2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Bergen County, New Jersey

Sponsored by

CHIP

Community Health *Improvement* Partnership
OF BERGEN COUNTY

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Prepared by PRC

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COMMUNITY HEALTH NEEDS ASSESSMENT
Bergen County, New Jersey

This Community Health Needs Assessment was sponsored by
Community Health *Improvement* Partnership (CH*I*P) of Bergen County

Hospital Partners

Bergen New Bridge Medical Center

Christian Health – Ramapo Ridge Behavioral Health

Englewood Health

Hackensack Meridian *Health* – Hackensack University Medical Center

Hackensack Meridian *Health* – Pascack Valley Medical Center

Holy Name Medical Center

The Valley Hospital

Local Health Department Partners

Bergen County Department of Health Services – Hansel Asmar, Health Officer

Englewood Health Department – Shatrughan Bastola, Health Officer

Fair Lawn Health Department - Carol Wagner, Health Officer

Hackensack Health Department – Susan McVeigh, Health Officer

Mid-Bergen Regional Health Commission – James Fedorko, Health Officer

NW Bergen Regional Health Commission – Judith Migliaccio, Health Officer

Palisades Park/Ridgefield Health Department – Branka Lulic, Health Officer

Paramus Health Department – Joanna Adamiak, Health Officer

Teaneck Department of Health & Human Services – Courtney Sartain, Health Officer

Village of Ridgewood Health Department – Dawn Cetrulo, Health Officer

Fort Lee Health Department – Jill Scarpa, Health Officer

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Bergen County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC) for the Community Health *Improvement* Partnership (CHIP) of Bergen County (the "Partnership"). PRC is a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey, the PRC Online Key Informant Survey, and focus groups and one-on-one discussions with key community leaders), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

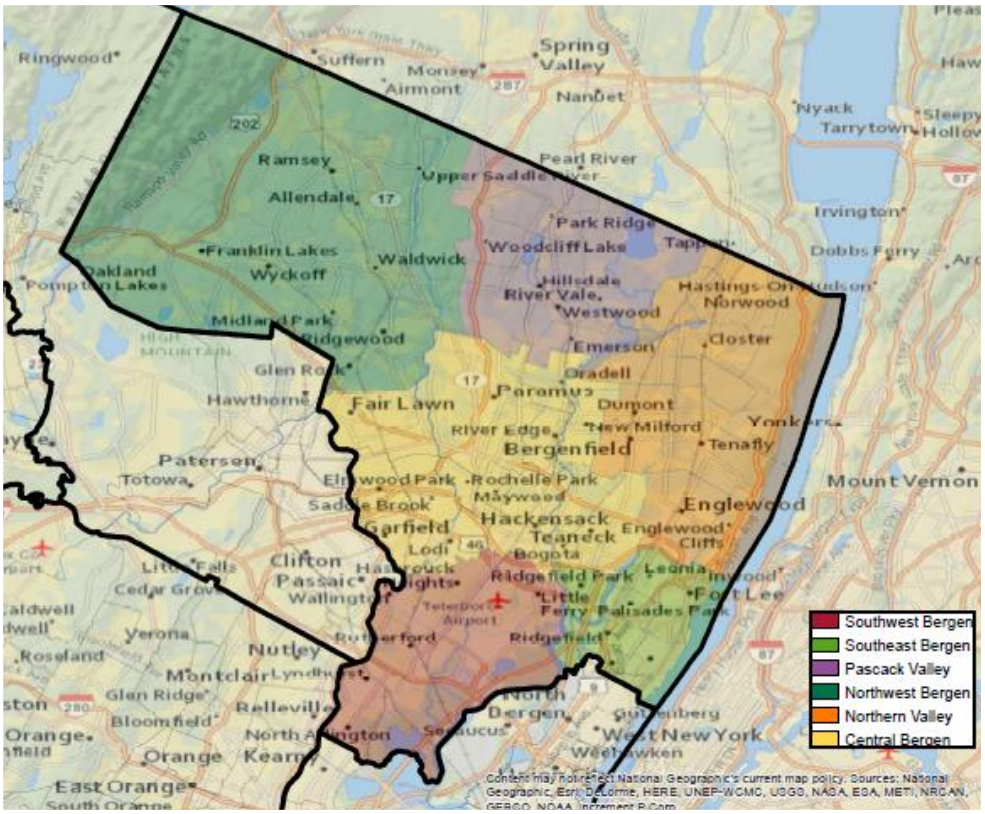
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Partnership and PRC and is similar to a previous survey used in the region in 2016, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Bergen County, New Jersey, subdivided into six county subregions. This following map further shows how these county divisions correspond to the locations of Bergen County towns.



Sample Approach & Design

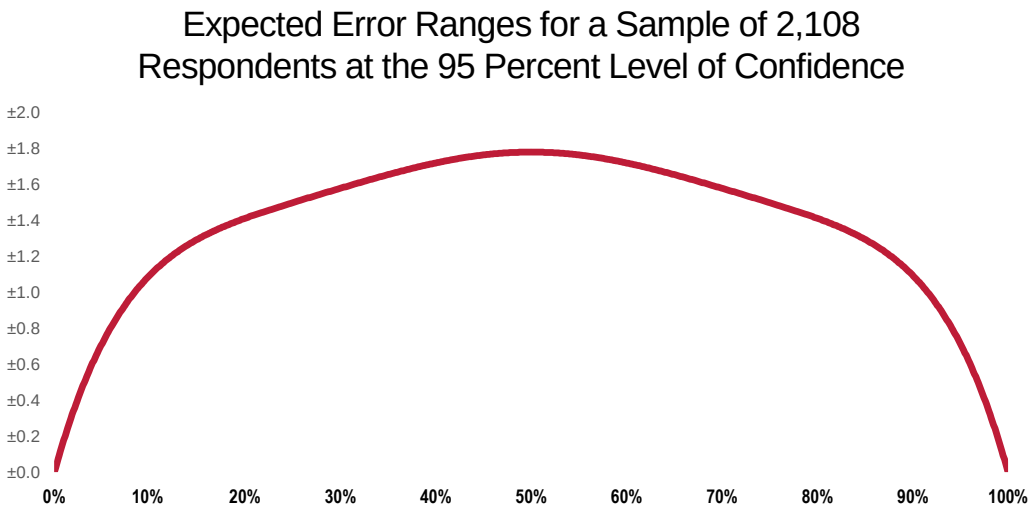
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (cell phone and landline) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 1,193 surveys at random throughout the service area.

COMMUNITY OUTREACH SURVEYS (Community Health *Improvement* Partnership of Bergen County) ► PRC also created a link to an online version of the survey, and the Partnership promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 915 surveys to the overall sample.

In all, 2,108 surveys were completed through these mechanisms, including 403 in Central Bergen, 293 in Northern Valley, 661 in Northwest Bergen, 332 in Pascack Valley, 239 in Southeast Bergen, and 180 in Southwest Bergen. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Bergen County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 2,108 respondents is ±2.1% at the 95 percent confidence level.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

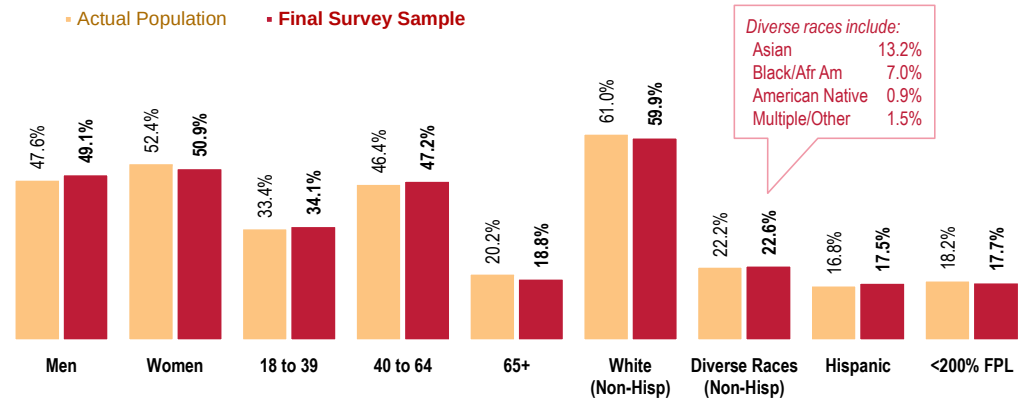
Examples:
- If 10% of the sample of 2,108 respondents answered a certain question with a "yes," it can be asserted that between 8.7% and 11.3% (10% ± 1.3%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.9% and 52.1% (50% ± 2.1%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Bergen County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Bergen County, 2022)



Sources:
- US Census Bureau, 2011-2015 American Community Survey.
- 2022 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the Partnership; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 146 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	17
Public Health Representatives	15
Other Health Providers	39
Social Services Providers	26
Other Community Leaders	49

Final participation included representatives of the organizations outlined below.

- Academic Medical Practice
- Age-Friendly Englewood
- Age-Friendly Teaneck
- ALL Thingz AP
- Annie Clyde Holt Food Pantry
- Asian Women's Christian Association
- Balance and Thrive Counseling Center
- BC Special Services School District
- Becton Dickinson/private practice/CHIP
- Behavioral Health
- Bergen Community College
- Bergen County
- Bergen County Commissioner
- Bergen County Department of Health Services
- Bergen County Department of Health Services-Drug Prevention Alliance
- Bergen County Division of Senior Services
- Bergen Family Center
- Bergen Family Center, Southeast Senior Center for Independent Living
- Bergen New Bridge Medical Center
- Bergen Volunteer Medical Initiative
- Bergen's Promise
- Borough of Westwood
- Boys & Girls Club
- Buddies of New Jersey, Inc.
- Carlstadt Health Department
- Center for Food Action
- Christian Health
- Church of the Tabernacle North Bergen
- Community Chest
- Community Health
- Community Outreach
- Comprehensive Behavioral Health Care
- Digital Voice Network
- Dwight Morrow HS
- Eastwick College
- Ebeneezer Church
- Embody Wellness
- Englewood Health
- Englewood Health Department
- EZ Ride - Bike & Pedestrian
- Family Promise of Ridgewood
- Family Success Center
- Food Pantry - Fairlawn
- Franklin Lakes Recreation
- Fusion Muslim Community Center of NJ
- Galilee Church
- Garfield Public School

- Generations Counseling & Care Management
- Greater Bergen Community Action
- Hackensack Meridian
- Hackensack Meridian Health Pascack Valley Medical Center
- Hackensack Public Schools
- Hackensack University Medical Center
- HealthBarn USA
- Holy Name
- Holy Name Cancer Community
- Holy Name Fitness
- Jewish Family and Children's Services
- Korean American Senior Citizens Association of NJ
- Korean Community Center
- K-Radio, Esther Ha Foundation
- LPM Strategies, LLC
- Maywood Health Department/Wellness
- Meadowlands Area YMCA
- Meals on Wheels Northern Jersey
- Metro Community Center/Church
- Midland Park Senior Center and Age Friendly Ridgewood
- Mount Bethel Church
- NAACP, Bergen County Chapter
- Office of Concern Food Pantry
- Pascack Medical Group
- Pascack Valley Medical Center
- Pascack Valley Medical Group
- Pediatric Emergency Department
- Physicians' Practice Enhancement
- Pilgrim Church
- Presbyterian Church of Teaneck
- Renfrew Center for Eating Disorders
- Ridgecrest Apartments
- Ridgewood Public Schools
- Russell Berrie Foundation
- Saddle Brook Public Schools
- ShopRite
- Sodexo
- Teaneck Health Department
- Teaneck Recreation Department
- Teaneck Recreation Center
- The Center for Alcohol and Drug Resources
- Township of Teaneck
- Valley Home Care
- Valley Hospital
- Vantage Health System
- West Bergen Mental Healthcare
- Westwood for All Ages
- WFM Project & Construction
- Young Men's Christian Association Northern NJ

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Focus Groups & Key Informant Interviews

To complement the survey and other findings, multiple focus groups were held throughout the county among those representing the following populations:

- African American Community Leaders
- Elder Care Providers
- EMT/First Responders
- Health Officers from Bergen County Communities
- Korean Language Speakers
- LGBTQ+ Community Members
- Mental Health and Substance Use Providers
- Latinx Community Leaders
- Youth Service Providers

In addition, a series of one-on-one interviews was also conducted with a variety of key informants.

These focus groups and interviews were conducted by 35th Street Consulting, LLC, and a summary of the findings from these research activities can be found as an appendix to this report.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Bergen County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

A similar survey was administered in Bergen County in 2016 by PRC on behalf of the Community Health *Improvement* Partnership (CHIP) of Bergen County. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

New Jersey Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of Bergen County, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Inconvenient Office Hours – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Finding a Physician – Lack of Transportation ▪ Skipping/Stretching Prescriptions ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization
CANCER	▪ Leading Cause of Death ▪ Cancer Incidence – Including Prostate Cancer
DIABETES	▪ Prevalence of Borderline/Pre-Diabetes ▪ Blood Sugar Testing [Non-Diabetics]
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Taking Action to Control High Blood Pressure ▪ High Blood Cholesterol Prevalence
INJURY & VIOLENCE	▪ Unintentional Injury Deaths
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.

— *continued on the following page* —

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	▪ Activity Limitations ▪ Alzheimer's Disease Deaths ▪ Caregiving
RESPIRATORY DISEASE	▪ Leading Cause of Death (COVID-19) ▪ COVID-19 Deaths ▪ Asthma Prevalence [Adults] ▪ Asthma Prevalence [Children]
SOCIAL DETERMINANTS	▪ Housing Conditions
SUBSTANCE USE	▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Related Deaths ▪ Illicit Drug Use ▪ Use of Marijuana ▪ Personally Impacted by Substance Use (Self or Other's) ▪ Key Informants: Substance use ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products

Prioritization of Health Needs

Key Informant Input

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was initially determined based on a prioritization exercise conducted among community leaders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Nutrition, Physical Activity & Weight
4. Diabetes
5. Respiratory Diseases (including COVID-19)
6. Heart Disease & Stroke
7. Potentially Disabling Conditions
8. Tobacco Use
9. Cancer
10. Access to Healthcare Services
11. Oral Health
12. Injury & Violence

Not prioritized within the list above is the social determinant of **Housing**, which potentially impacts outcomes for all of the above.

Community Feedback

On October 19, 2022, the Partnership convened an online meeting with community partners to review and discuss the findings of this assessment. At that time, it was determined to address the issues identified above within the reframed priority areas as follows, each examined for health disparities and social determinants, viewed through the lens of health equity, and addressed using a whole-person approach:

- **Healthy Minds** *(e.g., behavioral health, mental health, substance use, stress)*
- **Healthy Bodies** *(e.g., chronic disease, prevention, and awareness)*
- **Building Bridges** *(e.g., housing, food insecurity, barriers to health care access)*

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, Bergen County results are shown in the larger, gray column.

The columns to the left of the Bergen County column provide comparisons among the six county subareas, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Bergen County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Bergen County compares favorably (), unfavorably (), or comparably () to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2016.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)							7.2	6.3	4.3		
Population in Poverty (Percent)							6.7	10.0	13.4	8.0	
Children in Poverty (Percent)							7.4	14.0	18.5	8.0	
No High School Diploma (Age 25+, Percent)							7.5	10.2	12.0		
Unemployment Rate (Age 16+, Percent)							3.5	3.7	3.8		7.7
% Unable to Pay Cash for a $400 Emergency Expense	23.5	17.3	11.5	13.9	24.9	21.6	19.7		24.6		
% HH Member Lost Job, Wages, Insurance Due to Pandemic	30.7	30.2	21.7	26.5	31.6	27.6	28.5				
% Worry/Stress Over Rent/Mortgage in Past Year	37.2	34.2	28.5	27.3	39.8	32.5	34.2		32.2		33.6
% Unhealthy/Unsafe Housing Conditions	16.5	19.0	12.2	10.6	20.4	16.9	16.3		12.2		
% Food Insecure	32.4	22.9	21.0	22.7	38.5	26.8	28.5		34.1		19.5
% Used Food Pantry/Free Meals in the Past Year	10.9	11.8	4.0	3.0	7.9	10.8	8.7				

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	14.8	10.5	7.3	7.6	14.9	10.9	11.8	11.7	12.6		10.5

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	6.6	8.9	3.4	3.8	10.3	4.3	6.4	14.1	8.7	7.9	5.6
% Difficulty Accessing Health Care in Past Year (Composite)	54.8	48.5	53.0	47.6	56.0	47.0	52.2		35.0		40.7
% Cost Prevented Physician Visit in Past Year	16.9	15.2	12.3	11.3	23.7	20.4	16.9	10.5	12.9		15.5
% Cost Prevented Getting Prescription in Past Year	14.9	12.1	9.9	9.9	16.3	16.1	13.6		12.8		8.7
% Difficulty Getting Appointment in Past Year	31.0	25.3	35.3	32.9	34.8	23.5	30.7		14.5		19.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	22.3	22.3	24.0	21.7	28.1	22.6	23.5		12.5		21.5
% Difficulty Finding Physician in Past Year	20.6	16.9	18.3	15.4	23.9	21.4	19.8		9.4		11.5
% Transportation Hindered Dr Visit in Past Year	9.6	8.8	9.2	8.0	11.3	16.6	10.5		8.9		6.5

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Language/Culture Prevented Care in Past Year	1.3	3.1	2.1	1.3	4.6	3.9	2.5		2.8		2.7
% Skipped Prescription Doses to Save Costs	14.3	14.5	13.6	11.8	22.3	14.0	15.2		12.7		10.5
% Difficulty Getting Child's Health Care in Past Year	8.5	3.3	11.3	5.8	11.1	13.8	8.8		8.0		8.3
Primary Care Doctors per 100,000							115.5	105.2	102.3		
% Have a Specific Source of Ongoing Care	71.8	70.8	76.3	75.2	66.1	71.3	71.8		74.2	84.0	77.9
% Have Had Routine Checkup in Past Year	72.0	72.3	75.5	73.1	67.0	67.7	71.4	74.4	70.5		71.2
% Child Has Had Checkup in Past Year	89.0	93.0	86.4	84.6	79.9	83.9	86.7		77.4		85.4
% Two or More ER Visits in Past Year	6.4	9.0	9.1	9.6	10.9	12.2	9.0		10.1		7.1
% Eye Exam in Past 2 Years	68.1	60.9	60.1	65.5	61.8	56.4	63.0		61.0	61.1	65.3
% Have Foregone Medical Care Due to Pandemic	30.6	30.3	31.2	27.8	39.5	29.8	31.7				
% "Seldom/Never" Understand Written Health Information	13.4	11.2	9.2	7.7	14.2	17.0	12.5		13.4		11.2
% "Seldom/Never" Understand Spoken Health Information	8.7	6.4	9.7	5.0	10.2	9.7	8.6		10.7		9.2

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
% Rate Local Health Care "Fair/Poor"	9.3	7.3	5.8	4.9	11.1	9.5	8.4		8.0		11.9

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

CANCER	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)							123.8	137.1	146.5	122.7	144.6
Lung Cancer (Age-Adjusted Death Rate)							24.4	28.6	33.4	25.1	
Prostate Cancer (Age-Adjusted Death Rate)							12.8	16.2	18.5	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)							17.2	20.1	19.4	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)							11.8	12.6	13.1	8.9	
Cancer Incidence Rate (All Sites)							472.8	486.7	448.6		
Female Breast Cancer Incidence Rate							142.1	137.2	126.8		
Prostate Cancer Incidence Rate							131.1	134.4	106.2		

CANCER (continued)	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Lung Cancer Incidence Rate							48.4	54.5	57.3		
Colorectal Cancer Incidence Rate							38.3	40.1	38.0		
% Cancer	11.7	10.2	12.4	11.3	7.6	7.8	10.4	9.9	10.0		8.8
% [Women 50-74] Mammogram in Past 2 Years	84.1	78.2	85.1	76.4	82.9	79.0	82.0	78.9	76.1	77.1	72.2
% [Women 21-65] Cervical Cancer Screening	77.5	71.5	78.0	77.5	78.6	72.7	76.3	80.1	73.8	84.3	74.5
% [Age 50-75] Colorectal Cancer Screening	76.9	76.0	80.0	76.9	80.2	74.7	77.5	71.9	77.4	74.4	72.8
% [Men 40+] PSA Test in Past 2 Years	56.1	58.2	64.6	71.1	43.4	58.0	57.8	33.9			

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DIABETES	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)							13.3	18.2	22.6		14.9
% Diabetes/High Blood Sugar	9.9	13.7	6.6	8.5	14.5	13.4	10.9	10.0	13.8		9.2
% Borderline/Pre-Diabetes	17.2	16.7	12.0	10.8	18.3	15.4	15.6		9.7		8.6
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	48.6	45.7	46.9	47.4	44.8	49.8	47.4		43.3		55.3

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

GAMBLING	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
% Gambled in the Past Year	28.5	28.3	21.2	28.2	29.7	32.5	27.9				
% [Those Who Gamble] Negatively Affected by Time Spent Gambling	14.3	3.1	11.0	8.9	12.4	8.7	10.7				

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)							132.3	162.4	164.4	127.4	145.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.4	6.4	7.3	8.7	9.5	5.1	7.7	6.2	6.1		6.3
Stroke (Age-Adjusted Death Rate)							24.0	30.6	37.6	33.4	27.6
% Stroke	4.1	2.8	2.5	2.9	3.8	0.4	3.0	2.7	4.3		3.4
% Told Have High Blood Pressure	35.8	40.3	35.7	42.0	42.6	38.1	38.3	33.0	36.9	27.7	36.9
% [HBP] Taking Action to Control High Blood Pressure	86.5	83.0	87.2	84.6	87.7	87.6	86.3		84.2		92.7
% Told Have High Cholesterol	40.9	45.0	39.0	40.2	43.0	41.7	41.5		32.7		39.6
% [HBC] Taking Action to Control High Blood Cholesterol	84.9	84.9	86.8	86.8	79.1	80.9	83.9		83.2		83.4
% 1+ Cardiovascular Risk Factor	84.4	83.4	81.4	81.8	85.1	84.3	83.6		84.6		83.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent)							15.2	23.5	22.3		15.3
Low Birthweight Births (Percent)							7.7	8.0	8.2		
Infant Death Rate							3.2	4.0	5.5	5.0	3.9
Births to Adolescents Age 15 to 19 (Rate per 1,000)							3.8	11.7	20.9		
								better	similar	worse	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN CO. vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)							33.2	49.9	51.6	43.2	22.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)							4.4	6.3	11.4	10.1	
[65+] Falls (Age-Adjusted Death Rate)							37.2	32.1	67.1	63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)							2.0	4.6	12.5	10.7	
Homicide (Age-Adjusted Death Rate)							1.1	3.8	6.1	5.5	1.1

INJURY & VIOLENCE (continued)	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS				
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
Violent Crime Rate							79.9	242.0	416.0		
% Victim of Violent Crime in Past 5 Years	3.1	1.6	3.0	1.8	3.1	4.8	3.0		6.2		2.0
% Victim of Intimate Partner Violence	11.3	13.1	11.1	10.4	11.7	15.5	12.1		13.7		11.0

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

KIDNEY DISEASE	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS				
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)							11.2	14.3	12.8		11.8
% Kidney Disease	0.8	4.2	4.7	3.6	2.0	3.3	2.7	2.6	5.0		3.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

MENTAL HEALTH	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	23.7	21.5	19.4	21.5	19.0	25.3	21.9		13.4		10.6
% Diagnosed Depression	25.3	21.1	25.3	24.0	19.2	21.5	23.2	15.2	20.6		11.4
% Symptoms of Chronic Depression (2+ Years)	42.4	37.4	32.1	35.7	34.9	43.8	38.4		30.3		26.6
% Typical Day Is "Extremely/Very" Stressful	17.4	18.2	17.0	19.2	19.6	18.0	18.0		16.1		14.4
% Mental Health Has Worsened During Pandemic	27.9	29.8	26.5	28.4	27.7	26.1	27.7				
Suicide (Age-Adjusted Death Rate)							7.9	7.8	13.9	12.8	6.9
Mental Health Providers per 100,000							118.8	103.9	124.9		
% Taking Rx/Receiving Mental Health Trtmt	22.1	13.0	22.8	22.0	12.9	19.1	19.1		16.8		
% Unable to Get Mental Health Svcs in Past Yr	10.0	8.6	8.7	7.2	11.2	11.4	9.7		7.8		4.7
% [Age 5-17] Child Has Been Diagnosed w/ Mental Health Issue	18.2	23.8	24.5	27.4			22.9				

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)							10.3	23.8	22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.8	19.4	17.9	21.2	26.0	19.6	22.0		21.1		15.3
% 5+ Servings of Fruits/Vegetables per Day	26.8	30.5	34.4	25.6	29.0	21.0	28.1		32.7		30.5
% Use Food Labels to Make Purchasing Decisions	72.0	71.9	75.4	69.7	68.8	67.3	71.3				
% No Leisure-Time Physical Activity	23.7	22.0	17.1	20.1	25.8	28.8	23.0	21.0	31.3	21.2	23.4
% Meeting Physical Activity Guidelines	31.2	29.9	31.8	29.1	23.3	21.9	28.5	21.9	21.4	28.4	25.7
3+ Hours of Screen Time for Entertainment	59.9	58.1	53.3	58.8	54.4	62.6	57.9				
% Have Access to High-Speed Internet Sufficient for Daily Needs	94.1	96.6	96.0	97.1	88.8	93.5	94.1				
% Child [Age 2-17] Physically Active 1+ Hours per Day	34.7	36.3	41.5	27.5	41.5		36.5		33.0		33.6
Recreation/Fitness Facilities per 100,000							24.6	17.7	12.2		
% Healthy Weight (BMI 18.5-24.9)	33.2	36.4	37.7	35.3	35.1	32.4	34.8	33.7	34.5		35.3

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	63.1	57.2	58.0	62.0	59.4	64.5	60.9	64.6	61.0		61.2
% Obese (BMI 30+)	29.1	23.8	23.1	32.5	27.6	32.0	27.7	27.7	31.3	36.0	25.3
% Children [Age 5-17] Healthy Weight	44.3	55.6	69.6	50.0			52.0		47.6		59.0
% Children [Age 5-17] Overweight (85th Percentile)	44.9	28.5	18.6	26.9			32.4		32.3		28.5
% Children [Age 5-17] Obese (95th Percentile)	29.2	17.7	12.1	11.8			19.8		16.0	15.5	18.6

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

ORAL HEALTH	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Have Dental Insurance	74.5	73.4	77.8	74.6	65.5	71.7	73.2		68.7	59.8	67.3
% [Age 18+] Dental Visit in Past Year	70.1	70.8	75.1	71.4	57.0	63.7	68.3	68.1	62.0	45.0	73.0
% Child [Age 2-17] Dental Visit in Past Year	90.2	84.6	90.4	84.0	64.7		83.8		72.1	45.0	74.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

POTENTIALLY DISABLING CONDITIONS	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS				
% 3+ Chronic Conditions	39.3	33.5	32.3	36.9	32.6	36.1	35.6		32.5		
% Activity Limitations	25.8	20.6	21.8	17.8	23.6	24.2	23.2		24.0		20.2
% With High-Impact Chronic Pain	16.1	10.8	12.7	11.4	14.7	19.9	14.7		14.1	7.0	
Alzheimer's Disease (Age-Adjusted Death Rate)							22.8	22.2	30.9		14.2
% Caregiver to a Friend/Family Member	28.4	24.5	27.5	24.7	23.7	21.6	25.8		22.6		22.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

RESPIRATORY DISEASE	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS				
CLRD (Age-Adjusted Death Rate)							20.1	26.4	38.1		22.6
Pneumonia/Influenza (Age-Adjusted Death Rate)							10.4	12.5	13.4		11.3
% [Age 65+] Flu Vaccine in Past Year	78.3	88.8	85.6	82.2			85.0	64.5	71.0		55.3
COVID-19 (Age-Adjusted Death Rate)							146.3	141.6	85.0		

RESPIRATORY DISEASE (continued)	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
% Vaccinated for COVID-19	84.9	89.9	88.4	89.0	92.0	88.1	88.1				
% [Adult] Asthma	13.9	6.4	14.7	12.7	8.5	7.7	11.3	8.7	12.9		9.0
% [Child 0-17] Asthma	10.6	4.8	14.5	6.4	13.0	8.9	10.1		7.8		3.6
% COPD (Lung Disease)	9.4	6.1	7.9	4.8	5.0	9.1	7.6	4.9	6.4		10.3

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SEXUAL HEALTH	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)							0.7	2.3	1.8		
HIV Prevalence Rate							220.8	464.4	372.8		
Chlamydia Incidence Rate							246.4	405.5	539.9		
Gonorrhea Incidence Rate							46.8	100.7	179.1		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SUBSTANCE USE	DISPARITY AMONG SUBAREAS						BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)							6.2	8.4	11.9	10.9	5.0
% Excessive Drinker	23.1	16.5	22.6	26.4	21.5	20.2	21.7	17.6	27.2		23.8
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)							17.1	31.0	21.0		7.6
% Illicit Drug Use in Past Month	4.5	3.1	4.6	0.7	4.6	3.0	3.8		2.0	12.0	
% Used Marijuana in the Past Year	19.9	15.7	16.3	15.1	15.5	21.3	17.8				7.1
% Used a Prescription Opioid in Past Year	10.1	10.4	8.9	8.9	10.3	10.9	10.0		12.9		
% Member of HH Treated for Rx Addiction	10.7	4.3	7.4	3.8	7.1	8.2	7.8				
% Ever Sought Help for Alcohol or Drug Problem	5.0	3.5	3.2	3.1	4.6	3.2	4.0		5.4		2.4
% Personally Impacted by Substance Use	33.4	35.5	35.1	38.1	34.9	37.8	35.2		35.8		30.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

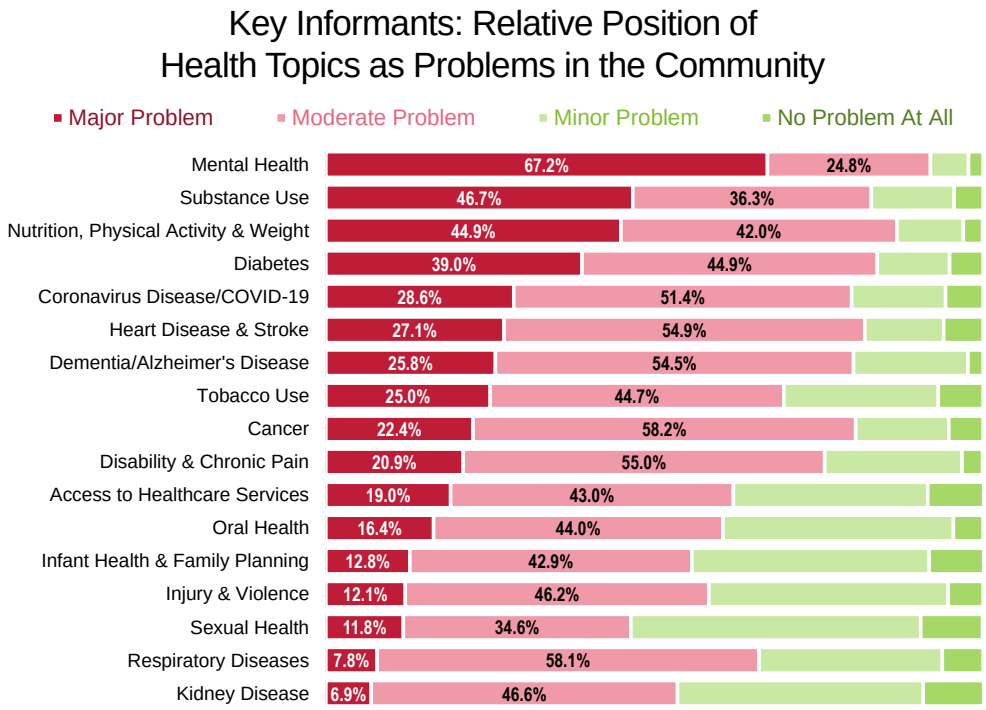
TOBACCO USE	DISPARITY AMONG SUBAREAS						Bergen County	BERGEN CO. vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Current Smoker	11.9	12.3	10.6	6.8	15.0	9.7	11.6	10.8	17.4	5.0	9.8
% Someone Smokes at Home	11.8	9.5	9.8	5.5	11.4	10.4	10.4		14.6		10.3
% [Household With Children] Someone Smokes in the Home	14.7	8.9	16.3	4.1	15.4	10.2	12.5		17.4		9.4
% [Smokers] Received Advice to Quit Smoking							64.6		59.6	66.6	73.5
% Currently Use Vaping Products	10.1	4.0	9.0	5.3	8.7	7.0	8.0	5.0	8.9		3.9

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Bergen County, New Jersey, the focus of this Community Health Needs Assessment, encompasses 232.79 square miles and houses a total population of 930,390 residents, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Bergen County	930,390	232.79	3,997
New Jersey	8,878,503	7,355.54	1,207
United States	324,697,795	3,532,068.58	92

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

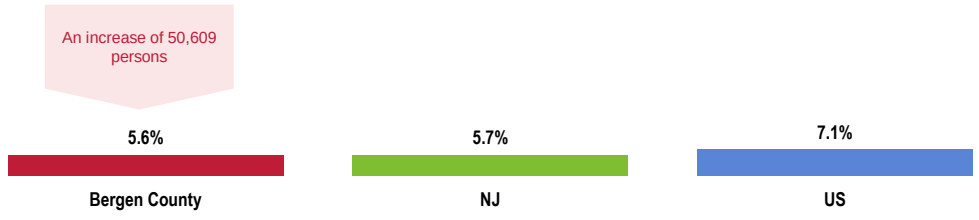
Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of Bergen County increased by 50,609 persons, or 5.6%.

BENCHMARK ► A smaller proportional increase than recorded across the nation.

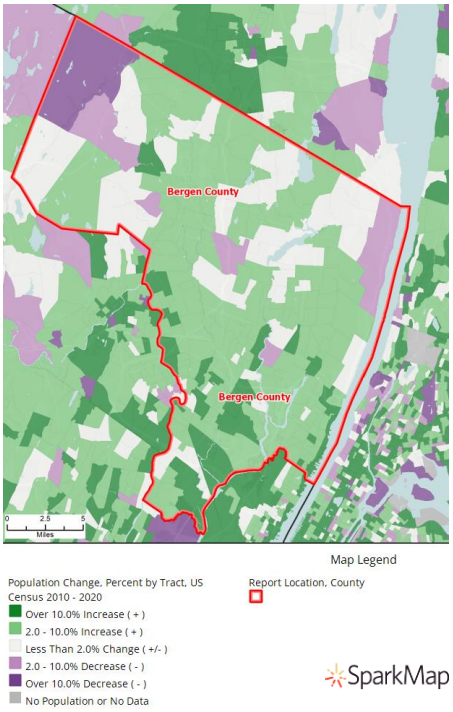
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.

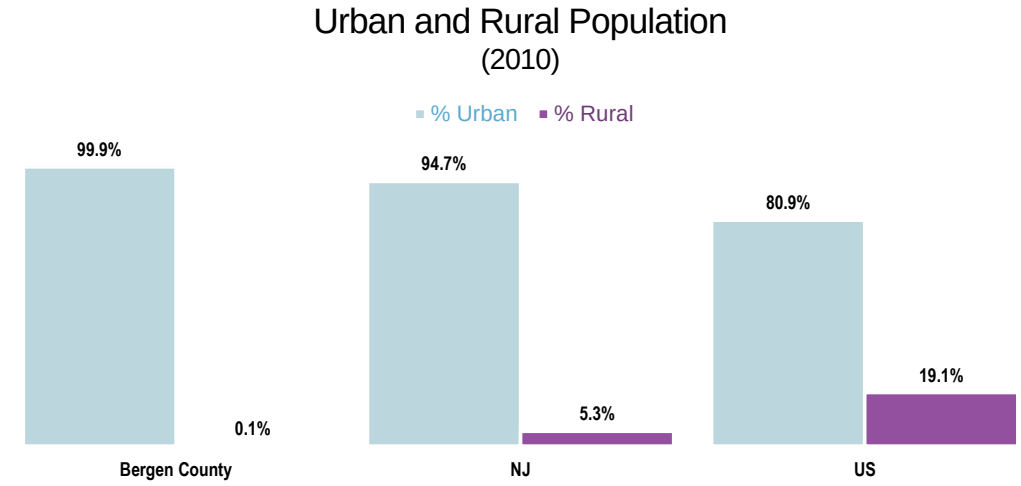


Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

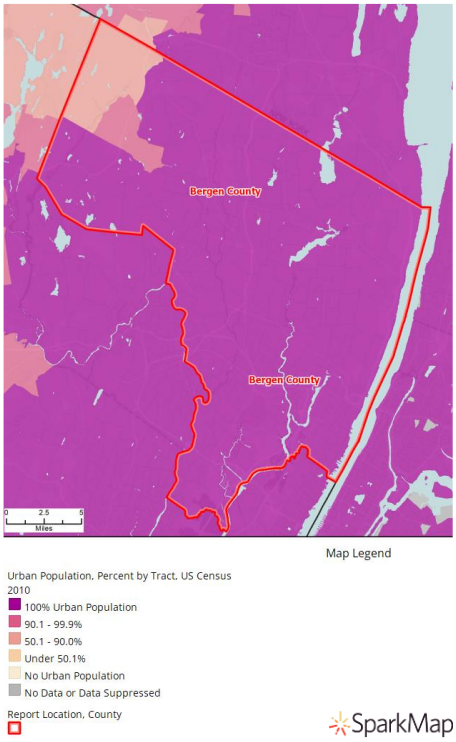
Bergen County is almost entirely urban, with 99.9% of the population living in areas designated as urban.

BENCHMARK ► More urban than the state and US.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

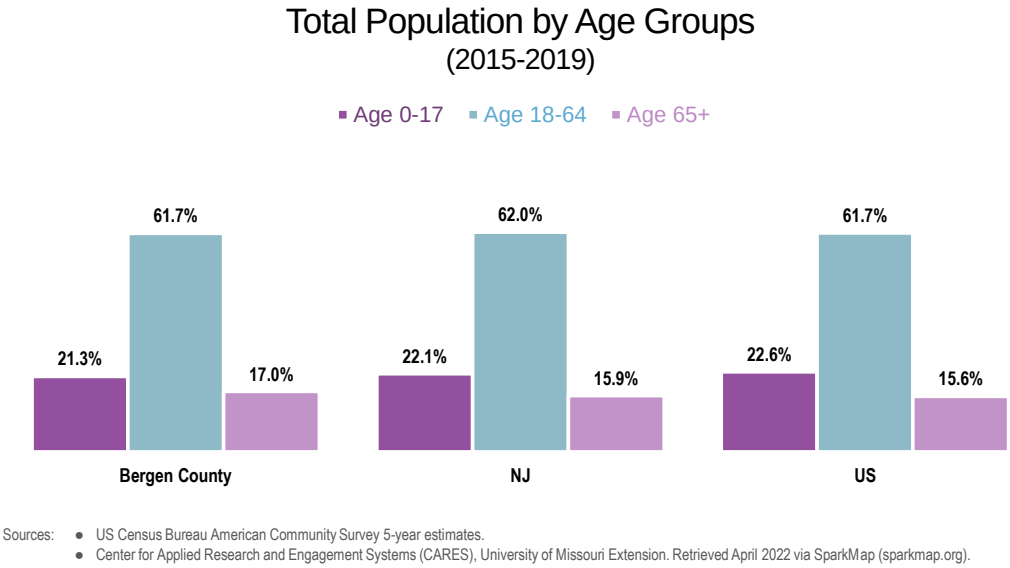


Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Bergen County, 21.3% of the population are children age 0-17; another 61.7% are age 18 to 64, while 17.0% are age 65 and older.

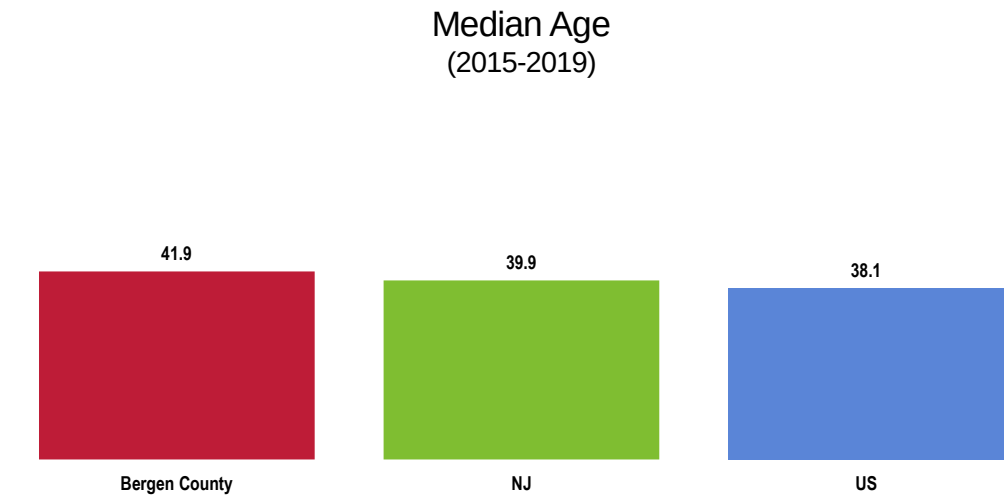
BENCHMARK ► Proportionally similar to state and national groupings.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

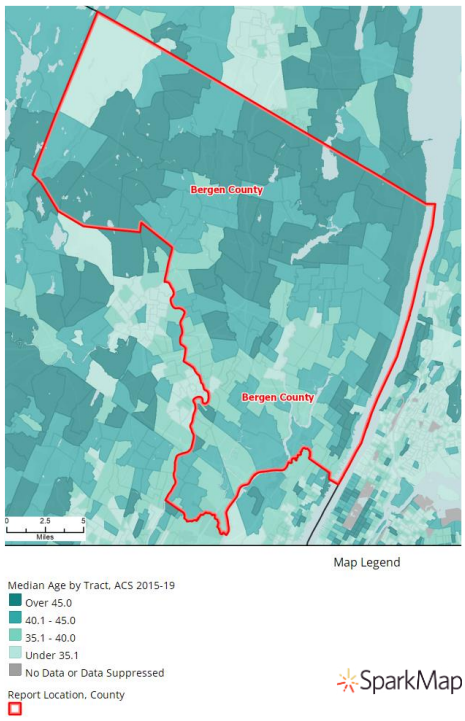
Median Age

Bergen County is "older" than the state and the nation in that the median age is higher.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age in Bergen County.

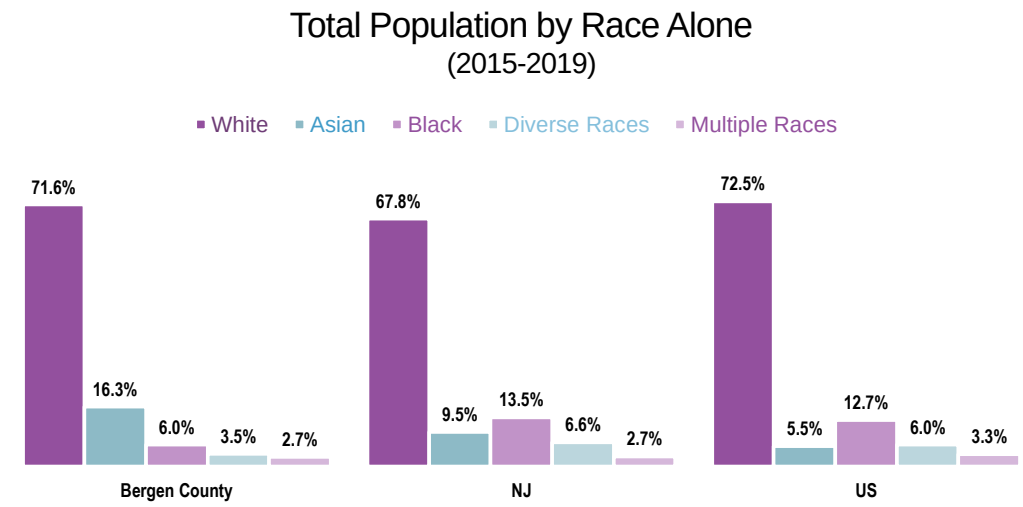


Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 71.6% of residents of Bergen County are White, 16.3% are Asian, and 6.0% are Black.

BENCHMARK ► The Asian population is proportionately higher than found across New Jersey and the US.

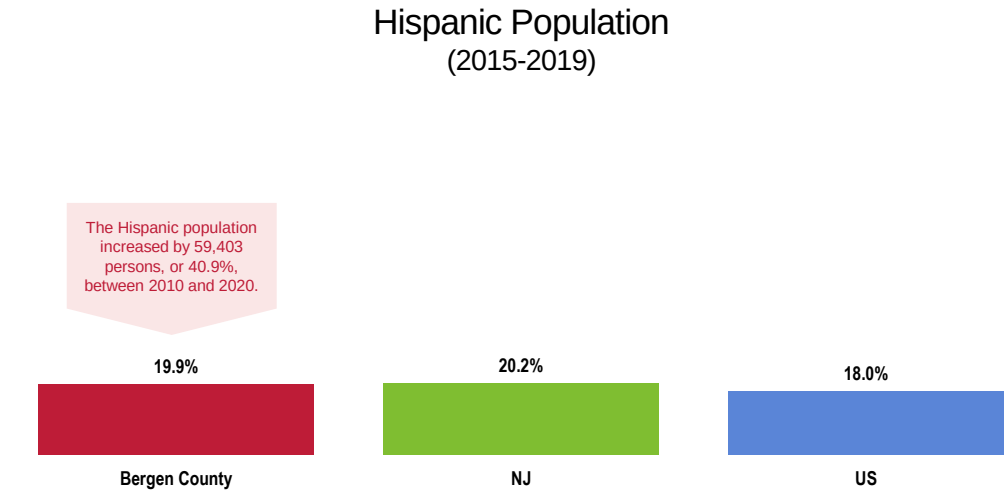


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Ethnicity

A total of 19.9% of Bergen County residents are Hispanic or Latino.

BENCHMARK ► Similar to state and national proportions.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

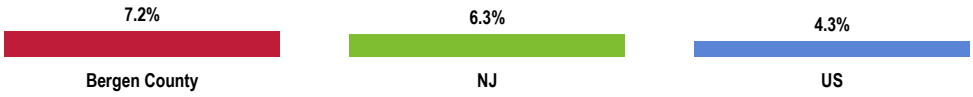
Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 7.2% of Bergen County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Less favorable than the US percentage.

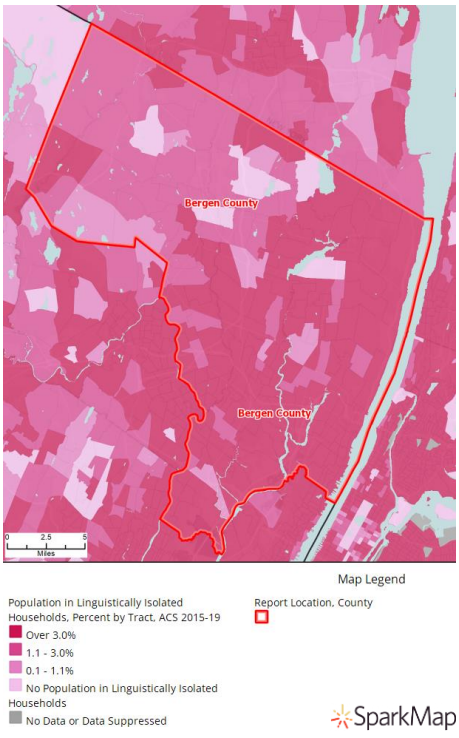
Linguistically Isolated Population
(2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout Bergen County.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

Poverty

The latest census estimate shows 6.7% of Bergen County total population living below the federal poverty level.

BENCHMARK ► Lower than found across the state and nation. Satisfies the Healthy People 2030 objective.

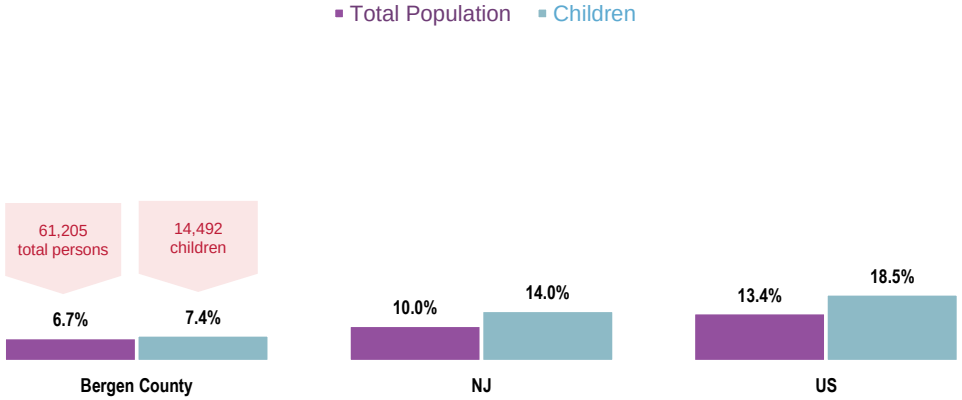
Among just children (ages 0 to 17), this percentage in Bergen County is 7.4% (representing an estimated 14,492 children).

BENCHMARK ► Lower than found across the state and nation. Similar to the Healthy People 2030 objective.

Population in Poverty

(Populations Living Below the Poverty Level; 2015-2019)

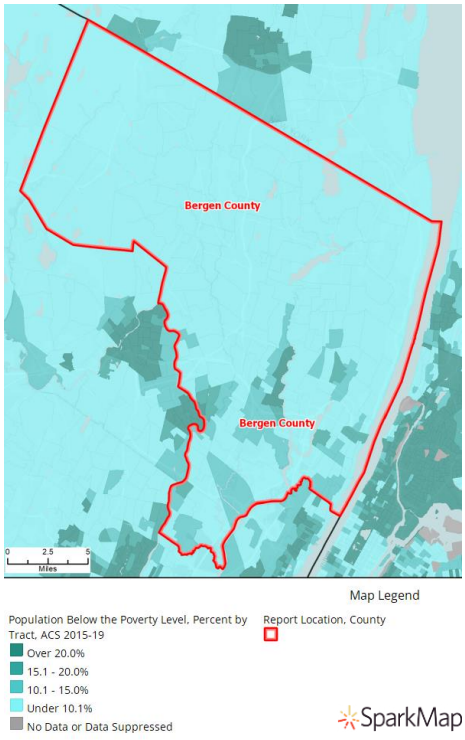
Healthy People 2030 = 8.0% or Lower

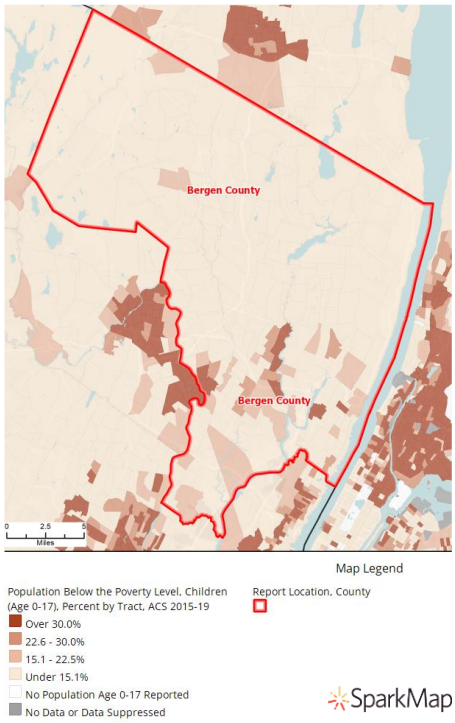


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.





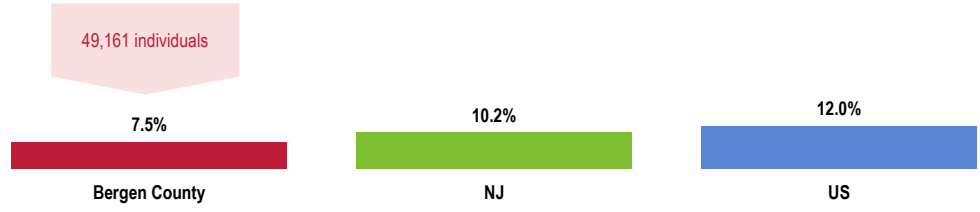
Education

Among the Bergen County population age 25 and older, an estimated 7.5% (over 49,000 people) do not have a high school education.

BENCHMARK ► Lower than the state and national percentages.

