2016 Community Health Needs Assessment

Bergen County, New Jersey

Prepared for:

The Community Health Improvement Partnership of Bergen County

- Bergen County Department of Health Services
- Christian Healthcare Center/Ramapo Ridge Psychiatric Hospital
- Englewood Hospital and Medical Center
- Hackensack University Medical Center
- Hackensack University Medical Center at Pascack Valley
- Holy Name Medical Center
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Introduction

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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 which have historically 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 on behalf of the Community Health Improvement Partnership of Bergen County by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994. Subsequent implementation planning for the county and hospital sponsors, based on the findings of this assessment, will be conducted with the assistance of Strategy Solutions, Inc., a consulting group with more than 20 years of experience in community health planning.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

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 Community Health Improvement Partnership of Bergen County and PRC and shares some commonality with a previous survey used in the region, allowing for some 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 community definition is illustrated in the following map.
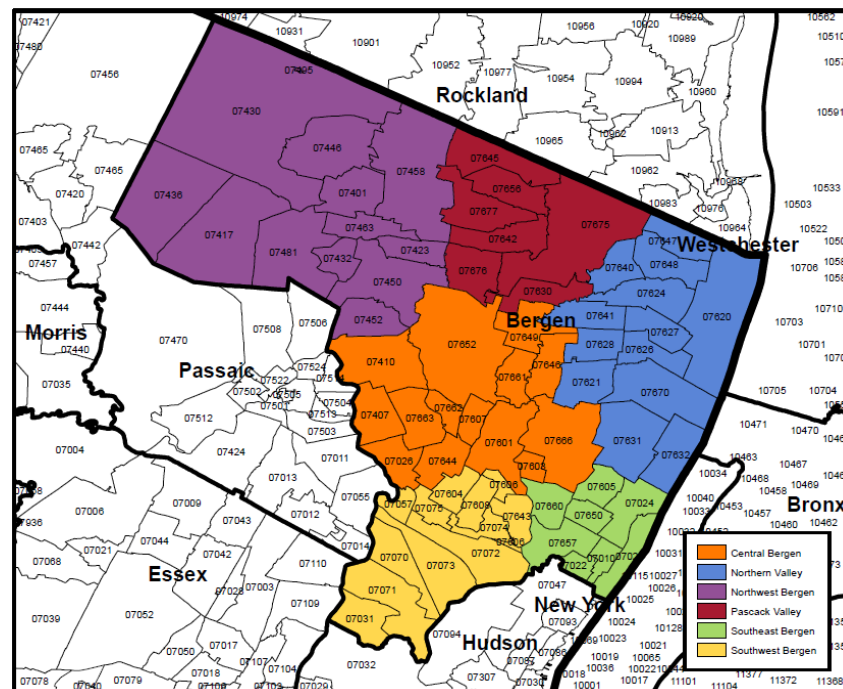
Sample Approach & Design

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 surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,008 individuals age 18 and older in Bergen County, including 203 in Central Bergen, 142 in Northern Valley, 197 in Northwest Bergen, 152 in Pascack Valley, 127 in Southeast Bergen, and 187 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 Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,008 respondents is ±3.1% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,008 Respondents at the 95 Percent Level of Confidence
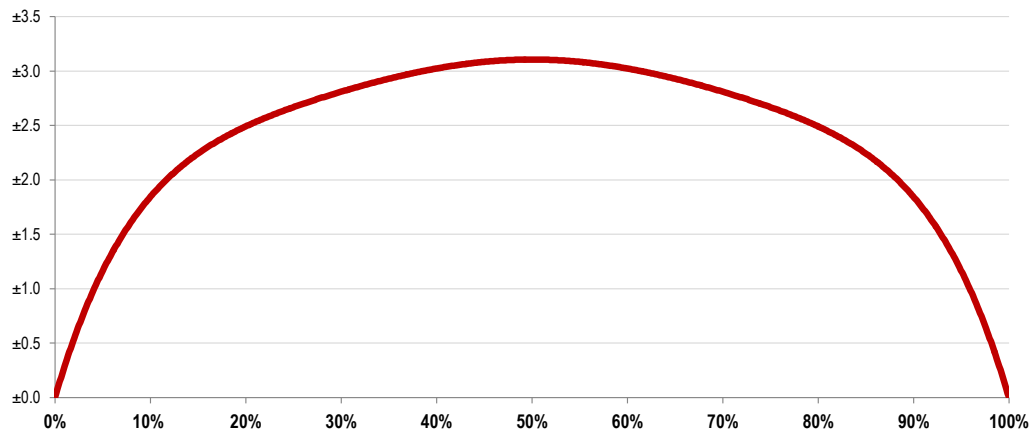
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1,008 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) 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 46.9% and 53.1% (50% ± 3.1%) 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. And, 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 gender, 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 healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Bergen County, 2016)
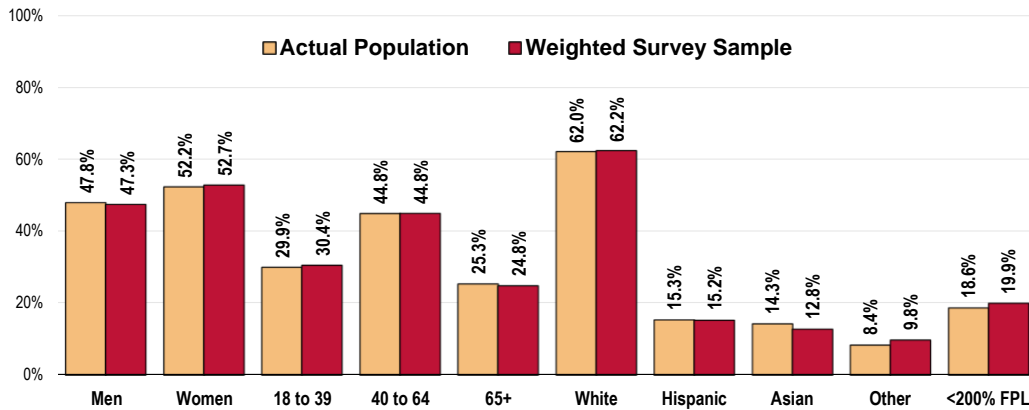
Sources: ● Census 2010, Summary File 3 (SF 3). US Census Bureau.
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the 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 2015 guidelines place the poverty threshold for a family of four at $24,250 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**middle income**" refers to households with incomes from 200% to 399% of the federal poverty level; and "**high income**" refers to those households living on incomes which are 400% or more the of the federal poverty level.

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.

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 was also implemented as part of this process. A list of recommended participants was provided by the Community Health Improvement Partnership of Bergen County; 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, 75 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physician	7	3
Other Health Provider	47	32
Public Health Representative	11	8
Social Services Provider	50	22
Community/Business Leader	25	10

Final participation included representatives of the organizations outlined below.

- Bergen County Cancer Education and Early Detection
- Bergen County Department of Health Services
- Bergen County Department of Human Services
- Bergen County School Nurses Association
- Bergen County Special Services
- Bergen County United Way
- Bergen County Youth Services

- Commission
- Bergen Regional Medical Center
- Bergen Volunteer Center
- Bergenfield/Hackensack Health Departments
- Brightview Senior Living
- CancerCare
- Care Plus Medical Services
- Center for Dentistry at HUMC
- Children's Aid and Family Services

- Christian Health Care Center
- Edgewater Office of Public Health/Health Department
- Englewood Health Department
- Fair Lawn Senior Center
- Friends to Friends Community Church
- Geriatric Services, Inc.
- Gold's Gym
- Hackensack University Medical Center
- HARP of Hackensack University Medical Center
- Healthy Families North Jersey
- High Focus Centers
- Holy Name Medical Center
- Jewish Family Service of Bergen and North Hudson
- Metropolitan AME Zion Church

- Narcotics Anonymous
- North Hudson Community Action Corp Health Center
- Northern Valley ADC
- Paramus Board of Health and Human Services
- Partnership for Maternal and Child Health of North NJ
- Pascack Valley Meals on Wheels
- Senior Source
- Teaneck Health Department/Social Services
- Teaneck Police Department
- Community Health Improvement Partnership (CHIP) of Bergen County
- Valley Health System
- Valley Home Care
- West Bergen Mental Healthcare

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

Minority/medically underserved populations represented:

African-Americans, Asians, children, day laborers, the disabled, elderly population, foster children, those with high deductibles, Hispanics, the homeless, immigrants, Koreans, residents with low education level, low income residents, Medicare/Medicaid recipients, the mentally ill, MICA clients, Native Americans, non-English speaking persons, obese individuals, students attending schools in low income areas, teenage mothers, undocumented individuals, unemployed residents, the uninsured/underinsured, veterans

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 be better 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 from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

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 Environmental Systems (CARES)
- 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
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- Truven Health Analytics and Dignity Health
- University of Wisconsin Population Health Institute, County Health Rankings
- 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 household survey was administered by mail in Bergen County in 2012 on behalf of the Community Health Improvement Partnership of Bergen County; this survey shared some questions in common with the current survey. While the methodologies used for the past and current surveys differ, comparing the two can suggest areas where health indicators might have changed. Trending data, as revealed by comparison to these prior survey results, are provided throughout this report whenever available.

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 *2015 PRC National Health Survey*; the methodological approach for the national study is identical 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 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

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 secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% 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, lesbian/gay/bisexual/ transgender residents, 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 a great number of 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 the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. 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.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Cost of Physician Visits
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Difficulty Accessing Children's Healthcare
	• Dental Care (Children)
	• Regular Routine Checkup (Adult)

Cancer	• *Cancer is a leading cause of death.* • Cancer Incidence ○ Including Prostate Cancer and Female Breast Cancer Incidence • Female Breast Cancer Screening • Cervical Cancer Screening • *Cancer ranked as a top concern in the Online Key Informant Survey.*
Dementia, Including Alzheimer's Disease	• *Dementias/Alzheimer's Disease ranked as a top concern in the Online Key Informant Survey.*
Diabetes	• Prevalence of Borderline/Pre-Diabetes • *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Heart Disease & Stroke	• *Cardiovascular disease is a leading cause of death.* • Blood Pressure Screening • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • *Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.*
Immunization &* Infectious Diseases	• Pneumonia Vaccination [65+] • Septicemia Deaths

Areas of Opportunity (continued)	
Mental Health	• Seeking Help for Mental Health • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Obesity [Children] • Children's Physical Activity
Potentially Disabling Conditions	• Activity Limitations • Blindness/Trouble Seeing Prevalence
Respiratory Diseases	• Asthma Prevalence [Adults] • Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse	• Current Drinkers • Marijuana Use • Seeking Help for Alcohol/Drug Issues • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Prioritization of Health Needs

On August 4, 2016, the Bergen County Department of Health Services and the Community Health Improvement Partnership of Bergen County convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:

    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

    Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Substance Abuse**
2. **Mental Health**
3. **Diabetes**
4. **Nutrition, Physical Activity, & Weight**
5. **Access to Healthcare Services**
6. **Heart Disease & Stroke**
7. **Dementias, Including Alzheimer's Disease**
8. **Immunization & Infectious Disease**
9. **Cancer**
10. **Potentially Disabling Conditions**
11. **Respiratory Diseases**

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Bergen County, including comparisons among the individual county subareas, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Bergen County results are shown in the larger, blue column.

■ The green 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 2020 targets. Again, symbols indicate whether Bergen County compares favorably (☀), unfavorably (🐙), or comparably (☁) to these external data.

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

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators:
Trends for survey-derived indicators represent significant changes since 2012.

| Social Determinants | Each Sub-Area vs. Others | | | | | | Bergen County | Bergen County vs. Benchmarks | | | TREND |
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)							7.5	⛈ 6.8	⛈ 4.7		
Population in Poverty (Percent)							7.5	☀ 10.7	☀ 15.6		
Population Below 200% FPL (Percent)							18.6	☀ 24.6	☀ 34.5		
Children Below 200% FPL (Percent)							20.8	☀ 31.5	☀ 44.2		
No High School Diploma (Age 25+, Percent)							8.5	☀ 11.6	☀ 13.7		
Unemployment Rate (Age 16+, Percent)							3.8	☀ 4.8	☀ 5.2		☁ 3.7
% Worry/Stress Over Rent/Mortgage in Past Year	⛈ 42.4	☁ 30.6	☀ 27.6	☀ 20.5	☁ 27.8	☁ 39.0	33.6		☁ 31.6		
% Worried About Food in the Past Year	⛈ 22.6	☁ 19.7	☀ 9.4	☀ 5.1	☁ 16.5	☁ 19.2	17.2		☀ 21.0		
% Ran Out of Food in the Past Year	⛈ 18.1	☁ 18.6	☀ 7.2	☀ 3.7	☁ 12.7	☁ 15.1	13.9		☀ 19.9		
% Food Insecure	⛈ 26.2	☁ 22.4	☀ 10.8	☀ 6.8	☁ 17.3	☁ 20.8	19.5		☀ 25.9		

Note: In the green section, 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

Overall Health	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	☁ 9.7	☁ 9.4	☁ 7.9	☁ 8.0	☁ 13.9	☁ 14.0	10.5	☀ 16.9	☀ 18.3		☀ 13.0
% Activity Limitations	☁ 21.2	☁ 21.5	☀ 12.3	☀ 14.2	☁ 24.6	☁ 24.7	20.2	🌧 16.3	☁ 20.0		☁ 18.0

Note: In the green section, 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 Services

Access to Health Services	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	☁ 5.0	☁ 5.1	☁ 3.9	☁ 2.8	☁ 7.4	☁ 8.9	5.6	☀ 15.0	☀ 10.1	🌧 0.0	☀ 17.0
% Difficulty Accessing Healthcare in Past Year (Composite)	☁ 42.6	☁ 37.7	☁ 42.7	☁ 37.3	☁ 33.5	🌧 48.0	40.7		🌧 35.0		
% Inconvenient Hrs Prevented Dr Visit in Past Year	☁ 23.2	☁ 16.2	☁ 25.3	☁ 18.0	☀ 13.8	🌧 30.3	21.5		🌧 14.4		
% Cost Prevented Getting Prescription in Past Year	☁ 7.7	☁ 11.2	☀ 4.3	☁ 8.6	☁ 8.2	🌧 14.1	8.7		☁ 9.5		☀ 19.0

Access to Health Services (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% Cost Prevented Physician Visit in Past Year	🌧️ 20.8	☁️ 14.6	☀️ 7.6	☁️ 12.1	☁️ 13.2	☁️ 19.0	15.5		🌧️ 11.5		
% Difficulty Getting Appointment in Past Year	☁️ 21.1	☁️ 13.9	🌧️ 24.9	☁️ 18.7	☁️ 17.9	☁️ 15.1	19.2		🌧️ 15.4		
% Difficulty Finding Physician in Past Year	☁️ 14.5	☁️ 9.9	☁️ 8.7	☁️ 7.7	☁️ 7.8	☁️ 16.4	11.5		🌧️ 8.7		
% Transportation Hindered Dr Visit in Past Year	☁️ 7.2	☁️ 8.1	☀️ 3.2	☀️ 1.8	☁️ 4.0	🌧️ 13.4	6.5		☁️ 5.0		
% Language/Culture Prevented Care in Past Year	🌧️ 5.1	☁️ 2.0	☀️ 0.8	☀️ 0.0	☀️ 0.0	☁️ 5.0	2.7		☁️ 1.7		
% Skipped Prescription Doses to Save Costs	☁️ 10.3	☁️ 10.5	☀️ 6.6	☁️ 9.0	☁️ 10.0	🌧️ 17.6	10.5		☁️ 10.2		
% Difficulty Getting Child's Healthcare in Past Year							8.3		🌧️ 3.9		
% Have Completed Advance Directive Documents	☁️ 30.1	☁️ 36.6	☀️ 45.4	☁️ 38.7	🌧️ 25.0	☁️ 31.8	33.7		☁️ 33.7		
% Low Health Literacy	☁️ 22.9	☁️ 22.8	☁️ 24.8	☁️ 20.1	☀️ 16.0	☁️ 25.2	22.2		☁️ 23.3		
Primary Care Doctors per 100,000							125.4	☀️ 85.6	☀️ 74.5		

Access to Health Services (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			TREND
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	
% [Age 18+] Have a Specific Source of Ongoing Care	☁️ 74.9	☁️ 74.0	☀️ 83.7	☀️ 83.9	☁️ 77.2	☁️ 79.5	77.9		☀️ 74.0	🌧️ 95.0	
% [Age 18-64] Have a Specific Source of Ongoing Care	☁️ 71.1	☁️ 70.4	☀️ 81.7	☀️ 85.9	☁️ 73.8	☁️ 75.6	74.8		☁️ 73.1	🌧️ 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care							88.0		☀️ 76.8	🌧️ 100.0	
% Have Had Routine Checkup in Past Year	☁️ 67.1	☁️ 70.1	☁️ 69.8	☁️ 73.5	☁️ 76.7	☁️ 75.7	71.2	🌧️ 75.9	☁️ 70.5		☁️ 68.0
% Child Has Had Checkup in Past Year							85.4		☁️ 89.3		
% Two or More ER Visits in Past Year	🌧️ 12.0	☁️ 4.7	☀️ 2.1	☀️ 3.5	☀️ 2.5	🌧️ 12.3	7.1		☁️ 8.5		
% Rate Local Healthcare "Fair/Poor"	🌧️ 18.8	☁️ 11.5	☀️ 4.3	☀️ 7.4	☀️ 6.5	☁️ 14.9	11.9		☁️ 14.2		

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☀️	☁️	🌧️
better	similar	worse

Each Sub-Area vs. Others | Bergen County vs. Benchmarks

Arthritis, Osteoporosis & Chronic Back Conditions	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	☁ 29.7	☁ 29.6	☁ 26.8	☁ 27.5	☁ 24.0	☁ 33.8	28.6		☁ 32.0		
% [50+] Osteoporosis	☁ 8.2	☁ 8.3	☁ 8.6	☁ 8.7	☁ 11.8	☁ 5.3	8.5		☁ 8.7	⛈ 5.3	
% Sciatica/Chronic Back Pain	☁ 21.1	☁ 17.8	☀ 15.8	☁ 17.3	☁ 24.2	⛈ 27.0	20.7		☁ 19.4		
% Caregiver to a Friend/Family Member	☁ 25.2	☁ 25.2	☁ 18.4	☁ 24.4	☀ 13.7	☁ 24.0	22.1		☁ 20.9		

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☀	☁	⛈
better	similar	worse

Each Sub-Area vs. Others | Bergen County vs. Benchmarks

Cancer	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)							142.2	☀ 157.5	☀ 163.6	☀ 161.4	
Lung Cancer (Age-Adjusted Death Rate)							32.6	☀ 38.5	☀ 43.4	☀ 45.5	
Prostate Cancer (Age-Adjusted Death Rate)							5.9	☀ 18.5	☀ 19.2	☀ 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)							11.4	☀ 22.5	☀ 20.9	☀ 20.7	

Cancer (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			TREND
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	
Colorectal Cancer (Age-Adjusted Death Rate)							12.8	☀ 15.0	☀ 14.6	☀ 14.5	
Prostate Cancer Incidence per 100,000							149.0	☀ 157.3	🌧 131.7		
Female Breast Cancer Incidence per 100,000							134.1	☁ 130.2	🌧 123.0		
Lung Cancer Incidence per 100,000							50.7	☀ 60.0	☀ 63.7		
Colorectal Cancer Incidence per 100,000							40.3	☀ 44.4	☁ 41.9		
Cervical Cancer Incidence per 100,000							7.3	☀ 8.0	☀ 7.7		
% Cancer	☁ 8.4	☁ 7.3	☁ 9.0	☁ 10.1	☁ 8.4	☁ 10.9	8.8				☁ 9.0
% [Women 40+] Mammogram in Past 2 Years	🌧 57.8	☁ 66.1	☁ 68.4	☁ 70.4	☁ 76.0	☁ 72.8	66.6	🌧 74.4	🌧 74.4	☁ 68.0	
% [Women 50-74] Mammogram in Past 2 Years	☁ 67.7	☁ 71.0	☁ 67.9	☁ 73.5	☁ 81.1	☁ 79.4	72.2	🌧 78.2	🌧 80.3	🌧 81.1	
% [Women 21-65] Pap Smear in Past 3 Years	☁ 70.1	☁ 84.3	☁ 77.7	☁ 80.9	🌧 62.8	☀ 84.6	74.5	🌧 83.8	🌧 84.8	🌧 93.0	☁ 77.0

Each Sub-Area vs. Others

Cancer (continued)	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen
% [Age 50+] Sigmoid/Colonoscopy Ever	☁️ 70.8	☁️ 74.8	☁️ 73.0	☁️ 79.1	☀️ 84.1	☁️ 78.3
% [Age 50+] Blood Stool Test in Past 2 Years	☀️ 36.4	☁️ 31.8	☁️ 26.8	🌧️ 18.4	☁️ 23.6	☁️ 24.3
% [Age 50-75] Colorectal Cancer Screening	☁️ 67.2	☁️ 73.8	☁️ 73.1	☁️ 77.6	☁️ 81.2	☁️ 72.6
% Difficulty Obtaining Cancer Screening in Past Year	☁️ 7.2	☁️ 4.9	☀️ 2.7	☁️ 3.0	☁️ 2.5	☁️ 7.8

Bergen County vs. Benchmarks

Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
75.4	☀️ 67.7	☁️ 75.6		☀️ 65.0
29.1	☀️ 11.7	☁️ 31.8		
72.8	☀️ 65.0	☁️ 74.5	☁️ 70.5	
5.1				

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☀️ better	☁️ similar	🌧️ worse

Each Sub-Area vs. Others

Chronic Kidney Disease	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen
Kidney Disease (Age-Adjusted Death Rate)						
% Kidney Disease	☁️ 4.4	☁️ 2.3	☀️ 0.7	☁️ 2.6	☁️ 3.0	☁️ 4.0

Bergen County vs. Benchmarks

Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
12.1	☀️ 13.5	☀️ 13.2		
3.1	☁️ 2.4	☁️ 3.6		

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☀️ better	☁️ similar	🌧️ worse

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)							14.9	☀ 16.9	☀ 24.2		
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	☁ 9.2	☁ 11.0	☁ 9.4	☁ 7.6	☁ 11.7	☁ 13.0	10.2		☁ 12.8		

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☀ better	☁ similar	🌧 worse

Diabetes	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)							14.0	☀ 19.3	☀ 21.1	☀ 20.5	
% Diabetes/High Blood Sugar	☀ 5.3	☁ 10.3	☁ 6.9	☁ 7.2	🌧 14.9	🌧 14.2	9.2	☁ 9.7	☀ 14.5		☁ 10.0
% Borderline/Pre-Diabetes	☁ 10.0	☁ 11.7	☀ 5.3	☁ 8.5	☁ 8.7	☁ 6.3	8.6	🌧 1.4	🌧 5.7		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	☁ 53.6	☁ 51.7	☁ 60.7	☁ 57.0	☁ 49.1	☀ 62.7	55.3		☁ 55.1		

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☀ better	☁ similar	🌧 worse

Hearing & Other Sensory or Communication Disorders	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	☁ 9.2	☀ 4.8	☁ 10.2	☁ 8.5	☁ 9.3	☁ 12.3	9.1		☁ 8.6		

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☀ better ☁ similar 🌧 worse

Heart Disease & Stroke	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)							143.9	☀ 169.3	☀ 169.1	☀ 156.9	
Stroke (Age-Adjusted Death Rate)							27.2	☀ 32.2	☀ 36.5	☀ 34.8	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	☁ 9.1	☁ 3.8	☁ 6.8	☁ 3.6	☁ 3.6	☁ 6.8	6.3		☁ 6.9		
% Stroke	☁ 3.1	☁ 6.6	☀ 0.9	☁ 4.3	☁ 2.0	☁ 4.4	3.4	☁ 2.6	☁ 2.6		
% Blood Pressure Checked in Past 2 Years	🌧 82.2	☁ 93.6	☀ 96.3	☀ 94.7	☁ 90.1	☀ 94.6	90.1		🌧 93.6	🌧 92.6	
% Told Have High Blood Pressure (Ever)	☁ 36.0	☁ 37.8	☁ 36.9	☁ 33.5	☁ 39.9	☁ 36.7	36.9	🌧 31.1	☁ 36.5	🌧 26.9	🌧 28.0
% [HBP] Taking Action to Control High Blood Pressure							92.7		☁ 92.5		

Each Sub-Area vs. Others

Bergen County vs. Benchmarks

Heart Disease & Stroke (continued)	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
% Cholesterol Checked in Past 5 Years	⛈ 83.6	☁ 89.7	☁ 91.4	☀ 94.2	☁ 92.1	☁ 90.1	88.9	☀ 81.0	☁ 87.4	☀ 82.1	☁ 90.0
% Told Have High Cholesterol (Ever)	☁ 39.4	☁ 38.1	☁ 42.8	☁ 36.4	☁ 41.7	☁ 37.5	39.6		⛈ 33.5	⛈ 13.5	
% [HBC] Taking Action to Control High Blood Cholesterol	☁ 82.6	☁ 86.4	☁ 86.0	☁ 76.3	☁ 84.5	☁ 81.1	83.4		☁ 84.2		
% 1+ Cardiovascular Risk Factor	☁ 86.7	☁ 81.7	☁ 81.2	☁ 81.3	☁ 77.8	☁ 85.8	83.1		☁ 83.0		

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☀ better	☁ similar	⛈ worse

Each Sub-Area vs. Others

Bergen County vs. Benchmarks

HIV	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)							0.7	☀ 2.8	☀ 2.1	☀ 3.3	
HIV Prevalence per 100,000							240.2	☀ 505.8	☀ 353.2		
% [Age 18-44] HIV Test in the Past Year							29.1		☁ 21.3		

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☀ better	☁ similar	⛈ worse

Each Sub-Area vs. Others

Bergen County vs. Benchmarks

Immunization & Infectious Diseases	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year							55.3	☁ 59.4	☁ 58.9	🌧 70.0	
% [High-Risk 18-64] Flu Vaccine in Past Year							41.5		☁ 48.0	🌧 70.0	
% [Age 65+] Pneumonia Vaccine Ever							67.4	☁ 64.1	🌧 76.3	🌧 90.0	
% [High-Risk 18-64] Pneumonia Vaccine Ever							38.6		☁ 38.7	🌧 60.0	

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☀	☁	🌧
better	similar	worse

Each Sub-Area vs. Others

Bergen County vs. Benchmarks

Injury & Violence Prevention	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)							23.7	☀ 31.5	☀ 39.7	☀ 36.4	
Motor Vehicle Crashes (Age-Adjusted Death Rate)							4.2	☀ 6.2	☀ 10.6	☀ 12.4	
% [Age 45+] Fell in the Past Year	☁ 20.1	☁ 21.3	☁ 25.8	☁ 28.2	☁ 29.5	☁ 24.3	23.9		☁ 28.2		
[65+] Falls (Age-Adjusted Death Rate)							29.2	☁ 29.1	☀ 57.2	☀ 47.0	

Injury & Violence Prevention (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Firearm-Related Deaths (Age-Adjusted Death Rate)							1.8	better 5.4	better 10.4	better 9.3	
% Firearm in Home	similar 6.9	similar 7.5	worse 13.7	similar 11.3	similar 8.4	similar 9.9	9.1		better 33.8		
% [Homes With Children] Firearm in Home							10.8		better 31.0		
% [Homes With Firearms] Weapon(s) Unlocked & Loaded							18.2		similar 20.4		
Homicide (Age-Adjusted Death Rate)							1.3	better 4.7	better 5.2	better 5.5	
Violent Crime per 100,000							97.6	better 302.0	better 395.5		
% Perceive Neighborhood as "Slightly/Not At All Safe"	similar 8.8	similar 10.5	better 2.1	similar 4.4	similar 4.0	similar 7.2	6.6		better 15.3		
% Victim of Violent Crime in Past 5 Years	similar 2.8	similar 2.3	better 0.0	similar 0.8	similar 1.6	similar 3.6	2.0		similar 2.3		
% Victim of Domestic Violence (Ever)	similar 12.4	similar 11.3	similar 10.4	better 6.8	similar 7.9	similar 14.6	11.0		better 15.1		

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better | similar | worse

Maternal, Infant & Child Health	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Infant Death Rate							3.4	☀️ 4.4	☀️ 5.9	☀️ 6.0	

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☀️	☁️	🌧️	
better	similar	worse	

Mental Health & Mental Disorders	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	☁️ 12.1	☁️ 10.8	☁️ 8.3	☁️ 7.2	☁️ 9.4	☁️ 13.1	10.6		☀️ 15.5		
% Diagnosed Depression	☁️ 9.7	☁️ 9.9	☁️ 12.6	☁️ 8.2	☁️ 12.6	☁️ 16.3	11.4	☁️ 13.4	☀️ 17.9		
% Symptoms of Chronic Depression (2+ Years)	🌧️ 33.7	☁️ 24.6	☀️ 15.2	☀️ 11.0	☁️ 29.7	☁️ 31.8	26.6		☁️ 29.9		
Suicide (Age-Adjusted Death Rate)							7.6	☁️ 7.9	☀️ 12.7	☀️ 10.2	
% Ever Sought Help for Mental Health	☁️ 20.5	☁️ 22.1	☁️ 28.5	☁️ 19.0	☁️ 23.7	☁️ 27.8	23.4		🌧️ 27.4		
% Taking Rx/Receiving Mental Health Trtmt	☁️ 8.9	☁️ 9.9	☁️ 11.7	☁️ 7.9	☁️ 9.4	☁️ 14.6	10.3		☀️ 13.6		
% Unable to Get Mental Health Svcs in Past Yr	☁️ 6.3	☁️ 4.2	☀️ 1.9	☀️ 2.0	☁️ 4.5	☁️ 6.8	4.7		☁️ 4.4		

Mental Health & Mental Disorders (continued)

Mental Health & Mental Disorders (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% Typical Day Is "Extremely/Very" Stressful	⛅ 16.1	⛅ 12.3	⛅ 10.8	⛅ 12.5	⛅ 15.3	⛅ 17.1	14.4		⛅ 11.7		
% Average <7 Hours of Sleep per Night	⛅ 42.7	⛅ 35.3	☀️ 31.7	☀️ 28.9	⛅ 37.6	🌧️ 51.6	39.1		⛅ 39.5		

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☀️	⛅	🌧️
better	similar	worse

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	🌧️ 23.1	⛅ 34.1	☀️ 42.6	⛅ 34.0	⛅ 24.5	⛅ 33.9	30.5		⛅ 27.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	⛅ 15.0	⛅ 14.3	⛅ 11.6	⛅ 12.3	⛅ 13.9	🌧️ 25.2	15.3		☀️ 21.9		
Population With Low Food Access (Percent)							11.7	☀️ 26.3	☀️ 23.6		
% 7+ Sugar-Sweetened Drinks in Past Week	⛅ 19.3	⛅ 13.7	⛅ 13.1	⛅ 11.8	⛅ 21.2	⛅ 18.3	16.9		☀️ 30.2		
% Healthy Weight (BMI 18.5-24.9)	⛅ 30.6	⛅ 33.4	⛅ 40.7	⛅ 37.3	⛅ 40.4	⛅ 34.6	35.3	⛅ 35.1	⛅ 32.9	⛅ 33.9	
% Overweight (BMI 25+)	⛅ 64.7	⛅ 59.4	⛅ 57.2	⛅ 60.8	⛅ 59.3	⛅ 61.9	61.2	⛅ 63.2	⛅ 65.2		⛅ 58.0

