average, how many servings of fruit did you consume per day, including 100% fruit juice? A serving of fruit is defined as one piece of fruit or 6 ounces of 100% fruit juice.

○ 0 servings per day
○ 1 serving per day
○ 2 servings per day
○ 3 servings per day
○ 4 servings per day
○ 5 or more servings per day

C6. In the past 30 days, on average, how many servings of vegetables did you eat per day? A serving of vegetables is a half cup of any vegetable (not including potatoes) or 1 cup of salad greens.

○ 0 serving per day
○ 1 serving per day
○ 2 servings per day
○ 3 servings per day
○ 4 servings per day
○ 5 or more servings per day

C7. In the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

☐☐ Days

C8. In the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-Aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade or Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

☐☐ Days

C9. Are you a vegetarian, semi-vegetarian, or vegan?

○ Yes, vegetarian
○ Yes, semi-vegetarian
○ Yes, vegan
○ No

C10. How difficult is it for you to buy fresh produce like fruit and vegetables at a price you can afford?

○ Very difficult
○ Somewhat difficult
○ Not too difficult
○ Not at all difficult

C11. In the past 12 months, how worried were you that your food would run out before you had money to buy more?

○ Very worried
○ Somewhat worried
○ Not at all worried

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Section C: Health Behaviors/Lifestyle

The next questions are about lifestyle behaviors, such as smoking, drinking alcoholic beverages, and use of illegal substances/drugs. We want to again reassure you that your answers to these questions will be kept completely confidential.

C12. Have you smoked at least 100 cigarettes or 5 packs, in your entire life?

○ Yes ○ No *(If 'No' go to Question C16)*

C13. Do you currently smoke cigarettes every day, some days or not at all?

○ Every day
○ Some days
○ Not at all *(go to Question C16)*

C14. In the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

○ Yes ○ No

C15. Are you seriously planning to quit smoking within the next 30 days?

○ Yes ○ No

C16. In the past 12 months, have you used any of the following? *Mark all that apply.*

○ Chewing tobacco, snuff, or Snus *(go to Question C20)*
○ E-cigarettes or vapor cigarettes *(go to Question C17)*
○ Cigars or pipes *(go to Question C20)*
○ I have not used any of these products *(go to Question C20)*

C17. Was your aim of using an e-cigarette/ vapor cigarette to help you quit smoking?

○ Yes ○ No *(If 'No' go to Question C20)*

C18. Have you been successful in quitting smoking through the use of an e-cigarette/vapor cigarette?

○ Yes ○ No *(If 'No' go to Question C20)*

C19. Are you still using e-cigarettes/vapor cigarettes after having successfully quit smoking?

○ Yes ○ No

C20. In the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

○ Yes ○ No *(If 'No' go to Question C25 on pg. 7)*

C21. In the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

☐☐ Days

C22. In the past 30 days, on the days you drank alcohol, how many drinks did you drink on average?

☐☐ Drinks

C23. In the past 30 days, did you have 5 or more drinks (if you are a man) or 4 or more drinks (if you are a woman) on any one occasion? Consider all types of alcoholic beverages.

○ Yes ○ No

(If 'No' go to Question C25 on pg. 7)

C24. In the past 30 days, how many times did you have 5 or more drinks (if you are a man) or 4 or more drinks (if you are a woman) on any one occasion? Consider all types of alcoholic beverages.

☐☐ Times

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C25. In the past 12 months, have you used marijuana? *Mark all that apply.*

- ○ Yes, for medical reasons with a prescription
- ○ Yes, for medical reasons without a prescription
- ○ Yes, recreationally
- ○ No, not in the past 12 months
- ○ No, I have never used marijuana *(go to Question C29)*

C26. How old were you the first time you used marijuana?

☐☐ Years

C27. In the past 30 days, on how many days did you use marijuana in any form?

☐☐ Days

C28. How have you used marijuana? *Mark all that apply.*

- ○ Smoked it
- ○ Ate it
- ○ Drank it
- ○ Used it in a vaporizer or e-cigarette
- ○ Dabbed it

C29. In the past 12 months, have you used opioids such as painkillers, heroin, cocaine, or crack? Painkillers include Codeine Darvon, Percocet, Dilaudid, Demerol, Morphine, Vicodin, Oxycontin, etc.

○ Yes ○ No *(If 'No' go to Question C32)*

C30. Which have you used? *Mark all that apply.*

- ○ Painkillers
- ○ Heroin
- ○ Cocaine
- ○ Crack

C31. If you have used opioids, where did you get them from? *Mark all that apply.*

- ○ Doctor's prescription
- ○ Other family member's prescription
- ○ Friends
- ○ Street dealer
- ○ Other: _____

C32. In the past 12 months, have you used any other drugs or substances recreationally?

- ○ Yes, please specify: _____
- ○ No

C33. In the past 12 months, have you used any of the following medicines or drugs on your own? "On your own" means either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. *Mark all that apply.*

- ○ Sedatives (sleeping pills, barbiturates, Seconal, Quaalude)
- ○ Tranquilizers or anti-anxiety drugs (Valium, Librium, muscle relaxants, Xanax)
- ○ Stimulants (Preludin, Benzadrine, Methadrine, uppers, speed, amphetamines, Ritalin)
- ○ Other: _____
- ○ I haven't used any of the above drugs in the past 12 months on my own

C34. In the past 30 days, have you driven a car within two hours after drinking any alcoholic beverages or using any drugs (e.g., marijuana, cocaine, heroin)?

○ Yes ○ No

C35. In the past 30 days, have you been in the car with a driver who drank any alcoholic beverages or used any drugs (e.g., marijuana, cocaine, heroin) within the previous two hours?

○ Yes ○ No

C36. How often do you use seat belts when you drive or ride in a car?

○ Always
○ Nearly always
○ Sometimes
○ Seldom
○ Never

C37. In the past 12 months, have you gambled (bet) for money or valuables?

○ Yes ○ No *(If 'No' go to Question C39)*

C38. In the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

○ Yes ○ No

C39. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?

○ Yes ○ No ○ Don't know/Not sure

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols or guns that cannot fire. Include those kept in a garage, outdoor storage area or motor vehicle.

C40. Are there any firearms kept in or around your home (see definition above)? *Mark all that apply.*

○ No *(go to Question C43)*
○ Yes, one or more pistols
○ Yes, one or more rifles
○ Yes, one or more shotguns

C41. Are any of these firearms usually unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We do not count a safety as a lock. *Mark all that apply.*

○ Yes, pistol(s) are usually unlocked
○ Yes, rifle(s) are usually unlocked
○ Yes, shotgun(s) are usually unlocked
○ No, all firearms are usually locked

C42. Are any of these firearms kept loaded? *Mark all that apply.*

○ Yes, pistol(s) are kept loaded
○ Yes, rifle(s) are kept loaded
○ Yes, shotgun(s) are kept loaded
○ No, no firearms are kept loaded

The next questions are about electronic devices. These include a television, computer, cellular phone, smartphone, tablet, video game console, MP3 or other electronic devices with a screen.

C43. On average, how many hours per day do you spend using electronic devices?

○ Less than 1 hour
○ 1-2 hours
○ 2-3 hours
○ 3-4 hours
○ 4-5 hours
○ More than 5 hours

C44. On average, how many hours of electronic device usage per day are dedicated to professional or school-related activities?

○ Less than 1 hour
○ 1-2 hours
○ 2-3 hours
○ 3-4 hours
○ 4-5 hours
○ More than 5 hours

C45. On average, how many hours of electronic device usage per day are dedicated to recreational activities (e.g. social media, games)?

○ Less than 1 hour
○ 1-2 hours
○ 2-3 hours
○ 3-4 hours
○ 4-5 hours
○ More than 5 hours

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Section D: Chronic Disease and Prevention

This next section asks about several medical conditions you might have.

D1. Have you ever been told by a doctor, nurse or other health professional that you have diabetes (high blood sugar)?

○ Yes

○ Yes, but only during pregnancy *(go to Question D7)*

○ No *(go to Question D7)*

D2. Have you ever been told by a doctor, nurse or other health professional that you have pre-diabetes or borderline diabetes?

○ Yes ○ No

D3. Are you now taking diabetes pills and/or insulin?

○ Yes ○ No

D4. In the past 30 days, how often did you check your blood level for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

☐☐☐ Times

D5. In the past 12 months, about how many times have you seen a doctor, nurse, or other health professional for your diabetes?

☐☐ Times

D6. In the past 12 months, about how many times has a doctor, nurse, or other health professional checked you for hemoglobin A1C? A test for "A1C" measures the average level of blood sugar over the past three months.

☐☐ Times

○ Never had a hemoglobin A1C test

D7. Have you ever been told by a doctor, nurse or other health professional that you have asthma?

○ Yes ○ No *(If 'No' go to Question D10)*

D8. In the past 3 months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

○ Yes ○ No

D9. In the past 12 months, have you had to visit an emergency room or urgent care center/immediate medical care center because of asthma?

○ Yes ○ No

D10. Have you ever been told by a doctor, nurse or other health professional that you have hypertension or high blood pressure?

○ Yes

○ Yes, but only during pregnancy *(go to Question D12)*

○ Told borderline high or pre-hypertensive *(go to Question D12)*

○ No *(go to Question D12)*

D11. Are you currently taking medicine for your high blood pressure or hypertension?

○ Yes ○ No

D12. About how long has it been since you last had your blood cholesterol checked? Blood cholesterol is a fatty substance found in the blood.

○ Less than 12 months ago

○ 1 year but less than 2 years ago

○ 2 years but less than 5 years ago

○ 5 or more years ago

○ Never had a blood cholesterol test *(go to Question D15 on pg. 10)*

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D13. Have you ever been told by a doctor, nurse or other health professional that you have high blood cholesterol?

○ Yes ○ No *(If 'No' go to Question D15)*

D14. Are you currently taking medicine to lower your cholesterol, like Lipitor™, Zocor ™, Pravachol™, Simvastatin™ or other statins?

○ Yes ○ No

D15. Have you ever been told by a doctor, nurse or other health professional that you had a heart attack, also called a myocardial infarction?

○ Yes ○ No *(If 'No' go to Question D17)*

D16. Were you prescribed a beta-blocker, such as Atenolol or Metoprolol, after you were treated for your heart attack?

○ Yes ○ No

D17. Have you ever been told by a doctor, nurse or other health professional that you had a stroke?

○ Yes ○ No

D18. Have you ever been told by a doctor, nurse or other health professional that you have Chronic Obstructive Pulmonary Disease (COPD)?

○ Yes ○ No

D19. Have you ever been told by a doctor, nurse or other health professional that you have Congestive Hearth Failure (CHF)?

○ Yes ○ No

D20. In the past 12 months, have you had a flu shot? A flu shot is an influenza vaccine injected into the arm.

○ Yes ○ No

D21. Have you ever had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot.

○ Yes ○ No ○ Not sure

D22. Have you ever been told by a doctor, nurse or other health professional that you had cancer?

○ Yes ○ No *(If 'No' go to Question D24 on pg. 11)*

D23. What type of cancer(s) were you diagnosed as having? *Mark all that apply.*

○ Lung
○ Colorectal
○ Prostate
○ Breast
○ Cervical, ovarian, or uterine
○ Pancreatic
○ Stomach or esophageal
○ Liver or bile duct
○ Urinary, bladder, or kidney
○ Non-Hodgkin lymphoma
○ Leukemia
○ Thyroid
○ Oral cavity or pharynx
○ Skin (melanoma)
○ Other: _____

The next few questions are about cancer screening. Cancer screening tests help detect cancer at an early stage when it is still treatable and can help you live longer. Some tests everybody can get (like blood stool tests, sigmoidoscopy and colonoscopy for colorectal cancer), some tests are specific to men (like PSA tests for prostate cancer) and some tests are specific to women (like mammography for breast cancer and Pap tests for cervical cancer).

D24. Have you ever had a blood stool test using a home kit? A blood stool test is a test for colorectal cancer that may use a special kit at home to determine whether the stool contains blood.

○ Yes ○ No *(If 'No' go to Question D26)*

D25. How long has it been since your last blood stool test using a home kit?

○ Less than 12 months ago
○ 1 year but less than 2 years ago
○ 2 years but less than 3 years ago
○ 3 years but less than 5 years ago
○ 5 or more years ago

D26. Have you ever had a sigmoidoscopy or colonoscopy? Sigmoidoscopy and colonoscopy are exams performed by a doctor or health care professional in which a tube is inserted in the rectum to view the colon for signs of colorectal cancer or other health problems.

○ Yes ○ No *(If 'No' go to Question D28)*

D27. How long has it been since you had your last sigmoidoscopy or colonoscopy?

○ Less than 12 months ago
○ 1 year but less than 2 years ago
○ 2 years but less than 5 years ago
○ 5 years but less than 10 years ago
○ 10 or more years ago

D28. Have you ever had a mammogram? A mammogram is a type of x-ray that is taken of each breast to look for breast cancer.

○ Yes ○ No *(If 'No' go to Question D30)*

D29. How long has it been since you had your last mammogram?

○ Less than 12 months ago
○ 1 year but less than 2 years ago
○ 2 years but less than 3 years ago
○ 3 years but less than 5 years ago
○ 5 or more years ago

D30. Have you had a total hysterectomy? A total or complete hysterectomy is surgery to remove the entire uterus, including the cervix.

○ Yes ○ No ○ Does not apply

(If 'Yes' or 'Does not apply go to Question D33)

D31. Have you ever had a Pap test? A Pap test is a test for cancer of the cervix.

○ Yes ○ No ○ Does not apply

(If 'No' or 'Does not apply go to Question D33)

D32. How long has it been since you had your last Pap test?

○ Less than 12 months ago
○ 1 year but less than 2 years ago
○ 2 years but less than 3 years ago
○ 3 years but less than 5 years ago
○ 5 or more years ago

D33. Have you ever had a Prostate-Specific Antigen test? A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

○ Yes ○ No ○ Not sure ○ Does not apply

(If 'No', 'Not sure', or 'Does not apply'go to Question E1 on pg. 12)

D34. How long has it been since you had your last PSA test?

○ Less than 12 months ago
○ 1 year but less than 2 years ago
○ 2 years but less than 3 years ago
○ 3 years but less than 5 years ago
○ 5 or more years ago

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Section E: Self-Reported Health Status

E1. Would you say in general your health is:

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

E2. Are you limited in any way for any activities because of physical, mental, or emotional problems?

○ Yes ○ No

E3. Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Include occasional use or use in certain circumstances.

○ Yes ○ No

E4. In the past 30 days, about how many days was your <u>physical health not good</u>? Physical health includes physical illness or injury.

☐☐ Days

E5. In the past 30 days, about how many days was your <u>mental health not good</u>? Mental health includes stress, depression, and problems with emotions.

☐☐ Days

E6. In the past 30 days, about how many days have you felt sad, blue, or depressed?

☐☐ Days

E7. In the past 30 days, about how many days have you felt worried, tense, or anxious?

☐☐ Days

E8. In the past 30 days, about how many days have you felt you did not get enough rest or sleep?

☐☐ Days

E9. In the past 30 days, about how many days have you felt like you had <u>too much</u> energy?

☐☐ Days

E10. Has a doctor or other healthcare provider ever told you that you had an anxiety disorder? Include acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder.

○ Yes ○ No

E11. Has a doctor or other healthcare provider ever told you that you have a depressive disorder? Include depression, major depression, dysthymia, or any mood disorder.

○ Yes ○ No

E12. In the past 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself?

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Section F: Access to Mental Health Services

F1. In the past 12 months, did you receive counseling, treatment or medicine for mental health, or substance use reasons?

- ○ No, I did not receive any services for mental health or substance use reasons *(go to Question G1 on pg. 14)*
- ○ Yes, mental health services
- ○ Yes, substance use services
- ○ Yes, both mental health and substance use services

F2. What type(s) of treatment services did you receive? *Mark all that apply.*

- ○ Counseling from a professional therapist behavioral health counselor, or psychiatrist
- ○ Counseling from a clergy or religious counselor
- ○ Counseling from a medical provider (nurse, primary care provider, other speciality care provider)
- ○ Medication management from a psychiatrist or advanced practice nurse/nurse practitioner
- ○ Medication management from a primary care medical provider
- ○ Other: _____

F3. In the past 12 months, did you need counseling or treatment right away?

○ Yes ○ No

F4. In the past 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

F5. In the past 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?

- ○ None
- ○ 1
- ○ 2
- ○ 3 or more

F6. In the past 12 months, how many times did you go to an office, clinic or other treatment program to get counseling, treatment or medicine for yourself? Do not count emergency rooms or crisis centers.

- ○ None
- ○ 1 to 3
- ○ 4 to 10
- ○ 11 to 20
- ○ 21 or more

Section G: Other Health Issues

G1. In the past 3 months, how many times have you fallen? A fall is when a person unintentionally comes to rest on the ground or another lower level.

☐☐ Times *(If '0' times go to Question G3)*

G2. How many of these falls caused injury? By an injury, we mean the fall caused you to limit regular activities for at least a day or to go see a doctor.

☐☐ Falls causing injury

G3. Do you have any care provisions or legal documents that provide end of life instructions or appoints a family member, friend, etc. to make health care decisions for you in the event that you are not able to provide instructions or make such decisions on your own?

○ Yes ○ No *(If 'No' go to Question G6)*

G4. Mark all of the provisions or legal documents you have:

○ POLST (Physician Orders for Life-Sustaining Treatment)
○ Advanced Directive
○ Living Will
○ Health Care Proxy
○ Medical Power of Attorney
○ Other: _____

G5. Have you had a discussion with your health care proxy about your wishes regarding end of life care should you become incapable of communicating?

○ Yes ○ No

G6. How often do you get the social and emotional support you need?

○ Always
○ Usually
○ Sometimes
○ Rarely
○ Never

G7. Do you regularly participate in activities (at least 3 times per week) that allow you to socialize?