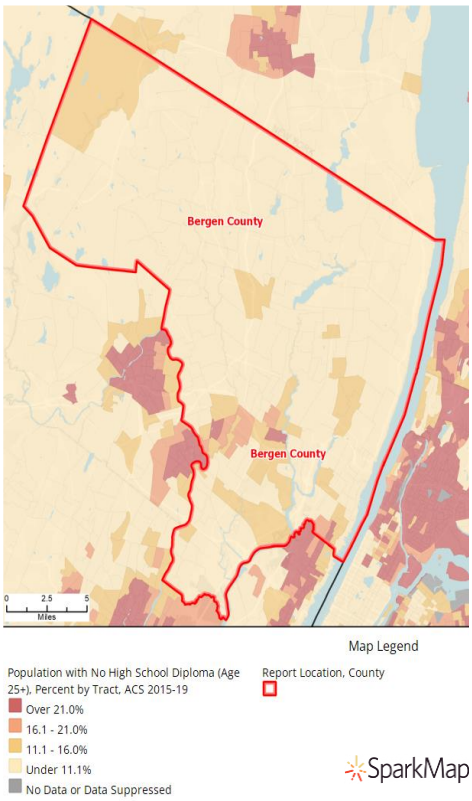
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

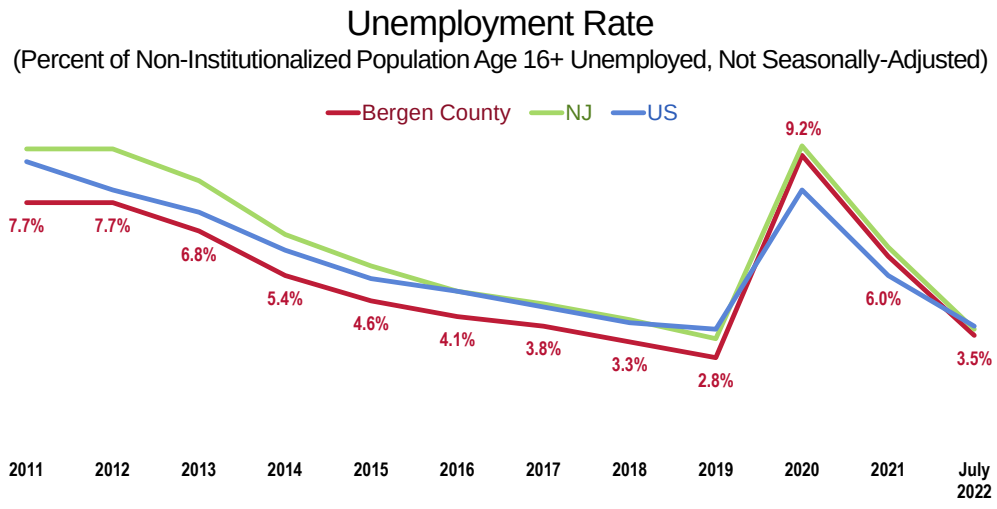
Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in Bergen County as of July 2022 was 3.5%.

TREND ► After rebounding following the beginning of the COVID-19 pandemic, the most recent rate is once again below rates in the early half of the last decade.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Financial Resilience

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

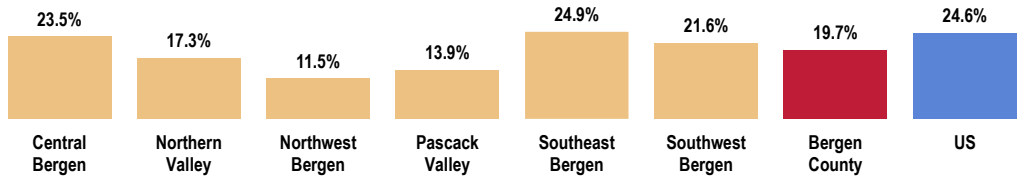
A total of 19.7% of Bergen County residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ► Better than found nationally.

DISPARITY ► Higher in Central Bergen and Southeast Bergen. More often reported among adults younger than 65, those with lower incomes, Hispanic residents, Black/African American residents, and LGBTQ+ residents.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

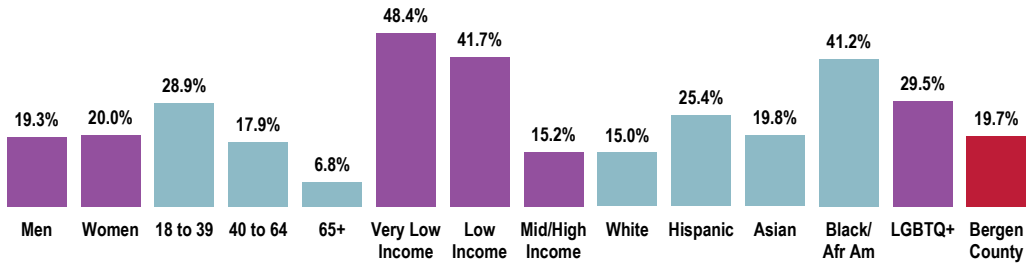
Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Bergen County, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]

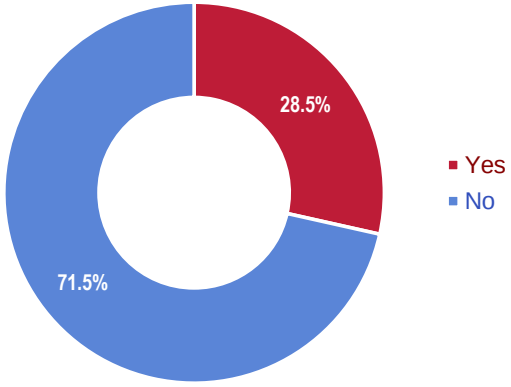
Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Financial Impact of the Pandemic

More than one-fourth of respondents (28.5%) report that, since the beginning of the COVID-19 pandemic, a member of their household has lost a job, had to work fewer hours than wanted or needed, or lost health insurance coverage.

DISPARITY ► Lowest in Northwest Bergen (not shown).

Household Member has Lost a Job,
Hours/Wages, or Health Insurance as a Result of the Pandemic
(Bergen County, 2022)



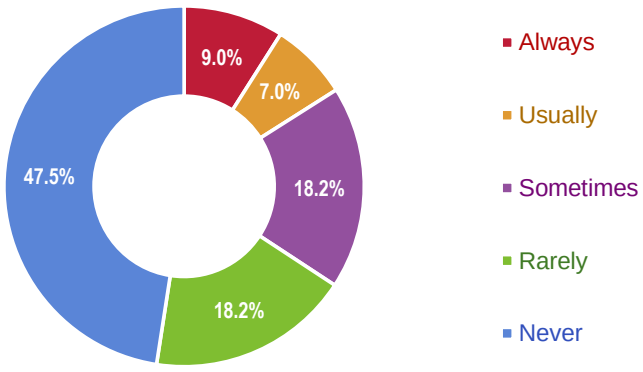
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Bergen County, 2022)

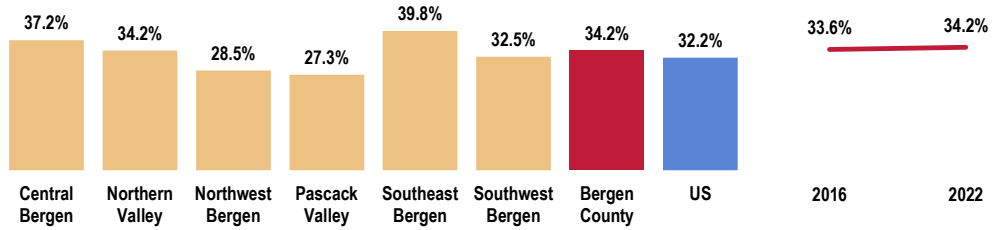


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, a considerable share (34.2%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

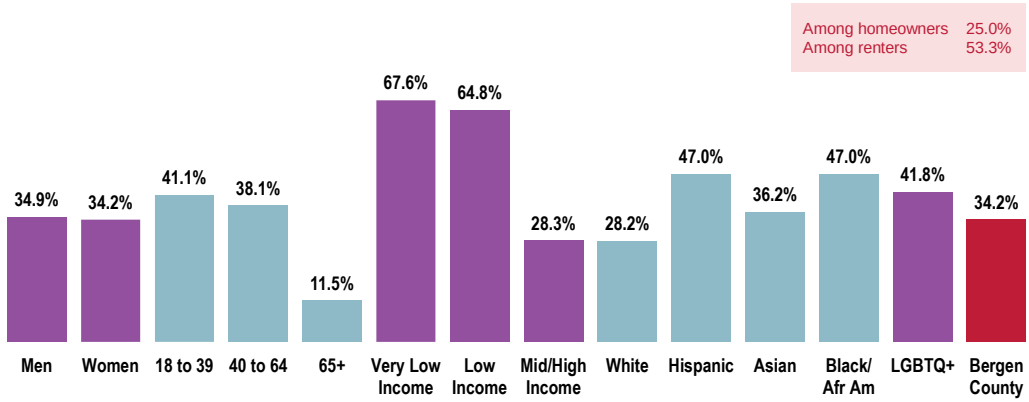
DISPARITY ► Lower in Northwest Bergen and Pascack Valley. More often reported among adults younger than 65, lower-income adults, Hispanic residents, Asian residents, Black/African American residents, LGBTQ+ residents, and renters.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

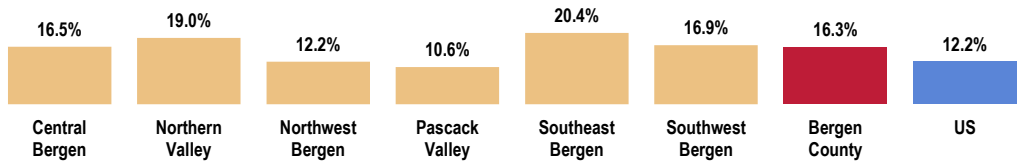
Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

A total of 16.3% of Bergen County residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Higher than the US finding.

DISPARITY ► Lowest in Northwest Bergen and Pascack Valley. More often reported among adults younger than 40, lower-income respondents, Hispanic residents, Asian residents, Black/African American residents, LGBTQ+ respondents, and renters.

Unhealthy or Unsafe Housing Conditions in the Past Year

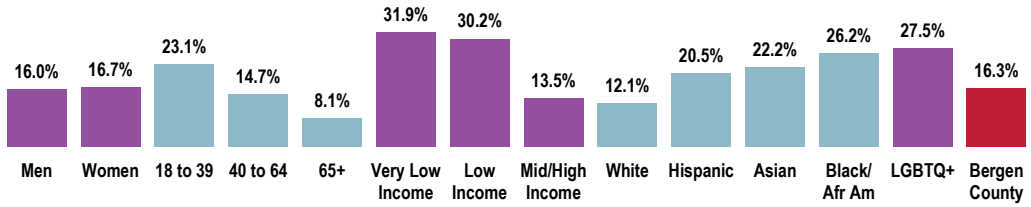


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Bergen County, 2022)

Among homeowners	11.1%
Among renters	24.2%



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 65]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

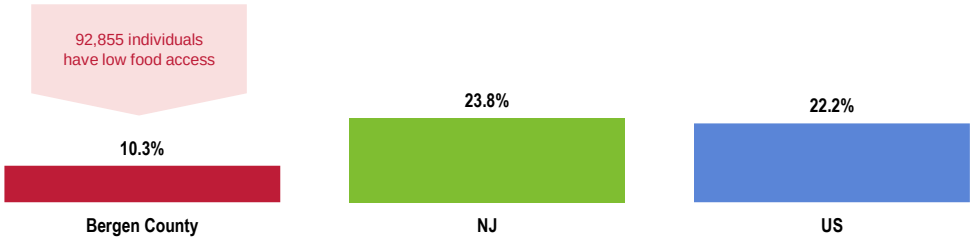
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.

US Department of Agriculture data show that 10.3% of Bergen County population (representing over 92,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

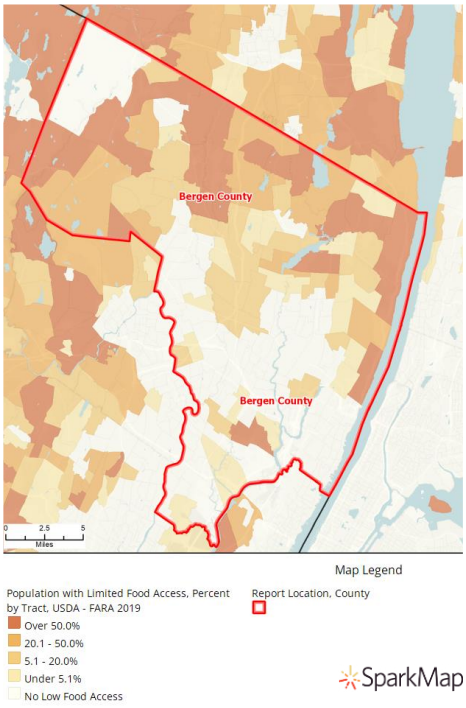
BENCHMARK ► More favorable than found across the state and US.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more."

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.

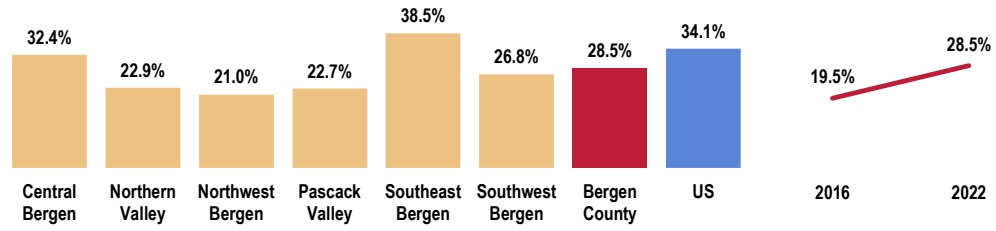
Overall, 28.5% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Lower than the national percentage.

TREND ► Marks a significant increase since 2016.

DISPARITY ► Notably higher in Central Bergen and Southeast Bergen. Especially high (a clear majority) among lower-income households. Also more often reported among younger adults, Hispanic respondents, Asian respondents, Black/African American respondents, and LGBTQ+ respondents.

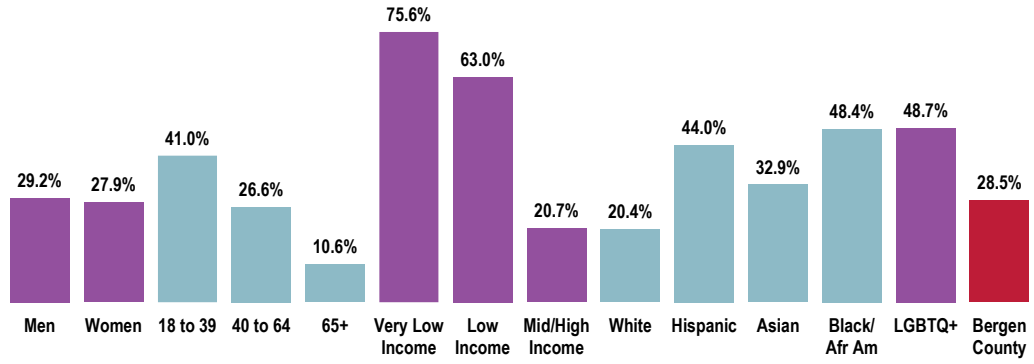
Food Insecurity



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Bergen County, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 112]

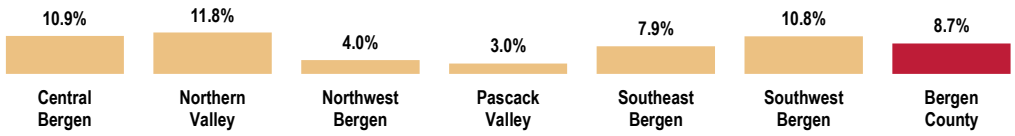
Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Use of Food Pantries and Free Meals

A total of 8.7% of Bergen County adults report using a food pantry or receiving free meals from a charitable organization within the past year.

DISPARITY ► Notably lower in Northwest Bergen and Pascack Valley.

Visited a Food Pantry or Received Free Meals in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

Health Literacy

Written health information includes information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and other places.

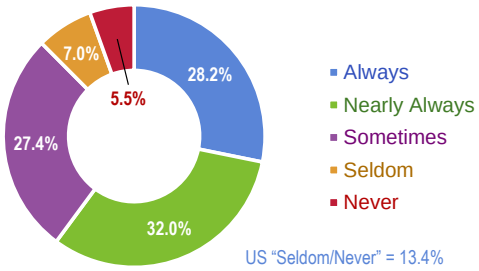
Most Bergen County adults report little to no trouble understanding health information, whether written or spoken. However, 12.5% report that health information is "seldom" or "never" written in a way that is easy for them to understand.

DISPARITY ► Lowest in Northwest Bergen and Pascack Valley (not shown).

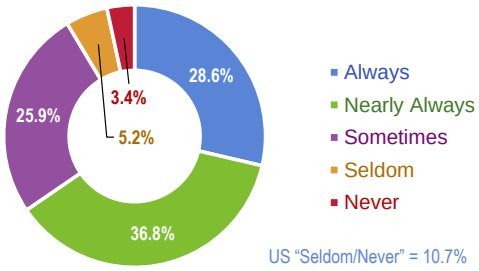
Another 8.6% report that health information is "seldom" or "never" spoken in a way that is easy for them to understand.

DISPARITY ► Lowest in Pascack Valley (not shown).

Health Literacy
(Bergen County, 2022)



Frequency of Written Health Information Being Easy to Understand



Frequency of Spoken Health Information Being Easy to Understand

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 305-306]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

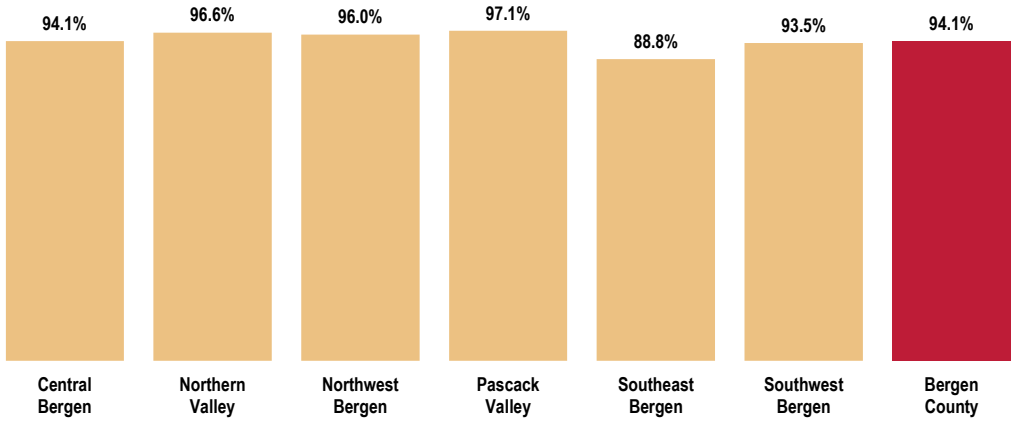
Internet Access

RELATED ISSUE
See *Physical Activity* in the **Modifiable Health Risks** section of this report for data on Screen Time for Entertainment among adults.

Most Bergen County adults (94.1%) report that they have access to high-speed internet that is sufficient for their daily needs.

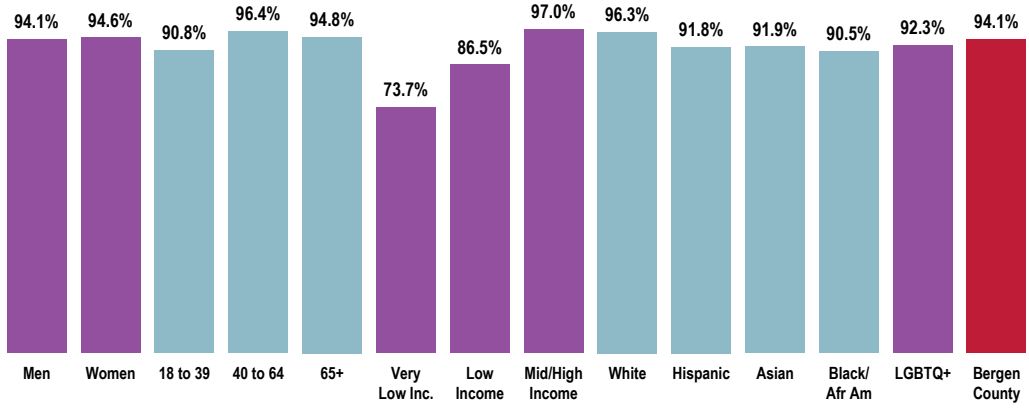
DISPARITY ► Lowest in Southeast Bergen. Especially low among adults with lower incomes. Also less likely to have sufficient access are adults age 18 to 39 and persons of color.

Have High-Speed Internet Sufficient for Daily Needs



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

Have High-Speed Internet Sufficient for Daily Needs
(Bergen County Service Area, 2022)



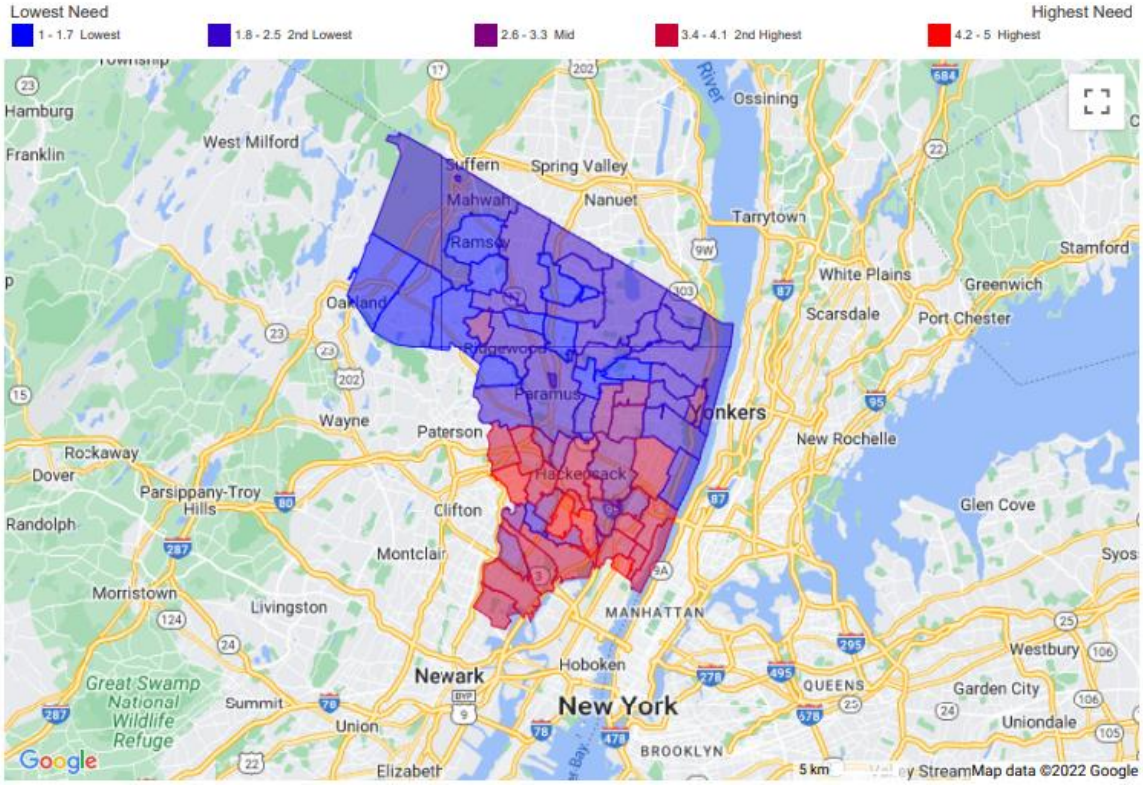
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

HIGH-NEED AREAS

In 2004, Dignity Health and IBM Watson Health™ jointly developed a Community Need Index (“CNI”) to assist in the process of gathering vital socio-economic factors in the community.

Based on demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. The CNI score is an average of five different barrier scores that measure various socio-economic indicators. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need compared to the US national average (score of 3.0).

The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community’s demand for a range of healthcare services.



ZIP Code–specific CNI scores are outlined below.

Zip Code	CNI Score	Population	City	County	State
07010	3.8	25043	Cliffside Park	Bergen	New Jersey
07020	3.6	14526	Edgewater	Bergen	New Jersey
07022	4.4	14364	Fairview	Bergen	New Jersey
07024	3.6	37438	Fort Lee	Bergen	New Jersey
07026	4.2	30631	Garfield	Bergen	New Jersey
07031	3.6	15482	North Arlington	Bergen	New Jersey
07057	3	11447	Wallington	Bergen	New Jersey
07070	2.6	18313	Rutherford	Bergen	New Jersey
07071	3.4	21641	Lyndhurst	Bergen	New Jersey
07072	3.6	6213	Carlstadt	Bergen	New Jersey
07073	3.8	9409	East Rutherford	Bergen	New Jersey
07074	3.2	2748	Moonachie	Bergen	New Jersey
07075	2.4	9571	Wood Ridge	Bergen	New Jersey
07401	1.6	6878	Allendale	Bergen	New Jersey
07407	3.6	20161	Elmwood Park	Bergen	New Jersey
07410	2	33289	Fair Lawn	Bergen	New Jersey
07417	1.4	10893	Franklin Lakes	Bergen	New Jersey
07423	1.4	4040	Ho Ho Kus	Bergen	New Jersey
07430	2.2	26781	Mahwah	Bergen	New Jersey
07432	2.6	7151	Midland Park	Bergen	New Jersey
07436	1.4	13061	Oakland	Bergen	New Jersey

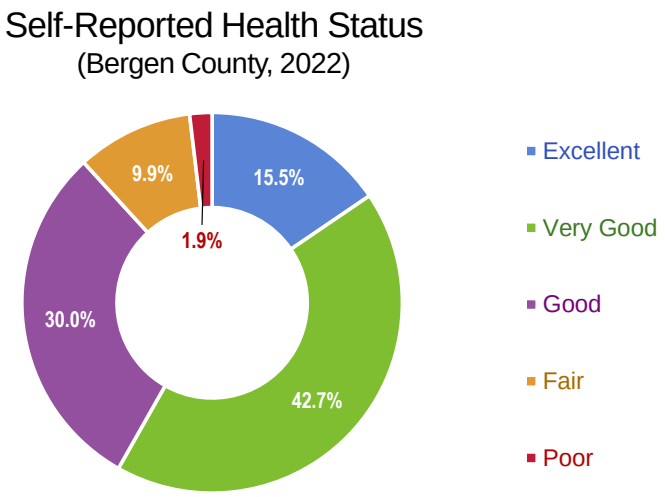
07446	1.6	14718	Ramsey	Bergen	New Jersey
07450	2	25169	Ridgewood	Bergen	New Jersey
07452	1.6	11543	Glen Rock	Bergen	New Jersey
07458	1.8	11894	Saddle River	Bergen	New Jersey
07463	1.8	9907	Waldwick	Bergen	New Jersey
07481	1.4	16947	Wyckoff	Bergen	New Jersey
07601	4	45606	Hackensack	Bergen	New Jersey
07603	3.6	7897	Bogota	Bergen	New Jersey
07604	2.6	11926	Hasbrouck Heights	Bergen	New Jersey
07605	3.2	9034	Leonia	Bergen	New Jersey
07606	3.8	2462	South Hackensack	Bergen	New Jersey
07607	2.8	9642	Maywood	Bergen	New Jersey
07608	4.2	96	Teterboro	Bergen	New Jersey
07620	2.6	1605	Alpine	Bergen	New Jersey
07621	3.2	27862	Bergenfield	Bergen	New Jersey
07624	2.2	8624	Closter	Bergen	New Jersey
07626	2.2	9353	Cresskill	Bergen	New Jersey
07627	1.8	5052	Demarest	Bergen	New Jersey
07628	3	17049	Dumont	Bergen	New Jersey
07630	2.2	7615	Emerson	Bergen	New Jersey
07631	4	27718	Englewood	Bergen	New Jersey
07632	1.8	5214	Englewood Cliffs	Bergen	New Jersey
07640	2	4688	Harrington Park	Bergen	New Jersey
07641	1.6	3383	Haworth	Bergen	New Jersey
07642	1.8	10293	Hillsdale	Bergen	New Jersey
07643	4.2	10650	Little Ferry	Bergen	New Jersey
07644	4	24780	Lodi	Bergen	New Jersey
07645	1.8	8491	Montvale	Bergen	New Jersey
07646	2.8	16519	New Milford	Bergen	New Jersey
07647	2.4	5581	Northvale	Bergen	New Jersey
07648	2.2	5602	Norwood	Bergen	New Jersey
07649	1.6	7998	Oradell	Bergen	New Jersey
07650	3.8	20605	Palisades Park	Bergen	New Jersey
07652	1.8	27556	Paramus	Bergen	New Jersey
07656	2	9009	Park Ridge	Bergen	New Jersey
07657	3.4	11631	Ridgefield	Bergen	New Jersey
07660	3.2	12640	Ridgefield Park	Bergen	New Jersey
07661	2.4	11312	River Edge	Bergen	New Jersey
07662	3	5638	Rochelle Park	Bergen	New Jersey
07663	3.4	13967	Saddle Brook	Bergen	New Jersey
07666	2.6	41105	Teaneck	Bergen	New Jersey
07670	2.2	14720	Tenafly	Bergen	New Jersey
07675	2	26807	Westwood	Bergen	New Jersey
07676	1.4	9108	Township Of Washington	Bergen	New Jersey
07677	1.4	5930	Woodcliff Lake	Bergen	New Jersey

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that, in general, your health is: Excellent, Very Good, Good, Fair, or Poor?"

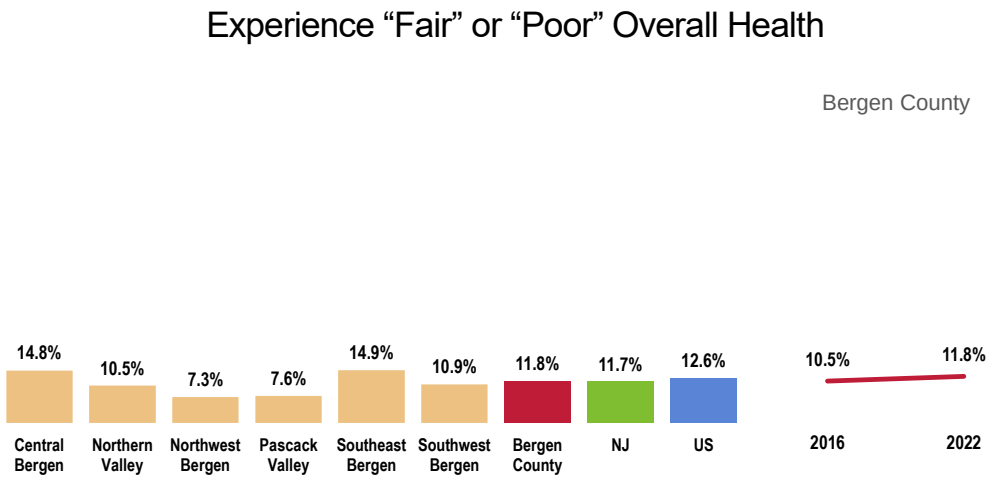
Most Bergen County residents rate their overall health favorably (responding "excellent," "very good," or "good").



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

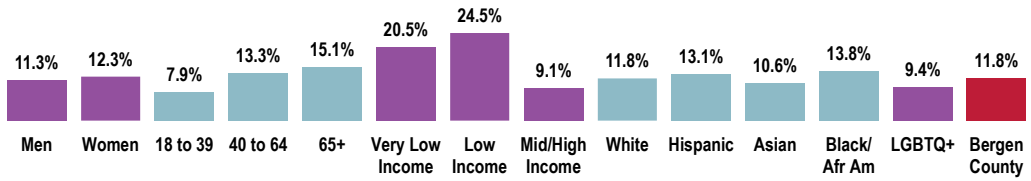
However, 11.8% of Bergen County adults believe that their overall health is "fair" or "poor."

DISPARITY ► Highest in Central Bergen and Southeast Bergen. More often reported among adults age 40+ and especially those with lower incomes.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

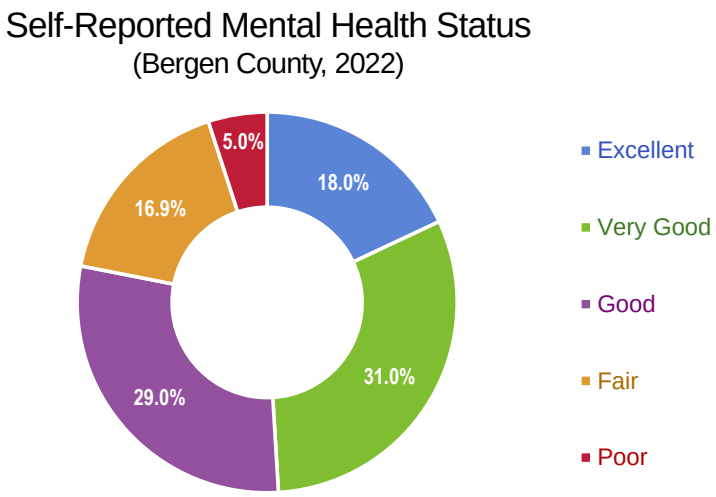
– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

Self-Reported Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?"

Most Bergen County adults rate their overall mental health favorably ("excellent," "very good," or "good").



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ● Asked of all respondents.

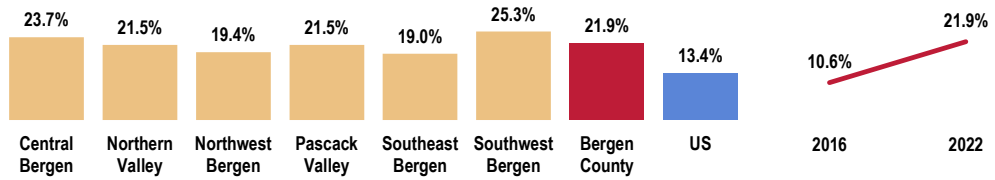
However, 21.9% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Worse than the US finding.

TREND ► Represents a significant increase since 2016.

Experience "Fair" or "Poor" Mental Health

Bergen County



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

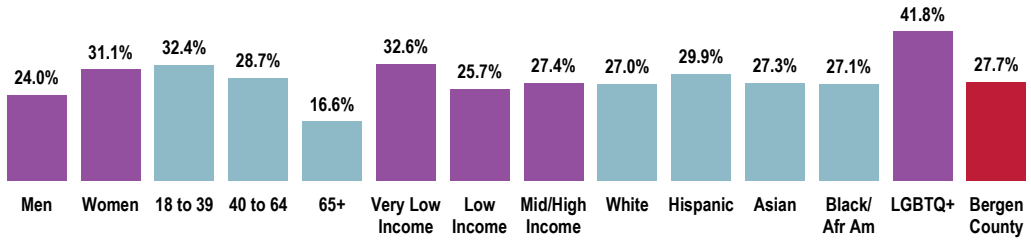
Effect of the COVID-19 Pandemic

Among surveyed adults, 27.7% believe that their mental health has "become worse" since the COVID-19 pandemic started in March 2020.

DISPARITY ► More often reported among adults younger than 65, those with lower incomes, and LGBTQ+ persons.

Mental Health Has Gotten Worse Since the Beginning of the Pandemic

(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Beginning of pandemic specified as March 2020.

Depression

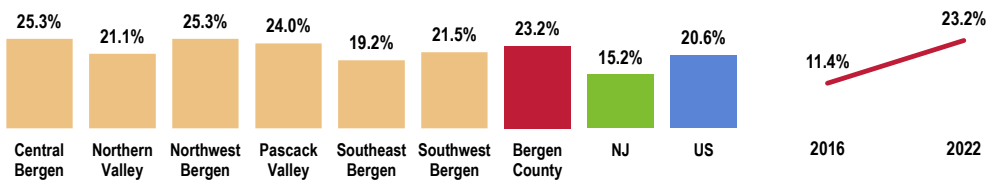
Diagnosed Depression

A total of 23.2% of Bergen County adults have been diagnosed by a physician, nurse, or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the statewide percentage.

TREND ► Marks a significant increase since 2016.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 93]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 38.4% of Bergen County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

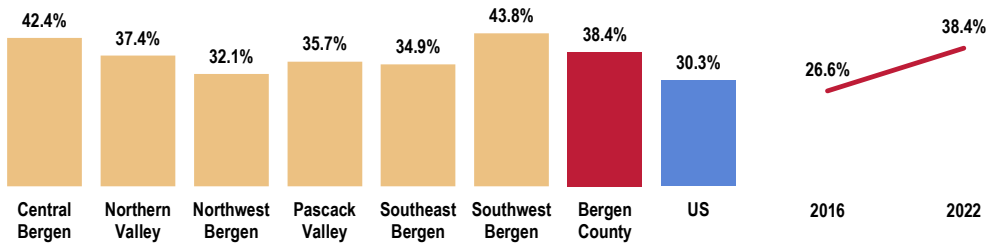
BENCHMARK ► Worse than the US finding.

TREND ► Marks a significant increase since 2016.

DISPARITY ► Highest in Central Bergen and Southwest Bergen. More often reported among women, adults younger than 65, lower-income adults, Hispanic residents, Black/African American residents, and LGBTQ+ respondents.

Have Experienced Symptoms of Chronic Depression

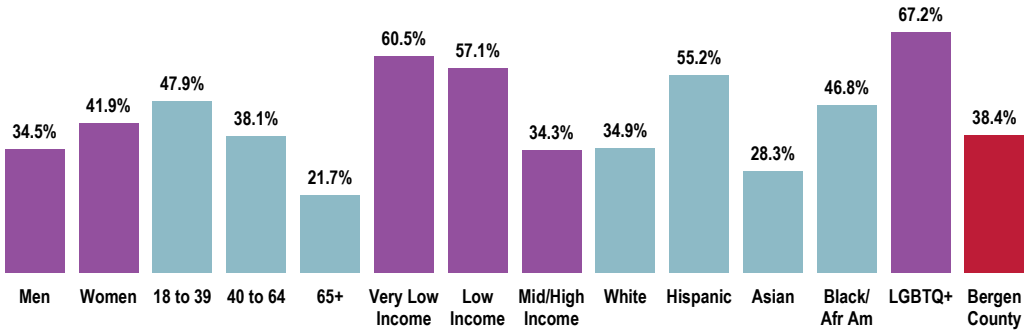
Bergen County



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Bergen County, 2022)

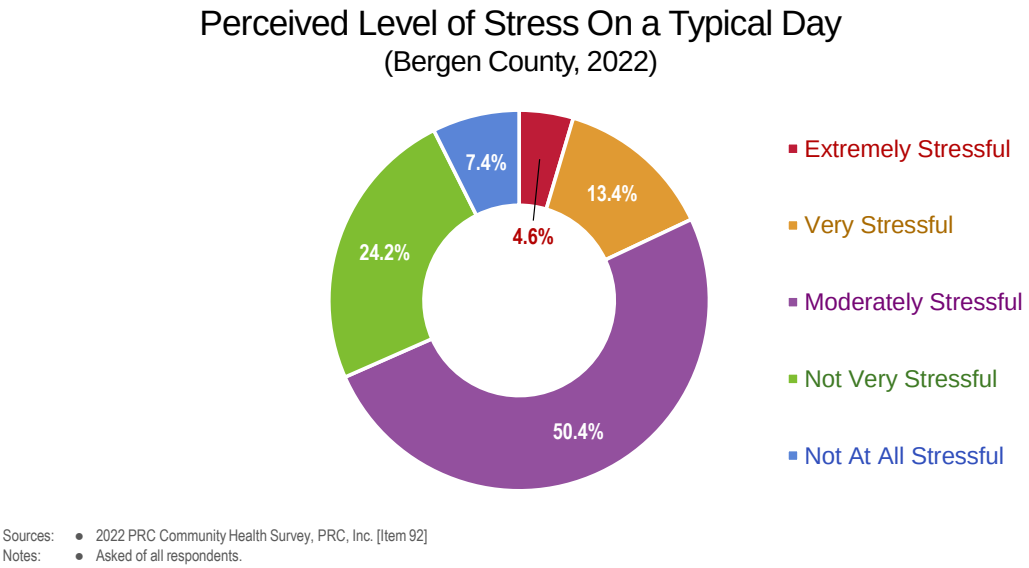


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

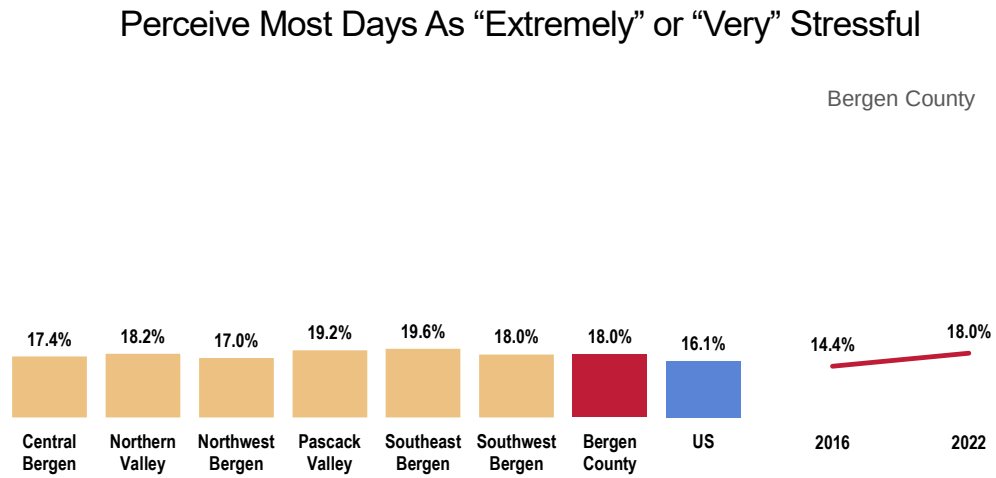


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

In contrast, 18.0% of Bergen County adults feel that most days for them are "very" or "extremely" stressful.

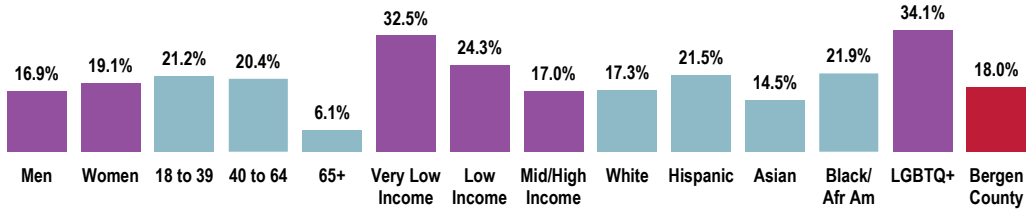
TREND ► Denotes a significant increase since 2016.

DISPARITY ► More often reported among adults younger than 65, adults with lower incomes, and LGBTQ+ respondents.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

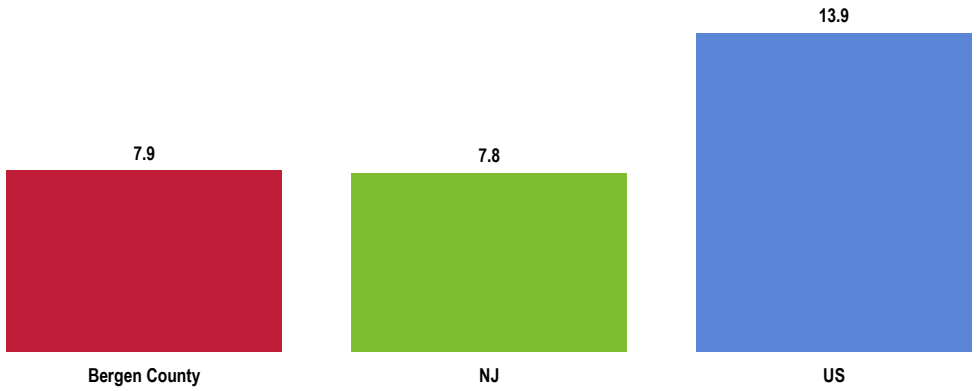
Suicide

In Bergen County, there were 7.9 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► More favorable than the US rate. Satisfies the Healthy People 2030 objective.

DISPARITY ► Higher among White residents.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

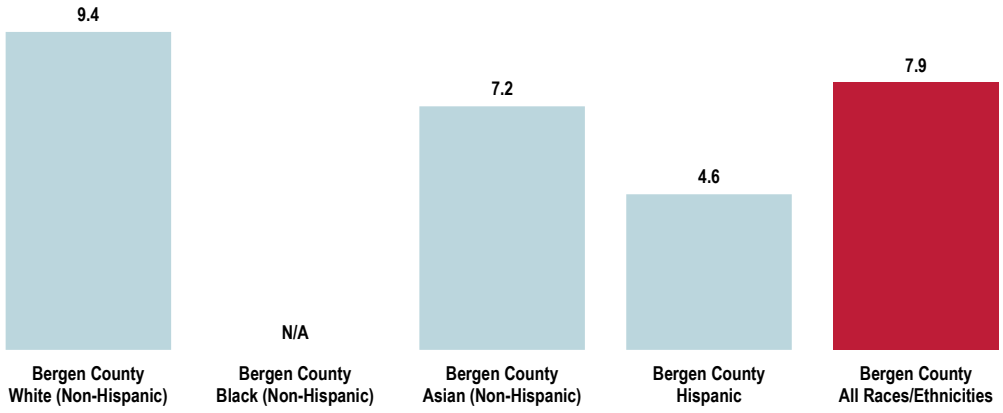


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower

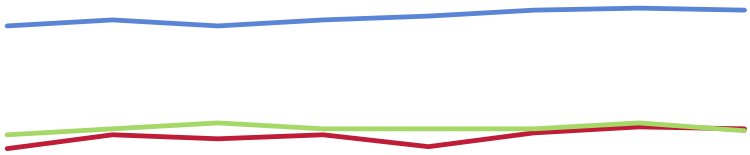


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	6.9	7.6	7.4	7.6	7.0	7.7	8.0	7.9
NJ	7.6	7.9	8.2	7.9	7.9	7.9	8.2	7.8
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

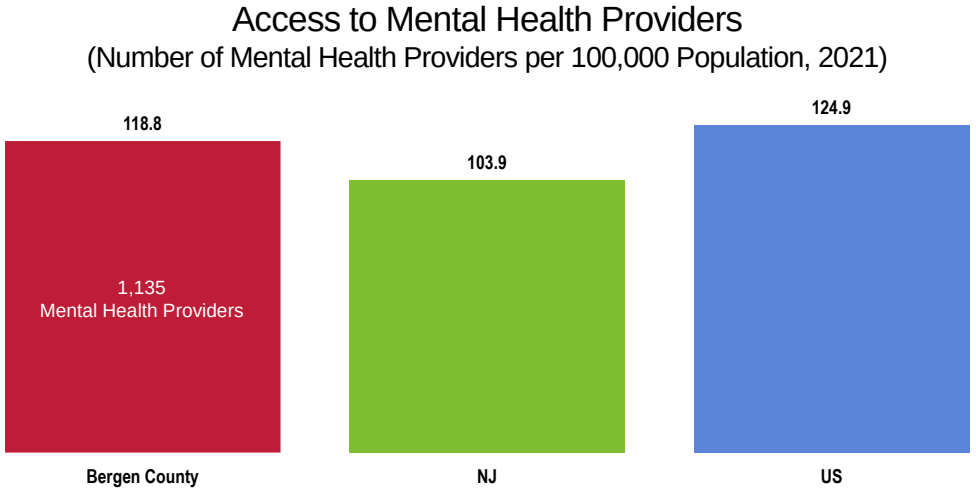
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Mental Health Treatment

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Bergen County and residents in Bergen County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In Bergen County in 2021, there were 118.8 mental health providers for every 100,000 population.



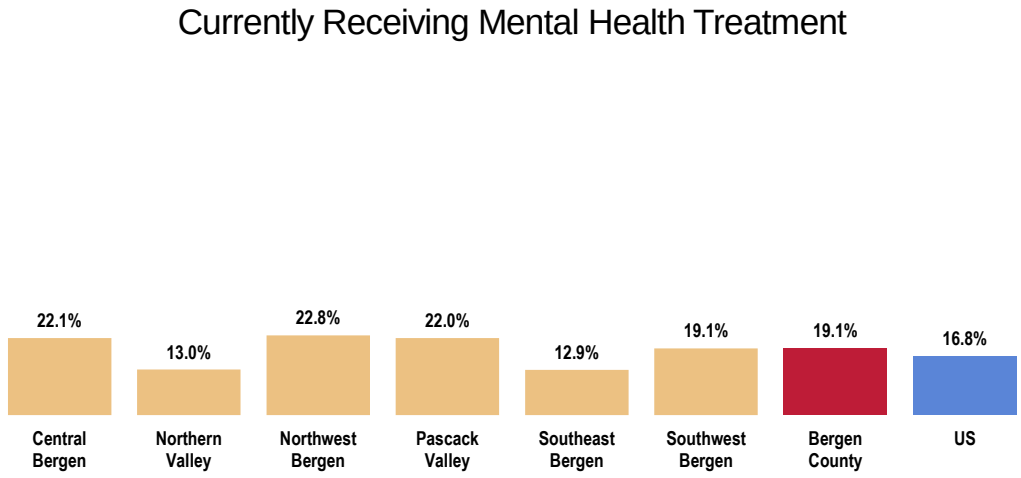
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 19.1% are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Highest in Northwest Bergen.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

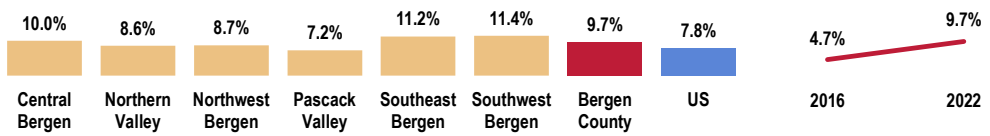
Difficulty Accessing Mental Health Services

A total of 9.7% of Bergen County adults report a time in the past year when they needed mental health services but were not able to get them.

TREND ► Denotes a significant increase since 2016.

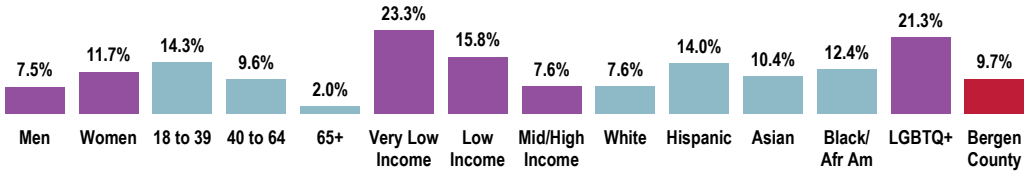
DISPARITY ► More often reported among women, adults younger than 65, respondents with lower incomes, Hispanic respondents, and LGBTQ+ respondents.

Unable to Get Mental Health Services When Needed in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Bergen County, 2022)

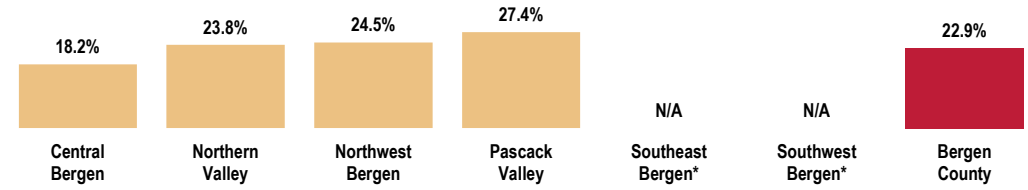


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes: ● Asked of all respondents.

Child Mental Health

Among area parents of children age 5 to 17, 22.9% report their child ever has suffered from or been diagnosed with any type of mental, emotional, or behavioral health issue, such as depression, anxiety, or ADHD.

Child Has Been Diagnosed with a Mental, Emotional, or Behavioral Issue (Depression, Anxiety, ADHD, etc.)
(Parents of a Child Age 5-17)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: ● Asked of all respondents with children age 5 to 17 in the household.
● * Results are not shown, as the sample size is insufficient for segmentation.