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% Obese (BMI 30+)	26.9	18.6	26.1	19.3	26.2	30.1	25.3	26.9	33.4	30.5	22.0
% Medical Advice on Weight in Past Year	25.8	19.9	20.6	20.2	20.6	29.2	23.2		20.4		
% [Overweights] Counseled About Weight in Past Year	32.0	29.2	28.6	25.4	33.4	40.2	31.8		27.1		
% [Obese Adults] Counseled About Weight in Past Year							44.8		40.8		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	55.0	73.4	63.7	65.1	73.7	70.1	64.6		57.0		
% Children [Age 5-17] Overweight (85th Percentile)							28.5		24.2		
% Children [Age 5-17] Obese (95th Percentile)							18.6		9.5	14.5	
% No Leisure-Time Physical Activity	24.9	25.8	18.5	18.9	24.5	24.4	23.4	23.3	27.9	32.6	30.0
% Meeting Physical Activity Guidelines	22.4	21.8	30.4	25.2	28.9	28.7	25.7	21.6	23.6	20.1	29.0
Recreation/Fitness Facilities per 100,000							19.8	14.3	9.7		

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% Child [Age 2-17] Physically Active 1+ Hours per Day							33.6		⛈️ 47.9		

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☀️ better   ☁️ similar   ⛈️ worse

Oral Health	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	☁️ 70.1	☁️ 74.9	☁️ 78.0	☀️ 82.3	☁️ 70.8	☁️ 68.7	73.0	☁️ 70.2	☀️ 67.2	☀️ 49.0	
% Child [Age 2-17] Dental Visit in Past Year							74.7		⛈️ 90.7	☀️ 49.0	
% Have Dental Insurance	☁️ 64.5	☁️ 68.6	☁️ 67.5	☁️ 68.0	☁️ 70.6	☁️ 67.9	67.3		☁️ 66.5		☀️ 58.0

Note: In the green section, 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 Diseases	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)							21.6	☀ 30.4	☀ 41.4		
Pneumonia/Influenza (Age-Adjusted Death Rate)							10.9	☀ 11.5	☀ 15.1		
% COPD (Lung Disease)	☁ 11.8	☁ 10.6	☁ 7.0	☁ 8.0	☁ 7.9	🌧 15.2	10.3	🌧 5.6	☁ 9.5		
% Adults Asthma (Ever Diagnosed)	🌧 23.0	☁ 15.0	☁ 12.8	☁ 13.7	☁ 12.8	☁ 15.3	16.7	🌧 12.4	☁ 15.4		🌧 11.0
% [Adult] Currently Has Asthma	☁ 11.5	☁ 9.4	☀ 5.1	☁ 7.0	☁ 7.2	☁ 11.3	9.0	☁ 8.3	☁ 9.5		
% [Ever Having Asthma] ER/Urgent Care for Asthma in Past Year	☁ 13.8	☀ 2.3	☁ 4.1	☁ 20.0	☀ 0.0	🌧 30.2	11.8				☁ 11.0
% [Child 0-17] Currently Has Asthma							3.6		☁ 6.5		

Note: In the green section, 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

Sexually Transmitted Diseases	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000							22.9	☀ 74.6	☀ 110.7		
Chlamydia Incidence per 100,000							169.4	☀ 335.2	☀ 456.1		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year							11.2		☁ 10.3		
% [Unmarried 18-64] Using Condoms							49.9		☁ 44.5		

Note: In the green section, 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 Abuse	Each Sub-Area vs. Others						Bergen County	Bergen County vs. Benchmarks			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)							4.9	☀ 7.3	☀ 10.2	☀ 8.2	
% Current Drinker	☁ 66.2	☁ 63.0	⛈ 76.9	⛈ 77.8	☁ 73.4	☀ 59.6	68.8	⛈ 56.3	⛈ 59.7		
% Excessive Drinker	☁ 23.8	☁ 27.7	☁ 22.3	☀ 16.9	☁ 28.1	☁ 20.3	23.8		☁ 22.2	☁ 25.4	☁ 24.0
% Drinking & Driving in Past Month	☁ 7.4	☁ 5.5	☁ 3.9	☀ 2.5	☁ 7.8	☁ 5.3	5.9		☁ 4.1		

Each Sub-Area vs. Others

Substance Abuse (continued)	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
Drug-Induced Deaths (Age-Adjusted Death Rate)							**9.6**	☀ 14.5	☀ 14.6	☀ 11.3	
% Took Prescription Drugs On Own in Past Year	☁ 6.5	☁ 3.8	☀ 2.3	☁ 3.2	☁ 7.1	☁ 7.8	**5.4**				☀ 9.0
% Used Marijuana in Past Year	🌧 12.4	☀ 3.4	☀ 3.9	☁ 8.1	☀ 3.1	☁ 6.1	**7.1**				🌧 5.0
% Illegal Drug Use in Past Year	🌧 4.0	☀ 0.0	☁ 1.0	☀ 0.0	☁ 2.4	☁ 0.9	**1.9**				
% Ever Sought Help for Alcohol or Drug Problem	☁ 4.4	🌧 0.4	☁ 1.1	🌧 0.5	☁ 2.2	☁ 2.9	**2.4**		🌧 4.1		
% Life Negatively Affected by Substance Abuse	☁ 34.8	☀ 23.4	☁ 28.9	☁ 24.8	☁ 28.0	☁ 32.9	**30.1**		☁ 32.2		

Note: In the green section, 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

Each Sub-Area vs. Others

Tobacco Use	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
% Current Smoker	☁ 9.7	☁ 11.0	☀ 6.1	☁ 6.4	☁ 10.8	☁ 14.5	**9.8**	☀ 15.1	☀ 14.0	☀ 12.0	☁ 12.0
% Someone Smokes at Home	☁ 13.1	☁ 11.4	☁ 9.2	☀ 5.2	☀ 4.3	☁ 14.1	**10.3**		☁ 10.2		

Each Sub-Area vs. Others / Bergen County vs. Benchmarks

Tobacco Use (continued)	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
% [Nonsmokers] Someone Smokes in the Home	☁ 4.1	☁ 4.7	☁ 5.9	☁ 2.7	☁ 2.1	☁ 8.5	4.6		☁ 3.9		
% [Household With Children] Someone Smokes in the Home							9.4		☁ 10.2		
% [Smokers] Received Advice to Quit Smoking							73.5		☁ 76.0		
% [Smokers] Have Quit Smoking 1+ Days in Past Year							52.9		☁ 43.7	🌧 80.0	
% Currently Use Electronic Cigarettes	☁ 5.4	☁ 5.1	☀ 1.4	☀ 0.0	☁ 3.9	☁ 4.9	3.9		☁ 3.8		

Note: In the green section, 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

Each Sub-Area vs. Others / Bergen County vs. Benchmarks

Vision	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	vs. NJ	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	☁ 8.6	☁ 6.2	☁ 5.1	☁ 3.9	☁ 4.0	☁ 10.2	6.8	🌧 3.9	☁ 7.3		
% Eye Exam in Past 2 Years	☁ 62.8	☁ 68.7	☁ 64.1	☁ 61.2	☁ 70.2	☁ 65.4	65.3		☀ 59.3		

Note: In the green section, 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

Community Description

Population Characteristics

Total Population

Bergen County, New Jersey, the focus of this Community Health Needs Assessment, encompasses 233.1 square miles and houses a total population of 920,456 residents, according to latest census estimates.

Total Population
(Estimated Population, 2010-2014)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Bergen County	920,456	233.1	3,949.6
New Jersey	8,874,374	7,354.8	1,206.6
United States	314,107,083	3,531,932.3	88.9

Sources: ● US Census Bureau American Community Survey 5-year estimates.
        ● Retrieved April 2016 from Community Commons at http://www.chna.org.

Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of Bergen County increased by 20,998 persons, or 2.4%.

- A smaller proportional increase than seen across both the state and the nation overall.

Change in Total Population
(Percentage Change Between 2000 and 2010)

An increase of 20,998 persons

Bergen County	NJ	US
2.4%	4.5%	9.8%

Sources: ● Retrieved April 2016 from Community Commons at http://www.chna.org.
● US Census Bureau Decennial Census (2000-2010).
Notes: ● A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The following map provides an illustration of the change in population between 2000 and 2010.

Population Change, Percent by Tract, US Census 2000-2010

Map Legend

Population Change, Percent by Tract, US Census 2000 - 2010
- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

Community Commons, 2/20/2016
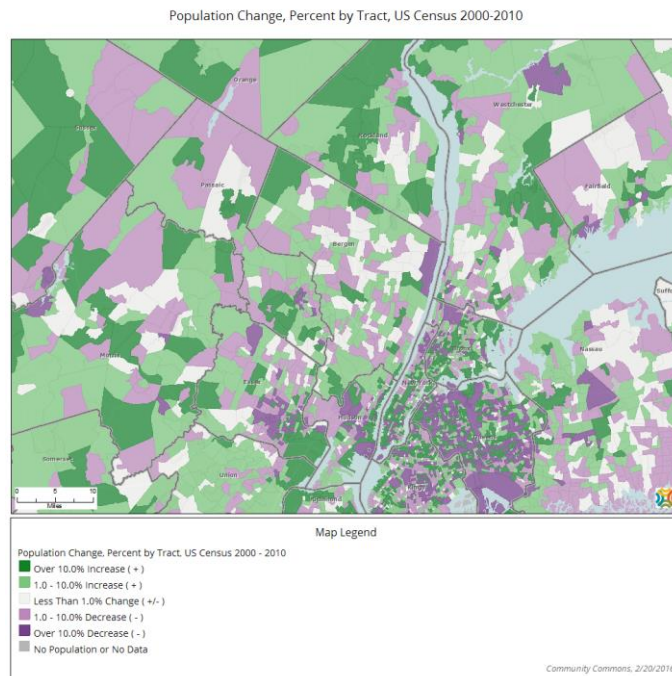
Urban/Rural Population

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.

- Higher than the proportions found in New Jersey and nationally.

Urban and Rural Population
(2010)

☐ % Urban   ■ % Rural

	Bergen County	NJ	US
% Urban	99.9%	94.7%	80.9%
% Rural	0.1%	5.3%	19.1%
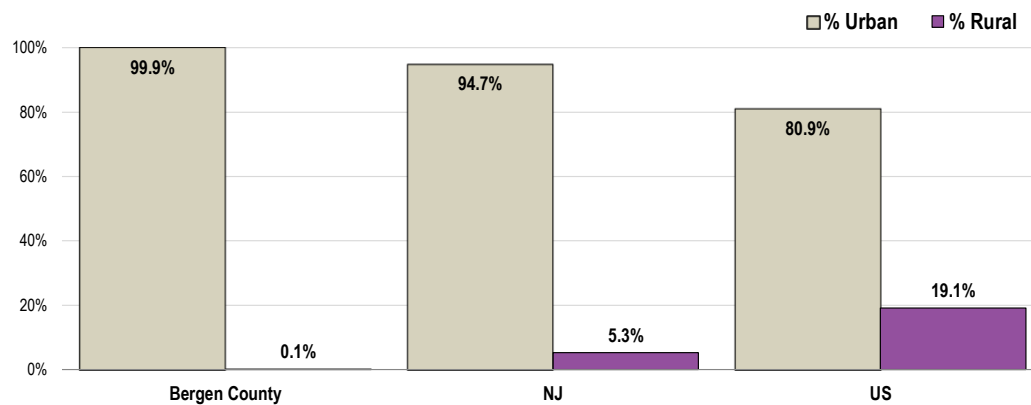
Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2016 from Community Commons at http://www.chna.org.

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.

- Note the following map outlining the urban population in Bergen County census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010

Map Legend

Urban Population, Percent by Tract, US Census 2010
- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Community Commons, 2/20/2016
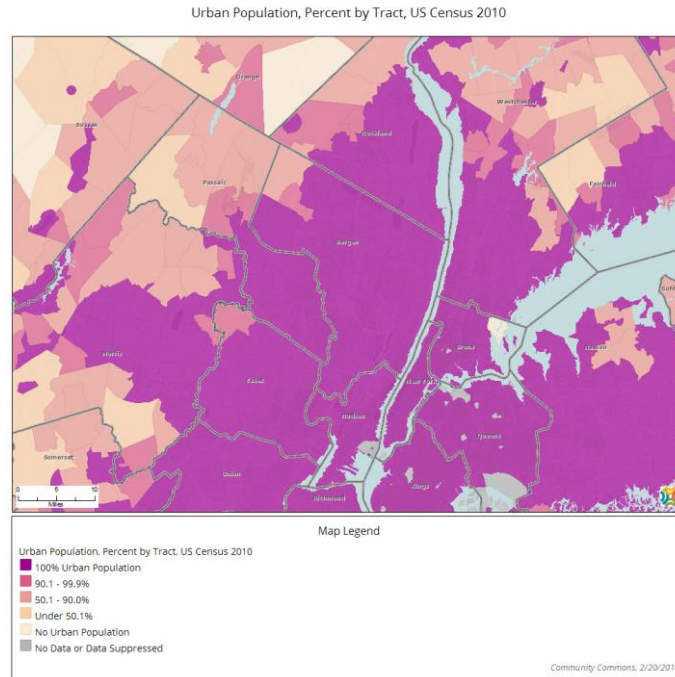
Age

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

In Bergen County, 22.1% of the population are infants, children or adolescents (age 0-17); another 62.4% are age 18 to 64, while 15.5% are age 65 and older.

- This distribution is similar to that found statewide and nationwide.

Total Population by Age Groups, Percent
(2010-2014)
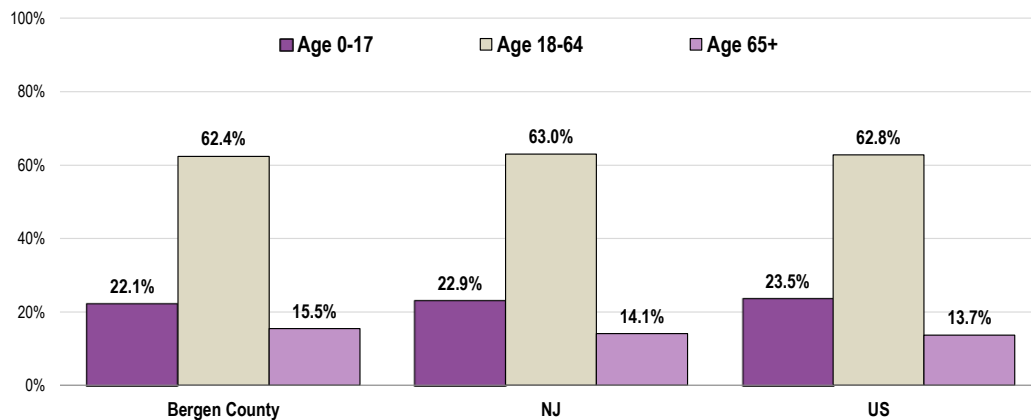
■ Age 0-17　　□ Age 18-64　　■ Age 65+

	Age 0-17	Age 18-64	Age 65+
Bergen County	22.1%	62.4%	15.5%
NJ	22.9%	63.0%	14.1%
US	23.5%	62.8%	13.7%

Sources:　● US Census Bureau American Community Survey 5-year estimates.
　　　　　● Retrieved April 2016 from Community Commons at http://www.chna.org.

Median Age

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

Median Age
(2010-2014)
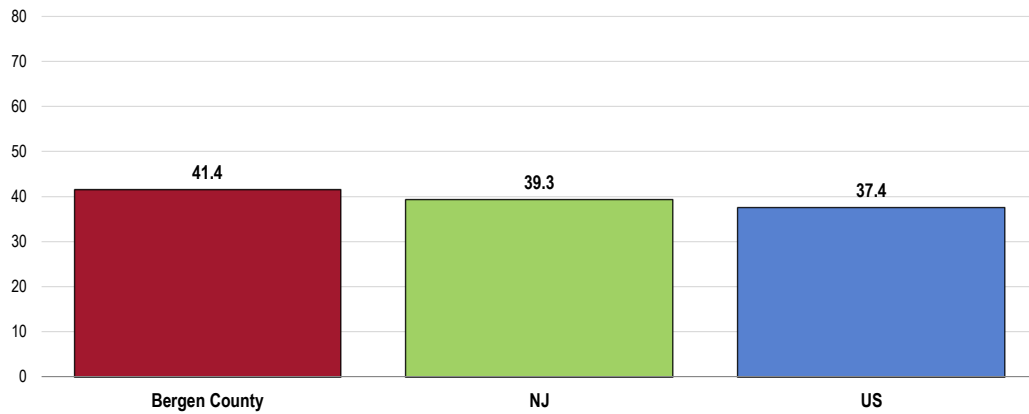
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved April 2016 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Bergen County, segmented by census tract. Note that the Central and Southern portions of the county are "younger" overall.

Median Age, by Tract, ACS 2010-2014

Map Legend

Median Age by Tract, ACS 2010-14
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Community Commons, 2/20/2016

Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 71.2% of residents of Bergen County are White, 15.2% are Asian, and 5.7% are Black.

- In particular, note that Bergen County has a comparatively high Asian population.

Total Population by Race Alone, Percent
(2010-2014)
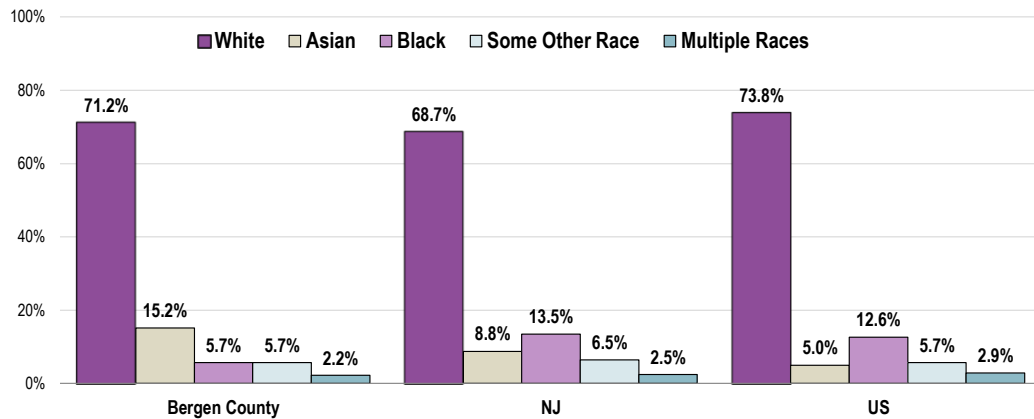
Legend: ■ White ☐ Asian ■ Black ☐ Some Other Race ☐ Multiple Races

Bergen County: White 71.2%, Asian 15.2%, Black 5.7%, Some Other Race 5.7%, Multiple Races 2.2%
NJ: White 68.7%, Asian 8.8%, Black 13.5%, Some Other Race 6.5%, Multiple Races 2.5%
US: White 73.8%, Asian 5.0%, Black 12.6%, Some Other Race 5.7%, Multiple Races 2.9%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Ethnicity

A total of 17.4% of Bergen County residents are Hispanic or Latino.

- Slightly lower than the New Jersey percentage.
- Similar to the US figure.

Hispanic Population
(2010-2014)

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.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.

- The Hispanic population appears to be most concentrated in Central Bergen, Southwest Bergen, and Southeast Bergen.

Population Hispanic or Latino, Percent by Tract, ACS 2010-2014

Map Legend

Population, Hispanic or Latino, Percent by Tract, ACS 2010-14
- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Hispanic Population Reported
- No Data or Data Suppressed

Community Commons, 2/20/2016

Between 2000 and 2010, the Hispanic population in Bergen County increased by 53,905 or 59.0%.

- Much higher (in terms of percentage growth) than found statewide and nationally.

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)
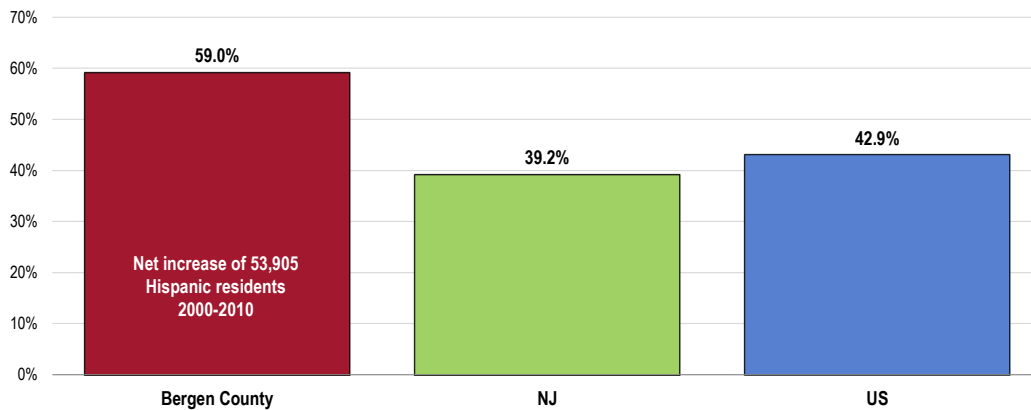
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 7.5% of the Bergen County population age 5 and older live in a home in which <u>no</u> persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Statistically higher than found statewide and nationally.

Linguistically Isolated Population
(2010-2014)
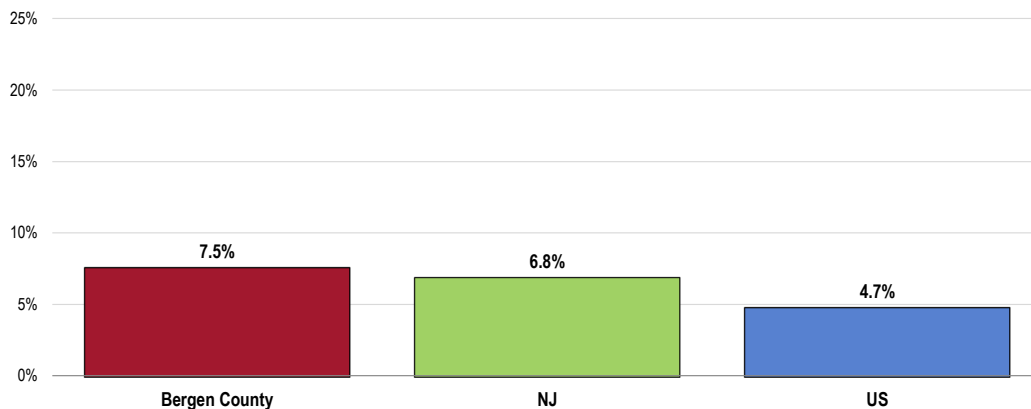
Sources:
- US Census Bureau American Community Survey 5-year estimates.
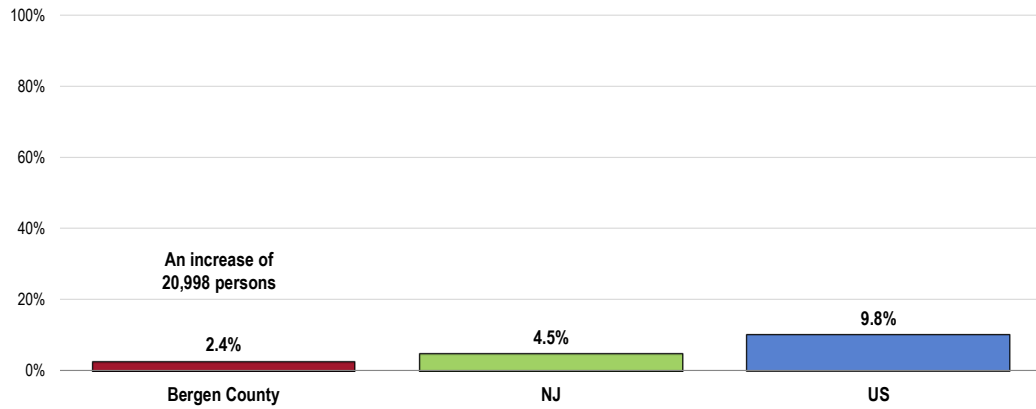- Retrieved April 2016 from Community Commons at http://www.chna.org.

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 in Bergen County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2010-2014
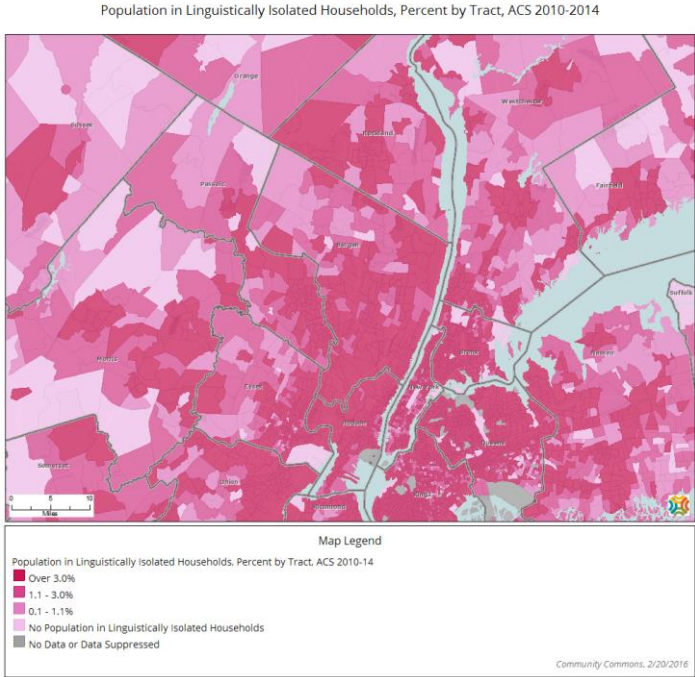
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

● Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 7.5% of Bergen County population living below the federal poverty level.

In all, 18.6% of Bergen County residents (an estimated 169,353 individuals) live below 200% of the federal poverty level.

● Lower than the proportions reported statewide and nationally.

Population in Poverty
(Populations Living Below 100% and Below 200% of the Poverty Level; 2010-2014)
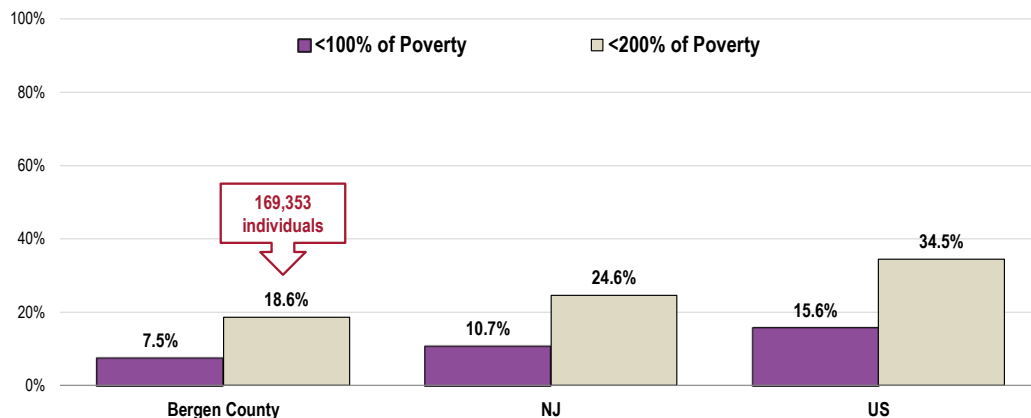
|	<100% of Poverty	<200% of Poverty
Bergen County	7.5%	18.6%
NJ	10.7%	24.6%
US	15.6%	34.5%

169,353 individuals
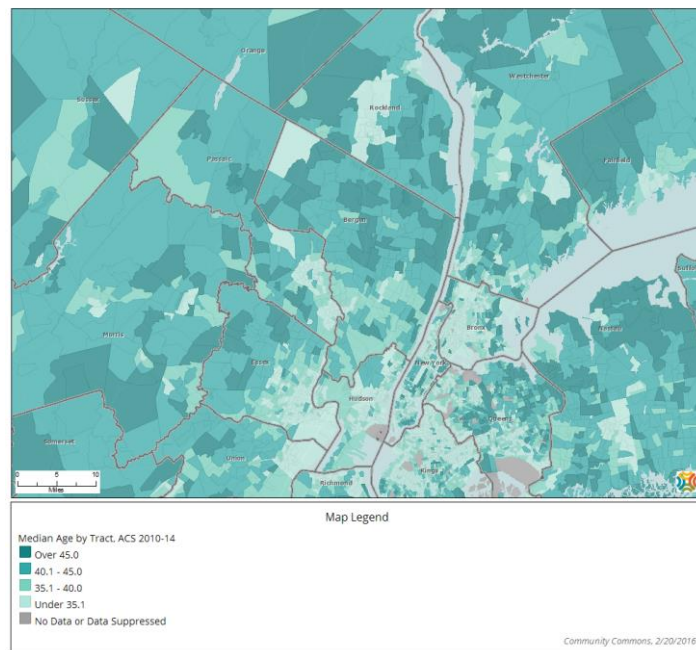
Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Retrieved April 2016 from Community Commons at http://www.chna.org.
Notes: ● Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

● Note the pockets of poverty (particularly in Central Bergen) in the following maps.

Population Below the Poverty Level, Percent by Tract, ACS 2010-2014

Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2010-14

■ Over 20.0%
■ 15.1 - 20.0%
■ 10.1 - 15.0%
■ Under 10.1%
■ No Data or Data Suppressed

Community Commons, 2/20/2016
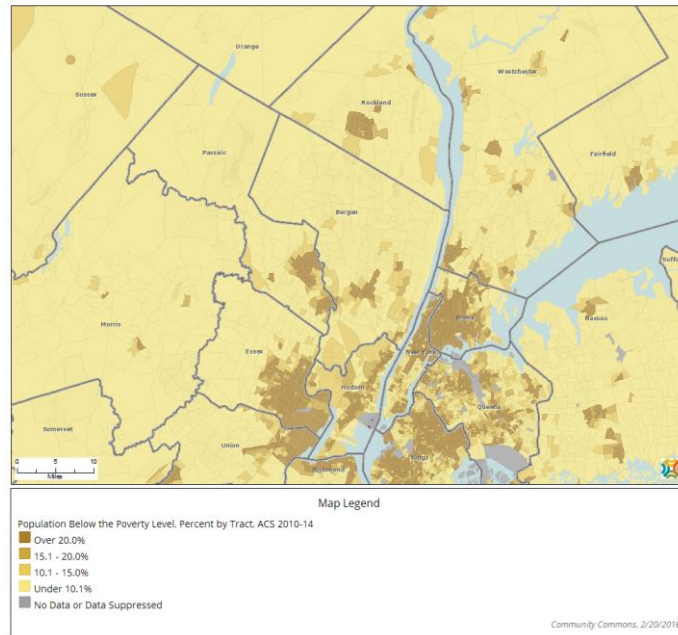
Population Below 200% of Poverty, Percent by Tract, ACS 2010-2014

Map Legend

Population Below 200% Poverty Level, Percent by Tract, ACS 2010-14

■ Over 50.0%
■ 38.1 - 50.0%
■ 26.1 - 38.0%
■ Under 26.1%
■ No Data or Data Suppressed

Community Commons, 2/20/2016
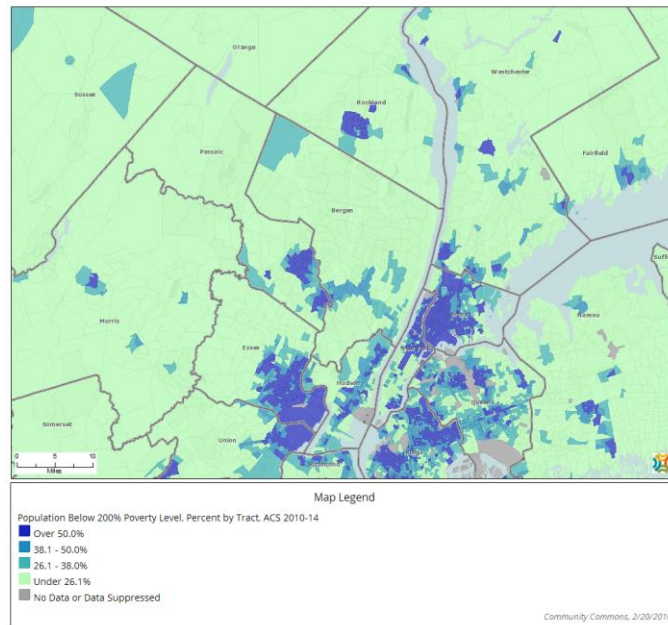
Children in Low-Income Households

Additionally, 20.8% of Bergen County children age 0-17 (representing an estimated 42,005 children) live below the 200% poverty threshold.