○ Yes ○ No *(If 'No' go to Question H1 on pg. 15)*

G8. If yes, what types of activities do you participate in? *Mark all that apply.*

○ Meet people at a community center, church/mosque/synagogue, coffee shop or restaurant
○ Participate in volunteer activities
○ Meet people at my work or job location
○ Meet with people at my home or someone else's home
○ Other: _____

Section H: Perceived Community Health Needs

H1. In the following list, mark what you think are the 3 leading social factors or barriers that limit access to care or impact the health of those living in your community. *Mark only three (3).*

- ○ Poverty, low wages, and limited job opportunities
- ○ Limited transportation
- ○ Lack of healthy and/or affordable food
- ○ Crime and/or violence (including domestic violence, child abuse, and elder abuse)
- ○ Lack of parks & recreational opportunities
- ○ Lack of affordable and/or safe housing
- ○ Lack of social support and social isolation
- ○ Lack of health insurance
- ○ Lack of access to health care services (e.g., lack of providers or availability of appointments)
- ○ Limited education/health literacy
- ○ Lack of providers that meet cultural or language needs of patients
- ○ Other: _____

H2. In the following list, mark what you think are the 3 leading health issues for the adults in your community. *Mark only three (3).*

- ○ Alzheimer's, Parkinson's, and Dementia
- ○ Autism/ADD/ADHD
- ○ Cancer
- ○ Diabetes
- ○ Heart disease/heart attacks
- ○ Intentional injuries (e.g., gun violence, assault, homicide)
- ○ Mental health (e.g., depression, anxiety, stress, and trauma)
- ○ Oral health/dental disease
- ○ Physical activity, nutrition, and weight
- ○ Infectious disease (e.g., sexually transmitted infections, HIV/AIDS, Hepatitis C, influenza)
- ○ Respiratory disease (e.g., asthma, COPD, and Emphysema)
- ○ Stroke
- ○ Substance use (e.g., alcohol, opioids, and marijuana)
- ○ Tobacco use, vaping, and e-cigarettes
- ○ Unintentional injuries (e.g., falls, poisonings, motor vehicle accidents)
- ○ Other: _____

H3. In the following list, mark what you think are the 3 leading health issues for the youth and adolescents (12 to 17 years old) in your community. *Mark only three (3).*

- ○ Bullying (including cyber bullying)
- ○ Intentional injuries (e.g., gun violence, assault, homicide)
- ○ Mental health (e.g., depression, anxiety, stress, suicide, and trauma)
- ○ Oral health/dental disease
- ○ Physical activity, nutrition, and weight
- ○ Sexually transmitted infections and risky sexual behavior
- ○ Respiratory disease (e.g., asthma)
- ○ Too much screen time (e.g., TV, computers, smartphones, video games)
- ○ Substance use (e.g., alcohol, opioids, and marijuana)
- ○ Tobacco use, vaping, and e-cigarettes
- ○ Unhealthy relationships/dating violence
- ○ Unintentional injuries (e.g., falls, poisonings, motor vehicle accidents)
- ○ Other: _____

Section H: Perceived Community Health Needs

H4. In the following list, mark what you think are the <u>3 segments of the population most at-risk</u>.
Mark only three (3).

- ○ Low income populations
- ○ Immigrants/Refugees
- ○ Racial/Ethnic minorities
- ○ Non-English speakers
- ○ Homeless/Unstably housed
- ○ Children (0 to 12 years old)
- ○ Youth/Adolescents (13-17 year old)
- ○ Young adults (18-21 years old)
- ○ Older adults (65 years old or older)
- ○ Those with disabilities
- ○ LGBTQ
- ○ Other: _____

Thank you for your time and for the effort you have taken to provide us with this information. We want to assure you that your responses are completely confidential and the information from this survey will never be presented in a way that could identify individual respondents.

If you have any questions about this project, please feel free to contact XXXXXXXX at JSI: 617-482-9485.

Please return this survey in the enclosed postage paid envelope or mail to:

John Snow, Inc.
ATTN - Bergen
44 Farnsworth Street
Boston, MA 02210

THANK YOU!

KEY INFORMANT INTERVIEWS

Behavioral Health

- Sue Debiak, Division Director, Office of Alcohol and Drug Dependency, Bergen County Department of Health Services
- Susan Devlin, Associate Executive Director, Comprehensive Behavioral Health Care
- Michelle Hart Loughlin, Director, Division of Mental Health Services, Bergen County Department of Health Services

Children and Families

- Carolyn DeBoer, Director of Corporation Planning, Partnership for Maternal and Child Health
- Thomas DeMaio, Principal, Pascack Valley High School
- Ellen Elias, Senior Vice President of Prevention and Community Services, Children's Aid and Family Services
- Mariam Gerges, Director of School Based Health Services, Dwight Morrow Zone, Bergen Family Center
- Wendy Lamparelli, School Nurse, Hackensack School District
- Illise Zimmerman, CEO, Partnership for Maternal and Child Health

Community Centers and Recreation

- Gary Buchheister, Director of Recreation, Westwood Recreation Department

County and Municipal Representatives

- Dr. Steven Clarke, Director, Wyckoff Board of Health
- Robert Esposito, Director, Bergen County Division of Community Development
- Ken Katter, Health Officer, Township of Teaneck
- Daniel Kotkin, Division of Disability Services, Bergen County Department of Health Services
- Darlene Reveille, Public Health Nurse, City of Garfield
- Karen Wolujewicz, Assistant Health Officer, Bergen County Department of Health Services

Cultural Advocates and Organizations

- Ann Guillory, Chairwoman of Health and Human Services Committee, Bergen County Links
- Jae Chun, Health Insurance Agent/Interpreter
- Bianca Mayes, Health and Wellness Coordinator, Garden State Equality

Food Resources

- Jeanne Martin, Executive Director, Meals on Wheels North Jersey
- Jaclyn Padovano, Registered Dietician, ShopRite of Hillsdale
- Jamie Pepper, Registered Dietician, ShopRite of Northvale

Healthcare/Clinical Providers

- Kevin Brendlen, Vice President of Strategic Partnerships, Van Dyk Health Care
- Susan Crandall, Bergen County Cancer Education and Early Detection (CEED) Program Coordinator, Bergen County Department of Health Services
- Carol Silver Elliott, CEO/President, Jewish Home Family
- Kimberly Gittines, Health System Manager, American Cancer Society

- Amanda Missey, President/CEO, Bergen Volunteer Medical Initiative
- Kathy Nugent, Director of Regional Programs, CancerCare
- Dr. Flordeliz Panem, Chief Medical Officer, North Hudson Community Action

Hospital Leadership

Bergen New Bridge Medical Center

- Senior Leadership Team (Group interview with approximately 12 attendees)
- Dr. Rajashree Kantha, Physician
- Adrienne Mariano, Director of Behavioral Health Services
- Deborah Visconi, President/CEO

Englewood Health

- Dr. Stephen Brunnquell, President, Englewood Health Physicians Network
- Dr. Hillary Cohen, Vice President of Medical Affairs
- Kathy Kaminsky, Senior Vice President, Chief Population Health Officer, Chief Nursing Officer
- Richard Lerner, Board of Trustees
- Dr. Anne Park, Director of Community Health
- Thomas Senter, Chairman of the Board
- Richard Sposa, Director of Emergency Medical Services
- JoAnn Venezia, Program Director of Behavioral Health Services

Hackensack Meridian Health Pascack Valley Medical Center

- Dr. Eric Avezzano, Gastroenterology
- Dawn DePalma, Manager of Patient Experience
- Dr. Edward Gold, Internal Medicine
- Ana Maria Restrepo, Director of the Emergency Services

Hackensack University Medical Center

- Clinical and department leadership (Group meeting with approximately 20 attendees)

Holy Name Medical Center

- Kyung Hee Choi, VP of Asian Health Services
- Dr. Clenton Coleman, Internal Medicine
- Rekha Nandwani, Program Manager, Indian Medical Program
- Edward Torres, Administrative Director of Laboratory Services
- Anna Wang, Manager of Community Programs, Asian Health Services

Ramapo Ridge Psychiatric Hospital

- Clinical and department leadership (Group meeting with approximately 10 attendees)

The Valley Hospital

- Dr. George Becker, Medical Director, Emergency Department
- Lafe Bush, Director of Emergency Services
- Toni Modak, Director of Population Health, Valley Health System
- Diane Tedeschi, Director of Community Care Clinic

Housing and Homelessness

- Elizabeth Davis, Executive Director, Senior Housing Services
- Julia Orlando, Director, Bergen County Housing Authority
- Sue Ullrich, Program Director, Ridgecrest Apartments

Law Enforcement, Fire, EMS

- Lt. Jay Hutchinson, Westwood Police Department

Older Adults/Healthy Aging

- Lisa Bontemps, Program Manager, Westwood for All Ages
- Sheila Brogan, Midland Park Senior Center and Age-Friendly Ridgewood
- Brianna Greenberg, Case Manager, Bergen County Division of Senior Services
- Janet Sharma, Project Coordinator, Age Friendly Englewood
- Joan Campanelli, Senior Services, Bergen County Division of Senior Services

Philanthropy

- Kaarin Varon, Program Officer, The Russell Berrie Foundation

Religious or Faith-Based Individuals/Representatives

- Rev. Mack Brandon, Metropolitan Church

Services for Low-Resource Individuals and Families

- Kate Duggan, Executive Director, Family Promise of Ridgewood
- Joan Quigley, President/CEO, North Hudson Community Action Corporation
- Denise Vollkommer, Executive Director, Social Service Association of Ridgewood and Vicinity

Key Informant Interview Guide

Introduction

As you may know, [Name of Hospital] is conducting a Community Health Needs Assessment (CHNA) to better understand the health needs of those living in its service area. This assessment, and a subsequent Implementation Strategy, is required of all non-profit hospitals to meet state Attorney General and Federal IRS requirements.

The Implementation Strategy will outline how the hospital will work to address health needs and factors leading to poor health, as well as ways in which it will build on the community's strengths. It is therefore extremely important that the Hospital hear from a broad range of people living, working, and learning in the community. JSI has been contracted by the Hospital to conduct the assessment, which will include interviews, a random household survey, an online survey, and Community forums. This interview is part of the data collection and should take between 30-60 minutes. To ensure our data reflects your community or the community you serve, it is important that you speak openly and honestly. We'll be taking notes during the conversation, but will not link your name or personal information to your quotes without your permission. Do you have any questions before we get started?

Question 1: Could you tell me more about yourself? How long have you worked at [name of organization]? Are you also a resident of a community within [Name of Hospital's] service area? (Will have list of towns for each hospital)

- *Probe for information on programs/services offered through their organization, populations they work with, etc.*

Question 2: The assessment is looking at health defined broadly – beyond clinical health issues, we're also looking at the root causes most commonly associated with ill-health (e.g. housing, transportation, employment/workforce, etc.) What do you see as the major contributors to poor health for those in the service area?

- *Try to identify top 2-3*

Question 3: What clinical health issues (e.g. substance use, mental health, cancer, overweight/obesity, etc.) do you think are having the biggest impact on those in the service area?

- *Try to identify top 2-3*

Question 4: What segments of the population have the most significant health needs or are most vulnerable? (e.g. young children, low-income, non-English speakers, older adults, etc.)

- *Do you see this changing in the future? Improving? Getting worse?*

Question 5: How effectively do you think [Hospital] is currently meeting the needs of the community? Are there specific programs offered by [Hospital] that stand out to you as working well to address the needs of the community?

Question 6: Where do you see opportunities for [Hospital] to implement programs/services to address community health needs?

Question 7: Are there programs or services offered by other community organizations that you think are working well to address the needs of the community?

- *Mention that we will be compiling a list of community organizations/resources for the Resource Inventory*

Question 8: As we explained at the beginning of this interview, we will be making an effort to gather input from community residents as part of this assessment. Can you recommend any strategies to engage hard-to-reach populations?

- *Any coalitions or advocacy groups that work with hard-to-reach populations?*
- *Any existing meeting groups you think it would be appropriate to reach out to?*

Question 9: Finally, we are working to gather quantitative data to characterize health status – this includes demographic and socioeconomic data, and disease-specific incidence, hospitalization, emergency department, and mortality data wherever it is available. Do you know of, or use, any local data sources (e.g. reports, other needs assessments, etc.)?

FOCUS GROUPS

Name of group	Population/Sector Represented	Date	Location	Approx. number of attendees
Bergen County Health Officers	Health officers representing several municipalities throughout Bergen County	February 5, 2019	Paramus Borough Hall	7
LGBTQ	LGBTQ residents and advocates from throughout Bergen County	July 17, 2019	Bergen New Bridge Medical Center	7
Northern New Jersey Senior Care Network	Representatives from organizations throughout Northern New Jersey, serving the health and social service needs of older adults	March 25, 2019	The Actors Fund Home	12
Individuals in Recovery	Individuals who are currently in recovery from substance use disorders, with representation across ages and substance of use	May 9, 2019	The Valley Hospital	5
Bergen Mental Health Board	The Mental Health Board provides leadership to the County in the development of mental health services. The meeting included representation from individuals working across the mental health treatment and support spectrum, as well as residents with mental health issues and their caregivers	May 8, 2019	Bergen County Police Department	30
Spanish-speakers	Spanish-speaking residents of Bergen County, with representation across country of origin and age	May 9, 2019	Hackensack University Medical Center	12
Substance Use Disorder Providers	Providers who worked across age groups (children, adolescents, adults) in inpatient and outpatient settings	May 8, 2019	Bergen New Bridge Medical Center	5
School Nurses	Middle school and high school school nurses from municipalities throughout Bergen County.	March 25, 2019	The Valley Hospital	5
Korean Residents	Korean residents of Bergen County, with representation across age groups	July 31, 2019	Englewood Hospital	12
Black/African American Residents	Black/African American residents of Bergen County, with representation across age groups	June 27, 2019	Varick Memorial AME Zion Church	10

Focus Group Guide

Introduction

The 7 hospitals in Bergen County, along with the Bergen County Department of Health Services, are conducting a Community Health Needs Assessment (CHNA) to better understand local health needs, barriers to good health and health care, and what populations are most vulnerable. The assessment is required of all non-profit hospitals to meet Federal IRS requirements.

After the assessment, each hospital will produce an Implementation Strategy that will outline how the hospital plans to address the identified needs. It is extremely important that the Hospital hear from a broad range of people living, working, and learning in the community. John Snow, Inc. (JSI) has been contracted by the Hospitals to conduct the assessment, which includes interviews, focus groups, a Community Health Survey, and community forums. This focus group is part of our data collection and should take around 60 minutes.

It is important that you speak openly and honestly. We'll be taking notes during the conversation, but will not link your name or personal information to your quotes without your permission. Do you have any questions before we start?

(Consider doing introductions if the group is small enough, or if it seems people don't know each other)

Question 1: The assessment is looking at health defined broadly – beyond clinical health issues, we're also trying to understand the root causes most commonly associated with ill-health (e.g. housing, transportation, employment/workforce, etc.) What do you see as the major barriers to care for [population of focus]?

- *Try to identify top 2-3*

Question 2: What clinical health issues (e.g. substance use, mental health, cancer, overweight/obesity, etc.) do you think are having the biggest impact on [population of focus]?

- *Try to identify top 2-3*
- *Probe for unmet needs – for example, if someone identifies substance use, be sure to ask which substances are most problematic/prevalent, which services and forms of treatment are most needed, etc.*

Question 3: What segments of the population have the most significant health needs or are most vulnerable? (e.g. young children, low-income, non-English speakers, older adults, etc.)

- *Do you see this changing in the future? Improving? Getting worse?*

Question 4: What health services are most difficult for [population of focus] to access, and why?

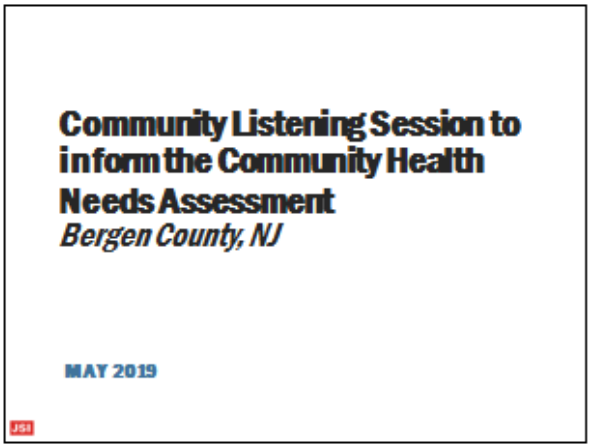
Question 5: Are there programs or services offered by community organizations that you think are working well to address the needs of [population of focus]?

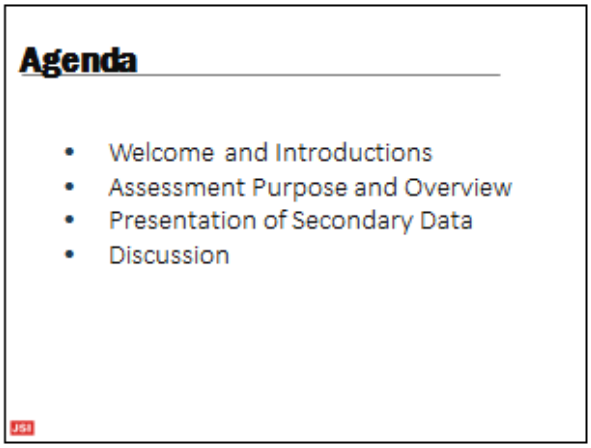
Question 6: What sort of programs or activities should the Hospital offer (or support) to improve your health and wellbeing?