Key Informant Input: Mental Health

Over two-thirds of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2022)

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Services for youth 3-17 with special needs and/or co-occurring medical conditions, organizations/agencies not accepting insurance coverage. Private, Medicaid, availability of culturally competent practitioners, transportation challenges. – Social Services Provider
>
> Access, health literacy. – Community/Business Leader

They are not adequate services for victims of trauma and abuse … Complex PTSD is prevalent but kept secret. Not enough knowledge that they are trained therapist to deal with trauma and PTSD it's not every therapist is qualified or trained … They need to refer and not just take on patience to make money. – Other Healthcare Provider

Just not enough resources in an emergency. Hard to access help, many insurances do not cover. Stigma. – Social Services Provider

Access to care, stigma, diagnosis. – Community/Business Leader

Lack of resources and poor post diagnostic follow up. COVID-19 has exacerbated behavioral and mental health issues. Lack of resources. – Community/Business Leader

Access to services to manage their mental health and to learn coping strategies. – Other Healthcare Provider

Access to care. Stigma associated with the illness. Lack of mental health literacy – people experiencing challenges lack the awareness of mental health signs and symptoms therefore don't associate their challenges with mental health hence do not seek support/treatment. Suicide – the number of lives lost to suicide and people who attempt suicide warrant a public health crisis just like COVID. The Dept of Ed's policies need to be transformed to incorporate mental health education into every subject from K-12: 1x only education 1x/year is ineffective. Lack of awareness of resources – the 2-1-1 system that is funded by the state with the intent of serving as a single point of access to resources has not been and continues to be ineffective. Mental health program names are confusing/unclear. Family/child mental health urgent care/resource center is needed. Specialized supportive housing is needed. Seamless connections and coordination of care is lacking = people don't get coordinated care – Social Services Provider

Lack of access to mental health supports. Every long wait times for mental health supports. Mental health staff shortages. Not enough culturally competent practitioners/inability to provide services in other languages. Cost. – Social Services Provider

Access to counseling and treatment, education. – Public Health Representative

Access and stigma of gaining access. – Community/Business Leader

Accessing and finding appropriate resources. Waiting time to be seen by professionals. – Other Healthcare Provider

Access to care that's not a clinic setting. It seems any doctor that you would want to bring your family to are generally out of network and don't take health insurance. Other options are more clinic situation which seem to be a volume practice. – Physician

Lack of services and affordability. – Community/Business Leader

Inadequate mental health inpatient & outpatient facilities, insufficient psychologists, long waiting lists. Insufficient child/adolescent psychiatrist & neuropsychiatrists. Inadequate housing for people with combined mental health & housing issues. Inadequate mental health services for people without housing. Inadequate addiction services. – Physician

There are not enough IOP's or long-term involuntary beds for people in crisis, especially children. There are not enough therapists that take insurance. – Other Healthcare Provider

Lack of mental health services at the local health departments. – Public Health Representative

Lack of mental health facilities for the I/DD population. Lack of services for eating disorders, especially for youth. – Social Services Provider

Access to care for both psychotherapy and psychiatric care. – Physician

Hard to find services to support adults and pediatric mental health concerns. – Other Healthcare Provider

Waitlists for treatment as long as eight months. Psychiatrists who don't take insurance. Lack of Medicaid providers. The entire system is backlogged, from Outpatient to Day Programs to hospitals. – Social Services Provider

Access. – Community/Business Leader

Lack of timely access and coverage. – Other Healthcare Provider

Access to care. – Public Health Representative

Denial/Stigma

The stigma surrounding mental health outreach. As an African American, many sad misconceptions about mental health issues keep many in the black and brown communities from seeking the much-needed help they should be receiving. More seminars and educational info is needed to educate those communities to let them know mental health is nothing to be ashamed of and certainly getting help is a courageous and respectable thing to do. – Community/Business Leader

There is still a huge stigma about getting help. And not enough resources. – Other Healthcare Provider

Discrimination, denial, lack of education, lack of support services for clients and family members. People with mental illnesses should receive treatment and support and should not become part of the penal system. Family members often find it exhausting and frustrating to deal with a family member with a mental illness. If there are financial issues, it is even less likely that the person in need of treatment will be able to receive that treatment. Sometimes families move away leaving their family member on his own out of frustration. – Community/Business Leader

Mental health has become a large issue not just in Bergen County but across the nation. I believe the biggest challenge for people is overcoming the stigma that is attached to mental health issues. Someone that is suffering from mental issues can be perceived as "crazy" or unstable causing them to not receive a job offer or be socially accepted. There are also limited therapists that accept insurance or are affordable to those that do not have insurance. Because of the limited covered services, many people go untreated which causes their issues to escalate and become so overwhelming, they are not able to function in society. – Other Healthcare Provider

Acknowledgement that there is an issue, access to care and support, stigma. The pandemic has markedly increased mental health issues. – Other Healthcare Provider

Stigma with reaching out for supports and the lack of supports out there. – Social Services Provider

The stigma of having mental health issues and the accessibility of mental health services. – Community/Business Leader

Shame and discomfort around asking for help. – Social Services Provider

One of the biggest challenges continues to be the stigma, talking about mental health, admitting one is struggling or has a family member who is, and accepting it as an illness that needs attention and often one from which someone can recover or at least live with. – Social Services Provider

Even before COVID, there are an overwhelming amount of mental health issues not only in adults but more so in youth. The stigma attached to acknowledging there is an issue with yourself of a loved one is the first hurdle to jump over. Many are not ready to do that because of the fear of judgement. With the pandemic, youth are experiencing high levels of anxiety. They cannot express themselves and are holding it all in. – Public Health Representative

The stigma that you are weak if you need help, especially among males. – Community/Business Leader

I see stigma associated with issues of mental health to be the biggest issue facing people today. This is especially true in minority communities. In addition, too many people do not realize or accept that positive life events can also lead to a mental health crisis--such as postpartum depression or anxiety. – Community/Business Leader

I think people try to hide their mental health issues. They also try to avoid taking medication due to stigma or due to side effects. – Physician

Affordable Care/Services

Affordable providers, most are out of pocket payments. Education and prevention programs needed at a younger age. – Other Healthcare Provider

Complete lack of affordable resources, lack of resources in general. Available resources overburdened. Lack of inpatient beds. Deficiencies in pediatric and adolescent care and lack of resources. – Other Healthcare Provider

Access to affordable mental health services. – Other Healthcare Provider

Access to professionals can be costly and finding the right doctor can be challenging. I'm concerned that people with depression may give up trying to find the right doctor. – Public Health Representative

Access to affordable quality care. – Community/Business Leader

Due to COVID-19

COVID caused significant mental health problems with people of all ages, especially teens and children. – Community/Business Leader

COVID-19 and the severe isolation that brought on among residents in the community. – Social Services Provider

The COVID-19 pandemic has had a tremendous impact on the mental-wellness of NJ residents of all ages. Though the physical health impact seen during the past two + years is widely known and continues to be experienced by many, the long-term outcome of the pandemic will certainly show that the impact on mental health is even greater. Statistics already show increased and steadily increasing levels of anxiety, depression, and substance misuse, especially including among those without a prior history of these symptoms. We expect to see that impact continue to manifest itself and increase for years to come. That view is already widely held among health-care providers in NJ and beyond. – Community/Business Leader

I think the pandemic has had a significant impact on the mental health of many, but in particular older residents who may be suffering from social isolation and loneliness. For the past two years many have had to be isolated, particularly if they were at high-risk for COVID and even now many do not feel comfortable being out in public even if they are fully vaccinated and boosted. There is also a stigma still attached to mental illness which may be inhibiting many from being able to seek support our counseling services. – Community/Business Leader

Incidence/Prevalence

> Depression and anxiety area frequently diagnosed within our facility as well as others. Data shows it has increased in terms of primary diagnosis within the last six years. – Other Healthcare Provider
>
> High rates of depression, psychosis, and suicidality. – Physician
>
> This is a really big issue in my community. As with other diseases, especially for mental health, language is very important, but there are very few psychiatrists who can speak Korean. A professional with a medical background is absolutely necessary, not a social worker or counselor. Currently, many people are suffering from this mental health in the Korean community. – Community/Business Leader

Lack of Providers

> Scarcity of mental health providers. Overuse of emergency departments for non-emergency mental health needs. Gaps in insurance coverage; exceptional scarcity of providers who accept Medicaid. – Other Healthcare Provider
>
> Not enough providers, especially prescribers. Not enough housing and resource options. Difficult to access services, especially if you're working poor. – Social Services Provider
>
> Lack of providers, wait lists, lack of specialists. Neuropsychology, substance abuse counseling, marriage, and family. – Other Healthcare Provider

Access to Care for Uninsured/Underinsured

> Accessing service if uninsured. Appointments can be expensive, requiring multiple visits. Less reimbursement for mental health related appointments as they are "out of network". Looking for drugs to deal with issues. Drug dependency. – Other Healthcare Provider
>
> Access to services when they do not have private insurance. – Community/Business Leader

Diagnosis/Treatment

> Seeking help/insurance/financial. – Other Healthcare Provider
>
> Those with mental health issues are not given real therapy and services. Mental health in this country is ignored until someone acts out and the answer is to throw them in jail, which does not help either. – Other Healthcare Provider

Insurance Issues

> Insurance limitations often restrict length of stay. New Bridge Medical has the most beds, but Holy Name and Hackensack have psychiatric units. However, housing, and intermediate support are sorely lacking. – Community/Business Leader
>
> Developing a therapeutic alliance with an outpatient psychiatrist, especially so for children and adolescents. The biggest barriers are high deductibles, copays, burdensome arbitrary managed care requirements and shady practices by insurance companies purposely designed to stop individuals from getting treatment (i.e. costing the insurance company money this quarter). I myself was sued sent to collections by the hospital that my own family member works for, for a bill that I didn't know existed before the collectors started calling. Why? Because somebody, somewhere misspelled my name by one letter and my insurance provider denied payment. Am I expected to believe that with all my insurance information, my Social Security number and entire medical record, the insurance company or hospital could not possibly have connected those dots? Fraud has been institutionalized in health care and instead of going after the perpetrators we are putting pressure on physicians. – Physician

Alcohol/Drug Use

> Substance abuse and depression and anxiety. – Community/Business Leader
>
> Drugs, functional alcoholism, depression, child suicide attempts. – Other Healthcare Provider

Co-Occurrences

> Significant increase in mental health conditions as a result of COVID. – Other Healthcare Provider
>
> Anxiety and depression. – Community/Business Leader

Suicide Rates

> Suicide, anxiety, and depression are very high and the backlog for students and adults to access services is extremely long. – Community/Business Leader
>
> Suicidal ideation. Post-Pandemic trauma depression and anxiety. – Social Services Provider

Isolation

> Many are faced with isolation, depression, loneliness, and anxiety. It has been a challenge to get services with the lack of available clinicians. – Social Services Provider
>
> Isolation and loneliness is a major cause of depression and other mental health issues. – Community/Business Leader

Awareness/Education

> Lack of basic knowledge on mental health. What, why and how to cope with the disease, in addition to social stigma against the disease. – Community/Business Leader

Access for Medicare/Medicaid Patients

> Lack of providers taking Medicaid and uninsured patients to address mental health care. – Social Services Provider

Follow-Up/Support

> Finding support and a consistent provider. For the uninsured or the underinsured, finding counseling or psychiatric services can be difficult to navigate, even when an individual is ready to come forward and seek help. – Public Health Representative

Funding

> Lack of funding for programs that do provide help. Barriers to programs, accessible housing, mental health advocacy. – Social Services Provider

Impact on Families

> When people have mental health issues, the caregiver needs to take care the client for 24 hours a day. It means that the caregiver's quality of living can be dropped due to the client's health issues. – Community/Business Leader

Impact on Quality of Life

> They have an issue dealing with everyday problems. – Other Healthcare Provider
>
> Time, energy, finances, stigma. – Other Healthcare Provider

Language Barrier

> Little or no access to care, especially for patients with limited English proficiency. – Physician

Prevention/Screenings

> Mental health should be screened at every medical visit and attended to. Most patients do not know resources unless they present with an extreme condition. – Physician

Social Isolation

> Social Isolation. – Social Services Provider

Stress

> Stress and anxiety are big issues. – Social Services Provider

Anxiety

> Anxiety. – Physician

Geriatric Care

> Geriatric mental health. – Physician

Lack of Sleep

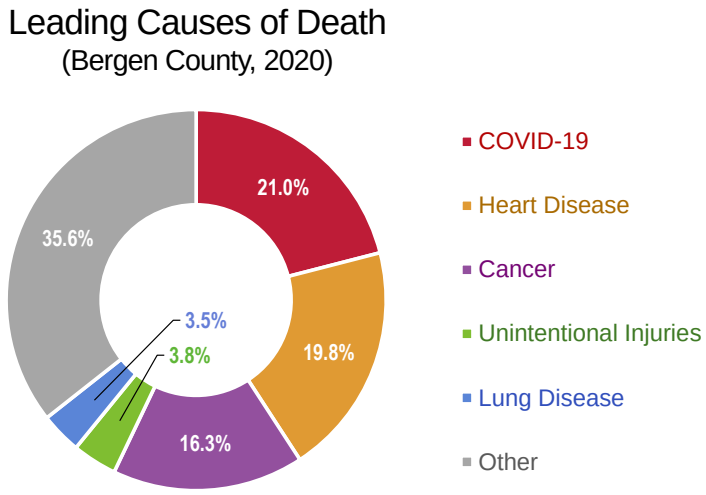
> Lack of sleep. – Community/Business Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

COVID-19, heart disease, and cancers combined to account for more than one-half of all deaths in Bergen County in 2020.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, New Jersey and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Bergen County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Bergen County	NJ	US	HP2030
COVID-19 [2020]	146.3	141.6	85.0	—
Diseases of the Heart	132.3	162.4	164.4	127.4*
Malignant Neoplasms (Cancers)	123.8	137.1	146.5	122.7
Falls [Age 65+]	37.2	32.1	67.1	63.4
Unintentional Injuries	33.2	49.9	51.6	43.2
Cerebrovascular Disease (Stroke)	24.0	30.6	37.6	33.4
Alzheimer's Disease	22.8	22.2	30.9	—
Chronic Lower Respiratory Disease (CLRD)	20.1	26.4	38.1	—
Unintentional Drug-Related Deaths	17.1	31.0	21.0	—
Diabetes	13.3	18.2	22.6	—
Kidney Disease	11.2	14.3	12.8	—
Pneumonia/Influenza	10.4	12.5	13.4	—
Intentional Self-Harm (Suicide)	7.9	7.8	13.9	12.8
Cirrhosis/Liver Disease	6.2	8.4	11.9	10.9
Motor Vehicle Deaths	4.4	6.3	11.4	10.1
Firearm-Related	2.0	4.6	12.5	10.7
Homicide/Legal Intervention	1.1	3.8	6.1	5.5
HIV/AIDS [2011-2020]	0.7	2.3	1.8	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

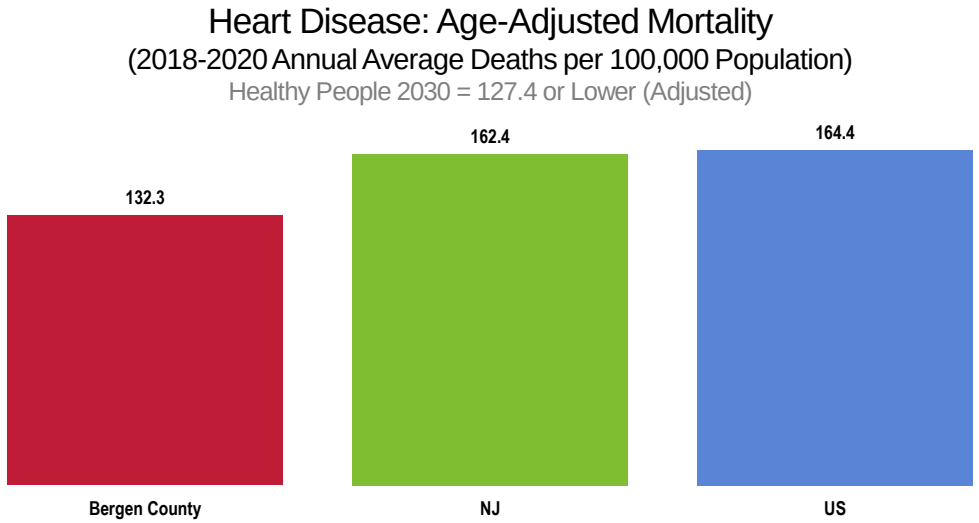
Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 132.3 deaths per 100,000 population in Bergen County.

BENCHMARK ► More favorable than state and national rates. Similar to the Healthy People 2030 objective.

DISPARITY ► Higher among White residents and Black residents.



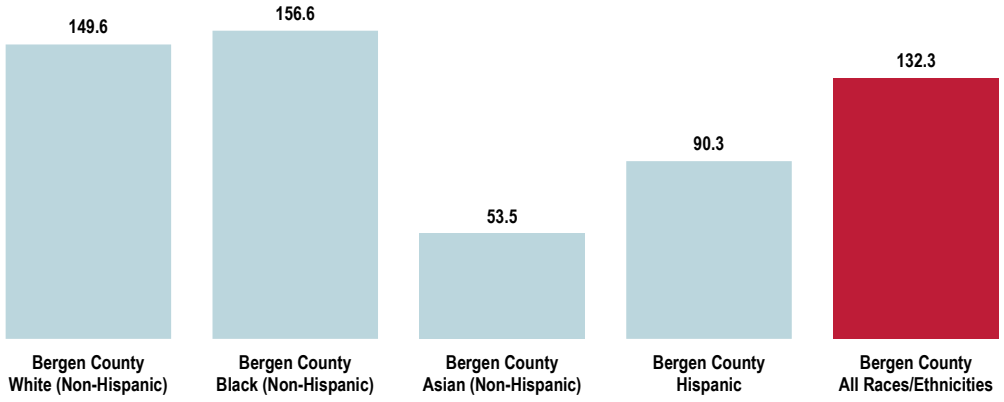
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	145.9	143.9	143.0	139.7	138.2	135.3	133.7	132.3
NJ	172.2	169.3	167.7	165.9	164.6	163.3	161.1	162.4
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

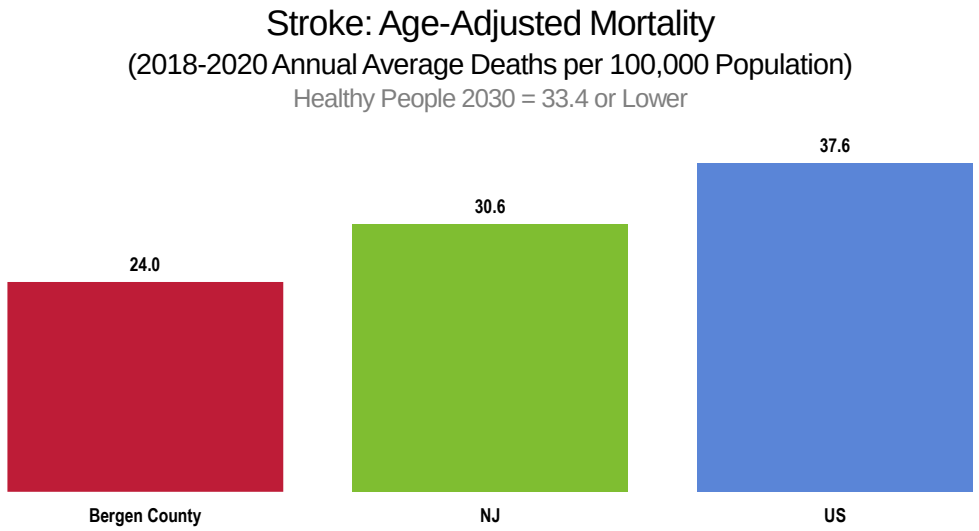
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

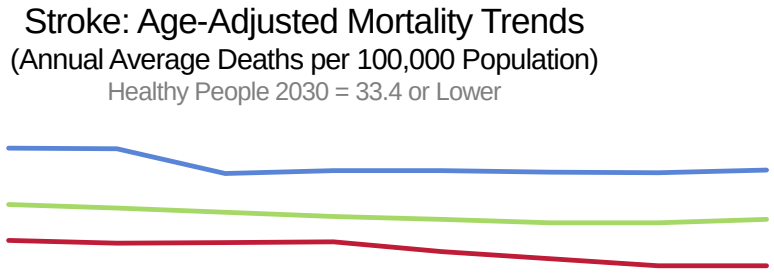
Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 24.0 deaths per 100,000 population in Bergen County.

BENCHMARK ► Better than found across the state and nation. Satisfies the Healthy People 2030 objective.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	27.6	27.2	27.3	27.4	26.0	25.0	24.0	24.0
NJ	32.7	32.2	31.6	31.0	30.6	30.1	30.1	30.6
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

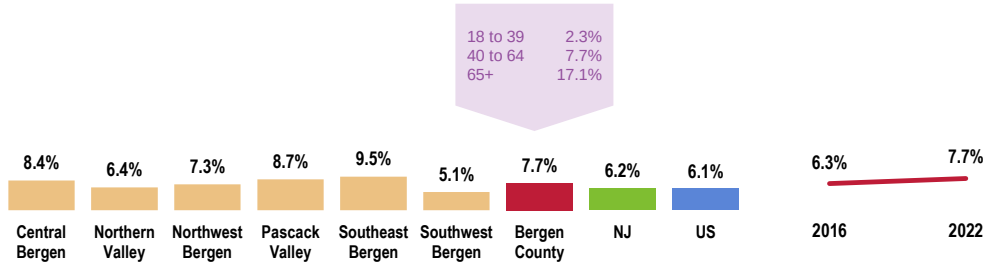
A total of 7.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Higher than found across New Jersey.

DISPARITY ► Reported more often among adults age 40+.

Prevalence of Heart Disease

Bergen County



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

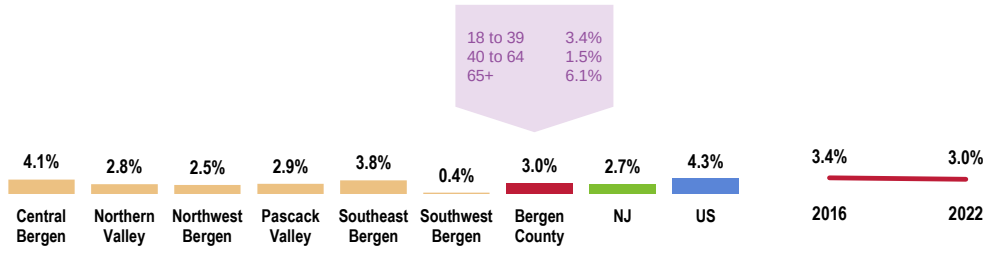
Prevalence of Stroke

A total of 3.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Lowest in Southwest Bergen. Reported more often among adults age 65 and older.

Prevalence of Stroke

Bergen County



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

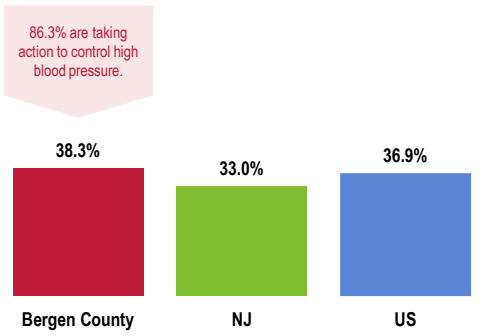
A total of 38.3% of Bergen County adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Worse than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

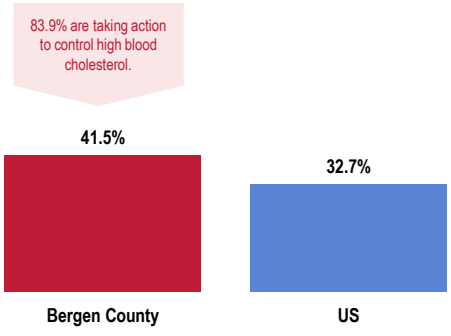
A total of 41.5% of adults have been told by a health professional that their cholesterol level was high.

BENCHMARK ► Worse than the national percentage.

Prevalence of
High Blood Pressure
Healthy People 2030 = 27.7% or Lower



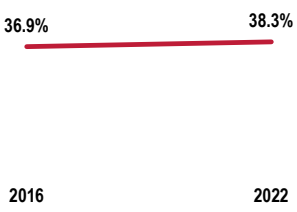
Prevalence of
High Blood Cholesterol



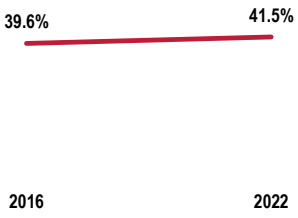
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36, 301-302]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Prevalence of
High Blood Pressure
(Bergen County)
Healthy People 2030 = 27.4% or Lower



Prevalence of
High Blood Cholesterol
(Bergen County)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

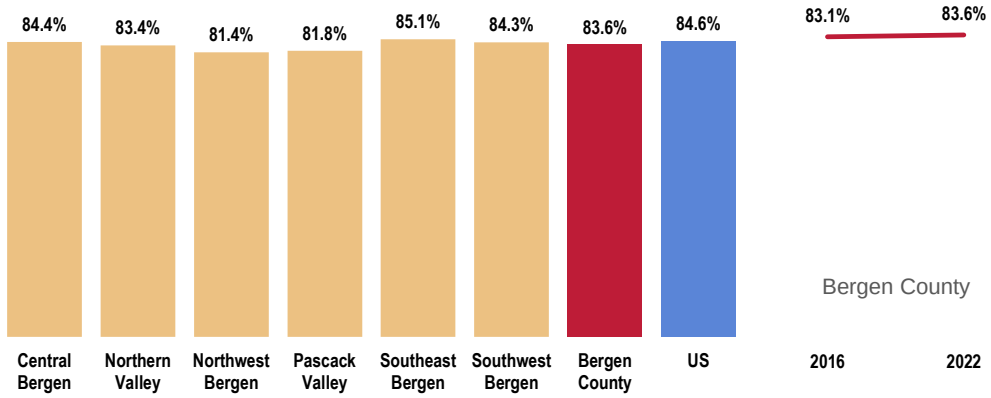
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 83.6% of Bergen County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ► More often reported among men, adults age 40+, White residents, and Hispanic residents.

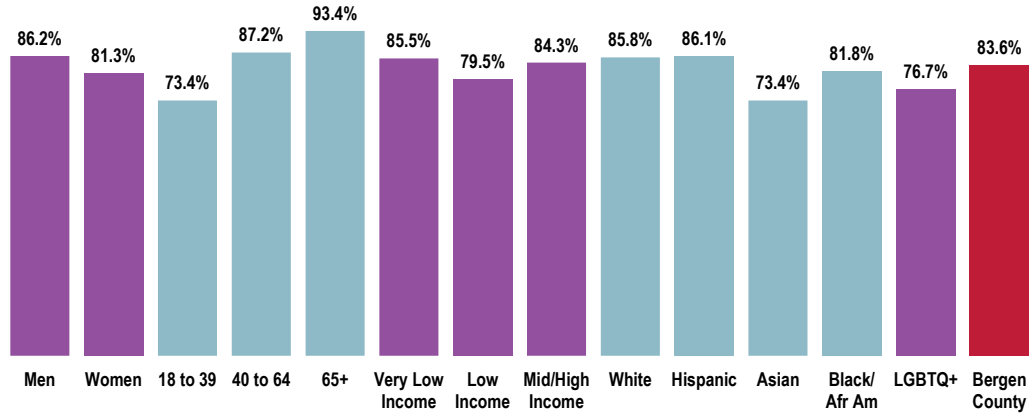
Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors
(Bergen County, 2022)

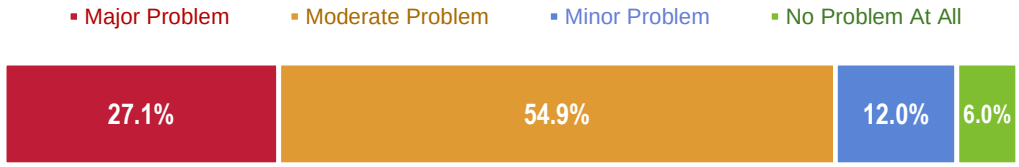


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> High prevalence of stroke diagnoses. – Physician
>
> Women's risk of heart disease is increasing, and the aftermath of a stroke can leave a person disabled. – Public Health Representative
>
> Hearing more about it lately and know a few people who have died recently in the community. – Community/Business Leader
>
> Still so many patients have CAD and PVD. It is sometimes shocking how bad the leg swelling is on patients and how far they will let it go without getting care. – Physician
>
> Common diagnosis. – Community/Business Leader
>
> There are pockets of spaces in our community where heart disease and stroke are still of great concern. – Other Healthcare Provider
>
> Many clients that I sit down with for nutrition counseling suffer from hypertension and high cholesterol. – Other Healthcare Provider

> Prevalence rate is very high. – Community/Business Leader
>
> Cases of hypertension are high in number. – Public Health Representative
>
> The increased incidence proves that these are major problems. – Other Healthcare Provider

Awareness/Education

> Awareness of lifestyle choices. – Other Healthcare Provider
>
> Lack of information about how to prevent and address. – Community/Business Leader
>
> High blood pressure. People in my community are under educated about the side effects of high blood pressure. – Community/Business Leader
>
> Because people do not pay attention to warning signs. We don't pay enough attention to nutrition and exercise. – Community/Business Leader
>
> Lack of awareness and lack of affordable lifestyle programs. – Other Healthcare Provider

Nutrition

> Lack ongoing Outpatient Nutrition care to support lifestyle changes to improve outcomes. – Public Health Representative
>
> Access to heart healthy diet, education, exercise, transportation to doctor's visits. – Public Health Representative

Lifestyle

> Heart attack is a major cause of death. Lifestyle choices make heart disease and/or stroke a probability. – Community/Business Leader
>
> It's a problem in all communities. Our lifestyles lend itself to developing these issues. – Social Services Provider

Obesity

> The community in general are overweight and not active as much as other areas of the country. – Community/Business Leader
>
> I see a major increase in obesity and sedentary lifestyle, and heart disease is a natural byproduct of that. – Physician

Vulnerable Populations

> BC has a number of historically underserved populations. These groups were disproportionally challenged by heart disease. – Community/Business Leader
>
> There are specific population such as the Latin X and Black communities that have increase numbers of people who are not aware of their risks for heart disease and stroke. Lack of education, lifestyle, medication compliant, and altogether lack resources. – Community/Business Leader

Access to Care/Services

> When they have heart disease and stroke as their major problems, they have less access to the daily activity than normal healthy adults. It could be the major issue that the patients have less access to daily living activity. – Community/Business Leader

Comorbidities

> More than 50% of our residents have diabetes that is not well controlled, which leads to heart disease and stroke. Not having access to healthy food options and not being able to afford gym memberships. – Social Services Provider

Co-Occurrences

> These are complications of uncontrolled chronic diseases and downstream effects of poor access to health care earlier in life. – Physician

Diagnosis/Treatment

> For underserved populations, high blood pressure and hypertension are underdiagnosed and undertreated, making the likelihood of a stroke higher. Despite taking medication, there is not enough focus on shifting lifestyle, thus making treatment less effective for underserved populations taking medications. Obesity and underactivity are issues across black, Hispanic and the elderly. – Social Services Provider

Disease Management

> These chronic conditions require ongoing care and monitoring. People who are uninsured don't have access to care. – Other Healthcare Provider

CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

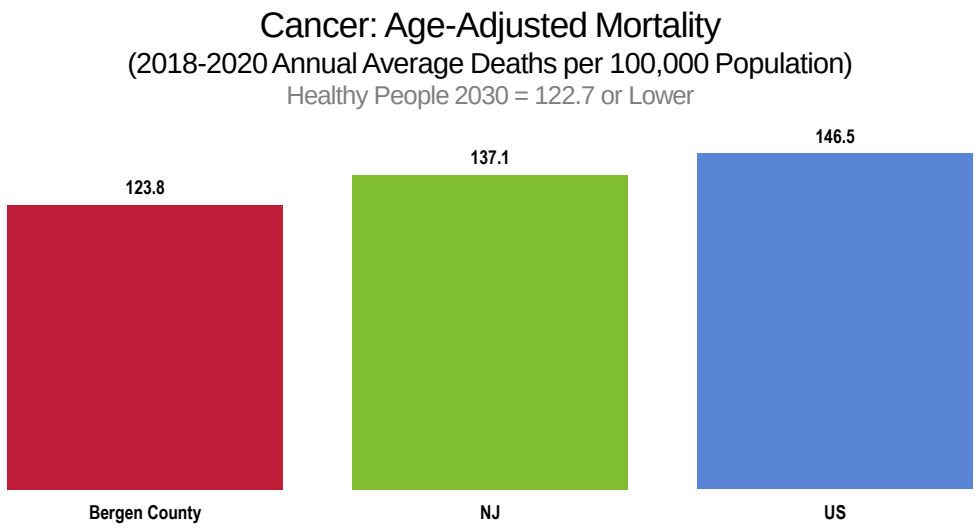
All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 123.8 deaths per 100,000 population in Bergen County.

BENCHMARK ► Lower than the US rate. Similar to the Healthy People 2030 objective.

TREND ► Decreasing significantly to the lowest rate recorded within Bergen County in nearly a decade.

DISPARITY ► Higher among White residents and Black residents.

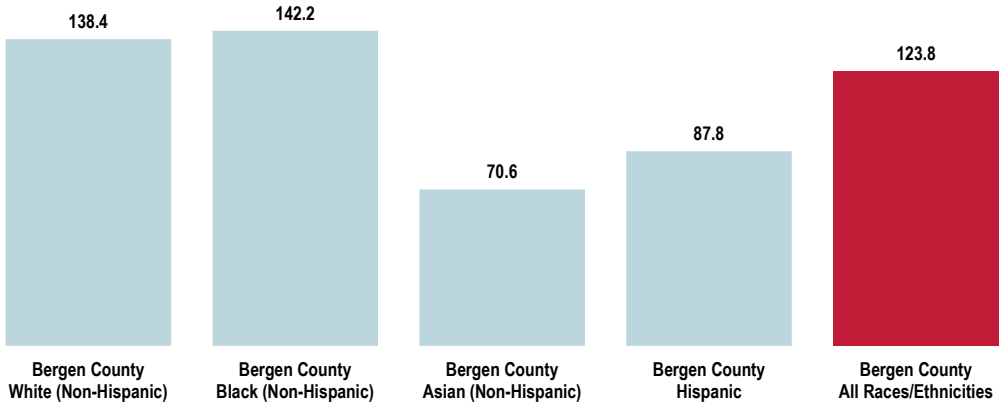


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	144.6	142.3	139.6	138.5	135.5	133.0	128.0	123.8
NJ	160.8	157.5	154.4	152.2	148.4	145.2	140.8	137.1
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Bergen County.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Lower than both state and national rates. Similar to the Healthy People 2030 objective.

Female Breast Cancer ► Lower than the state rate. Similar to the Healthy People 2030 objective.

Prostate Cancer ► Lower than both state and national rates. Satisfies the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Bergen County	NJ	US	HP2030
ALL CANCERS	123.8	137.1	146.5	122.7
Lung Cancer	24.4	28.6	33.4	25.1
Female Breast Cancer	17.2	20.1	19.4	15.3
Prostate Cancer	12.8	16.2	18.5	16.9
Colorectal Cancer	11.8	12.6	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

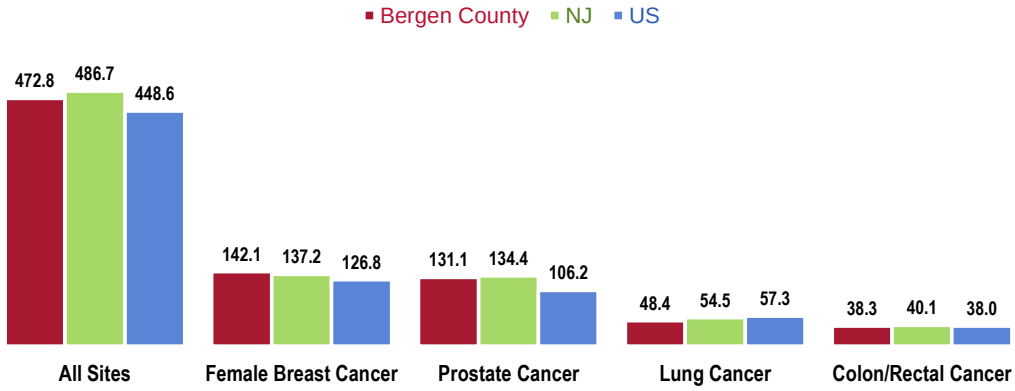
BENCHMARK

Prostate Cancer ► Higher than the national rate.

Lung Cancer ► Lower than the national rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

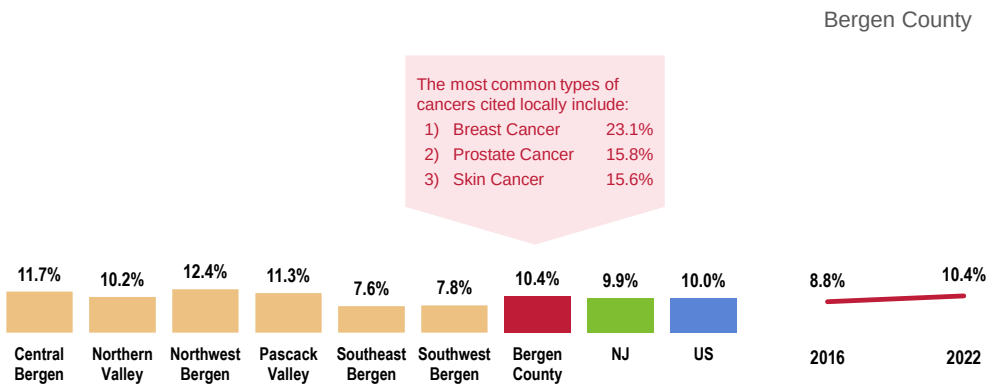
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

A total of 10.4% of surveyed Bergen County adults report having ever been diagnosed with cancer. The most common types include breast cancer, prostate cancer, and skin cancer.

DISPARITY ► More often reported among adults age 40+ (especially those age 65+), higher-income respondents, and White residents.

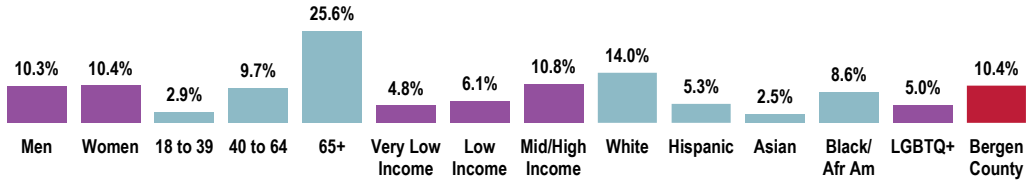
Prevalence of Cancer



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

Prevalence of Cancer
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes: ● Reflects all respondents.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

PROSTATE CANCER

The US Preventive Services Task Force (USPSTF) recommends that the decision to be screened for prostate cancer should be an individual one for men age 55 to 69 years. The USPSTF recommends against PSA-based screening in men age 70 and older.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50-74, 82.0% have had a mammogram within the past 2 years.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Marks a significant improvement since 2016.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 65.

Among Bergen County women age 21 to 65, 76.3% have had appropriate cervical cancer screening.

BENCHMARK ► Less favorable than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 50-75, 77.5% have had appropriate colorectal cancer screening.

BENCHMARK ► More favorable than the statewide percentage. Satisfies the Healthy People 2030 objective.

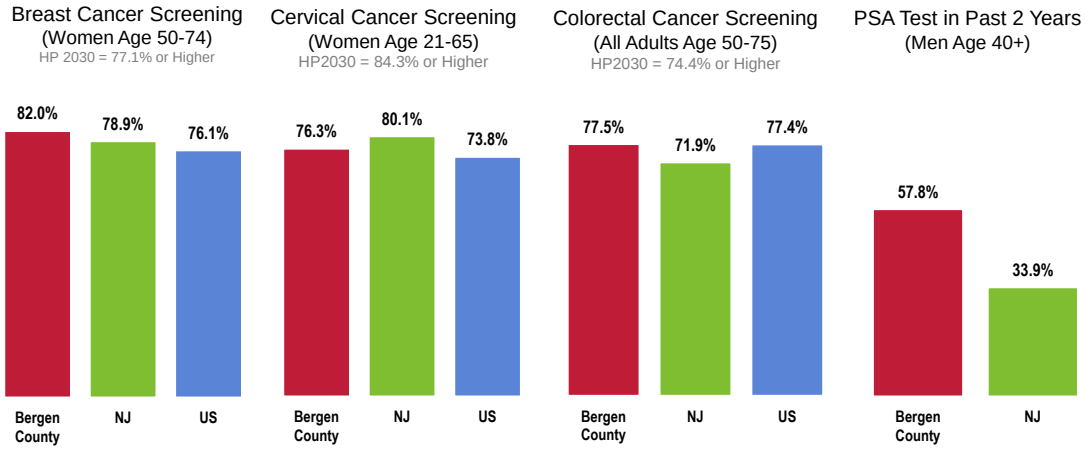
TREND ► Marks a significant improvement since 2016.

"Appropriate prostate cancer screening" includes a prostate-specific antigen test (also called a PSA test), which is a blood test used to check men for prostate cancer.

Among men age 40 and older, 57.8% have had appropriate prostate cancer screening within the past 2 years.

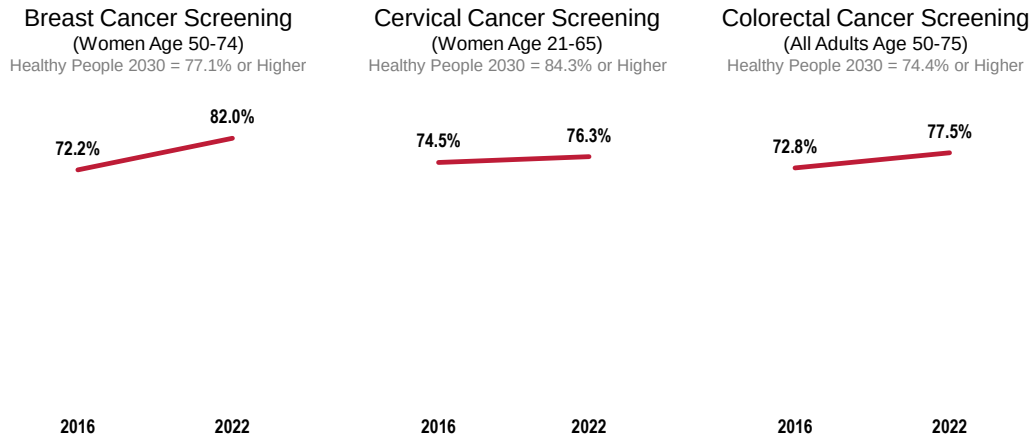
BENCHMARK ► More favorable than the statewide percentage (national data not available).

DISPARITY ► Highest in Pascack Valley (not shown).



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118, 157]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

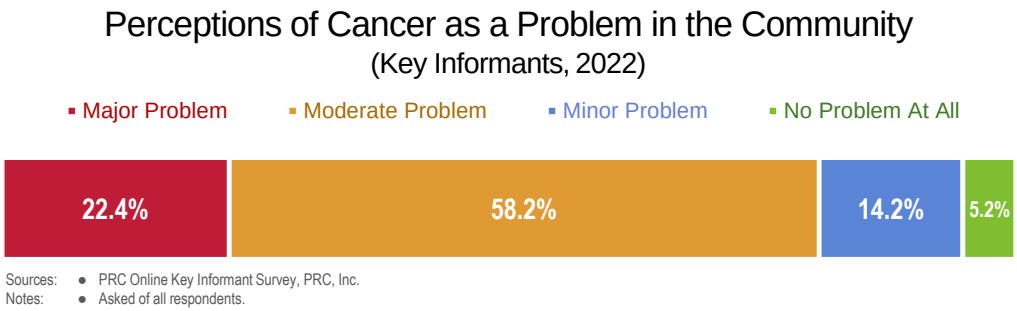


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> The number of people reporting cancer and navigating treatment options. The lack of compassionate responsiveness to older adults with cancer. Responsiveness to needs to understand treatment options, transportation, and supported care along the treatment path. – Social Services Provider
>
> The prevalence of the disease alone makes it a major problem. Healthcare is so expensive, and many physicians do not accept insurance, so people put off seeking treatment. – Social Services Provider
>
> Rates of cancer diagnosis are going up and probably under diagnosed secondary to the pandemic. Residents are still not as knowledgeable about cancer risks as they should be. – Other Healthcare Provider
>
> Our Cancer Center and other hospitals in the area serve thousands of patients. – Other Healthcare Provider
>
> Based on patients submitted to hospital. – Other Healthcare Provider
>
> There is not only a prevalence of cancer, but also the access to and ability to pay for medications to treat it. – Community/Business Leader
>
> The high incidence of cancer in Bergen County plus limited access to care for the uninsured, underinsured. Large immigrant population. Low HPV vaccine rates. – Other Healthcare Provider
>
> Incidence increasing, diagnosis essential, the earlier the better. Vigilance is key. – Other Healthcare Provider
>
> Everyone has someone that is touched by it. – Social Services Provider
>
> High prevalence of many different types of cancer in children and adults. This may be due to exposure. – Physician
>
> So many people have cancer of various types. Lifestyles make cancer a probability in the future for many people. – Community/Business Leader
>
> There are just so many types of cancer and so many afflicted. – Community/Business Leader
>
> Cancer is on the rise, and more and more patients present with cancer. – Other Healthcare Provider
>
> Cancer seems to affect almost every family in some way. It is rare to find a local family that has not been affected by cancer. – Public Health Representative
>
> It seems as though everyone I know and people that they know have some type of cancer. It seems to be of great proportions, and although I believe that the treatments are excellent, I think that's what makes it palatable. Would prefer to see and understand why people get it in the first place. It seems to me a major increase since my childhood which is only 40 years ago. – Physician
>
> Disease prevalence. – Other Healthcare Provider
>
> The prevalence of all types of cancer seems to be higher. I'm also very concerned at how much younger people are when they are being diagnosed. – Community/Business Leader

Prevention/Screenings

> Due to COVID, cancer screening appointments have not been where they should be. – Other Healthcare Provider
>
> Lack of early cancer screening opportunities. Lack of cancer specialists who can help patients with language and cultural challenges. Lack of insurance for cancer treatments. – Community/Business Leader
>
> Underutilized screening, access, language, and health literacy. – Community/Business Leader

Aging Population

> Aging population with cancer as a common diagnosis. – Community/Business Leader
>
> In Bergen, there is great longevity, which contributes to cancer burden. – Other Healthcare Provider

Awareness/Education

> Lack of education and screening availability for those who do not have insurance. – Community/Business Leader
>
> Again, lack of knowledge to resources. – Community/Business Leader

Access to Care/Services

> It is pervasive in that so many families are grappling with the challenges of finding the right treatment and care. In addition to the mental health impact it has on all the family members around it. – Public Health Representative

Affordable Care/Services

> Cost of treatment for those with high deductible insurance plans, or uninsured and limited ability to investigate resources. – Physician

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

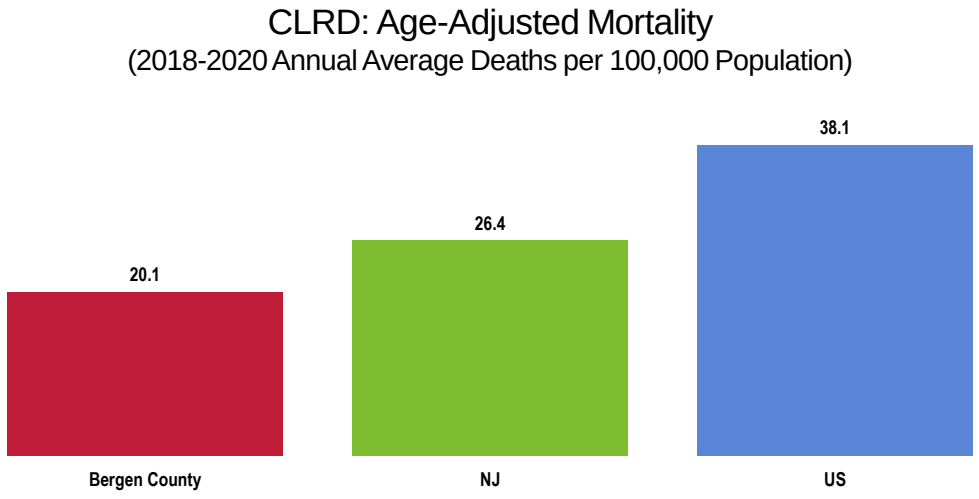
Chronic Lower Respiratory Disease Deaths (CLRD)

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 20.1 deaths per 100,000 population in Bergen County.

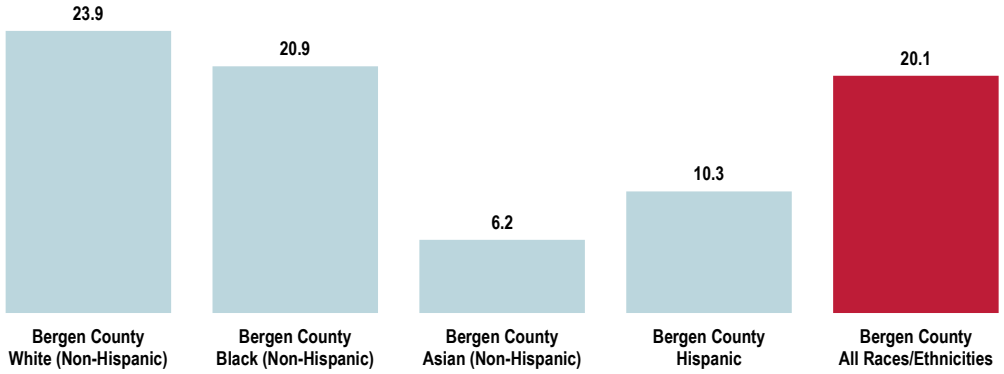
BENCHMARK ► Lower than state and national rates.

DISPARITY ► Higher among White residents and Black residents.



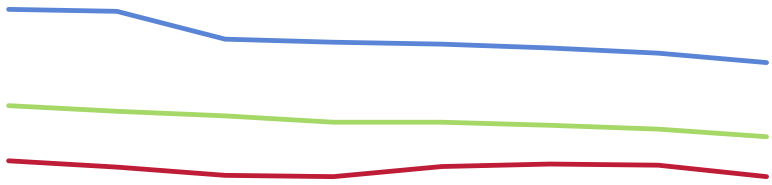
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted April 2022.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	22.6	21.6	20.3	20.1	21.7	22.1	21.9	20.1
NJ	31.3	30.4	29.7	28.7	28.7	28.2	27.6	26.4
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
Notes: ● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

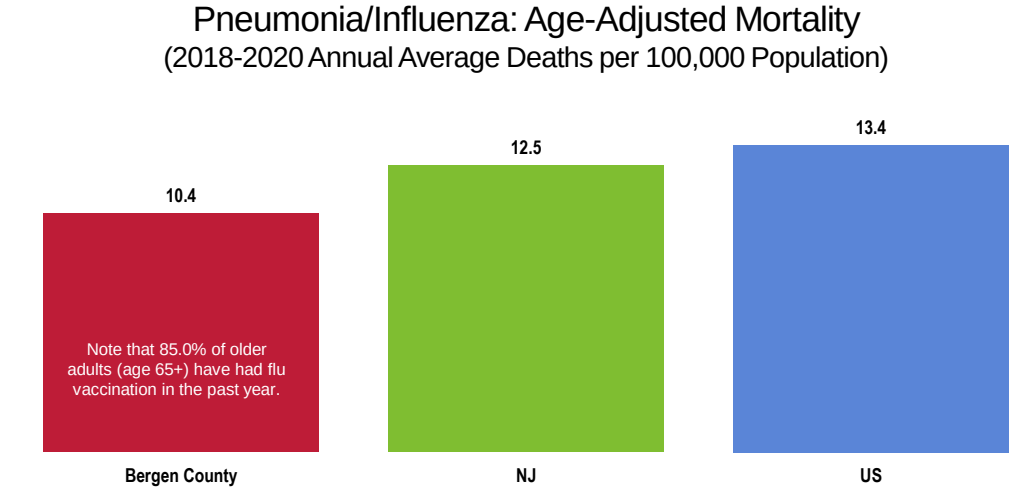
Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

Between 2018 and 2020, Bergen County reported an annual average age-adjusted pneumonia/ influenza mortality rate of 10.4 deaths per 100,000 population.

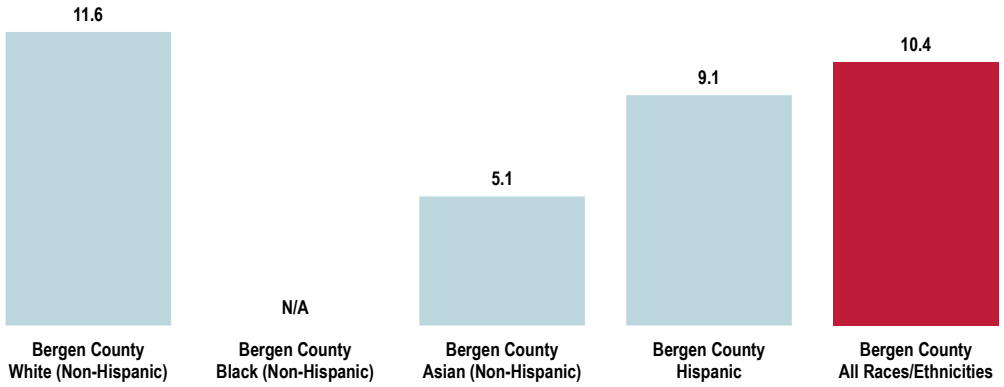
BENCHMARK ► Lower than state and national rates.