- Far below the proportions found statewide and nationwide.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2010-2014)
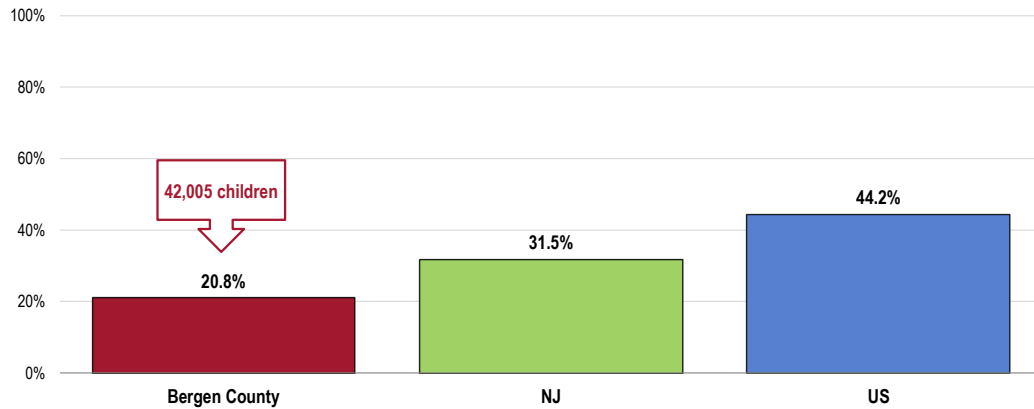
42,005 children

	Bergen County	NJ	US
	20.8%	31.5%	44.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

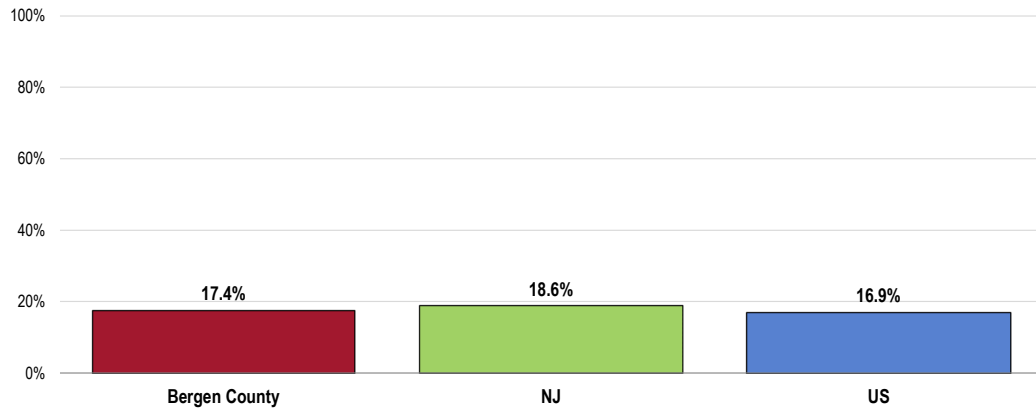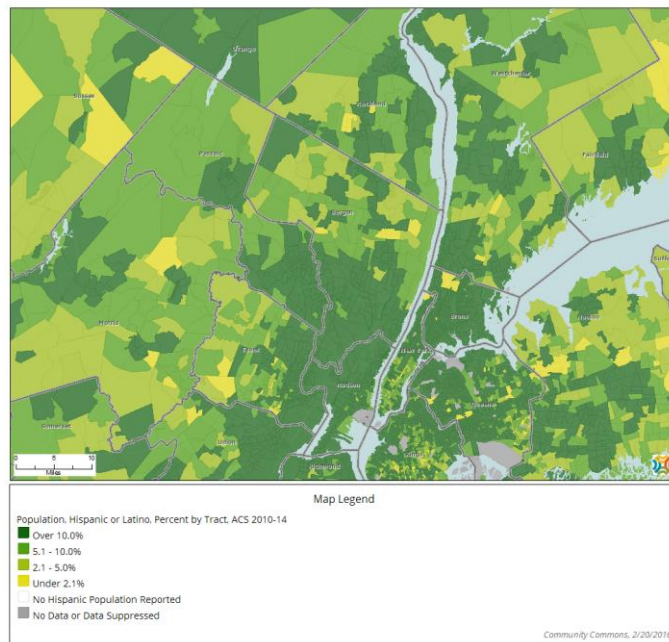Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the higher concentrations of children in lower-income households depicted in the following map.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2010-2014

Map Legend

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2010-14

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Community Commons, 2/20/2016
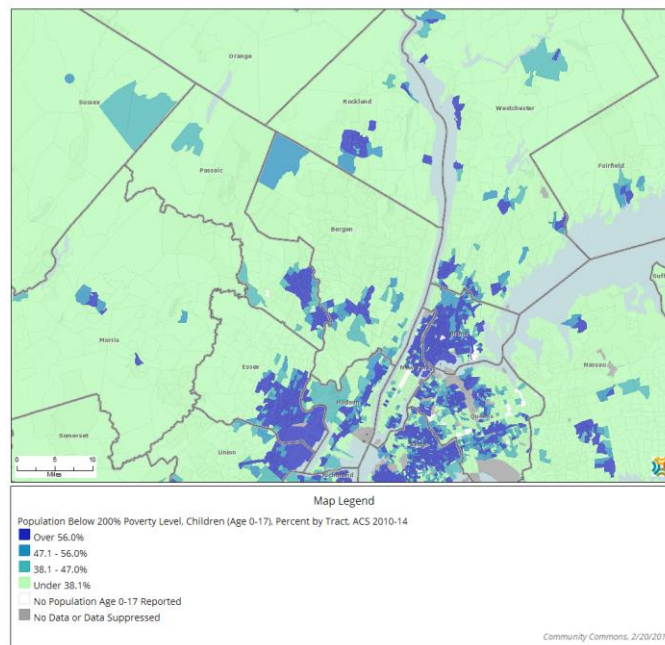
Education

Among the Bergen County population age 25 and older, an estimated 8.5% (over 54,000 people) do not have a high school education.

- More favorable than found statewide and nationally.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2010-2014)
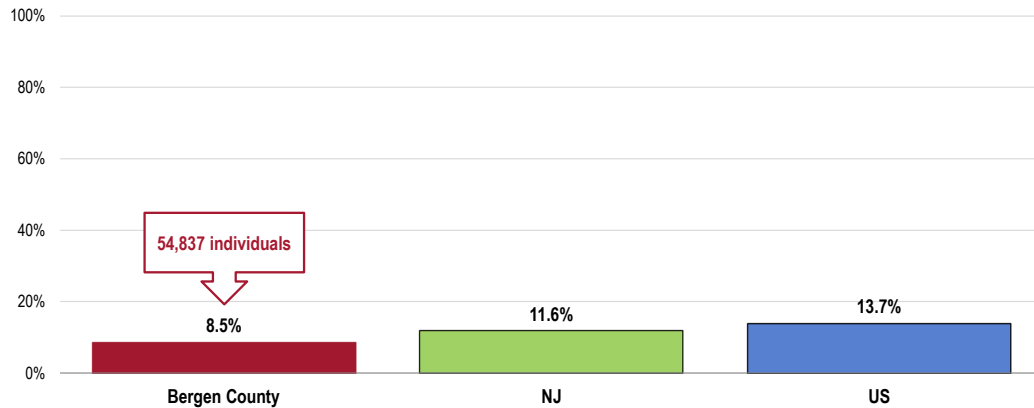
54,837 individuals

	Bergen County	NJ	US
	8.5%	11.6%	13.7%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

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

- Geographically, this indicator is more concentrated in Central Bergen.

Population With No High School Diploma, Percent by Tract, ACS 2010-2014

Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2010-14
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Community Commons, 2/20/2016
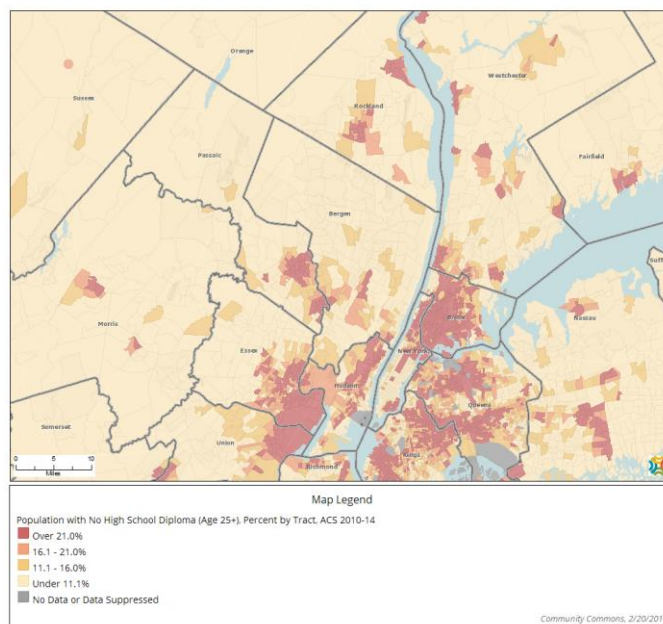
Employment

According to data derived from the US Department of Labor, the unemployment rate in Bergen County as of February 2016 was 3.8%.

- More favorable than the statewide and national unemployment rates.
- TREND: Unemployment for Bergen County has trended downward since 2010, echoing the state and national trends.

Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)
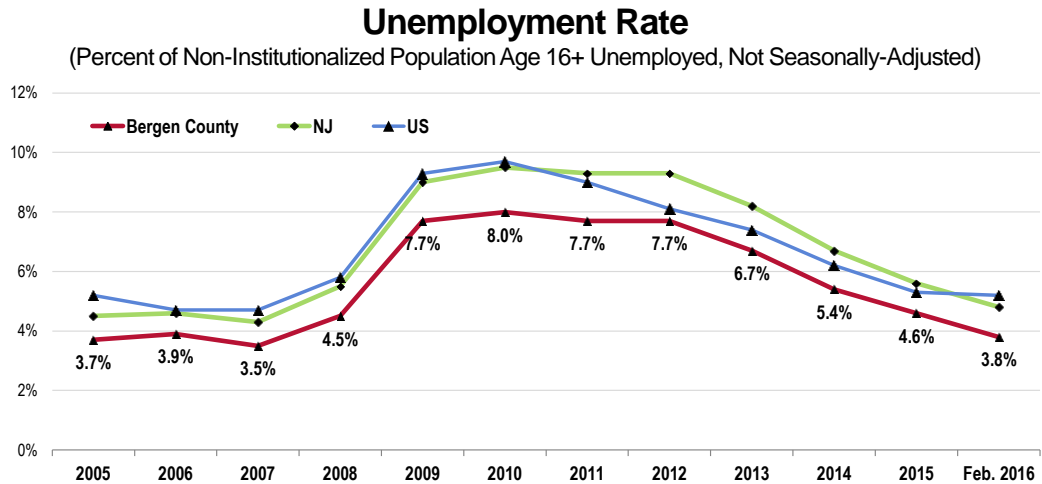
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

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.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (33.6%) do, reporting that they were "sometimes," "usually" or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year
(Bergen County, 2016)
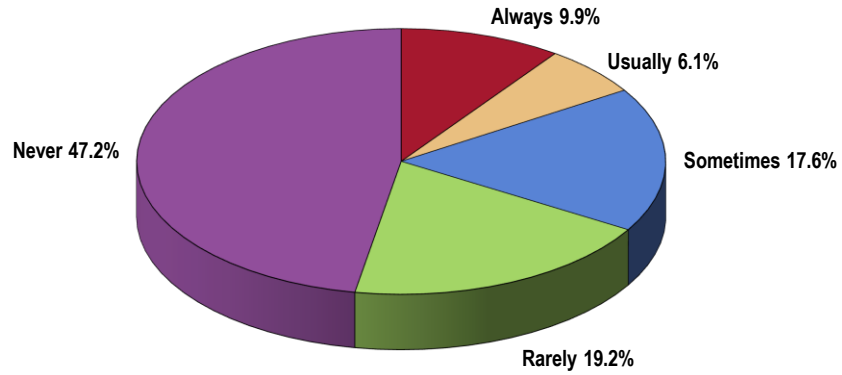
Always 9.9%

Usually 6.1%

Never 47.2%

Sometimes 17.6%

Rarely 19.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: ● Asked of all respondents.

● The Bergen County proportion of adults who worried about paying for rent or
mortgage in the past year is comparable to the US prevalence.

● Housing insecurity appears particularly high in Central Bergen.

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

42.4%	30.6%	27.6%	20.5%	27.8%	39.0%	33.6%	31.6%
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
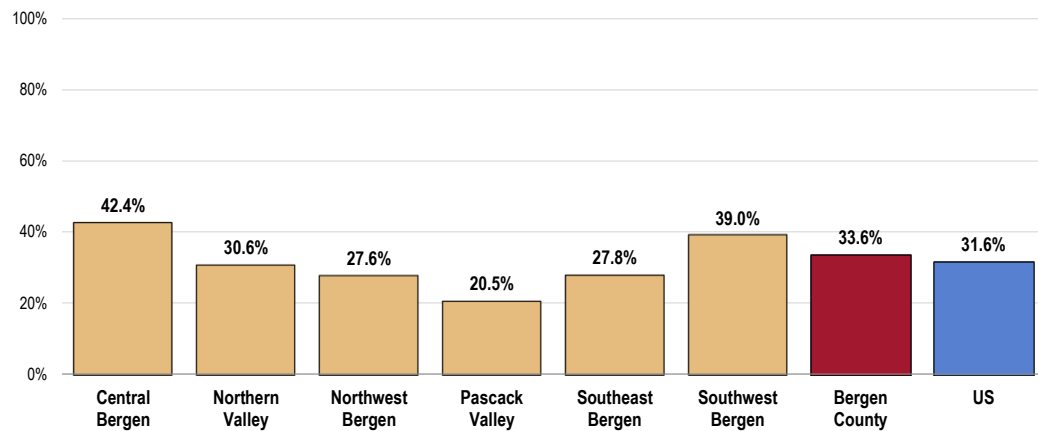
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

● Adults more likely to report housing insecurity include women, adults under age 65,
residents living at lower incomes, and Hispanics (negative correlation with age and
with household income).

"Always/Usually/Sometimes" Worried
About Paying Rent/Mortgage in the Past Year
(Bergen County, 2016)

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

Category	Value
Men	30.0%
Women	36.9%
18 to 39	42.7%
40 to 64	37.8%
65+	15.3%
Low Income	57.9%
Middle Income	43.3%
High Income	29.3%
White	26.6%
Asian	34.2%
Hispanic	57.5%
Black*	30.1%
Bergen County	33.6%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Food Insecurity

In the past year, 17.2% of Bergen County adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

A total of 14.0% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

Food Insecurity
(Bergen County, 2016)

■ Often True ■ Sometimes True ■ Never True

	Often True	Sometimes True	Never True
"In the past year, I worried about whether our food would run out before we had money to buy more."	3.1%	14.1%	82.8%
"In the past year, the food we bought just did not last, and we did not have money for more."	2.5%	11.5%	86.0%

US = 21.0% Often/Sometimes True

US = 19.9% Often/Sometimes True
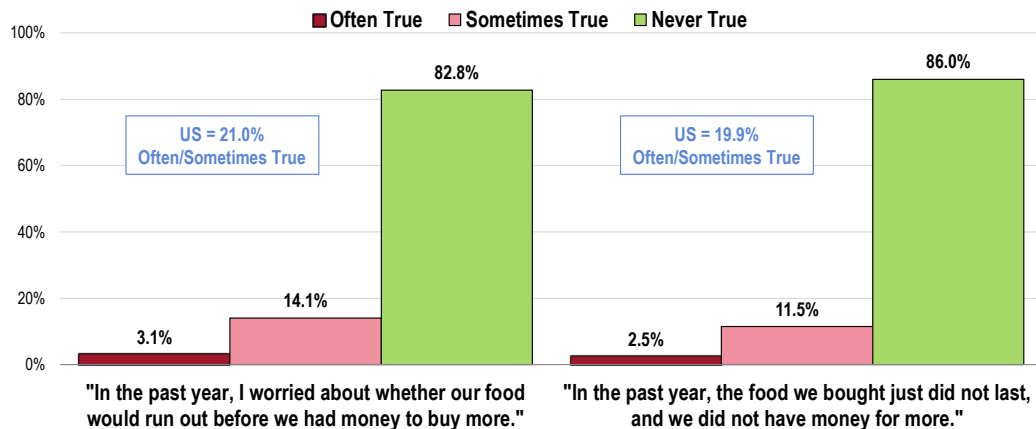
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects the total sample of respondents.

Overall, 19.5% 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.

- More favorable than US data.
- Least favorable in Central Bergen; notably more favorable in Northwest Bergen and Pascack Valley.

Food Insecurity
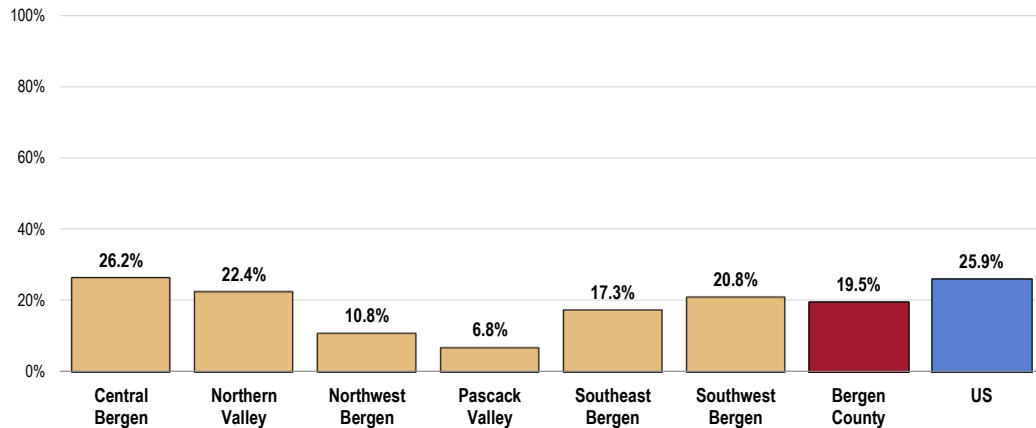
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	26.2%	22.4%	10.8%	6.8%	17.3%	20.8%	19.5%	25.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
● 2015 PRC National Health Survey, Professional Research Consultants, 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.

Adults <u>more</u> likely affected by food insecurity include:

- Younger adults (negative correlation with age).
- Residents living at lower incomes (strong negative correlation with income).
- Hispanics and Non-Hispanic Asians.

Food Insecurity
(Bergen County, 2016)
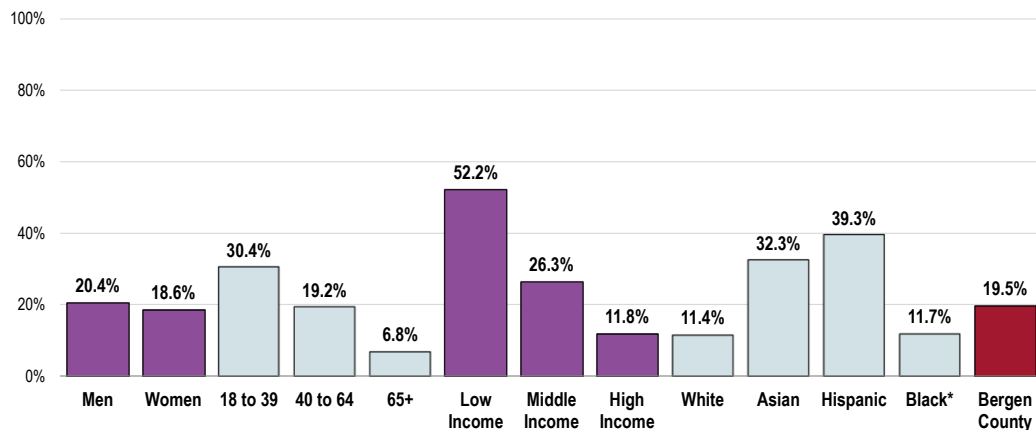
	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	20.4%	18.6%	30.4%	19.2%	6.8%	52.2%	26.3%	11.8%	11.4%	32.3%	39.3%	11.7%	19.5%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
● 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.

High-Need Areas

High-need areas in Bergen County were identified using the Community Health Needs Index (CNI). The CNI score was developed by Dignity Health (formerly known as Catholic Healthcare West [CHW]) and Truven Health Analytics. This index aggregates five socioeconomic indicators that contribute to health disparity: income, culture, education, insurance, and housing. Each ZIP Code is assigned a score 1 (low need) to 5 (high need) for each of the five indicators which are averaged to yield the CNI score for that area. The scores are then compared to the index, which is based on national need, and separated into groups ranging from highest need to least need.

Research indicates a strong correlation between high CNI scores and hospital admission rates. Residents who live in areas with the highest need were twice as likely to experience preventable hospitalization for manageable conditions (i.e. ear infections, pneumonia...).
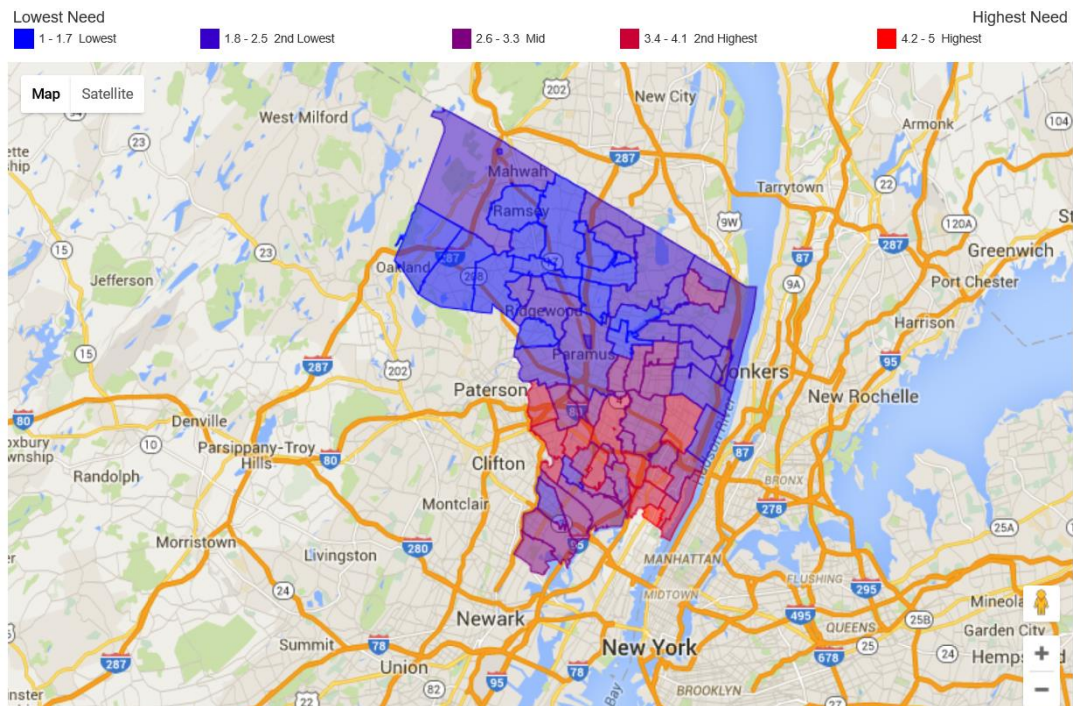
The highest-need areas tend toward the southern part of Bergen County (see following map).
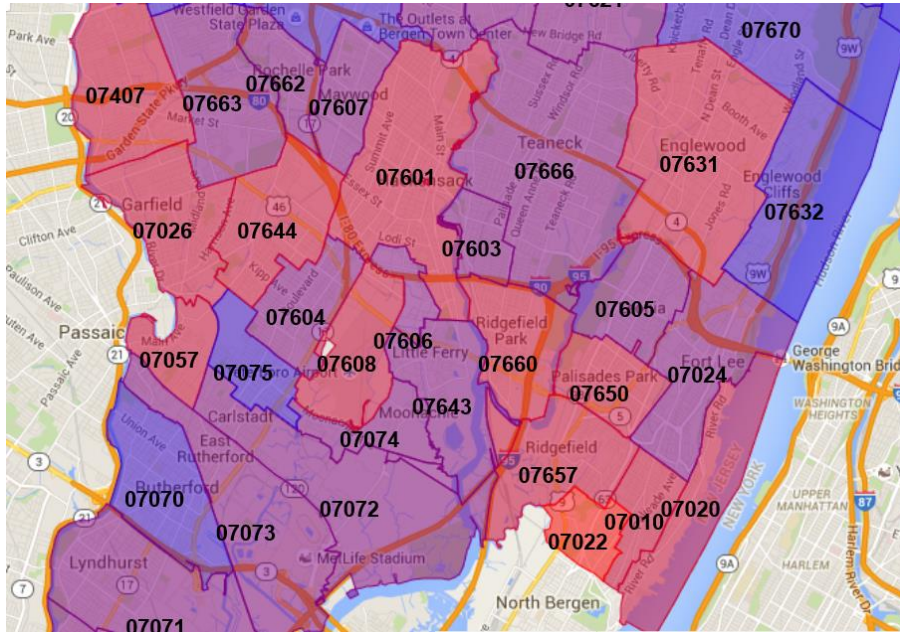
ZIP Code-specific CNI scores are outlined below.

	Zip Code	CNI Score	Population	City	County	State
🟥	07022	4.2	14,349	Fairview	Bergen	New Jersey
🟥	07026	4.0	31,198	Garfield	Bergen	New Jersey
🟥	07644	4.0	25,211	Lodi	Bergen	New Jersey
🟥	07010	3.8	24,524	Cliffside Park	Bergen	New Jersey
🟥	07601	3.8	45,022	Hackensack	Bergen	New Jersey
🟥	07631	3.8	28,396	Englewood	Bergen	New Jersey
🟥	07650	3.8	20,436	Palisades Park	Bergen	New Jersey
🟥	07407	3.6	20,158	Elmwood Park	Bergen	New Jersey
🟥	07020	3.4	13,512	Edgewater	Bergen	New Jersey
🟥	07057	3.4	11,441	Wallington	Bergen	New Jersey
🟥	07608	3.4	70	Teterboro	Bergen	New Jersey
🟥	07657	3.4	11,682	Ridgefield	Bergen	New Jersey
🟥	07660	3.4	12,925	Ridgefield Park	Bergen	New Jersey
🟪	07024	3.2	36,435	Fort Lee	Bergen	New Jersey
🟪	07071	3.2	21,392	Lyndhurst	Bergen	New Jersey
🟪	07074	3.2	2,740	Moonachie	Bergen	New Jersey
🟪	07603	3.2	7,926	Bogota	Bergen	New Jersey
🟪	07605	3.2	9,151	Leonia	Bergen	New Jersey
🟪	07606	3.2	2,450	South Hackensack	Bergen	New Jersey
🟪	07621	3.2	28,335	Bergenfield	Bergen	New Jersey
🟪	07643	3.2	11,098	Little Ferry	Bergen	New Jersey
🟪	07031	3.0	16,490	North Arlington	Bergen	New Jersey
🟪	07604	3.0	12,135	Hasbrouck Heights	Bergen	New Jersey

07646	3.0	16,728	New Milford	Bergen	New Jersey
07662	3.0	5,712	Rochelle Park	Bergen	New Jersey
07072	2.8	6,161	Carlstadt	Bergen	New Jersey
07073	2.8	9,189	East Rutherford	Bergen	New Jersey
07607	2.8	9,746	Maywood	Bergen	New Jersey
07628	2.6	17,481	Dumont	Bergen	New Jersey
07648	2.6	5,618	Norwood	Bergen	New Jersey
07661	2.6	11,336	River Edge	Bergen	New Jersey
07663	2.6	13,992	Saddle Brook	Bergen	New Jersey
07666	2.6	41,134	Teaneck	Bergen	New Jersey
07070	2.4	18,740	Rutherford	Bergen	New Jersey
07075	2.4	7,936	Wood Ridge	Bergen	New Jersey
07626	2.4	9,098	Cresskill	Bergen	New Jersey
07632	2.4	5,270	Englewood Cliffs	Bergen	New Jersey
07645	2.4	8,250	Montvale	Bergen	New Jersey
07647	2.4	5,555	Northvale	Bergen	New Jersey
07675	2.4	27,067	Westwood	Bergen	New Jersey
07410	2.2	33,343	Fair Lawn	Bergen	New Jersey
07620	2.2	1,558	Alpine	Bergen	New Jersey
07624	2.2	8,712	Closter	Bergen	New Jersey
07640	2.2	4,778	Harrington Park	Bergen	New Jersey
07670	2.2	14,931	Tenafly	Bergen	New Jersey
07432	2.0	7,265	Midland Park	Bergen	New Jersey
07641	2.0	3,448	Haworth	Bergen	New Jersey
07652	2.0	27,248	Paramus	Bergen	New Jersey
07656	2.0	9,138	Park Ridge	Bergen	New Jersey
07430	1.8	26,800	Mahwah	Bergen	New Jersey
07450	1.8	25,656	Ridgewood	Bergen	New Jersey
07627	1.8	5,064	Demarest	Bergen	New Jersey
07401	1.6	6,712	Allendale	Bergen	New Jersey
07423	1.6	4,148	Ho Ho Kus	Bergen	New Jersey
07446	1.6	14,944	Ramsey	Bergen	New Jersey
07452	1.6	11,768	Glen Rock	Bergen	New Jersey
07458	1.6	11,783	Saddle River	Bergen	New Jersey
07630	1.6	7,649	Emerson	Bergen	New Jersey
07642	1.6	10,391	Hillsdale	Bergen	New Jersey
07649	1.6	8,103	Oradell	Bergen	New Jersey
07417	1.4	10,961	Franklin Lakes	Bergen	New Jersey
07436	1.4	13,146	Oakland	Bergen	New Jersey
07463	1.4	9,915	Waldwick	Bergen	New Jersey
07481	1.4	17,093	Wyckoff	Bergen	New Jersey
07676	1.4	9,230	Township Of Washington	Bergen	New Jersey
07677	1.4	5,744	Woodcliff Lake	Bergen	New Jersey

General Health Status

Overall Health Status

Evaluation of Health Status

Nearly 6 in 10 Bergen County adults (59.9%) rate their overall health as "excellent" or "very good."