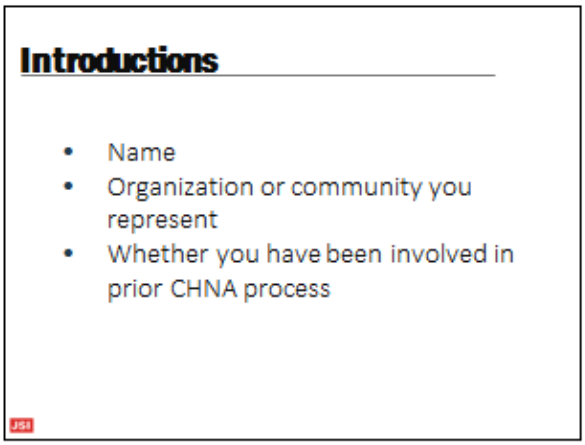
COMMUNITY LISTENING SESSIONS

Location	Date/Time	Approx. number of attendees
Englewood Hospital 350 Engle Street Englewood, NJ	May 22, 2019 5:30-7:00 PM	10
Ridgewood Public Library 125 North Maple Street Ridgewood, NJ	May 23, 2019 5:30-7:30	15

Presentation







Requirements

- Non-profit hospitals are required, by federal tax law, to spend some of their surplus on "community benefits"
- Community benefit programs/services are meant to improve access to services and enhance community health
- Under the Affordable Care Act, non-profit hospitals must conduct a community health needs assessment (CHNA) every 3 years and develop an Implementation Strategy (IS) to meet the needs identified

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Goals of CHNA

- Engage internal and external stakeholders
- Prioritize unmet community health and social service needs, and vulnerable populations
- Develop 3-year Implementation Strategies

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Participating Institutions

- All hospitals will have their own unique CHNA and Implementation Strategy
- Bergen County Department of Health Services will also receive county-wide CHNA and IS
- This collaborative effort allows for increased efficiency, decreased costs, enhanced partnership, and other benefits

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Approach

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Overview of Phase I:

Preliminary assessment and engagement

- Formation of Steering Committee, with representatives from County and each hospital
- Collection/analysis of quantitative data
- Key informant interviews (approximately 75, both internal and external leadership)

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Overview of Phase II:

Targeted engagement

- Random household survey (approx. 1,350 responses)
- Focus Groups (6 complete, 2 pending)
  - Older adult/healthy aging providers, school nurses, Spanish-speakers, Black/African Americans, mental health providers, substance use providers, individuals in recovery from substance use disorder
- Community Listening Sessions (2)
- Community Health Perceptions Survey (pending)
  - Short, web-based survey available in multiple languages

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Overview of Phase III:

Strategic Planning and Reporting

- Resource and Asset Inventory (county-wide)
- Strategic Planning Retreats (each hospital, and 1 county-wide)
- Literature review of evidence-based strategies to respond to identified priorities
- Final CHNAs and IS (each hospital, and 1 county-wide)

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Secondary Data

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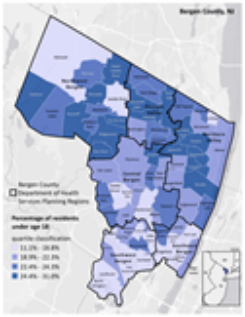
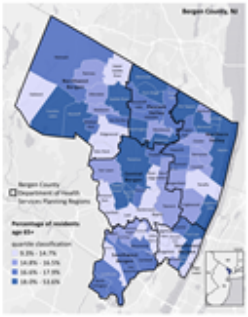
Age Distribution



% Residents Under 18



% Residents Over 65

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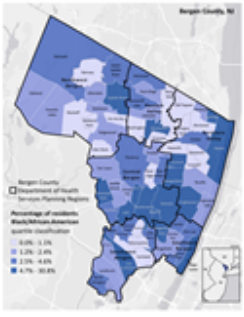
Race/Ethnicity

The percentage of Black/African American residents in Bergen County is significantly lower than the state overall (5.3% vs. 12.7%)

Communities with the highest percentage of Black/African American residents:

- Englewood (29%)
- Teaneck (26%)
- Hackensack (23%)



% Black/African American Residents

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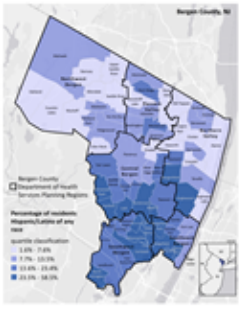
Race/Ethnicity

The percentage of Hispanic/Latino residents in Bergen County is similar to the state overall (18.9% vs. 19.7%)

Communities with the highest percentage of Hispanic/Latino residents:

- Fairview (59%)
- Ridgefield Park (43%)
- Bogota (45%)



% Hispanic/Latino Residents

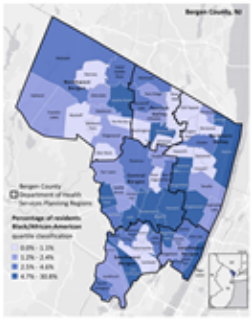
JSI

Race/Ethnicity

The percentage of Asian residents in Bergen County is significantly higher than the state overall (16.2% vs. 9.4%)

Communities with the highest percentage of Asian residents:

- Palisades Park (57%)
- Englewood Cliffs (41%)
- Fort Lee (41%)

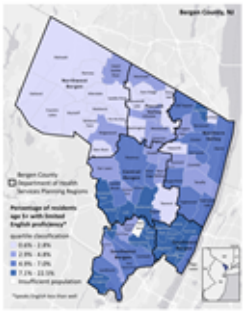


% Asian Residents

JSI

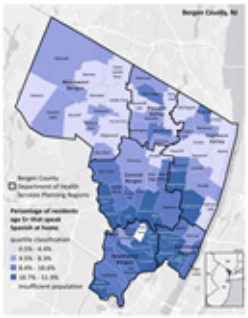
Language

The percentage of Bergen County residents with limited English proficiency is significantly higher than the state overall (14.5% vs. 12.2%), with most LEP residents clustered in the SW and SE regions of the County

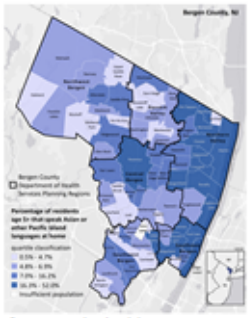


% With Limited English Proficiency

Language



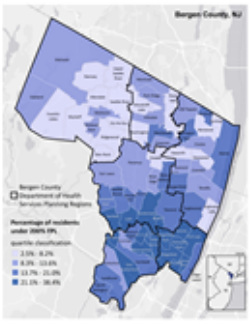
% Speak Spanish at Home



% Speak Asian/Pacific Island Languages at Home

Poverty

The percentage of Bergen County residents who live below 200% of the federal poverty level is significantly lower than the state overall (18% vs. 24%).



% Residents Under 200% of the Federal Poverty Level

Housing

In Bergen County, the median house value was significantly higher than the state overall ($451K vs. $321K)

	NJ	Bergen County
Owner occupied with monthly owner costs >35% total household income	30.7	36.5
Renter occupied with gross rent >35% of total household income	43.6	41.1

Access to Care

In Bergen County, percentages were similar to the state overall.

	NJ	Bergen County
No health insurance (%)	14.4	14.7
Unable to get needed medical care due to cost (%)	14.5	12.9
No primary care provider (%)	19.3	21.7
No routine health visit in the last year (%)	25	27

Mortality

- In Bergen County, the all-cause mortality rate was significantly lower than the state.
- The average age of death in Bergen County was 78.2 – significantly older than the average age of death in New Jersey (75.0)

	NJ	Bergen County	Significantly higher	
All Cause Mortality (Crude Death Rate per 100,000)	810.7	760.0	Emerson (977.4) Englewood Cliffs (932.2) Maywood (976.1) New Milford (894.5) Norwood (1074.5) Paramus (1368.9) Park Ridge (1060.4)	Rochelle Park (1279.8) Saddle River (1255.1) Washington (905.6) Westwood (988.7) Woodcliff Lakes (1007.4) Wyckoff (933.2)

Cardiovascular Disease

- In Bergen County, the inpatient hospitalization rate for cardiovascular disease was significantly lower than the state overall (871 vs. 1082 per 100,000) in 2016
- In Bergen County, the inpatient hospitalization rate for myocardial infarction (heart attacks) was significantly lower than the state overall (21.1 vs. 174.6 per 100,000) in 2016

	NJ	Bergen County	Significantly higher	
Diseases of the heart (Crude death rate per 100,000)	207.3	199.3	Allendale (325.3) Emerson (278.9) Fair Lawn (235.6) Maywood (271.6) Norwood (272.9) Oakland (287.7) Paramus (366.9)	Rochelle Park (387.8) Saddle River (313.8) Westwood (259.6) Wyckoff (257.7)

Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

JSI

Chronic/Complex Conditions

- In Bergen County, rates of mortality, hospitalizations, and ED discharge for most chronic/complex conditions were lower or significantly lower than the state overall

	NJ	Bergen County
Cancer mortality (crude rate per 100,000)	182.6	180.1
Cerebrovascular disease mortality (crude rate per 100,000)	38.3	36.7
Current asthma (age-adjusted rate per 100,000)*	8.4	6.7
Diabetes hospitalizations (rate per 100,000)**	177.1	105.6

Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017; *NJ Behavioral Risk Factor Survey (2013-2015); **New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016

JSI

Mental Health

- In Bergen County, the mental and behavioral disorder hospitalization rate was significantly higher than the state
  - Municipalities with significantly higher rates per 100,000 include Bogota (778), Dumont (697), Englewood (870), Fairview (671), Garfield (700), Hackensack (1462), Lodi (1095), Lyndhurst (811), Ridgefield Park (825), Rochelle Park (763), Teaneck (610), and Wallington (757)

	NJ	Bergen County
Frequent mental distress (age-adjusted rate per 100,000)	10.4	9.1
History of diagnosed depression (age-adjusted rate per 100,000)	13.0	11.3
Mental and behavioral disorder hospitalizations (crude rate per 100,000)*	525.1	557.3

Source: NJ Behavioral Risk Factor Survey, 2013-2015; *New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016

JSI

Substance Use

- The binge drinking and current smoking rates were similar to the state overall
- The rate of drug-related (illicit and prescription drug) deaths was lower than the state of New Jersey overall in 2017

In Bergen County

	2016	2017
Naloxone administrations	457	613
Opioid prescriptions dispensed	446,233	415,036

	NJ	Bergen County
Binge drinking (age-adjusted rate per 100,000)	17.6	17.3
Current smoker (age-adjusted rate per 100,000)	15.7	14.2
Drug-related deaths – illicit and Rx (rate per 100,000)*	29.8	15.4

Source: NJ Behavioral Risk Factor Survey 2013-2015; *Centers for Disease Control and Prevention, 2017

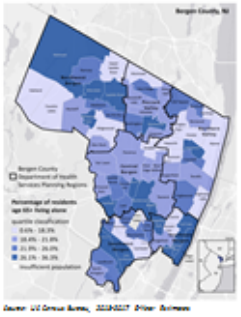
JSI

Older Adult Health/Healthy Aging

In Bergen County, the percentage of residents 65 and older living alone was similar to the state overall (10.6% vs. 11%).

In Bergen County, the Alzheimer's disease mortality rate was significantly higher than the state overall (30.6 vs. 25.2 per 100,000).
- Rates were significantly high in Emerson (70.4), Norwood (75), Paramus (86.9), Park Ridge (94.4), Westwood (69.4), and Wyckoff (105.6)

In Bergen County, the influenza/pneumonia mortality rate was significantly higher than the state overall (16.5 vs. 14.6 per 100,000)
- The rate was significantly high in Paramus (37.9)



% Residents 65+ Living Alone

JSI

Maternal and Child Health

Across maternal and child health indicators, Bergen County faired similar to the state overall with the exception of adolescent birth rate.

The percentage of residents in Bergen County who received adequate prenatal care, while similar, was significantly lower than the state overall.
- The percentage was significantly lower than the state in Cliffside Park (63%), Edgewater (57%), Englewood (58%), Englewood Cliffs (55%), Fort Lee (60%), Palisades Park (63%), Teaneck (63%), Tenafly (58%)

	NJ	Bergen County
Adolescent (15-19) birth rate per 1,000 people	61.0	20.1
Adequate prenatal care (%)	67.1	66.4
Low birthweight (%)	8.1	7.9
Preterm births <37 weeks (%)	9.6	9.7

Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, 2013-2017

JSI

Discussion

QUESTION #1

Think of the data you've seen, and your own knowledge/experiences. What are the most pressing barriers to good health for those in Bergen County?

QUESTION #2

Think of the data you've seen, and your own knowledge/experiences. What health issues do you think people struggle with the most in Bergen County?

QUESTION #3

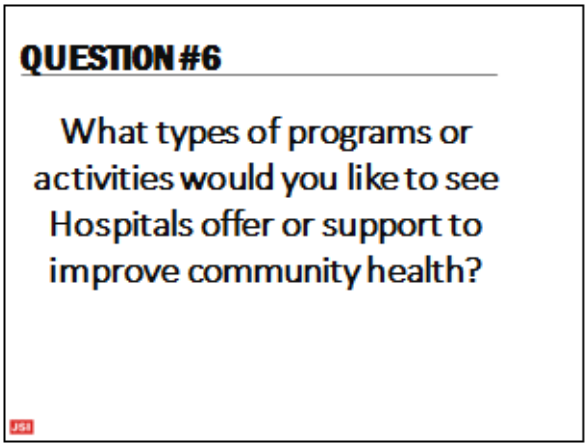
Think of the data you've seen and your own knowledge/experiences. What populations do you think are most vulnerable and have the most significant health needs?

QUESTION #4

What health services are most difficult to access in Bergen County, and why?

QUESTION #5

Are there programs and services offered by community organizations that you think are working well to address the needs of those who live in Bergen County?


QUESTION #6
What types of programs or activities would you like to see Hospitals offer or support to improve community health?


Questions & Next Steps

Advertisement

Christian Health Care Center | Englewood Health | Hackensack Meridian Health Hackensack University Medical Center | Hackensack Meridian Health Pascack Valley Medical Center | Holy Name Medical Center | New Bridge Medical Center | The Valley Hospital

Bergen County Hospitals and the Department of Health Services want to hear from you!

Please join us at a Bergen County Community Health Forum

Locations and Times

South County Community Forum
Wednesday, May 22, 2019
5:30pm to 7:00pm

Englewood Health
Conference A/B / Near Ferolie Gallery
350 Engle Street, Englewood

North County Community Forum
Thursday, May 23, 2019
5:30pm to 7:00pm

Ridgewood Public Library
Main Community Room
125 North Maple Street, Ridgewood

Please come share your thoughts on barriers to good health, leading health issues, and the health services you need.

If you need more information, please contact Madison MacLean at Madison_MacLean@jsi.com or (617) 482-9485

COMMUNITY HEALTH PERCEPTIONS SURVEY

Survey for Community Health Needs Assessment 2019

Bergen New Bridge Medical Center, Christian Health Care Center, Englewood Health, Hackensack University Medical Center, Holy Name Medical Center, Pascack Valley Medical Center, The Valley Hospital, and the Bergen County Department of Health Services are conducting Community Health Needs Assessments to understand health needs in the communities we serve. The information gathered will help us develop health improvement plans that address these issues, and guide our decisions on investments in community programs and services. Your input is extremely important to us.

Please take about 10 minutes to complete this survey. Your responses will be anonymous.

This survey has been shared widely. **Please complete this survey only once**.

Please email Madison MacLean (madison_maclean@jsi.com) with questions.

Question 1: What city/town do you live in?

Question 2: How old are you?

__ Under 18 __ 18 to 24 __ 25 to 34 __ 35 to 44

__ 45 to 54 __ 55 to 64 __ 65 to 74 __ 75 or older

Question 3: Are you Hispanic, Latino/a, or of Spanish origin? __Yes __No

Question 4: Which of these best describes your race? (Choose all that apply)

__ White __ Black or African American __ Asian

__ Native Hawaiian or Pacific Islander __ American Indian or Alaska Native

__ OTHER (Please specify):

Question 5: Think about your community. Choose the top three (3) issues that you think prevent people from being able to live a healthy life.

__ Housing is expensive or unsafe
__ Transportation issues
__ Can't find or afford healthy foods
__ No or limited health insurance
__ No or limited education
__ Poverty, low wages, no jobs
__ OTHER (Please specify):
__ Crime or violence
__ Unsafe streets (bad roads or sidewalks)
__ Physical inactivity or sedentary lifestyle
__ Social isolation, lack of support, loneliness
__ Long commute to/from work or school
__ Discrimination, racism, distrust

Question 6: Read the following statements. Check all that you agree with.

__ Expensive co-payments for care and medication stop me from seeking care or filling prescriptions
__ It's hard to find health care providers that understand my (or others) language, culture, or religion
__ It's hard to find doctors that are taking new patients
__ It's hard to find appointments that work with my schedule

Question 7: Think about your community. Choose the top three (3) populations that you think have the greatest unmet health needs.

__ Young children (0-5 years of age)
__ Adolescents (12-17 years of age)
__ Older adults (older than 65 years of age)
__ Racial/Ethnic Minorities
__ Homeless/Housing insecure
__ School age children (6-11 years of age)
__ Young adults (18-24 years of age)
__ Immigrants/Refugees
__ Non-English speakers
__ Low-income populations
__ Those with disabilities (physical, cognitive, development, emotional)
__ Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)
__ OTHER (Please specify):

Question 8: Think about your community. Choose the top three (3) health issues that you think people struggle with the most.

__ Cancer

__ Cardiovascular conditions (e.g., hypertension/high blood pressure, heart disease, stroke)

__ Respiratory diseases (e.g., asthma, chronic obstructive pulmonary disease [COPD], emphysema)

__ Physical inactivity, nutrition, and/or obesity

__ Maternal and child health issues (e.g., prenatal care, teen pregnancy, infant mortality)

__ Diabetes

__ Dental care

__ Infectious disease (e.g., flu, HIV/AIDS, sexually transmitted infections, hepatitis C)

__ Neurological disorders (e.g., Alzheimer's, Parkinson's, dementia)

__ Mobility impairments (e.g., falls, arthritis, fibromyalgia)

__ Mental health

__ Depression __ Anxiety/Stress __ Other mental illness

__ Substance use

__ Alcohol __ Marijuana __ Opioids/Prescription drugs

__ Nicotine (including cigarettes, e-cigarettes/vaping, other tobacco products)

__ OTHER (Please specify):

APPENDIX B:
DATA BOOK

Secondary Data Book
Random Household Survey data

CLOSTER – HILLSDALE

	Higher than State					
	Lower than State					
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
Total Population (count) (ACS 2013-2017) [1]	ACS 2013-2017	8,960,161	937,920	8,710	17,882	7,668	10,520
Demographics							
Gender (ACS 2013-2017)							
Male (Percent) [1]	ACS 2013-2017	48.8	48.4	49.4	48.0	47.3	49.0
Female (Percent) [1]	ACS 2013-2017	51.2	51.6	50.6	52.0	52.7	51.0
Race/ethnicity (ACS 2013-2017)							
Non-Hispanic White (Percent) [1]	ACS 2013-2017	56.1	57.8	54.8	61.4	76.4	80.6
Non-Hispanic Black (Percent) [1]	ACS 2013-2017	12.7	5.3	1.0	2.7	0.6	1.6
Hispanic or Latino of Any Race (Percent) [1]	ACS 2013-2017	19.7	18.9	7.4	18.0	13.1	8.9
Non-Hispanic Asian (Percent) [1]	ACS 2013-2017	9.4	16.2	36.0	16.6	8.6	8.4
Non-Hispanic Native Hawaiian and Other Pacific Islander (Percent) [1]	ACS 2013-2017	0.0	0.0	0.0	0.0	0.0	0.0
Non-Hispanic American Indian/Alaskan Native (Percent) [1]	ACS 2013-2017	0.1	0.1	0.0	0.0	0.0	0.0
Non-Hispanic Other race (Percent) [1]	ACS 2013-2017	0.4	0.2	0.1	0.0	0.1	0.1
Korean alone of total population (Percent) [1]	NA	1.1	6.1	20.5	2.0	1.4	1.6
Foreign born (Percent) (ACS 2013-2017) [1]	ACS 2013-2017	22.1	30.5	37.3	27.4	19.2	13.9
Language Spoken at Home (Population 5+ yrs and over) (ACS 2013-2017)							
English only (Percent) [1]	ACS 2013-2017	69.0	60.1	53.3	63.0	74.4	81.2
Language other than English in the home (Percent) [1]	ACS 2013-2017	31.0	39.9	46.7	37.0	25.6	18.8
Language other than English in the home - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	12.2	14.5	13.3	13.4	8.4	5.2
Spanish (Percent) [1]	ACS 2013-2017	16.1	14.9	2.8	16.6	7.3	6.0
Spanish - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	7.1	5.1	1.3	6.3	2.9	1.6
Other Indo-European languages (Percent) [1]	ACS 2013-2017	8.3	11.1	12.6	6.6	9.7	6.6
Other Indo-European languages - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	2.8	3.6	1.8	2.5	1.7	0.9
Asian and Pacific Islander languages (Percent) [1]	ACS 2013-2017	4.8	11.5	26.3	11.6	5.6	6.0
Asian and Pacific Islander languages -Speak English less than "very well" (Percent) [1]	ACS 2013-2017	1.9	5.1	9.8	3.6	2.0	2.6
Other languages (Percent) [1]	ACS 2013-2017	1.7	2.4	5.0	2.4	3.0	0.2
Other languages - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	0.5	0.6	0.4	1.0	1.9	0.0
Age (ACS 2013-2017)							
Median age (years) [1]	ACS 2013-2017	39.6	41.6	44.1	41.9	43.2	44.7
Under 18 yrs (Percent) [1]	ACS 2013-2017	22.3	21.5	25.1	21.4	23.9	25.0
0-4 yrs (Percent) [1]	ACS 2013-2017	5.9	5.3	4.3	5.9	6.0	3.8
5-14 yrs (Percent) [1]	ACS 2013-2017	12.5	12.2	14.3	11.7	10.4	15.4