DISPARITY ► Highest among White residents.



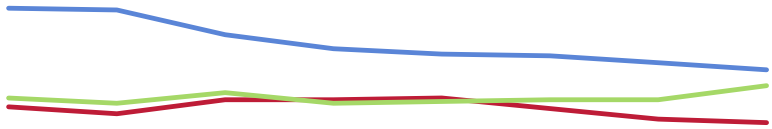
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 124]
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	11.3	10.9	11.7	11.7	11.8	11.2	10.6	10.4
NJ	11.8	11.5	12.1	11.5	11.6	11.7	11.7	12.5
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Prevalence of Respiratory Disease

Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

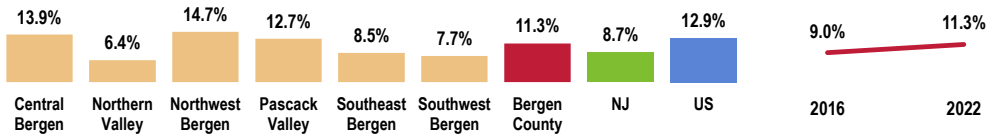
A total of 11.3% of Bergen County adults currently suffer from asthma.

BENCHMARK ► Higher than the statewide percentage.

TREND ► Denotes a significant increase since 2016.

DISPARITY ► Highest in Central Bergen and Northwest Bergen. Also more often reported among adults age 40 to 64, adults with low incomes, White respondents, and LGBTQ+ respondents.

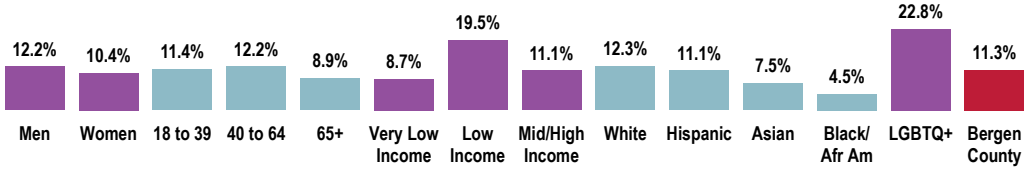
Prevalence of Asthma



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma
(Bergen County, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Children

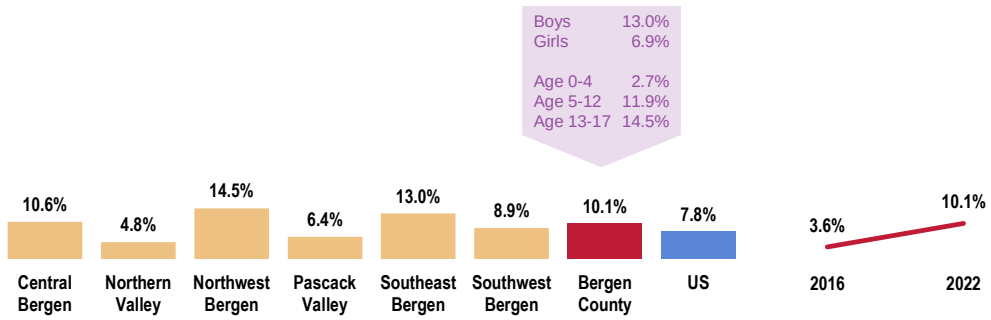
Among Bergen County children under age 18, 10.1% currently have asthma.

TREND ► Represents a significant increase since 2016.

DISPARITY ► Lowest in Northern Valley. More prevalent among boys and children age 5 and older.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)

Bergen County



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 7.6% of Bergen County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

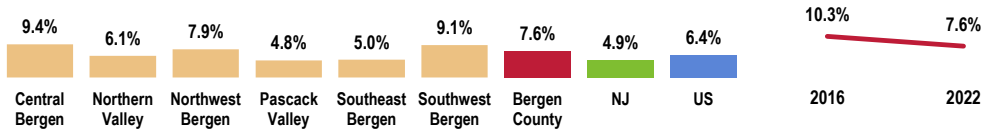
BENCHMARK ► Less favorable than the statewide percentage.

TREND ► Denotes a significant decrease since 2016.

DISPARITY ► Lowest in Pascack Valley and Southeast Bergen.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Bergen County

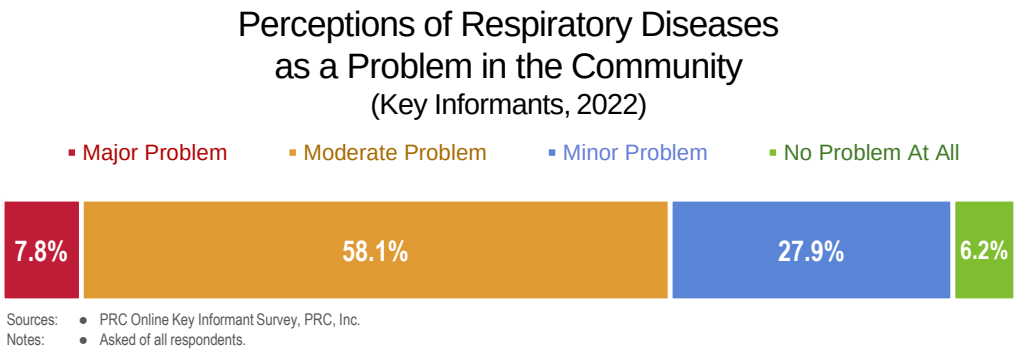


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> High prevalence of asthma and bronchitis. High tobacco use. – Physician
>
> We have seen an increase in respiratory concerns in patients. – Other Healthcare Provider
>
> Lung cancer is prevalent … as well as other respiratory diseases. There needs to be a team approach, and again, public service announcements to make those aware of how important it is to maintain lung health. It's vital as adults age to maintain optimum lung function in lung health and to have screenings at a regular basis to diagnose lung cancer and other diseases at the onset. – Other Healthcare Provider

Environmental Contributors

> Asthma and air pollution from traffic, airports, idling. – Social Services Provider
>
> Pollution contributes to pulmonary disease, and vehicle traffic in this area is high. – Public Health Representative
>
> Pollution. Constant construction in our area, allergies. – Social Services Provider

Aging Population

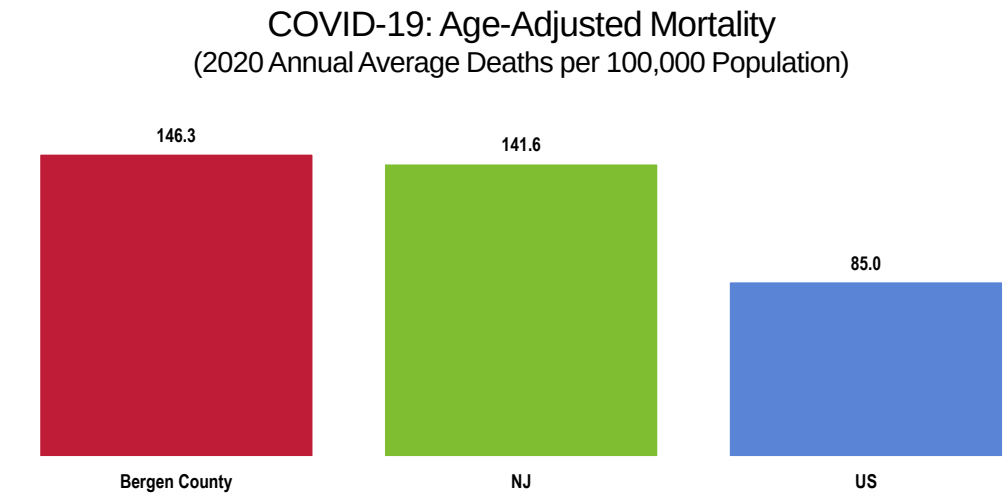
> Many of our older adults are on oxygen due to heart or lung issues. – Social Services Provider

Coronavirus Disease/COVID-19

COVID-19 Deaths

In 2020, Bergen County reported an annual average age-adjusted COVID-19 mortality rate of 146.3 deaths per 100,000 population.

BENCHMARK ► Considerably higher than the national rate.

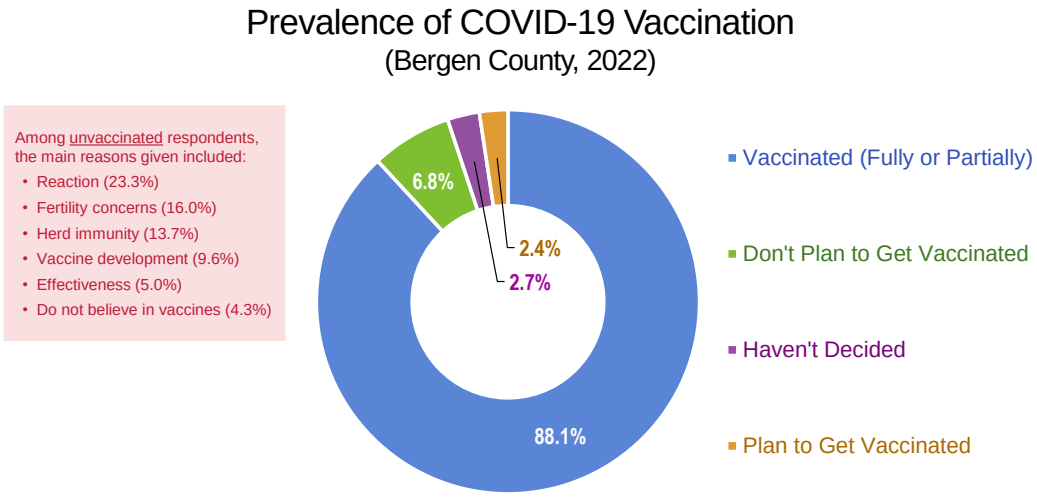


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Vaccination Status

Most Bergen County adults (88.1%) report being (fully or partially) vaccinated against COVID-19.

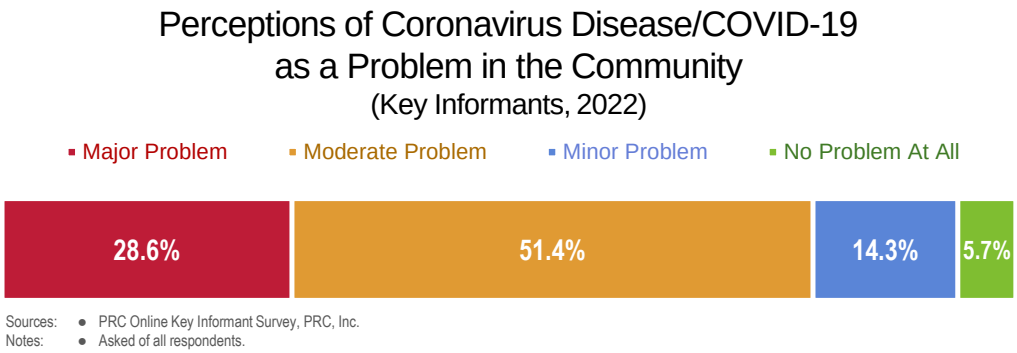
DISPARITY ► Lowest in Central Bergen (not shown).



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 317–318]
Notes: ● Asked of all respondents.

Key Informant Input: Coronavirus Disease/COVID-19

The greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Significant number of cases since March 2020. – Public Health Representative
>
> The community had more cases than others in the area. – Community/Business Leader
>
> Depending on the time of year and strain, there has been an increase in COVID-positive patients. – Other Healthcare Provider
>
> Bergen County has high rates of infection since March 2020. Lack of strong leadership and guidance in navigating the pandemic. – Other Healthcare Provider
>
> The number of cases in Bergen County have been high during most of the pandemic. – Other Healthcare Provider
>
> High disease burden. – Public Health Representative
>
> High rate of transmission and hospitalization. – Physician
>
> Bergen County alone has had 245,000 cases. Affecting people of all ages, race, and ethnicity. COVID continues to be an issue as cases have begun to arise once again. – Community/Business Leader
>
> Major regional area of infection, especially in early stages of pandemic. – Physician

Impact on Quality of Life

> Health. – Community/Business Leader
>
> COVID-19 has caused a sudden and unexpected change in the environments of children who are in crucial windows of development. We are currently in a National State of Emergency for children's mental health, and COVID was an accelerant that set that fire ablaze. – Physician
>
> High anxiety among families and seniors. – Community/Business Leader
>
> Holy Name Hospital was an epicenter. Trauma for staff and patients, numerous COVID widows in the county now facing grief and financial hardship. Isolation of children and seniors contributing to significant mental health problems. – Social Services Provider
>
> COVID-19 shut down our area in 2020 and continues to affect our residents. – Public Health Representative

Vaccination Rates

> There are still many who refuse to get vaccinated. Further, recent variants of COVID-19 seem to be immune to vaccinations. – Social Services Provider
>
> Still large numbers of unvaccinated people. Spread continues in communities. – Other Healthcare Provider
>
> I've come across many types of people, some of which have expressed their resistance to getting vaccinated. I do know that COVID-19 is still spreading, and a lot of people are also not wearing masks. – Other Healthcare Provider
>
> There are still people who have not yet been vaccinated. – Other Healthcare Provider

Awareness/Education

> The uncertainty and changing health guidelines. – Community/Business Leader

> Lack of knowledge within the underserved communities. Reluctance to accept vaccines. – Other Healthcare Provider
>
> So much confusion and misinformation. – Community/Business Leader

Densely Populated Area

> Densely populated community. – Social Services Provider
>
> Dense population number going up. – Other Healthcare Provider

Government/Policy

> Even though COVID numbers are manageable right now, the fact that the government is no longer covering the cost of testing or vaccines for people who are uninsured is a problem. These are the people who are most likely to interact with other people in their jobs – grocery store cashier, day care workers, Uber/Lyft drivers – all the people who make the lives of people who do have financial resources easier. – Other Healthcare Provider

Lack of Adherence to Safety Measures

> Britain County had a very high incidence. Different communities were not wearing masks and also its proximity to New York City when was a high incidence. There are still many communities for people to not believe in vaccinations. This is unfortunate. – Other Healthcare Provider
>
> Many people have now let their guard down and our COVID numbers are going up in the schools. Where there are large group gatherings, I feel masks should be in use again. – Other Healthcare Provider

Co-Occurrences

> Mental health, substance misuse and addiction and trauma. – Community/Business Leader

Diagnosis/Treatment

> While the number of deaths and hospitalizations have decreased, we are still in a pandemic. We are acting as if it does not exist and trying to go back to pre-COVID life instead of remembering that this is a disease that is potentially life-threatening and may cause long-term damage. There is also a pervasive idea that people feel they don't have to worry because it only really affects those will comorbidities, as if their lives don't matter. – Public Health Representative

Isolation

> The isolation triggers loneliness and feelings of past trauma. Everyone in general is more stressed and less likely to help a neighbor or friend. – Other Healthcare Provider

Prevention/Screenings

> Masks can only prevent so much, and even with a vaccine and booster, people are still getting COVID and spreading it. Symptoms more recently seem very minor so that is good to see. – Other Healthcare Provider

Access to Care/Services

> At the beginning of COVID-19, the lack of hospital access and racism was very prevalent. This was caused by underlying conditions, lack of insurance, being put to the back of the line at hospitals, hesitancy to go to the hospital, etc. – Community/Business Leader

Vulnerable Populations

> BC has a number of historically underserved populations. These groups were disproportionally challenged by COVID-19, vaccinations, testing, information, and other care. – Community/Business Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 33.2 deaths per 100,000 population in Bergen County.

BENCHMARK ► Better than state and national rates. Satisfies the Healthy People 2030 objective.

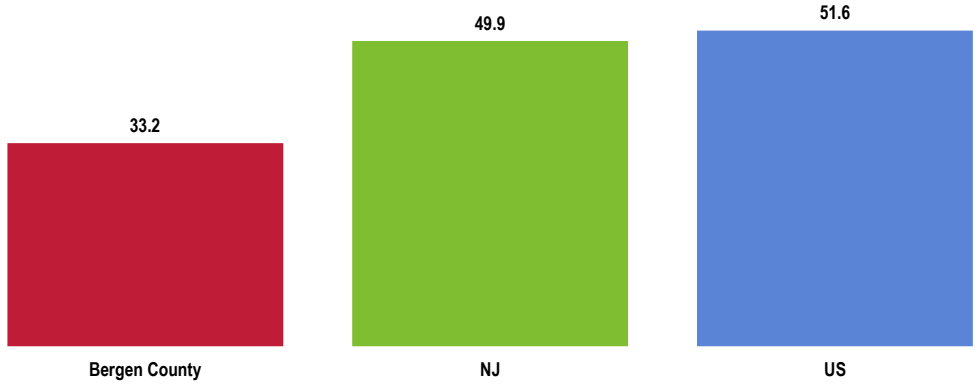
TREND ► Increasing significantly to the highest rate recorded within Bergen County in nearly a decade.

DISPARITY ► Higher among White residents.

Unintentional Injuries: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

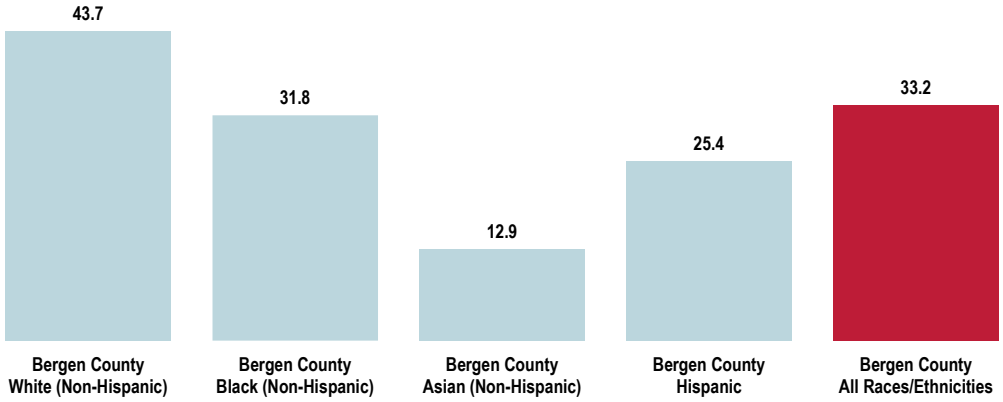


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

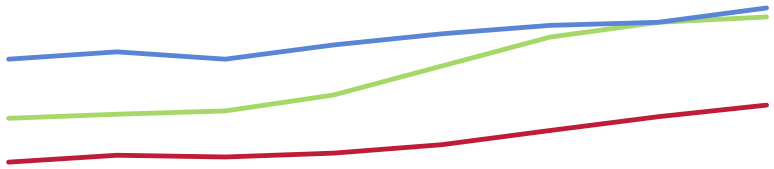


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	22.4	23.7	23.4	24.1	25.7	28.4	31.0	33.2
NJ	30.7	31.5	32.1	35.1	40.6	46.1	48.9	49.9
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

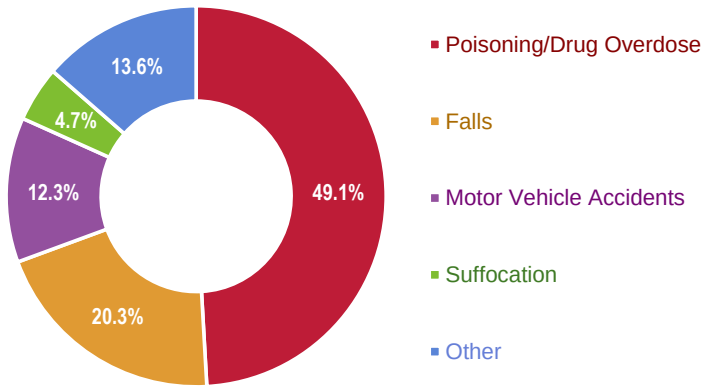
Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Poisoning (including unintentional drug overdose) accounted for nearly half of unintentional injury deaths in Bergen County between 2018 and 2020, followed by falls, motor vehicle crashes, and suffocation.

Leading Causes of Unintentional Injury Deaths

(Bergen County, 2018-2020)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In Bergen County, there were 1.1 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

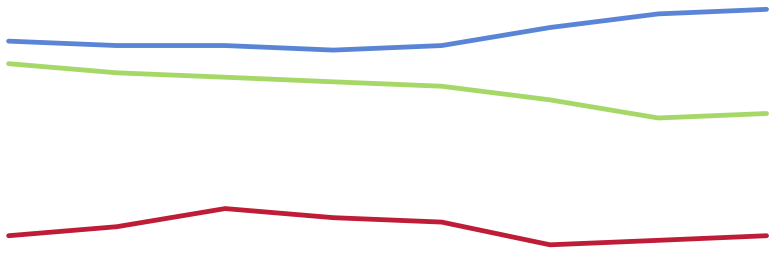
BENCHMARK ► More favorable than state and US rates. Satisfies the Healthy People 2030 objective.

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	1.1	1.3	1.7	1.5	1.4	0.9	1.0	1.1
NJ	4.9	4.7	4.6	4.5	4.4	4.1	3.7	3.8
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Violent Crime

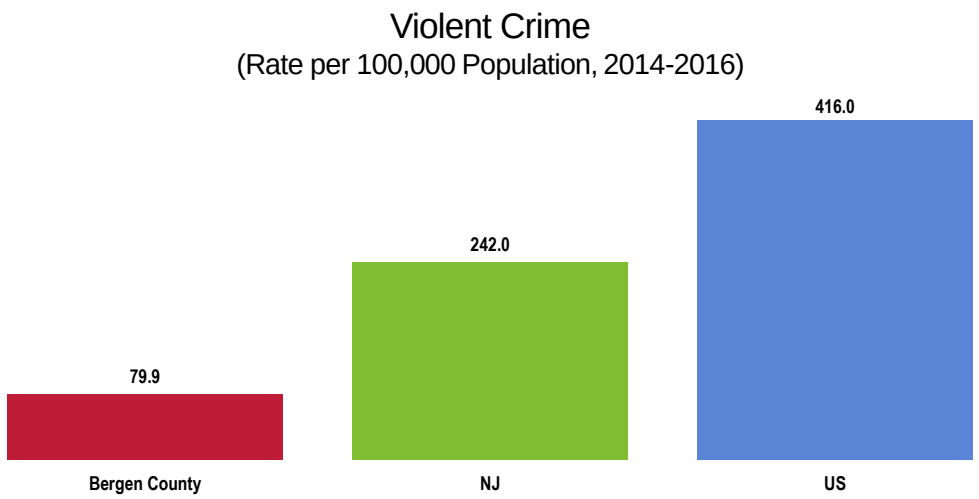
Violent Crime Rate

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2014 and 2016, there were a reported 79.9 violent crimes per 100,000 population in Bergen County.

BENCHMARK ► Considerably lower than state and national rates.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

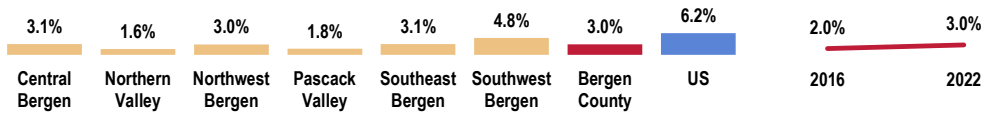
A total of 3.0% of surveyed Bergen County adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Lower than the US finding.

DISPARITY ► More often reported among adults age 18 to 39, adults with low incomes, Hispanic respondents, and LGBTQ+ respondents.

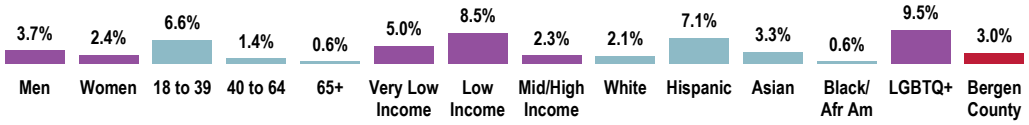
Victim of a Violent Crime in the Past Five Years

Bergen County



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: ● Asked of all respondents.

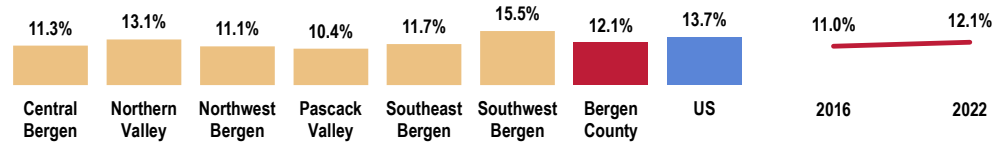
Intimate Partner Violence

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 12.1% of Bergen County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Bergen County



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey generally characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2022)

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> There is an increase in cutting and violence in the home. – Other Healthcare Provider
>
> Violence is hard for us to deal with as a whole. – Social Services Provider
>
> Increased number of violent attacks. – Other Healthcare Provider
>
> Seems that violence is increasing, guns too accessible, gang problems in larger cities. – Community/Business Leader

> I believe injury and violence have become major problems in our society, and our community is a microcosm of the nation. Guns are too easily available and are used by people in engaged in physical disputes, assaults, drive-by shootings. Domestic violence is a continuing, if not a growing, problem. The pandemic has exacerbated inequities in income and racial and religious discrimination and prejudice. Fewer people are members of faith-based institutions or attend religious services. There is no longer a functioning Teaneck Clergy Council. – Community/Business Leader

Domestic/Family Violence

> Domestic violence is an issue. – Social Services Provider
>
> High rate of domestic violence. – Physician
>
> Domestic violence. – Community/Business Leader
>
> Specifically domestic violence, which includes childhood abuse, spousal or partner abuse and definitely elder abuse. – Other Healthcare Provider

Stigma

> Domestic violence is specifically a major issue in our community because it often occurs behind closed doors. Victims are often afraid to come forward, and/or are not aware of resources available. – Public Health Representative

Accountability

> There is no accountability for acts of violence. Most violence begins with threats that are ignored. – Other Healthcare Provider

Vulnerable Populations

> Domestic violence and victims of violence, many times are scared to speak out because of their legal status or dependence on perpetrator. – Social Services Provider

Government/Policy

> These are problems since there is lack of gun control and people can get guns, machine guns etc. In the 1960-to-1980 time frame, differences were resulted without guns and violence. The police are hampered to fight crime effectively and efficiently. – Social Services Provider

Teen/Young Adults

> Recently, there have been many fights in the middle school age group. – Other Healthcare Provider

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

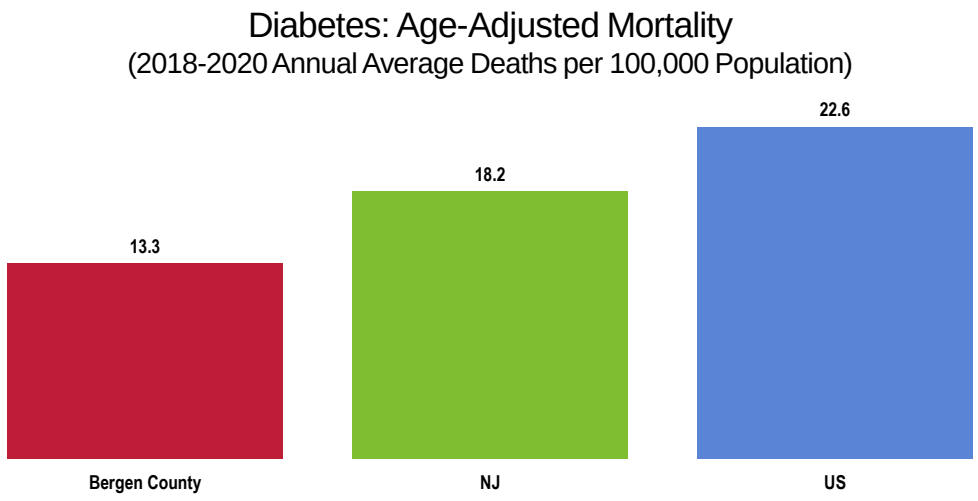
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 13.3 deaths per 100,000 population in Bergen County.

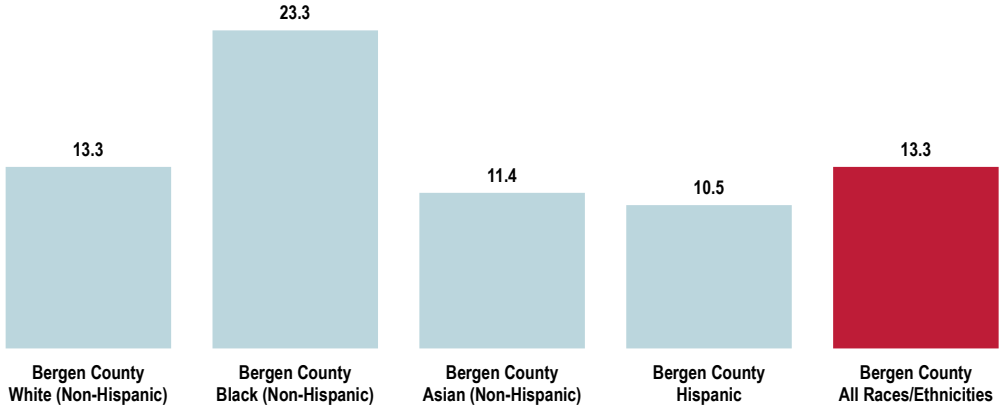
BENCHMARK ► More favorable than state and US rates.

DISPARITY ► Particularly high among Black/African American residents.



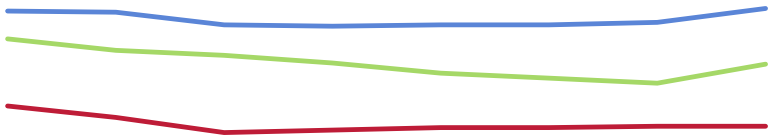
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Diabetes: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	14.9	14.0	12.8	13.0	13.2	13.2	13.3	13.3
NJ	20.2	19.3	18.9	18.3	17.5	17.1	16.7	18.2
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Prevalence of Diabetes

A total of 10.9% of Bergen County adults report having been diagnosed with diabetes.

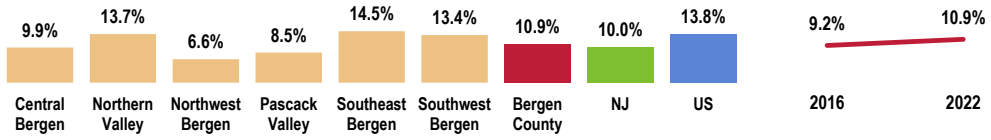
BENCHMARK ► More favorable than the US percentage.

DISPARITY ► Lowest in Northwest Bergen. More often reported among men, adults age 40+, and adults with low incomes.

Prevalence of Diabetes

Another 15.6% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Bergen County

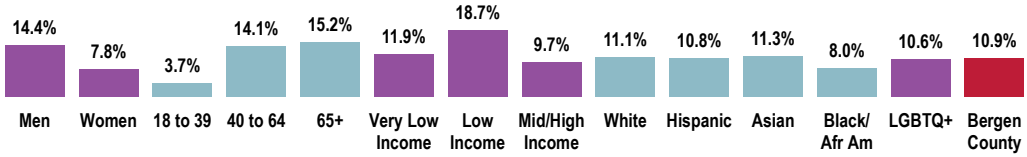


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Bergen County, 2022)

Note that among adults who have not been diagnosed with diabetes, 47.4% report having had their blood sugar level tested within the past three years.

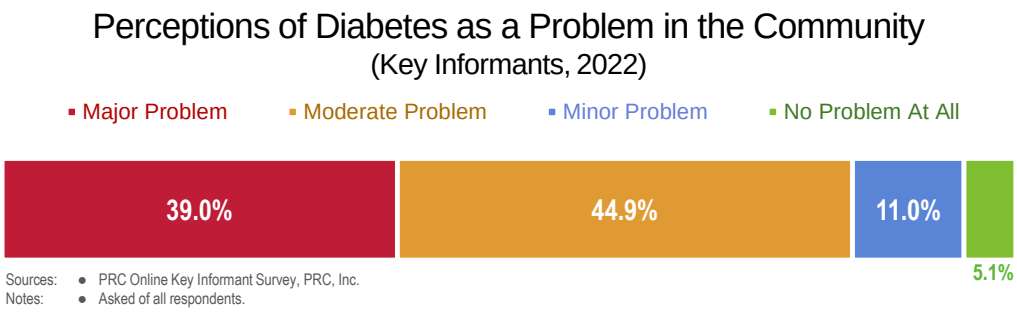


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

Key informants taking part in an online survey most often characterized *Diabetes* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Lack of educational resources and financial resources to make healthier choices. – Social Services Provider
>
> Education, healthy eating, access to care, knowledge. – Community/Business Leader
>
> Low health literacy, high cost of medication, lack of available appointments for follow up. – Physician
>
> Providing the families with knowledge of the long-term effect of not eating healthy nutritious foods. – Social Services Provider
>
> Information, access to supplies, healthy lifestyle ability. – Social Services Provider
>
> The problem that concerns me most is the ambiguity of the word diabetes in itself. The average person doesn't fully understand how awful this disease really is until too late compared to, say, the diagnosis and the word cancer! There must be more definitive education about the Vass symptoms of diabetes and its devastating effects and toll on the body. Education and information regarding a patient's diagnosis of diabetes has to be available to the public but in simple layman's terms. Teaching proper diet made simple is a challenge, too. I am pre-diabetic, and those instruction from my specialist are good, but many times need to be clearer and more patient-friendly. I'm suspicious many people with diabetes continue to eat improperly is because a meal plan is confusing and expensive. Make diabetes education more understandable and the ugly monster that it can be if ignored due to ignorance and complicated directions – Community/Business Leader
>
> Lock of knowledge and no health insurance. – Other Healthcare Provider
>
> Information about the severity of the disease, and steps that can be taken to ameliorate the negative effects. – Social Services Provider
>
> Nutritional guidance. – Other Healthcare Provider
>
> Understanding how food and drinks can affect their glucose levels. Having access to healthy food choices. – Social Services Provider
>
> The biggest issue around diabetes I see is education on what diabetes is. How to take care of yourself if you are diagnosed with the disease, and many people do not recognize the signs and symptoms of diabetes onset. – Other Healthcare Provider
>
> Early diagnosis and weight management support. Education and access to newer medications. – Physician

Access to Care/Services

> Availability of preventative care/education on chronic diseases and availability of certified diabetes care and education specialists is very limited. Long wait times for endocrinologist appointments and health centers closing diabetes centers. Limited number of experts in diabetes management and technology. – Other Healthcare Provider
>
> Lack of access to provider and medication. Poor health literacy. Limited use of technology. Poor family and community support. – Physician
>
> Access to quality health foods. The inability to afford quality healthy food. Lack of nutritional education to youth and families. – Social Services Provider
>
> Lack of access to providers. Lack of insurance for certain individuals. – Other Healthcare Provider
>
> Access to nutritionist, especially for pre-diabetics, access to healthy foods. Access to other lifestyle modifications like exercise programs, counseling. – Public Health Representative

Finding the appropriate amount of care. – Other Healthcare Provider

Lack of prediabetes programs, lack of outreach to the underserved. – Other Healthcare Provider

Lack of community locations to provide literature, testing and dietary solutions. – Community/Business Leader

Subpar healthcare (PCPs who watched their clients enter the pre-diabetes range and didn't recommend that they see a dietitian or make any changes); misinformation – some of the nutrition guidance that people receive from their doctors is false (i.e., "bananas make you fat"); the food industry – the food industry engineers processed foods to be extremely palatable, affordable and overall, very tempting. It is difficult for many people to resist; physical inactivity – many people are unable to find the time to exercise – Other Healthcare Provider

Access to outpatient nutrition care. – Public Health Representative

Nutrition

Lack of healthy fast food, cost of fresh produce. Lack of understanding of best diet. Willpower to eat healthy food. – Social Services Provider

Food insecurity leads to poor food choices. – Social Services Provider

Proper eating habits, lifestyle changes. – Community/Business Leader

Poor diet and not willing to change their eating habits. – Public Health Representative

Access to Affordable Healthy Food

Cost of nutritional meals is very expensive. – Social Services Provider

The cost of eating healthy. Fruits and vegetables are expensive. – Other Healthcare Provider

Access to healthy food issue. – Social Services Provider

Food deserts and low income. – Social Services Provider

Maintaining a healthy diet and lifestyle with rising food costs. – Other Healthcare Provider

Disease Management

Patients are sometimes resistant to checking their glucose levels and to the dietary modifications recommended. Everyone is so focused on big is beautiful and that physicians shouldn’t “fat shame” that physicians have gotten scared to bring it up with patients. This has led to a void in very important care. – Physician

Rigorous disease management by doctors and patients. Not following doctor's instructions for following exercise and food intake. – Community/Business Leader

Diabetes management and screening. – Community/Business Leader

Incidence/Prevalence

The increasing number of young diabetic patients. Bad lifestyles of people with diabetes. There are many people with diabetes, so they share information about diabetes with each other. Misjudging that they are managing their diabetes well. – Community/Business Leader

The number of people diagnosed with diabetes is increasing, and the cost of insulin is enormous. – Public Health Representative

Trending higher – type 2 diabetes. Nutritional needs, quality educational programs about nutrition needed. Primary care physicians should work closely with nutritionists also with exercise programs offered at low to no cost at senior centers and Y. Medicare should cover exercise and nutritional programs for older adults. – Social Services Provider

Affordable Medications/Supplies

Out-of-pocket expenses for supplies not covered by insurance, limited outpatient resources that are covered by insurance. Patients not really understanding resources that are available to them, such as outpatient diabetes centers. Physicians follow up post-discharge of a diagnosis of diabetes and management- – Community/Business Leader

Medication access and affordability. – Community/Business Leader

Lifestyle

Support services for their entire lifestyle. – Community/Business Leader

Making the necessary lifestyle changes to properly manage the disease. – Community/Business Leader

Access to Care for Uninsured/Underinsured

Again, for the uninsured, lack of access to ongoing care, low health literacy/can't manage their disease. Cost of insulin and other diabetes medications. – Other Healthcare Provider

Affordable Care/Services

> Access to affordable treatments. – Social Services Provider

Follow-Up/Support

> Apathy and lack of healthy lifestyle by choice or by other. – Physician

Insurance Issues

> Lack of coverage for nutrition for dietitian sessions. These can be very costly. – Other Healthcare Provider

Lifestyle

> Weight and exercise. – Community/Business Leader

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

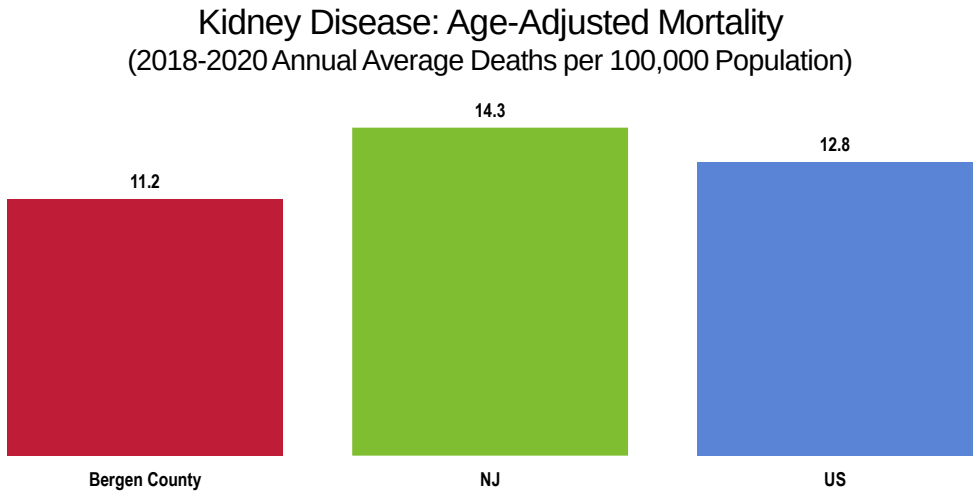
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 11.2 deaths per 100,000 population in Bergen County.

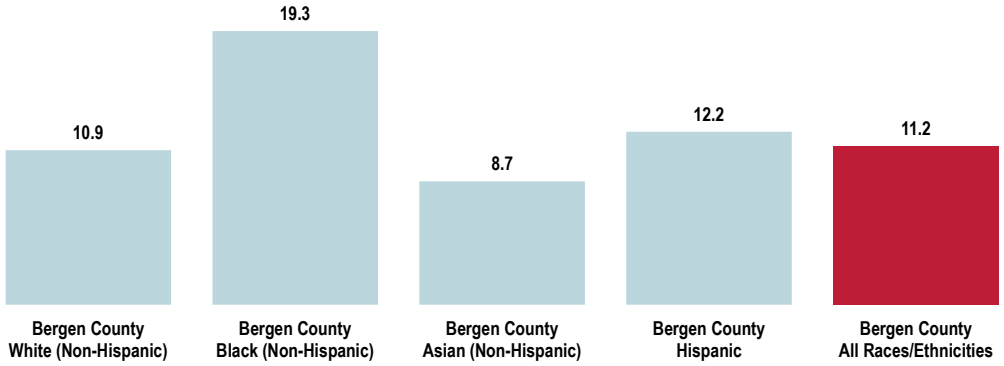
BENCHMARK ► More favorable than the New Jersey rate.

DISPARITY ► Notably higher among Black/African American residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Kidney Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	11.8	12.1	12.5	11.9	11.7	10.8	11.6	11.2
NJ	13.7	13.5	13.8	14.0	14.0	14.1	14.1	14.3
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Prevalence of Kidney Disease

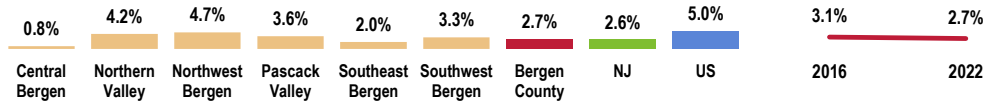
A total of 2.7% of Bergen County adults report having been diagnosed with kidney disease.

BENCHMARK ► More favorable than the US percentage.

DISPARITY ► Highest in Northwest Bergen. Also more often reported among adults age 65+, and especially adults with very low incomes and LGBTQ+ respondents.

Prevalence of Kidney Disease

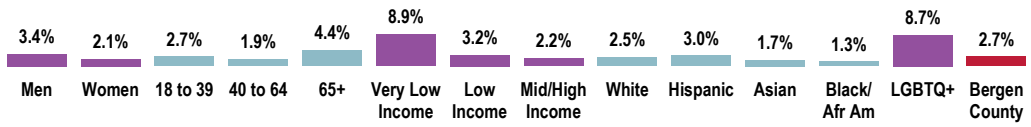
Bergen County



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease
(Bergen County, 2022)

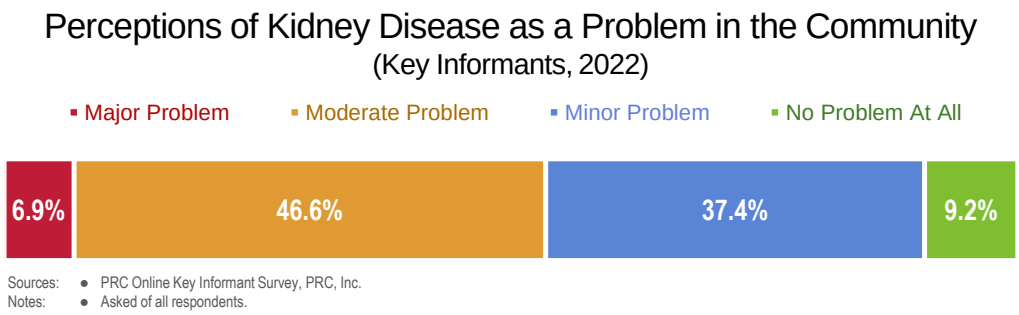


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Kidney disease and failure seem to be increasing and dialysis is a temporary treatment. – Public Health Representative
>
> I am not aware that it's a major problem that is neglected. From what I have heard, there are many who suffer kidney disease, many who are in need of kidneys, but kidneys are not readily available in this area. – Other Healthcare Provider

Access to Care for Uninsured/Underinsured

> Specifically end-stage renal disease – people who are uninsured have absolutely no way to get dialysis. They can go to the emergency room once, but after that, they're on their own. Many other states cover the cost of dialysis for patients with ESRD, but not New Jersey. – Other Healthcare Provider

Awareness/Education

> Access to knowledge. – Community/Business Leader

Co-Occurrences

> Patients with uncontrolled hypertension and diabetes, which result in kidney failure. Lack of preventive measures to prevent progression of kidney failure. – Physician

Nutrition

> Food insecurity leads to poor food choices. Many people ignore symptoms or do not manage the disease properly. – Social Services Provider

POTENTIALLY DISABLING CONDITIONS

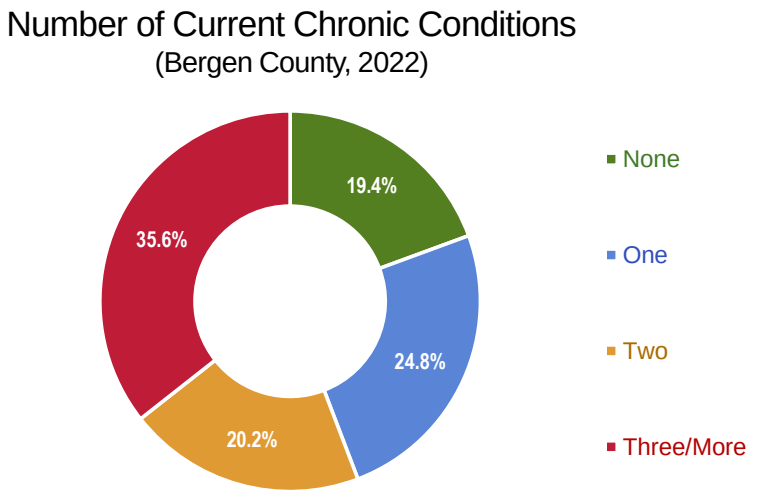
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Among Bergen County survey respondents, most report currently having at least one chronic health condition.

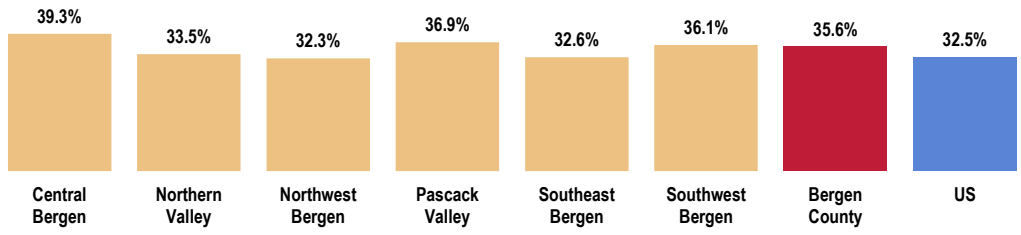


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 35.6% of Bergen County adults report having three or more chronic conditions.

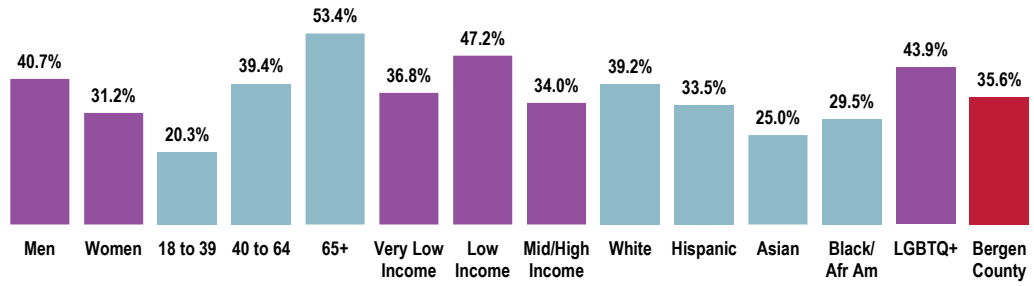
DISPARITY ► More often reported among men, adults age 40+ (especially those age 65+), adults with low incomes, White respondents, and LGBTQ+ respondents.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(Bergen County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

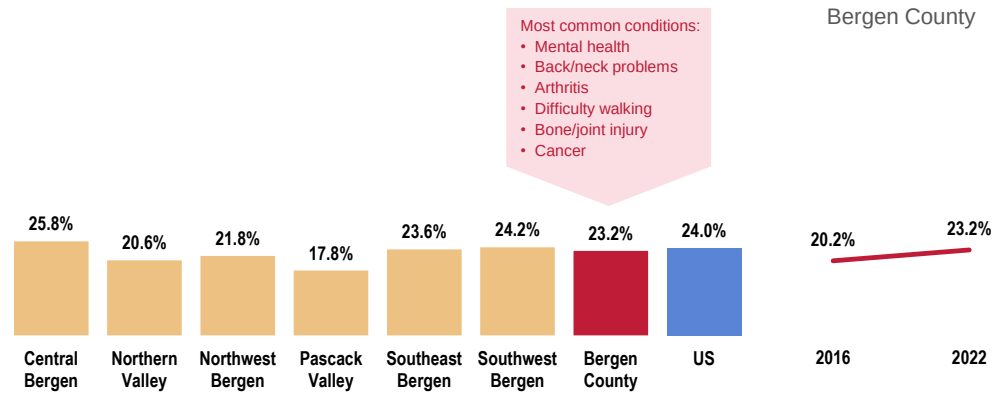
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 23.2% of Bergen County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Denotes a significant increase since 2016.

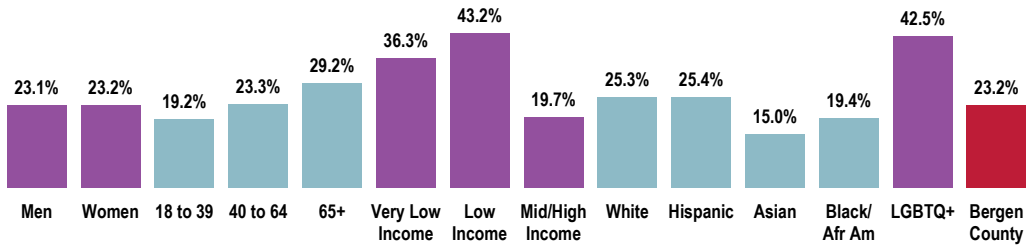
DISPARITY ► Lowest in Pascack Valley. More often reported among adults age 65+, adults with lower incomes, White respondents, Hispanic respondents, and those who identify as LGBTQ+.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

Chronic Pain

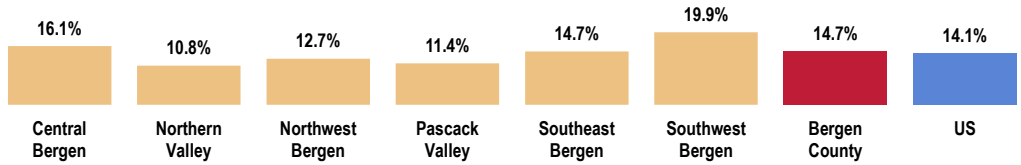
A total of 14.7% of Bergen County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Northern Valley. More often reported among women, adults age 40 to 64, and lower-income adults. Notably lower among Asian persons.

Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower



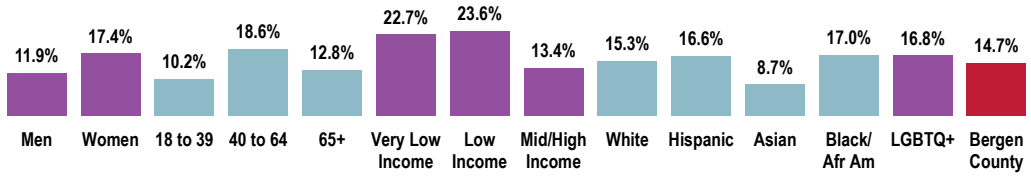
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Bergen County, 2022)

Healthy People 2030 = 7.0% or Lower

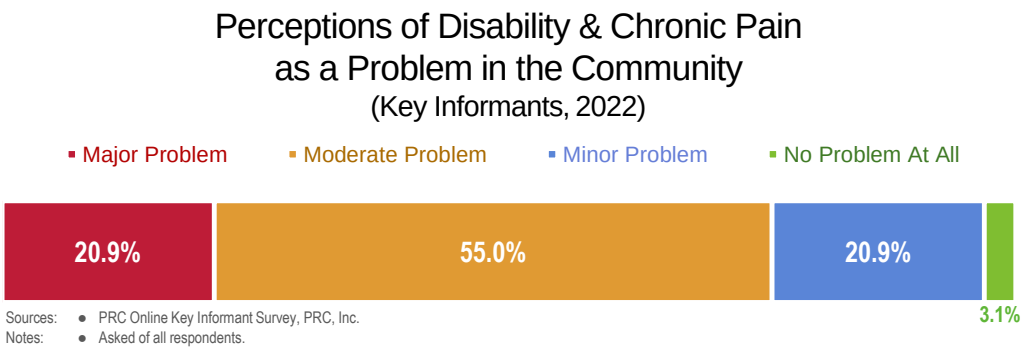


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Key Informant Input: Disability & Chronic Pain

A majority of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Many people have chronic and debilitating pain. They need more options and education on how to make it manageable. – Social Services Provider
>
> High prevalence among population. – Physician
>
> Many of our residents have severe arthritis that significantly affects their quality of life. – Social Services Provider
>
> Increase in hip replacements, increase in obesity, Increased patients in pain, this is visible on any given day and any of the local superstores watching people struggle. Be it walking or just getting around, plus my patient population seems to suffer greatly from pain and disability – Physician
>
> Many people suffering and cost of treatments that are out of the mainstream AKA medication. – Community/Business Leader
>
> There is an entire community of people who are wheelchair-bound or homebound. I've recently become more aware of this community. They usually order groceries online. – Other Healthcare Provider
>
> Previously, I worked in a medical clinic where all the patients we saw had some sort of chronic pain. Whether it was low back pain, carpal tunnel or arthritis, almost every person had some sort of long-lasting issue that was affecting them. In many cases, it was so extreme that they were unable to work or complete activities of daily living because of their pain. Arthritis affects almost everyone at some point in their life, and there are more people that live with pain and do report it or see a physician. – Other Healthcare Provider

Aging Population

> Seems to be a complaint among seniors. – Community/Business Leader
>
> We have an older population, and a significant population that physically work hard. – Social Services Provider
>
> In the work I do with older residents and people who are food insecure, most suffer from sort of chronic pain and/or disability issue that impacts their daily quality of life. I think in many cases, they just accept their circumstances and do not always know how to find the right kind of care to address the issue. In many cases, there is little awareness of self-care strategies for managing these conditions, as they are not offered in most primary care settings. – Community/Business Leader
>
> Many of the senior population experience severe arthritis and chronic pain on a daily basis. – Social Services Provider

Access to Care

> Limited resources for people with disability, dangerous obstructed and broke sidewalks. No exercise facilities for people with disability, insufficient adapted affordable housing for people with disabilities. – Physician
>
> They have still lack of social services such as aide services, assistance for caregivers. – Community/Business Leader
>
> Services/supports for individuals living with intellectual and/or developmental disabilities and their families through the age continuum and including those with co-occurring medical conditions. There are not enough practitioners and/or services that are culturally appropriate/competent, accept private insurance, Medicaid, offer sliding scale and offer transportation assistance. – Social Services Provider

> More assistance is needed to help adults with their dental, eye, and hearing issues. There is a need for low-cost and accessible dental services. Low-cost and available hearing aids. Low-cost and affordable eye care and eyeglasses. Older adults often neglect their dental needs -- a high quality dental clinic that operates with a sliding scale or is covered by NJ Assistance is a necessity. – Social Services Provider
>
> Access to diagnostic resources like MRI to make accurate diagnosis. Cost of physical therapy to aid in recovery. Proper pain management. – Physician

Affordable Medications/Supplies

> Lack of access to non-narcotic pain management. – Other Healthcare Provider
>
> People with disabilities often require support that they can't afford or is not available. Chronic pain contributes to depression and substance abuse if not managed well. Often, chronic pain sufferers are unable work, impacting all aspects of their life. – Other Healthcare Provider

Diagnosis/Treatment

> More and more people are suffering from chronic pain, as well as those who have disabilities. There's a lack of knowledge by physicians and especially pain management doctors. Or education is needed to assist those with disabilities and chronic pain be with physical therapy, language/speech therapy and integrative medicine modalities such as breathing and meditation, which are valuable tools … A more rounded education is needed for those serving those patients with disabilities and chronic pain. As a speech pathologist, I had excellent training, worked with the team, and have also trained in mind-body and other tools and techniques to assist those with disabilities and chronic pain. To know they're not learning to change thinking, to change attitudes and behaviors … Patients need to be heard and believed, not just administer drugs… Rehabilitation is essential, and mind-body techniques are essential. – Other Healthcare Provider

Co-Occurrences

> Disability can lead to many other problems. Immobility made it difficult to get a COVID test, to get a vaccine. Transportation can be an issue. Chronic pain can lead to drug dependency, and other hazards of immobility. it is a great financial and emotional stressor. – Other Healthcare Provider

Disease Management

> Many suffer from chronic pain and tend to ignore or take medications that do not help the root of the problem. – Social Services Provider

Due to COVID-19

> People with disability are disproportionately affected by COVID-19 pandemic. There is a great need to scale up disability to be included in all levels of the healthcare systems, especially primary care. – Community/Business Leader

Isolation

> When someone becomes disabled, their access to the world changes, leaving them isolated. People suffering from chronic pain, particularly women, are not recognized. Doctors are often suspicious that they may be drug-seeking. – Public Health Representative

Lack of Providers

> Not enough physical medicine and rehab specialists and challenging payment models for physical therapy and occupational therapy, and pain and palliative care. – Physician

Youth

> Assistance to children with learning disabilities and diseases. Multiple sclerosis, etc. and programs once they finish high school. – Social Services Provider

Culture

> Many first-generation Koreans living here are self-employed. They work more than 10 hours a day and usually eat out two or more meals a day. As a result, eat a lot of fast foods that contain a lot of salt, sugar and fat. Also, because they do not have time, to neglect to exercise or take care of their health. – Community/Business Leader

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

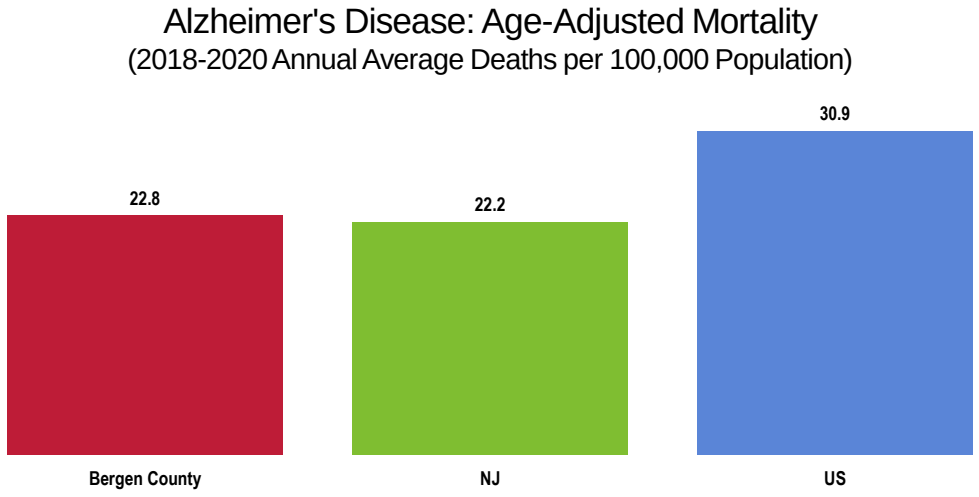
Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 22.8 deaths per 100,000 population in Bergen County.

BENCHMARK ► Lower than the national rate.

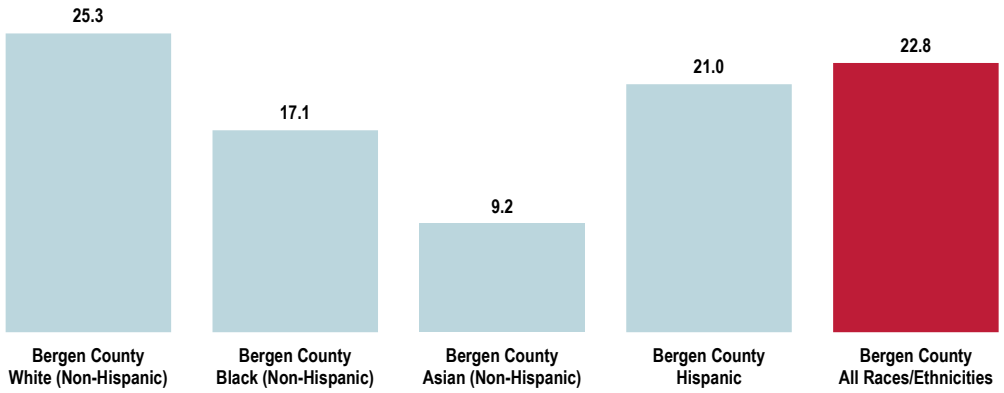
TREND ► Represents a significant increase within Bergen County over time.

DISPARITY ► Highest among White residents.



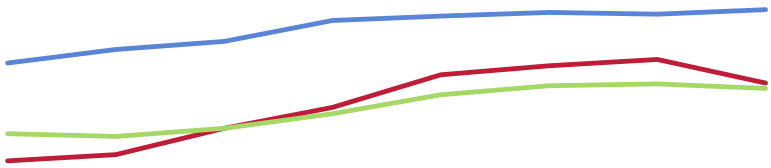
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

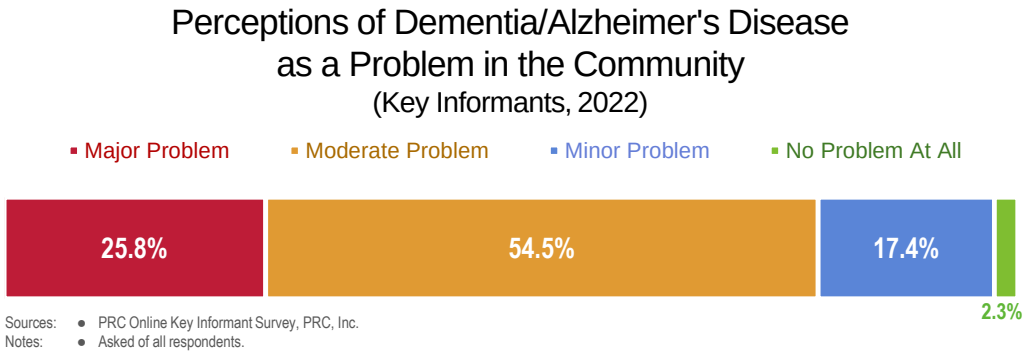


	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	14.2	14.9	17.8	20.1	23.7	24.7	25.4	22.8
NJ	17.2	16.9	17.8	19.4	21.5	22.5	22.7	22.2
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most often characterized *Dementia/ Alzheimer's Disease* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Alzheimer's disease is the fifth most common cause of death for Americans age 65 years and older. By 2060, the researchers estimate there will be 3.2 million Hispanics and 2.2 million African Americans with Alzheimer's disease and related dementias. – Community/Business Leader
>
> Alzheimer's is prevalent among community seniors who are not getting the support they need. They are mostly relying on their family members or spouse who is frail, as well. – Community/Business Leader
>
> Increasing numbers of older adults, and people with diagnosis of dementia. – Public Health Representative
>
> As people live longer, there is a greater chance of Alzheimer's disease. At a recent program for older adults, 75% of the audience present raised their hand when asked if they had been touched by Alzheimer's disease within their family. Lack of geriatricians practicing in the area. General Internists don't seem to have specific training in identifying and caring for people with dementia. Respite and homecare services are not easily accessible or affordable. Day care program at CHCC closed, creating a void in day care services for people needing such services in NW Bergen County. – Social Services Provider

Aging Population

> As the population ages, the rate of dementia increases. Care is expensive, limiting the choices families have to help care for the person with dementia. – Social Services Provider
>
> As the population is aging and living longer, this is a problem. EBP tells us that 6.2 million Americans are living with Alzheimer's. – Community/Business Leader
>
> Serving seniors, we notice issues comparable to this disease, but the individual does not realize this, nor do they have family to assist. – Social Services Provider
>
> The population is aging. I know more and more friends who struggle with parents that have dementia. – Other Healthcare Provider
>
> Aged community. – Social Services Provider

Vulnerable Populations

> BC has a number of historically underserved populations. These groups were disproportionally challenged by dementia, including caregivers. There is a lack of programing in the community. – Community/Business Leader
>
> There are many elderly immigrants in this area. Of course, old people are those aged 80 to 90 years old, but there are a lot of people at 65 who are now eligible for Medicare. I mean A LOT! Many of them are lonely elderly people with few friends or hobbies. However, there is very little dementia prevention education or related facilities conducted in their language. A related program, seminar, or group meeting is necessary at a hospital trusted by the community rather than a nonprofit organization. – Community/Business Leader

Awareness/Education

> Lack of knowledge, stigma attached. But Holy Name Medical Center Tina teachers eight is very active in promoting and giving classes and diagnosis treatment and caregivers. – Other Healthcare Provider
>
> Lack of knowledge and accessibility. – Community/Business Leader

Access to Care/Services

> Limited long-term care facilities that will care for this population. – Public Health Representative
>
> Difficult to access neurology care. No good treatment. – Physician

Affordable Care/Services

> All too common, and very expensive to provide care. – Community/Business Leader
>
> Difficult to access services, especially if you're working poor. – Social Services Provider

Diagnosis/Treatment

> Many people being diagnosed. – Community/Business Leader
>
> Dementia and Alzheimer's is a major problem in the community because it is challenging to screen for when individuals are not under constant care/supervision. It is also challenging to treat because of the level of care that is required, and the expense that comes along with it. – Public Health Representative

Impact on Families

> Alzheimer's is a family disease. Many families are not educated on resources, the disease and future planning. – Social Services Provider
>
> I do not think there is enough support for caregivers or enough money to help those families. – Other Healthcare Provider

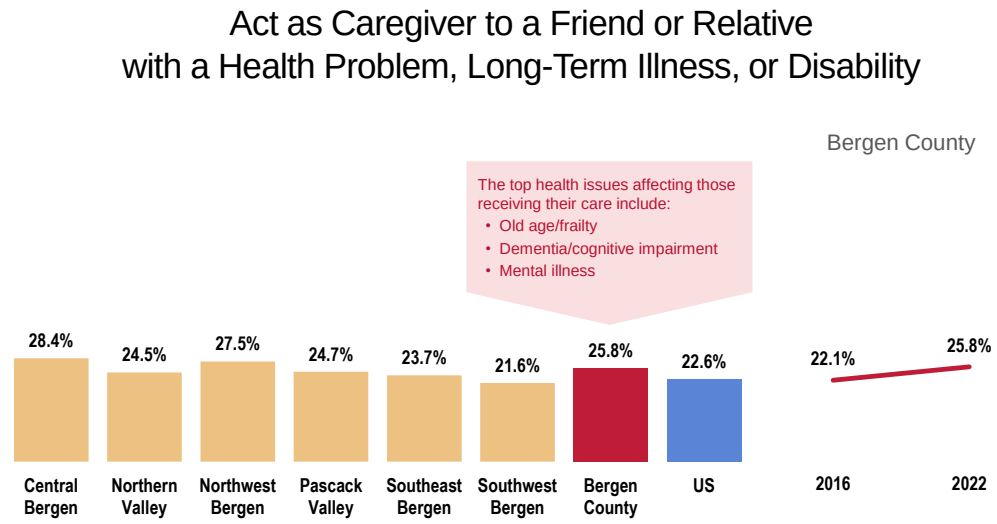
Impact on Quality of Life

> Dementia is a crippling condition that gradually robs the identity of an individual and this has a tremendous effect, not just on the individual, but perhaps more so on their families. Assisted living facilities are often perceived to provide substandard care, and there seems to be a frequent back-and-forth of individuals with dementia between these facilities and hospitals. Patients often arrive in a state of delirium, which causes trauma to the patient, their family members, and their medical providers. – Physician

Caregiving

A total of 25.8% of Bergen County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

TREND ► Marks a significant increase since 2016.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

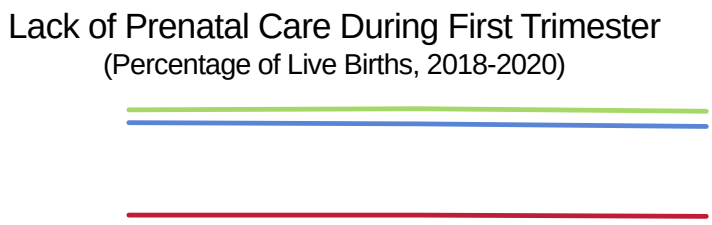
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

Early and continuous prenatal care is the best assurance of infant health.

Between 2018 and 2020, 15.2% of all Bergen County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► More favorable than found across New Jersey and the US.



	2016-2018	2017-2019	2018-2020
Bergen County	15.3	15.3	15.2
NJ	23.6	23.7	23.5
US	22.6	22.5	22.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

BIRTH OUTCOMES & RISKS

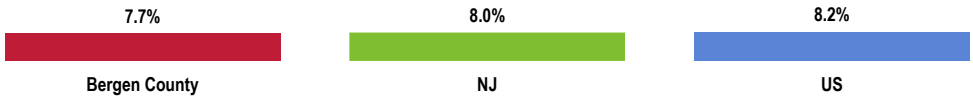
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.7% of 2013-2019 Bergen County births were low-weight.

Low-Weight Births
(Percent of Live Births, 2013-2019)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2022.

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 3.2 infant deaths per 1,000 live births in Bergen County.

BENCHMARK ► Lower than state and national rates. Satisfies the Healthy People 2030 objective.

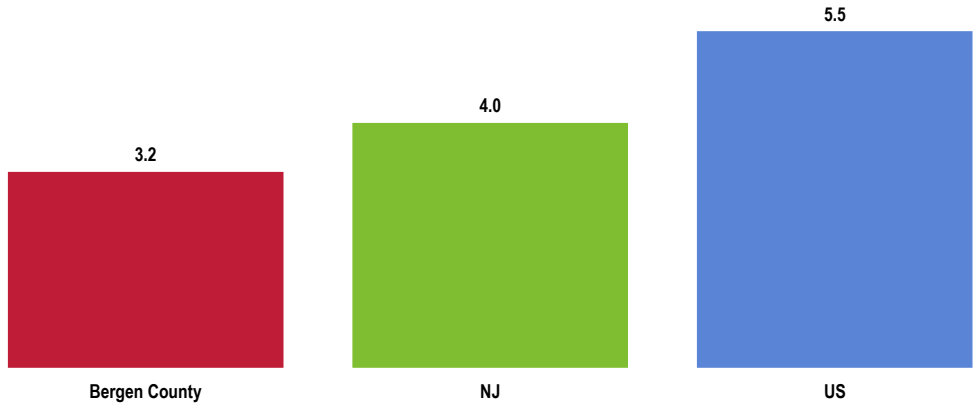
TREND ► Has decreased within Bergen County over much of the past decade, but has increased in more recent years.

DISPARITY ► Remains relatively high among Black births and Hispanic births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower



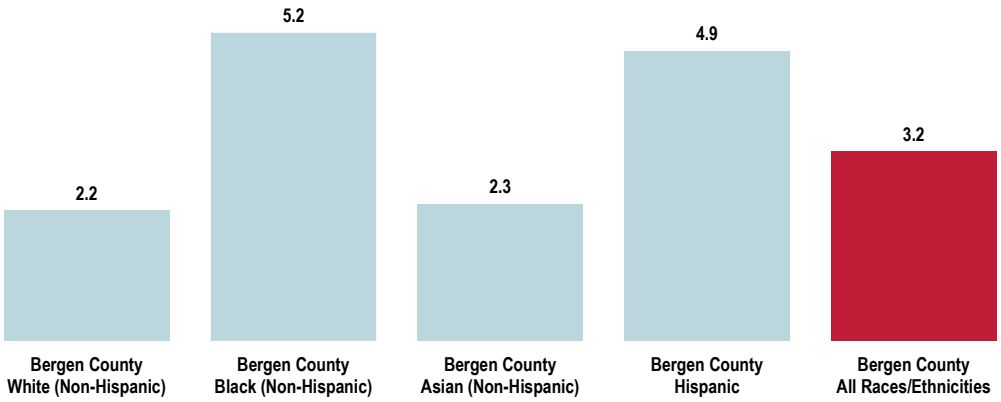
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower



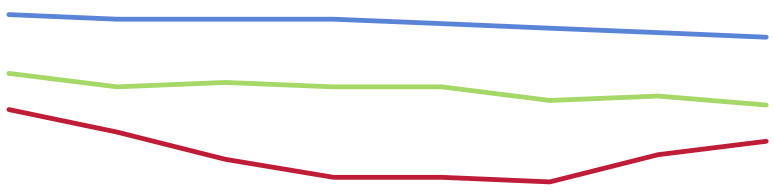
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	3.9	3.4	2.8	2.4	2.4	2.3	2.9	3.2
NJ	4.7	4.4	4.5	4.4	4.4	4.1	4.2	4.0
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

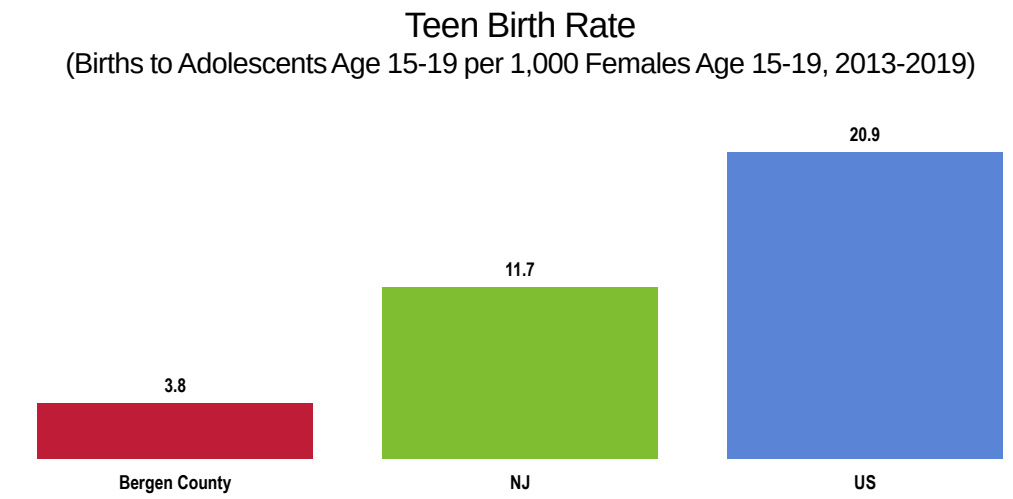
– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2013 and 2019, there were 3.8 births to females age 15 to 19 (per 1,000 females age 15 to 19) in Bergen County.

BENCHMARK ► Considerably lower than New Jersey and US rates.

DISPARITY ► Notably higher among Black and Hispanic female adolescents in Bergen County.

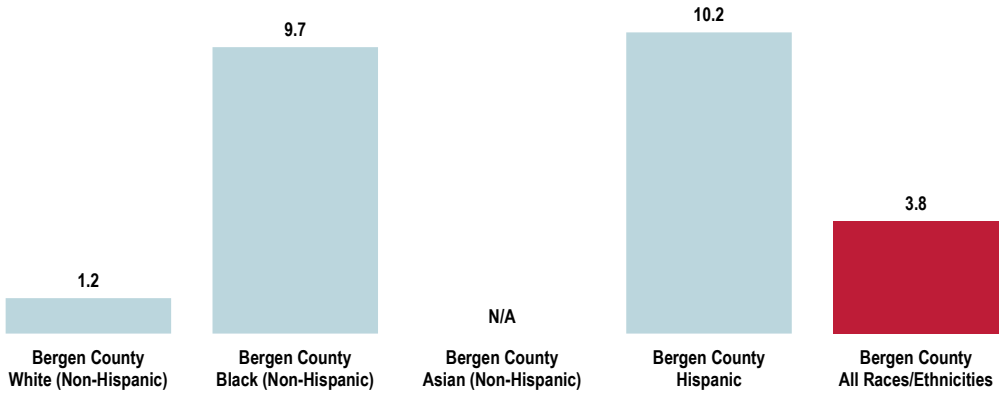


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

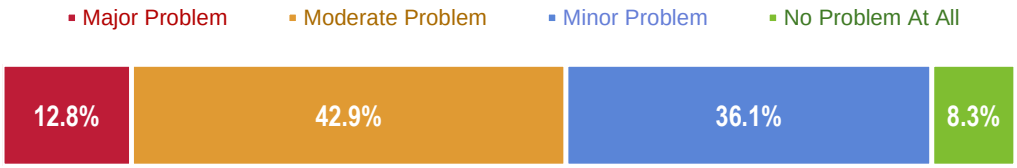
Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey most often characterized *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community

(Key Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Maternal and Infant Mortality Rates

> Mortality rate for black babies. – Community/Business Leader
>
> Maternal mortality, especially among women from health disparate groups. – Physician
>
> Maternal and child health morbidity and mortality. – Other Healthcare Provider
>
> New Jersey practically leads the nation in maternal death. True of Bergen as well. – Social Services Provider
>
> I keep hearing about infant mortality in the news, especially as it pertains to people of color. – Social Services Provider

Access to Care/Services

> Women's health and reproductive health for women. There is not enough resources devoted to women's health until the issues become a matter of disease maintenance and/or treatment. Many of the issues affecting women can be addressed as prevention and/or early detection. In addition, non-English speaking women are often being left out of the conversations/services on education and prevention. – Community/Business Leader
>
> I believe it is not intuitive or easy for someone to navigate the system when needed. – Social Services Provider
>
> Lack of access to providers. Potential to restrict or limit abortions. – Other Healthcare Provider
>
> Prenatal care for underserved communities. – Physician
>
> Hard to find different services. – Other Healthcare Provider

Awareness/Education

> Most clients I have seen are not aware of information related to infant health and family care. – Other Healthcare Provider
>
> In certain communities, early education in pregnancy is not available, and attention is only highlighted if a problem arises. – Physician

Stigma

> For undocumented folks, stigma to obtain WIC service or fear of applying for this service will affect legal status in the future. – Social Services Provider
>
> I think it's a hidden problem in my community. I think families are often embarrassed to reach out to seek help. – Other Healthcare Provider

Lack of Trust in Providers

> Lack of trust in doctors and health care institutions. Too many times, doctors do not believe what the patient is telling them. – Community/Business Leader

Government/Policy

> Home-based family planning services and childcare are not included as a mandatory program at the Health Department level. – Public Health Representative

Family Planning

> Every baby born is a new concern. Family planning is needed so babies that are not intended are not born and so that families can plan for children to be born when they can afford it. – Community/Business Leader

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

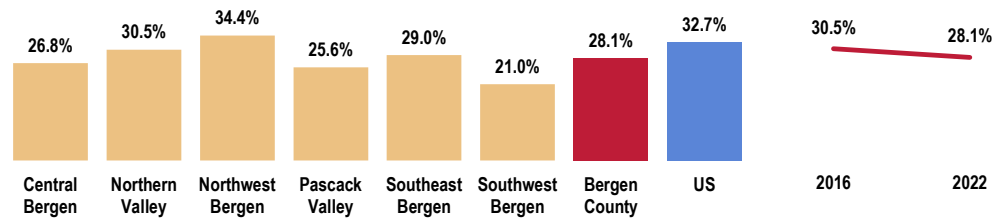
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 28.1% of Bergen County adults report eating five or more servings of fruits and/or vegetables per day.

BENCHMARK ► Less favorable than the US finding.

DISPARITY ► Lowest in Southwest Bergen. Also lower in men and Black/African American respondents.

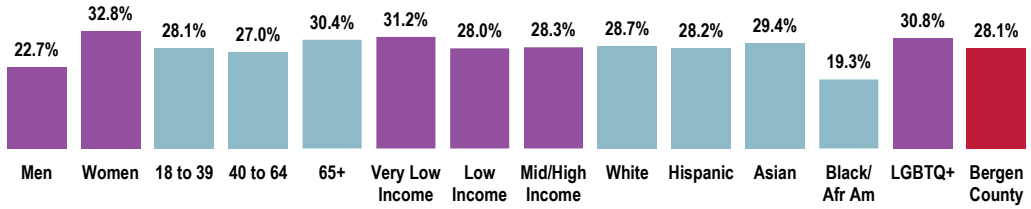
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

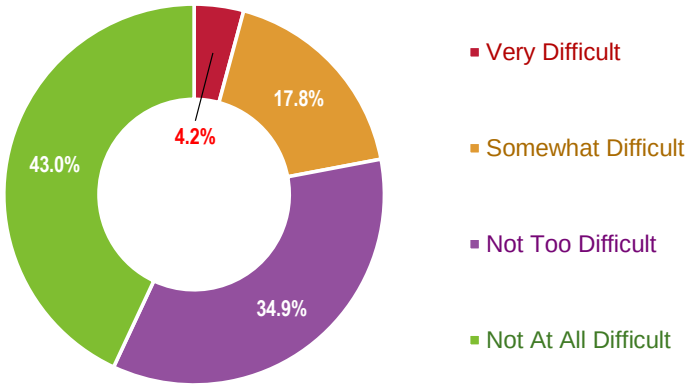
Difficulty Accessing Fresh Produce

Most Bergen County adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Bergen County, 2022)



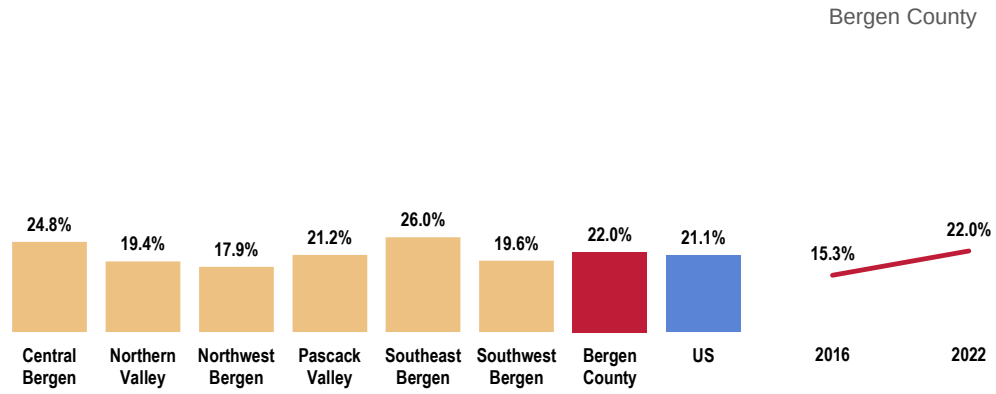
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

However, 22.0% of Bergen County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

TREND ► Marks a significant increase since 2016.

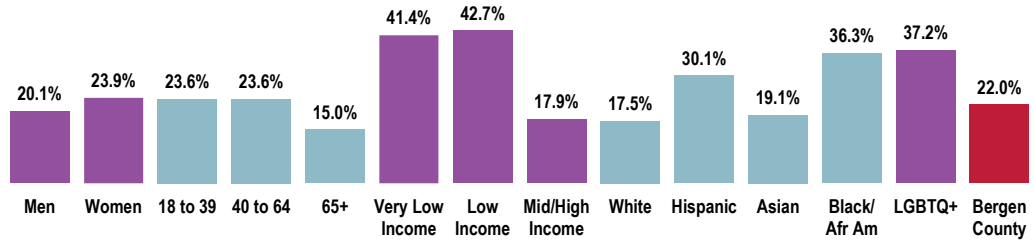
DISPARITY ► Lowest in Northwest Bergen. Those more likely to report difficulty accessing affordable produce include women, adults younger than 65, lower-income respondents, Hispanic residents, Black/ African American residents, and LGBTQ+ respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Bergen County, 2022)

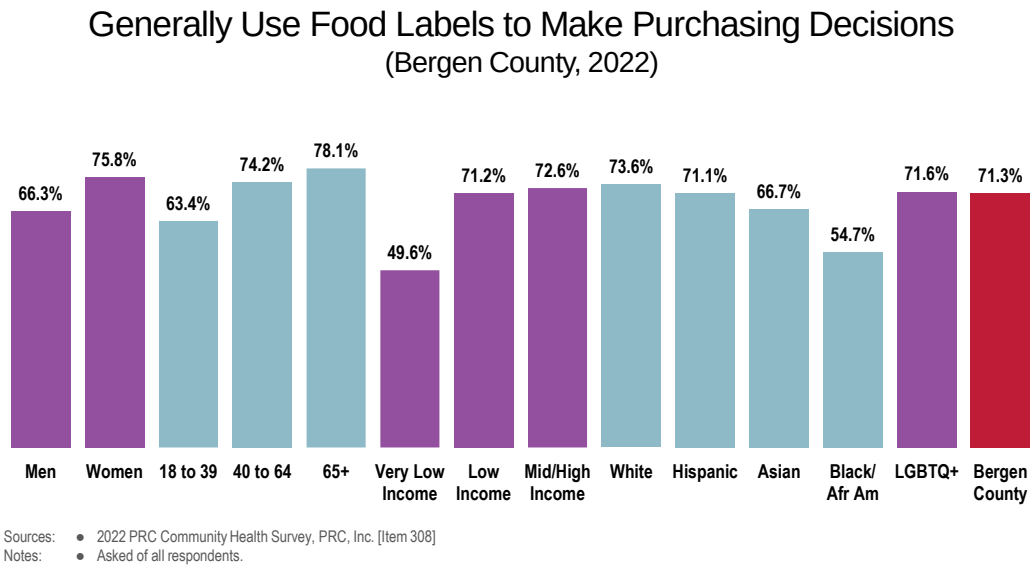


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

Use of Food Labels

In Bergen County, 7 in 10 adults (71.3%) report that they generally consult food labels to guide their food selections.

DISPARITY ► Highest in Northwest Bergen (not shown). Those less likely to report reading food labels include men, adults age 18 to 39, adults with very low incomes, and Black/African American respondents.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

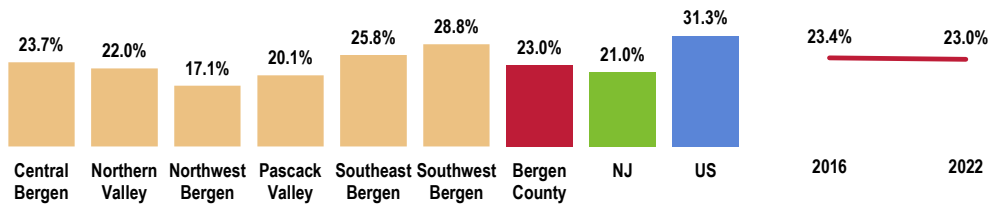
A total of 23.0% of Bergen County adults report no leisure-time physical activity in the past month.

BENCHMARK ► Less favorable than the state finding but more favorable than the US finding.

DISPARITY ► Lowest (most favorable) in Northwest Bergen.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Activity Levels

Adults

Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

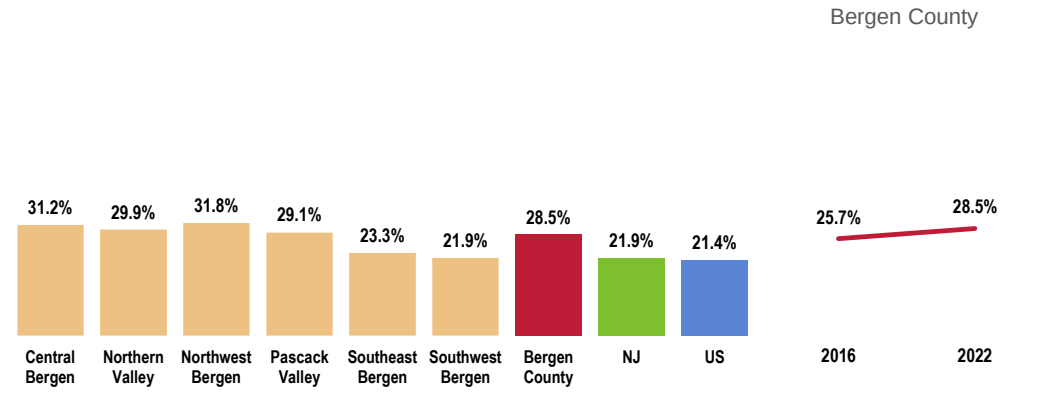
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 28.5% of Bergen County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Better than state and national percentages. Nearly identical to the Healthy People 2030 objective.

DISPARITY ► Lowest in Southeast Bergen and Southwest Bergen. Women and adults age 65+ are also less likely to report meeting the recommendations.



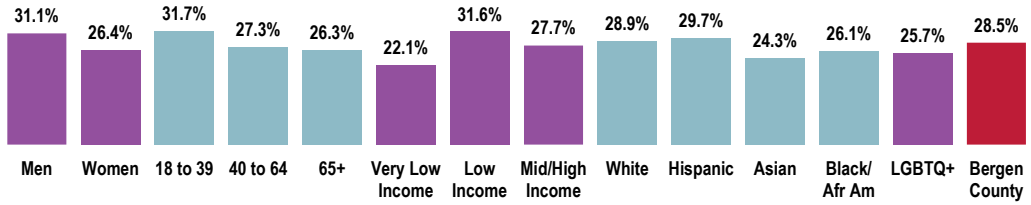
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Bergen County, 2022)

Healthy People 2030 = 28.4% or Higher



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

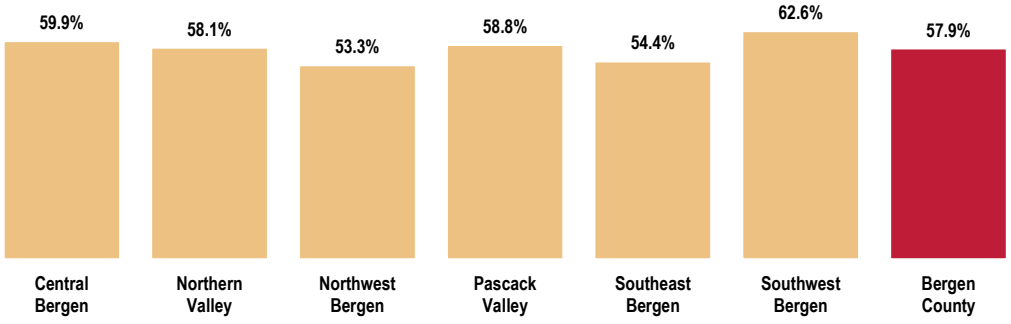
Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Screen Time for Entertainment

More than one-half of Bergen County adults (57.9%) report spending three or more hours on an average day using television, video games, computers, phones, tablets, and the internet for entertainment.

DISPARITY ► Lowest in Northwest Bergen.

3+ Hours of Screen Time for Entertainment



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 158, 311]

Notes:
- Asked of all respondents.

Children

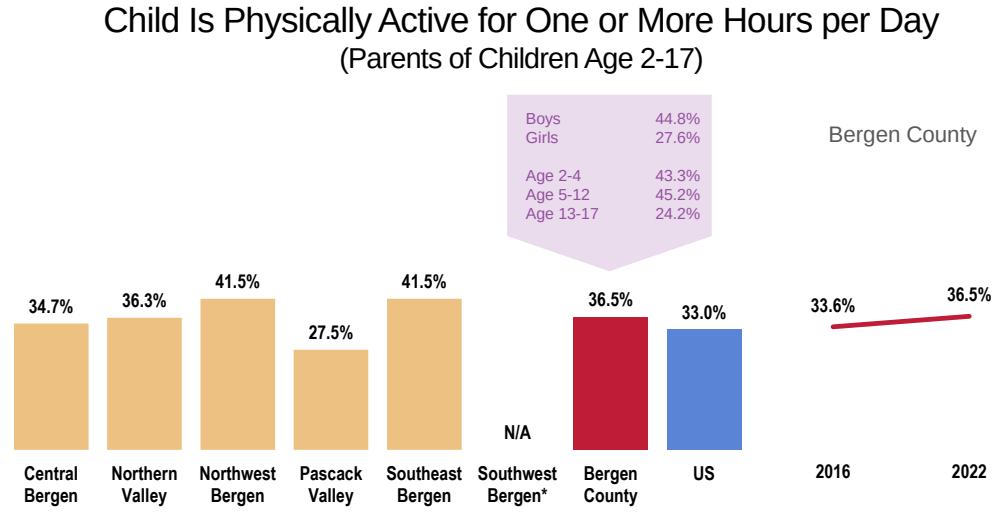
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Bergen County children age 2 to 17, 36.5% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

DISPARITY ► Lowest in Pascack Valley. Girls and adolescents are reported to be less physically active.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2 to 17 in the household.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
- * In this case, the sample size is not sufficient for independent analysis for this subarea.

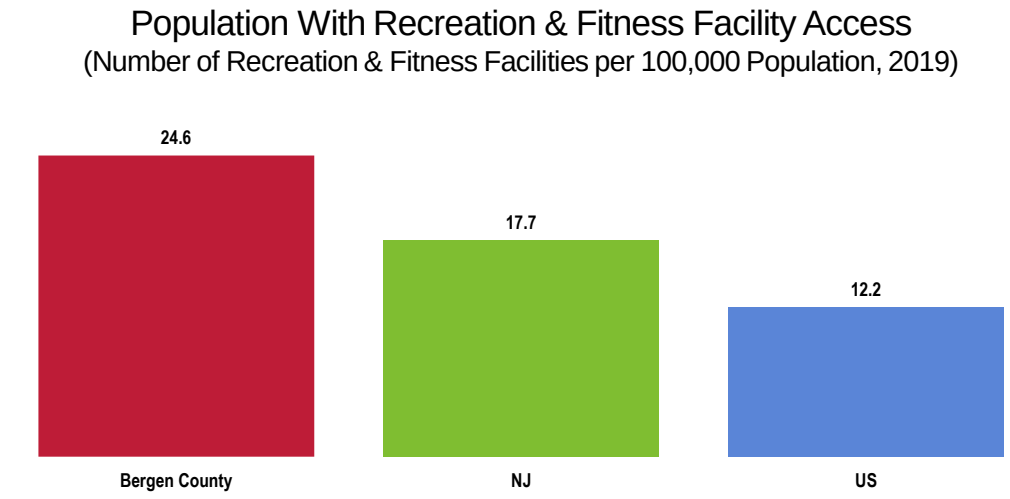
Access to Physical Activity

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2019, there were 24.6 recreation/fitness facilities for every 100,000 population in Bergen County.

BENCHMARK ► More favorable than found statewide and nationally.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

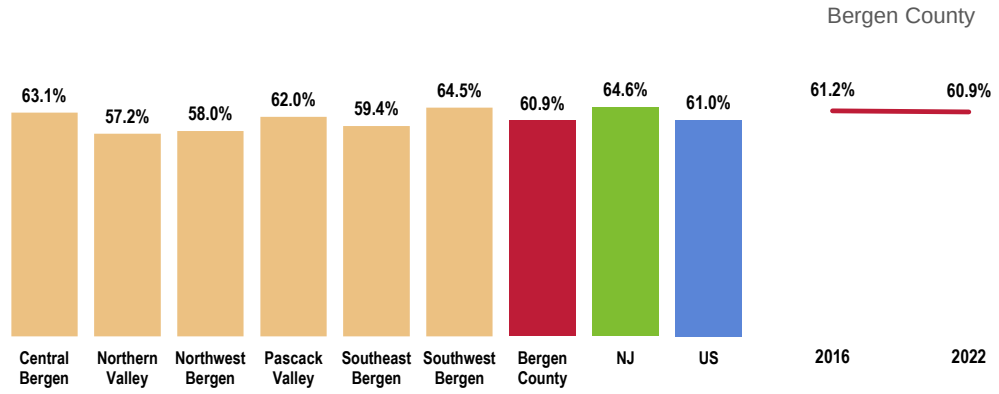
Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

A total of 6 in 10 Bergen County adults (60.9%) are classified as overweight.

BENCHMARK ► Lower than found across New Jersey.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

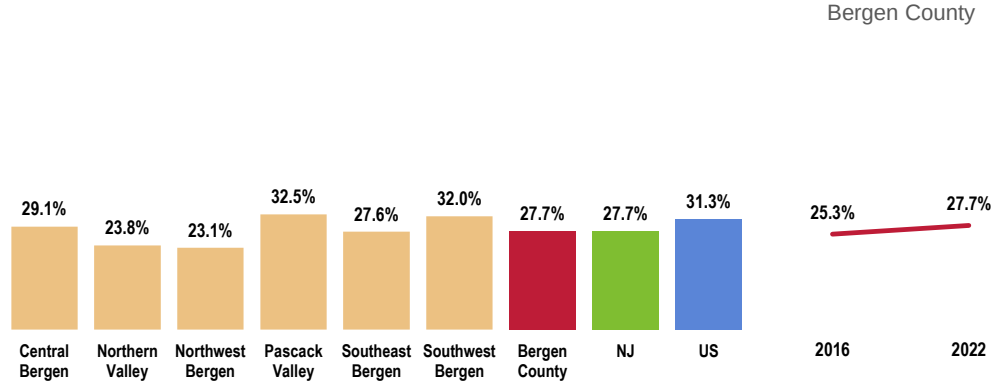
The overweight prevalence above includes 27.7% of Bergen County adults who are obese.

BENCHMARK ► More favorable than found across the US. Satisfies the Healthy People 2030 objective.

DISPARITY ► Lowest in Northwest Bergen. More often reported among adults age 40+, White respondents, Hispanic respondents, and Black/African American respondents.

Prevalence of Obesity

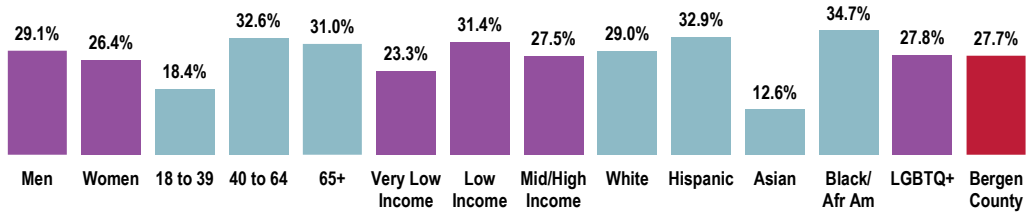
Healthy People 2030 = 36.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity
(Bergen County, 2022)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

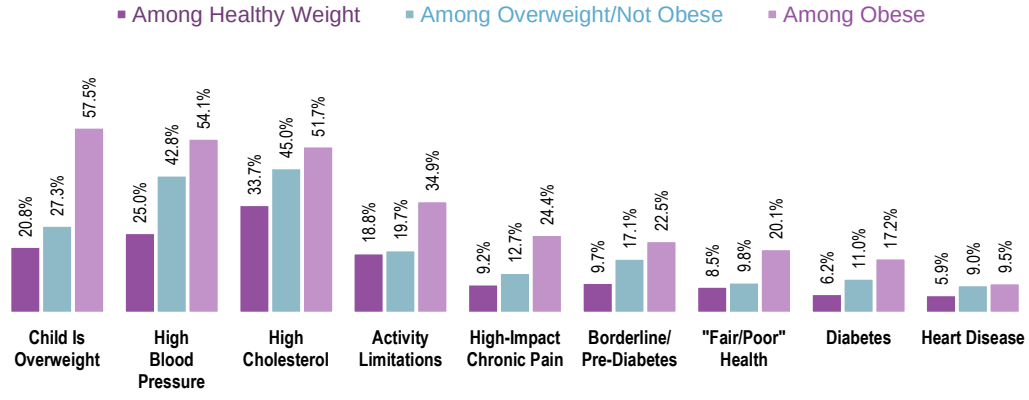
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Adults classified as overweight and obese are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Bergen County, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

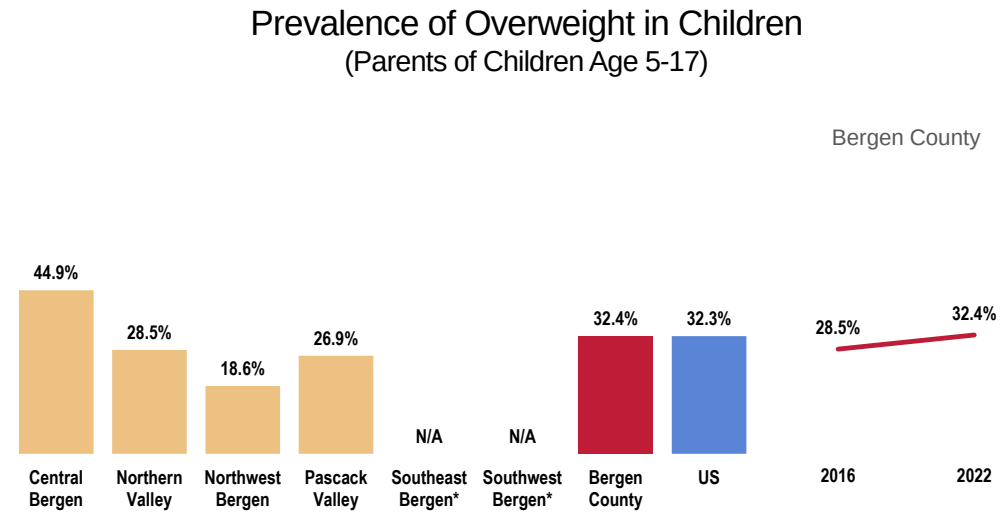
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 32.4% of Bergen County children age 5 to 17 are overweight or obese (≥85th percentile).

DISPARITY ► Particularly high in Central Bergen.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2020 PRC National Health Survey, PRC, Inc.

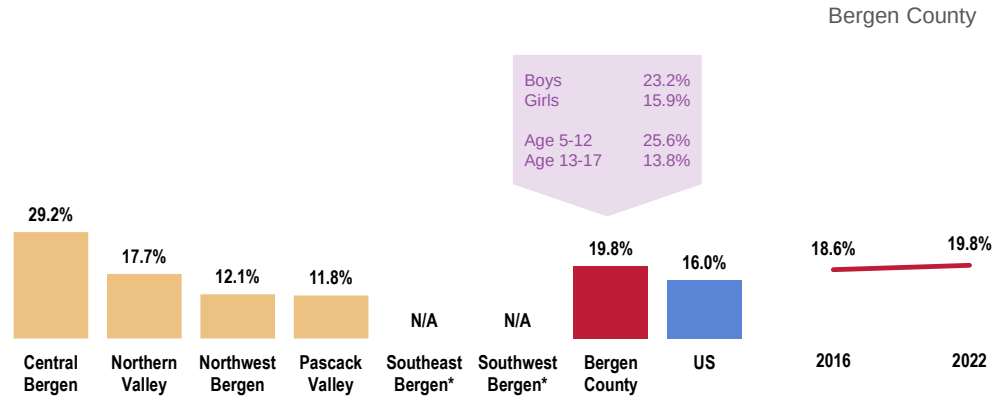
Notes:
- Asked of all respondents with children age 5 to 17 in the household.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
- * In this case, the sample size is not sufficient for independent analysis for this subarea.

The childhood overweight prevalence above includes 19.8% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► More prevalent among children age 5 to 12.

Prevalence of Obesity in Children
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2030 = 15.5% or Lower



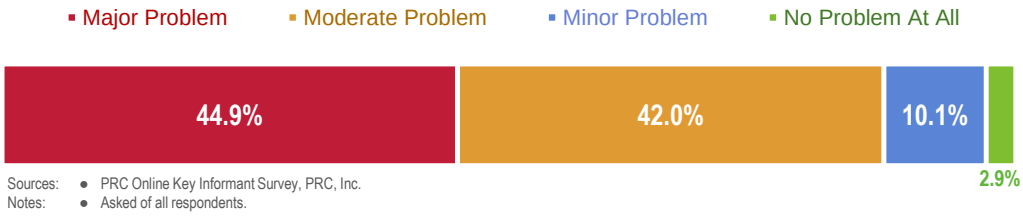
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents with children age 5 to 17 in the household.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
- * Results are not shown, as the sample size is insufficient for segmentation.