- Another 29.6% gave "good" ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

Self-Reported Health Status
(Bergen County, 2016)
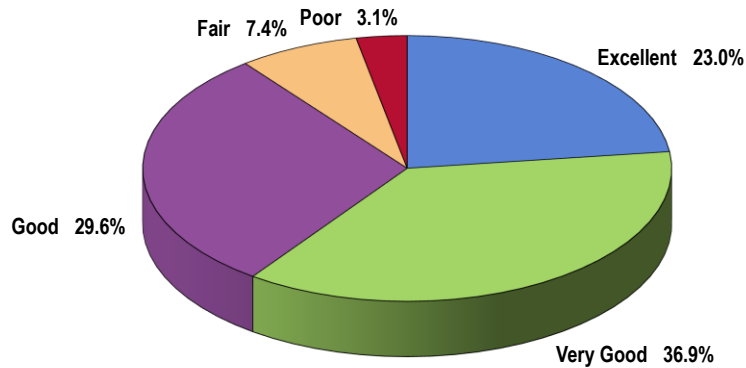
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 10.5% of Bergen County adults believe that their overall health is "fair" or "poor."

- Better than statewide and national findings.
- Statistically comparable by community.
- TREND: Denotes a statistically significant <u>decrease</u> when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health

Bergen County

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US	2012	2016
	9.7%	9.4%	7.9%	8.0%	13.9%	14.0%	10.5%	16.9%	18.3%	13.0%	10.5%
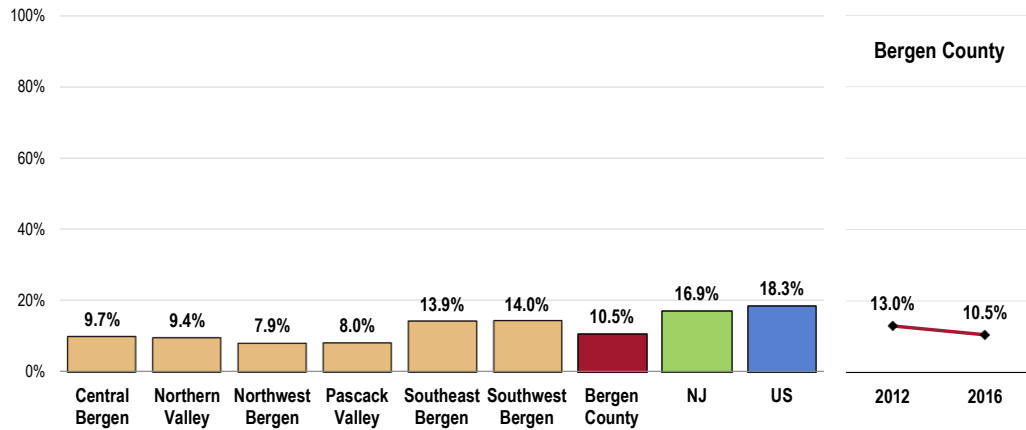
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● Community Health Needs Assessment 2012, Household Mail Survey.
Notes: ● Asked of all respondents.

Adults <u>more</u> likely to report experiencing "fair" or "poor" overall health include:

- Adults age 40 and over (positive correlation with age).
- Residents living at low or middle incomes (negative correlation with income).
- Hispanics, Non-Hispanic Whites, and Non-Hispanic Blacks.

Experience "Fair" or "Poor" Overall Health
(Bergen County, 2016)

Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
12.0%	9.2%	3.3%	11.9%	15.7%	23.0%	19.0%	5.7%	10.4%	1.6%	12.9%	17.1%	10.5%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

One-fifth of Bergen County adults (20.2%) are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Nearly identical to the national prevalence.
- Lowest in Northwest Bergen and Pascack Valley.
- TREND: No statistically significant change in activity limitations has occurred since 2012.

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

Bergen County

										2012	2016
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US		18.0%	20.2%
21.2%	21.5%	12.3%	14.2%	24.6%	24.7%	20.2%	16.3%	20.0%			
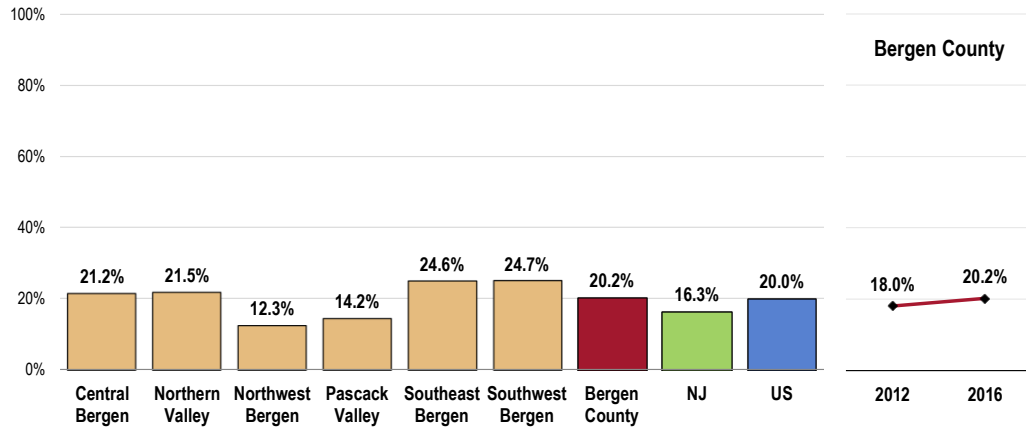
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● Community Health Needs Assessment 2012, Household Mail Survey.
Notes: ● Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Men.
- Seniors (note the positive correlation with age).
- Low or middle income residents.
- Non-Hispanic Whites (*while this appears high among Non-Hispanic Black residents, keep in mind that this is drawn from a relatively small sample of Black respondents*).

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Bergen County, 2016)

Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
23.0%	17.7%	13.7%	19.5%	29.1%	30.4%	31.4%	16.8%	21.7%	10.5%	21.3%	25.3%	20.2%
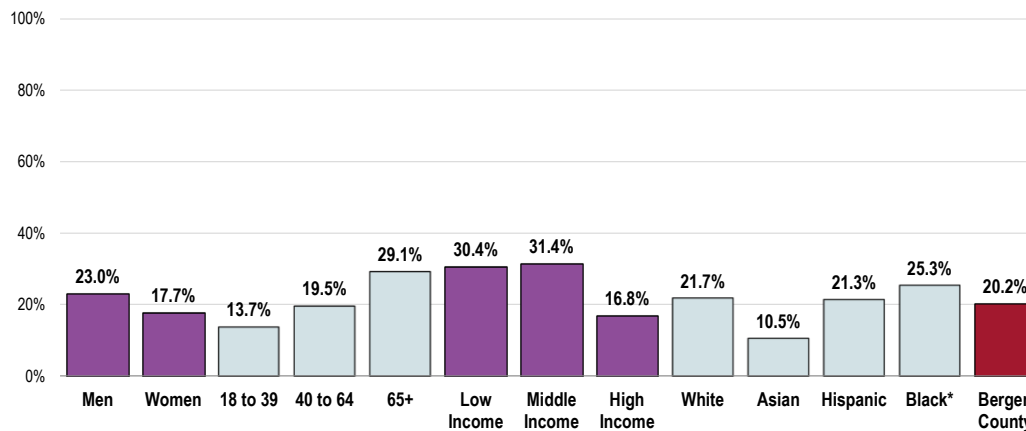
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/ rheumatism, fractures or bone/joint injuries, or difficulty walking.

Other limitations noted with some frequency include those related to mental health (depression, anxiety), cancer, eye/vision problems, and lung or breathing problems.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Bergen County, 2016)

Category	Percentage
Back/Neck Problem	16.9%
Arthritis/Rheumatism	14.2%
Depression/Anxiety/Mental	8.5%
Fracture/Bone/Joint Injury	7.8%
Cancer	7.0%
Eye/Vision Problem	5.9%
Walking Problem	5.8%
Lung/Breathing Problem	4.0%
Various Other (<3% Each)	29.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: ● Asked of those respondents reporting activity limitations.

Caregiving

A total of 22.1% 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.

- Similar to the national finding.
- Particularly low in Southeast Bergen.

Of these adults, 35.6% are the *primary* caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability

**Respondent is the
Primary Caregiver: 35.6%**

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	25.2%	25.2%	18.4%	24.4%	13.7%	24.0%	22.1%	20.9%
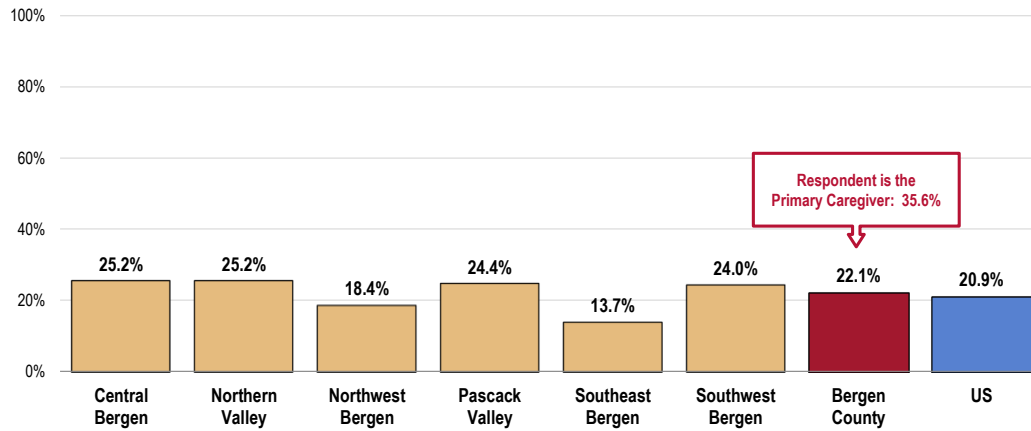
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of caregivers in the community is notably higher among:

- Adults between the ages of 40 and 64.
- Community members living at either end of the income spectrum.
- Non-Hispanic Blacks.

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability
(Bergen County, 2016)

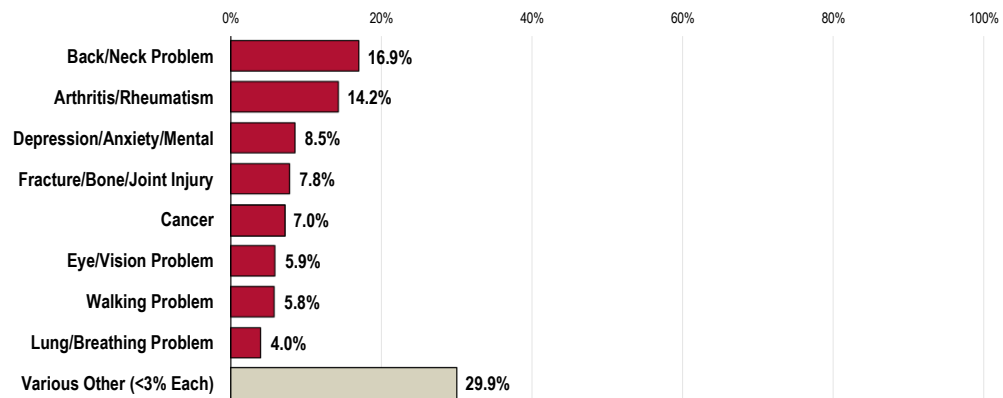| Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
20.5%	23.4%	17.5%	25.4%	22.0%	26.0%	12.2%	21.8%	20.9%	15.5%	25.6%	36.7%	22.1%
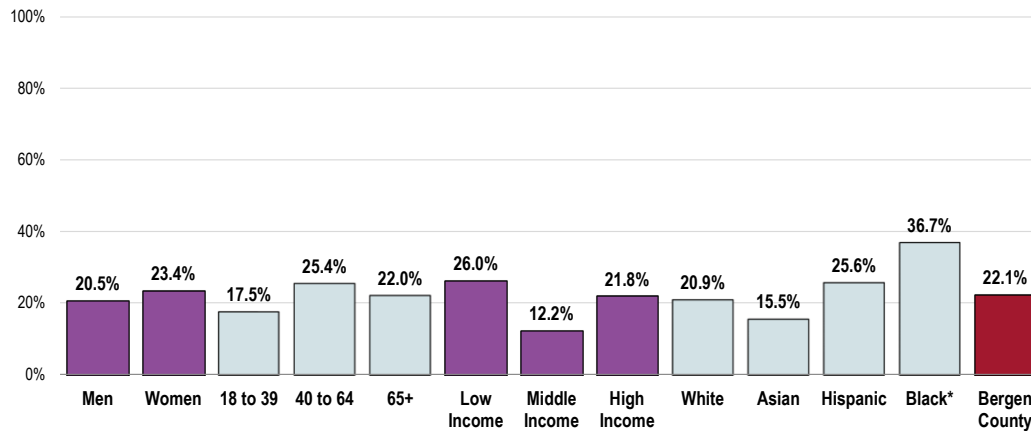
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

More than two-thirds of Bergen County adults (68.2%) rate their overall mental health as "excellent" or "very good."

"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?"

- Another 21.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Bergen County, 2016)
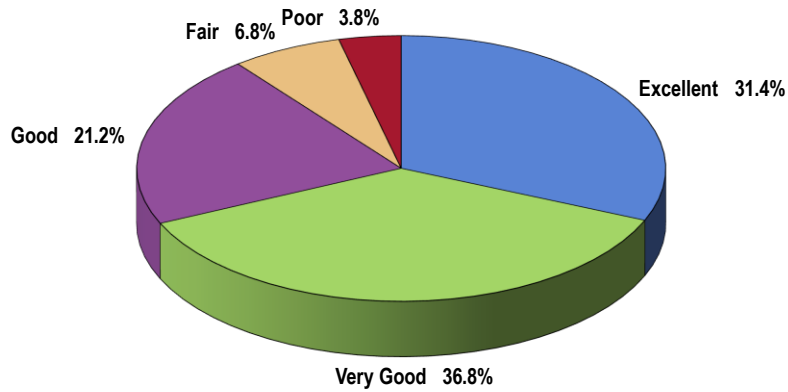
Fair **6.8%**   Poor **3.8%**

Good **21.2%**

Excellent **31.4%**

Very Good **36.8%**

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 116]
Notes: ● Asked of all respondents.

A total of 10.6% of Bergen County adults, however, believe that their overall mental health is "fair" or "poor."

- Lower than the "fair/poor" response reported nationally.
- Within Bergen County, statistically similar by community.

Experience "Fair" or "Poor" Mental Health

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
12.1%	10.8%	8.3%	7.2%	9.4%	13.1%	10.6%	15.5%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
         ● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Adults under age 65, low-income residents, and Blacks are more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health
(Bergen County, 2016)

Chart values:
- Men: 10.2%
- Women: 10.9%
- 18 to 39: 11.8%
- 40 to 64: 12.1%
- 65+: 5.5%
- Low Income: 17.4%
- Middle Income: 5.9%
- High Income: 9.0%
- White: 9.4%
- Asian: 14.2%
- Hispanic: 12.0%
- Black*: 28.8%
- Bergen County: 10.6%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incom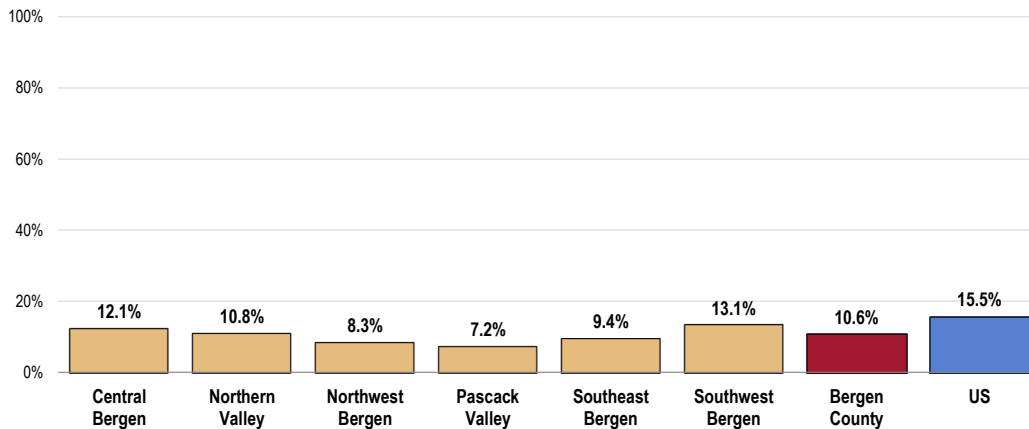es up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Depression

Diagnosed Depression

A total of 11.4% of Bergen County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the New Jersey proportion.
- More favorable than national findings.
- Statistically similar by community.

Have Been Diagnosed With a Depressive Disorder

Chart values:
- Central Bergen: 9.7%
- Northern Valley: 9.9%
- Northwest Bergen: 12.6%
- Pascack Valley: 8.2%
- Southeast Bergen: 12.6%
- Southwest Bergen: 16.3%
- Bergen County: 11.4%
- NJ: 13.4%
- US: 17.9%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, 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): 2014 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

Symptoms of Chronic Depression

Over one-fourth of Bergen County adults (26.6%) 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).

- Comparable to national findings.
- Highest in Central Bergen; lowest in Northwest Bergen and Pascack Valley.

Have Experienced Symptoms of Chronic Depression

Central Bergen	33.7%
Northern Valley	24.6%
Northwest Bergen	15.2%
Pascack Valley	11.0%
Southeast Bergen	29.7%
Southwest Bergen	31.8%
Bergen County	26.6%
US	29.9%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2015 PRC National Health Survey, Professional Research Consultants, 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.

- Note that the prevalence of chronic depression is notably higher among adults with low incomes, as well as among Hispanics.

Have Experienced Symptoms of Chronic Depression
(Bergen County, 2016)

Men	25.1%
Women	28.0%
18 to 39	29.5%
40 to 64	27.1%
65+	22.5%
Low Income	46.0%
Middle Income	26.6%
High Income	22.7%
White	22.7%
Asian	28.1%
Hispanic	40.2%
Black*	21.2%
Bergen County	26.6%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
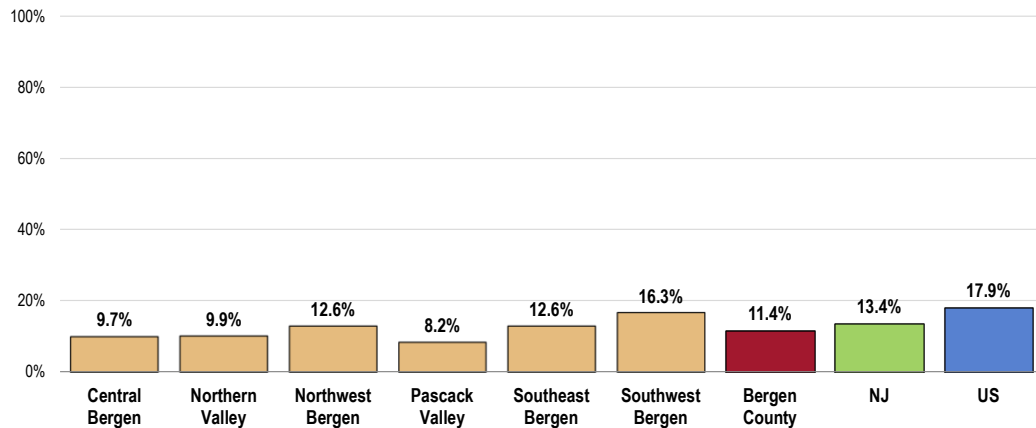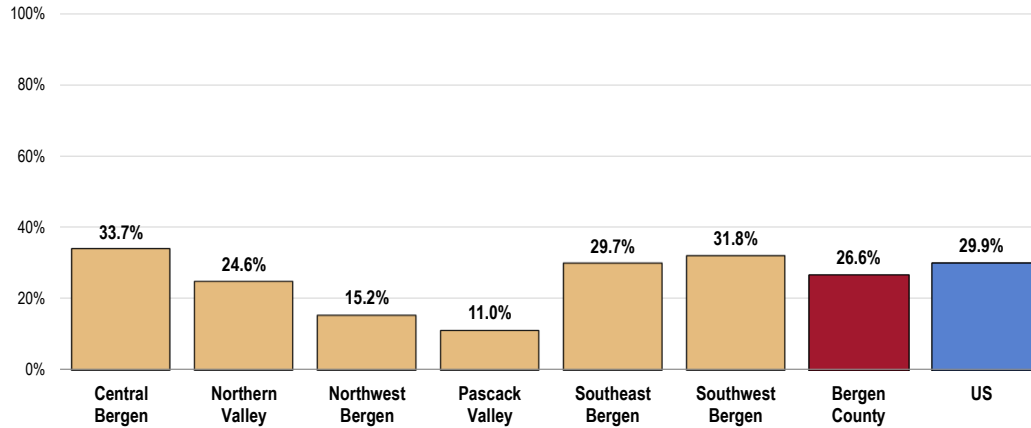
Stress

More than two-fifths of Bergen County adults consider their typical day to be "not very stressful" (30.9%) or "not at all stressful" (11.2%).

- Another 43.5% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(Bergen County, 2016)
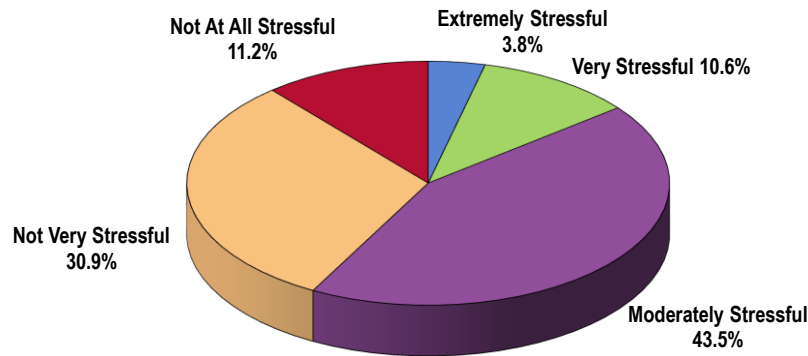
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of all respondents.

In contrast, 14.4% of Bergen County adults experience "very" or "extremely" stressful days on a regular basis.

- Statistically comparable to national findings.
- No statistical difference by community.

Perceive Most Days As "Extremely" or "Very" Stressful

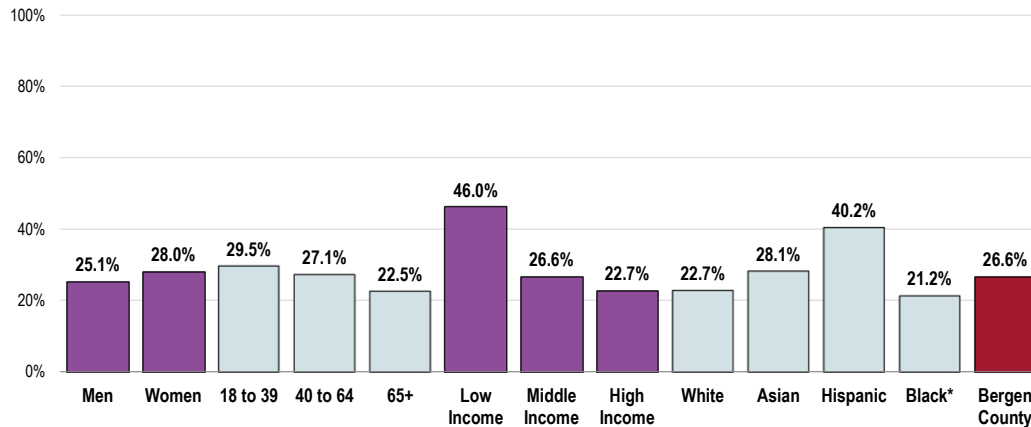|							
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
16.1%	12.3%	10.8%	12.5%	15.3%	17.1%	14.4%	11.7%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note that high stress levels are more prevalent among:

- Adults under 65 (negative correlation with age).
- Those living at either end of the income spectrum.
- Hispanics.

Perceive Most Days as "Extremely" or "Very" Stressful
(Bergen County, 2016)

Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
13.4%	15.3%	20.5%	16.3%	3.6%	21.6%	5.0%	14.6%	12.4%	15.9%	22.4%	15.7%	14.4%

Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
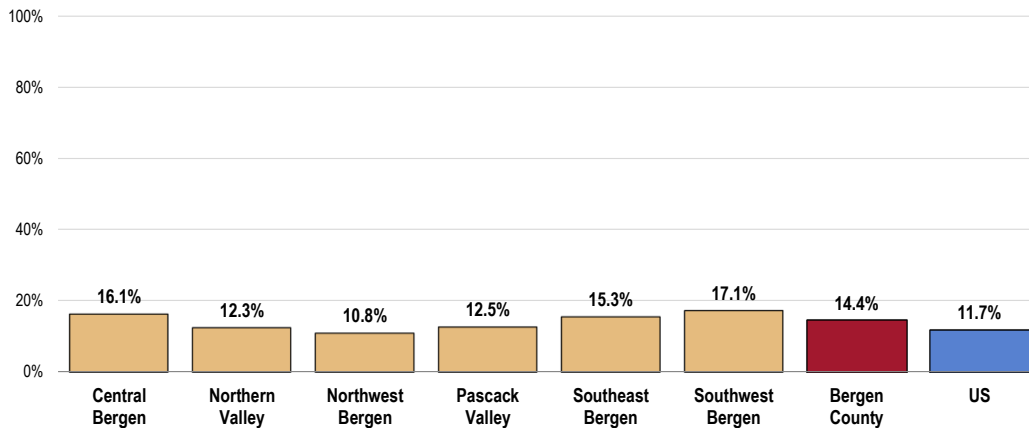
Suicide

Between 2012 and 2014, there was an annual average age-adjusted suicide rate of 7.6 deaths per 100,000 population in Bergen County.

- Similar to the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower
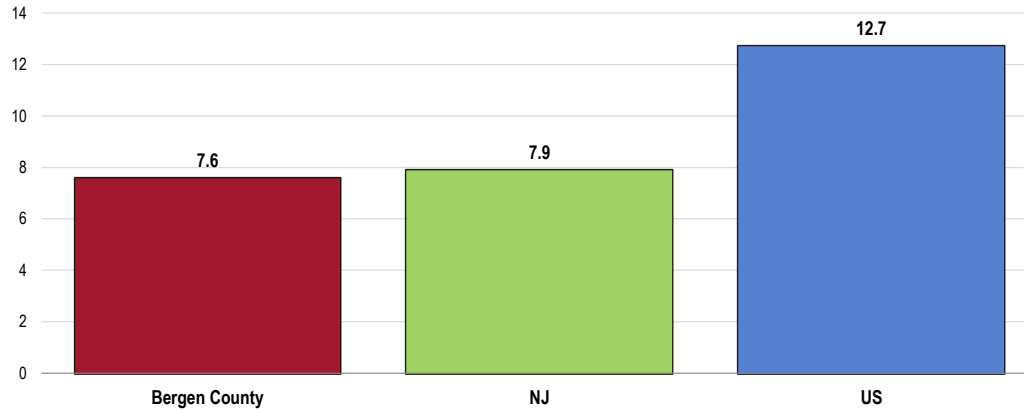
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]
Notes: ● 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.

Mental Health Treatment

A total of 23.4% of Bergen County adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 10.3% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, a lower proportion of adults in Bergen County have sought help for mental problems, and a lower proportion are taking medication or receiving treatment.

Mental Health Treatment
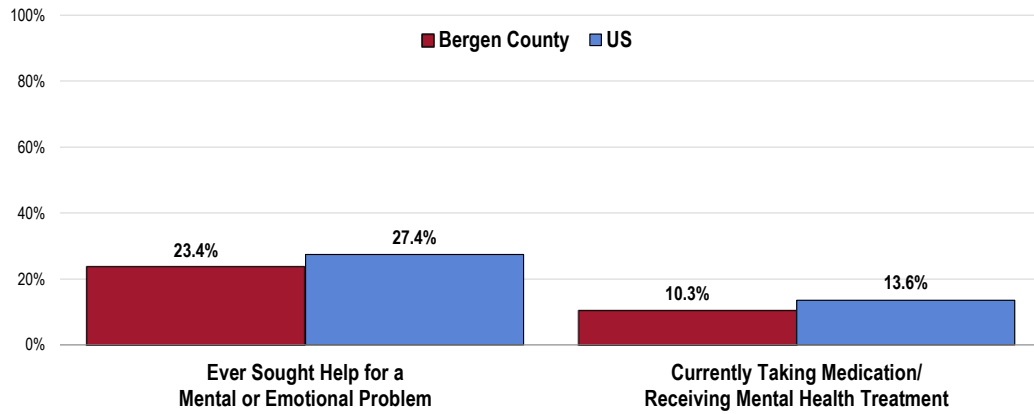
Legend: ■ Bergen County ■ US

Ever Sought Help for a Mental or Emotional Problem:
- Bergen County: 23.4%
- US: 27.4%

Currently Taking Medication/ Receiving Mental Health Treatment:
- Bergen County: 10.3%
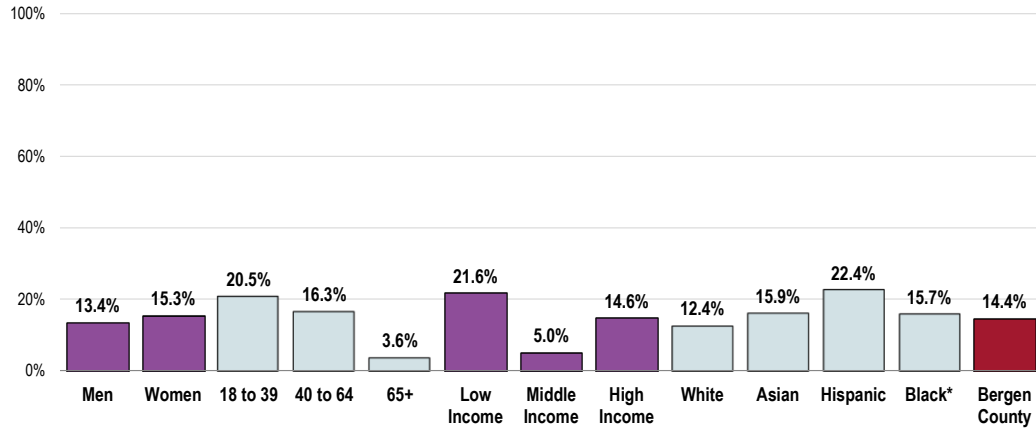- US: 13.6%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]
          ● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 4.7% of Bergen County adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- More favorable in Northwest Bergen and Pascack Valley.