	Higher than State					
	Lower than State					
	CI Calculation	**Benchmarks**	***Bergen County***	***Bergen County***	***Bergen County***	***Bergen County***
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
15-19 yrs (Percent) [1]	ACS 2013-2017	6.4	6.3	8.6	5.8	11.2	7.7
20-34 yrs (Percent) [1]	ACS 2013-2017	19.3	17.4	11.0	17.9	12.4	12.0
35-44 yrs (Percent) [1]	ACS 2013-2017	13.0	13.3	12.8	12.1	11.1	11.7
45-54 yrs (Percent) [1]	ACS 2013-2017	14.7	15.3	19.8	13.7	18.9	17.6
55-64 yrs (Percent) [1]	ACS 2013-2017	13.1	13.6	14.0	15.9	11.7	14.9
Over 65 yrs (Percent) [1]	ACS 2013-2017	15.1	16.4	15.3	17.1	18.3	16.9
Households (ACS 2013-2017)							
Households one or more people under 18 years old (Percent) [1]	ACS 2013-2017	33.4	33.8	43.5	34.6	45.7	37.3
Households with one or more people 65+ years old (Percent) [1]	ACS 2013-2017	29.6	31.1	31.2	32.8	36.3	34.0
Individuals 65+ years older living alone (Percent) [1]	NA	26.8	24.0	10.0	17.9	25.6	21.6
Social and Economic Characteristics (ACS 2013-2017)							
Families living below poverty level (Percent) [1]	ACS 2013-2017	7.9	5.5	1.3	3.3	2.7	4.4
Persons living below poverty level (Percent) [1]	ACS 2013-2017	10.7	7.2	2.6	3.8	4.8	5.9
Individuals with income below 200 percent of poverty level (Percent) [1]	NA	24.1	17.6	12.4	11.9	10.4	10.2
Individuals with income below 300 percent of poverty level (Percent) [1]	NA	37.1	28.3	17.2	26.0	22.6	16.6
Individuals with income below 400 percent of poverty level (Percent) [1]	NA	48.9	39.1	27.0	35.5	31.7	23.2
Single female households (no husband present) with children (<18 yrs old) living below poverty level (Percent) [1]	ACS 2013-2017	32.2	25.3	10.2	31.7	13.2	38.1
Children <18 yrs old living below poverty level (Percent) [1]	ACS 2013-2017	12.3	7.6	2.7	5.0	3.9	5.6
Unemployment (labor force that is unemployed) (Percent) [1]	ACS 2013-2017	4.6	3.4	4.2	3.2	5.1	2.4
High school graduate or higher (Percent) [1]	ACS 2013-2017	89.2	92.0	96.2	93.2	90.8	94.7
Health Insurance Coverage (ACS 2013-2017)							
Private Health Insurance Coverage							
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	71.6	76.4	80.5	79.7	80.2	85.7
Employer-based health insurance alone or in combination (Percent) [1]	ACS 2013-2017	62.2	65.3	64.6	73.1	67.8	76.1
Direct-purchase health insurance alone or in combination (Percent) [1]	ACS 2013-2017	11.4	13.2	18.1	11.8	14.2	12.0
Tricare/military health insurance alone or in combination (Percent) [1]	ACS 2013-2017	0.9	0.4	0.0	0.2	0.0	0.9
Public Health Insurance Coverage							
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	29.7	24.3	18.6	22.9	25.5	22.6
Medicare coverage alone or in combination (Percent) [1]	ACS 2013-2017	16.1	16.4	14.0	17.1	18.0	17.5
Medicaid/means-tested public coverage alone or in combination (Percent) [1]	ACS 2013-2017	16.0	10.0	5.4	7.0	11.3	7.6
VA health care coverage alone or in combination (Percent) [1]	ACS 2013-2017	1.1	0.9	0.4	0.8	0.7	1.0
Uninsured							
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	9.7	9.2	9.2	6.1	5.2	3.5

	Higher than State					
	Lower than State					
	CI Calculation	Benchmarks	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
Under 19 years (Percent) [1]	ACS 2013-2017	4.4	5.1	7.0	1.1	0.0	0.4
19 to 64 years (Percent) [1]	ACS 2013-2017	13.8	12.8	12.0	9.0	8.7	5.8
65 years and older (Percent) [1]	ACS 2013-2017	1.3	1.4	2.1	2.4	1.3	0.5
Affordable Housing (ACS 2013-2017)							
Number of housing units [1]	ACS 2013-2017	3595055	355632.0	2759.0	6561.0	2569.0	3618.0
Vacant housing units (Percent) [1]	ACS 2013-2017	11.0	5.0	2.8	4.3	4.2	1.3
Renter-occupied units (Percent) [1]	ACS 2013-2017	35.9	35.4	16.6	26.4	16.0	12.6
Occupied housing units with no vehicles available (Percent) [1]	ACS 2013-2017	11.4	8.0	0.7	6.1	3.9	3.7
Median house value (in dollars) [1]	ACS 2013-2017	321100	451200.0	625700.0	364500.0	465600.0	522700.0
Owner-occupied units with monthly owner costs ≥35% of household income (Percent) [1]	ACS 2013-2017	50.7	56.5	60.1	52.6	64.6	50.8
Renter-occupied units with gross rent ≥35% of household income (Percent) [1]	ACS 2013-2017	43.6	41.1	40.9	40.6	50.3	58.3
Crime (per 100,000 population)							
Violent crime rates (UCR 2017) [2]	JSI Calculation	228.6	73.1	0.0	22.2	25.8	0.0
Murder/non-negligent manslaughter rate (UCR 2017) [2]	JSI Calculation	3.7	0.4	0.0	0.0	0.0	0.0
Forcible rape rate (UCR 2017) [2]	JSI Calculation	15.9	6.7	0.0	0.0	0.0	0.0
Robbery rate (UCR 2017) [2]	JSI Calculation	88.5	25.0	0.0	5.6	0.0	0.0
Aggravated assault rate (UCR 2017) [2]	JSI Calculation	120.4	40.9	0.0	16.7	25.8	0.0
Property crime rates (UCR 2017) [2]	JSI Calculation	1537.9	966.9	489.3	488.4	322.7	330.1
Burglary rate (UCR 2017) [2]	JSI Calculation	263.8	122.9	34.1	44.4	51.6	47.2
Larceny-theft rate (UCR 2017) [2]	JSI Calculation	1137.1	786.8	409.6	394.1	258.2	264.1
Motor vehicle theft rate (UCR 2017) [2]	JSI Calculation	137.0	57.2	45.5	50.0	12.9	18.9
Arson rate (UCR 2017) [2]	JSI Calculation	6.2	1.6	0.0	0.0	0.0	0.0
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
Maternal and Child Health							
Number of births (2013-2017) [3]	NJDOH	510,789	46,715.0	287.0	816.0	320.0	423.0
Birth Rate (per 1,000 people)(2013-2017) [3]	NJDOH	11.4	10.0	6.6	9.1	8.3	8.0
Adolescent (15-19 years) Birth Rate(2013-2017) [3]	JSI Calculation	61	20.1	**	**		**
With Kotelchuck Prenatal Care=Adequate(Percent)(2013-2017) [3]	NJDOH	67.1	66.4	62.4	68.4	74.4	69.7
Low Birthweight Infants (less than 2500 g)(Percent)(2013-2017) [3]	NJDOH	8.1	7.9	7.3	7.1	7.8	8.0
Births that were Preterm (less than 37 weeks)(Percent)(2013-2017) [3]	NJDOH	9.6	9.7	7.3	10.9	8.8	10.4
Sexually Transmitted Diseases (Counts per 100,000)(2013-2017)							
Chlamydia [4]	JSI Calculation	1,773	947.8	539.6	850.0	469.5	389.7
Gonorrhea [4]	JSI Calculation	428	147.2		128.6		

	Higher than State					
	Lower than State					
	CI Calculation	**Benchmarks**	***Bergen County***	***Bergen County***	***Bergen County***	***Bergen County***
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
Syphilis (Primary, Secondary, Latent) [4]	JSI Calculation	77	47.4				
Hospitalizations (Inpatient and Emergency Department)(Counts per 100,000)(2016)							
Acute Myocardial Infarction (Heart Attack)							
All Inpatient Hospitalizations [5]	JSI Calculation	211.1	174.6	150.3	219.2	236.2	133.9
All Emergency Department Visits [5]	JSI Calculation	14.6	7.8	*11.6*	22.5	*26.2*	*28.7*
Acute Renal Failure							
All Inpatient Hospitalizations [5]	JSI Calculation	156.7	134.1		146.2	170.6	95.7
All Emergency Department Visits [5]	JSI Calculation	12.1	8.1	*11.6*		*13.1*	*9.6*
Alcohol/Drug Use or Induced Mental Disorders							
All Inpatient Hospitalizations [5]	JSI Calculation	236.8	218.3	161.8	236.1	105.0	153.1
All Emergency Department Visits [5]	JSI Calculation	789.3	578.5	242.8	449.7	485.5	325.2
Asthma							
All Inpatient Hospitalizations [5]	JSI Calculation	84.4	48.8		61.8		67.0
All Emergency Department Visits [5]	JSI Calculation	561.1	301.0	104.0	281.1	288.7	153.1
Cardiovascular Disease							
All Inpatient Hospitalizations [5]	JSI Calculation	1,082	871	659.0	972.6	1,141.6	794.0
All Emergency Department Visits [5]	JSI Calculation	304	252	138.7	191.1	419.9	277.4
Cerebrovascular Disease (Stroke)							
All Inpatient Hospitalizations [5]	JSI Calculation	243.0	206.3	92.5	342.9	170.6	162.6
All Emergency Department Visits [5]	JSI Calculation	38.0	19.2	*23.1*	33.7	*13.1*	*19.1*
Chronic Obstructive Pulmonary Disease (COPD)							
All Inpatient Hospitalizations [5]	JSI Calculation	197.3	122.3		146.2	118.1	86.1
All Emergency Department Visits [5]	JSI Calculation	282.0	154.7	92.5	230.5	131.2	114.8
Circulatory System							
All Inpatient Hospitalizations [5]	JSI Calculation	1,372.7	1,081.7	820.8	1,141.2	1,456.5	880.0
All Emergency Department Visits [5]	JSI Calculation	2,743.3	2,002.6	1,225.4	1,843.9	2,099.5	1,664.4
Congestive Heart Failure (CHF)							
All Emergency Department Visits [5]	JSI Calculation	26.2	14.8		*16.9*	*13.1*	*9.6*
Diabetes							
All Inpatient Hospitalizations [5]	JSI Calculation	177.1	105.6	57.8	56.2	91.9	76.5
All Emergency Department Visits [5]	JSI Calculation	189.9	100.4	*23.1*	89.9	131.2	47.8
Mental and behavioral disorders							
All Inpatient Hospitalizations [5]	JSI Calculation	525.1	557.3	369.9	697.1	223.1	449.6

	Higher than State					
	Lower than State					
	CI Calculation	**Benchmarks**	***Bergen County***	***Bergen County***	***Bergen County***	***Bergen County***
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
All Emergency Department Visits [5]	JSI Calculation	1,122.9	651.4	312.1	646.5	577.4	650.5
Pneumoconioses and Other Lung Diseases Due to External Agents							
All Inpatient Hospitalizations [5]	JSI Calculation	58.3	55.8	69.4	56.2	78.7	47.8
Respiratory System							
All Inpatient Hospitalizations [5]	JSI Calculation	957.2	735.9	554.9	843.3	879.1	650.5
All Emergency Department Visits [5]	JSI Calculation	2,238.6	1,360.1	682.1	1,388.6	1,180.9	1,071.4
Injuries, Poison And Toxic Effect of Drugs							
All Inpatient Hospitalizations [5]	JSI Calculation	145.9	103.2	57.8	174.3	183.7	47.8
All Emergency Department Visits [5]	JSI Calculation	1,478.9	1,120.4	1,144.5	1,045.6	1,653.3	1,138.3
Factors influencing health status and contact with health services							
All Inpatient Hospitalizations [5]	JSI Calculation	51.9	31.6		28.1		
All Emergency Department Visits [5]	JSI Calculation	1,426.8	822.3	786.1	691.5	656.1	535.7
Mortality							
Average Age of Death (Years)(2013-2017)[6]	NJDOH	75.0	78.2	76.7	76.4	81.5	79.0
Crude Death Rate (Deaths per 100,000 Population)(2013-2017)	NJDOH						
All Causes [6]	NJDOH	810.7	760.0	523.7	801.6	977.4	737.8
Alzheimer's Disease [6]	NJDOH	25.2	30.6	**	24.6	70.4	**
Acute Myocardial Infarction [6]	NJDOH	33.5	33.5	**	32.4	**	**
Asthma [6]	NJDOH	1.3	0.9	**	**		**
Cerebrovascular Diseases [6]	NJDOH	38.3	36.7	**	48.1	**	47.5
Chronic liver disease and cirrhosis [6]	NJDOH	8.9	6.6	**	**	**	**
Chronic lower respiratory diseases (CLRD) [6]	NJDOH	35.2	29	**	33.5	57.3	**
Diabetes mellitus [6]	NJDOH	22.1	17.9	**	**	**	**
Diseases of the heart [6]	NJDOH	207.3	199.3	147	194.5	278.9	192
Essential hypertension and hypertensive renal disease [6]	NJDOH	8.7	7.8	**	**	**	**
HIV [6]	NJDOH	2.8	0.8		**		
Homicide (assault) [6]	NJDOH	4.3	1.4	**			
Influenza and Pneumonia [6]	NJDOH	14.6	16.5	**	**	**	**
Leukemia [6]	NJDOH	7.3	8.2	**	**		**
Motor Vehicle Crash [6]	NJDOH	6.7	4.3		**	**	
Parkinson's Disease [6]	NJDOH	8.3	9.5	**	**	**	**
Suicide [6]	NJDOH	8.5	7.9	**	**	**	**
Tuberculosis [6]	NJDOH	0.2	**		**		

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	Lower than State					
	CI Calculation	**Benchmarks**	***Bergen County***	***Bergen County***	***Bergen County***	***Bergen County***
Indicators		**State of NJ**	**Bergen County**	**Closter**	**Dumont**	**Emerson**	**Hillsdale**
Unintentional injuries [6]	NJDOH	39.2	28.3	**	29.1	**	**
Viral Hepatitis [6]	NJDOH	1.6	1.3		**		**
Cancer Crude Death Rate (Deaths per 100,000 Population)(2013-2017)							
Cancer (malignant neoplasms) [6]	NJDOH	182.6	180.1	110.3	206.8	161.6	180.6
Breast (malignant neoplasm of breast) [6]	NJDOH	15	15	**	**	**	**
Ovary (malignant neoplasm of ovary) [6]	NJDOH	5	4	**			**
Cervix (malignant neoplasm of cervix) [6]	NJDOH	1	1	**	**		**
Prostate (malignant neoplasm of prostate) [6]	NJDOH	9	8	**	**	**	**
Bladder (malignant neoplasm of bladder) [6]	NJDOH	6	5	**	**	**	**
Colorectal (malignant neoplasms of colon, rectum, and anus) [6]	NJDOH	17	17	**	**	**	**
Stomach (malignant neoplasm of stomach) [6]	NJDOH	4	6	**	**	**	**
Lung (malignant neoplams of trachea, bronchus, and lung) [6]	NJDOH	43	39	**	61.5	**	**

[1] American Community Survey (ACS) 2013-2017
[2] FBI Uniform Crime Reporting (UCR): Offenses Known to Law Enforcement 2017
[3] New Jersey Birth Certificate Database, Office of Vital Statistics and Registry
[4] Communicable Disease Reporting and Surveillance System, New Jersey Department of Health
[5] New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016
[6] New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

MONTVALE – PARAMUS

	Higher than State							
	Lower than State							
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
Total Population (count) (ACS 2013-2017) [1]	ACS 2013-2017	8,960,161	937,920	8,440	16,760	4,872	5,864	26,919
Demographics								
Gender (ACS 2013-2017)								
Male (Percent) [1]	ACS 2013-2017	48.8	48.4	47.8	49.3	50.5	45.4	49.3
Female (Percent) [1]	ACS 2013-2017	51.2	51.6	52.2	50.7	49.5	54.6	50.7
Race/ethnicity (ACS 2013-2017)								
Non-Hispanic White (Percent) [1]	ACS 2013-2017	56.1	57.8	69.7	59.7	60.7	60.7	58.2
Non-Hispanic Black (Percent) [1]	ACS 2013-2017	12.7	5.3	3.1	3.2	1.8	0.9	2.9
Hispanic or Latino of Any Race (Percent) [1]	ACS 2013-2017	19.7	18.9	11.8	17.5	9.9	8.4	9.4
Non-Hispanic Asian (Percent) [1]	ACS 2013-2017	9.4	16.2	15.3	17.8	25.9	28.2	28.1
Non-Hispanic Native Hawaiian and Other Pacific Islander (Percent) [1]	ACS 2013-2017	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Non-Hispanic American Indian/Alaskan Native (Percent) [1]	ACS 2013-2017	0.1	0.1	0.1	0.1	0.1	0.8	0.1
Non-Hispanic Other race (Percent) [1]	ACS 2013-2017	0.4	0.2	0.0	0.1	0.9	0.4	0.3
Korean alone of total population (Percent) [1]	NA	1.1	6.1	3.7	1.8	15.0	16.0	7.8
Foreign born (Percent) (ACS 2013-2017) [1]	ACS 2013-2017	22.1	30.5	21.7	29.9	29.2	27.5	30.4
Language Spoken at Home (Population 5+ yrs and over) (ACS 2013-2017)								
English only (Percent) [1]	ACS 2013-2017	69.0	60.1	66.0	58.1	61.8	64.1	59.5
Language other than English in the home (Percent) [1]	ACS 2013-2017	31.0	39.9	34.0	41.9	38.2	35.9	40.5
Language other than English in the home - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	12.2	14.5	10.3	11.8	19.1	15.4	14.0
Spanish (Percent) [1]	ACS 2013-2017	16.1	14.9	7.7	14.3	9.4	5.1	6.3
Spanish - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	7.1	5.1	2.3	3.0	4.3	1.3	0.9
Other Indo-European languages (Percent) [1]	ACS 2013-2017	8.3	11.1	10.2	8.9	4.8	7.3	14.5
Other Indo-European languages - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	2.8	3.6	1.8	2.4	2.7	1.3	4.6
Asian and Pacific Islander languages (Percent) [1]	ACS 2013-2017	4.8	11.5	11.1	13.3	24.0	21.0	17.1
Asian and Pacific Islander languages -Speak English less than "very well" (Percent) [1]	ACS 2013-2017	1.9	5.1	4.1	3.7	12.1	11.9	8.2
Other languages (Percent) [1]	ACS 2013-2017	1.7	2.4	5.0	5.5	0.0	2.5	2.5
Other languages - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	0.5	0.6	2.0	2.7	0.0	0.9	0.4
Age (ACS 2013-2017)								
Median age (years) [1]	ACS 2013-2017	39.6	41.6	44.1	41.1	44.1	47.6	46.8
Under 18 yrs (Percent) [1]	ACS 2013-2017	22.3	21.5	23.9	19.2	22.7	20.0	19.5
0-4 yrs (Percent) [1]	ACS 2013-2017	5.9	5.3	5.4	5.1	4.8	4.1	4.1
5-14 yrs (Percent) [1]	ACS 2013-2017	12.5	12.2	13.7	10.4	14.8	13.4	11.4