Key Informant Input: Nutrition, Physical Activity & Weight

A plurality of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> The understanding of its importance, not individually, but as a whole. – Community/Business Leader
>
> Lack of education, and lack of exercise. – Community/Business Leader

Inadequate health behavior/nutrition education in primary and secondary education. Inadequate access to affordable organic food. Poor quality water supply in parts of Bergen County. Density of fast-food restaurants. – Physician

Lack of education, lack of access to healthier experiences, affordable gyms. The high costs to healthier options. – Social Services Provider

Knowledge, access to food. – Community/Business Leader

People are not aware of good nutritional health. They do not avail themselves to physical activities that would reduce weight issues. – Community/Business Leader

Many people are unaware how to go about making lasting changes in diet and lifestyle. Also, there are many people with a "fad diet" mentality who have unrealistic expectations about effort and results and how quickly results should come. Mental health is another challenge because it's an integral piece of making lifestyle changes. – Other Healthcare Provider

Lack of information about healthy eating. Lack of exercise. – Community/Business Leader

We are a sedentary nation. As people age, they are not educated on the food and budgets they can work with. People are not walking or exercising because they may not feel safe, and exercise buddies for homebound older adults does not exist. Fixed incomes make it hard to buy enough food. Cheap food is unhealthy food, and healthy food is expensive food. – Social Services Provider

Insufficient Physical Activity

As a society, we are becoming more sedentary. Fast food and processed food are typical food choices. Healthy foods are expensive. – Public Health Representative

We don't exercise enough and don't pay attention enough to nutrition. – Community/Business Leader

To me, a huge challenge is the normalization of little physical activity, of reliance on poor food choices due to the pressures of lifestyle. And weight gain that too many people interpret as unavoidable. – Community/Business Leader

Lack of exercise. – Social Services Provider

Lack of better physical activity in schools. More knowledge of nutrition and weight to school age children. – Social Services Provider

Lack of physical activity and lack of information about nutrition lead to increased weight, which is a health issue. – Community/Business Leader

Nutrition

Ongoing outpatient nutrition services for obesity. – Public Health Representative

Nutrition, physical activity, and mental health issues are our biggest problems in the community. – Physician

Food insecurity, i.e., those living in food deserts or who do not have the resources to access a steady source of fresh, nutritious foods. – Public Health Representative

Food insecurity. – Community/Business Leader

Without being directly connected to a program, many are not receiving adequate nutritional meals and exercise. Day program at least provide lunch (some breakfast) to seniors Mon-Fri. However, without this connection, many lack a standard 3 meals and physical exercise. – Social Services Provider

Overeating and now with businesses closing, so many new restaurants, and take out places are moving in. Coupons and promotions may make them affordable but whether or not, the food is properly prepared, high in fat, calories may not be considered by the customer. Obesity is linked to many chronic diseases. High cost of foods, especially healthier foods, may limit choices for some families. More people rely on Uber/Lyft instead of walking. – Other Healthcare Provider

Fast food, busy lifestyles, and apathy. – Physician

Access to Affordable Healthy Food

Access to healthy food that is easy to prepare. Food prices have skyrocketed, and many have difficult affording healthy options. – Physician

Poor access to affordable food options, low health literacy, high-stress jobs. – Physician

Affordable health food. Affordable weight loss and exercise programs and transportation. – Other Healthcare Provider

Low income/poverty level, not enough access to healthy food items and unable to afford gym memberships. – Social Services Provider

For nutrition, is the lack of income to afford healthy food. Lack of free or low-cost wellness programs in our local neighborhoods. – Social Services Provider

> Access to affordable, healthy food. The quality of food and presentation of said food that is served to students in schools is subpar. Schools have sent the message that phys ed/activity is not important, hence it was cut/reduced from daily schedules. Businesses do not incorporate physical activity but allow smoking breaks. Weight issues are linked with inadequate access to natural food, high consumption of processed foods, poor portion control and lack of awareness of shifts in nutritional needs as people age. These issues become even more complex and profound when they are applied to special needs populations, like those who live with chronic health conditions (inc physical, mental and substance disorders). – Social Services Provider

Lifestyle

> I think the stay-at-home work has increased the sedentary lifestyle and increased daily snacking. I see it all day in my office. Back pain from sitting around all day. Weight gain from snacking while at home all day. Drinking more due to stress and isolation – Physician
>
> Busy, stressful lifestyles and low priority. – Other Healthcare Provider
>
> Many people are too busy for self-care. – Other Healthcare Provider

Affordable Care/Services

> The expense of working with a nutritionist not covered certainly by Medicare and other medical insurance plans. This needs to be widely available, and insurance needs to be accepted. Nutrition is key. Physical activity, nutrition and weight loss community programs and programs for nutrition, weight loss and physical activity within a hospital setting need to be affordable and offered on a continual basis. – Other Healthcare Provider
>
> In my community, there are not enough resources and appropriate education on obesity and weight management and how it can be directly influence by proper nutrition and proper physical activity. In specific communities of social economic challenges and non-English speaking communities, the ability to seek educational and/or medical services as preventative services is lacking. The overall importance of preventive medicine (i.e., holistic nutrition, proper/safe physical exercise and weight loss/management, etc.) is not heavily emphasized. – Community/Business Leader
>
> Affordable gyms, places to work out, willpower to exercise. Dangerous streets for those want to walk, run and bike as low-cost ways to exercise. – Social Services Provider

Obesity

> People are overweight and obese because of poor nutrition and no exercise. They don't know about healthy eating and exercise. Many immigrants come to the US and want to "fit in," so they start eating all the bad stuff so they fit in. Low-income people don't always have access to healthy foods or safe places to exercise. – Other Healthcare Provider
>
> High rate of obesity, poor eating habits, lack of exercise. Use of medications such as steroids, which augment weight gain. – Physician

Aging Population

> Isolated older adults may lack access transportation to shop for food and may not know how to access or afford food delivery services. They may also suffer from loss of appetite. Lower-income residents may not be able to afford fresh food to have a balanced diet. The pandemic exacerbated these problems, as well as contributing to greater obesity, as people at home consumed more food and may have had less opportunity for exercise. Those who were able to afford to visit a fitness center or gym have been unable to do so for the last two years, – Community/Business Leader
>
> People in my community very much mirror state average on these indexes. For older, low-income residents, we see many subsisting on low-quality nutrition foods that are the least expensive to purchase and do not engage in regular physical activity. We have also seen that as food prices continue to increase, people who are already food insecure are priced out of buying fresh produce, lean meats, and dairy, etc. Obesity continues to be an issue for those who are living at or below the poverty line. This then leads to a host of comorbidities, such as diabetes, heart disease, and inflammation. – Community/Business Leader

Built Environment

> Not enough spaces/parks for residents to utilize. Not enough affordable recreational activities for residents. High cost of nutritional foods. Poor quality/unhealthy school breakfast and lunch. – Social Services Provider
>
> In the summer, access to transportation to access plenty of the Bergen County parks. Access is only possible by car. Bike lanes not clearly delineated for cyclist including young children and elderly, people with disabilities in wheelchair or other forms of pedestrian transportation. In the winter: low-cost facilities available for indoor sports for adults and the elderly. Lack of awareness of other feeding programs to help stretch family food budgets. Minimal availability of nutrition education resources for non-English speakers. Underutilization of SNAP and SNAP ed programs. Lack of park adaptations in urban towns to make park more readily available for people with disabilities. – Social Services Provider

Lack of Time

> People are so busy working that they don't have time to exercise and eat right. – Social Services Provider

> Lack of priority, not enough time for cooking, lack of nutrition knowledge. No time for physical activities and choosing unhealthy food on the daily menu. – Other Healthcare Provider

Due to COVID-19

> COVID increased the community lockdown and restriction to movement. It also increased the mental health and behavioral issues, both in the community and in schools. These issues increased the sedentary nature of our community. – Community/Business Leader

Eating Disorders

> Access to eating disorder treatment without private insurance. – Community/Business Leader

Incidence/Prevalence

> Metabolic syndrome X is rampant and being treated as five to 10 different medical conditions by five to 10 different providers. – Physician

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

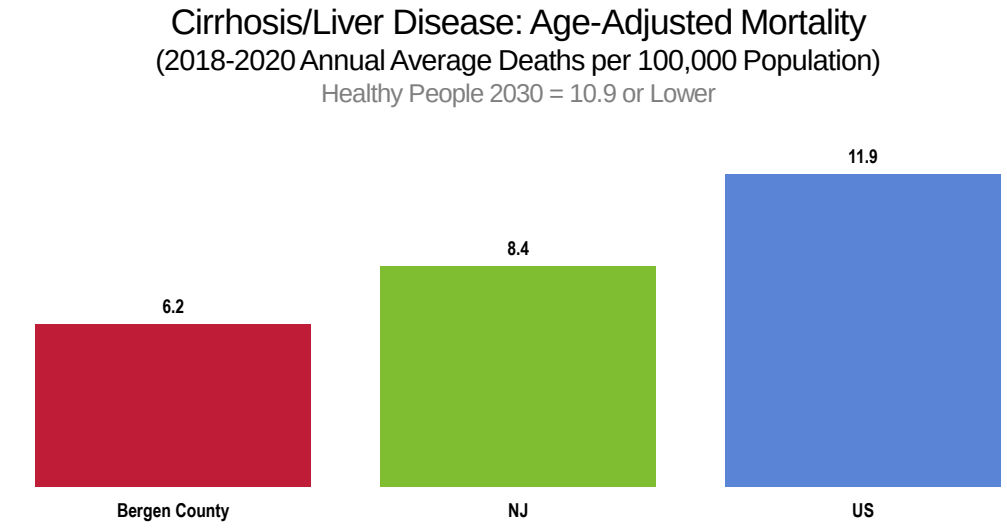
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2018 and 2020, Bergen County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 6.2 deaths per 100,000 population.

BENCHMARK ► More favorable than state and national rates. Satisfies the Healthy People 2030 objective.

TREND ► Increasing significantly to the highest rate recorded within Bergen County in nearly a decade.

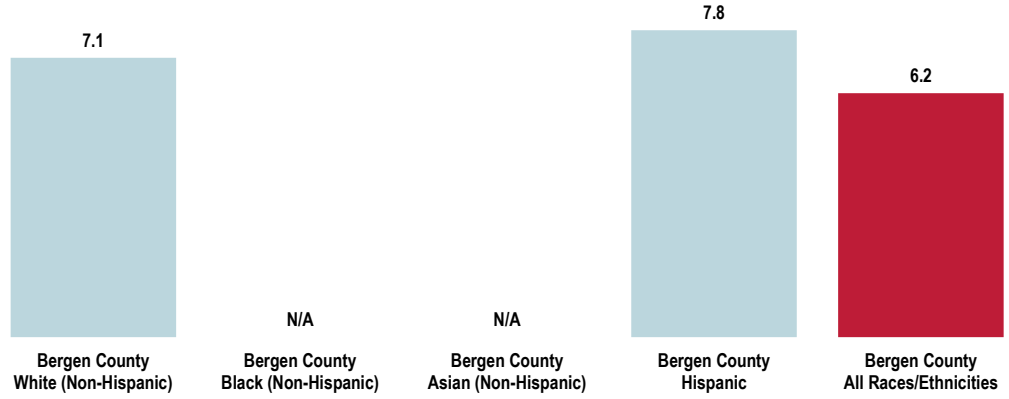


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower

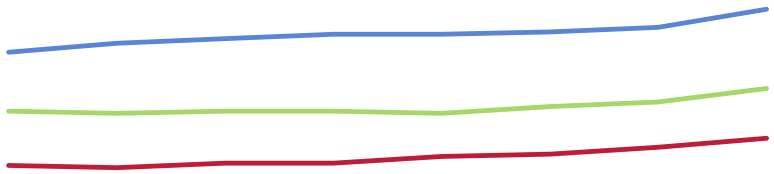


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	5.0	4.9	5.1	5.1	5.4	5.5	5.8	6.2
NJ	7.4	7.3	7.4	7.4	7.3	7.6	7.8	8.4
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

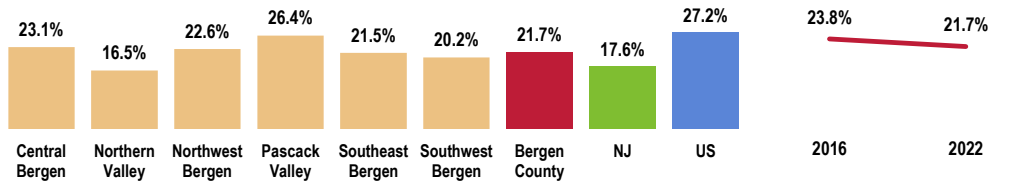
A total of 21.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Less favorable than the statewide finding but more favorable than the national finding.

DISPARITY ► Lowest in Northern Valley. More often reported among adults younger than 65 (especially younger adults) and respondents with very low incomes.

Excessive Drinkers

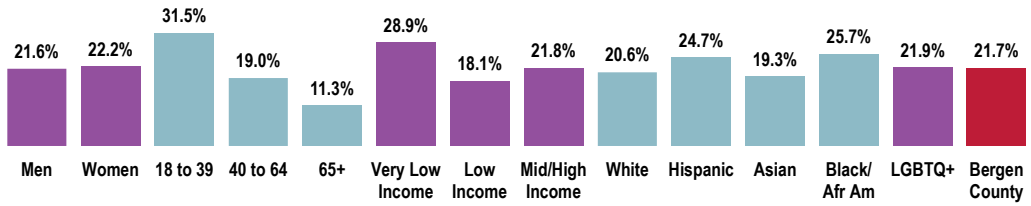
Bergen County



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers
(Bergen County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Age-Adjusted Unintentional Drug-Related Deaths

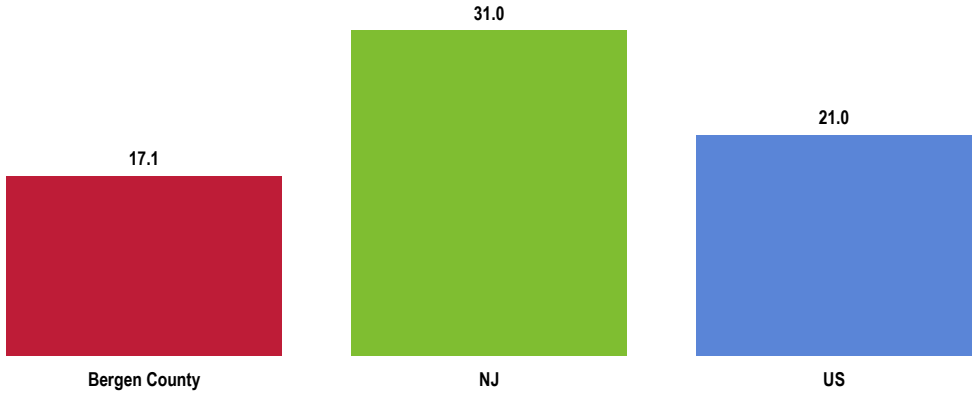
Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 17.1 deaths per 100,000 population in Bergen County.

BENCHMARK ► Lower than the US rate and especially the statewide rate.

TREND ► Increasing significantly (as it is statewide and nationally) to the highest rate recorded within Bergen County in nearly a decade.

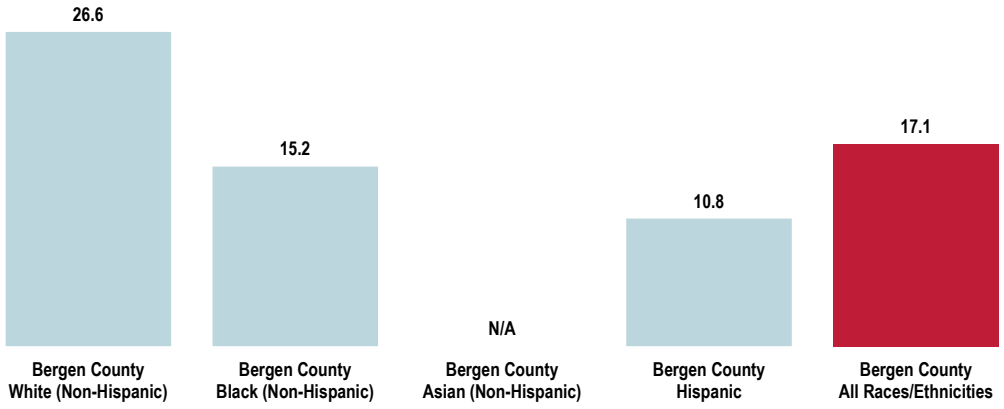
DISPARITY ► Notably higher among White residents.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



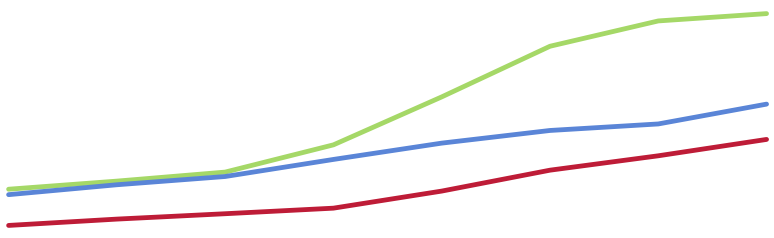
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	7.6	8.3	8.9	9.5	11.4	13.7	15.3	17.1
NJ	11.6	12.5	13.5	16.5	21.8	27.4	30.2	31.0
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Drug Use

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

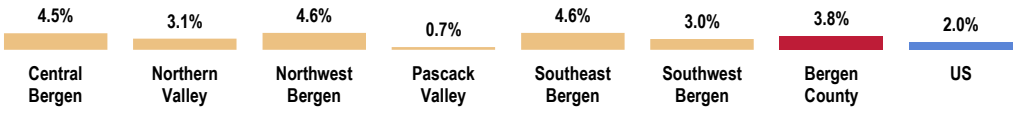
A total of 3.8% of Bergen County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Worse than the national finding. Satisfies the Healthy People 2030 objective.

DISPARITY ► Notably low in Pascack Valley. More often reported among adults younger than 65, adults with very low incomes, and LGBTQ+ respondents.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower



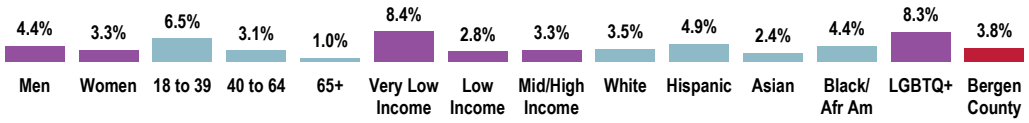
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month

(Bergen County, 2022)

Healthy People 2030 = 12.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

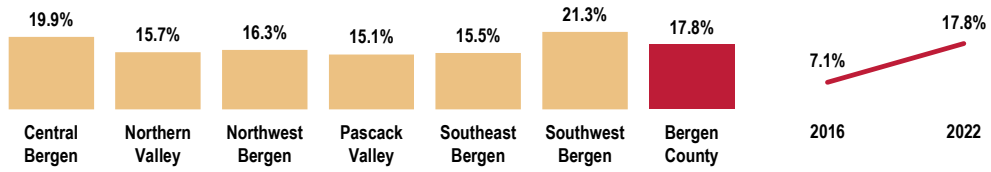
Use of Marijuana/THC

A total of 17.8% of surveyed adults report using marijuana or THC-based products in the past year.

In this case, marijuana use includes traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter. It does not include use of CBD oils.

TREND ► Marks a considerable increase since 2016.

Used Marijuana in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of all respondents.
● Use of marijuana or products containing THC in any form, including traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter. Does not include use of CBD oils.

Use of Prescription Opioids

A total of 10.0% of Bergen County adults report using a prescription opioid drug in the past year.

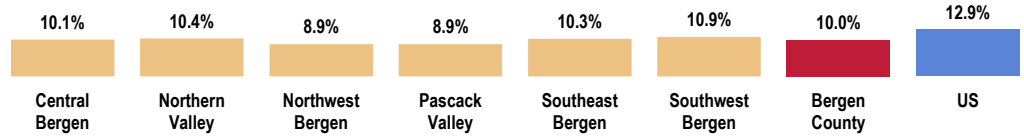
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

BENCHMARK ► Lower than the US percentage.

DISPARITY ► More often reported among adults age 40 to 64, adults with low incomes, and LGBTG+ respondents.

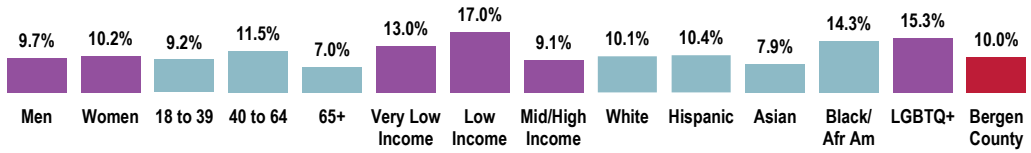
Used a Prescription Opioid in the Past Year

7.8% of respondents report that they or a member of their household have been referred to or treated for an addiction to prescription medications.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 50, 304]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Bergen County, 2022)



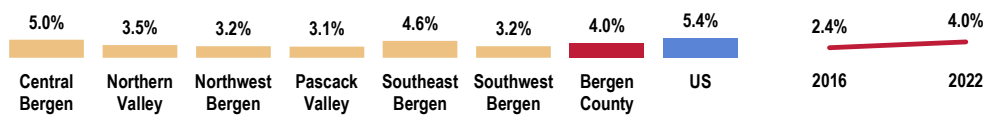
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 4.0% of Bergen County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Denotes a statistically significant increase since 2016.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



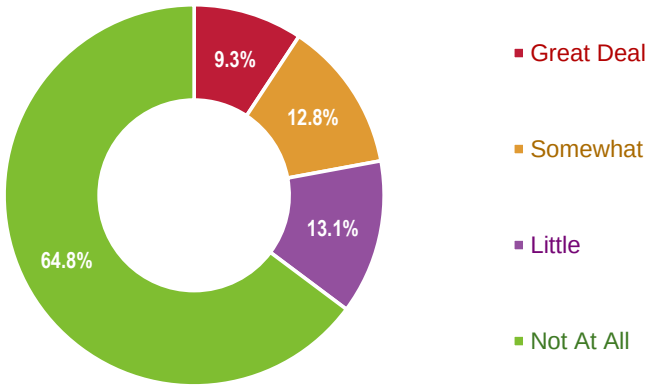
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 51]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Area adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Bergen County residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Bergen County, 2022)



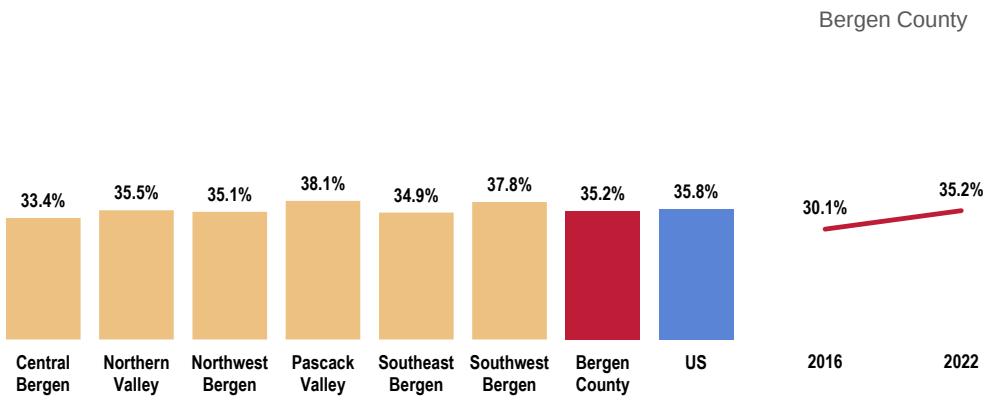
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.

However, 35.2% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

TREND ► Denotes a significant increase since 2016.

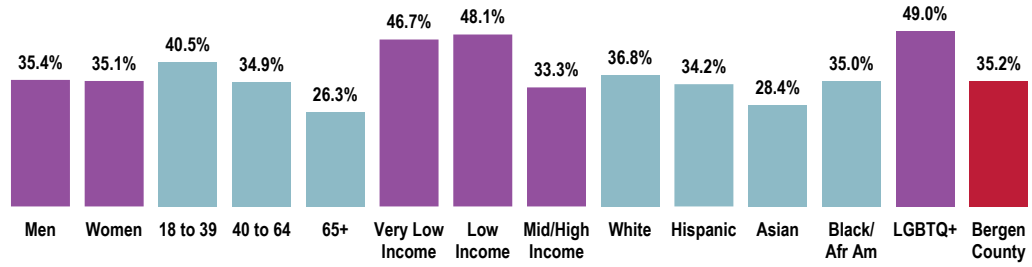
DISPARITY ► More often reported among adults younger than 65, adults with lower incomes, White respondents, and LGBTQ+ respondents.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Bergen County, 2022)

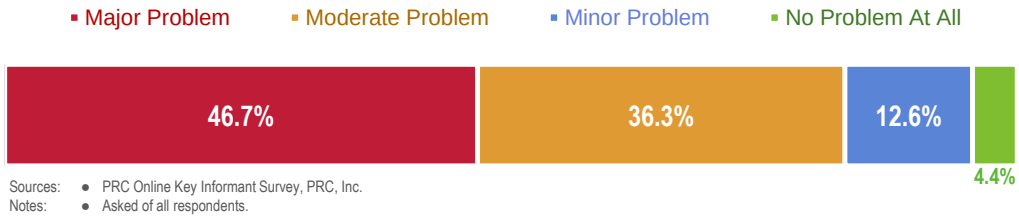


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Use

Key informants taking part in an online survey most often characterized *Substance Use* as a "major problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Denial/Stigma

> Stigma. – Community/Business Leader
>
> The stigma. – Social Services Provider
>
> People who are substance abusers don't realize they have a problem. – Other Healthcare Provider
>
> Shame in asking for help. – Social Services Provider
>
> Stigma attached to asking for help, willingness to quit. Need to get the education piece out there. – Public Health Representative
>
> Stigma, lack of understanding of the detox process. – Other Healthcare Provider
>
> Stigma, criminalization of addiction, and now a prevailing attitude about cannabis being safe. Adolescents are presenting to hospitals with psychosis and delirium secondary to high potency THC intoxication, as well as intoxication with synthetic cannabinoids. This is a brewing, unrecognized epidemic. – Physician

Shame – avoidance – awareness – education – substance abuse needs to be looked at, not as a stigma, but as a disease. From law enforcement, schools, and doctors screening for substance abuse … Pharmacies on the lookout … I noticed from a professional standpoint, not personal … But Alcoholics Anonymous, Narcotics Anonymous and programs for families and friends of the alcoholic or drug addict, such as Al-Anon Naranon Alateen, all can provide a wealth of information support recovery. Doctors, schools, workplace, houses of worship, need to be vigilant, as well. – Other Healthcare Provider

The stigma associated with substance abuse is still high, even though efforts to address this have been taking place. That aside, just knowing where to look for treatment can be overwhelming. There are a good number of people who think that New Bridge Medical is the only place to provide this sort of treatment, and frankly, they still have a questionable reputation in the minds of people who may have had experiences with this facility when it was under a different name. We also don't do enough to assist families living with substance abusers in getting help for themselves as well as their loved ones. – Community/Business Leader

Denial. Prevalence of drugs in the community and ease of access. The problem may increase with the loss of restrictions on recreational marijuana, which can be a gateway drug. Addiction is a very difficult condition to treat. Family shame may prevent recognition of problem and treatment of the problem. Not enough treatment options. – Community/Business Leader

Stigma and bias. Too few providers with expertise in addiction medicine. – Physician

Lack of desire, financial status, and lack of resources. – Other Healthcare Provider

Shame and lack of awareness. – Community/Business Leader

Stigma. Lack of knowledge by medical providers who are not specialists in this area. Lack of meaningful referrals when a problem is identified. – Social Services Provider

Access to Care/Services

Places that people can access easy and long waits to get in a program. – Other Healthcare Provider

The lack of fear if a person is caught with an illegal substance. Once a person gets out of rehab, provide a program or support group so the person is not back again into the same physical environment as previously. – Social Services Provider

Inadequate safe injection facilities for IV drug users. Inadequate Inpatient/Outpatient treatment facilities. Continue iatrogenic supply of habit-forming drugs in ETC's and by PCP's and other MD's. – Physician

Spaces and available beds. Easy access to Outpatient follow up transportation. – Social Services Provider

Lack of resources in the community addressing the issue. Not enough evidence-based education to youth and families. Outdated educational resources in schools. – Social Services Provider

Lack of programs. – Community/Business Leader

There is a lack of appropriate resources in this area of need. – Social Services Provider

Quality care. – Community/Business Leader

Need to be able to access treatment at the point of readiness, so more open accessibility to engage in treatment. More awareness about the local resource availability. – Public Health Representative

The greatest barrier for those that are suffering from substance abuse are resources that are available right away. When someone that has an addiction problem decides they want to get help, we only have a short window of opportunity to react and get the patient the help they need. There are many times where a facility does not have a bed available until a few days later, which causes a person to relapse or run away from help. – Other Healthcare Provider

Availability and cost of treatment. – Other Healthcare Provider

Access to supportive programs, especially in low-income areas such as Newark. Lack of infrastructure in low-income areas. Lack of educational infrastructure on availability of substance abuse treatment in low-income areas. – Other Healthcare Provider

Not enough long-term beds, especially for those without insurance, as well as the stigma that comes with addiction. – Public Health Representative

Affordable Care/Services

Cost. – Community/Business Leader

Money. Rehab is expensive. A 30-day detox doesn't work. – Other Healthcare Provider

The greatest barrier to accessing substance abuse treatment is cost and whether insurance will cover the cost. – Community/Business Leader

Difficult to access services, especially if you're working poor. – Social Services Provider

Affordable treatment services. – Community/Business Leader

Cost. – Public Health Representative

Cost, staff, and providers needed. – Other Healthcare Provider

Insurance Issues

> Getting treatment in many cases depends on insurance coverage. There needs to be more walk-in facilities for substance abusers with or without insurance coverage. – Community/Business Leader
>
> Insurance payments do not correlate to patient outcomes and encourage patient visits to increase revenue. All forms of FDA approved MAT should be encouraged. Greater access to LAI to encourage successful recovery without revenue incentives where daily methadone treatments are the business model to make money. – Community/Business Leader
>
> Insurance coverage, stigma, and awareness. – Community/Business Leader
>
> Lack of health coverage and can't afford the costs. Stigma, they don't want to ask for help/denial. – Social Services Provider

Lack of Providers

> Providers and insurance. – Other Healthcare Provider
>
> Lack of providers. – Other Healthcare Provider
>
> Not enough providers educated to treatment for different substance issues. – Physician

Awareness/Education

> Lack of awareness. – Other Healthcare Provider
>
> Lack of education on what constitutes substance abuse, especially alcohol and tobacco abuse. Stigma associated with getting treatments. – Community/Business Leader
>
> Lack of awareness of resources. Stigma associated with substance use disorders. Factures in the system of care --- lack of coordinated care (refer to the comments offered in the mental health section regarding creation of unique client ID, QR code, etc.). Lack of housing (parent and child housing; sober living; supportive housing] and employment options to support people in recovery. Resistance of school systems to address the issue every day through comprehensive education rather than a 1x/yr assembly. Absence of comprehensive and coordinated effort to tackle the issue (i.e. – every one of the 70 towns in BC operate independently of each other. Imagine the difference that could be made and # of lives saved if every one of the 70 towns "loaned" one officer to Paterson (the main artery of the drugs flowing into BC?!!) Coordinated care management for individuals living with SA / working towards recovery is non-existent but needed. Awareness of Family support/ed is lacking. – Social Services Provider

Access to Care for Uninsured/Underinsured

> Access to long term recovery services for underinsured and uninsured. – Social Services Provider

Alcohol

> Alcohol is a big issue. – Social Services Provider

Co-Occurrences

> Due to the overwhelming concern of mental health, it has led to an increase in substance abuse. – Other Healthcare Provider

Diagnosis/Treatment

> Engaging people in treatment and then continuity of care. – Other Healthcare Provider

Family Support

> Family members are often reluctant to confront the substance abuser thus do not seek treatment. – Community/Business Leader

Incidence/Prevalence

> Over 107,000 deaths due to opioid overdoses. – Other Healthcare Provider

Peer Pressure

> Peer pressure. – Community/Business Leader

Marijuana

> Mid-level providers practicing as physicians. The confusion amongst the patient population about what level of training their provider has is astonishing. – Physician

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **alcohol** as causing the most problems in the community, followed by **heroin/other opioids**, **prescription medications**, and **marijuana**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a "Major Problem")	
ALCOHOL	29.7%
HEROIN OR OTHER OPIOIDS	23.9%
PRESCRIPTION MEDICATIONS	12.9%
MARIJUANA	11.0%
COCAINE OR CRACK	5.8%
OVER-THE-COUNTER MEDICATIONS	4.5%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	3.9%
METHAMPHETAMINE OR OTHER AMPHETAMINES	3.2%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	3.2%
INHALANTS	1.3%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	0.6%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

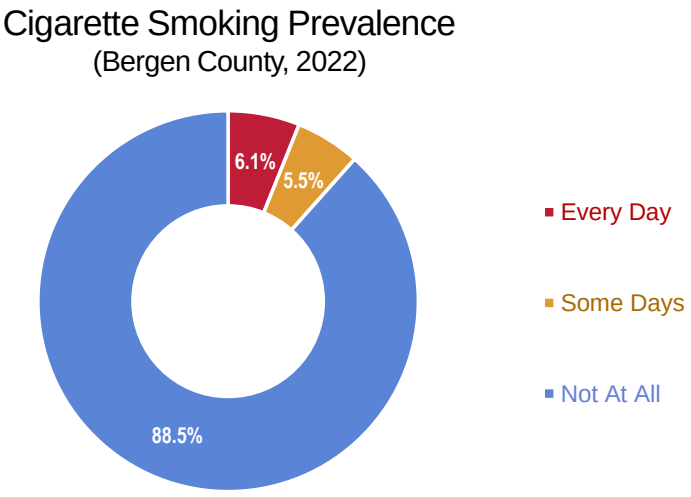
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.6% of Bergen County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Bergen County.

BENCHMARK ► More favorable than the national finding. Fails to satisfy the Healthy People 2030 objective.

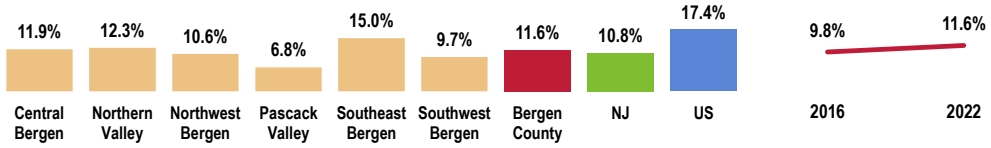
DISPARITY ► Lowest in Pascack Valley. Male respondents, adults younger than 65, and especially adults with lower incomes are more likely to report smoking cigarettes.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Most current smokers (64.6%) were advised to quit in the past year by a health care professional.

Bergen County



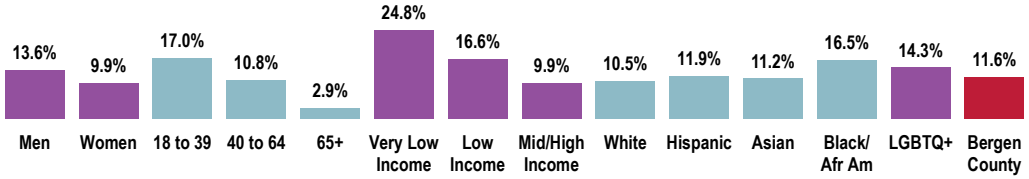
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 40, 42]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Bergen County, 2022)

Healthy People 2030 = 5.0% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

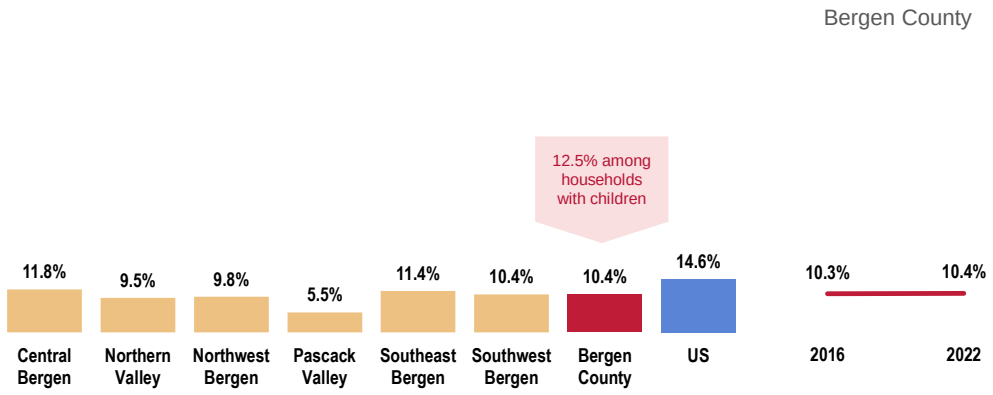
Environmental Tobacco Smoke

Among all surveyed households in Bergen County, 10.4% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ► More favorable than found across the US.

DISPARITY ► Lowest in Pascack Valley.

Member of Household Smokes at Home



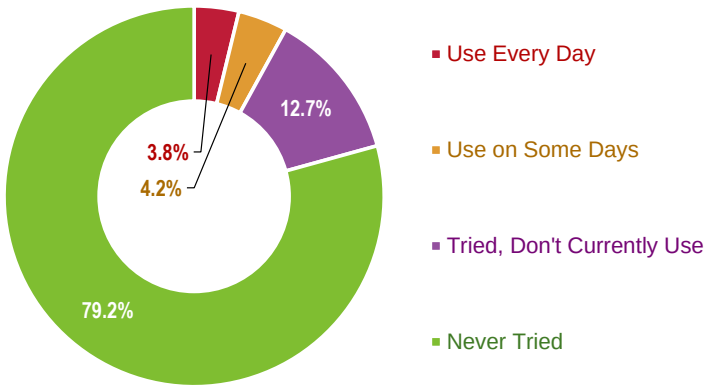
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Bergen County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Bergen County, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.

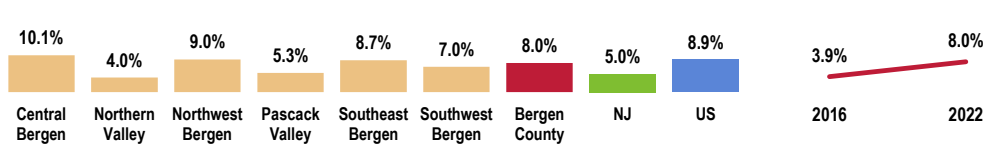
However, 8.0% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than found statewide.

TREND ► Marks a significant increase since 2016.

DISPARITY ► Lowest in Northern Valley and Pascack Valley. Note the strong negative correlation with age.

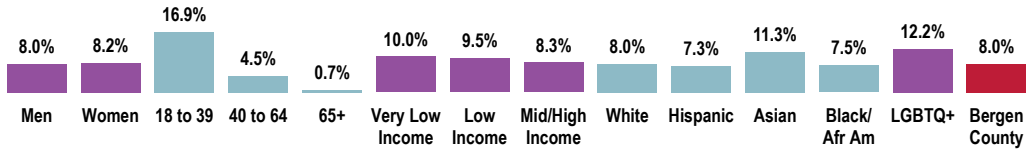
Currently Use Vaping Products
(Every Day or on Some Days)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products
(Bergen County, 2022)

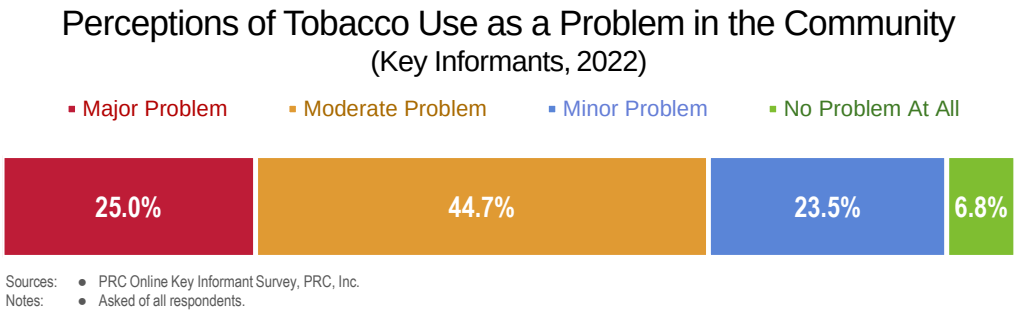


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

Key informants taking part in an online survey generally characterized *Tobacco Use* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> My opinion is formed from conversations and observations. – Community/Business Leader
>
> We are seeing a larger number of tobacco use in our families. – Other Healthcare Provider
>
> Still high numbers considering what we know about how it impacts health. – Community/Business Leader
>
> People still smoke knowing the risks. – Other Healthcare Provider
>
> High use. – Physician
>
> Rate of smoking among Korean population and underserved communities is high. Vapor smoking among teens and young adults continues to be on the rise. – Social Services Provider

Impact on Quality of Life

> Although smoking has been eliminated from public buildings and some outdoor venues, tobacco causes cancer. – Community/Business Leader
>
> It causes cancer, lung disease, diabetes, and strokes. – Social Services Provider
>
> Increased incidence of lung cancer in both smokers and nonsmokers. Probably due to secondhand smoke, relative to neighboring counties. – Other Healthcare Provider
>
> Tobacco use causes cancer and contributes to pulmonary and heart disease. – Public Health Representative
>
> Tobacco continues to have major implications on overall health. – Social Services Provider

Youth

> Tobacco use is starting at a young age and used as acceptance into the cool crowds. – Social Services Provider
>
> The use of tobacco has changed in the recent years, causing a younger generation to smoke tobacco more than before. I believe that many people have moved away from your ordinary cigarettes and are now using electronic vapes, which has caused the increase in tobacco use. The smell and taste are in a variety of flavors, which makes it more appealing, and since the flavors are exotic, it also prevents people from smelling of cigarette smoke. This is what causes not only an older population to be using tobacco, but younger kids, as well. I also don't believe there is enough awareness of how harmful electronic vape pens can be and what other diseases they cause. – Other Healthcare Provider
>
> Because cigarettes are accessible to younger people and cause health problems. – Community/Business Leader
>
> Youth are able to get tobacco easier than any other substance. With vaping being one of the biggest problems across the state, tobacco use has skyrocketed. – Public Health Representative

Access to Care/Services

> Inadequate tobacco cessation programs. – Physician
>
> There are not enough programs to help people quit, and lack of education. – Community/Business Leader

Co-Occurrences

> Heart disease. Stroke and cancers high prevalence. – Public Health Representative

Awareness/Education

> It is overlooked as newer misused substances are given more attention. – Community/Business Leader

E-Cigarettes

> Vaping is so easy and convenient. – Other Healthcare Provider

Social Norms/Community Attitude

> Many people used to smoke actively in Korea while growing up through their adulthoods. Smoking was expected and accepted as part of effective social activities at work and at community setting. – Community/Business Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

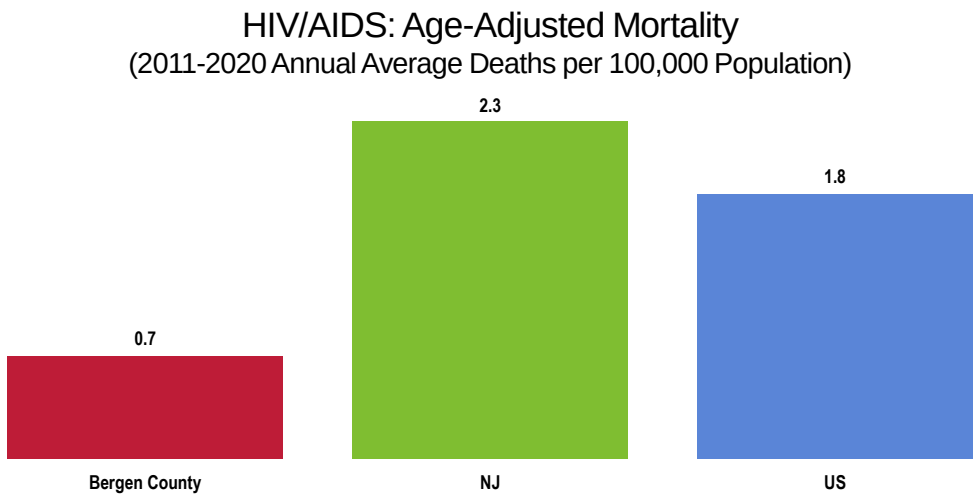
HIV

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 0.7 deaths per 100,000 population in Bergen County.

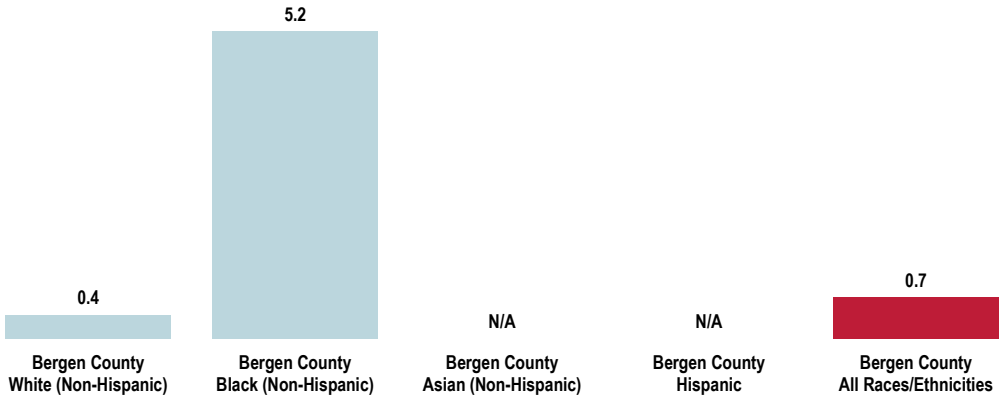
BENCHMARK ► Lower than state and national rates.

DISPARITY ► Particularly high among Black/African American residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

HIV/AIDS: Age-Adjusted Mortality by Race
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

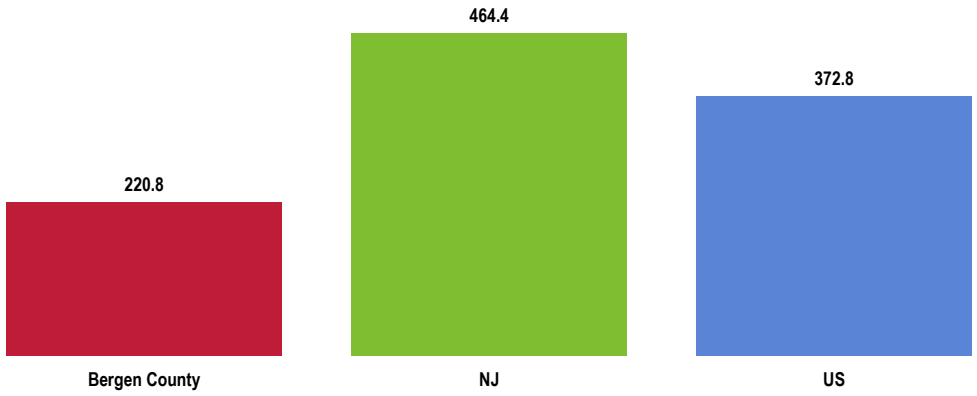
HIV Prevalence

In 2018, there was a prevalence of 220.8 HIV cases per 100,000 population in Bergen County.

BENCHMARK ► More favorable than state and national rates.

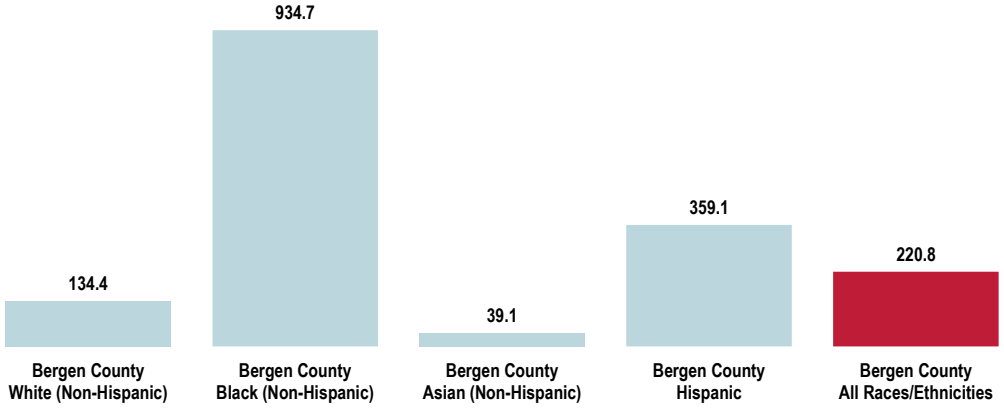
DISPARITY ► Considerably high among Black residents; also relatively high among Hispanic residents.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2018)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

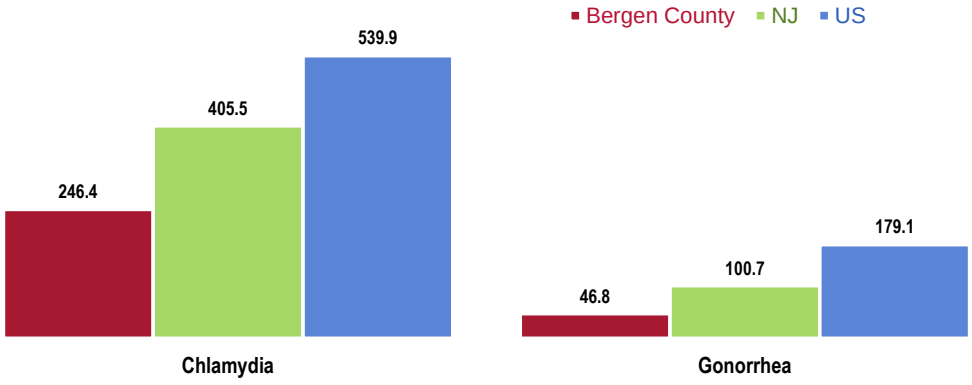
Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Bergen County was 246.4 cases per 100,000 population.

The Bergen County gonorrhea incidence rate in 2018 was 46.8 cases per 100,000 population.

BENCHMARK ► Each is more favorable than the corresponding state and national rates.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)

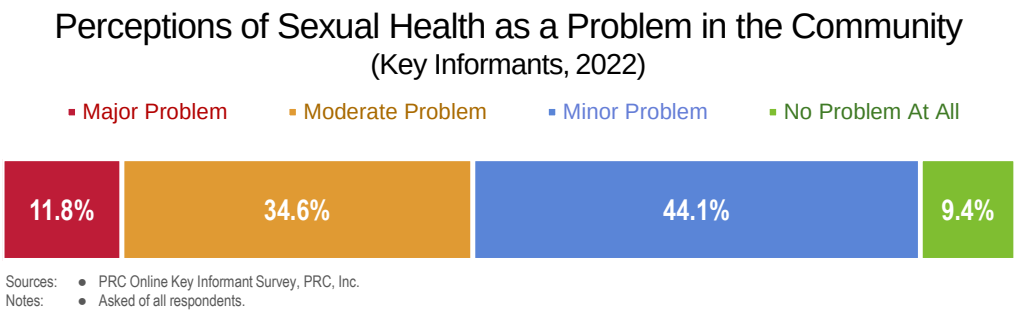


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

Key informants taking part in an online survey generally characterized *Sexual Health* as a "minor problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Confusing information leading to apathy. – Other Healthcare Provider
>
> Lack of education. – Social Services Provider
>
> I believe it's very important that Planned Parenthood is available to those young women who need education and examinations. Schools need to teach about sexual health concerns. TV is so widely prevalent as we read those vaccinations are available, so there needs to be again constant community public health service announcements schools need to educate parents from junior high school age on up… – Other Healthcare Provider
>
> A lack of recreational activities for youth has led to unhealthy sexual engagement and substance use. HIV is on the rise in Bergen County and not enough education around it. Lack of knowledge and access to testing. Cost of testing. – Social Services Provider
>
> Not openly discussed. – Community/Business Leader
>
> No identified providers knowledgeable about the needs of the LGBTQIA+ community. Inadequate sex education in schools. – Physician

Incidence/Prevalence

> High incidence of STDs. – Public Health Representative
>
> AIDS and other STDs still prevalent among communities. – Other Healthcare Provider

Access to Care/Services

> I believe that most of the health systems are challenged to effectively and accurately deal with sexual health in our community. – Social Services Provider

Affordable Insurance

> Health insurance is expensive. – Public Health Representative

Testing

> Not enough safe, nonjudgmental, affordable testing locations. – Social Services Provider

Teen/Young Adult Usage

> Young teens are having sex recklessly and access to social media is the culprit. – Other Healthcare Provider

Infectious Disease

> Infectious Disease. – Public Health Representative

GAMBLING

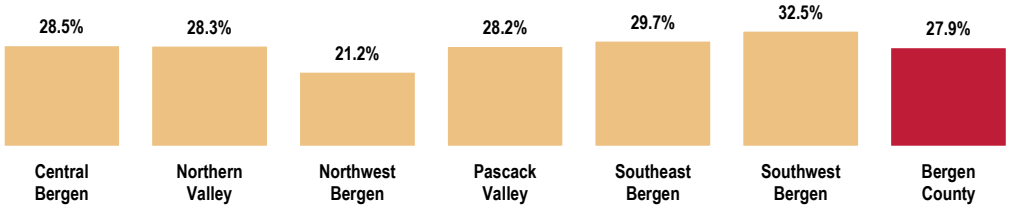
Here, gambling was described as betting money or possessions on: casino games, including slot machines and table games; the lottery, including scratch tickets, pull tabs, and lotto; sports betting; internet gambling; bingo; or any other type of wagering.

More than one-fourth of Bergen County adults (27.9%) report gambling in the past 12 months.

DISPARITY ► Lowest in Northwest Bergen. More often reported among men, adults age 40 to 64, and adults with low incomes. Lowest among Asian respondents.