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

- Central Bergen: 6.3%
- Northern Valley: 4.2%
- Northwest Bergen: 1.9%
- Pascack Valley: 2.0%
- Southeast Bergen: 4.5%
- Southwest Bergen: 6.8%
- Bergen County: 4.7%
- US: 4.4%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
          ● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Younger adults (negative correlation with age).
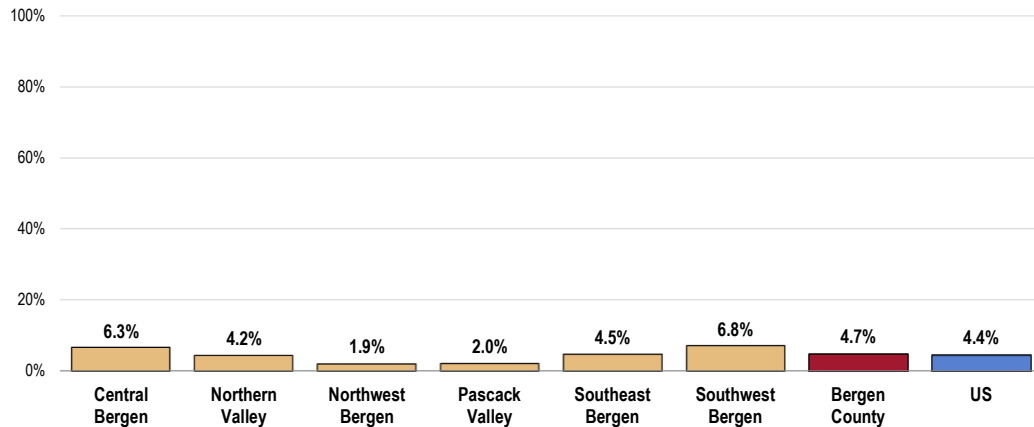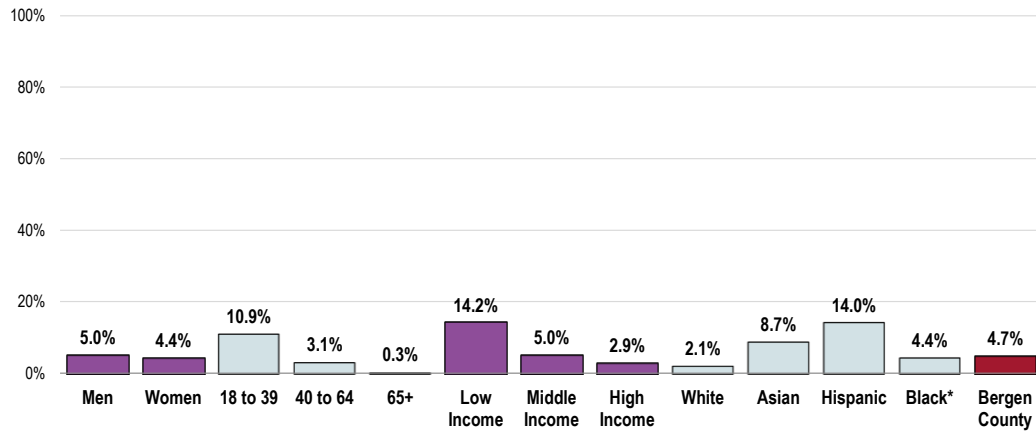- Adults with low incomes (negative correlation with income).
- Hispanics.

Unable to Get Mental Health Services
When Needed in the Past Year
(Bergen County, 2016)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	5.0%	4.4%	10.9%	3.1%	0.3%	14.2%	5.0%	2.9%	2.1%	8.7%	14.0%	4.4%	4.7%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Among the 26 respondents citing difficulties accessing mental health services in the past year, just over one-half attributed this to **cost or insurance issues**; reasons mentioned much less frequently include no time, lack of quality doctors, and difficulty getting an appointment.

Key Informant Input: Mental Health

A majority 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, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
56.9%	31.9%	8.3%	2.8%

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

Top Concerns

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

Access to Care/Services

Access to care is a huge problem, there are not enough psychiatrists and counselors that can see patients on an emergency basis, especially the teen population. They often end up in our Emergency Rooms and then have to go to Inpatient. Anxiety amongst adults is rising and attributing to physiological disorders; we live in a high stress environment. We are also seeing anxiety on the rise with high school students, who are putting increasing pressure on themselves. - Other Health Provider

Insufficient resources, the problem continues to grow, mismanagement. Crowding the Emergency Departments with insufficient beds for involuntary care. - Other Health Provider

Awareness of resources and access to care. Elimination of stigma. Social support and acceptance to equal stigma reduction. Integration into workforce. Job training and skill development. Early intervention and awareness among youth and families. - Other Health Provider

Accessing mental health for elderly is becoming a challenge. Most of our residents will benefit from in-home services. - Social Services Provider

Inability to receive long term treatment and accessibility to programs and increase use of substance abuse. The community and first responders need better education on how to respond to a mental health crisis. - Other Health Provider

Access to services continues to be a large issue. The community mental health centers do an excellent job, but the need far outweighs their ability to serve. Continued cuts have made services difficult to access. - Other Health Provider

Access to treatment for those who do not have commercial insurance. Shortage of government funded treatment. - Social Services Provider

Access to care. - Other Health Provider

Access and reimbursement for treatment. - Other Health Provider

Access to Mental Health Care. - Other Health Provider

No stability due to transience. Need Housing First model to get people the basics, then can attend to other issues better. More structured day activities leading to education or employment. More psychiatric access. - Community/Business Leader

There are insufficient mental health practitioners to service the community. Entering the system is extremely difficult. Quality mental health care from existing practitioners is a problem. - Public Health Representative

Access to psychiatrist, mental health professionals. - Other Health Provider

Denial/Stigma

People's hesitation to seek help. - Community/Business Leader

Mental illness is still not seen as an illness the way physical illness is. We need more than tolerance. Acceptance that people are different should be the goal. - Other Health Provider

Stigma. - Other Health Provider

Overcoming the stigma that comes along with mental health. - Public Health Representative

There is still a stigma around mental health, which prevents people from seeking help. In addition, help is hard to access for those with limited or no insurance. We don't always have the proper safety net for people and they land in jail or become homeless. Hoarding and other code enforcement violations are a huge challenge for municipalities, which only have one tool to deal with these issues. - Community/Business Leader

Stigma, language barriers, cultural barriers. - Other Health Provider

Stigma associated with mental health and the related shame associated with it. This impacts on the number of individuals seeking treatment for mental health disorders. Need for education and increased awareness of mental health disorders. Availability of complementary services, instead of or in addition to medication. - Social Services Provider

Affordable Care/Services

Lack of affordable supportive housing. - Other Health Provider

Not enough programs to assist the underinsured, uninsured or seniors on a fixed low income. - Other Health Provider

Older Adults

Lumping mental health patients with senior citizens is not right. Especially since there is no training for those hired for senior centers, etc. Dangerous situations that employees are unprepared and untrained for arrival. And police are essentially the first-responder that has to deal with these situations. - Social Services Provider

Older adults aging with mental illness. Also older adults aging who have dependent adult children with mental illness. - Social Services Provider

Contributing Factors

High anxiety levels in both adults and kids due to today's pressures. - Community/Business Leader

Safety, homeless, day programs. - Other Health Provider

Social, environmental stress and pressure as the impact of it triggers other issues such as mental health, substance abuse and physical health issues. - Other Health Provider

Prevalence/Incidence

Its prevalence especially in young people. Self-medicating with drugs, alcohol instead of seeking supervised and professional treatment. - Public Health Representative

So prevalent, leaving a big problem with violence and abuse. So misunderstood. - Community/Business Leader

Disease Management

Noncompliance with medication and lack of support. - Social Services Provider

Lack of willingness to follow prescribed treatment or inadequate family/friend support network to assist patient in following prescribed treatment. - Social Services Provider

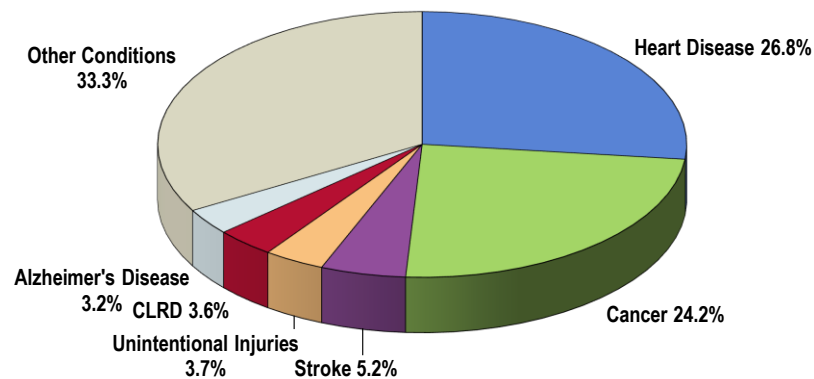# Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in Bergen County in 2014.

Leading Causes of Death
(Bergen County, 2014)

- Other Conditions 33.3%
- Heart Disease 26.8%
- Cancer 24.2%
- Stroke 5.2%
- Unintentional Injuries 3.7%
- CLRD 3.6%
- Alzheimer's Disease 3.2%

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 2016.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
                 ● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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 2020* targets.

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

The following chart outlines 2012-2014 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.

Age-Adjusted Death Rates for Selected Causes

(2012-14 Deaths per 100,000 Population)

	Bergen County	NJ	US	HP2020
Diseases of the Heart	143.9	169.3	169.1	156.9*
Malignant Neoplasms (Cancers)	142.2	157.5	163.6	161.4
Fall-Related Deaths (65+)	29.2	29.1	57.2	47.0
Cerebrovascular Disease (Stroke)	27.2	32.2	36.5	34.8
Unintentional Injuries	23.7	31.5	39.7	36.4
Chronic Lower Respiratory Disease (CLRD)	21.6	30.4	41.4	n/a
Alzheimer's Disease	14.9	16.9	24.2	n/a
Diabetes Mellitus	14.0	19.3	21.1	20.5*
Septicemia	13.2	16.5	10.6	n/a
Kidney Diseases	12.1	13.5	13.2	n/a
Pneumonia/Influenza	10.9	11.5	15.1	n/a
Drug-Induced	9.6	14.5	14.6	11.3
Intentional Self-Harm (Suicide)	7.6	7.9	12.7	10.2
Cirrhosis/Liver Disease	4.9	7.3	10.2	8.2
Motor Vehicle Deaths	4.2	6.2	10.6	12.4
Firearm-Related	1.8	5.4	10.4	9.3
Homicide	1.3	4.7	5.2	5.5
HIV/AIDS	0.7	2.8	2.1	3.3

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

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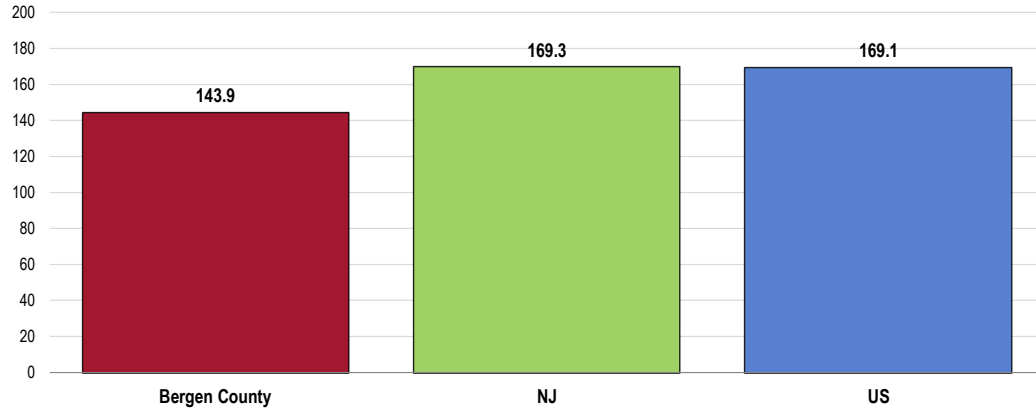
The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 143.9 deaths per 100,000 population in Bergen County.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
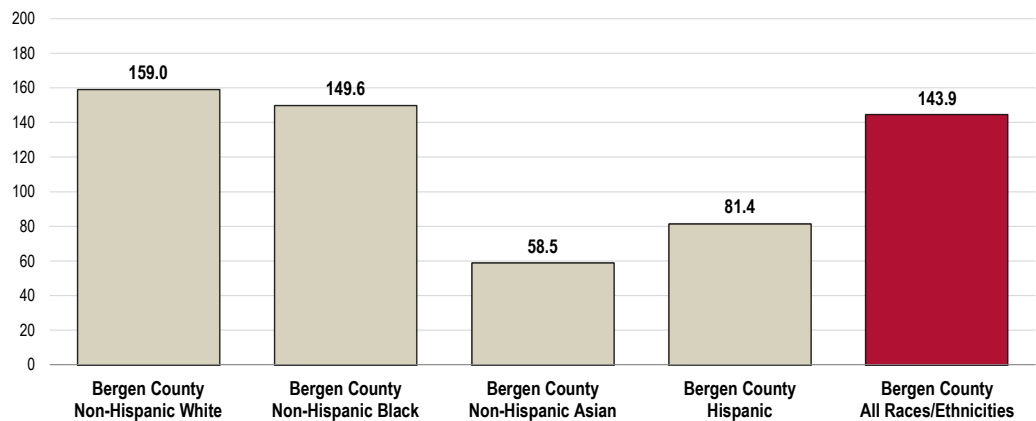
Heart Disease: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Bar chart showing:
- Bergen County: 143.9
- NJ: 169.3
- US: 169.1

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- 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 Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Whites followed by Non-Hispanic Blacks in Bergen County.

Heart Disease: Age-Adjusted Mortality by Race
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Bar chart showing:
- Bergen County Non-Hispanic White: 159.0
- Bergen County Non-Hispanic Black: 149.6
- Bergen County Non-Hispanic Asian: 58.5
- Bergen County Hispanic: 81.4
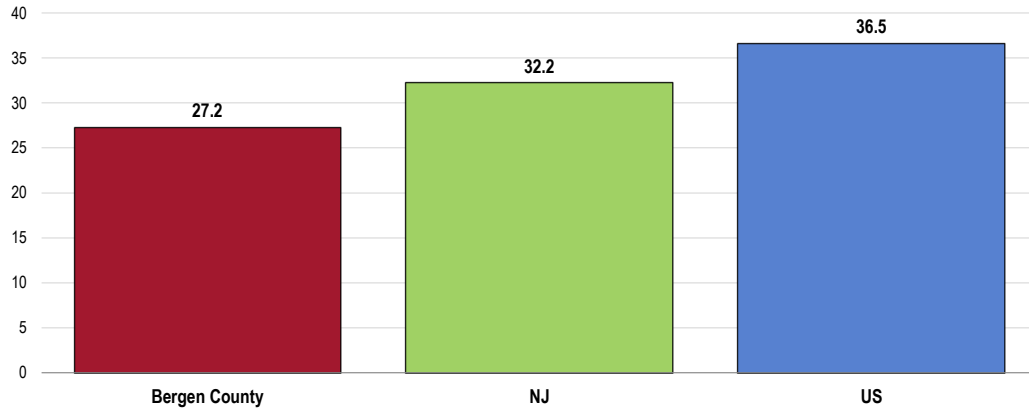- Bergen County All Races/Ethnicities: 143.9

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- 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 Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2012 and 2014, there was an annual average age-adjusted stroke mortality rate of 27.2 deaths per 100,000 population in Bergen County.

- More favorable than the New Jersey and national rates.
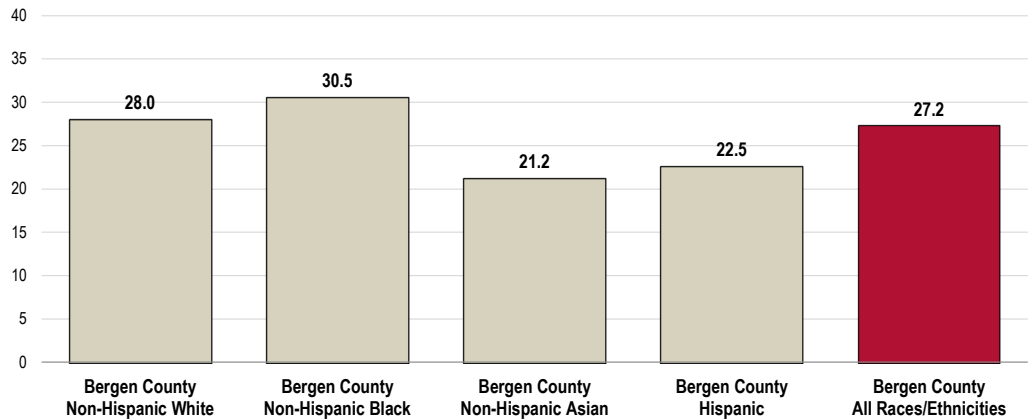- Satisfies the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

	Bergen County	NJ	US
Rate	27.2	32.2	36.5

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- 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.

- Stroke mortality is highest among Non-Hispanic Blacks followed by Non-Hispanic Whites.

Stroke: Age-Adjusted Mortality by Race
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

	Bergen County Non-Hispanic White	Bergen County Non-Hispanic Black	Bergen County Non-Hispanic Asian	Bergen County Hispanic	Bergen County All Races/Ethnicities
Rate	28.0	30.5	21.2	22.5	27.2

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- 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.
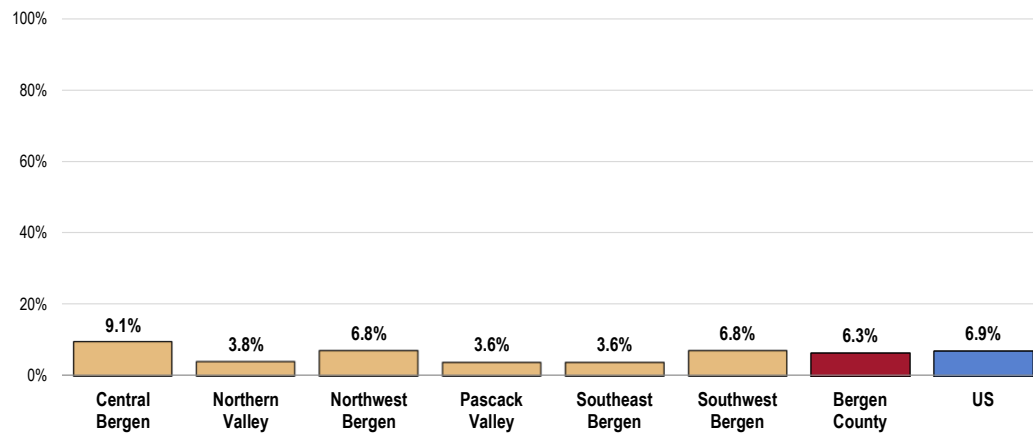
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Statistically similar findings by community.

Prevalence of Heart Disease

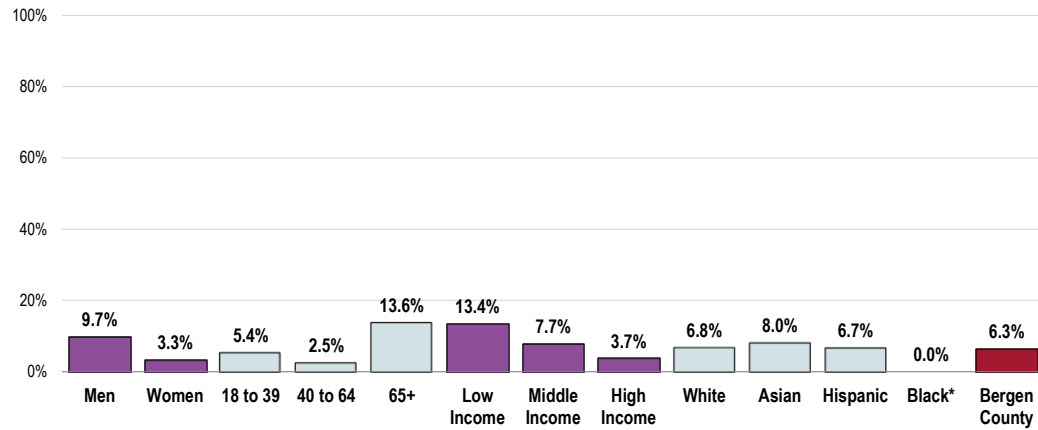|	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	9.1%	3.8%	6.8%	3.6%	3.6%	6.8%	6.3%	6.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+).
- Low income residents (negative correlation with income).
- Whites, Asians, and Hispanics.

Prevalence of Heart Disease
(Bergen County, 2016)

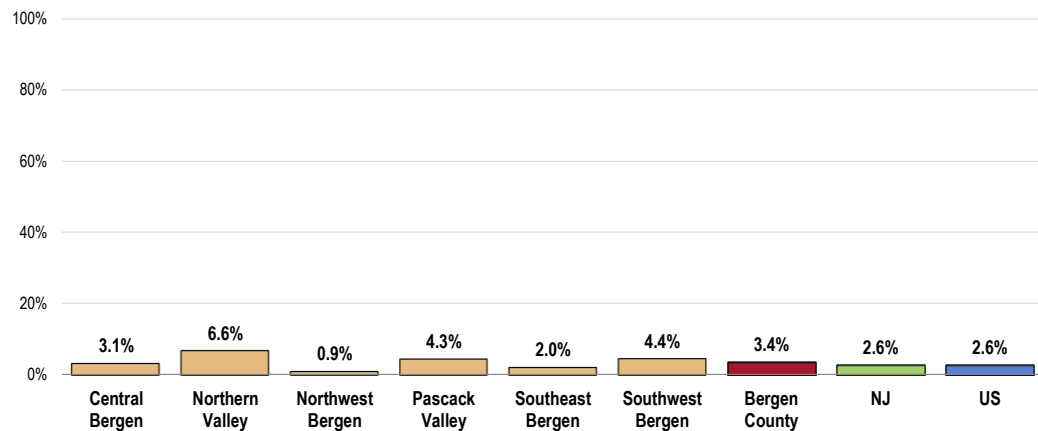|												
Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
9.7%	3.3%	5.4%	2.5%	13.6%	13.4%	7.7%	3.7%	6.8%	8.0%	6.7%	0.0%	6.3%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Prevalence of Stroke

A total of 3.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Lowest in Northwest Bergen.

Prevalence of Stroke

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
3.1%	6.6%	0.9%	4.3%	2.0%	4.4%	3.4%	2.6%	2.6%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
● 2015 PRC National Health Survey, Professional Research Consultants, 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): 2014 NJ data.
Notes: ● Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)
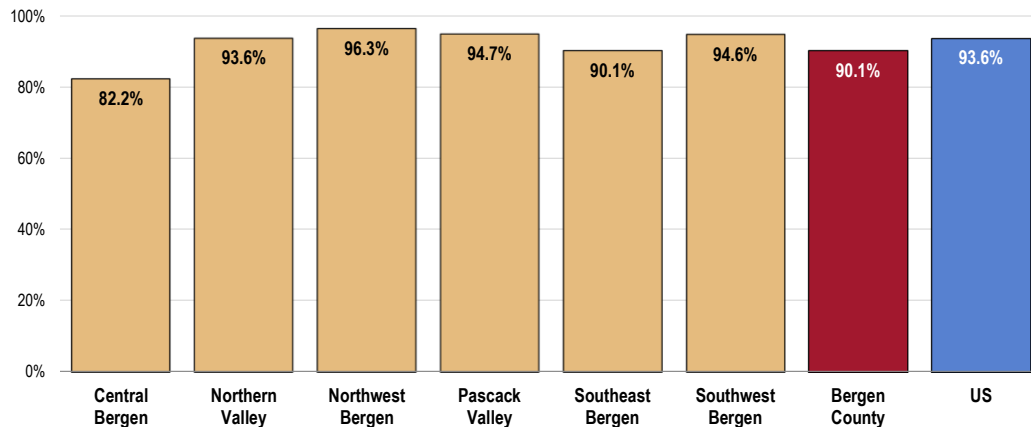
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 90.1% of Bergen County adults have had their blood pressure tested within the past two years.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (92.6% or higher).
- Least favorable in Central Bergen.

Have Had Blood Pressure Checked in the Past Two Years
Healthy People 2020 Target = 92.6% or Higher

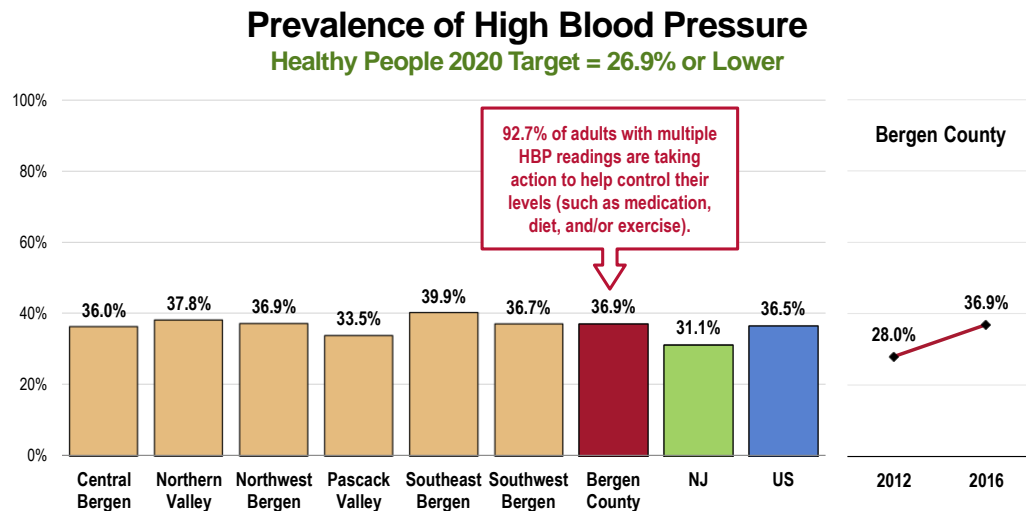| Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
82.2%	93.6%	96.3%	94.7%	90.1%	94.6%	90.1%	93.6%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

A total of 36.9% of Bergen County adults have been told at some point that their blood pressure was high.

- Less favorable than the New Jersey prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar throughout Bergen County subareas.
- TREND: Has significantly <u>increased</u> over time.
- Among adults with multiple high blood pressure readings, 92.7% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure
Healthy People 2020 Target = 26.9% or Lower

92.7% of adults with multiple HBP readings are taking action to help control their levels (such as medication, diet, and/or exercise).

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
36.0%	37.8%	36.9%	33.5%	39.9%	36.7%	36.9%	31.1%	36.5%

Bergen County

2012	2016
28.0%	36.9%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]
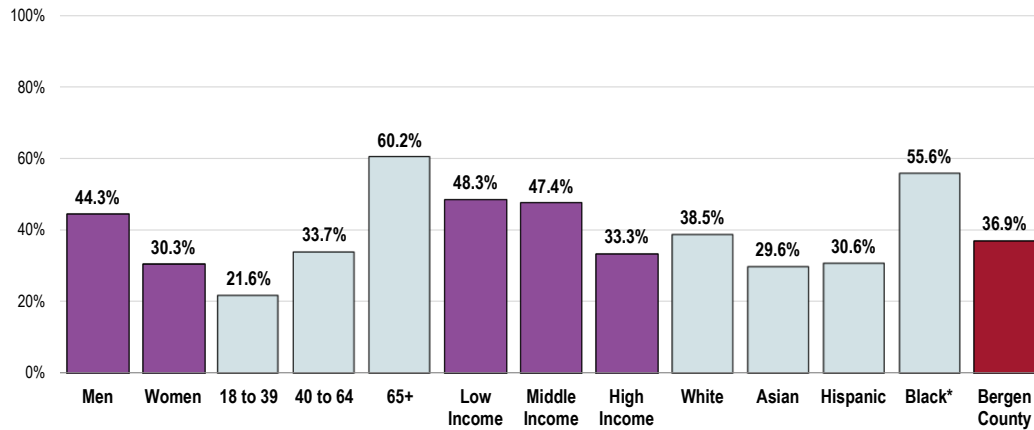
Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older, and especially those age 65+.
- Those living on low or middle incomes.
- Blacks.

Prevalence of High Blood Pressure
(Bergen County, 2016)
Healthy People 2020 Target = 26.9% or Lower

Category	Value
Men	44.3%
Women	30.3%
18 to 39	21.6%
40 to 64	33.7%
65+	60.2%
Low Income	48.3%
Middle Income	47.4%
High Income	33.3%
White	38.5%
Asian	29.6%
Hispanic	30.6%
Black*	55.6%
Bergen County	36.9%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 88.9% of Bergen County adults have had their blood cholesterol checked within the past five years.

- More favorable than New Jersey findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Least favorable in Central Bergen.
- TREND: Statistically unchanged since 2012.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years
Healthy People 2020 Target = 82.1% or Higher
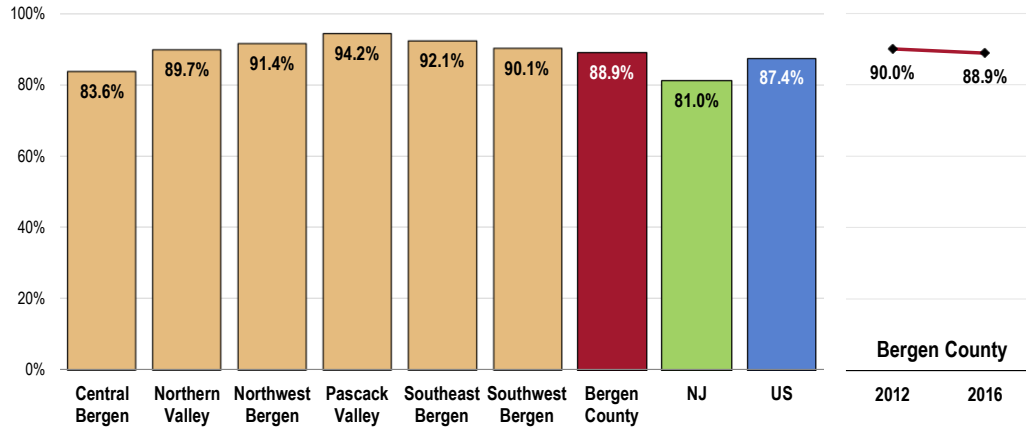
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.
- 2012 trend data represents those who have ever had their blood cholesterol level checked.

Prevalence of High Blood Cholesterol

Nearly 4 in 10 adults (39.6%) have been told by a health professional that their cholesterol level was high.

- Less favorable than the national prevalence.
- Almost three times the Healthy People 2020 target (13.5% or lower).
- Similar findings by community.
- Among adults with high blood cholesterol readings, 83.4% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

83.4% of adults are taking action to help control their levels (such as medication, diet, and/or exercise).