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
15-19 yrs (Percent) [1]	ACS 2013-2017	6.4	6.3	6.9	5.5	5.3	4.0	6.5
20-34 yrs (Percent) [1]	ACS 2013-2017	19.3	17.4	14.3	21.2	10.8	13.5	13.8
35-44 yrs (Percent) [1]	ACS 2013-2017	13.0	13.3	10.6	13.2	15.9	9.6	11.8
45-54 yrs (Percent) [1]	ACS 2013-2017	14.7	15.3	19.2	13.1	19.1	19.6	14.9
55-64 yrs (Percent) [1]	ACS 2013-2017	13.1	13.6	11.2	15.1	13.4	16.1	14.5
Over 65 yrs (Percent) [1]	ACS 2013-2017	15.1	16.4	18.8	16.3	15.8	19.7	22.9
Households (ACS 2013-2017)								
Households one or more people under 18 years old (Percent) [1]	ACS 2013-2017	33.4	33.8	40.3	29.6	30.9	31.3	33.8
Households with one or more people 65+ years old (Percent) [1]	ACS 2013-2017	29.6	31.1	36.5	29.5	29.1	30.5	42.4
Individuals 65+ years older living alone (Percent) [1]	NA	26.8	24.0	17.5	20.4	23.2	24.2	23.7
Social and Economic Characteristics (ACS 2013-2017)								
Families living below poverty level (Percent) [1]	ACS 2013-2017	7.9	5.5	5.2	4.6	5.1	2.6	1.7
Persons living below poverty level (Percent) [1]	ACS 2013-2017	10.7	7.2	8.5	6.4	6.4	3.5	2.6
Individuals with income below 200 percent of poverty level (Percent) [1]	NA	24.1	17.6	12.9	15.0	17.7	8.2	11.8
Individuals with income below 300 percent of poverty level (Percent) [1]	NA	37.1	28.3	21.1	27.1	21.2	13.4	22.5
Individuals with income below 400 percent of poverty level (Percent) [1]	NA	48.9	39.1	30.9	37.9	38.9	20.2	33.8
Single female households (no husband present) with children (<18 yrs old) living below poverty level (Percent) [1]	ACS 2013-2017	32.2	25.3	23.1	16.3	19.4	0.0	10.6
Children <18 yrs old living below poverty level (Percent) [1]	ACS 2013-2017	12.3	7.6	9.3	6.8	9.8	3.5	1.8
Unemployment (labor force that is unemployed) (Percent) [1]	ACS 2013-2017	4.6	3.4	4.7	4.3	5.1	2.6	2.8
High school graduate or higher (Percent) [1]	ACS 2013-2017	89.2	92.0	96.1	94.1	92.4	94.6	91.1
Health Insurance Coverage (ACS 2013-2017)								
Private Health Insurance Coverage								
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	71.6	76.4	83.3	82.2	83.1	90.0	80.7
Employer-based health insurance alone or in combination (Percent) [1]	ACS 2013-2017	62.2	65.3	69.6	68.4	65.5	71.6	62.6
Direct-purchase health insurance alone or in combination (Percent) [1]	ACS 2013-2017	11.4	13.2	14.8	15.5	19.7	19.8	19.5
Tricare/military health insurance alone or in combination (Percent) [1]	ACS 2013-2017	0.9	0.4	0.3	0.5	0.4	0.0	0.8
Public Health Insurance Coverage								
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	29.7	24.3	24.4	21.7	23.4	21.1	27.2
Medicare coverage alone or in combination (Percent) [1]	ACS 2013-2017	16.1	16.4	18.8	15.4	15.5	17.5	21.5
Medicaid/means-tested public coverage alone or in combination (Percent) [1]	ACS 2013-2017	16.0	10.0	7.1	7.2	8.4	4.7	8.1
VA health care coverage alone or in combination (Percent) [1]	ACS 2013-2017	1.1	0.9	1.0	1.3	0.4	1.5	1.2
Uninsured								

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	9.7	9.2	6.0	5.6	9.5	3.3	6.8
Under 19 years (Percent) [1]	ACS 2013-2017	4.4	5.1	2.6	7.5	2.4	0.0	8.3
19 to 64 years (Percent) [1]	ACS 2013-2017	13.8	12.8	9.1	6.1	13.6	5.4	8.6
65 years and older (Percent) [1]	ACS 2013-2017	1.3	1.4	1.5	0.6	4.3	0.0	0.0
Affordable Housing (ACS 2013-2017)								
Number of housing units [1]	ACS 2013-2017	3595055	355632.0	2868.0	6129.0	1816.0	2177.0	8820.0
Vacant housing units (Percent) [1]	ACS 2013-2017	11.0	5.0	1.6	3.3	3.5	3.0	5.3
Renter-occupied units (Percent) [1]	ACS 2013-2017	35.9	35.4	14.4	39.5	17.3	19.0	12.6
Occupied housing units with no vehicles available (Percent) [1]	ACS 2013-2017	11.4	8.0	2.6	3.5	1.5	3.3	5.5
Median house value (in dollars) [1]	ACS 2013-2017	321100	451200.0	609700.0	397000.0	458300.0	639100.0	574600.0
Owner-occupied units with monthly owner costs ≥35% of household income (Percent) [1]	ACS 2013-2017	50.7	56.5	52.2	66.6	78.5	54.5	51.0
Renter-occupied units with gross rent ≥35% of household income (Percent) [1]	ACS 2013-2017	43.6	41.1	21.9	24.8	29.6	46.5	61.1
Crime (per 100,000 population)								
Violent crime rates (UCR 2017) [2]	JSI Calculation	228.6	73.1	11.6	11.8	0.0	0.0	51.7
Murder/non-negligent manslaughter rate (UCR 2017) [2]	JSI Calculation	3.7	0.4	0.0	0.0	0.0	0.0	3.7
Forcible rape rate (UCR 2017) [2]	JSI Calculation	15.9	6.7	0.0	5.9	0.0	0.0	0.0
Robbery rate (UCR 2017) [2]	JSI Calculation	88.5	25.0	11.6	5.9	0.0	0.0	25.9
Aggravated assault rate (UCR 2017) [2]	JSI Calculation	120.4	40.9	0.0	0.0	0.0	0.0	22.2
Property crime rates (UCR 2017) [2]	JSI Calculation	1537.9	966.9	335.1	443.9	259.8	406.5	4262.2
Burglary rate (UCR 2017) [2]	JSI Calculation	263.8	122.9	80.9	82.9	0.0	50.8	107.1
Larceny-theft rate (UCR 2017) [2]	JSI Calculation	1137.1	786.8	254.2	361.1	259.8	287.9	4044.3
Motor vehicle theft rate (UCR 2017) [2]	JSI Calculation	137.0	57.2	0.0	0.0	0.0	67.8	110.8
Arson rate (UCR 2017) [2]	JSI Calculation	6.2	1.6	0.0	0.0	0.0	0.0	0.0
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
Maternal and Child Health								
Number of births (2013-2017) [3]	NJDOH	510,789	46,715.0	335.0	876.0	171.0	153.0	894.0
Birth Rate (per 1,000 people)(2013-2017) [3]	NJDOH	11.4	10.0	7.9	10.4	7.0	5.2	6.6
Adolescent (15-19 years) Birth Rate(2013-2017) [3]	JSI Calculation	61	20.1	**	17.1	**		3.5
With Kotelchuck Prenatal Care=Adequate(Percent)(2013-2017) [3]	NJDOH	67.1	66.4	71.0	66.1	66.7	62.1	69.0
Low Birthweight Infants (less than 2500 g)(Percent)(2013-2017) [3]	NJDOH	8.1	7.9	8.1	9.2	5.3	2.6	8.9
Births that were Preterm (less than 37 weeks)(Percent)(2013-2017) [3]	NJDOH	9.6	9.7	7.8	10.0	10.5	5.2	9.7
Sexually Transmitted Diseases (Counts per 100,000)(2013-2017)								

	Higher than State							
	Lower than State							
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
Chlamydia [4]	JSI Calculation	1,773	947.8	580.6	686.2	472.1	426.3	605.5
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Syphilis (Primary, Secondary, Latent) [4]	JSI Calculation	77	47.4					
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Cerebrovascular Disease (Stroke)								
All Inpatient Hospitalizations [5]	JSI Calculation	243.0	206.3	132.8	227.8	125.0	274.5	294.8
All Emergency Department Visits [5]	JSI Calculation	38.0	19.2	*12.1*	*18.0*			26.1
Chronic Obstructive Pulmonary Disease (COPD)								
All Inpatient Hospitalizations [5]	JSI Calculation	197.3	122.3	60.4	185.8	125.0		179.1
All Emergency Department Visits [5]	JSI Calculation	282.0	154.7	84.5	185.8	*62.5*	120.1	201.5
Circulatory System								
All Inpatient Hospitalizations [5]	JSI Calculation	1,372.7	1,081.7	796.6	1,091.0	770.7	926.6	1,649.6
All Emergency Department Visits [5]	JSI Calculation	2,743.3	2,002.6	1,412.2	2,164.0	1,687.1	1,355.5	2,295.2
Congestive Heart Failure (CHF)								
All Emergency Department Visits [5]	JSI Calculation	26.2	14.8	*12.1*	*12.0*	*20.8*	*17.2*	18.7
Diabetes								
All Inpatient Hospitalizations [5]	JSI Calculation	177.1	105.6	108.6	77.9	166.6		123.2
All Emergency Department Visits [5]	JSI Calculation	189.9	100.4	48.3	83.9	*62.5*	*51.5*	89.6

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
Mental and behavioral disorders								
All Inpatient Hospitalizations [5]	JSI Calculation	525.1	557.3	229.3	461.6	458.2	188.7	612.1
All Emergency Department Visits [5]	JSI Calculation	1,122.9	651.4	555.2	647.4	666.5	394.6	664.3
Pneumoconioses and Other Lung Diseases Due to External Agents								
All Inpatient Hospitalizations [5]	JSI Calculation	58.3	55.8	72.4	59.9			182.9
Respiratory System								
All Inpatient Hospitalizations [5]	JSI Calculation	957.2	735.9	579.4	761.3	708.2	652.0	1,227.8
All Emergency Department Visits [5]	JSI Calculation	2,238.6	1,360.1	917.3	1,198.9	895.6	686.3	1,194.3
Injuries, Poison And Toxic Effect of Drugs								
All Inpatient Hospitalizations [5]	JSI Calculation	145.9	103.2	84.5	119.9	145.8	85.8	93.3
All Emergency Department Visits [5]	JSI Calculation	1,478.9	1,120.4	1,062.2	1,133.0	1,041.4	1,012.4	1,168.1
Factors influencing health status and contact with health services								
All Inpatient Hospitalizations [5]	JSI Calculation	51.9	31.6		42.0			33.6
All Emergency Department Visits [5]	JSI Calculation	1,426.8	822.3	531.1	761.3	291.6	429.0	731.5
Mortality								
Average Age of Death (Years)(2013-2017)[6]	NJDOH	75.0	78.2	79.0	78.7	76.7	82.3	82.2
Crude Death Rate (Deaths per 100,000 Population)(2013-2017)	NJDOH							
All Causes [6]	NJDOH	810.7	760.0	590.1	894.5	661.2	1074.5	1368.9
Alzheimer's Disease [6]	NJDOH	25.2	30.6	**	35.8	**	75	86.9
Acute Myocardial Infarction [6]	NJDOH	33.5	33.5	**	47.7	**	**	52.7
Asthma [6]	NJDOH	1.3	0.9					**
Cerebrovascular Diseases [6]	NJDOH	38.3	36.7	**	37	**	**	72.8
Chronic liver disease and cirrhosis [6]	NJDOH	8.9	6.6	**	**	**	**	**
Chronic lower respiratory diseases (CLRD) [6]	NJDOH	35.2	29	**	39.4	**	**	56.4
Diabetes mellitus [6]	NJDOH	22.1	17.9	**	23.8	**	**	30.4
Diseases of the heart [6]	NJDOH	207.3	199.3	175.4	221.8	172.5	272.9	366.9
Essential hypertension and hypertensive renal disease [6]	NJDOH	8.7	7.8	**	**	**	**	**
HIV [6]	NJDOH	2.8	0.8					**
Homicide (assault) [6]	NJDOH	4.3	1.4		**			**
Influenza and Pneumonia [6]	NJDOH	14.6	16.5	**	**	**	**	37.9
Leukemia [6]	NJDOH	7.3	8.2	**	**	**	**	17.1
Motor Vehicle Crash [6]	NJDOH	6.7	4.3	**	**		**	**
Parkinson's Disease [6]	NJDOH	8.3	9.5	**	**	**	**	24.5

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*
Indicators		**State of NJ**	**Bergen County**	**Montvale**	**New Milford**	**Northvale**	**Norwood**	**Paramus**
Suicide [6]	NJDOH	8.5	7.9	**	**	**		**
Tuberculosis [6]	NJDOH	0.2	**					
Unintentional injuries [6]	NJDOH	39.2	28.3	**	42.9	**	**	31.9
Viral Hepatitis [6]	NJDOH	1.6	1.3		**			**
Cancer Crude Death Rate (Deaths per 100,000 Population)(2013-2017)								
Cancer (malignant neoplasms) [6]	NJDOH	182.6	180.1	175.4	195.6	180.7	194.4	236.2
Breast (malignant neoplasm of breast) [6]	NJDOH	15	15	**	**	**	**	18.6
Ovary (malignant neoplasm of ovary) [6]	NJDOH	5	4	**	**		**	**
Cervix (malignant neoplasm of cervix) [6]	NJDOH	1	1		**		**	**
Prostate (malignant neoplasm of prostate) [6]	NJDOH	9	8	**	**	**	**	**
Bladder (malignant neoplasm of bladder) [6]	NJDOH	6	5	**	**	**		**
Colorectal (malignant neoplasms of colon, rectum, and anus) [6]	NJDOH	17	17	**	**		**	21.5
Stomach (malignant neoplasm of stomach) [6]	NJDOH	4	6	**	**	**	**	**
Lung (malignant neoplams of trachea, bronchus, and lung) [6]	NJDOH	43	39	**	50.1	**	**	47.5

[1] American Community Survey (ACS) 2013-2017
[2] FBI Uniform Crime Reporting (UCR): Offenses Known to Law Enforcement 2017
[3] New Jersey Birth Certificate Database, Office of Vital Statistics and Registry
[4] Communicable Disease Reporting and Surveillance System, New Jersey Department of Health
[5] New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016
[6] New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

PARK RIDGE – PASSAIC

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Passaic County*
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
Total Population (count) (ACS 2013-2017) [1]	ACS 2013-2017	8,960,161	937,920	8,905	9,368	11,246	5,868	71057
Demographics								
Gender (ACS 2013-2017)								
Male (Percent) [1]	ACS 2013-2017	48.8	48.4	50.2	50.1	46.5	47.7	50.7
Female (Percent) [1]	ACS 2013-2017	51.2	51.6	49.8	49.9	53.5	52.3	49.3
Race/ethnicity (ACS 2013-2017)								
Non-Hispanic White (Percent) [1]	ACS 2013-2017	56.1	57.8	77.2	82.8	66.8	88.3	15.7
Non-Hispanic Black (Percent) [1]	ACS 2013-2017	12.7	5.3	1.9	0.2	6.8	2.6	6.9
Hispanic or Latino of Any Race (Percent) [1]	ACS 2013-2017	19.7	18.9	17.5	10.6	16.6	1.6	73.2
Non-Hispanic Asian (Percent) [1]	ACS 2013-2017	9.4	16.2	2.0	6.4	8.8	6.5	3.4
Non-Hispanic Native Hawaiian and Other Pacific Islander (Percent) [1]	ACS 2013-2017	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Non-Hispanic American Indian/Alaskan Native (Percent) [1]	ACS 2013-2017	0.1	0.1	0.1	0.0	0.0	0.0	0.2
Non-Hispanic Other race (Percent) [1]	ACS 2013-2017	0.4	0.2	0.0	0.0	0.1	0.0	0.2
Korean alone of total population (Percent) [1]	NA	1.1	6.1	0.5	2.8	1.7	1.3	0.1
Foreign born (Percent) (ACS 2013-2017) [1]	ACS 2013-2017	22.1	30.5	12.3	14.9	23.1	11.7	39.5
Language Spoken at Home (Population 5+ yrs and over) (ACS 2013-2017)								
English only (Percent) [1]	ACS 2013-2017	69.0	60.1	81.5	77.5	72.1	82.7	23.9
Language other than English in the home (Percent) [1]	ACS 2013-2017	31.0	39.9	18.5	22.5	27.9	17.3	76.1
Language other than English in the home - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	12.2	14.5	5.6	8.1	9.3	3.1	36.1
Spanish (Percent) [1]	ACS 2013-2017	16.1	14.9	11.8	5.4	12.9	1.9	69.5
Spanish - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	7.1	5.1	4.1	2.2	2.9	0.4	33.6
Other Indo-European languages (Percent) [1]	ACS 2013-2017	8.3	11.1	5.4	8.8	9.7	11.3	4.9
Other Indo-European languages - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	2.8	3.6	0.9	2.5	4.2	1.2	2.2
Asian and Pacific Islander languages (Percent) [1]	ACS 2013-2017	4.8	11.5	1.0	5.4	4.5	3.7	0.7
Asian and Pacific Islander languages -Speak English less than "very well" (Percent) [1]	ACS 2013-2017	1.9	5.1	0.6	2.8	2.0	1.5	0.3
Other languages (Percent) [1]	ACS 2013-2017	1.7	2.4	0.3	3.0	0.8	0.4	0.8
Other languages - Speak English less than "very well" (Percent) [1]	ACS 2013-2017	0.5	0.6	0.0	0.6	0.1	0.0	0.1
Age (ACS 2013-2017)								
Median age (years) [1]	ACS 2013-2017	39.6	41.6	44.8	45.9	42.7	46.7	29.8
Under 18 yrs (Percent) [1]	ACS 2013-2017	22.3	21.5	23.1	20.7	22.9	24.4	33
0-4 yrs (Percent) [1]	ACS 2013-2017	5.9	5.3	5.0	5.0	5.0	3.9	9.8