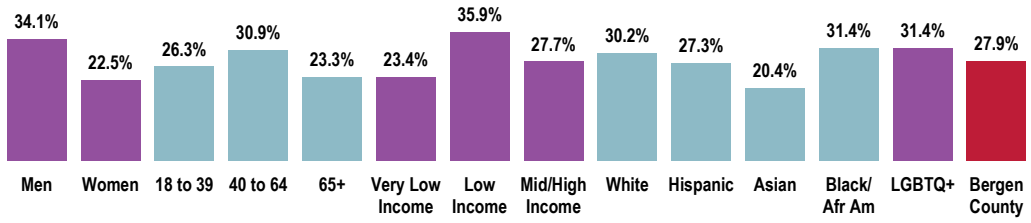
Gambled in the Past 12 Months

Of these respondents, 10.7% report that the time spent gambling has led to problems in their work, family, or personal life.

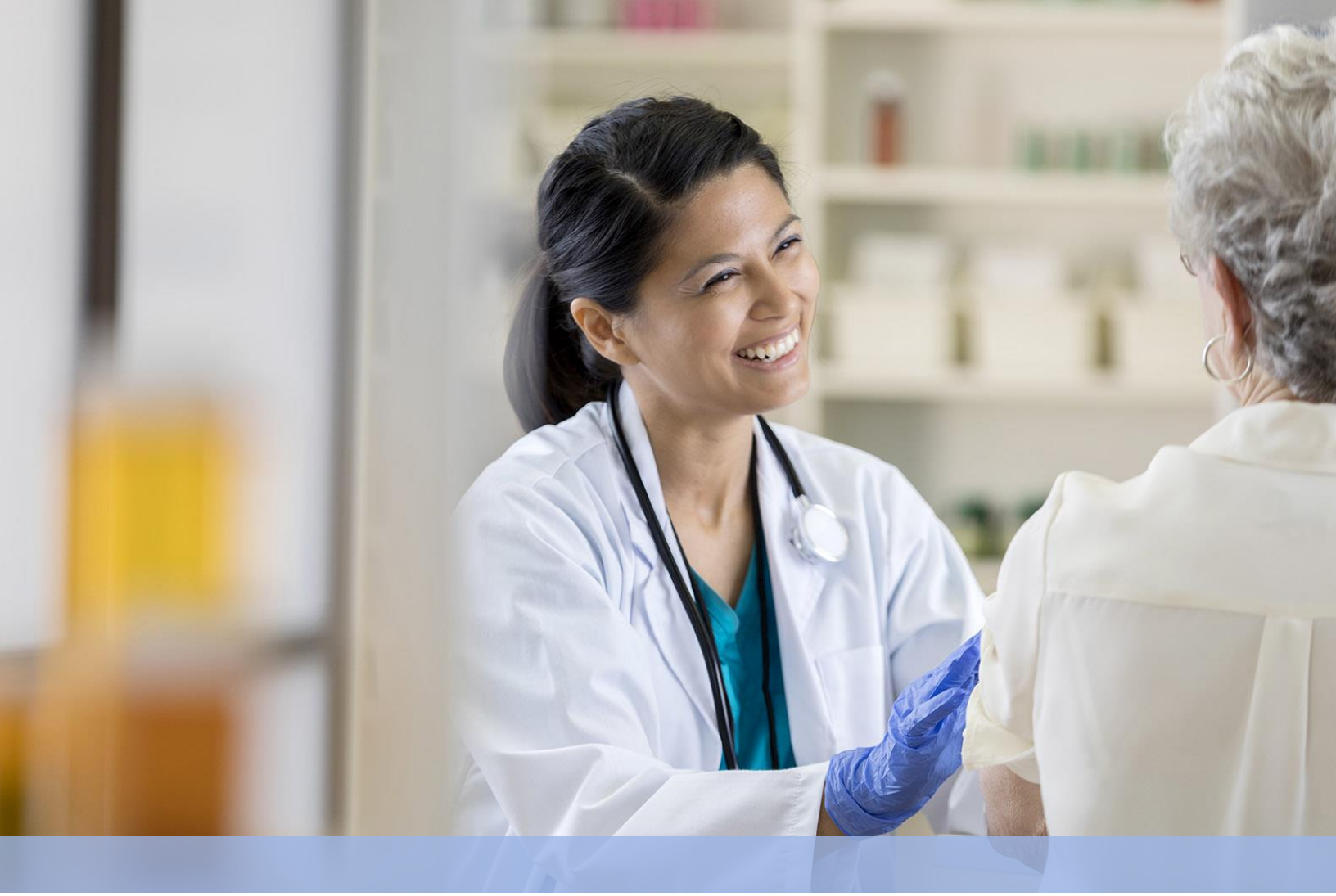


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 312-313]
Notes: ● Asked of all respondents.
● For this issue, gambling refers to betting money or possessions on any of these activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and lotto); sports betting; internet gambling; bingo; or any other type of wagering.

Gambled in the Past 12 Months
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.
● For this issue, gambling refers to betting money or possessions on any of these activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and lotto); sports betting; internet gambling; bingo; or any other type of wagering.



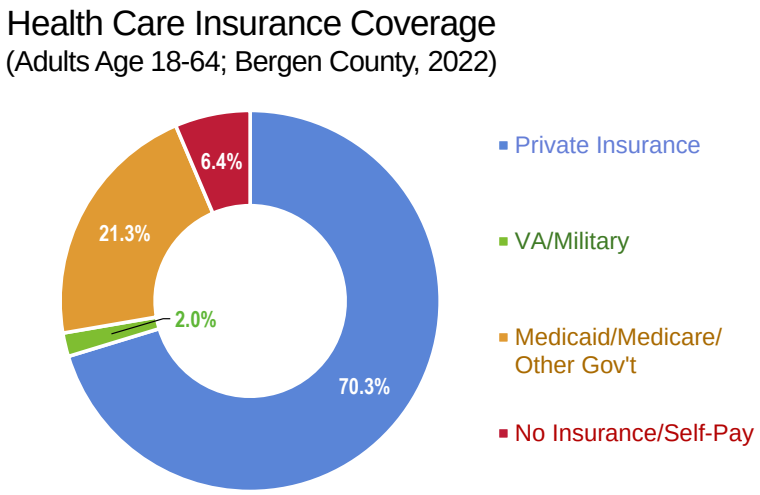
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 70.3% of Bergen County adults age 18 to 64 report having health care coverage through private insurance. Another 23.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 6.4% report having no insurance coverage for health care expenses.

BENCHMARK ► Better than the New Jersey percentage. Satisfies the Healthy People 2030 objective.

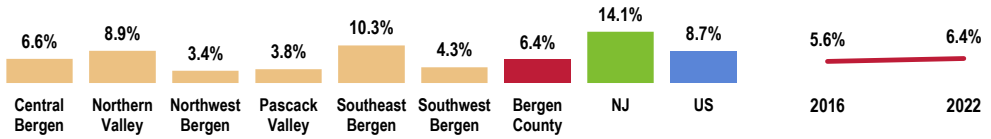
DISPARITY ► Most favorable in Northwest Bergen. Those more likely to be uninsured include adults with lower incomes (especially), Hispanic residents, and Asian residents.

Lack of Health Care Insurance Coverage

(Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

Bergen County



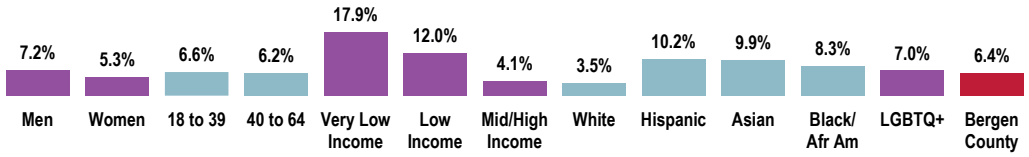
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage

(Adults Age 18-64; Bergen County, 2022)

Healthy People 2030 = 7.9% or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

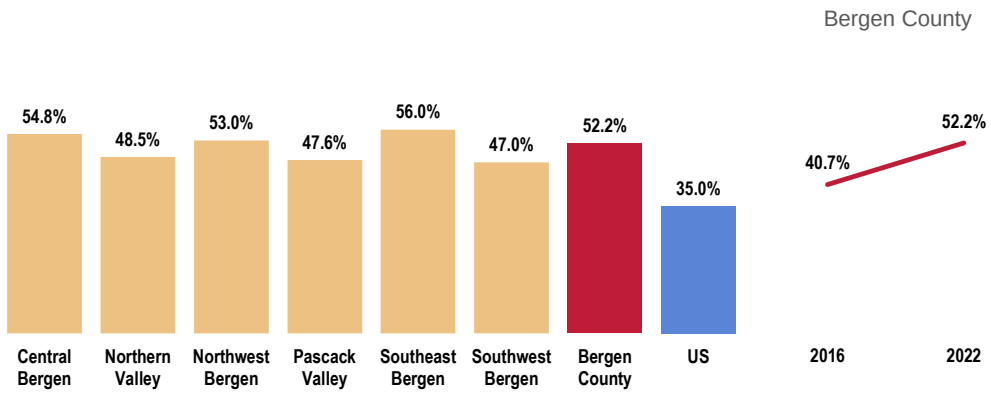
A total of 52.2% of Bergen County adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Worse than the national percentage.

TREND ► Represents a significant increase since 2016.

DISPARITY ► More often reported among women, adults younger than 65, lower-income respondents, Hispanic residents, and LGBTQ+ respondents.

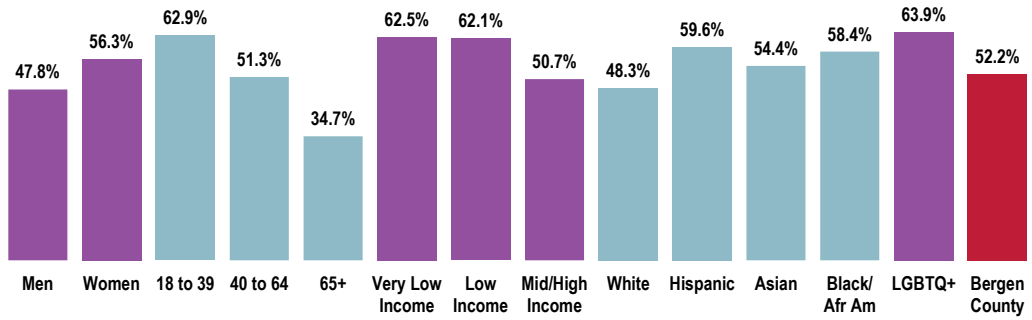
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, appointment availability impacted the greatest share of Bergen County adults.

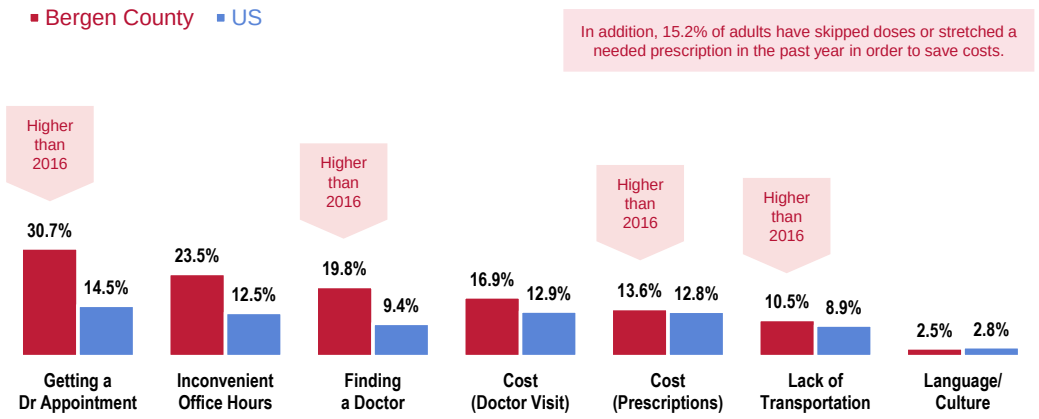
BENCHMARK ► Four of the tested barriers were found to have a higher impact locally than nationally: **appointment availability**, **inconvenient office hours**, **difficulty finding a physician**, and **cost of a physician visit**.

TREND ► Since 2016, mentions of **appointment availability**, **difficulty finding a physician**, **cost of prescriptions**, and **lack of transportation** as barriers have increased significantly.

DISPARITY ► **Appointment availability** was most impactful for those living in Northwest Bergen; **cost of a physician visit** was most impactful for those living in Southeast Bergen; and **lack of transportation** was most impactful for those in Southwest Bergen (not shown).

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

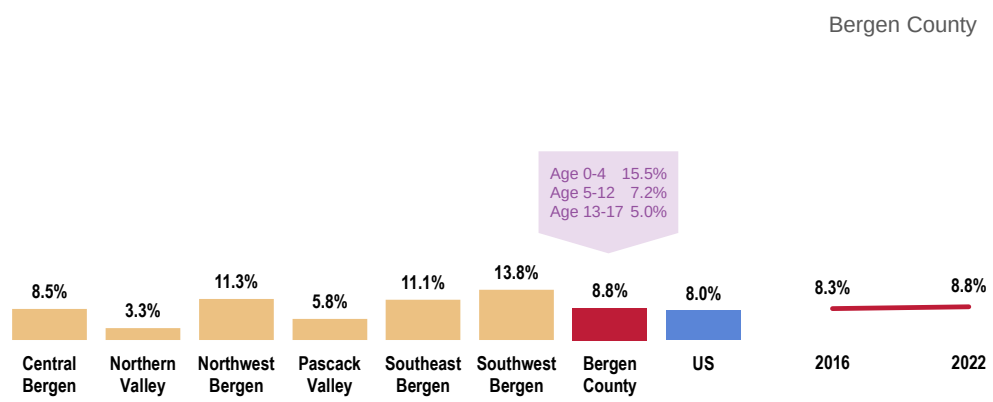
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 8.8% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

DISPARITY ► Lowest in Northern Valley. More often reported among parents of children age 0 to 4.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)



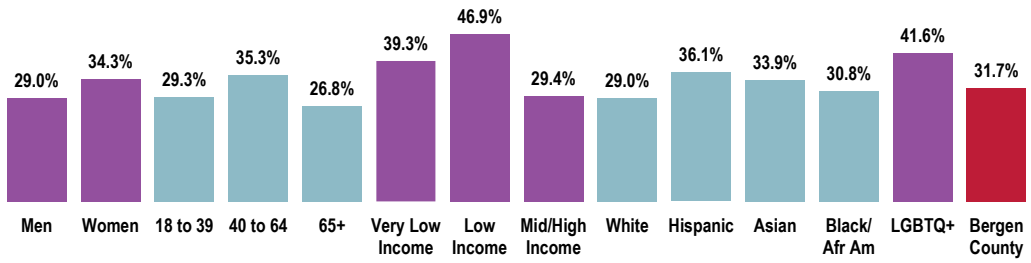
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 104]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Care Avoidance During Pandemic

Nearly one-third of Bergen County adults (31.7%) report that there has been a time during the COVID-19 pandemic when they chose to avoid receiving needed or scheduled medical care because of concerns about coronavirus.

DISPARITY ► Particularly high (39.5%) in Southeast Bergen (not shown). Also more often reported among women, adults age 40 to 64, adults with lower incomes, Hispanic respondents, and LGBTQ+ respondents.

Went Without Needed or
Planned Medical Care Due to the Pandemic
(Bergen County, 2022)

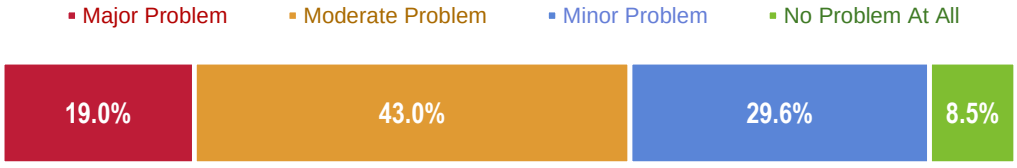


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.
● Beginning of pandemic specified as March 2020.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services
as a Problem in the Community
(Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

> Accessing health care and many other services/programs is a major problem particularly for low-income older adults who may not be able to visit even a primary care physician due to lack of transportation. Many older and low-income residents may not be aware of resources available to them in the community. There needs to be more and more effective methods used to disseminate information to older, isolated adults and other low-income residents. – Community/Business Leader
>
> Accessing health care services for youth with I/DD ages 3-18 with co-occurring medical conditions for intensive outpatient, inpatient crisis services, respite programs, psychiatric and developmental assessments, dental services, transportation challenges for this population, culturally competent/appropriate services, etc. – Social Services Provider
>
> Access. – Social Services Provider
>
> Higher demand for mental health/substance use services than system capacity can meet. Community/safety net providers need to be reimbursed at more adequate rates in order to hire and retain qualified staff. Health care providers have been limiting hours of operation to be more traditional office hours. This is difficult for adults who work and unable to take off for an appointment. Need solutions for greater accessibility to care for all. – Public Health Representative
>
> Medical offices have become a business. Seems to have been a major shift from the old-world doctors who got to know their patients due to the need for an increased administrative process. – Physician
>
> Most of the clients I treat have told me that the major problem with finding a health care provider is that providers do not call them back. I believe there is a problem with coordination of care. Drugs, alcohol, and lack of self-care are major problems that I see often. – Other Healthcare Provider
>
> It is difficult to find and establish a therapeutic alliance with a psychiatrist. Managed care forcefully dictates the delivery of substandard care by for example focusing on superfluous and time-consuming paperwork that directly interferes with the therapeutic alliance or attempting to prevent psychiatrist from practicing psychotherapy or even spending any significant amount of time understanding their patients. The model that is pushed on psychiatrists is a non-evidence-based fantasy, and the vigor with which is enforced is an atrocity and directly causing harm to patients. Insurance companies often seem to try to sabotage patient care at every turn in the name of profits. Psychiatrists would be able to help many more people if they were free to practice psychiatry. – Physician
>
> The cost of health care is the biggest challenge related to accessing services. – Public Health Representative
>
> Easy to access information for physician specialists available on the web. – Other Healthcare Provider

Affordable Care/Services

> Cost and availability of providers, hours of service for those who work full time. Need evening and weekend appointments. – Social Services Provider
>
> Cost and access to affordable health care. Undocumented folks. The time spent to get charity care is lengthy, and the language barrier is also another barrier. – Social Services Provider
>
> Cost of health care and medications. Insurance issues. – Other Healthcare Provider
>
> Access among low-income, racial/ethnic minority populations, and to some extent older adults and those living in suburban or rural areas with limited transportation is a problem. Long waiting lists for specialty care. Limited availability of endocrinologists and specialty care specialists that serve this population. – Social Services Provider
>
> Cost to the individual. Cost to the company. – Community/Business Leader

Vulnerable Populations

> People who are low-income, uninsured, and undocumented have limited access to healthcare because they can't afford to pay for services or are afraid to apply for assistance. They use the emergency room for primary care and to deal with results of chronic disease. – Other Healthcare Provider
>
> Access to health care for underserved communities, as defined by ethnicity, socioeconomic status, sexual orientation/gender identity and immigrants seeking status. – Physician
>
> Families who are undocumented do not qualify for health insurance, limiting their access to a primary physician and preventive care. Also, many families, documented and undocumented, have little to no dental health insurance. Major issues. – Social Services Provider
>
> Resources for the LGBTQA+ community. – Social Services Provider
>
> The language barrier and finding a good doctor. – Community/Business Leader

Awareness/Education

> Health literacy, language barrier, transportation, comprehensive insurance. – Community/Business Leader
>
> Lack of knowledge to where to go for certain services. – Community/Business Leader

> Lack of health literacy and understanding of preventive medicine. – Other Healthcare Provider

Transportation Issues

> Transportation is a huge barrier. Access for the uninsured and underinsured is also significant. Accurate and trusted information in multiple languages is always needed. – Social Services Provider
>
> Transportation, language barriers, payment sources. – Social Services Provider
>
> Transportation, availability of appointments, knowledge. – Community/Business Leader

Insurance Issues

> Access to insurance. – Community/Business Leader
>
> Mental health insurance coverage. – Community/Business Leader
>
> Gaps in insurance coverage; insurance plans limit the providers that a patient can see; hospitals (such as Hackensack) have specific insurances that are accepted -- meaning that a patient often has to be sent away for specialty care; generally, health care literacy underlies a lot of the issues. – Other Healthcare Provider

Access to Care for Uninsured/Underinsured

> Big issue is health care for the uninsured. – Social Services Provider
>
> There is a high percentage of persons in Bergen County who do not have insurance or access to much-needed medications. Which ultimately contributes to poor long-term care. – Physician

Culturally Competent Healthcare

> Lack of culturally competent healthcare among health care providers in hospital or physician office settings. Many of our community people are not able to speak and understand English. In addition, healthcare provides need to understand cultural norms and values of patients. – Community/Business Leader

Poverty

> Poverty. It limits access to medical care, healthy nutrition. – Community/Business Leader

Lack of Collaboration

> Collaboration among providers of healthcare and social services is lacking. – Social Services Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

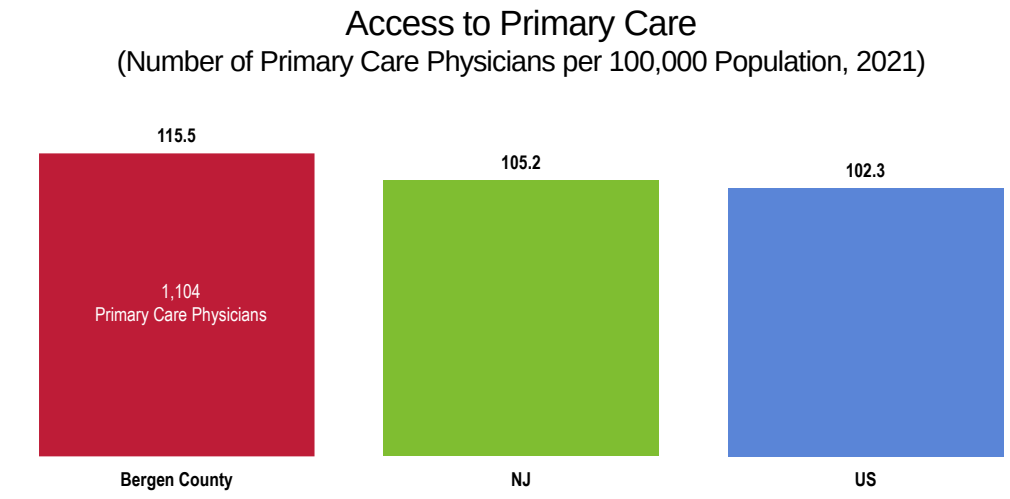
Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

In 2021, there were 1,104 primary care physicians in Bergen County, translating to a rate of 115.5 primary care physicians per 100,000 population.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 71.8% of Bergen County adults were determined to have a specific source of ongoing medical care.

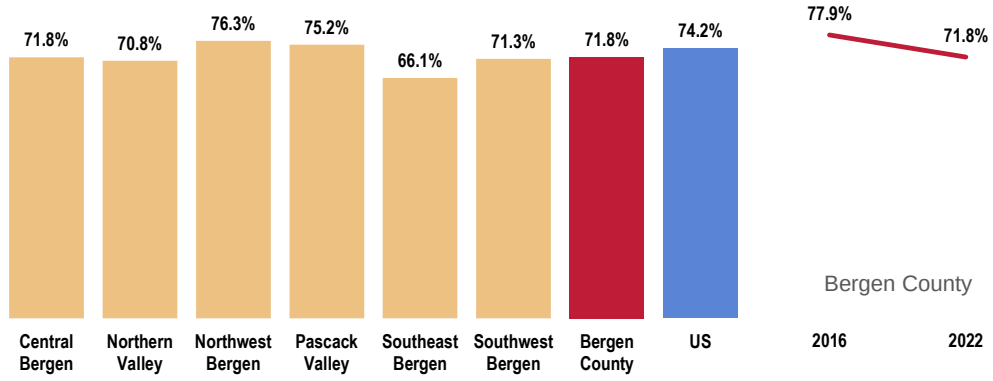
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Represents a significant decrease since 2016.

DISPARITY ► Particularly low in Southeast Bergen.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

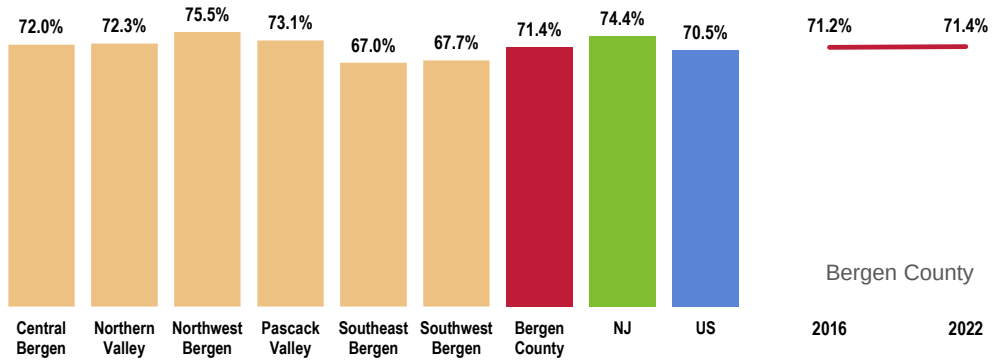
Adults

Among surveyed adults, 7 in 10 (71.4%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Less favorable than the statewide percentage.

DISPARITY ► Highest in Northwest Bergen. Those less likely to have received a checkup include adults younger than 65 (note the correlation with age) and those with very low incomes.

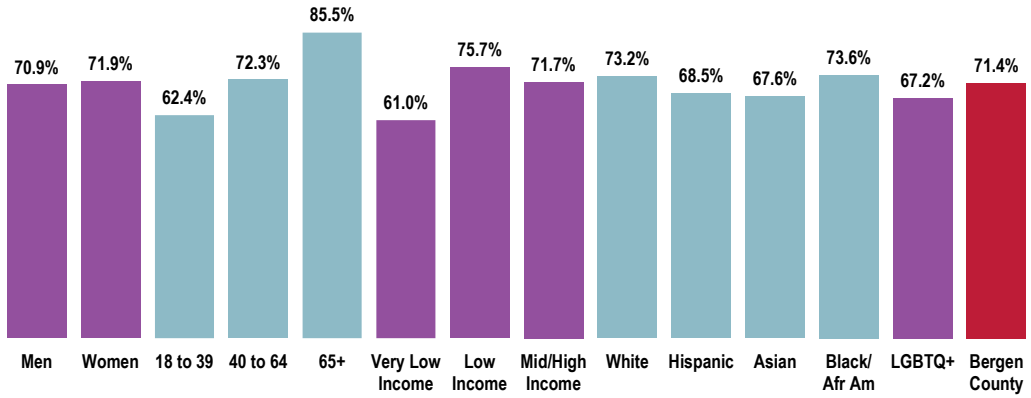
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Bergen County, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 18]

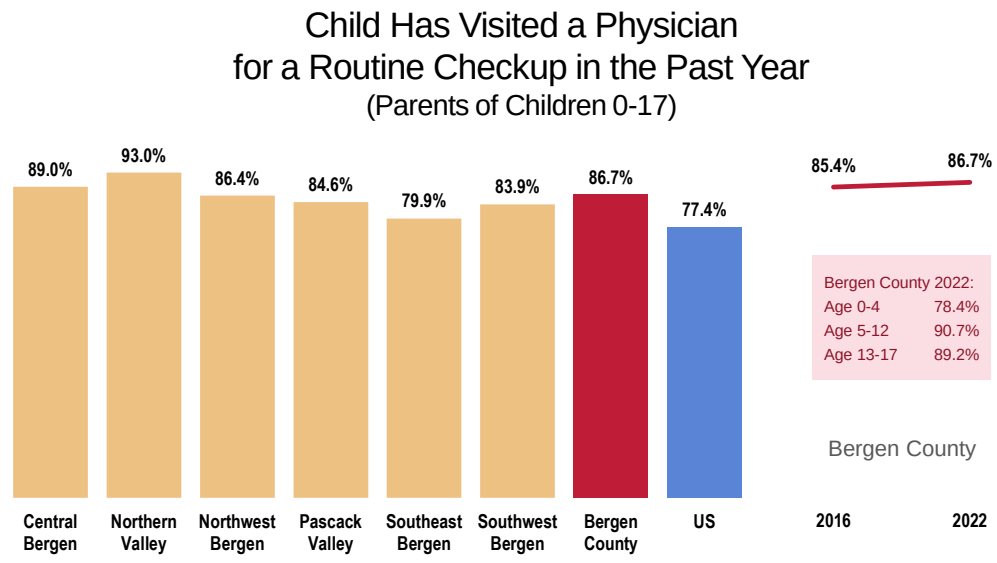
Notes:
- Asked of all respondents.

Children

Among surveyed parents, 86.7% report that their child has had a routine checkup in the past year.

BENCHMARK ► Better than found across the US.

DISPARITY ► Highest in Northern Valley. Lower among children age 0 to 4.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

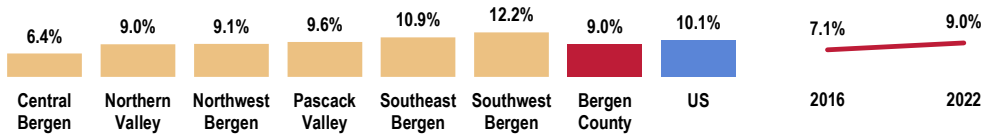
EMERGENCY ROOM UTILIZATION

A total of 9.0% of Bergen County adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Denotes a significant increase since 2016.

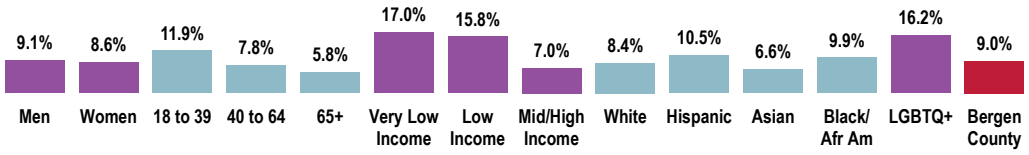
DISPARITY ► Lowest in Central Bergen. Those more likely to report multiple ER visits include adults age 18 to 39, those with lower incomes, and LGBTQ+ respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Bergen County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

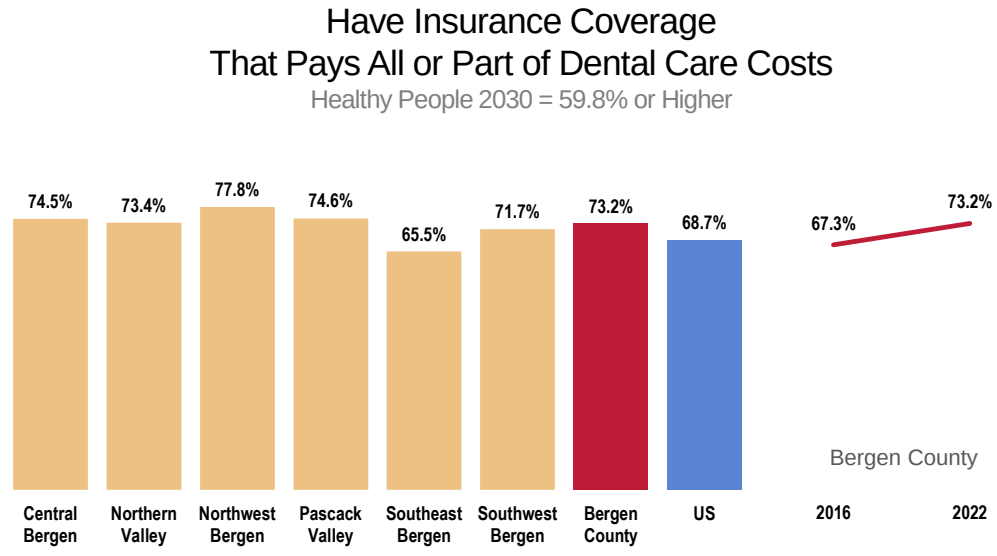
Dental Insurance

Nearly three-fourths of Bergen County adults (73.2%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Better than found across the US. Satisfies the Healthy People 2030 objective.

TREND ► Marks a significant improvement since 2016.

DISPARITY ► Lowest in Southeast Bergen.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Dental Care

Adults

A total of 68.3% of Bergen County adults have visited a dentist or dental clinic (for any reason) in the past year.

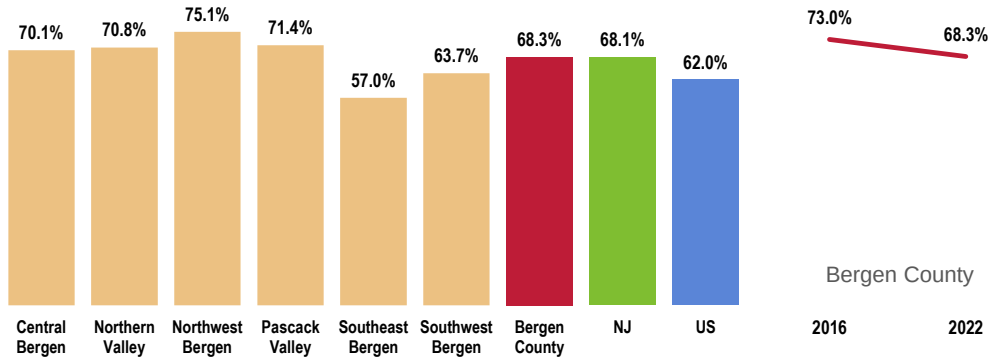
BENCHMARK ► Better than found across the US. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant decrease since 2016.

DISPARITY ► Lowest in Southeast Bergen. Those less likely to have received dental care also include men, adults younger than 65, adults with lower incomes (especially those with very low incomes), Hispanic residents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



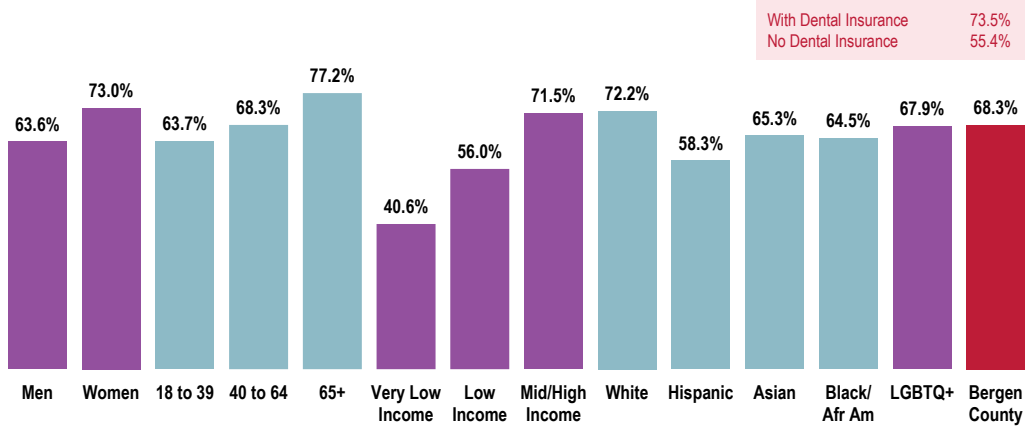
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Bergen County, 2022)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Children

A total of 83.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Better than found across the US. Satisfies the Healthy People 2030 objective.

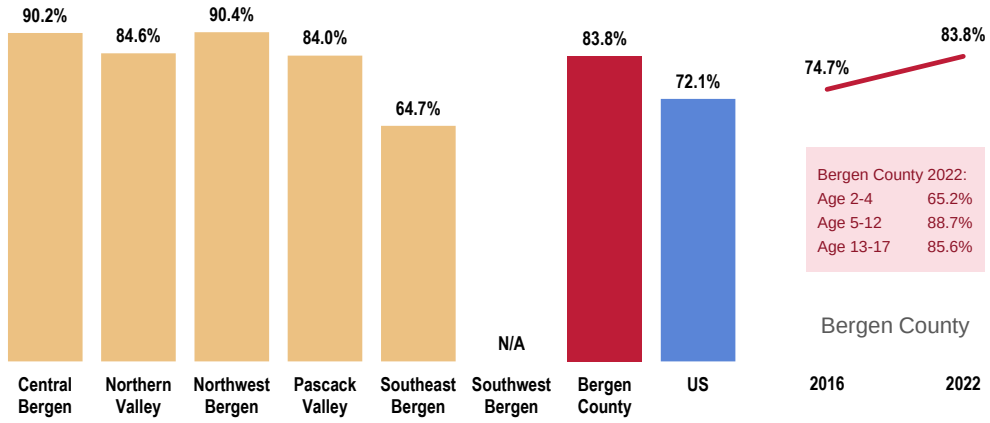
TREND ► Represents a significant improvement since 2016.

DISPARITY ► Particularly low in Southeast Bergen. Lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 108]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

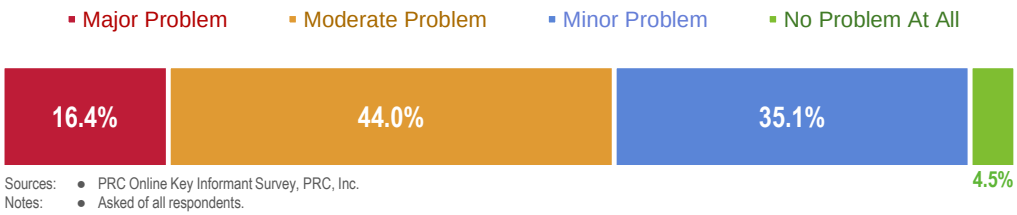
Notes:
- Asked of all respondents with children age 2 to 17 in the household.
- * Results are not shown, as the sample size is insufficient for segmentation.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

> Dental health is not covered by most insurance, not required by schools. – Social Services Provider
>
> People need more affordable dental care. Why is oral healthcare so expensive and hard to get? Why doesn't Medicare include it in their basic membership? – Community/Business Leader
>
> Dental care is not affordable. – Physician
>
> Dental care is too expensive for the majority of the community. – Other Healthcare Provider
>
> Too expensive, not enough insurance coverage. – Social Services Provider
>
> I notice seniors have limited access to dental care because of financial challenges. There was an affordable dentist in the past in Englewood; however, has since retired. Several seniors indicated they do not receive care because it is not covered 100% by insurance. – Social Services Provider

Awareness/Education

> Not nearly enough focus on oral health, and people don't understand how connected oral health is to physical health. Few people have dental insurance. Dentists are expensive. People who don't take care of their teeth often have issues that will cost thousands to fix. – Other Healthcare Provider
>
> People do not understand the correlation to your mental and physical health and how important it is. – Community/Business Leader
>
> A lot of people don't realize the relationship between oral health and general physical health. – Community/Business Leader
>
> Health literacy, access, insurance coverage. – Community/Business Leader

Access to Care for Uninsured/Underinsured

> Dental insurance is not always offered by employers, so regular visits are expensive. – Public Health Representative
>
> Oral health is not available to uninsured children. Oral health is not available to the underserved community. – Other Healthcare Provider
>
> No dental insurance. Low to very low-income families. No nonprofit dental clinics. – Social Services Provider

Access for Medicare/Medicaid Patients

> There are no private practitioners or comprehensive dental clinics that accept Medicaid/care in Bergen County. Oral health is connected to all other aspects of health. This gap in the continuum of care profoundly impacts those who depend upon public benefits and those who live with a chronic health condition, like mental illness. – Social Services Provider
>
> Medicare does not cover dental care. Many older adults will go preventative care until they are forced to deal with oral health issues. – Social Services Provider

Affordable Insurance

> Dental insurance pronouns are high, and public have cost concerns for dental services. – Public Health Representative

Fear

> Many people are scared of going to the dentist. Oral health is vital to general health. My PSAs need to be made to discuss the importance of maintaining good oral health. From young children to seniors – especially due to COVID – people are scared to see their dentists. – Other Healthcare Provider

Income/Poverty

> Finances. – Other Healthcare Provider

Nutrition

> Poor oral health due to poor nutrition. – Social Services Provider

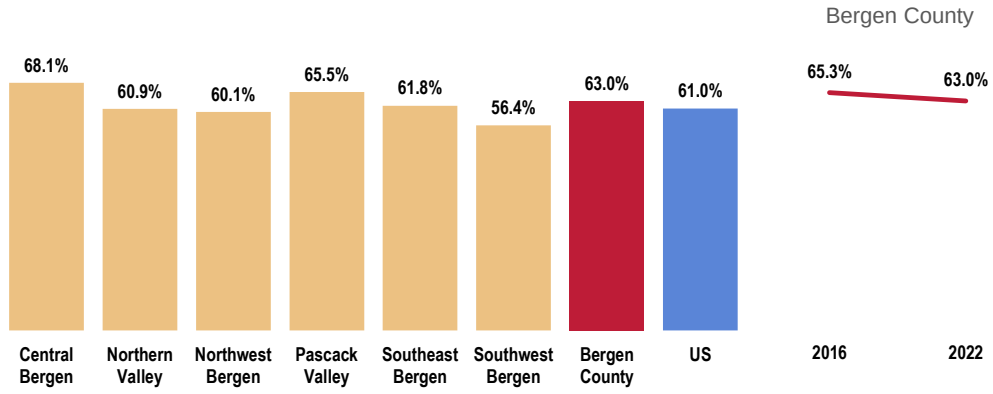
VISION CARE

A total of 63.0% of Bergen County residents had an eye exam in the past two years during which their pupils were dilated.

DISPARITY ► Highest in Central Bergen. Note the strong correlations with age and with income. In addition, LGBTQ+ respondents are less likely to have received vision care.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Healthy People 2030 = 61.1% or Higher



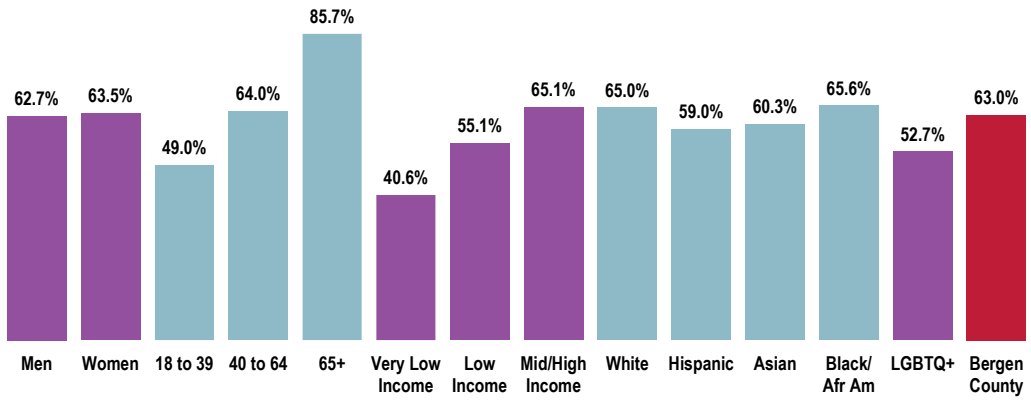
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Bergen County, 2022)

Healthy People 2030 = 61.1% or Higher



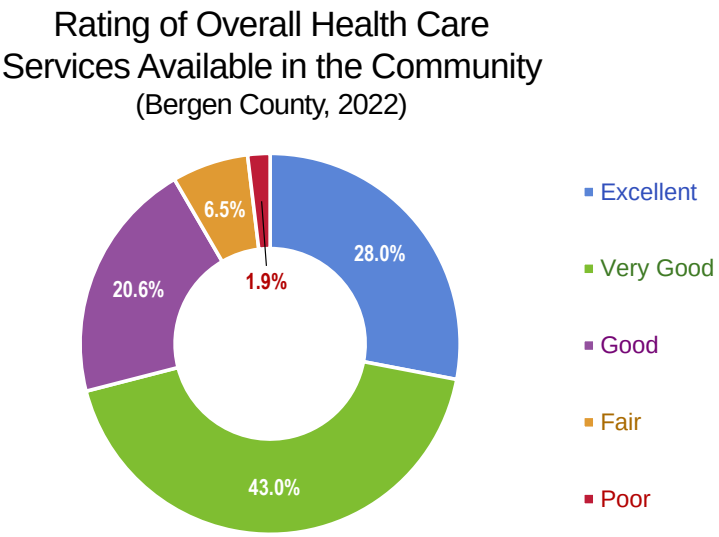
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Bergen County adults rate the overall health care services available in their community as "excellent" or "very good."

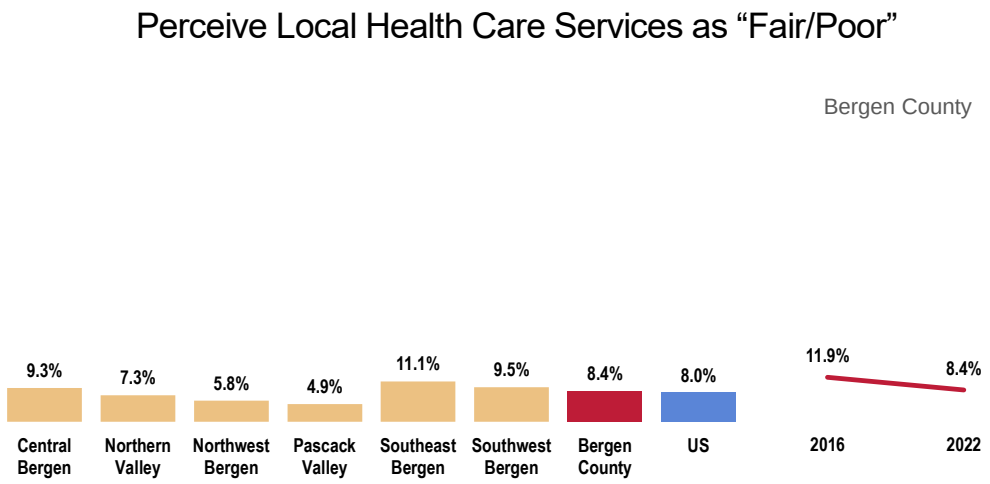


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 8.4% of residents characterize local health care services as "fair" or "poor."

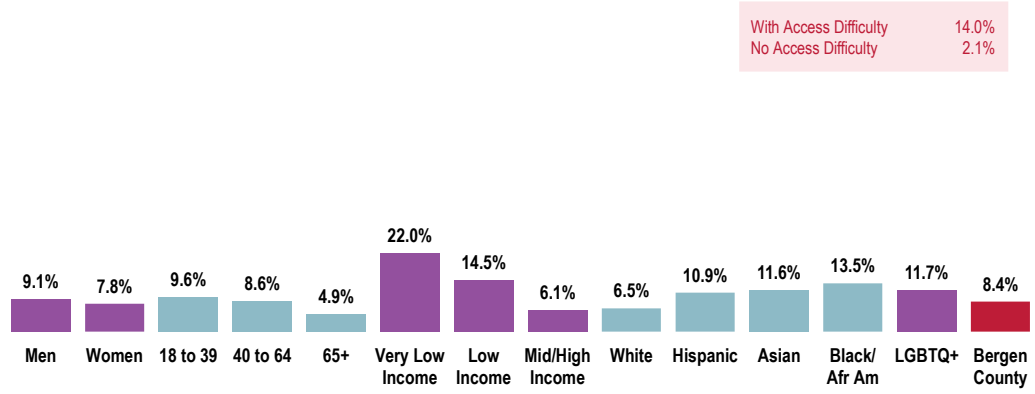
TREND ► Marks a significant improvement since 2016.