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	39.4%	38.1%	42.8%	36.4%	41.7%	37.5%	39.6%	33.5%
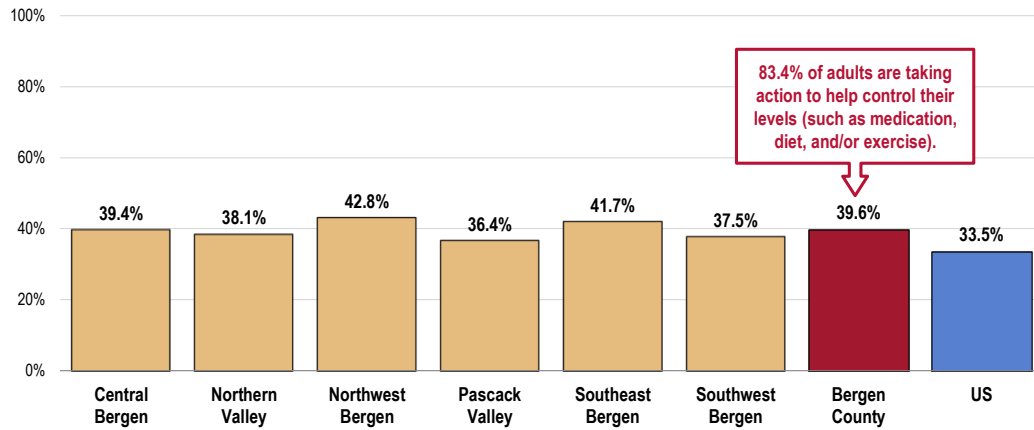
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]
Notes: ● Asked of all respondents.

Further note the following:

- There is a strong correlation between age and high blood cholesterol.
- There is a higher prevalence among men than women.

Prevalence of High Blood Cholesterol
(Bergen County, 2016)
Healthy People 2020 Target = 13.5% or Lower

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	47.7%	32.4%	23.1%	44.4%	50.9%	42.5%	48.0%	39.5%	42.1%	33.7%	34.0%	41.5%	39.6%
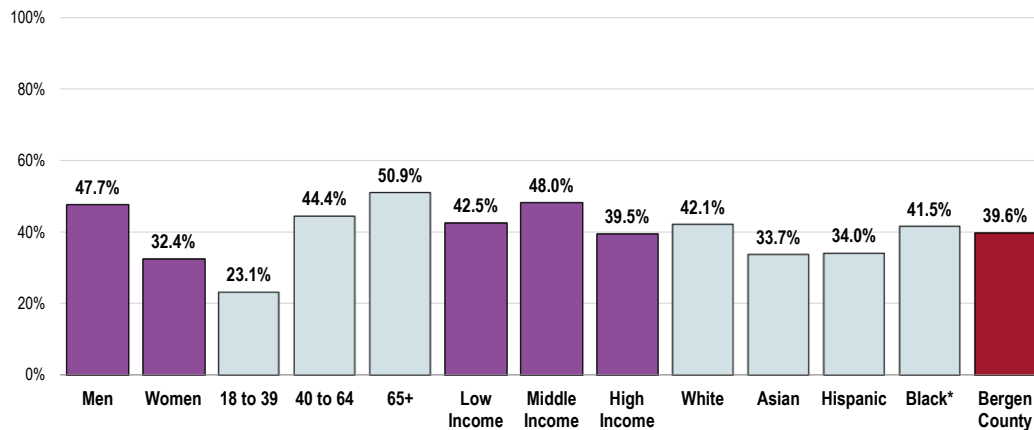
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
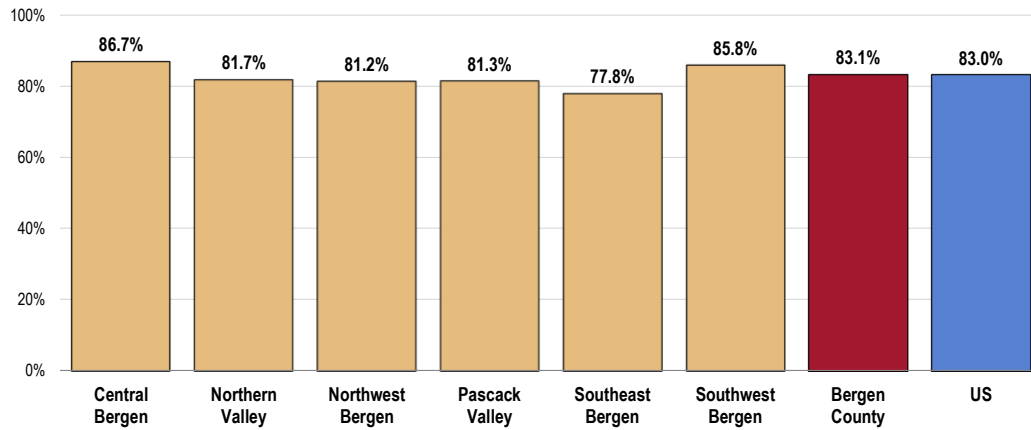
Total Cardiovascular Risk

A total of 83.1% 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.

RELATED ISSUE:
See also
Nutrition & Overweight,
Physical Activity & Fitness and
Tobacco Use in the Modifiable
Health Risk section of this
report.

- Nearly identical to national findings.
- Does not vary significantly by community.

Present One or More Cardiovascular Risks or Behaviors

Bar chart showing percentages by region:
- Central Bergen: 86.7%
- Northern Valley: 81.7%
- Northwest Bergen: 81.2%
- Pascack Valley: 81.3%
- Southeast Bergen: 77.8%
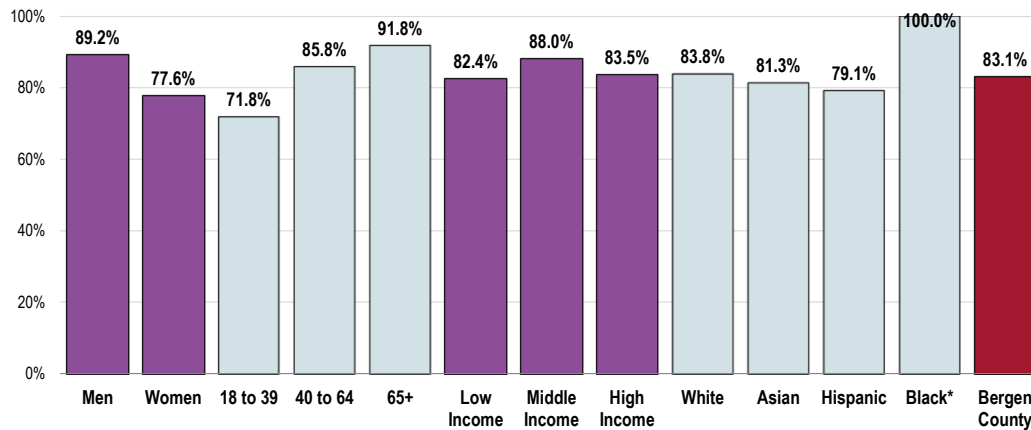- Southwest Bergen: 85.8%
- Bergen County: 83.1%
- US: 83.0%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.
- Black residents.

Present One or More Cardiovascular Risks or Behaviors
(Bergen County, 2016)

Bar chart showing percentages by demographic:
- Men: 89.2%
- Women: 77.6%
- 18 to 39: 71.8%
- 40 to 64: 85.8%
- 65+: 91.8%
- Low Income: 82.4%
- Middle Income: 88.0%
- High Income: 83.5%
- White: 83.8%
- Asian: 81.3%
- Hispanic: 79.1%
- Black*: 100.0%
- Bergen County: 83.1%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
Notes: ● Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2016)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

43.3%	34.3%	16.4%	6.0%

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

Top Concerns

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

Leading Cause of Death

> *Heart Disease and stroke- the combination- are the leading cause of death in the United States. These are high priority issues. - Public Health Representative*

> *With cancer, leading cause of death. - Social Services Provider*

> *Heart Disease and stroke continues to be in the top three leading causes of death, not only in Paramus or the state, but nationally. Health-damaging behaviors- such as tobacco use, lack of physical activity and poor diets- are major causes to heart disease and other chronic diseases. Paramus Board of Health works with community partners and organizations to educate the public on how to prevent heart disease. Every February for National Heart Awareness Month, we raise money for the American Heart Association with programs, and we have had the Jeannie Card made up and sent to all residents. The Jeannie Card was produced after a resident came in to tell his story about his wife suddenly dying, due to symptoms they did not realize were warning signs for a heart attack. He wanted to create an awareness to prevent this from happening to anyone else. - Public Health Representative*

> *Heart disease is the leading cause of death in the United States. Stroke is the third-leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable. - Public Health Representative*

Lifestyle

> *Inadequate exercise, poor eating habits, cost of healthy food and availability of same are prevalent in many communities. Particularly in low income and more urban settings in the county. - Social Services Provider*

> *Current trend in lifestyle, poor eating habits yielding increased incidence of obesity and lack of activity. - Other Health Provider*

> *Sedentary lifestyle, poor diet, high stress levels. - Other Health Provider*

> *Poor diets and eating habits have led to people being overweight and more at risk. - Community/Business Leader*

> *A large percentage of the population in the community tends to be overweight, lack appropriate physical exercise, and smoke and/or drink excessively. - Community/Business Leader*

Health Education

> *Lack of education. People's poor diets, smoking and overall bad lifestyle; for example, no exercise. - Social Services Provider*

Education and access to treatments. - Other Health Provider

People needs education about healthy living habits and how to balance all aspects of their lives. - Social Services Provider

Aging Population

Elderly population. May not know they have hypertension. - Other Health Provider

With the aging population, we see an increase in HD and stroke. There is a lack of knowledge about early signs of stroke the different symptomology of men vs. women. This older population grew up in a time when exercise was not a necessity, smoking was the norm, and eating healthy was not widely discussed. So we are now dealing with all these effects. - Other Health Provider

Prevalence/Incidence

Heart disease and stroke is prevalent in the clients for PV Meals on Wheels. - Social Services Provider

I hear from doctors that it is a big problem. - Social Services Provider

Vulnerable Populations

Heart disease still goes undetected in women. Again, the population is aging. - Other Health Provider

Increased risk factors related to demographics. - Other Health Provider

Affordable Care/Services

Low income -and even folks with adequate income- allowing weight gain and poor health control. Again, cost of medical care and proper diet make it hard to control advance of symptoms until full-blown. - Community/Business Leader

Comorbidities

Seems to be a correlation between diabetes and obesity; lack of exercise and stress are very high in the community. - Community/Business Leader

Disease Management

Compliance with medications, follow up visits, exercise, and compliance with diet. - Other Health Provider

Genetic Predisposition

Genetic predisposition, language barriers, increased risk factors. - Other Health Provider

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012 and 2014, there was an annual average age-adjusted cancer mortality rate of 142.2 deaths per 100,000 population in Bergen County.

- More favorable than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- 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 cancer mortality rate is notably higher among Non-Hispanic Whites and Non-Hispanic Blacks in Bergen County.

Cancer: Age-Adjusted Mortality by Race
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- 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.

Cancer Deaths by Site

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

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2012-2014 annual average age-adjusted death rates):

- The Bergen County cancer death rate for each site is statistically lower than the respective state and national rates.

Note that each of the Bergen County cancer death rates detailed below/in the following chart satisfies the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site
(2012-14 Annual Average Deaths per 100,000 Population)

	Bergen County	NJ	US	HP2020
ALL CANCERS	142.2	157.5	163.6	161.4
Lung Cancer	32.6	38.5	43.4	45.5
Prostate Cancer	5.9	18.5	19.2	21.8
Female Breast Cancer	11.4	22.5	20.9	20.7
Colorectal Cancer	12.8	15.0	14.6	14.5

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 2016.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"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.

These 2008-2012 Bergen County annual average age-adjusted cancer incidence rates are worse than US rate:

- Prostate cancer.
- Female breast cancer.

None of the Bergen County cancer incidence rates are worse than state rates for the same years.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-12)

Legend: ■ Bergen County ■ NJ ■ US

Site	Bergen County	NJ	US
Prostate Cancer	149.0	157.3	131.7
Female Breast Cancer	134.1	130.2	123.0
Lung Cancer	50.7	60.0	63.7
Colon/Rectal Cancer	40.3	44.4	41.9
Cervical Cancer	7.3	8.0	7.7

Sources:
- State Cancer Profiles.
- Retrieved April 2016 from Community Commons at http://www.chna.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.

- By available race data, Non-Hispanic Whites have the highest incidence of female breast cancer and lung cancer in Bergen County.
- Non-Hispanic Blacks are most likely to have had colorectal cancer and especially prostate cancer.
- Cervical Cancer is higher among Hispanics.
- Cancer incidence for each of the reported sites is lowest among Non-Hispanic Asians.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Bergen County 2008-12)
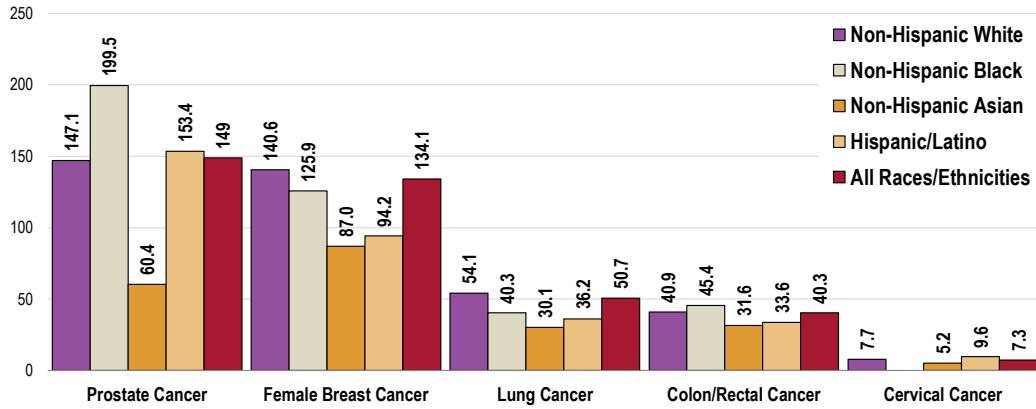
Legend:
- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Asian
- Hispanic/Latino
- All Races/Ethnicities

Site	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Hispanic/Latino	All Races/Ethnicities
Prostate Cancer	147.1	199.5	60.4	153.4	149
Female Breast Cancer	140.6	125.9	87.0	94.2	134.1
Lung Cancer	54.1	40.3	30.1	36.2	50.7
Colon/Rectal Cancer	40.9	45.4	31.6	33.6	40.3
Cervical Cancer	7.7		5.2	9.6	7.3

Sources:
- State Cancer Profiles.
- Retrieved April 2016 from Community Commons at http://www.chna.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.
- Cervical cancer incidence data for Non-Hispanic Blacks is not available.

Prevalence of Cancer

A total of 8.8% of surveyed Bergen County adults report having been diagnosed with some type of cancer.

- Comparable among the individual county subareas.
- TREND: The prevalence of cancer has remained statistically unchanged over time.
- Note that 10.8% of these respondents had difficulty obtaining cancer treatment in the past year.

Prevalence of Cancer
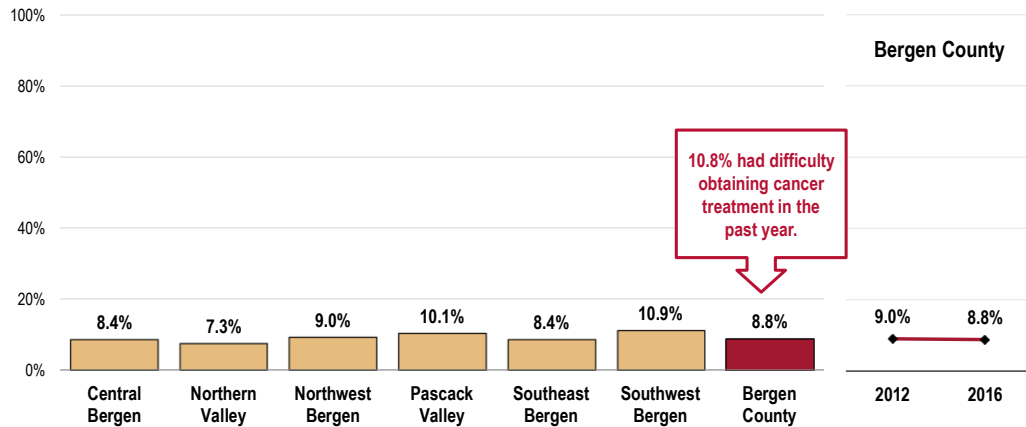
10.8% had difficulty obtaining cancer treatment in the past year.

Bergen County

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	2012	2016
8.4%	7.3%	9.0%	10.1%	8.4%	10.9%	8.8%	9.0%	8.8%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 303, 305]
- Community Health Needs Assessment 2012, Household Mail Survey.

Notes:
- Asked of all respondents.

- Among these respondents, breast cancer was most often reported (27.2% of responses), followed by skin cancer (17.7%), and prostate cancer (12.5%).
- Cervix/ovarian/uterine and urinary/bladder/kidney cancers were mentioned with less frequency, followed by lung cancer, non-Hodgkin's lymphoma and colorectal cancer.

Type of Cancer
(Among Those Diagnosed with Cancer; Bergen County, 2016)

Type	Percentage
Breast	27.2%
Skin	17.7%
Prostate	12.5%
Cervical/Ovarian/Uterine	8.4%
Urinary/Bladder/Kidney	7.7%
Lung	4.5%
Non-Hodgkin's Lymphoma	4.1%
Colorectal	3.0%
Various Other (<2% Each)	14.9%
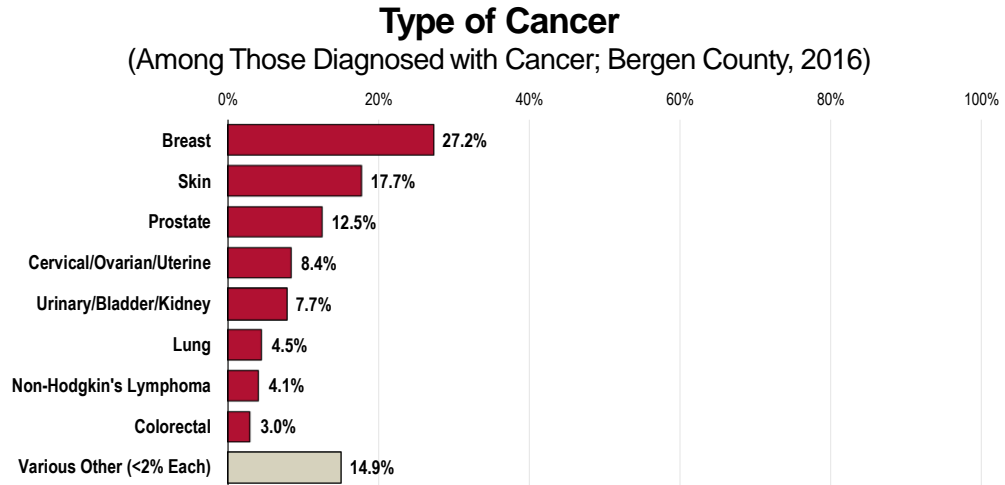
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of those respondents who have been diagnosed with cancer .

Cancer Risk

RELATED ISSUE:
See also
Nutrition & Overweight,
Physical Activity & Fitness and
Tobacco Use in the **Modifiable Health Risk** 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.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- 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.

Mammography

Among women age 50-74, 72.2% have had a mammogram within the past 2 years.

- Lower than statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Statistically similar among the six county subareas.
- TREND: Among women age 40 and older, statistically unchanged since 2012.

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

Chart: Percentage by area (with inset "Bergen County (Women Age 40+)")

Area	Percentage
Central Bergen	67.7%
Northern Valley*	71.0%
Northwest Bergen	67.9%
Pascack Valley	73.5%
Southeast Bergen*	81.1%
Southwest Bergen	79.4%
Bergen County	72.2%
NJ	78.2%
US	80.3%

Bergen County (Women Age 40+):
Year	Percentage
2012	68.0%
2016	66.6%
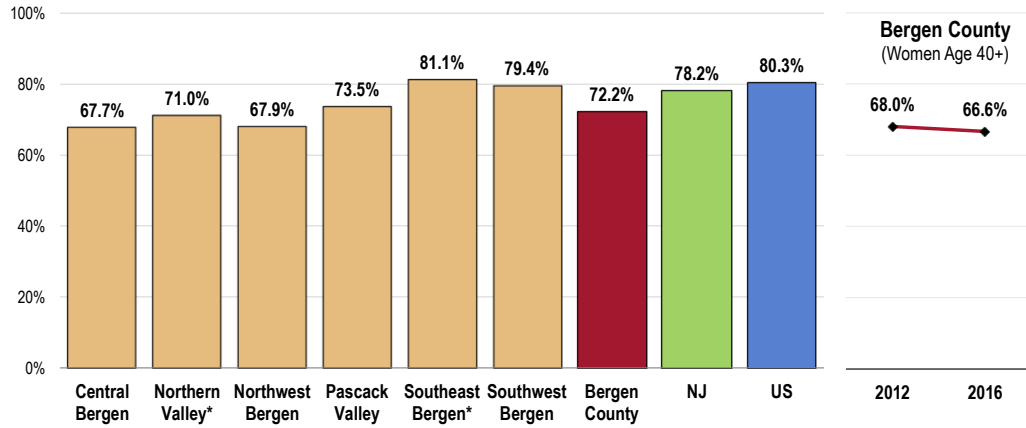
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Exercise caution when interpreting these results as sample sizes are small (n< 50).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- 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.
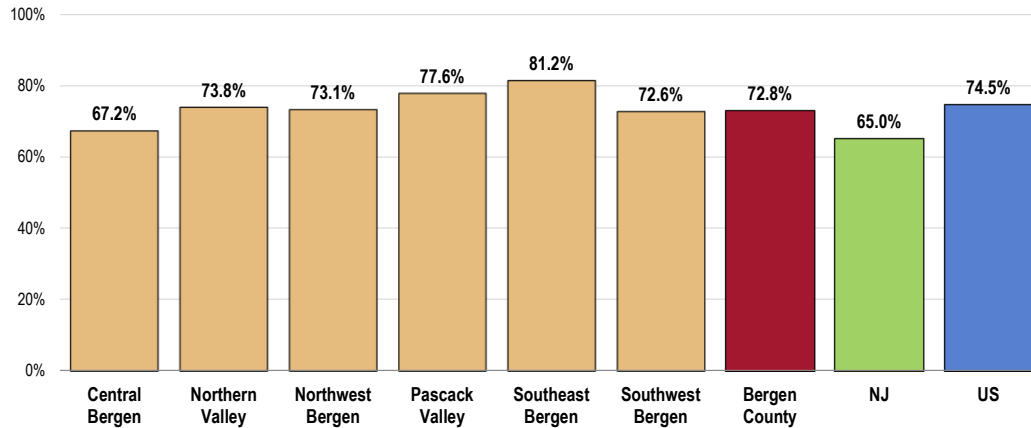
Pap Smear Testing

Among Bergen County women age 21 to 65, 74.5% have had a Pap smear within the past 3 years.

- Much lower than New Jersey and national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Particularly low among women in Southeast Bergen.
- TREND: Similar to previous survey results; note, however, that 2012 results are among all women 18+.

Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
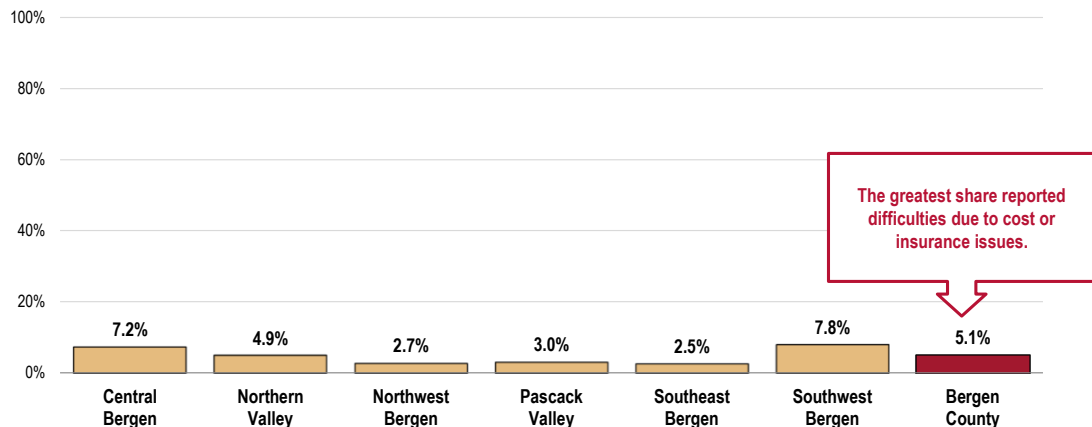### Healthy People 2020 Target = 93.0% or Higher
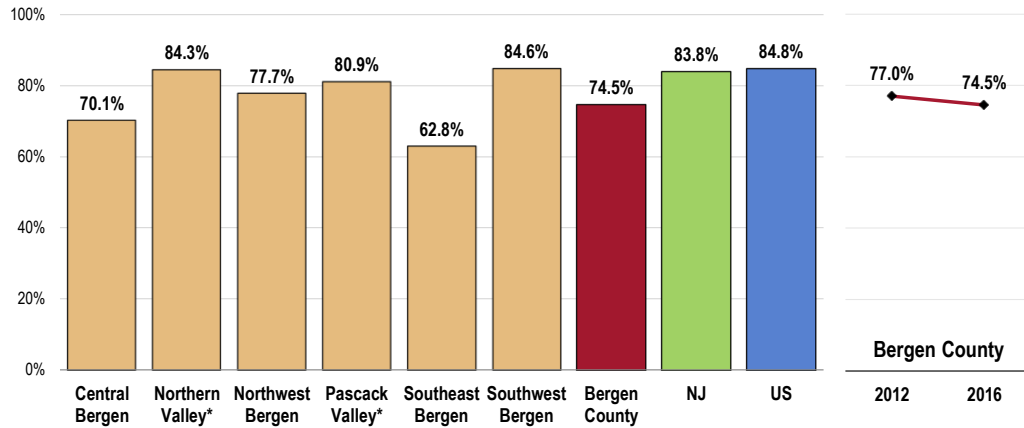
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- 2012 trend data represents women age 18+.
- *Exercise caution when interpreting these results as sample sizes are small (n< 50).

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- 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.

Colorectal Cancer Screening

Among adults age 50-75, 72.8% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

"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.

- More favorable than found across New Jersey.
- Similar to national findings.
- Statistically similar to the Healthy People 2020 target (70.5% or higher).
- No statistical difference among the individual county subareas.

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

Central Bergen: 67.2%
Northern Valley: 73.8%
Northwest Bergen: 73.1%
Pascack Valley: 77.6%
Southeast Bergen: 81.2%
Southwest Bergen: 72.6%
Bergen County: 72.8%
NJ: 65.0%
US: 74.5%

Sources:
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]
Notes:
● Asked of all respondents age 50 through 75.
● In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Access to Cancer Screenings

A total of 5.1% of survey respondents experienced difficulties obtaining a cancer screening in the past year.

● Less prevalent in Northwest Bergen and Southeast Bergen.

Experienced Difficulties Obtaining a Cancer Screening in the Past Year

The greatest share reported difficulties due to cost or insurance issues.

Central Bergen: 7.2%
Northern Valley: 4.9%
Northwest Bergen: 2.7%
Pascack Valley: 3.0%
Southeast Bergen: 2.5%
Southwest Bergen: 7.8%
Bergen County: 5.1%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 301-302]
Notes: ● Asked of all respondents.

Of these 30 respondents, the greatest share reported difficulties due to **cost or insurance issues**.

The following demographic groups are more likely to have experienced difficulties in receiving a cancer screening in the past year:

- Men.
- Younger adults (negative correlation with age).
- Low-income residents (negative correlation with income).
- Hispanics or Non-Hispanic Asians.

Experienced Difficulties Obtaining a Cancer Screening in the Past Year
(Bergen County, 2016)

Category	Value
Men	6.8%
Women	3.6%
18 to 39	10.1%
40 to 64	3.9%
65+	1.2%
Low Income	14.0%
Middle Income	8.3%
High Income	3.1%
White	3.0%
Asian	11.5%
Hispanic	11.6%
Black*	0.0%
Bergen County	5.1%
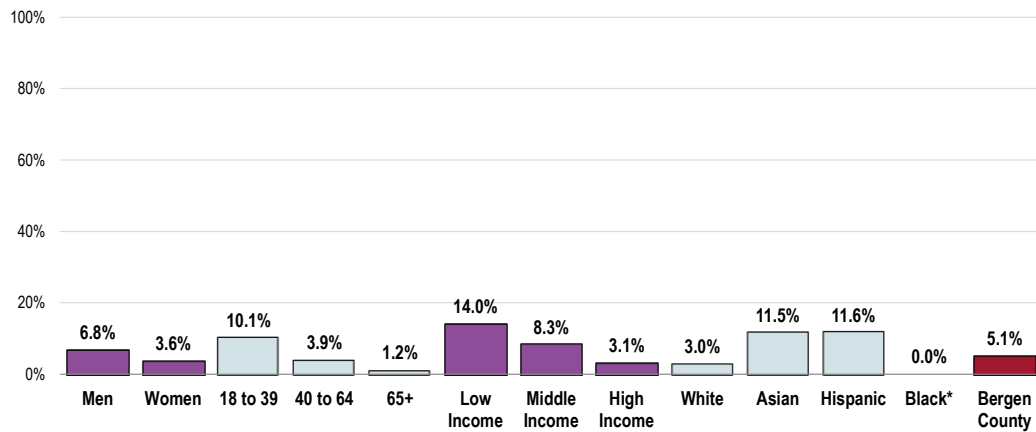
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2016)
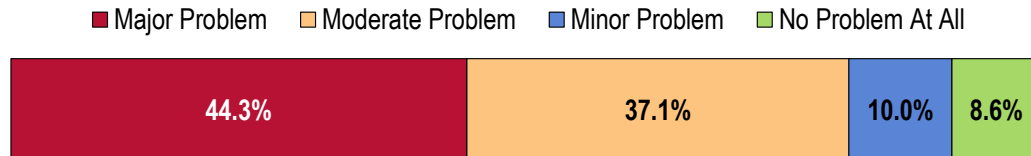
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
44.3%	37.1%	10.0%	8.6%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

There are so many types of cancers, and we are a large community; it becomes a major problem. - Community/Business Leader

NJ has a history of cancer clusters, and I am sure that Bergen County also is susceptible. Treatment seems to be very accessible for the well-to-do and insured, but still takes a monumental toll. While there is a great deal of information and education available, I do not know to what extent people take advantage of the screenings. - Community/Business Leader

There are many individuals of differing ages with diagnoses of cancer. - Social Services Provider

Increased prevalence. - Social Services Provider

Empirically, it's everywhere. Slightly hyperbolic, but seemingly true. - Community/Business Leader

Especially breast cancer. It seems everyone knows multiple cancer survivors, decedents and those battling cancer. - Other Health Provider

Everyone is touched by cancer to some extent. - Community/Business Leader

Despite the enormous headway we have made with many cancers such as breast, liver, pancreatic and all GI cancers are still causing death in relatively short periods of time. - Other Health Provider

I have seen many Meals on Wheels clients with different forms of cancer. - Social Services Provider

Growing incidence and lethality of the disease. - Social Services Provider

Pediatric disorders treated as a pediatric specialty here, with increased #s. More research needed re: diagnosis, genetic predisposition possibilities, preventions, etc. - Other Health Provider

Cancer is a major problem- not only in our community- but is the second leading cause of death in NJ. Prostate cancer is the most common, while lung cancer continues to be the single largest cause of death, while we may never know the exact science behind. - Public Health Representative

Cancer of all types seem to be a growing epidemic within our community. It started with breast and prostate, and now it has hit all organs. Treatments have improved greatly, still no cure in spite of all the money through various organizations being raised. - Other Health Provider

Because of the high incidence and lack of treatment options for the uninsured or underinsured. - Public Health Representative

Everyone in the community has either had that diagnosis or has someone in the family or a close friend who had dealt with it. - Other Health Provider

Number of occurrences. - Social Services Provider

Aging Population

Older adults are not always participating in preventive screening because transportation to doctors is limited. And because Medicare Advantage plans limit what doctors they can see. In addition, treatment for cancer can be expected, especially some of the chemo drugs. Affording these treatments pose problems for low-income seniors. - Social Services Provider

Elderly population that cannot afford cancer treatment due to co pays, balancing billing, or access to care, any age, if they are uninsured. - Other Health Provider

Varied age groups, however we have a large number of seniors. A population where cancer is on the rise. I do not think we do a good enough job at screening. - Other Health Provider

Early Detection

Patients ignoring symptoms for early detection and not having the financial means to seek until too late. - Social Services Provider

Lack of motivation on part of consumer to available themselves of preventative care/early detection. - Other Health Provider

Cancer screening. - Other Health Provider

Impact on Families/Caregivers

Too many lives and families are affected, and the cost of care is huge. More access to preventative options are needed. Treating and attempting to recover from the disease should not render families bankrupt or prohibit access to care by those who are under or not insured. - Other Health Provider

I work with cancer patients and their families, and the needs for emotional support- as well as financial aid- is most important and lacking. - Social Services Provider

Affordable Care/Services

I think we have a lot of programs that help finance screening programs but not diagnostic testing. Patient who cannot afford diagnostic testing go untreated. - Other Health Provider

It is hard for some individuals to obtain treatment. And even if they do, the costs and co-pays of drugs and treatments and hospitals are prohibitive. For these reasons often symptoms are ignored until the cancer is so far gone that treatment will not even help. - Community/Business Leader

Leading Cause of Death

Leading cause of death, along with heart disease. - Social Services Provider

Cancer is rapidly becoming the leading cause of death. This would be a high concern in any community in the United States. - Public Health Representative

Nutrition

The bad nutrition that we have; and sometimes, for some, there is no alternative. Stress inherent to our society, general contaminants in the environment. Not enough activity and exercise for many of us. - Social Services Provider

Environmental Contributors

The community has concerns regarding a superfund site (hexavalent chromium) which is a known carcinogen. - Other Health Provider

Genetic Predisposition

Genetic predisposition, lifestyle. Increased risks. - Other Health Provider

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2012 and 2014, there was an annual average age-adjusted CLRD mortality rate of 21.6 deaths per 100,000 population in Bergen County.