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Passaic County*
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
5-14 yrs (Percent) [1]	ACS 2013-2017	12.5	12.2	12.1	12.8	15.1	14.1	18.2
15-19 yrs (Percent) [1]	ACS 2013-2017	6.4	6.3	7.9	5.2	4.4	9.3	8
20-34 yrs (Percent) [1]	ACS 2013-2017	19.3	17.4	13.4	14.1	16.4	9.1	21.9
35-44 yrs (Percent) [1]	ACS 2013-2017	13.0	13.3	11.8	11.3	14.1	10.3	14.1
45-54 yrs (Percent) [1]	ACS 2013-2017	14.7	15.3	16.7	16.7	15.4	19.9	10.3
55-64 yrs (Percent) [1]	ACS 2013-2017	13.1	13.6	13.2	14.6	13.4	16.8	9.4
Over 65 yrs (Percent) [1]	ACS 2013-2017	15.1	16.4	19.9	20.4	16.3	16.6	8.3
Households (ACS 2013-2017)								
Households one or more people under 18 years old (Percent) [1]	ACS 2013-2017	33.4	33.8	33.7	34.9	37.0	36.2	47.9
Households with one or more people 65+ years old (Percent) [1]	ACS 2013-2017	29.6	31.1	33.3	42.3	31.1	29.5	22.4
Individuals 65+ years older living alone (Percent) [1]	NA	26.8	24.0	29.7	23.5	29.3	22.9	29.6
Social and Economic Characteristics (ACS 2013-2017)								
Families living below poverty level (Percent) [1]	ACS 2013-2017	7.9	5.5	0.6	0.0	6.1	0.0	32.4
Persons living below poverty level (Percent) [1]	ACS 2013-2017	10.7	7.2	2.1	1.1	7.9	1.5	33.1
Individuals with income below 200 percent of poverty level (Percent) [1]	NA	24.1	17.6	12.7	4.6	16.9	2.5	60.3
Individuals with income below 300 percent of poverty level (Percent) [1]	NA	37.1	28.3	20.9	12.9	25.4	6.2	74.8
Individuals with income below 400 percent of poverty level (Percent) [1]	NA	48.9	39.1	27.6	20.1	36.3	11.4	83.8
Single female households (no husband present) with children (<18 yrs old) living below poverty level (Percent) [1]	ACS 2013-2017	32.2	25.3	5.2	0.0	13.2	0.0	59.3
Children <18 yrs old living below poverty level (Percent) [1]	ACS 2013-2017	12.3	7.6	1.3	0.0	9.5	0.0	40.6
Unemployment (labor force that is unemployed) (Percent) [1]	ACS 2013-2017	4.6	3.4	3.2	2.0	1.7	1.6	3.6
High school graduate or higher (Percent) [1]	ACS 2013-2017	89.2	92.0	95.1	95.7	94.7	98.9	65.8
Health Insurance Coverage (ACS 2013-2017)								
Private Health Insurance Coverage								
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	71.6	76.4	83.9	89.6	84.6	93.4	32
Employer-based health insurance alone or in combination (Percent) [1]	ACS 2013-2017	62.2	65.3	69.7	73.4	77.5	78.4	27.6
Direct-purchase health insurance alone or in combination (Percent) [1]	ACS 2013-2017	11.4	13.2	17.7	19.2	10.1	19.6	4.7
Tricare/military health insurance alone or in combination (Percent) [1]	ACS 2013-2017	0.9	0.4	1.1	0.4	0.4	0.4	0.3
Public Health Insurance Coverage								
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	29.7	24.3	26.3	24.6	23.0	16.5	47.6
Medicare coverage alone or in combination (Percent) [1]	ACS 2013-2017	16.1	16.4	19.0	21.3	16.3	15.3	10.3
Medicaid/means-tested public coverage alone or in combination (Percent) [1]	ACS 2013-2017	16.0	10.0	8.6	5.4	8.6	1.4	41.2
VA health care coverage alone or in combination (Percent) [1]	ACS 2013-2017	1.1	0.9	1.3	1.2	0.7	1.1	0.5

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks	*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Passaic County*
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
Uninsured								
Civilian noninstitutionalized population (Percent) [1]	ACS 2013-2017	9.7	9.2	3.9	2.7	5.7	0.8	24.9
Under 19 years (Percent) [1]	ACS 2013-2017	4.4	5.1	0.6	1.6	2.8	0.4	7.5
19 to 64 years (Percent) [1]	ACS 2013-2017	13.8	12.8	6.5	4.1	8.0	1.1	38.8
65 years and older (Percent) [1]	ACS 2013-2017	1.3	1.4	0.0	0.0	1.7	0.0	1.6
Affordable Housing (ACS 2013-2017)								
Number of housing units [1]	ACS 2013-2017	3595055	355632.0	3431.0	3388.0	4465.0	2104.0	21344
Vacant housing units (Percent) [1]	ACS 2013-2017	11.0	5.0	2.8	4.4	3.5	2.4	8.5
Renter-occupied units (Percent) [1]	ACS 2013-2017	35.9	35.4	22.0	7.4	38.6	8.3	76.6
Occupied housing units with no vehicles available (Percent) [1]	ACS 2013-2017	11.4	8.0	5.6	4.7	8.2	2.7	35.9
Median house value (in dollars) [1]	ACS 2013-2017	321100	451200.0	546000.0	491900.0	441000.0	769500.0	309700
Owner-occupied units with monthly owner costs ≥35% of household income (Percent) [1]	ACS 2013-2017	50.7	56.5	52.2	52.8	45.9	40.8	82
Renter-occupied units with gross rent ≥35% of household income (Percent) [1]	ACS 2013-2017	43.6	41.1	50.3	23.9	33.9	38.6	58.4
Crime (per 100,000 population)								
Violent crime rates (UCR 2017) [2]	JSI Calculation	228.6	73.1	11.1	31.8	79.4	16.8	548.9
Murder/non-negligent manslaughter rate (UCR 2017) [2]	JSI Calculation	3.7	0.4	0.0	0.0	0.0	0.0	1.4
Forcible rape rate (UCR 2017) [2]	JSI Calculation	15.9	6.7	0.0	0.0	8.8	0.0	14.1
Robbery rate (UCR 2017) [2]	JSI Calculation	88.5	25.0	0.0	0.0	17.7	16.8	232.2
Aggravated assault rate (UCR 2017) [2]	JSI Calculation	120.4	40.9	11.1	31.8	53.0	0.0	301.2
Property crime rates (UCR 2017) [2]	JSI Calculation	1537.9	966.9	200.5	159.0	432.6	403.9	1636.8
Burglary rate (UCR 2017) [2]	JSI Calculation	263.8	122.9	100.3	63.6	105.9	67.3	271.6
Larceny-theft rate (UCR 2017) [2]	JSI Calculation	1137.1	786.8	100.3	84.8	309.0	302.9	1185.0
Motor vehicle theft rate (UCR 2017) [2]	JSI Calculation	137.0	57.2	0.0	10.6	17.7	33.7	180.1
Arson rate (UCR 2017) [2]	JSI Calculation	6.2	1.6	0.0	0.0	0.0	0.0	1.4
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
Maternal and Child Health								
Number of births (2013-2017) [3]	NJDOH	510,789	46,715.0	344.0	463.0	606.0	176.0	6383
Birth Rate (per 1,000 people)(2013-2017) [3]	NJDOH	11.4	10.0	7.7	9.9	10.8	6.0	18.2
Adolescent (15-19 years) Birth Rate(2013-2017) [3]	JSI Calculation	61	20.1	**	**	20.8		191.8
With Kotelchuck Prenatal Care=Adequate(Percent)(2013-2017) [3]	NJDOH	67.1	66.4	69.8	71.3	70.3	70.5	64.1
Low Birthweight Infants (less than 2500 g)(Percent)(2013-2017) [3]	NJDOH	8.1	7.9	6.7	6.9	7.8	4.0	7.2
Births that were Preterm (less than 37 weeks)(Percent)(2013-2017) [3]	NJDOH	9.6	9.7	5.5	9.3	9.2	5.1	10.1

	Higher than State							
	Lower than State							
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Passaic County*
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
Sexually Transmitted Diseases (Counts per 100,000)(2013-2017)								
Chlamydia [4]	JSI Calculation	1,773	947.8	707.5	523.1	711.4	613.5	3131.3
Gonorrhea [4]	JSI Calculation	428	147.2			88.9		464.4
Syphilis (Primary, Secondary, Latent) [4]	JSI Calculation	77	47.4					95.7
Hospitalizations (Inpatient and Emergency Department)(Counts per 100,000)(2016)								
Acute Myocardial Infarction (Heart Attack)								
All Inpatient Hospitalizations [5]	JSI Calculation	211.1	174.6	203.3	150.3	304.4	171.1	87.9
All Emergency Department Visits [5]	JSI Calculation	14.6	7.8		*21.5*	*17.9*	*17.1*	*2.8*
Acute Renal Failure								
All Inpatient Hospitalizations [5]	JSI Calculation	156.7	134.1	158.1	85.9	197.0	359.3	341.7
All Emergency Department Visits [5]	JSI Calculation	12.1	8.1	*11.3*	*21.5*	*9.0*	*34.2*	*1.4*
Alcohol/Drug Use or Induced Mental Disorders								
All Inpatient Hospitalizations [5]	JSI Calculation	236.8	218.3	79.1	161.1	385.0	188.2	190.0
All Emergency Department Visits [5]	JSI Calculation	789.3	578.5	192.0	107.4	599.8	171.1	1097.3
Asthma								
All Inpatient Hospitalizations [5]	JSI Calculation	84.4	48.8		64.4	98.5	136.9	7.1
All Emergency Department Visits [5]	JSI Calculation	561.1	301.0	101.6	171.8	188.0	102.7	693.3
Cardiovascular Disease								
All Inpatient Hospitalizations [5]	JSI Calculation	1,082	871	1,050.4	923.4	1,137.0	941.1	810.9
All Emergency Department Visits [5]	JSI Calculation	304	252	395.3	783.9	313.3	222.5	140.4
Cerebrovascular Disease (Stroke)								
All Inpatient Hospitalizations [5]	JSI Calculation	243.0	206.3	192.0	161.1	286.5	205.3	170.1
All Emergency Department Visits [5]	JSI Calculation	38.0	19.2	*22.6*	*21.5*	71.6		9.9
Chronic Obstructive Pulmonary Disease (COPD)								
All Inpatient Hospitalizations [5]	JSI Calculation	197.3	122.3	146.8	128.9	134.3		95.0
All Emergency Department Visits [5]	JSI Calculation	282.0	154.7	112.9	161.1	179.1	119.8	836.5
Circulatory System								
All Inpatient Hospitalizations [5]	JSI Calculation	1,372.7	1,081.7	1,219.8	1,073.8	1,521.9	1,197.8	1105.8
All Emergency Department Visits [5]	JSI Calculation	2,743.3	2,002.6	1,886.2	5,046.7	2,641.0	1,711.2	2295.3
Congestive Heart Failure (CHF)								
All Emergency Department Visits [5]	JSI Calculation	26.2	14.8	*33.9*	64.4	*17.9*	*17.1*	*1.4*
Diabetes								

	Higher than State							
	Lower than State							
	CI Calculation	**Benchmarks**		***Bergen County***	***Bergen County***	***Bergen County***	***Bergen County***	***Passaic County***
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
All Inpatient Hospitalizations [5]	JSI Calculation	177.1	105.6	79.1	85.9	161.1	119.8	151.7
All Emergency Department Visits [5]	JSI Calculation	189.9	100.4	67.8	107.4	116.4	*34.2*	938.5
Mental and behavioral disorders								
All Inpatient Hospitalizations [5]	JSI Calculation	525.1	557.3	395.3	247.0	510.3	308.0	526.0
All Emergency Department Visits [5]	JSI Calculation	1,122.9	651.4	756.7	644.3	859.4	376.5	1223.5
Pneumoconioses and Other Lung Diseases Due to External Agents								
All Inpatient Hospitalizations [5]	JSI Calculation	58.3	55.8	79.1	107.4	71.6	222.5	8.5
Respiratory System								
All Inpatient Hospitalizations [5]	JSI Calculation	957.2	735.9	881.0	966.4	1,002.7	1,043.8	707.4
All Emergency Department Visits [5]	JSI Calculation	2,238.6	1,360.1	948.7	1,460.3	1,530.9	906.9	2319.4
Injuries, Poison And Toxic Effect of Drugs								
All Inpatient Hospitalizations [5]	JSI Calculation	145.9	103.2	124.2		170.1	85.6	112.0
All Emergency Department Visits [5]	JSI Calculation	1,478.9	1,120.4	1,253.7	1,288.5	1,575.6	1,557.2	1278.8
Factors influencing health status and contact with health services								
All Inpatient Hospitalizations [5]	JSI Calculation	51.9	31.6			62.7		112.0
All Emergency Department Visits [5]	JSI Calculation	1,426.8	822.3	722.8	676.5	931.1	410.7	2045.8
Mortality								
Average Age of Death (Years)(2013-2017)[6]	NJDOH	75.0	78.2	81.9	79.8	80.0	83.5	70
Crude Death Rate (Deaths per 100,000 Population)(2013-2017)	NJDOH							
All Causes [6]	NJDOH	810.7	760.0	1060.4	905.6	988.7	1007.4	439.4
Alzheimer's Disease [6]	NJDOH	25.2	30.6	94.4	**	69.4	**	10.7
Acute Myocardial Infarction [6]	NJDOH	33.5	33.5	**	42.7	37.3	**	17.7
Asthma [6]	NJDOH	1.3	0.9		**			**
Cerebrovascular Diseases [6]	NJDOH	38.3	36.7	69.6	44.9	44.4	**	23.6
Chronic liver disease and cirrhosis [6]	NJDOH	8.9	6.6	**	**	**		8.4
Chronic lower respiratory diseases (CLRD) [6]	NJDOH	35.2	29	**	42.7	**	**	16
Diabetes mellitus [6]	NJDOH	22.1	17.9	**	**	**	**	18.3
Diseases of the heart [6]	NJDOH	207.3	199.3	253.9	222.1	259.6	258.7	99.6
Essential hypertension and hypertensive renal disease [6]	NJDOH	8.7	7.8	**	**	**	**	**
HIV [6]	NJDOH	2.8	0.8			**		**
Homicide (assault) [6]	NJDOH	4.3	1.4		**			**
Influenza and Pneumonia [6]	NJDOH	14.6	16.5	**	**	**	**	8.4

	Higher than State						
	Lower than State						
	CI Calculation	Benchmarks		*Bergen County*	*Bergen County*	*Bergen County*	*Bergen County*	*Passaic County*
Indicators		**State of NJ**	**Bergen County**	**Park Ridge**	**Washington**	**Westwood**	**Woodcliff Lake**	**Passaic**
Leukemia [6]	NJDOH	7.3	8.2	**	**	**	**	**
Motor Vehicle Crash [6]	NJDOH	6.7	4.3	**	**		**	**
Parkinson's Disease [6]	NJDOH	8.3	9.5	**	**	**	**	**
Suicide [6]	NJDOH	8.5	7.9	**	**	**	**	**
Tuberculosis [6]	NJDOH	0.2	**					
Unintentional injuries [6]	NJDOH	39.2	28.3	**	**	**	**	25.3
Viral Hepatitis [6]	NJDOH	1.6	1.3		**			**
Cancer Crude Death Rate (Deaths per 100,000 Population)(2013-2017)								
Cancer (malignant neoplasms) [6]	NJDOH	182.6	180.1	226.9	235.0	192.0	214.4	102.2
Breast (malignant neoplasm of breast) [6]	NJDOH	15	15	**	**	**	**	10.1
Ovary (malignant neoplasm of ovary) [6]	NJDOH	5	4	**	**	**	**	**
Cervix (malignant neoplasm of cervix) [6]	NJDOH	1	1					**
Prostate (malignant neoplasm of prostate) [6]	NJDOH	9	8	**	**	**	**	**
Bladder (malignant neoplasm of bladder) [6]	NJDOH	6	5	**	**	**	**	**
Colorectal (malignant neoplasms of colon, rectum, and anus) [6]	NJDOH	17	17	**	**	**	**	13.5
Stomach (malignant neoplasm of stomach) [6]	NJDOH	4	6	**	**	**	**	**
Lung (malignant neoplams of trachea, bronchus, and lung) [6]	NJDOH	43	39	**	**	40.9	**	14.6

[1] American Community Survey (ACS) 2013-2017
[2] FBI Uniform Crime Reporting (UCR): Offenses Known to Law Enforcement 2017
[3] New Jersey Birth Certificate Database, Office of Vital Statistics and Registry
[4] Communicable Disease Reporting and Surveillance System, New Jersey Department of Health
[5] New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, 2016
[6] New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2013-2017

NJ BEHAVIROAL RISK FACTOR SURVEY

	CI Calculation	Benchmarks	
Indicators		**State of NJ**	**Bergen County**
NJ Behavioral Risk Factor Survey (among 18+ years)*			
General Health Status - Good or Better Health (2012-2016)			
Crude Rate	NJDOH	83.5	85.3
Age-adjusted Rate	NJDOH	84.1	86.2
General Health Status - Fair or Poor Health (2012-2016)			
Crude Rate	NJDOH	16.5	14.7
Age-adjusted Rate	NJDOH	15.9	13.8
Physical Health Status in Past 30 days - 14 or more days not good (2012-2016)			
Crude Rate	NJDOH	10.5	8.6
Age-adjusted Rate	NJDOH	10.1	8.0
Frequent Mental Distress - 14 or more of the past 30 Days Not Good (2012-2016)			
Crude Rate	NJDOH	10.3	8.9
Age-adjusted Rate	NJDOH	10.4	9.1
History of Diagnosed Depression (2016)			
Crude Rate	NJDOH	13.1	11.5
Age-adjusted Rate	NJDOH	13.0	11.3
Current Arthritis(2012-2016)			
Crude Rate	NJDOH	22.6	21.3
Age-adjusted Rate	NJDOH	20.5	18.0
Asthma - Ever(2012-2016)			
Crude Rate	NJDOH	12.5	10.9
Age-adjusted Rate	NJDOH	12.7	11.0
Asthma - Current(2012-2016)			
Crude Rate	NJDOH	8.3	6.9
Age-adjusted Rate	NJDOH	8.4	6.7
Access to Health Care			
No Health Coverage(2012-2016)			
Crude Rate	NJDOH	13.5	13.2
Age-adjusted Rate	NJDOH	14.4	14.4
Unable to Get Needed Medical Care Due to Cost(2012-2016)			
Crude Rate	NJDOH	14.1	12.3
Age-adjusted Rate	NJDOH	14.5	12.9
No Primary Care Provider(2012-2016)			
Crude Rate	NJDOH	18.0	19.4
Age-adjusted Rate	NJDOH	19.3	21.7
Health-Related Behaviors			
Drank Any Alcohol in the Last 30 Days(2012-2016)			
Crude Rate	NJDOH	57.8	62.2