DISPARITY ► Most favorable (lowest) in Northwest Bergen and Pascack Valley. Those more likely to give low ratings include adults younger than 65, adults with lower incomes, persons of color, and those with difficulty accessing services.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Bergen County, 2022)

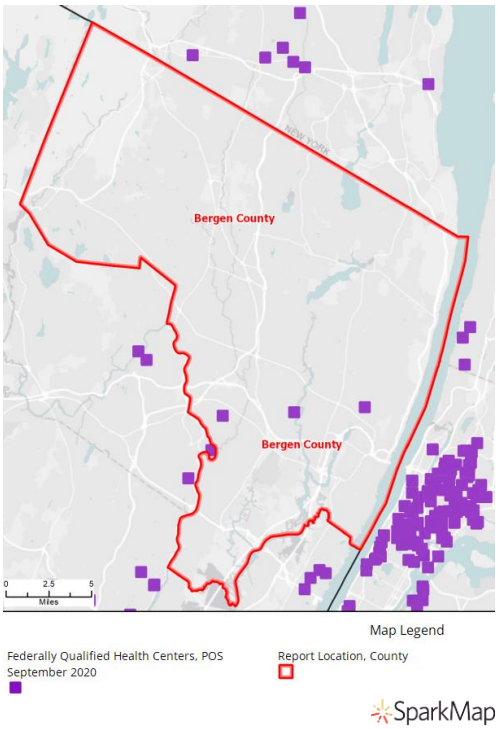


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Bergen County as of September 2020.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Alzheimer's Organizations
- Bergen County Division of Mental Health and Addiction
- Bergen County Health Department
- Bergen County Social Services
- Bergen New Bridge Medical Center
- Bergen Volunteer Medical Initiative
- Cancer Education and Early Detection
- CarePlus New Jersey
- Carlstadt Civic Center
- Center for Independent Living
- Charity Care
- Children's Aid and Family Services
- Churches
- Community Transportation
- Comprehensive Behavioral Health Care
- Diabetes Foundation
- Doctor's Offices
- Englewood Health
- Englewood Health Department
- Faith Based Partnership Initiatives
- Federally Qualified Health Centers
- Government
- Greater Bergen Community Action
- Hackensack Meridian Health Center
- Hackensack University Medical Center
- Health Department
- Holy Name Medical Center
- Hospitals
- Hudson Clinic
- Jewish Family and Children's Services of Northern NJ
- Mental Health Centers
- National MS Society
- New Jersey Children's System of Care
- North Hudson Clinic
- North Hudson Community Action Corporation
- North Hudson Community Action Program
- Outreach Programs
- Pharmacies
- Private Practice Psychiatrists
- Urgent Care Centers
- Vantage Health
- West Bergen Mental Health Center
- Young Men's Christian Association/Young Women's Christian Association

Cancer

- American Cancer Association
- American Cancer Society
- Bergen County Health Department
- Bergen Volunteer Medical Initiative
- Breast Cancer Organizations
- Cancer Care
- Cancer Education
- Cancer Education and Early Detection
- Cancer Support Community
- Churches
- Community Social Service Organizations
- Doctor's Offices
- Englewood Health
- Englewood Hospital
- Hackensack Hospital
- Hackensack Meridian Health Center
- Hackensack Meridian John Theurer Cancer Center
- Hackensack University Medical Center
- Holy Name Medical Center
- Hospitals
- Insurance
- Melanoma Organizations
- Memorial Sloan Kettering Hospital
- Online Resources
- Outpatient Service
- Sloan Kettering
- Valley Health
- Valley Hospital
- Wellness Center
- Young Men's Christian Association/Young Women's Christian Association

Coronavirus Disease/COVID-19

- Act Now Foundation
- Alzheimer's New Jersey
- Bergen County
- Bergen County Department of Health Services
- Bergen County Department of Human Services
- Bergen County Health Department
- Bergen County Senior Services
- Bergen National Association for he Advancement of Colored People
- Bergen New Bridge Medical Center
- BMBMC
- CarePlus New Jersey
- Case Investigation
- City MD
- County Sites
- CVS Pharmacy
- Division on Aging
- Doctor's Offices
- Education
- Englewood Hospital
- Federally Qualified Health Centers
- Hackensack Hospital
- Hackensack Meridian Health Center
- Hackensack University Medical Center
- Health Department
- Highlighting and Assessing Referral Program Participation
- Holy Name Medical Center
- Hospitals
- Jewish Family and Children's Services of Northern NJ
- Mobile Pop-Ups
- Office of Aging
- Pharmacies
- Riverside Medical Group
- School System
- Social Media
- Surveillance
- Testing
- The Center for Alcohol and Drug Resources
- Vaccinations
- Valley Community Care
- Valley Health
- Valley Hospital
- Walk-in Clinic
- West Bergen Mental Health Center

Dementia/Alzheimer's Disease

- Act Now Foundation
- Allendale Community Living Center
- Allied World Assurance Company
- Alzheimer's Association
- Alzheimer's New Jersey
- Alzheimer's Organizations
- Bergen County Respite Care
- Bergen County Senior Help Line
- Bergen County Senior Services
- Bergen County Social Services
- Bergen New Bridge Medical Center
- Care2Care
- Care2Caregivers
- Caregiver Education Program
- Case Management
- Christian Health
- Churches
- Classes
- Community Health Centers
- Community Social Service Organizations
- Comprehensive Services On Aging
- Day Away Programs
- Doctor's Offices
- Dumont Senior Center
- Englewood Hospital
- Friends/Family
- Hackensack Meridian Health Center
- Hackensack University Medical Center
- Harmony Village
- Holland House
- Holy Name Medical Center
- Hospitals
- Informal Support Networks
- Jewish Family and Children's Services of Northern NJ
- Jewish Home
- Korean Community Center KCC
- Long-Term Care Facilities
- Memory Care Centers
- North Hudson Community Action Corporation
- Nursing Homes
- Ramapo Ridge Behavioral Health Hospital
- Senior Centers
- Senior Source
- Social Workers
- Sunrise Living
- Sunshine Adult Daycare
- Valley Hospital
- Van Dyk's
- Vantage Health
- Young Men’s Christian Association/Young Women’s Christian Association

Diabetes

- 340B Prescription Program
- Allied World Assurance Company
- American Diabetes Association
- Bariatric Surgery Team
- Bergen Family Center
- Bergen New Bridge Medical Center
- Bergen Volunteer Medical Initiative
- Center for Diabetes Excellence
- Classes
- Community Centers
- Community Social Service Organizations
- Diabetes Association
- Diabetes Foundation
- Diabetes Organizations
- Diabetes Support Groups
- Division of Senior Services
- DM Educator
- Doctor's Offices
- Englewood Health
- Englewood Hospital
- Food Banks
- Food Pantries
- Friends/Family
- Hackensack Hospital
- Hackensack Meridian Health Center
- Hackensack University Medical Center
- Highlighting and Assessing Referral Program Participation
- Holy Name Medical Center
- Hospitals
- Korean Community Center KCC
- Life Time Gym
- Meals on Wheels
- Molly Diabetic Center
- North Hudson Community Action Corporation
- Online Resources
- OPTAVIA
- Parks and Recreation
- Pharmacies
- School System
- ShopRite
- Town-Wide Wellness Challenges
- Valley Health
- Valley Hospital
- Women's Right Information Center
- Young Men’s Christian Association/Young Women’s Christian Association

Disability & Chronic Pain

- Acupuncture
- ARC of New Jersey
- Bergen County Community Health Improvement Partnership
- Bergen County Department of Health Services
- Bergen New Bridge Medical Center
- Bergen Pain Management
- Bergen-Hudson Chronic Disease Coalition
- Case Management
- Center for Independent Living
- Commission for the Blind
- Doctor's Offices
- Employee Insurance Policies
- Englewood Hospital
- Fitness Centers/Gyms
- Hackensack Hospital
- Hackensack University Medical Center
- Holy Name Medical Center
- Meals on Wheels
- New Jersey State Department Division of Disability Svcs
- Online Resources
- Pain Management Centers
- Parks and Recreation
- Physical Therapy
- Ping Pong Parkinson
- ShopRite
- Telehealth
- The Pain, Spine & Sports Institute
- Valley Hospital
- Veterans’ Health Services

Heart Disease & Stroke

- 340B Prescription Program
- Adler Aphasia Center
- American Heart Association
- American Stroke Association
- Bergen Volunteer Medical Initiative
- Cardiac Centers
- Community Service Organizations
- Diabetes Foundation
- Doctor's Offices
- Education
- Englewood Health
- Englewood Hospital
- Food Banks
- Hackensack Hospital
- Hackensack Meridian Health Center
- Hackensack University Medical Center
- Highlighting and Assessing Referral Program Participation

- Holy Name Medical Center
- Hospitals
- Mayor's Wellness Campaign
- Medications
- Paramedic Units
- Pharmacies
- Police and Ambulance Units
- Post Stroke and Disabled Program - Bergen County
- Saint Joseph's Medical Center
- Screenings
- ShopRite
- Social Media
- The Center for Physical Rehabilitation
- Valley Community Care
- Valley Health
- Valley Home Care
- Valley Hospital
- Young Men’s Christian Association/Young Women’s Christian Association

Infant Health & Family Planning

- Bergen Family Center
- Bergen Volunteer Medical Initiative
- Buddies of New Jersey, Inc.
- Community-Based MCH Initiatives
- Doctor's Offices
- Englewood Health
- Health Department
- Holy Name Medical Center
- Hospitals
- Literature
- Maternal Child Health Consortium
- Maternal High Risk Clinics
- Medicaid
- North Hudson Community Action Corporation
- North Hudson Community Action Program
- Partnership for Maternal and Child Health
- Planned Parenthood
- Women, Infants, and Children

Injury & Violence

- Alternatives to Domestic Violence Hackensack
- Bergen County Alternatives to Domestic Violence
- Center for Hope and Safety
- County of Bergen Police
- Healing SPACE
- Jewish Family and Children's Services of Northern NJ
- National Association for the Advancement of Colored People
- Never Alone Again Resource Center
- Police Department
- Prosecutor's Office
- School System
- Township of Teaneck Community Policing Bureau
- Vantage Health
- Women's Right Information Center

Kidney Disease

- American Kidney Fund
- Englewood Hospital
- Hackensack University Medical Center
- Holy Name Medical Center
- National Kidney Foundation
- Young Men’s Christian Association/Young Women’s Christian Association

Mental Health

- 201-262-HELP
- 340B Prescription Program
- Act Now Foundation
- Allied World Assurance Company
- Alzheimer's New Jersey
- Bergen County Center for Educational and Psych Svcs
- Bergen County Department of Health Services
- Bergen County Division of Mental Health and Addiction
- Bergen County Family Guidance
- Bergen County Health Department
- Bergen County Therapy
- Bergen Family Center
- Bergen Family Promise
- Bergen New Bridge Medical Center
- Bergen Promise
- Bergen Regional Hospital
- Buddies of New Jersey, Inc
- Cancer Care
- CarePlus New Jersey
- CBH Care
- Children's Aid and Family Services
- Christian Health
- Churches
- Community Centers
- Community Health Law Project
- Community Mental Health
- Community Social Service Organizations
- Community Support Groups
- Comprehensive Behavioral Health Care
- County and Local Elected Leaders

County Mental Health Board
County Sites
Defining Moments Foundation
Doctor's Offices
Education
Employer EAP Programs
Englewood Health
Englewood Hospital
First Aid Mental Health Training Referral
Friends/Family
Hackensack Hospital
Hackensack Meridian Carrier Clinic
Hackensack Meridian Health Center
Hackensack Meridian Health Network 6 St. John Unit
Hackensack University Medical Center
Healing SPACE
High Focus
Highlighting and Assessing Referral Program Participation
Holy Name Medical Center
Hospitals
Jewish Family and Children's Services of Northern NJ
Korean Community Center KCC
Local Health Departments
Meals on Wheels
Mental Health Centers
Mental Health Providers
National Alliance on Mental Illness
New Jersey Children's System of Care
New Jersey Protection & Advocacy
North Hudson Community Action Corporation
Online Meditation Events
Online Resources
Partnership for Maternal and Child Health
Pascack Mental Health Care
PerformCare
School System
Senior Centers
Spectrum for Living
Stigma Free Care
Stigma-Free
Suicide Prevention Lifeline
Telehealth
Trauma Informed Care
Trusted Facilities in the Community
Urgent Care Centers
Valley Health
Valley Hospital
Vantage Health
Wellness Center
West Bergen Mental Health Center
Westwood
Women's Right Information Center
www.betterhelp.com
Young Men’s Christian Association/Young Women’s Christian Association
Zoom Programs

Nutrition, Physical Activity & Weight

Amerigroup
Bergen County Department of Health Services
Bergen County Food Insecurity Task Force
Bergen Family Center
Bergen New Bridge Medical Center
Bergen Volunteer Medical Initiative
Children’s Health Insurance Program
Classes
Community Centers
Cooking Clinics
County Parks
DM Educator
Doctor's Offices
Employer Resources
Englewood Health
Englewood Health Department
Englewood Population Health
Fitness Centers/Gyms
Food Banks
Food Pantries
Hackensack Meridian Health Center
Health Department
Healthy Food Options
Helping Hands Food Pantry
Holy Name Medical Center
Hospitals
Insurance
Jewish Family and Children's Services of Northern NJ
Mayor's Challenges
Mayor's Wellness Campaign
Meals on Wheels
Online Resources
Parks and Recreation
Partnership for Healthy Eating
Richard Rodda Center
School System
Senior Centers
ShopRite
SNAP Program
Social Media
Supermarkets
Valley Health
Valley Hospital
Vantage Health

- Weight Watchers
- Young Men’s Christian Association/Young Women’s Christian Association

Oral Health

- Bergen Community College
- Dental Lifeline Network
- Dentist's Offices
- Federally Qualified Health Centers
- Hackensack Meridian Health Dental Clinic
- Hackensack University Medical Center
- Health Department
- North Hudson Community Action Corporation
- North Hudson Community Action Program
- Saint Joseph's Medical Center
- Southeast Senior Center for Independent Living
- Young Men’s Christian Association/Young Women’s Christian Association

Respiratory Disease

- American Lung Association
- Holy Name Medical Center
- North Hudson Clinic

Sexual Health

- Buddies of New Jersey, Inc.
- Doctor's Offices
- Englewood Health
- Hospitals
- Planned Parenthood
- The Zone

Substance Use

- Addiction Counseling and Treatment Centers
- Addiction Recovery Program
- Alumni in Recovery
- Bergen County
- Bergen County Center for Alcohol and Substance Use
- Bergen County Division of Mental Health and Addiction
- Bergen County Office of Alcohol and Drug Dependency
- Bergen New Bridge Medical Center
- Bergen Regional Hospital
- Bergen Regional Inpatient Detox
- BlueCrest Recovery Center
- Care One
- CarePlus New Jersey
- Carrier Clinic
- CBH Care
- Children's Aid and Family Services
- Christian Health
- Churches
- Community Countermeasures
- Community Mental Health
- Community Social Service Organizations
- Comprehensive Behavioral Health Care
- Doctor's Offices
- Drug Court
- Dumont Mental Health
- Eva's Village
- Faith-Based Organizations
- Hackensack Hospital
- Hackensack Meridian Health Network 6 St. John Unit
- Hackensack University Medical Center
- High Focus
- Holy Name Medical Center
- Hospitals
- Informal Networks
- Integrity House
- Jewish Family and Children's Services of Northern NJ
- Ladder Project
- Peer and Advocate Lead Initiatives
- School System
- Social Workers
- Spring House
- The Center for Alcohol and Drug Resources
- Turning Point
- Vantage Health
- Wellness Center
- West Bergen Mental Health Center

Tobacco Use

- Bergen New Bridge Medical Center
- Counseling
- Doctor's Offices
- Education
- Faith-Based Organizations
- Hackensack University Medical Center
- Highlighting and Assessing Referral Program Participation
- Hospitals
- New Jersey Quits
- Nicotine Patches
- Nonprofit Advocacy Groups
- Over the Counter Stop Smoking Patches
- Partnership for Drug Free New Jersey

- Peer Groups
- Policies/Penalties Against Selling Tobacco to Minors
- School System
- Sports
- The Center for Alcohol and Drug Resources

APPENDICES

APPENDIX I: PEER COUNTY COMPARISONS

For the purpose of peer comparison, select indicators are presented here for Bergen County and the neighboring counties of Hudson and Passaic counties in New Jersey and Rockland County in New York.

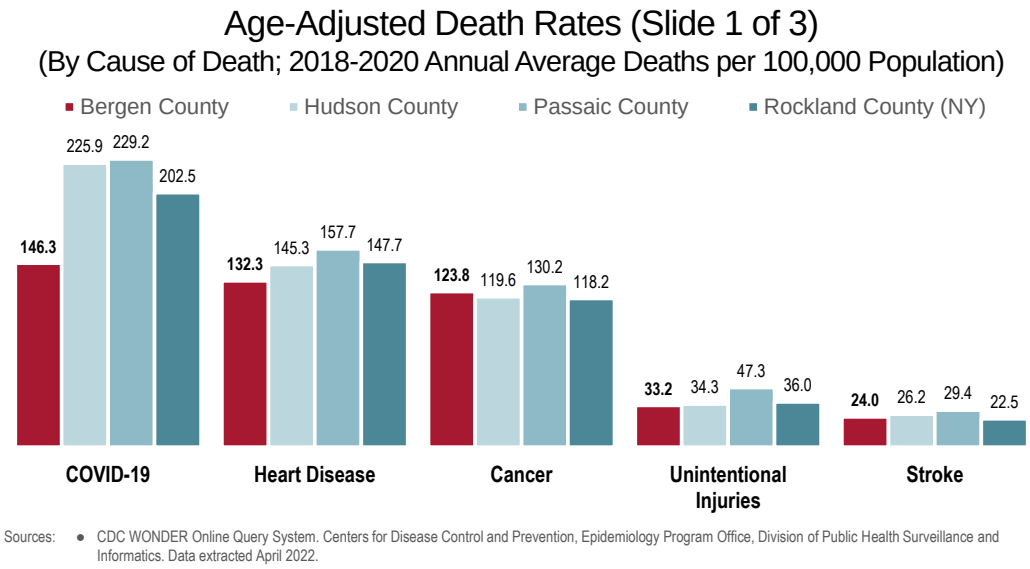
Selected Data Charts

In the descriptions that follow, Bergen County comparisons are made to the median values among the peer counties, identifying differences that exceed 15% as significant. In other words, a "favorable" comparison for Bergen County is one where the county value is at least 15% better than two or more of the three peer county values.

Age-Adjusted Mortality for Leading Causes

Bergen County mortality rates compare favorably to peer counties for: COVID-19, chronic lower respiratory disease, diabetes, pneumonia/influenza, cirrhosis/liver disease, and homicide.

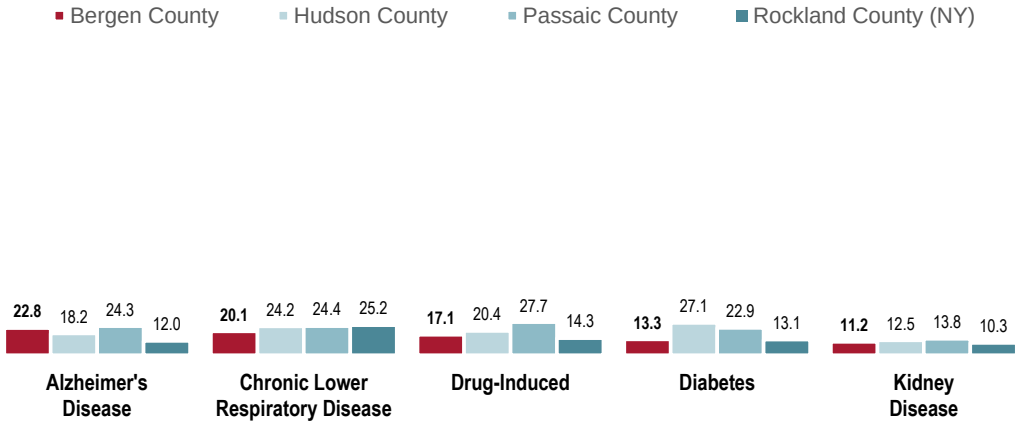
The county mortality rate compares unfavorably to peer counties for Alzheimer's disease and suicide.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Age-Adjusted Death Rates (Slide 2 of 3)

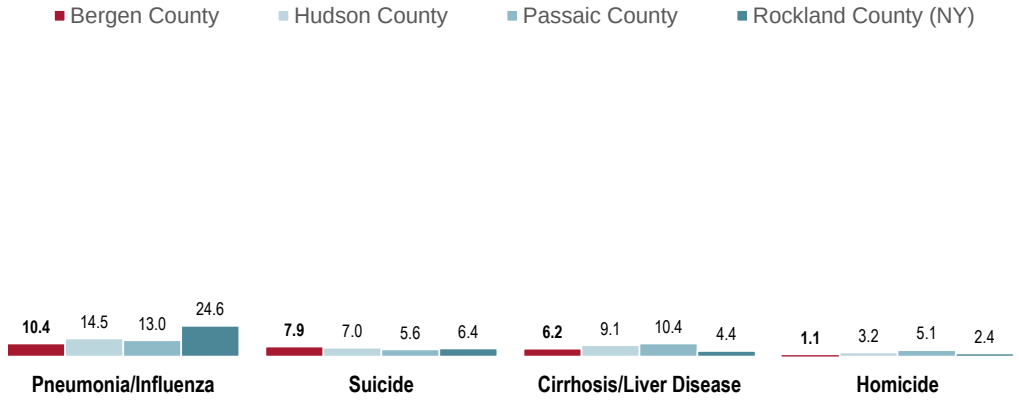
(By Cause of Death; 2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

Age-Adjusted Death Rates (Slide 3 of 3)

(By Cause of Death; 2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- *HIV/AIDS death rates represent years 2011-2020.

Cancer Deaths for Select Sites

The following table contains age-adjusted cancer mortality rates by site for Bergen County and the surrounding peer counties.

Bergen County rates are similar to the median peer county rate.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

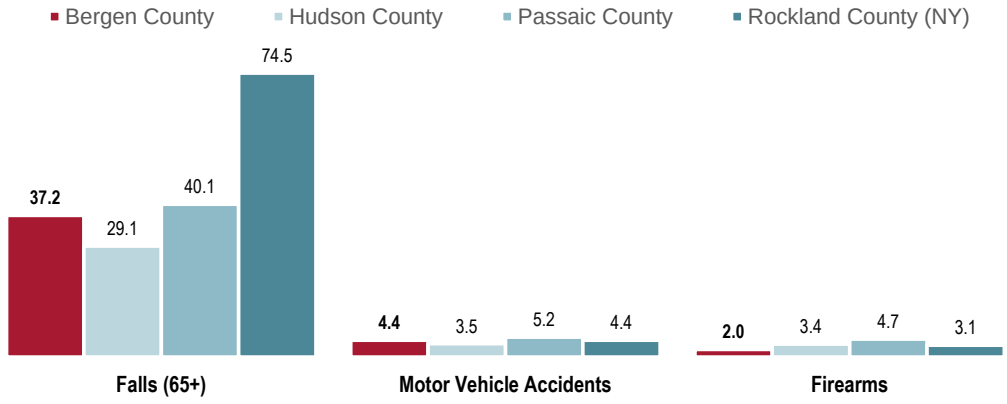
	Bergen County	Hudson County	Passaic County	Rockland County (NY)	HP2030
ALL CANCERS	**123.8**	119.6	130.2	118.2	122.7
Lung Cancer	**24.4**	22.5	25.7	24.2	25.1
Female Breast Cancer	**17.2**	16.9	17.9	17.3	15.3
Prostate Cancer	**12.8**	14.5	17.5	12.6	16.9
Colorectal Cancer	**11.8**	11.2	13.5	12.0	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Deaths for Select Injury-Related Causes

The Bergen County mortality rate is more favorable than the median value of peer counties for firearm-related deaths.

Age-Adjusted Death Rates for Select Injury-Related Causes
(By Cause of Death; 2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2022.

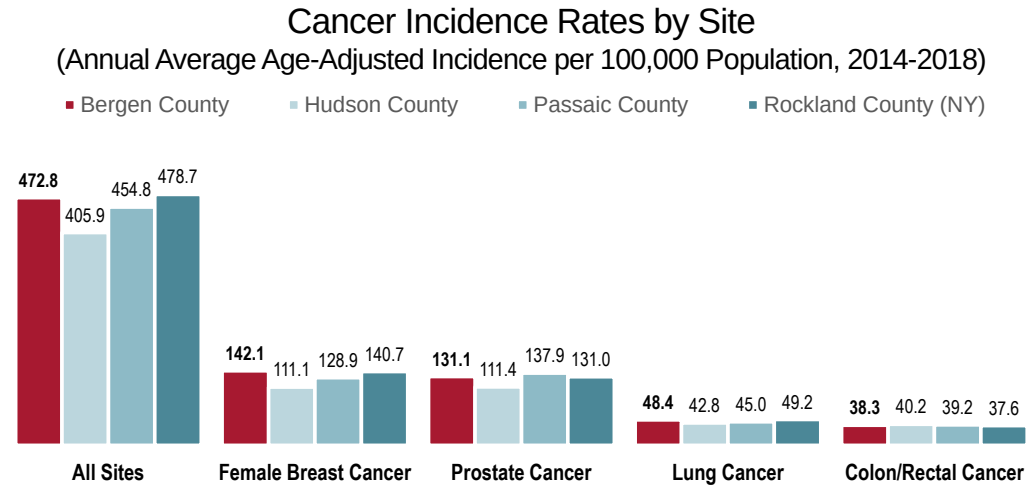
Cancer Incidence

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Cancer incidence rates, the number of newly diagnosed cases in a given population, for several cancer sites are shown below for Bergen County and its adjacent counties.

Bergen County rates are similar to the median peer county rate.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

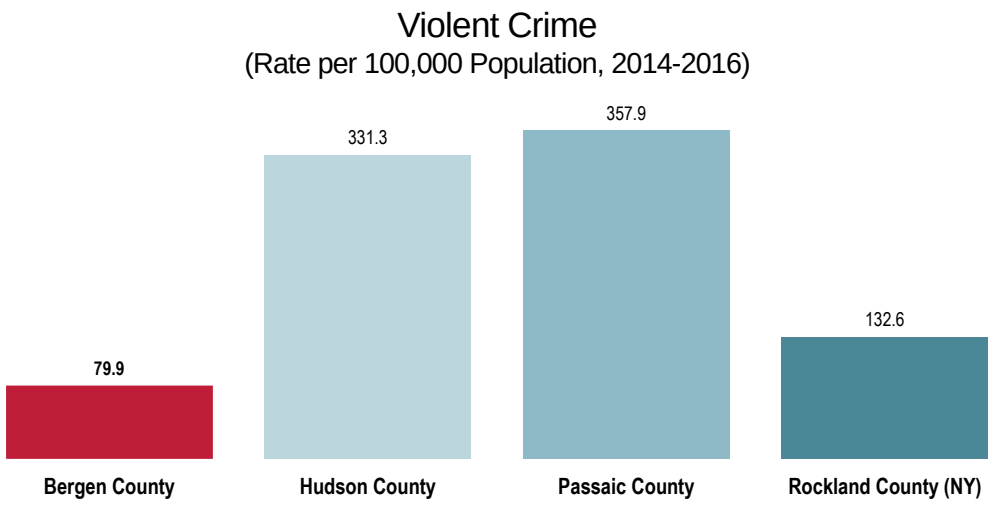
Violent Crime

Violent crime is composed of four offenses (FBI Index offenses); murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

The number of violent crimes per 100,000 population committed between 2014 and 2016 were reported in Bergen County and its bordering peer counties.

Violent crime was less prevalent in Bergan County than in the peer counties.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

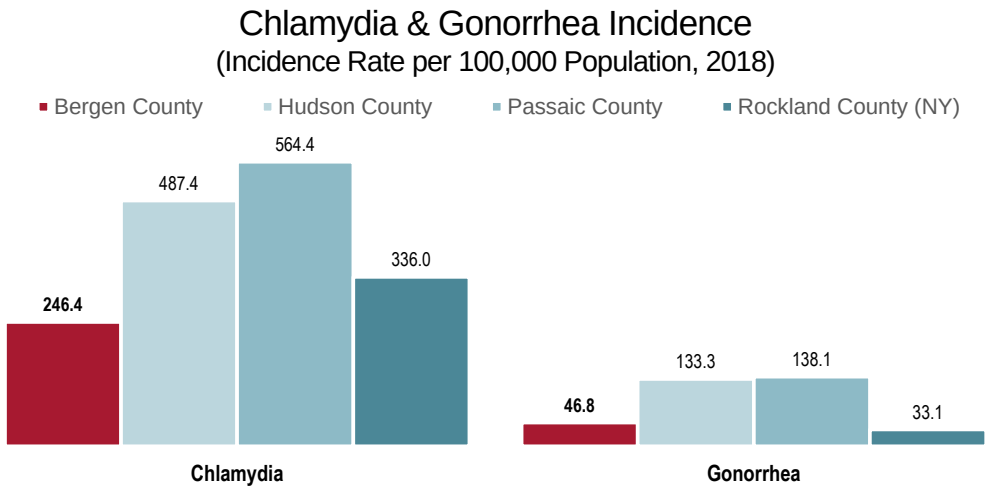
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Infectious Disease

Chlamydia & Gonorrhea

The next chart illustrates sexually transmitted disease incidence rates found in Bergen County, as well as the neighboring counties. Notice that:

The incidence rates of both chlamydia and gonorrhea are significantly lower in Bergen County than the median values among peer counties.

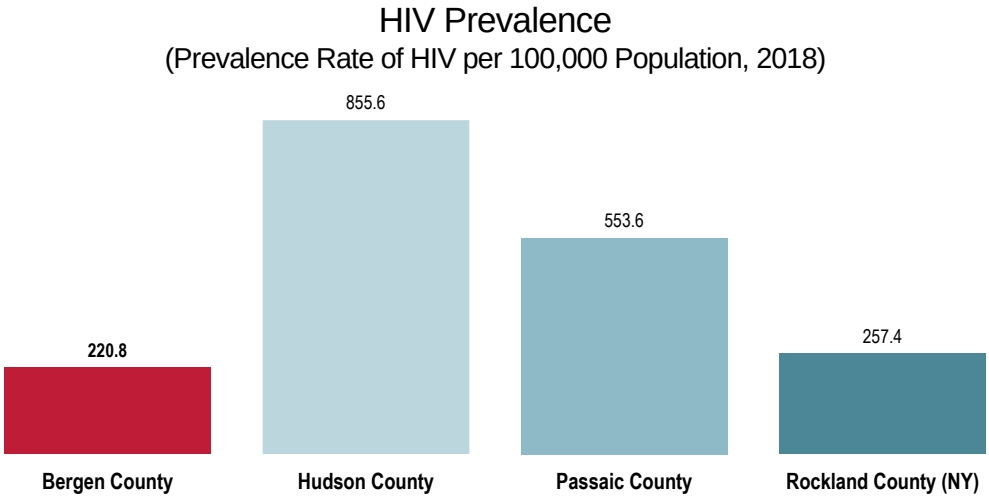


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

HIV Prevalence

The Bergen County HIV prevalence is lowest among the peer counties.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

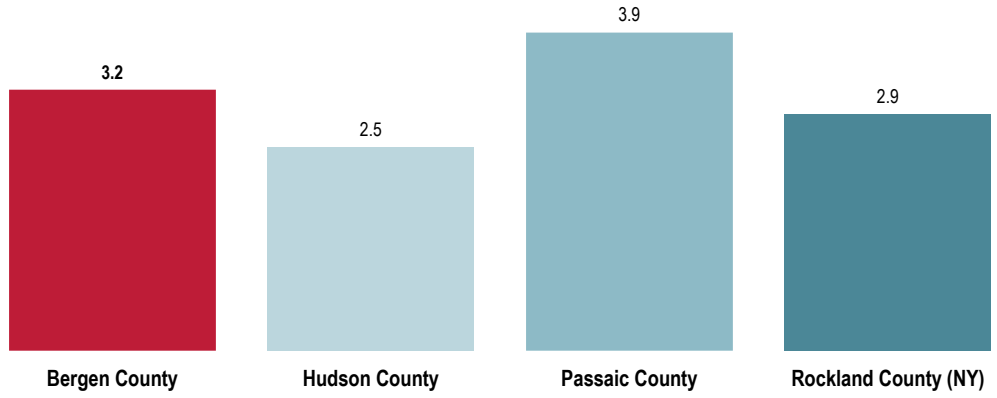
Infant Mortality

Infant mortality rates reflect deaths of children less than 1 year old per 1,000 live births.

The following chart indicates the number of infant deaths per 1,000 live births in Bergen County and its peer counties between 2018 and 2020.

The Bergen County rate is similar to the median peer county rate.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

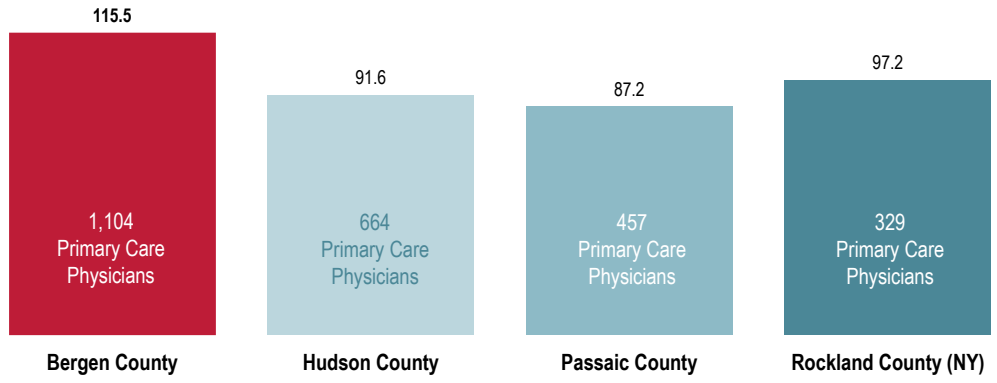
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Primary Care Providers

The number of primary care physicians in Bergen County and the adjacent counties, as well as their associated rates, can be found in the subsequent chart.

Bergen County has a more favorable ratio of primary care physicians to population than reported in nearby counties.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Summary Table of Comparisons

The following table provides an overview of indicators in Bergen County, as well as the neighboring peer counties. Comparisons among the four counties are provided, identifying differences for each as "better than" (☼), "worse than" (☂), or "similar to" (⛅) the median value among the other counties.

	COMPARISON TO PEER COUNTIES			
SOCIAL DETERMINANTS	**Bergen County**	**Hudson County**	**Passaic County**	**Rockland County (NY)**
Linguistically Isolated Population (Percent)	☼ 7.2	☂ 13.3	☂ 11.3	☼ 7.4
Population in Poverty (Percent)	☼ 6.7	⛅ 15.3	⛅ 15.7	⛅ 13.9
Children in Poverty (Percent)	☼ 7.4	⛅ 22.2	⛅ 24.7	⛅ 24.1
No High School Diploma (Age 25+, Percent)	☼ 7.5	☂ 15.2	☂ 16.3	☼ 11.8
Unemployment Rate (Age 16+, Percent)	⛅ 3.5	⛅ 3.9	☂ 4.9	☼ 3.2

Note: In the section above, each county is compared against the median value among opposing counties.

	COMPARISON TO PEER COUNTIES			
ACCESS TO HEALTH CARE	**Bergen County**	**Hudson County**	**Passaic County**	**Rockland County (NY)**
Primary Care Doctors per 100,000	☼ 115.5	⛅ 91.6	⛅ 87.2	⛅ 97.2

Note: In the section above, each county is compared against the median value among opposing counties.

	COMPARISON TO PEER COUNTIES			
CANCER	**Bergen County**	**Hudson County**	**Passaic County**	**Rockland County (NY)**
Cancer (Age-Adjusted Death Rate)	⛅ 123.8	⛅ 119.6	⛅ 130.2	⛅ 118.2
Lung Cancer (Age-Adjusted Death Rate)	⛅ 24.4	⛅ 22.5	⛅ 25.7	⛅ 24.2
Prostate Cancer (Age-Adjusted Death Rate)	⛅ 12.8	⛅ 14.5	☂ 17.5	☼ 12.6

COMPARISON TO PEER COUNTIES

CANCER (continued)	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Female Breast Cancer (Age-Adjusted Death Rate)	17.2	16.9	17.9	17.3
Colorectal Cancer (Age-Adjusted Death Rate)	11.8	11.2	13.5	12.0
Cancer Incidence Rate (All Sites)	472.8	405.9	454.8	478.7
Female Breast Cancer Incidence Rate	142.1	111.1	128.9	140.7
Prostate Cancer Incidence Rate	131.1	111.4	137.9	131.0
Lung Cancer Incidence Rate	48.4	42.8	45.0	49.2
Colorectal Cancer Incidence Rate	38.3	40.2	39.2	37.6

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

DIABETES	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Diabetes (Age-Adjusted Death Rate)	13.3	27.1	22.9	13.1

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

HEART DISEASE & STROKE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Diseases of the Heart (Age-Adjusted Death Rate)	132.3	145.3	157.7	147.7
Stroke (Age-Adjusted Death Rate)	24.0	26.2	29.4	22.5

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

INFANT HEALTH & FAMILY PLANNING	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Low Birthweight Births (Percent)	7.7	8.5	8.6	6.1
Infant Death Rate	3.2	2.5	3.9	2.9
Late or No Prenatal Care (Percent)	3.5	5.7	7.4	3.1
Births to Adolescents Age 15 to 19 (Rate per 1,000)	3.8	18.6	21.1	11.8

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

INJURY & VIOLENCE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Unintentional Injury (Age-Adjusted Death Rate)	33.2	34.3	47.3	36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	4.4	3.5	5.2	4.4
[65+] Falls (Age-Adjusted Death Rate)	37.2	29.1	40.1	74.5
Firearm-Related Deaths (Age-Adjusted Death Rate)	2.0	3.4	4.7	3.1
Homicide (Age-Adjusted Death Rate)	1.1	3.2	5.1	2.4
Violent Crime Rate	79.9	331.3	357.9	132.6

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

KIDNEY DISEASE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Kidney Disease (Age-Adjusted Death Rate)	11.2	12.5	13.8	10.3

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

MENTAL HEALTH	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Suicide (Age-Adjusted Death Rate)	7.9	7.0	5.6	6.4
Mental Health Providers per 100,000	118.8	52.2	56.9	169.4

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Population With Low Food Access (Percent)	10.3	0.7	15.2	27.7
Recreation/Fitness Facilities per 100,000	24.6	15.6	10.4	17.0

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

POTENTIALLY DISABLING CONDITIONS	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Alzheimer's Disease (Age-Adjusted Death Rate)	22.8	18.2	24.3	12.0

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

RESPIRATORY DISEASE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
CLRD (Age-Adjusted Death Rate)	20.1	24.2	24.4	25.2
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.4	14.5	13.0	24.6
COVID-19 (Age-Adjusted Death Rate)	146.3	225.9	229.2	202.5

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

SEXUAL HEALTH	Bergen County	Hudson County	Passaic County	Rockland County (NY)
HIV/AIDS (Age-Adjusted Death Rate)	0.7	3.2	2.4	
HIV Prevalence Rate	220.8	855.6	553.6	257.4
Chlamydia Incidence Rate	246.4	487.4	564.4	336.0
Gonorrhea Incidence Rate	46.8	133.3	138.1	33.1

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

SUBSTANCE USE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	6.2	9.1	10.4	4.4
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	17.1	20.4	27.7	14.3

Note: In the section above, each county is compared against the median value among opposing counties.

County Health Rankings

County Health Rankings & Roadmaps (https://www.countyhealthrankings.org) measures the health of nearly all counties in the nation and ranks them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The following tables show health rankings for counties in New Jersey.

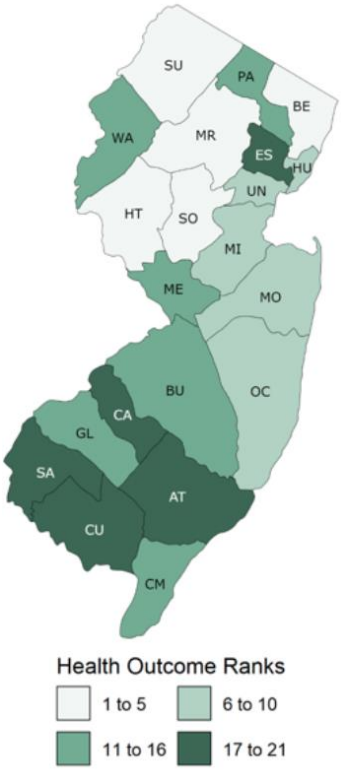
Health Outcomes

For Overall Health Outcomes, Bergen County ranked 4th out of 21 counties in New Jersey.

- Higher in rank than neighboring Hudson and Passaic counties.

This map shows the distribution of New Jersey's health outcomes, based on an equal weighting of length and quality of life.

County	Rank
Morris	1
Hunterdon	2
Somerset	3
▶ Bergen	4
Sussex	5
Middlesex	6
Monmouth	7
Union	8
Ocean	9
Hudson	10
Warren	11
Burlington	12
Mercer	13
Gloucester	14
Cape May	15
Passaic	16
Essex	17
Atlantic	18
Camden	19
Salem	20
Cumberland	21



Sources:
- University of Wisconsin Population Health Institute. County Heath Rankings 2022. New Jersey data retrieved April 2022.

Note:
- This map shows the distribution of New Jersey's health outcomes, based on an equal weighting of length and quality of life.
- The 2022 Rankings include deaths attributable to COVID-19 from 2020.

Health Outcome Components

Among 21 New Jersey counties, Bergen County ranked 2nd for Length of Life and 5th for Quality of Life.

- Bergen County ranked higher than Hudson and Passaic counties for both measures.

Length of Life is examined using data on premature deaths (deaths before age 75).

Quality of Life refers to how healthy people feel while alive and is based on measures of:

Health-Related Quality of Life
- Overall Health
- Physical Health
- Mental Health

Birth Outcomes
- Low-Weight Births

Health Outcome Components

Length of Life

County	Rank
Bergen	2
Hudson	6
Passaic	12

Qualify of Life

County	Rank
Bergen	5
Hudson	15
Passaic	19

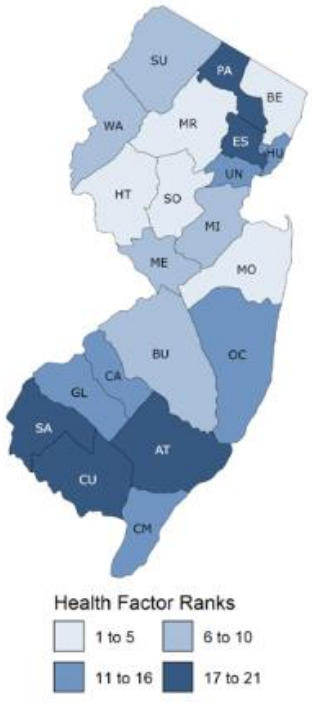
Health Factors

In regard to Health Factors Overall, Bergen County ranked 4th when compared with other counties in New Jersey.

- Notably higher in rank than neighboring Hudson and Passaic counties.

County	Rank
Morris	1
Hunterdon	2
Somerset	3
Bergen	4
Monmouth	5
Sussex	6
Middlesex	7
Burlington	8
Warren	9
Mercer	10
Gloucester	11
Ocean	12
Union	13
Cape May	14
Camden	15
Hudson	16
Essex	17
Passaic	18
Salem	19
Atlantic	20
Cumberland	21

This map displays New Jersey's summary ranks for health factors, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.



Sources: University of Wisconsin Population Health Institute. County Heath Rankings 2022. New Jersey data retrieved April 2022.
Note: This map displays New Jersey's overall ranks for health factors, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.
The 2022 Rankings include deaths attributable to COVID-19 from 2020.

Health Factor Components

Of all the Health Factor components, Bergen County ranked highest (1st) in Health Behaviors, followed by a ranking of 4th for Clinical Care, and 5th for Social and Economic Factors.

However, it ranked near the bottom (20th out of 21 counties) for Physical Environment.

► Bergen County ranked much higher than Hudson and Passaic counties for all Health Factor Components except Physical Environment, for which both Hudson and Passaic counties ranked higher.

Health Factor Components

Health Behaviors

County	Rank
► Bergen	1
Hudson	7
Passaic	15

Clinical Care

County	Rank
► Bergen	4
Passaic	18
Hudson	21

Social & Economic Factors

County	Rank
► Bergen	5
Hudson	17
Passaic	19

Physical Environment

County	Rank
Hudson	12
Passaic	17
► Bergen	20

Sources:
- University of Wisconsin Population Health Institute. County Heath Rankings 2022. New Jersey data retrieved April 2022.

Note:
- Each health factor is calculated using measures from several focus areas. Health Behaviors is compiled from measures of Tobacco Use, Diet and Exercise, Alcohol and Drug Use, and Sexual Activity. Clinical Care incorporates aspects of Access to Care and Quality of Care. Social and Economic Factors is based on education, employment, income, family and social support, and community safety data. Physical Environment consists of Air and Water Quality as well as Housing and Transit components.

APPENDIX II: FOCUS GROUP & KEY INFORMANT INTERVIEW FINDINGS

Themes from Focus Groups and Interviews with Strategic Leaders: *Bergen County, New Jersey*

The Bergen County Community Health Improvement Partnership (CHIP) comprises representatives from Bergen County Health Department, Christian Health Care NJ-Ramapo Ridge Behavioral Health, Englewood Hospital and Medical Center, Hackensack Meridian Health, Holy Name Medical Center, and Valley Health. We work together to improve the health and wellbeing of all people living in Bergen County.

Every three years, these partners conduct a collaborative Community Health Needs Assessment (CHNA) to document the health status of our community, demonstrate health trends and disparities, and create a community-wide resource for Bergen County. This information is used to evaluate our collective efforts toward health improvement and formulate strategies to advance health equity.

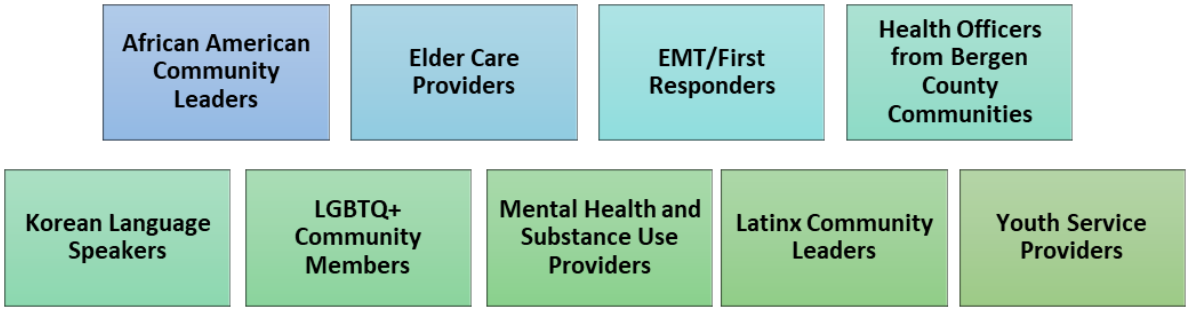
Part of this process is talking with real people about their perceptions and experiences in Bergen County. 35th Street Consulting, a New Jersey-based, woman-owned business, was engaged by the Bergen County CHIP to conduct interviews with community leaders and facilitate focus groups with people from all walks of life in Bergen County. Including the voices of people who live and work in our community helps contextualize statistical data and glean insights into disparities. These conversations help create practical, place-based solutions to improve the quality of life for all people in Bergen County, New Jersey.

The participants in both the focus groups and the one-on-one interviews were asked a similar array of questions. The following questions were included in the focus groups and interviews.

- What stands out to you as a significant accomplishment in recent years that has most impacted the community?
- What challenges brought about by COVID do you think will take our community the longest time to recover from?
- What are the most pressing concerns you are seeing among the people you serve now?
    - How is that different than it was before COVID?
    - What are the biggest barriers you have in connecting people with what they need now?
- How is the way your institution operates the same or different now than before COVID?
    - What works better?
    - What is harder?
- In your experience, what do you think should be the top 3 priorities the Bergen County Health Improvement Partnership should tackle to improve the health and quality of life of the people you serve?
- What should health care and public health do differently to address the priority areas you identified?
- In the future, when you think back to this time, what do you think you will remember most?
- If you had a magic wand that could fix one problem you see, what would you fix?

From June through September 2022, 35th Street Consulting conducted nine focus groups with individuals representing segments of the Bergen County population whose perspectives are often underrepresented in planning and decision-making. Focus groups provide an environment in which in-depth discussions lead to greater understanding of the "whys" behind research findings, as well as creating space to solicit candid feedback on experiences and attitudes. These insights are essential to crafting relevant, actionable plans that engage the enthusiasm, resources, and interest of the partner agencies. Some focus groups were conducted in person, while others were conducted virtually. Discussions were conducted in English and Korean languages.

The focus groups included people representing the following populations:



In addition to the nine focus groups, 35th Street conducted 13 interviews with select strategic leaders representing a wide range of expertise across Bergen County. These one-to-one conversations were valuable in diving deeply into the experiences of stakeholder groups, capturing unique perspectives, gathering input on priority needs, and mining recommendations for problem-solving at a systems level.

The following individuals participated in virtual interviews between June and September 2022.

- Lynn Algrant, Greater Bergen Community Action
- Helen Archontou, YWCA Northern NJ
- Dr. Hillary Cohen, CME Englewood Health
- Liz Corsini, Bergen Family Center
- Dr. Mohammed Elrafei, Christian Health Ramapo Ridge Psychiatric Hospital
- Sofia Magnifico, Christian Health
- Michael McCann, FORGE Health
- Commissioner Germaine Ortiz
- Kristine Pendy, Bergen New Bridge Health
- Vito Veneruso, North Hudson Community Action
- Deborah Visconi, Bergen New Bridge Medical Center
- EJ Vizzi, Age Friendly Teaneck
- Chairwoman, Commissioner Tracy Zur

A summary of the themes that emerged from analysis of the data gathered from the focus groups and the interviews is listed here. Key elements impacting these themes will explored in the following pages.

Bergen County bore the brunt of COVID-19 at the very beginning of the pandemic

Bergen County experienced the devastating impact of COVID-19 infection and death earlier than most other places in the world. On March 13, 2020, the US declared COVID-19 a global pandemic triggering a nationwide shut down beginning March 15, 2020. On March 28, 2020, the Centers for Disease Control issued a domestic travel advisory for New York, New Jersey and Connecticut due to high community transmission of COVID-19 through that area. Within the state of New Jersey, the northern counties closest to New York City including Bergen County, were the most dramatically impacted by COVID-19 infection, transmission and death at that time. While unprecedented efforts were occurring worldwide to identify processes to stop the spread of COVID-19, there were very few known strategies to protect from, treat, and stop the virus during the early months of 2020. By April 10, 2020, the New York City area, including Bergen County, had more COVID-19 cases and deaths than any other country in the world, elevating COVID-19 as the leading cause of death for all people in 2020 in Bergen County.

"We [Bergen County] were the guinea pigs… we shared our learning, and we saved other people."

- The lessons learned in Bergen County saved lives worldwide, but at a cost.
- The early onset of a new and deadly virus impacted **individuals** and **families,** but also **took a toll on the capacity of health care** providers, social services providers for vulnerable populations to continue to provide care.
- The **physical toll** on people in these professions combined with **restrictions required for educational institutions**, **economic hardships**, and other factors **reduced the pipeline of newly trained workers in these fields.**

"There were about 25 of us here every day [at work], scared to death. We watched people die, really quite a remarkable time. A bunch got really sick with Delta at the beginning, long haul COVID and anxiety… we couldn't get the vaccine because were not considered essential, so lots of us got really sick."

"People don't want to work in the [health care/social service/first responder] industry anymore. For the salaries we offer, people can work at Foot Locker and make the same money and not risk their lives."

"We don't have the workforce to meet the need. We saw a big hit to the nursing staff, a lot retired through COVID …Hoping the healthcare industry gets that influx of college students and graduates who want to come here right now we don't have enough ...Everybody has upped their salaries – baristas make the same as entry level mental health specialists. We can't keep up."

Mental Health: The pandemic period negatively impacted mental health, especially for already vulnerable populations and frontline workers.

People in Bergen County struggle with **trauma stemming from the COVID-19 pandemic period** from myriad sources including:

- Living in **unsafe households** during the pandemic quarantine period
- **Grief and loss** from COVID-19 period
- **Financial crisis**
- Fear, exhaustion, illness, stress, **and burnout among frontline workers** including:
  - Healthcare workers
  - EMTs and first responders
  - Social services providers
  - Educators at all levels
  - Elder care workers
  - Essential services workers
- **Extended isolation,** especially among:
  - Children/adolescents
  - Seniors
  - People with disabling conditions
  - People in recovery

"So much teen mental health need now. The pandemic was an earthquake and now a tsunami is coming. The levels of anxiety and depression is troublesome."

- Need for Mental Health Support exceeds current capacity, especially for:
  - **Anxiety** and Depression
  - Substance Use, **especially alcohol**
  - **Young people**

"Healthcare providers have been traumatized and have PTSD. Many didn't go home in order to try and save their families. They had separate silverware, etc. to try and keep their family safe."

"Staff are at their wits end – anything that is difficult becomes personal. It's easier to stick yourself in someone else's shoes when you have the mental space to be able to do that."

"There is a lot of PTSD from what we all endured as a society."

"There are two Bergen Counties" – Bergen County is a very expensive place to live.

Even though the percentage of people in poverty is relatively low, it still **represents a large number of individuals and families.**

- There are more **people in need** than it seems
- The cost and availability of the internet is a huge barrier for many
- Many **front-line staff do not make a living wage** based on Bergen County's cost of living
- **Housing costs** are very high for renters and homeowners; emergency housing and affordable housing does not meet demand
- **Inflation** is impacting families, seniors, small businesses as resources from COVID are diminishing
- **Food Security** continues to be a wide-reaching concern throughout the pandemic including today
- **Small business** owners have not recovered financially

"Bergen County is considered so wealthy. When we think about fed and state standards of living, $50,000 is great in North Carolina, but it's nothing in Bergen County."

"This is one of the wealthiest counties in the nation. How can children go to bed hungry here?"

"Living here is impossible for normal people."

"[The fact that] young people can't afford to live here is a huge problem."

"Internet should be a public utility like water and electricity are. Should not be an optional thing in this society. If you don't have internet or means to pay for it or understanding of speed etc. is a big barrier."

Breaking down silos: Care and services in Bergen County are many, but seem disconnected, complicated, and limited by resources.

Because Bergen County is largely affluent, **the resources that do exist to help are less apparent** than in other communities.

- There are resources but **people don't know about them**
- Disconnected care makes it hard for people in need to find an **"on ramp" to access services**
- Long **wait times** can exacerbate existing problems, erode trust
- **No common source or location to share or gather information** about resources
    - **Lack of available data to identify disparities** based on demographic characteristics
    - **Disconnected services** reduce the availability of support for people, and impacts the investment of money and resources for care services
    - Many individuals and community agencies **do not have consistent access to the internet**

"Our people are not keeping up with the pace – our people are not able to navigate online."

"Everyone is really desperate in their own little nook. We need to come together to work on systemic issues that have always been there. COVID blew that wide open."

"There are lots of silos, secrecy and competition even within the helping communities because dollars are so scarce."

"***Social safety net has more holes than string around here."***

"Why does it have to be so hard? I can't even share my food with other organizations, even if they have need. There's so much red tape."

Inclusion is important: Work needs to be done to rebuild trust in health care.

COVID-19 revealed and **highlighted existing inequities**, which, combined with fear and widespread misinformation during the pandemic, **exacerbated mistrust.**

- **Representation matters:** patients willing to discuss discrimination (racism, LGBTQ+ discrimination, language and country of origin) when they feel welcome, understood, and able to use their preferred language
- **Language/culture barriers** including lack of **LGBTQ+ affirming care** and messaging
- **Continuity of Care**: not having a primary care provider **relationship** negatively impacts health outcomes and trust in health care
    - **Lower income** people in Bergen are less likely to have a primary care provider
    - Disconnected care creates **opportunities for misinformation**
- **Fear based delay** in routine care appointments since the pandemic started negatively impacts health outcomes and trust

"Early on [in the pandemic, there] was fear, and the sense that systems didn't care for people of color same way as white folks."

"[Regarding COVID-19 vaccines] We didn't have hesitancy problems, we had access problems in communities of color. Once we had access then we didn't have hesitancy."

- There are many CBO's who are willing to share what they know but are **not being connected to the conversation**
- Sense that **race/ethnicity/language/income/education impacted** what care was provided
    - **Essential workers from fields beyond health care and first responders**, especially frontline workers of color and people with limited income **felt they were not prioritized for** **safety measures** from PPE to vaccines to information from the beginning for the pandemic

"We have a lot of work to do. Racial justice is the most important issue. A lot of this could have been prevented."

Rise in race-based hate instills fear, isolation community-wide

"NA/AA/ and other Anonymous meetings are few and far between in New Jersey. And there are lots of LGBTQ people who are not willing to go to a church."

"It was so awful to see racism play out in who didn't get care, and who lost people, who didn't know if their families were going to make it."

"We are in a public health crisis with racism. Not mitigate, we need to eliminate systems of oppression, especially those that impact black and brown."

Data collected from these conversations will be used to develop collaborative action planning to advance the health and well-being of all people in Bergen County.

This report has been prepared on behalf of the Community Health *Improvement* Partnership (CHIP) of Bergen County.

Our Research Partner:

A New Jersey certified Small Business Enterprise (SBE) and Women Owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into action that advances health and social equity through practical and impactful strategies. Our interdisciplinary team of community development experts, health planners, researchers, and data analysts have worked with hundreds of healthcare providers, payors, public health departments, government agencies, health and human service providers, and other community-based organizations to direct action and funding to reimagine policies and achieve realistic, measurable social impact.

We use quantitative and qualitative research methods to conduct studies and develop solutions to address community health, housing, socioeconomic disparities, capacity-building, population health management, and similar challenges. We specialize in transforming research into action through strategic planning, policy change, and collective impact.