- Notably lower than found statewide and nationwide.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

CLRD: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
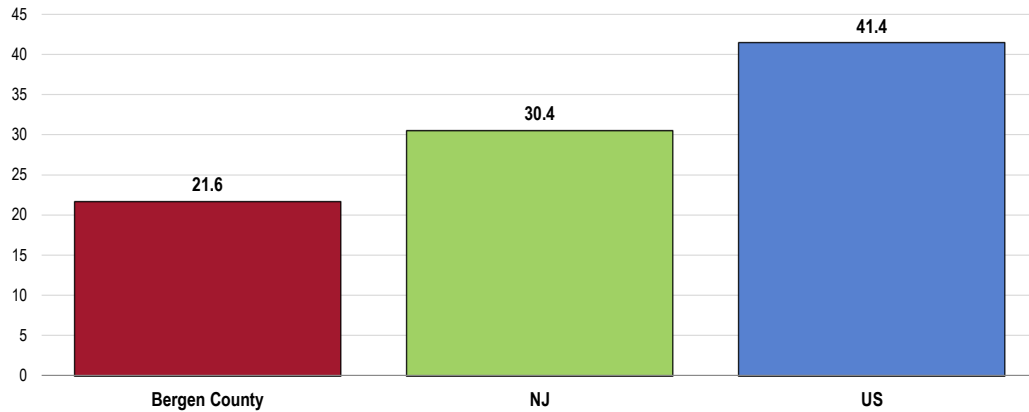
Bar chart showing values: Bergen County 21.6, NJ 30.4, US 41.4

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 2016.
Notes: • 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.
• CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2012 and 2014, Bergen County reported an annual average age-adjusted pneumonia influenza mortality rate of 10.9 deaths per 100,000 population.

- Statistically lower than the state and national rates.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
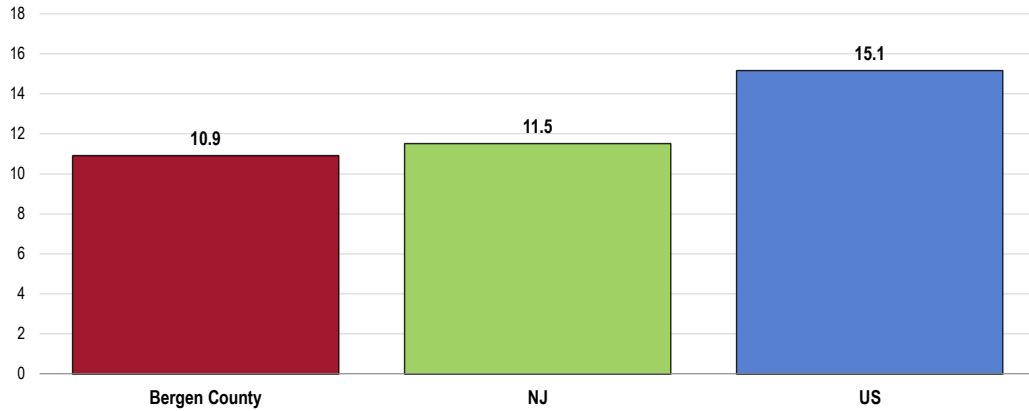
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma

Adults

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

A total of 9.0% of Bergen County adults currently suffer from asthma.

- Similar to the prevalence found statewide and nationally.
- Lowest in Northwest Bergen.
- TREND: The prevalence of adults who have **ever had asthma** has significantly increased since 2012.

Adult Asthma: Current Prevalence

11.8% had an asthma-related ER/Urgent Care visit in the past year. (among adults ever having asthma)
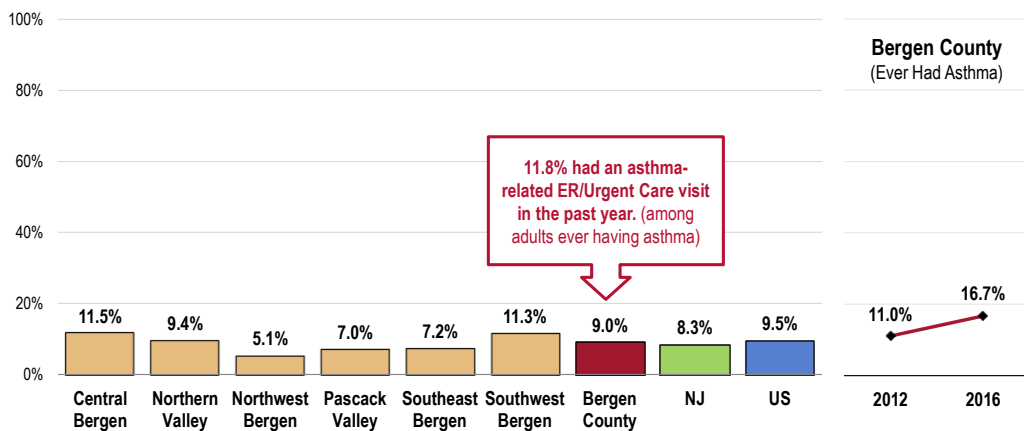
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 156, 306]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● Community Health Needs Assessment 2012, Household Mail Survey.
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

● Younger adults are more likely to suffer from asthma (negative correlation with age).

Currently Have Asthma
(Bergen County, 2016)

Category	Value
Men	8.7%
Women	9.3%
18 to 39	12.2%
40 to 64	9.9%
65+	3.5%
Low Income	10.6%
Middle Income	6.0%
High Income	10.2%
White	8.2%
Asian	10.1%
Hispanic	11.3%
Black*	9.6%
Bergen County	9.0%
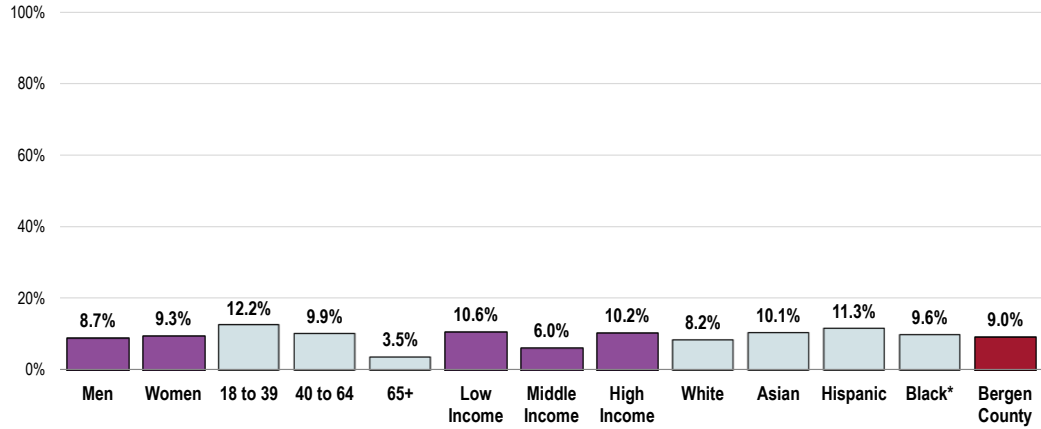
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Children

Among Bergen County children under age 18, 3.6% currently have asthma.

● Statistically comparable to national findings.

● Similar findings by gender.

● Note the positive correlation between current asthma prevalence and child's age.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)

Category	Value
Bergen County: Boys	4.0%
Bergen County: Girls	3.2%
Bergen County: Age 0-4	0.0%
Bergen County: Age 5-12	2.0%
Bergen County: Age 13-17	8.0%
Bergen County	3.6%
US	6.5%
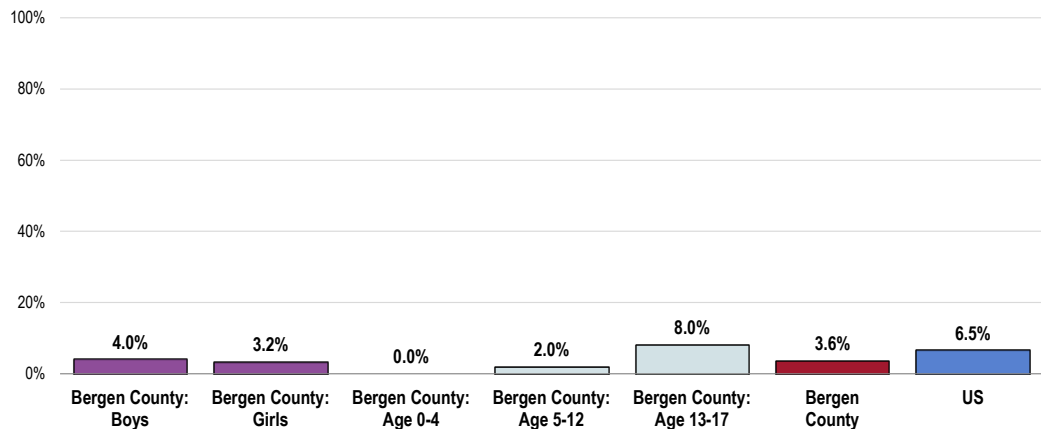
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 10.3% of Bergen County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Above the state prevalence.
- Similar to the national prevalence.
- More prevalent in Southwest Bergen.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
11.8%	10.6%	7.0%	8.0%	7.9%	15.2%	10.3%	5.6%	9.5%
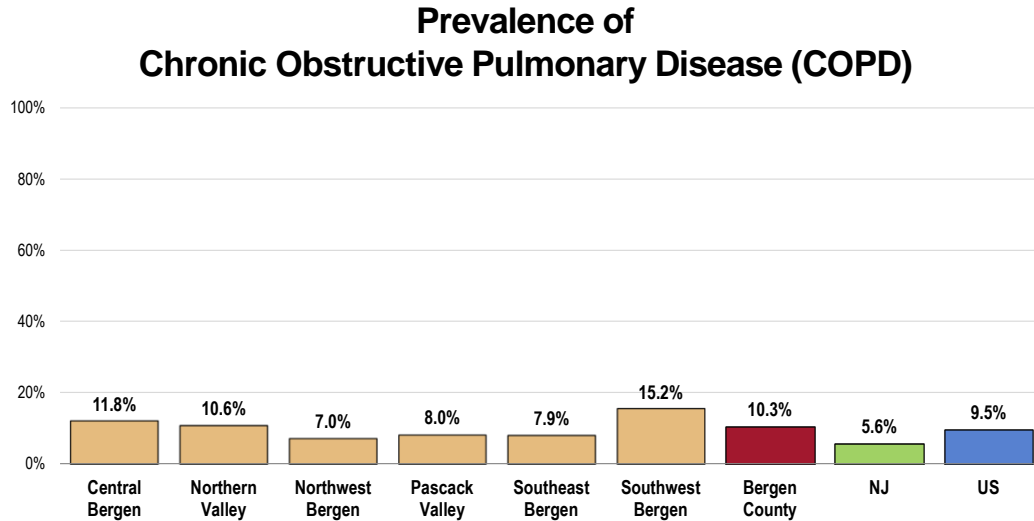
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, 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.

Perceptions of Respiratory Diseases
as a Problem in the Community
(Key Informants, 2016)
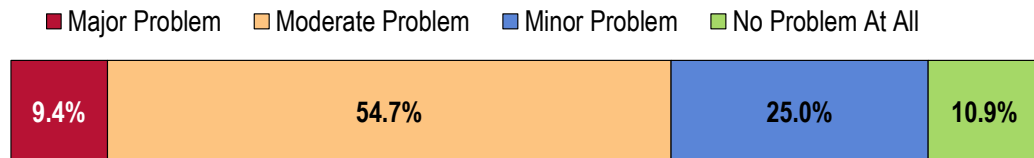
■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
9.4%	54.7%	25.0%	10.9%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Smoking

> *COPD in smokers, asthma, flu/pneumonia. - Other Health Provider*
>
> *Smoking and COPD. - Social Services Provider*

Genetic Predisposition

> *Genetic predisposition. - Other Health Provider*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence
- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2012 and 2014, there was an annual average age-adjusted unintentional injury mortality rate of 23.7 deaths per 100,000 population in Bergen County.

- More favorable than the New Jersey and national rates.
- Satisfies the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Bergen County: 23.7
NJ: 31.5
US: 39.7

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- 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 mortality rate is highest among Non-Hispanic Whites and lowest among Non-Hispanic Asians.

Unintentional Injuries: Age-Adjusted Mortality by Race
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Bergen County Non-Hispanic White: 29.2
Bergen County Non-Hispanic Black: 20.6
Bergen County Non-Hispanic Asian: 12.1
Bergen County Hispanic: 16.1
Bergen County All Races/Ethnicities: 23.7

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- 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.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, and motor vehicle accidents accounted for three-fourths of accidental deaths in Bergen County between 2012 and 2014.

Leading Causes of Accidental Death
(Bergen County, 2012-14)
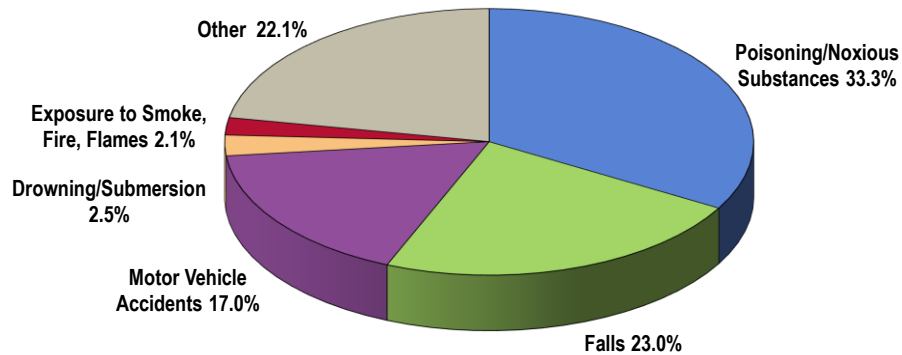
Other 22.1%

Exposure to Smoke, Fire, Flames 2.1%

Drowning/Submersion 2.5%

Motor Vehicle Accidents 17.0%

Poisoning/Noxious Substances 33.3%

Falls 23.0%

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 2016.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for drug-induced deaths (both intentional and unintentional overdoses), motor vehicle crashes, and falls (among adults age 65 and older).

These Bergen County annual average age-adjusted mortality rates are better than US rates for all three of the causes of injury death shown.

Bergen County mortality rates are better than state rates for drug-induced deaths and motor vehicle accidents, and nearly identical to the New Jersey rate of death for falls.

Select Injury Death Rates
(By Cause of Death; Annual Average Deaths per 100,000 Population)
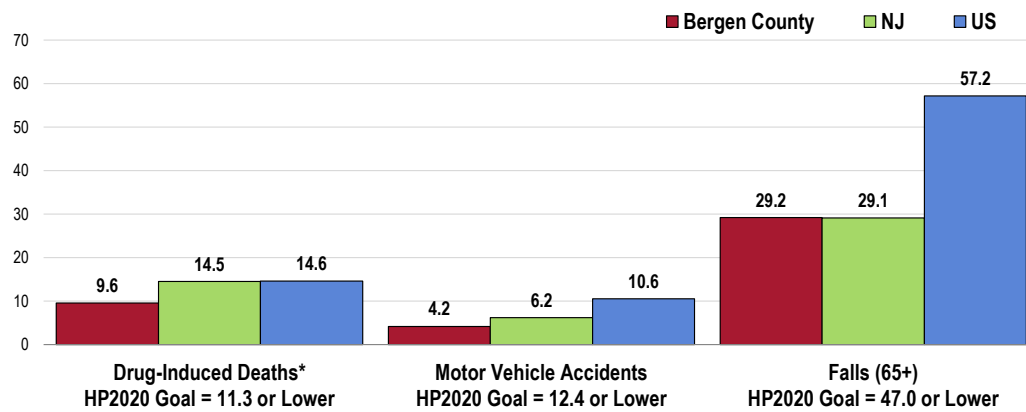
Legend: ■ Bergen County ■ NJ ■ US

	Drug-Induced Deaths* HP2020 Goal = 11.3 or Lower	Motor Vehicle Accidents HP2020 Goal = 12.4 or Lower	Falls (65+) HP2020 Goal = 47.0 or Lower
Bergen County	9.6	4.2	29.2
NJ	14.5	6.2	29.1
US	14.6	10.6	57.2

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- 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.
- *Drug-induced deaths include both intentional and unintentional drug overdoses.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … in 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Bergen County adults age 45 and older, 23.9% fell at least once in the past year, including 3.9% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Bergen County, 2016)
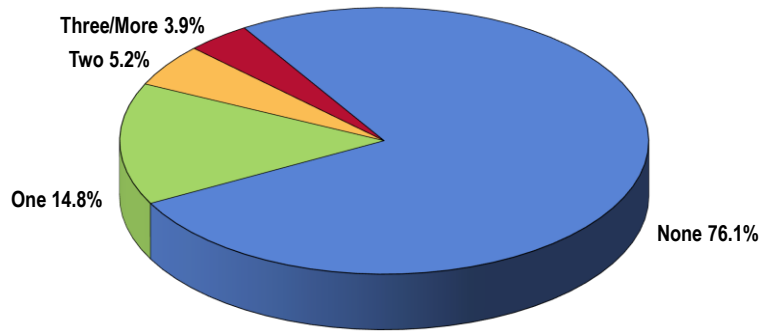
Three/More 3.9%
Two 5.2%
One 14.8%
None 76.1%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is statistically similar to the national proportion.
- Statistically similar by community.

Among those who fell in the past year, 37.5% were injured as a result of the fall.

Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older)
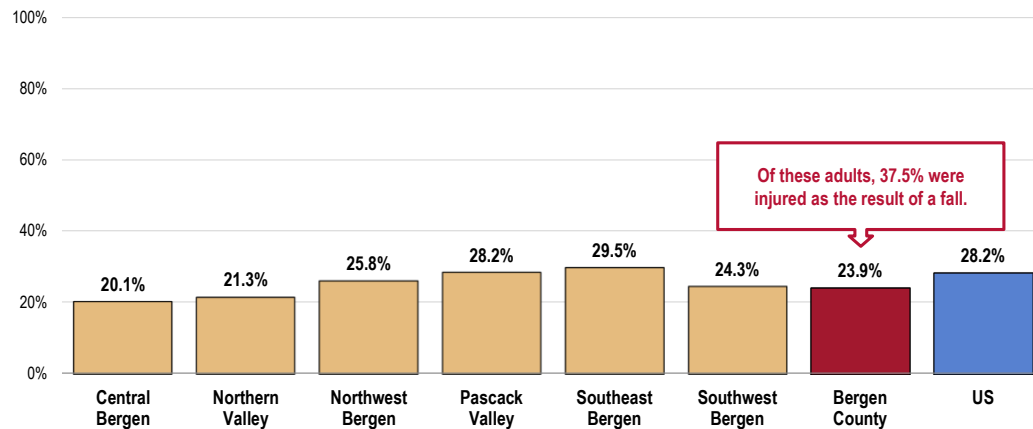
Of these adults, 37.5% were injured as the result of a fall.

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
20.1%	21.3%	25.8%	28.2%	29.5%	24.3%	23.9%	28.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents age 45 and older.

● Among Bergen County residents age 45+, women are more likely than men to have fallen in the past year.

Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older; Bergen County, 2016)

	Men	Women	45 to 54	55 to 64	65+	Low Income	Middle Income	High Income	Bergen County
	20.0%	27.6%	21.3%	22.0%	27.3%	22.2%	n/a	23.9%	23.9%
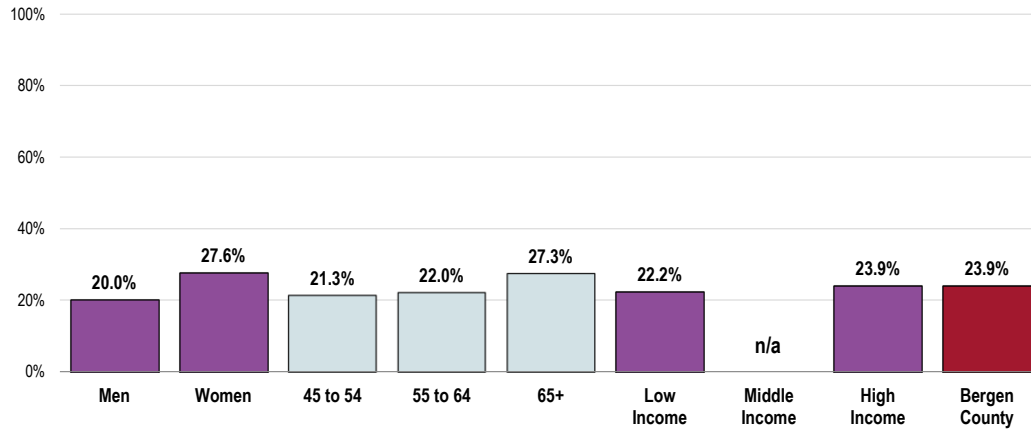
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of those respondents age 45 and older.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2012 and 2014, there was an annual average age-adjusted rate of 1.8 deaths per 100,000 population due to firearms in Bergen County.

● Lower than found statewide and much lower than found nationally.
● Satisfies the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower
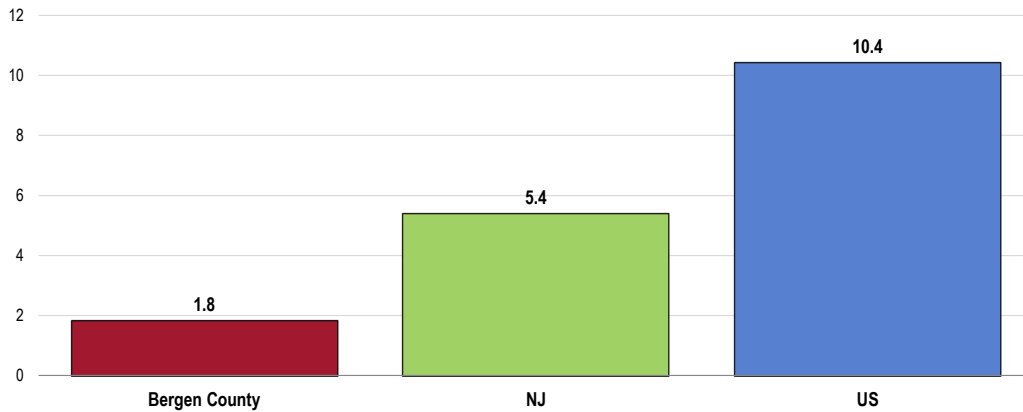
Bergen County	NJ	US
1.8	5.4	10.4

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 2016.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]
Notes: ● 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.

Presence of Firearms in Homes

Overall, fewer than 1 in 10 Bergen County adults (9.1%) has a firearm kept in or around their home.

- Much lower than the national prevalence.
- Among Bergen County households with children, 10.8% have a firearm kept in or around the house (considerably lower than reported nationally).

Among Bergen County households with firearms, 18.2% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Have a Firearm Kept in or Around the Home

Households With Children: 10.8% (vs. 31.0% nationwide)

	Bergen County	US
	9.1%	33.8%

Firearms Kept Unlocked, Loaded
(Among Households With Firearms)

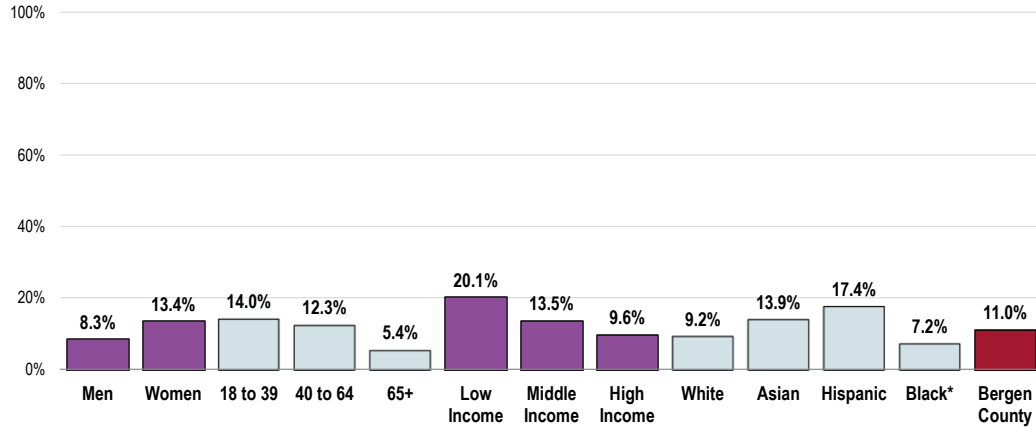|	Bergen County	US
	18.2%	20.4%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 159-160]
　　　　● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
　　　 ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2012 and 2014, there was an annual average age-adjusted homicide rate of 1.3 deaths per 100,000 population in Bergen County.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

- More favorable than the rates found statewide and nationwide.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

Homicide: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower
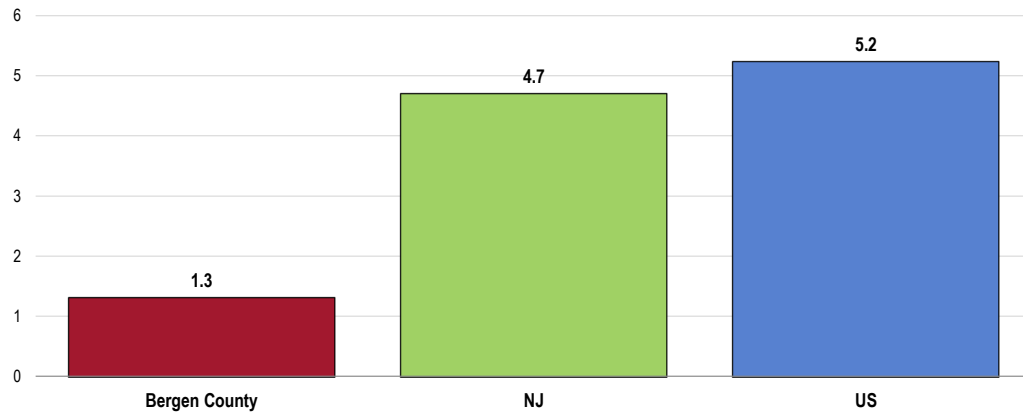
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- 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.

Violent Crime

Violent Crime Rates

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 2010 and 2012, there were a reported 97.6 violent crimes per 100,000 population in Bergen County.

- Three times lower than the New Jersey rate for the same period.
- Four times lower than the national rate.

Violent Crime
(Rate per 100,000 Population, 2010-2012)

Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2016 from Community Commons at http://www.chna.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 2.0% of surveyed Bergen County adults acknowledge being the victim of a violent crime in the area in the past five years.

- Similar to national findings.
- Lowest (null response) among Northwest Bergen respondents.

Victim of a Violent Crime in the Past Five Years

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	2.8%	2.3%	0.0%	0.8%	1.6%	3.6%	2.0%	2.3%
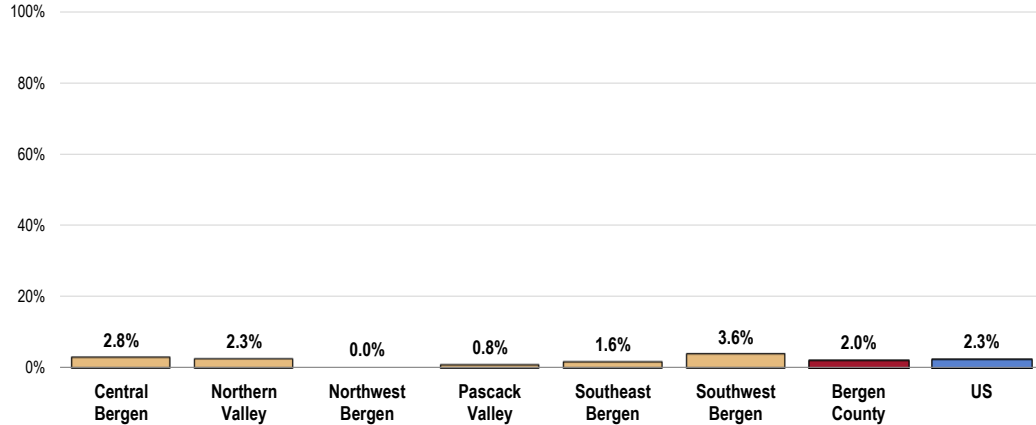
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Reports of violence are highest among younger residents.