	CI Calculation	Benchmarks	
Indicators		**State of NJ**	**Bergen County**
Age-adjusted Rate	NJDOH	58.2	62.1
Binge Drinking (4>for women, 5>men)(2012-2016)			
Crude Rate	NJDOH	16.5	15.4
Age-adjusted Rate	NJDOH	17.6	17.3
Heavy Drinking(2012-2016)			
Crude Rate	NJDOH	4.9	4.4
Age-adjusted Rate	NJDOH	5.0	4.6
Current Smoker(2012-2016)			
Crude Rate	NJDOH	15.4	13.3
Age-adjusted Rate	NJDOH	15.7	14.2
Attempted to quit smoking(2012-2016)			
Crude Rate	NJDOH	63.8	63.7
Age-adjusted Rate	NJDOH	63.3	62.4
Current Smokeless Tobacco User(2012-2016)			
Crude Rate	NJDOH	1.7	1.6
Age-adjusted Rate	NJDOH	1.8	1.8
Obesity(2012-2016)			
Crude Rate	NJDOH	26.0	21.2
Age-adjusted Rate	NJDOH	26.1	21.1
BMI (Obese -BMI over 30)(2016)	NJDOH	27.3	22.1
No leisure time activity(2012-2016)			
Crude Rate	NJDOH	26.0	24.7
Age-adjusted Rate	NJDOH	25.6	24.4
Does not meet recommended physical activity(2015)			
Crude Rate	NJDOH	51.1	50.4
Age-adjusted Rate	NJDOH	51.2	51.1
Screening and Preventive Services			
No Routine Health Visit in Last Year (2012-2016)			
Crude Rate	NJDOH	24	25
Age-adjusted Rate	NJDOH	25	27
No Seasonal Flu Vaccination (2012-2016)			
Crude Rate	NJDOH	63	61
Age-adjusted Rate	NJDOH	53	54
No Cholesterol Check in Last Five Years (2015)			
Crude Rate	NJDOH	17	13
Age-adjusted Rate	NJDOH	19	16
Has been tested for HIV			
Crude Rate	NJDOH	38	33

	CI Calculation	Benchmarks	
Indicators		**State of NJ**	**Bergen County**
Age-adjusted Rate	NJDOH	40	36
Colorectal Cancer Screening - Not up-to-date			
Crude Rate	NJDOH	35	33
Age-adjusted Rate	NJDOH	35	33

*Data Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Table 1: Respondent characteristics (unweighted)

	All	Male (38%)	Female (61%)	White (70%)	Black/African American (9%)	Hispanic/ Latino (14%)	Asian (11%)	Income <$50,000* (24%)	Over 65 years old (35%)
Number of respondents to survey	1,372	518	832	959	126	188	151	331	475
Average age	57	59	56	59	55	50	51	61	75
Female (%)	62	-	100	61	68	71	54	71	57
Less than a high school education (%)	4	4	4	4	2	12	1	13	7
Advanced degree (Masters or beyond) (%)	25	28	23	27	20	16	23	4	23
Total Household income (%)									
<$50,000	26	20	30	24	38	41	24	100	36
$50,000 - $124,999	40	43	39	40	31	41	48	--	43
>$125,000	33	37	31	36	31	18	27	--	21

Table 2: Health Status (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Self-reported health status as excellent, very good, or good	87.0	87.2	86.7	89.4	83.5	82.7	81.7	74.7	82.6
Self-reported health status as fair or poor	13.0	12.8	13.3	10.6	16.5	17.3	18.3	25.3	17.4
Poor physical health 15 or more days in past month	6.0	4.9	7.0	6.5	9.3	9.0	1.2	11.8	8.9
Limited in some way physically, mentally, or emotionally	19.7	18.2	20.9	21.4	27.7	20.3	10.0	31.9	31.1

Table 3: Access to Services (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Has health insurance	94.3	93.4	95.2	96.3	87.4	87.5	93.1	84.5	99.8
Uninsured in past 12 months	10.9	12.0	9.9	8.5	19.3	20.2	11.2	26.4	2.0
Has 1 person as personal doctor or primary care provider	83.9	82.4	85.4	85.7	85.1	77.2	80.9	79.1	94.4
Primary care visit in past year	70.3	68.7	72.0	70.3	70.8	67.1	73.6	70.6	87.4
Stayed overnight in hospital for care/observation in past year	9.3	8.3	10.3	9.4	12.4	8.9	7.6	14.8	18.0
Received all specialty medical care needed in past year	73.8	62.9	84.2	78.3	69.5	70.5	58.2	72.9	87.0
ER visit 1 or more times in past year	20.2	19.0	21.4	20.1	28.8	21.7	14.7	22.0	24.9
Dentist visit in past year	70.6	71.0	70.3	73.8	55.9	65.1	70.1	54.1	68.5
Couldn't fill prescription because of cost in past year	13.8	10.3	17.0	12.8	18.0	22.4	10.6	23.9	13.1
Did not receive needed medical care in past 12 months	10.1	9.5	10.5	10.3	13.2	9.2	10.2	14.4	3.5
Did not receive care in past year due to cost of care	4.1	3.4	4.8	4.0	3.7	3.7	5.9	5.3	1.1
Did not receive care in past year due to no insurance	2.2	1.9	2.4	1.5	4.4	5.0	3.1	7.4	.6
Has legal documents about end of life care (e.g., will, DNR, advanced directives)	25.8	23.8	27.5	30.9	17.2	11.4	13.8	19.1	58.7

Table 4: Health Behaviors (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Overweight	33.2	39.7	27.5	33.6	41.0	34.8	21.1	31.8	35.6
Obese	22.8	21.5	24.1	24.7	30.6	29.0	8.4	29.2	23.5
Did not participate in any physical activity or exercise in past 30 days	32.9	26.5	38.5	28.9	41.6	43.2	41.2	47.9	41.0
Moderate exercise in past 30 days	18.6	22.7	15.2	20.2	13.6	14.1	16.5	12.9	19.6
Eats < 3 daily servings fruit	75.4	83.3	69.2	69.3	83.0	85.9	86.6	80.2	43.0
Eats < 3 daily servings vegetables	78.8	79.8	77.8	77.6	78.2	83.1	83.1	80.9	72.0
Has sugar sweetened drink >5 days/week	19.1	25.2	13.9	14.9	37.3	37.4	22.8	27.4	11.5
Has soda >5 days/week	4.1	5.7	2.7	4.2	5.2	6.0	1.2	7.2	3.3
Very or somewhat worried about food running out	19.0	14.0	23.7	16.9	27.2	42.2	13.5	46.8	14.0
Very or somewhat difficult to find fresh produce	18.5	13.8	22.8	18.0	24.3	38.4	11.8	32.4	15.3

Table 5: Chronic and complex conditions (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
High blood pressure	26.5	26.9	26.0	26.7	37.5	19.1	21.4	32.4	57.8
Taking medication to lower BP	81.0	78.1	83.3	84.6	76.3	74.0	57.8	84.5	89.6
Ever had cholesterol checked	93.8	93.3	94.2	94.0	93.0	93.5	91.1	92.5	98.7
High cholesterol	34.3	37.0	32.0	34.9	31.6	28.6	36.2	41.4	59.1
Taking medication to lower cholesterol	58.1	59.5	56.2	61.8	61.3	46.1	40.8	65.1	83.1
Had myocardial infarction (heart attack)	2.7	4.0	1.2	2.6	3.1	2.8	.9	3.0	8.1
Had stroke	1.8	1.9	1.7	2.1	4.0	1.4	.	3.8	6.1
Ever been told had borderline or pre-diabetes	11.2	11.3	11.3	10.7	13.4	12.8	11.9	16.3	19.8
Had diabetes	11.5	12.2	10.9	11.1	15.7	7.8	12.1	16.7	22.1
Had asthma	14.1	11.0	17.0	13.6	19.2	10.4	13.3	13.7	9.7
Fell within the past 3 months	9.3	7.9	10.7	10.2	6.7	6.4	6.1	14.1	14.9

Table 6: Cancer screenings and diagnoses (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Ever had mammogram (women >40)	89.6	--	89.6	90.8	86.9	87.1	80.5	87.2	92.9
Had recent mammogram (women >40)	68.1	--	68.1	67.9	66.1	68.2	68.2	57.3	60.7
Ever had PSA test (men >40)	53.6	53.6	--	56.3	49.6	40.8	46.1	39.8	79.3
Had recent PSA test (men >40)	44.9	44.9	--	46.9	37.9	33.5	44.2	31.7	70.7
Ever had Pap test (women >18)	71.9	--	71.9	76.4	80.2	68.2	45.3	61.7	78.5
Had recent Pap test (women >18)	58.9	--	58.9	62.7	66.3	58.3	39.2	40.0	48.3
Ever had sigmoidoscopy/colonoscopy (age >50)	70.4	70.3	70.5	72.9	63.2	55.0	64.7	56.7	78.5
Ever been diagnosed with cancer	9.7	8.9	10.5	12.0	7.6	5.1	3.9	10.9	26.5
Lung	.3	.3	.3	.4	--	--	--	.4	.2
Colorectal	.4	.5	.4	.4	1.2	--	--	1.2	1.8
Prostate	2.1	4.6	--	2.2	4.5	2.8	.4	1.3	5.7
Breast	2.8	--	5.2	3.2	2.2	1.1	2.0	4.0	6.4
Cervical, ovarian, or uterine	1.2	--	2.1	1.2	1.5	.5	.5	1.9	2.3
Skin	2.5	3.0	2.0	3.4	--	.4	--	2.3	6.8

Table 7: Mental Health (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Poor mental health 15+ days in past month	6.8	5.3	8.0	5.9	10.9	9.5	3.2	13.3	5.0
Sad, blue, or depressed 15+ days in past month	7.5	6.9	8.2	6.2	7.7	10.3	8.8	13.2	5.4
Worried, tense, or anxious 15+ days in past month	13.9	11.5	16.1	13.1	14.9	15.8	10.3	22.4	10.2
Diagnosed with depressive disorder	9.7	7.2	11.9	11.0	10.1	11.1	3.0	11.6	9.4
Diagnosed with anxiety disorder	12.7	10.0	15.2	15.6	7.8	11.9	2.2	11.2	9.7
Not enough sleep 15+ days in past month	24.7	20.2	28.5	23.7	29.9	29.4	21.6	29.4	14.3
Too much energy 15+ days in past month	2.5	1.9	3.1	1.5	5.0	6.2	5.4	4.5	1.6
Intimate partner violence	6.0	3.1	8.7	6.9	6.5	8.0	1.1	7.0	4.8
Rarely/never gets the social or emotional help they need	17.8	23.5	12.7	15.0	11.5	20.1	34.3	25.6	12.7
Received counseling, treatment, medicine for mental health /substance use issues in past year	9.3	7.6	10.8	9.7	10.3	8.3	6.9	11.2	5.9
Of those, received treatment as soon as they wanted it	4.0	3.8	4.3	3.5	--	--	7.0	4.2	28.5
Did not receive mental health care that was needed in past 12 months	16.5	16.4	16.8	17.7	20.2	12.6	8.9	16.0	15.5
Did not receive care (health, mental health, substance use) in past year due to cost of care	4.1	3.4	4.8	4.0	3.7	3.7	5.9	5.3	1.1
Did not receive care (health, mental health, substance use) in past year due to no insurance	2.2	1.9	2.4	1.5	4.4	5.0	3.1	7.4	.6

Table 8: Substance Use (%)

	All (N=1372)	Male (N=518)	Female (N=832)	White (N=959)	Black/ AfrAmer. (N=126)	Hispanic /Latino (N=188)	Asian (N=151)	Income <$50K (N=331)	Over 65 years old (N=475)
Current cigarette smoker	18.9	14.8	23.5	15.0	24.3	14.4	49.0	28.8	10.9
E-cigarette or vapor product use in past year	6.0	6.9	5.3	4.5	7.9	8.1	3.4	0.9	5.6
Heavy/risky drinking*	5.0	2.8	7.1	5.6	2.8	2.3	5.5	5.8	5.4
Binge drinking**	15.4	19.2	12.1	14.8	12.0	16.9	15.7	14.1	6.5
Current marijuana user	11.0	14.6	8.1	13.1	12.5	10.7	2.4	12.4	2.6
Used heroin, cocaine, crack, opioid painkillers in past year	7.8	8.6	7.3	7.9	10.4	7.2	9.9	8.6	9.2
Did not receive substance use care that was needed in past 12 months	7.1	8.6	5.9	6.0	4.6	8.3	9.0	10.8	8.5
Did not receive care (health, mental health, substance use) in past year due to cost of care	4.1	3.4	4.8	4.0	3.7	3.7	5.9	5.3	1.1
Did not receive care (health, mental health, substance use) in past year due to no insurance	2.2	1.9	2.4	1.5	4.4	5.0	3.1	7.4	.6

*More than one alcohol beverage per day on average (7 days per week) for women, and more than two alcoholic beverages per day on average (14 drinks per week) for men.

**More than four alcoholic beverages at any one sitting for women, and five alcoholic beverages at any one sitting for men.

APPENDIX C:
RESOURCE INVENTORY

Behavioral Health

- American Foundation for Suicide Prevention, Northern New Jersey – Saddle Brook
- Bergen County Addiction Recovery Program - Hackensack
- Bergen County Department of Mental Health Services – Hackensack
- CarePlus NJ – Paramus and Fair Lawn
- Center for Discovery – Paramus
- Changeworks, LLC – County-wide
- Clinic of the New Jersey Institute, Inc. – Teaneck
- Comprehensive Behavioral Healthcare, Inc. – Multiple locations
- Crisis Intervention Team (CIT-NJ) – Paramus
- Depression and Bipolar Support Alliance – Paramus
- High Focus Centers – Paramus
- National Alliance on Mental Illness – Wood Ridge
- New Jersey Wellness Center – Fair View
- North Jersey Friendship House – Hackensack
- Spring House – Paramus
- The Counseling Center – Fair Lawn
- Vantage Mental Health – Multiple locations
- West Bergen Mental Healthcare - Mahwah

Business, Economic, and Workforce Development

- Bergen County Workforce Development Board– Hackensack
- Bergen One Stop Career Center – Hackensack
- Bridges to Employment – Lyndhurst
- Community Network Association of Bergen – New Milford

Children and Families

- Baby Basics – Paramus
- Bergen County Council for Young Children – Fair Lawn
- Bergen County Division of Child Protection and Permanency - Hackensack
- Bergen County Office for Children - Hackensack
- Bergen County Youth Services Commission – Hackensack
- Birthright of Bergen County – Maywood
- Boys and Girls Club of Lodi/Hackensack - Lodi
- Bridges Family Success Center – Englewood
- Children's Aid and Family Services (CAFS) – Fair Lawn
- Children's Therapy Center – Ridgewood
- Meadowlands Family Success Center – Little Ferry
- Moving on Life Center, Inc. – Teaneck
- Nurturing Parent Program (Prasada In Home)
- Partnership for Maternal and Child Healthcare

- Zoe's Café - Paramus

Community Centers, Organizations, and Services

- Bergen County Community Wellness Center and Outreach – Hackensack
- Bergen County Wellness Discount Program - Hackensack
- Bergen Family Center – Englewood
- Center for Family Wellness - Emerson
- Community Health Law Project
- Garfield YMCA
- Municipal Parks and Recreation Departments
- Ridgewood YMCA – Ridgewood
- Wyckoff YMCA
- YMCA of Greater Bergen County – Hackensack
- YWCA Bergen County – Hackensack

Community Health Collaboratives

- Bergen County Prevention Coalition
- Community Health Improvement Partnership (CHIP) of Bergen County

Cultural Advocates and Organizations

- Bergen County ESL – Englewood
- Bergen County Chapter of the Links
- Korean American Senior Citizens Association of New Jersey (KASCANJ)
- NAACP, Bergen County Chapter

Disabilities/Differently-Abled

- Alpine Learning Group - Paramus
- Autism Spectrum Education Network – Oakland
- Autism Parent/Guardian Support Group - Teaneck
- Bergen County Division of Disability Services – Hackensack
- Bergen County Special Services CAPE Resource Center – Paramus
- Heart to Heart Associates – River Edge
- Modification Access Project – Hackensack
- Programs Without Walls - Paramus
- Spectrum for Living – River Vale
- TeamUP Counseling Functional Learning Center – Ridgefield
- The Felician School for Exceptional Children - Lodi

Food Insecurity

- Center for Food Action – Multiple locations
- Church of the Ephiphany Food Pantry – Cliffside Park
- Church of St. Anne Food Pantry - Fairlawn

- Closer Food Pantry – Closter
- Community FoodBank of New Jersey – Hillside
- Community Pantry – Paramus
- Faith and Hope Food Pantry - Teaneck
- Helping Hand Food pantry - Hillsdale
- Holy Rosary Food pantry – Edgewater
- Holy Trinity Church Food Pantry – Hackensack
- Lyndhurst Food Pantry – Lyndhurst
- Office of Concern Food Pantry – Englewood
- Pascack Food Center – Park Ridge
- Ridgefield Pantry – Ridgefield
- Rutherford Community Food Pantry - Rutherford
- Sacred Heart Food Pantry – Lyndhurst
- St. Andrew's Church - Westwood
- St. Francis Food Pantry - Ridgefield
- St. John the Evangelist Food Pantry – Bergenfield
- St. Joseph's Church Food Pantry – Bogota

Healthcare

- Bergen County Health Care Center – Rockleigh
- Bergen Volunteer Medical Initiative - Hackensack
- Buddies of New Jersey, Inc. – Hackensack
- Broadway Respite and Home Care – Fair Lawn
- Englewood Family Health Center
- North Hudson Community Action Corporation Health Center – Multiple locations
- Planned Parenthood – Englewood and Hackensack
- Preferred Home Health Care & Nursing Services - Elmwood
- Vantage Health System - Englewood

Hospitals

- Bergen New Bridge Medical Center
- Christian Health Care Center
- Englewood Health
- Hackensack University Medical Center
- Hackensack Meridian Health at Pascack Valley
- Ramapo Ridge Psychiatric Hospital (part of Christian Health Care Center)
- The Valley Hospital

Housing and Homelessness

- Advance Housing, Inc. - Teterboro
- Alliance Against Homelessness of Bergen County – Washington
- Bergen County Home Improvement Program – Hackensack

- Bergen County Housing, Health, and Human Services Center – Hackensack
- Bergen's Place Youth Shelter – Teterboro
- Fair Housing Council of New Jersey – Hackensack
- Family Promise of Bergen County – Ridgewood
- Greater Bergen Housing Coalition - Hackensack
- Habitat for Humanity of Bergen County – River Edge
- Housing Authority of Bergen County – Hackensack
- Municipal Housing Authorities
- Rebuilding Together New Jersey
- Salvation Army Cornerstone House - Montclair
- Urban League for Bergen County - Englewood

Law Enforcement/Fire/EMS

- Municipal Police Departments
- Municipal Fire Departments
- Northwest Bergen EMS

LGBTQ+

- Families of LGBTQ Youth Support Group - Wyckoff
- Garden State Equality
- Gay, Lesbian, and Straight Education Network (GLSEN)
- Marsha P. Johnson Social - Paramus
- Rainbow Café – Cresskill
- Parents, Families, and Friends of Lesbians and Gays (PFLAG) – Washington Township

Older Adult Health/Healthy Aging

- Age Friendly Ridgewood
- Bergen County Division of Senior Services – Hackensack
- Councils on Aging
- Senior Centers
- Seniors in Place – Saddle Brook

Services for Low-Resource Individuals and Families

- Bergen County Board of Social Services – Rochelle Park
- Catholic Charities
- Faith and Hope Food Pantry – Teaneck
- Family Promise of Bergen County – Ridgewood
- Greater Bergen Community Action – Hackensack
- Helping Hands Food Pantry – Hillsdale
- Jewish Family Services of Bergen and North Hudson – Teaneck
- Low Income Heat and Energy Assistance Program - Hackensack
- Meadowlands Family Success Center – Little Ferry

- Meals on Wheels New Jersey
- Northeast New Jersey Legal Services – Hackensack
- North Hudson Community Action Corporation
- Office of Concern – Englewood
- Social Service Association of Ridgewood
- United Way of Bergen County – Paramus

Transportation

- Bergen County Community Transportation - Hackensack
- On Time Transport - Fairlawn

Veterans

- Alfred J. Thomas Home for Veterans
- Bergen County Division of Veteran Services - Hackensack
- Community Hope

Violence Prevention, Re-Entry, and Community Cohesion

- Alternatives to Domestic Violence – Hackensack
- Center for Hope and Safety
- HealingSPACE – Hackensack
- HOPE for Ex-Offenders - Hackensack
- Transition Professionals – Hackensack
- Violence Intervention Prevention Center - Paramus

APPENDIX D:
COMMUNITY HEALTH IMPROVEMENT PLAN

Hackensack Meridian *Health*

PASCACK VALLEY MEDICAL CENTER
2020-2022 COMMUNITY HEALTH IMPROVEMENT PLAN

INTRODUCTION

Between September 2018 and June 2019, Hackensack Meridian *Health* Pascack Valley Medical Center (PVMC), as part of collaborative effort with other acute care hospitals in Bergen County and the Bergen County Community Health Improvement Partnership (Bergen CHIP), conducted a comprehensive Community Health Needs Assessment (CHNA). The assessment included an extensive review of quantitative data, information gathered through a robust household survey, and qualitative information from community stakeholders and community residents. During this process, PVMC also made efforts to engage administrative and clinical staff at the Hospital, including senior leadership. A detailed review of the CHNA approach, data collection methods, community engagement activities, and findings are included in PVMC's 2019 CHNA Report.

Once PVMC's CHNA activities were completed, the Hackensack Meridian *Health* (HMH) network facilitated a series of strategic planning sessions with community health stakeholders, including representatives from PVMC and HMH's senior leadership team. These sessions allowed attendees to:

- Review the quantitative and qualitative findings from the CHNA
- Prioritize the leading community health issues
- Discuss segments of the population most at-risk (Priority Populations)
- Discuss community health resources and community assets

After this meeting, PVMC and HMH staff/leadership continued to work internally and with community partners to develop PVMC's 2020-2022 Community Health Improvement Plan (CHIP).

COMMUNITY HEALTH PRIORITIES AND AREAS OF OPPORTUNITY

In August 2019, PVMC took part in a regional prioritization process with other Hackensack Meridian *Health* hospitals in the Northern Region.

Professional Research Consultants, Inc. (PRC) presented key findings from their CHNA process, highlighting the significant health issues identified from the research for the Northern Region. John Snow, Inc. (JSI), who led the CHNA process for Bergen County, presented an overview of findings specific to PVMC. Participants were given the opportunity to ask questions about both CHNA processes and findings.

Meeting attendees were then asked to help prioritize areas of opportunity in the Northern Region. Using a wireless audience response system, each participant was able to register their votes for their "top 3" areas of opportunity using a remote keypad. The group identified four regional priorities:

Wellness & Prevention (Risk Factors)	Chronic & Complex Conditions	Behavioral Health	Social Determinants of Health & Access to Care

Below is a listing of sub-priorities within each priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Wellness & Prevention (Risk Factors), including:

- Overweight/obesity
- Poor nutrition

Chronic & Complex Conditions, including:

- Heart disease and stroke
- Diabetes and pre-diabetes
- Cancer
- Respiratory disease (e.g., asthma, emphysema, COPD)
- Potentially disabling conditions (e.g., mobility issues, Alzheimer's and Parkinson's disease)

Behavioral Health, including:

- Mental health
    - Depression
    - Stress/anxiety
    - Access to treatment
    - Impacts on individuals, families, and communities
- Substance abuse
    - Opioid use
    - Vaping
    - Access to treatment
    - Impacts on individuals, families, and communities

Social Determinants of Health & Access to Care, including:

- Poverty and employment
- Housing stability
- Transportation
- Barriers to access (e.g., inconvenient office hours, cost, appointments)

COMMUNITY HEALTH PRIORITIES NOT ADDRESSED IN PVMC'S CHIP

It is important to note that there are community health needs that were identified through PVMC's Community Health Needs Assessment that were not prioritized for inclusion in the Community Health Improvement Plan. Reasons for this include:

- Feasibility of PVMC having an impact on this issue in the short or long term
- Clinical expertise of the organization
- The issue is currently addressed by community partners in a way that does not warrant additional support

Behavioral health treatment, housing cost and stability, and limited transportation were identified as community needs, but were deemed to be outside of PVMC's primary sphere of influence. PVMC remains open and willing to work with hospitals across the HMH network and other public and private partners to address these issues should an opportunity arise.

PRIORITY POPULATIONS

Although PVMC is committed to improving the health status of all residents living in its service area, based on the assessment's quantitative and qualitative findings there was agreement that PVMC's CHIP should prioritize certain demographic and socio-economic segments of the population that have complex needs or face especially significant barriers to care. Four priority populations were identified:

Children & Families	**Older Adults**	**Low Resource Individuals & Families**	**Racially/Ethnically Diverse Populations & Non-English Speakers**

COMMUNITY HEALTH IMPROVEMENT STRATEGIC FRAMEWORK

The following defines the types of programmatic strategies and interventions that were applied in the development of the Community Health Improvement Plan.

- **Identification of Those At-risk (Outreach, Screening, Assessment, and Referral):** Screening and assessment programs reduce the risk of death or ill health from a specific condition by offering tests to help identify those who could benefit from treatment. A critical component of screening and referral efforts is to provide linkages to providers, treatment, and supportive services should an issue be detected.

- **Health Education and Prevention:** Initiatives that aim to prevent disease or injury before it ever occurs by reducing risks, preventing exposures to hazards, or altering unhealthy behaviors. Programs might include targeted efforts to raise awareness about a particular condition or provide information on risk and protective factors.

- **Behavior Modification and Disease Management:** Evidence-based behavioral modification and/or chronic disease management programs that encourage individuals to manage their health conditions, change unhealthy behaviors, and make informed decisions about their health and care.

- **Care Coordination and Service Integration:** Initiatives that integrate existing services and expand access to care by coordinating health services, patient needs, and information.

- **Patient Navigation and Access to Care:** Efforts which aim to help individuals navigate the health care system and improve access to services when and where they need them.

- **Cross-Sector Collaboration and Partnership:** Includes collaborations, partnerships, and support of providers and community organizations across multiple sectors (e.g., health, public health, education, public safety, and community health).

RESOURCES COMMITTED TO COMMUNITY HEALTH IMPROVEMENT

To execute the strategies outlined in this CHIP, PVMC will commit direct community health program investments and in-kind resources of staff time and materials. PVMC may also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, and on behalf of its community partners.

PRIORITY AREA: WELLNESS & PREVENTION (RISK FACTORS)

Goal: **All residents will have the tools and resources to recognize and address risk factors that impact health and wellbeing**

OBJECTIVES

- Continue to provide education and counseling regarding wellness, health promotion, risk factors, and healthy behaviors
- Support efforts to improve maternal and infant health

STRATEGIES

Health Education and Prevention

- Continue to offer and support prevention, education, and wellness programs that educate individuals on lifestyle changes and make referrals to appropriate community resources
- Provide free or low-cost parenting and/or caregiver education and support programs to enhance knowledge, skills, and confidence
- Continue to offer the Pascack Valley Wellness Challenge

Behavior Modification and Disease Management

- Support active living programs that provide opportunities for individuals to be active
- Support programs in community-based settings that enhance access to nutritious and affordable foods
- Continue to offer cooking demonstrations and workshops that educate people on healthy eating and food preparation

Cross-Sector Collaboration and Partnership

- Participate in local and regional coalitions and task forces to promote collaboration, share knowledge, and coordinate community health improvement activities related to wellness and prevention

SAMPLE OUTCOMES / MEASURES OF SUCCESS

- Number of prevention, wellness, and educational programs offered and number of attendees
- Number of individuals engaged in Pascack Valley Wellness Challenge
- Number of individuals engaged in active living programs
- Number of cooking demonstrations/workshops offered and number of attendees
- Number of task forces/coalition meetings attended
- Results of pre- and post- tests to measure changes in knowledge, attitudes, behaviors, and health outcomes

PARTNERS

- Community-based partners (e.g., schools, senior centers, social services, providers)
- Food pantries, grocery stores, and other food-related community organizations
- Municipal and County leadership
- Municipal and County departments focused on wellness and prevention
- Local task forces, coalitions, and community health partnerships

PRIORITY AREA: CHRONIC & COMPLEX CONDITIONS

Goal: **All residents will have access to chronic disease education, screening, and management services to achieve an optimal state of wellness**

OBJECTIVES

- Continue to screen adults for chronic and complex conditions and risk factors in community-based settings, and refer those at-risk to appropriate services
- Continue to support community education and awareness of chronic and complex conditions

STRATEGIES

Identification of Those At-Risk (Outreach, Screening, Assessment, Referral)

- Conduct or support chronic/complex conditions screening programs in clinical and non-clinical settings through wellness fairs or stand-alone screening events
    - *Wellness screenings (Blood pressure, glucose, HDL/LDL, triglycerides)*

Health Education and Prevention

- Support free lectures and educational seminars, conducted by hospital clinical and non-clinical staff, related to chronic/complex conditions in targeted community-based settings
- Provide education in patient-care and community-based setting on septicemia prevention, identification, and treatment

Behavior Modification and Disease Management

- Conduct or support evidence-based behavior change and self-management support programs
    - *Take Control of Your Health – Diabetes Self-Management, Tomando Control de su Salud, Cancer Thriving and Surviving*
    - *Wellness Challenge*

Patient Navigation and Access to Care

- Support case management and patient navigation programs to support those with chronic/complex conditions and their caregivers
- Offer support groups for individuals with chronic/complex conditions, those affected by the loss of a loved one, and caregivers

Cross-Sector Collaboration and Partnership

- Participate in local and regional health coalitions and task forces to promote collaboration, share knowledge, and coordinate community health improvement activities related to chronic/complex conditions

SAMPLE OUTCOMES / MEASURES OF SUCCESS

- Number of screenings events held and number of individuals screened
- Number of individuals referred to treatment or support after screening
- Number of lectures/seminars offered and number of attendees
- Number of behavior change/self-management programs offered and number of attendees
- Number of individuals engaged in case management and patient navigation programs
- Number of support groups offered and number of participants
- Number of task forces/coalition meetings attended
- Results of pre- and post- tests to measure changes in knowledge, attitudes, behaviors, and health outcomes

PARTNERS

- Community-based partners (e.g., schools, senior centers, social services, providers)
- Municipal and County leadership
- Municipal and County departments focused on chronic and complex conditions
- Local task forces, coalitions, and community health partnerships

PRIORITY AREA: BEHAVIORAL HEALTH

Goal: A community where all residents have access to high quality behavioral health care, and experience mental wellness and recovery

OBJECTIVES

- Support efforts to reduce stigma associated with mental health and substance use issues
- Continue to support initiatives that promote community education and awareness of substance use/misuse and healthy mental, emotional, and social health
- Support opportunities to prevent and reduce the misuse of drugs and alcohol
- Strengthen existing – and explore new – community partnerships to address mental health and substance use

STRATEGIES

Health Education and Prevention

- Support Stigma Free Communities to raise awareness and reduce the stigma associated with mental health and substance use issues
- Organize free lectures and educational seminars, conducted by hospital clinical and non-clinical staff, related to mental health and substance use issues in targeted community-based settings
- Conduct and support tobacco and e-cigarette/vaping control and prevention efforts

Behavior Modification and Disease Management

- Support evidence-based prevention and cessation programs geared toward reducing vaping and e-cigarette use

Patient Navigation and Access to Care

- Support mental health and substance use support groups for those with or recovering from mental health or substance use and their family/friends/caregivers

Cross-Sector Collaboration and Partnership

- Participate in local and regional health coalitions and taskforces to promote collaboration, share knowledge, and coordinate community health improvement activities
- Support cross-sector partnerships geared to engaging and referring substance users/misusers to treatment

SAMPLE OUTCOMES / MEASURES OF SUCCESS

- Number of lectures and seminars offered and number of attendees
- Number of tobacco/e-cigarette prevention efforts and number of individuals reached
- Number of older adults engaged in programming
- Number of support groups offered and number of attendees
- Number of coalition/task force meetings attended

PARTNERS

- Community-based partners (e.g., schools, senior centers, social services, providers)
- Municipal and County leadership
- Municipal and County departments focused on behavioral health
- Local task forces, coalitions, and community health partnerships

PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH & ACCESS TO CARE

Goal: **All individuals will have the opportunity to be as healthy as possible, regardless of where they live, work, or play**

OBJECTIVES

- Support plans, programs, and policies that address barriers to achieving optimal health
- Support individuals to enroll in health insurance and public assistance programs
- Address common barriers to accessing health care

STRATEGIES

Patient Navigation and Access to Care

- Continue to offer health insurance enrollment counseling/assistance
- Provide information on where and how to access community resources
- Support innovative solutions to address leading barriers to care
- Provide cultural competency and health literacy training for hospital clinicians and staff

Cross-Sector Collaboration and Partnership

- Participate in local and regional health coalitions and taskforces to promote collaboration, share knowledge, and coordinate community health improvement activities

SAMPLE OUTCOMES / MEASURES OF SUCCESS

- Number of individuals counseled regarding enrollment in health insurance or public assistant programs
- Number of individuals connected to community resources
- Number of cultural competency/health literacy trainings and number of attendees
- Number of task forces/coalition meetings attendees

PARTNERS

- Community-based partners (e.g., schools, senior centers, providers)
- Municipal and County leadership
- Municipal and County departments focused on social determinants of health and access to care
- Local task forces and coalitions

APPENDIX E:
EVALUATION OF IMPACT

Chronic Disease

Goal 1: Improve Health Status through increased participation through Education and Wellness	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**

Educate the community on the health risks associated with Cardiovascular Disease, Diabetes, Obesity, and Stroke	• Launched Healthy Cooking program in 2018
	  ○ 2 programs offered
	  ○ 32 community members educated

	• 85 Health Care Provider lectures ○ 1,164 educated community members
	• Launched annual Wellness Challenge in 2018 to community to increase physical fitness and manage stress ○ 175 participants in 2018

	• Take Control of your Health
	  ○ 2 programs offered
	  ○ 30 community members educated

Offer BMI assessments	• Provided Body Mass Index assessments
	  ○ 55 individuals screened
	  ○ 38 out-of-range results

Clinical Interventions including Weight loss surgery	• 8 Bariatric lectures ○ 39 individuals educated on their options for weight loss surgery

Selected Program Descriptions and Highlights

- **Healthy Cooking Program**: Launched a healthy cooking program to bring people and communities together through the healing power of food. Using the premise that simple changes in food choices can be the first step toward improved health, this program was designed to make healthy eating both delicious and informative. It offers practical solutions for everyday living. Key components included both clinical nutrition efforts as well as community-based programming.
- **Pascack Valley Wellness Challenge:** A six week challenge offering free health screenings from PVMC, free fitness classes from wellness partners in the service area, and free nutritional counseling from ShopRite dietitians. Participants received weekly motivational emails with information, recipes, and strategies to reduce stress.
- **Take Control of Your Health**: This evidence-based chronic disease self-management program developed by Stanford University's Patient Education Resource Center and has been successfully implemented throughout Hackensack Meridian *Health*. The program is a fun and practical course that helps people with chronic conditions and their caregivers overcome daily challenges and maintain an active and fulfilling life. The National Council on Aging reports that participants who complete the 6-week course feel healthier, are more active, less depressed, have better communication with their doctor and more.

Access to Healthcare

Goal 1: Ensure Local Access to Primary and Specialty Care	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**

Provide preventive health screenings	• Blood pressure, cholesterol, and glucose screenings
	  ○ 94 screening events
	  ○ 1,875 individuals screened

Clinical Program/Equipment	• Added per-diem RN Educator to attend health screenings and provide clinical consultations • Phone number added to all screening cards to promote usage of primary care physicians • The Center for Diabetes, Nutrition, and Metabolism opened December 2018 providing primary and specialty care to the community
Training	• Implemented Immediate Action Form for community members with critically high blood pressure or glucose to see physician or go the Emergency Room immediately

Goal 2: Increase focus on Women's health through education and services offered	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Educate the community on the health risks associated with Women's health	• Participated in Paint the Town Pink Initiative to spread awareness about annual mammography and women's general health • Held 4 wellness events specifically targeted towards women with 175 participants including Breakfast and Bootcamp, Zumba in the Park, Self Defense for Women, and Creating Positive Body Image

Selected Program Descriptions and Highlights

- **Take Control of Your Health**: This evidence-based chronic disease self-management program developed by Stanford University's Patient Education Resource Center and has been successfully implemented throughout Hackensack Meridian *Health*. The program is a fun and practical course that helps people with chronic conditions and their caregivers overcome daily challenges and maintain an active and fulfilling life. The National Council on Aging reports that participants who complete the 6-week course feel healthier, are more active, less depressed, have better communication with their doctor and more.

Mental Health and Substance Abuse

Goal 1: Focus on Prevention	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Provide preventative screenings in the at primary care physician offices and in the Emergency Room	• Depression screenings provided at every primary care physician office for every physical and for every visit in the Emergency Room and referred appropriately when necessary
Offer support services	• Provide free space to Bergen ME/CFS/FM Support Group every month

Goal 2: Collaborate with organizations and institutions specifically addressing mental and substance abuse in the community	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Create new partnerships with organizations addressing mental health and substance abuse in the community	• Collaborated with the Renfrew Center to provide health education regarding Eating Disorders • Member of the Bergen County Health Department CHIP Task Force addressing Substance Abuse and Mental Health • Collaborated with Alzheimer's NJ to provide 11 health lectures to the community on better managing caregiver stress

Selected Program Descriptions and Highlights

- **Coping with Caregiver Stress:** In collaboration with Alzheimer's NJ provided educational lecture for people caring for patients with Alzheimer's or Dementia. The program focused on maintaining caregiver's overall health and well-being and provided tools and resources.