Victim of a Violent Crime in the Past Five Years
(Bergen County, 2016)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	2.8%	1.3%	4.2%	1.5%	0.4%	2.7%	0.0%	1.3%	1.3%	2.3%	1.2%	0.0%	2.0%
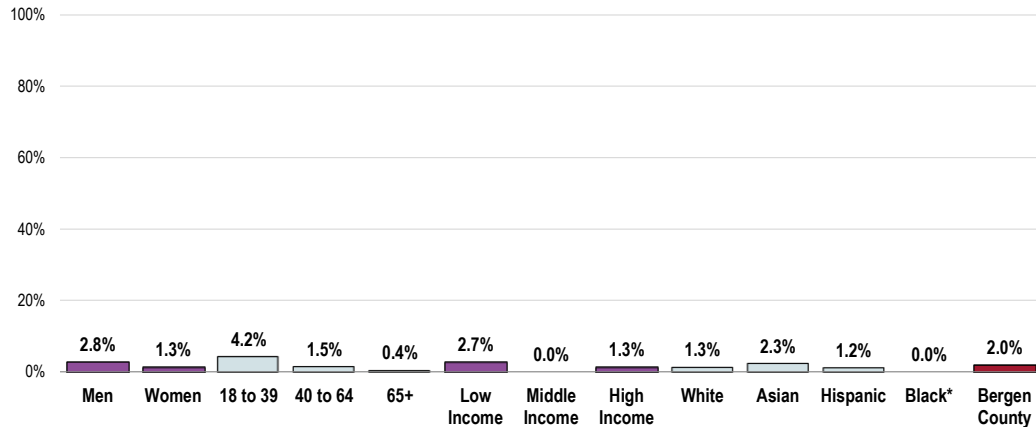
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Family Violence

A total of 11.0% of Bergen County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were told:

"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."

- More favorable than national findings.
- By community, most favorable in Pascack Valley.

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

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	12.4%	11.3%	10.4%	6.8%	7.9%	14.6%	11.0%	15.1%
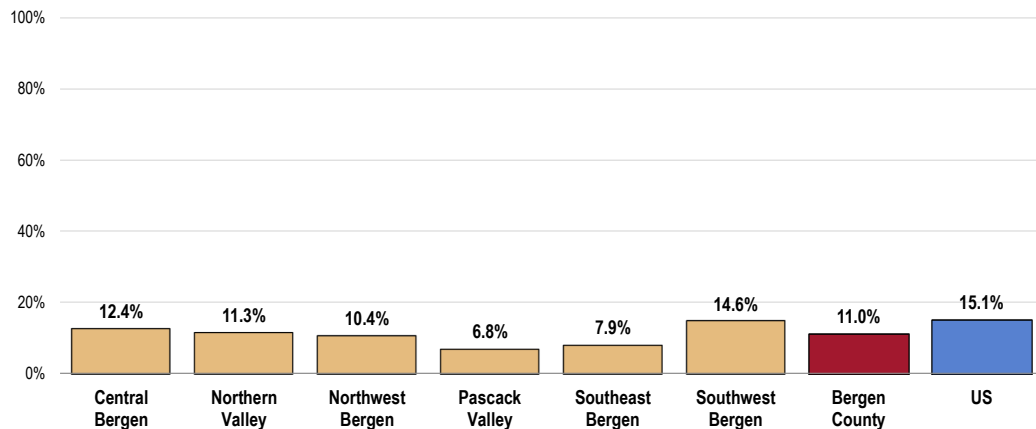
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Reports of domestic violence are also higher among:

- Women.
- Adults between the ages of 18 and 64 (negative correlation with age).
- Those with low incomes (negative correlation with income).

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Bergen County, 2016)

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Perceived Neighborhood Safety

While most Bergen County adults consider their own neighborhoods to be "extremely safe" or "quite safe," 6.6% considering it "not at all safe" or only "slightly safe."

Perceived Safety of Own Neighborhood
(Bergen County, 2016)
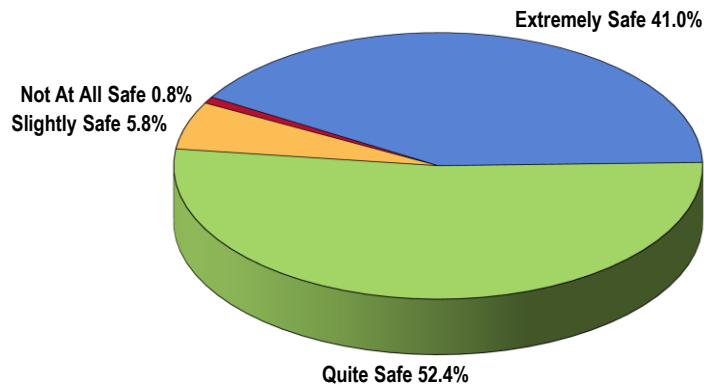
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Compared with the US prevalence, local adults are much less likely to consider their neighborhood to be unsafe.
- By community, Northwest Bergen residents have the most favorable view of neighborhood safety.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe
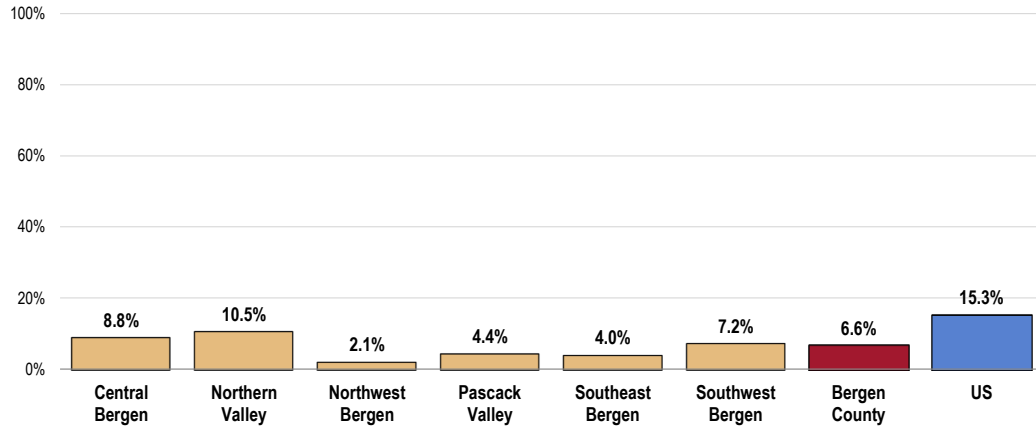
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Reports of unsafe neighborhoods are notably higher among these residents:

- Younger adults.
- Lower income residents (especially).

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe
(Bergen County, 2016)
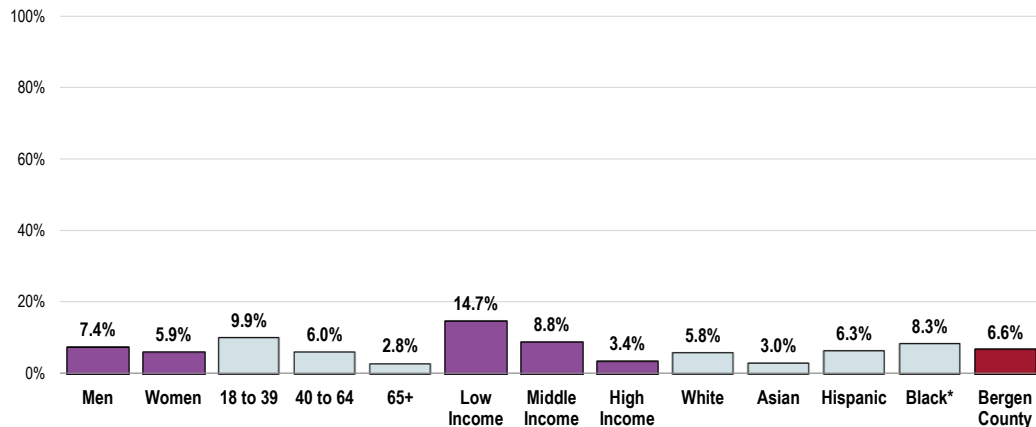
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Key Informant Input: Injury & Violence

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

Perceptions of Injury and Violence
as a Problem in the Community
(Key Informants, 2016)
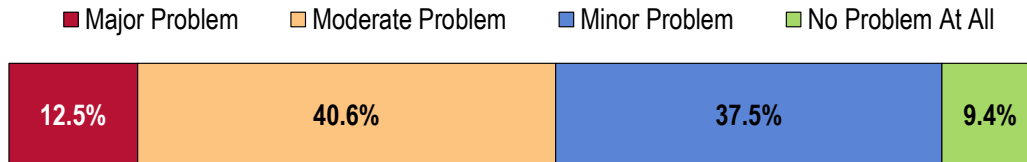
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

12.5%	40.6%	37.5%	9.4%

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

Top Concerns

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

Vulnerable Populations

> *The major problems related to violence and injury tend to be clustered most frequently in the lower-income and urban communities in the county. Although, there seems to be a rise in the number of incidents throughout the county. - Social Services Provider*

> *Language barriers. - Other Health Provider*

Unintentional Injuries

> *High incidence of motor vehicle and pedestrian injuries and deaths- especially in older adult population. - Other Health Provider*

Gun Violence

> *Gun control, education for domestic violence and pressures of everyday living stresses allow for so much more reactive violence. - Community/Business Leader*

Gangs

> *I believe gang violence in parts of the county/state represents a real threat to all of our safety. - Other Health Provider*

Domestic Violence

> *Domestic violence caused by joblessness, alcoholism, etc. - Social Services Provider*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2012 and 2014, there was an annual average age-adjusted diabetes mortality rate of 14.0 deaths per 100,000 population in Bergen County.

- More favorable than that found statewide or nationally.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- 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 Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in Bergen County is particularly high among Non-Hispanic Blacks.

Diabetes: Age-Adjusted Mortality by Race
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- 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 Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 9.2% of Bergen County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Better than the national proportion.
- Worse in Southeast and Southwest Bergen; better in Central Bergen.
- TREND: Statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 8.6% of Bergen County adults report that they have "pre-diabetes" or "borderline diabetes."

- Worse than the US prevalence.

Prevalence of Diabetes

Bergen County

Another 8.6% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes. (vs. 5.7% nationwide)

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US	2012	2016
5.3%	10.3%	6.9%	7.2%	14.9%	14.2%	9.2%	9.7%	14.5%	10.0%	9.2%
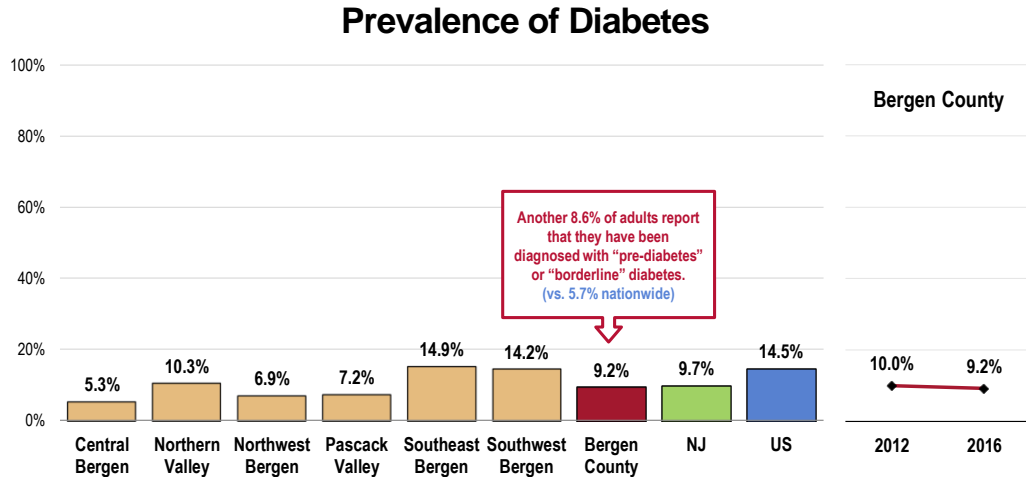
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- Community Health Needs Assessment 2012, Household Mail Survey.

Notes:
- Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Older adults (note the positive correlation between diabetes and age).
- Whites.

Prevalence of Diabetes
(Bergen County, 2016)

Bar chart values:
- Men: 13.8%
- Women: 5.0%
- 18 to 39: 3.6%
- 40 to 64: 8.8%
- 65+: 16.2%
- Low Income: 12.5%
- Middle Income: 9.7%
- High Income: 7.4%
- White: 10.7%
- Asian: 1.1%
- Hispanic: 7.7%
- Black*: 2.3%
- Bergen County: 9.2%

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, a majority (55.3%) report having had their blood sugar level tested within the past three years.

- Nearly identical to the national proportion.
- Most favorable in Southwest Bergen.

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

Bar chart values:
- Central Bergen: 53.6%
- Northern Valley: 51.7%
- Northwest Bergen: 60.7%
- Pascack Valley: 57.0%
- Southeast Bergen: 49.1%
- Southwest Bergen: 62.7%
- Bergen County: 55.3%
- US: 55.1%

Key Informant Input: Diabetes

A majority of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2016)
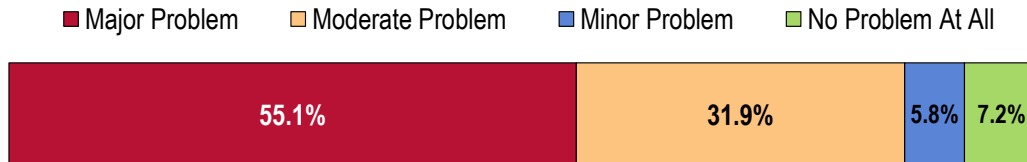
■ Major Problem　□ Moderate Problem　■ Minor Problem　□ No Problem At All

55.1%	31.9%	5.8%	7.2%

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

Top Concerns

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

Disease Management

Staying on an appropriate diet, accessing and taking medications. - Social Services Provider

Adjusting to living with newly-diagnosed diabetes. - Other Health Provider

Compliance with care. - Other Health Provider

Understanding and managing their disease properly with medication, diet, and exercise. Without close oversight and proper education, many challenges can arise. - Social Services Provider

Medical follow-up and buying the medication. - Social Services Provider

Acceptance of pre-diabetes as a disease. Very few programs geared to this population. Need more How-To's for pre-diabetics and diabetics: what to eat, recipes, how to shop. - Other Health Provider

Keeping their blood sugar numbers in normal ranges to help avoid future ailments related to their diabetes. - Community/Business Leader

Compliance with diet and exercise. - Other Health Provider

People do not want to take care of their own health. - Public Health Representative

Health Education

Understanding how nutrition and exercise can help them prevent and/or manage this disease. - Community/Business Leader

Understanding what to eat. - Other Health Provider

Education and prevention Type II, acceptance of nutritional counseling. - Community/Business Leader

More awareness and new treatments. - Social Services Provider

Diabetic Education and compliance. - Other Health Provider

Lack of information and interpretation of nutrition as it relates to the disease. - Other Health Provider

Diet and education. - Social Services Provider

Prevalence/Incidence

Approximately 45% of PV Meals on Wheels clients have diabetes. - Social Services Provider

Diabetes is prevalent in our health center population. Major obstacle for our patients is access to specialty care, medications such as insulin for uninsured, eye exams for uninsured. Health education on diabetes and nutritional counseling are also needed services that are difficult to obtain. - Other Health Provider

It is anticipated that the rate of people with diabetes is increasing. It is estimated that close to a half a million adults in NJ have been diagnosed with diabetes and about 200,000 people do not even know they have it. The biggest challenges for people with diabetes in Paramus, first-off, is to be screened. Once they are screened, it is important that they get educated on how to control diabetes and are aware of its complications. It is also important to improve the quality of care for diabetes and access to care. - Public Health Representative

Nutrition

The ability to cook single meals that are within the sugar nutrition guidelines. Affording diabetic socks, etc., to help with disease. Affordable and tasty alternatives to the "crap" food around. - Social Services Provider

To me, it's about preventing the onset of diabetes but promoting weight loss and exercise. - Public Health Representative

Eating habits and lack of exercise. - Community/Business Leader

Diagnosis/Treatment

Initial diagnosis of the disease. Many people have the disease but don't know it. - Physician

Detection of the disease. Adequate nutritional counseling. Managing and balancing nutrition and exercise. - Social Services Provider

Disease which is diagnosed much later than it should be, due to lack of insurance. Cost of insulin and follow-up care. - Other Health Provider

Costs for proper diet and medication, and availability of medical control necessary to monitor the patients. - Community/Business Leader

Access to Care/Services

Medication and supplies. Access. - Other Health Provider

Not enough resources for patients. - Physician

Lack of availability to proper care and patient unwillingness to follow prescribed treatment. - Social Services Provider

Obtaining medications is not financially feasible for most patients. - Other Health Provider

Language Barriers

Language barriers, educational barriers. Lack of knowledge of available resources. - Other Health Provider

Support Groups

Finding support groups and nutritional support. - Public Health Representative

Obesity

Overweight. - Social Services Provider

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2012 and 2014, there was an annual average age-adjusted Alzheimer's disease mortality rate of 14.9 deaths per 100,000 population in Bergen County.

- More favorable than the statewide rate and especially the national rate.

Alzheimer's Disease: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)

Location	Rate
Bergen County	14.9
NJ	16.9
US	24.2

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 2016.

Notes:
- 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.

Progressive Confusion/Memory Loss

A total of 10.2% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.
- Statistically comparable findings by community.

Experienced Increasing Confusion/Memory Loss in Past Year
(Among Respondents Age 45 and Older)

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
9.2%	11.0%	9.4%	7.6%	11.7%	13.0%	10.2%	12.8%
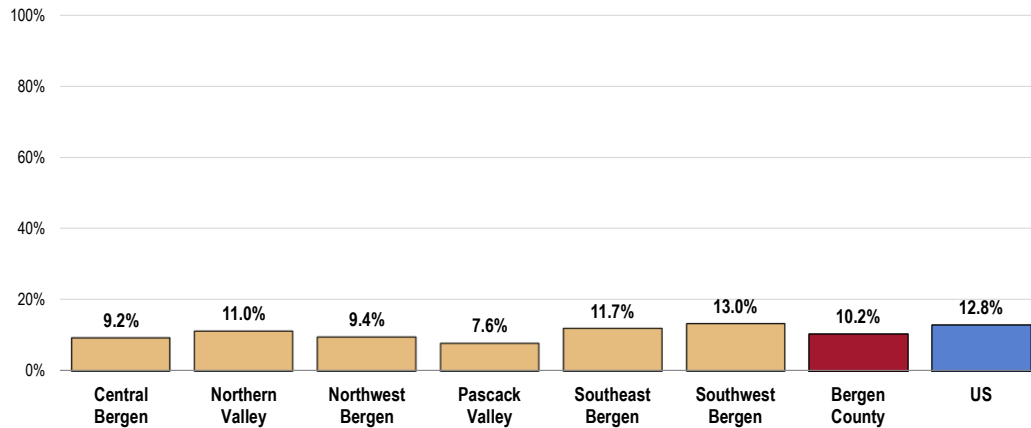
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
    • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents age 45 and older.

A higher prevalence of progressive confusion/memory loss is reported among:

- Seniors (positive correlation with and age).
- Adults with low incomes (note the 27.6% responding affirmatively).

Experienced Increasing Confusion/Memory Loss in Past Year
(Among Respondents Age 45 and Older; Bergen County, 2016)

Men	Women	45 to 54	55 to 64	65+	Low Income	Middle Income	High Income	Bergen County
10.6%	9.8%	6.4%	11.1%	12.0%	27.6%	n/a	7.6%	10.2%
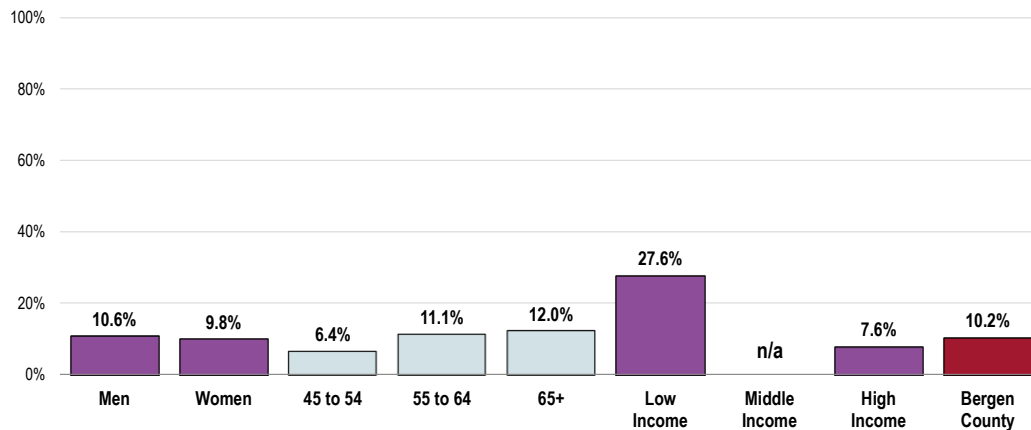
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of those respondents age 45 and older.
    • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "major problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2016)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

46.5%	36.6%	12.7%	4.2%
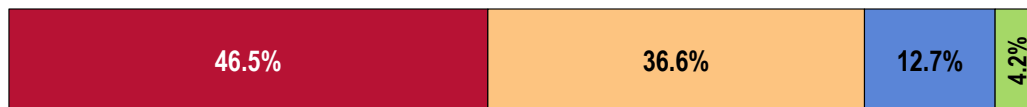
Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

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

Aging Population

Increasing as people live longer. - Social Services Provider

The statistic is that close to 50% of adults 85 years of age and older have some form of dementia. People are aging, and it appears that the number of people diagnosed with dementia has increased in the last ten years.   Dementia is a devastating disease, and I see caregivers struggling to provide the needed care to their older relatives or spouses. Connecting with supportive care services poses problems, either reluctance to involve with the care system, the cost of care, or the behavior of the older adult with dementia makes connecting to the system difficult. - Social Services Provider

The growing number of senior populations in Bergen County increases the number of people with dementia. This disease has a huge impact on the family. With little support offered, the stress on the caregiver- especially if also elderly- is tremendous. - Other Health Provider

Increased population of older adults, especially population 85 years and older. Many older adults live alone and lack family support. - Other Health Provider

There are a lot of elderly people living in Bergen County, and as I talk with them- as well as their children- it is a big issue. - Social Services Provider

People are living longer, and dementia/AD becomes an increasing problem with the elderly. - Other Health Provider

High volume of elderly who live alone and have dementia. - Other Health Provider

As the population of Bergen County gets older, we are seeing a lot more people with dementia. I suspect that many people are living at home in single family homes with difficulty accessing all the support needed to care for someone with memory problem. - Community/Business Leader

As the "old" population grows in size and lives longer, there will be a greater prevalence of dementia. Dementia specific assisted living facilities are prohibitively expensive. Many older adults are outliving their resources and lack resources. - Other Health Provider

People are living longer, and patients are being diagnosed quicker. - Social Services Provider

We are living longer and now it is identified earlier. - Other Health Provider

The risk of Alzheimer's increases greatly with age. After the age of 65, the risk of developing the disease doubles every 5 years. It is about 50% by age 85. People have described Alzheimer's as worse than having cancer. In addition, Alzheimer's places an enormous emotional burden on family and caregivers. - Public Health Representative

Prevalence/Incidence

I see different levels in all ages. - Social Services Provider

One in 6 people will develop it. - Social Services Provider

Because of the rising numbers of people diagnosed with this illness and not enough treatment places available to provide the specific care. - Social Services Provider

Many Meals on Wheels clients have dementia or Alzheimer's disease. - Social Services Provider

Fastest-growing disease and affecting all ages, younger and younger. Stigma of the disease often slows down allowing it to be identified and treated. - Community/Business Leader

Progressing rapidly with no cure. - Community/Business Leader

Seems to be a continuously growing disease state with no real cure. - Social Services Provider

Speaking with Internal Medicine and Geriatric physicians, they are starting to see more and more patients presenting with this disease. At a recent health fair, which targeted Dementia/Alzheimer's, there were many family members in attendance, who spoke of a loved one now suffering with this disease. - Other Health Provider

Impact on Families/Caregivers

One and four adults will be caregivers. More community support services are need to provide care for persons with Alzheimer's. Also more information needs to be available about services that do exist. - Social Services Provider

Many families wish to keep their elder family members at home, and there are limited amounts of daycare facilities. Long Term Care facilities need to be specifically designed to protect residents with dementia/Alzheimer's, and the space for this specialty is limited. - Public Health Representative

Oftentimes, it is difficult for families to find care that is sufficient in the home. Many families are hesitant to make decisions on behalf of their loved ones, and affordable assisted living options may not always be available to all without selling a home. And people wait too long to make decisions and end up in a crisis mode. Resources are available, but people may be hesitant to reach out or not know where to begin. - Social Services Provider

Not enough to keep family members at home. Bergen County has an aging population. - Other Health Provider

Care of elderly by family members. Cost issues and care needs at home. - Community/Business Leader

Diagnosis/Treatment

Often is goes undetected or treated with other symptoms as part of another problem. Doctors don't take into account mental health when doing a physical. Families are very much scattered over the globe and don't see their parents enough to determine if their mental status is adequate for driving and maintaining a household. - Social Services Provider

Delirium, mortality associated with it during the hospitalization. - Other Health Provider

Access to Care/Services

Not enough clinical support for patients and families. - Physician

Access to Providers

Not enough qualified doctors who accept and treat persons with this disease. - Physician

Genetic Predisposition

Genetic predisposition. - Other Health Provider

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted kidney disease mortality rate of 12.1 deaths per 100,000 population in Bergen County.

- Slightly lower than the rates found statewide and nationally.

Kidney Disease: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)

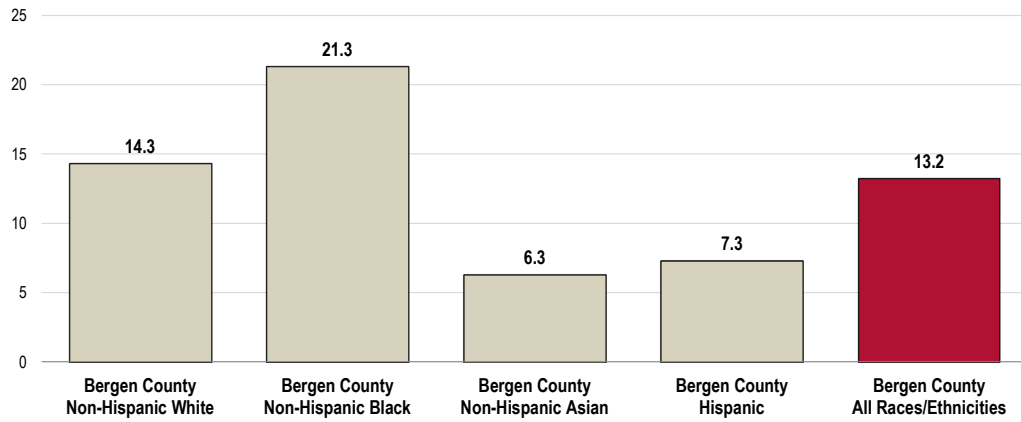|	Bergen County	NJ	US
	12.1	13.5	13.2

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 2016.
Notes: • 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 kidney disease mortality rate in Bergen County appears much higher among Non-Hispanic Blacks.

Kidney Disease: Age-Adjusted Mortality by Race
(2012-14 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 2016.
Notes: ● 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.

Prevalence of Kidney Disease

A total of 3.1% of Bergen County adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.
- Lowest in Northwest Bergen.

Prevalence of Kidney Disease
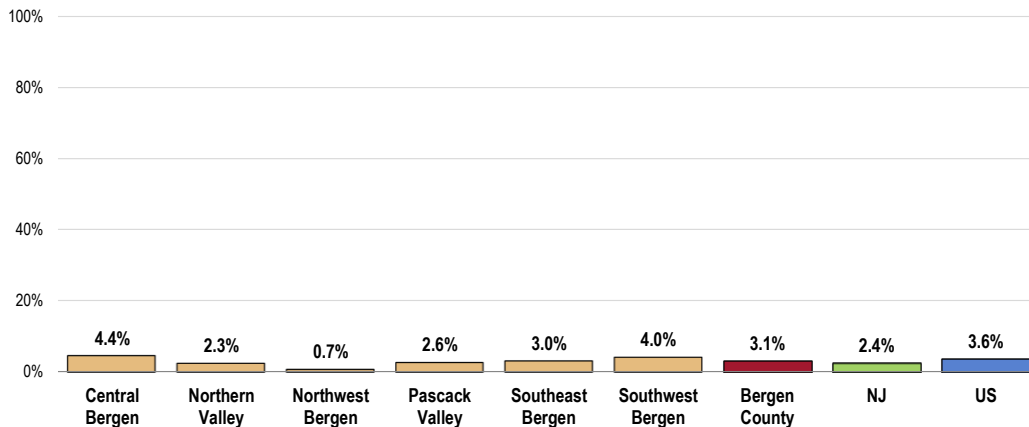
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

● A higher prevalence of kidney disease is reported among men and low income residents in Bergen County.

Prevalence of Kidney Disease
(Bergen County, 2016)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	4.4%	1.8%	4.7%	2.0%	2.9%	9.2%	0.0%	1.8%	1.8%	5.8%	6.9%	2.3%	3.1%
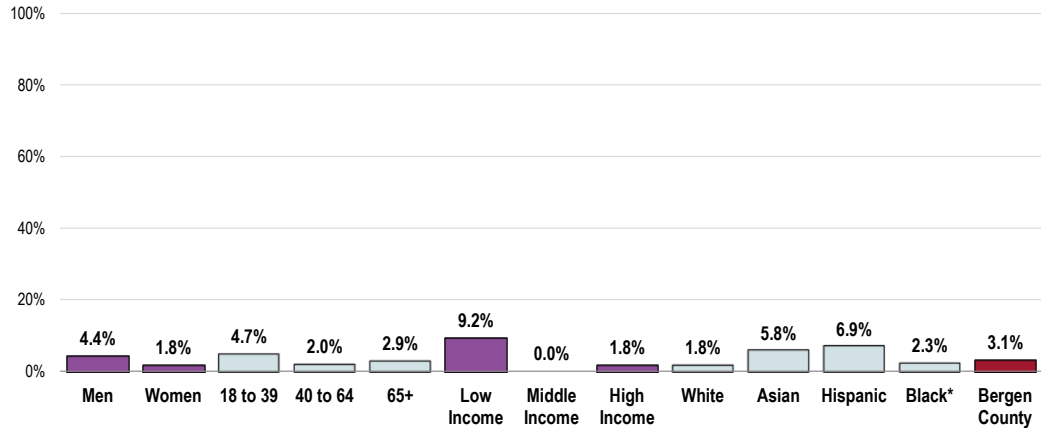
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Key Informant Input: Chronic Kidney Disease

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

Perceptions of Chronic Kidney Disease
as a Problem in the Community
(Key Informants, 2016)
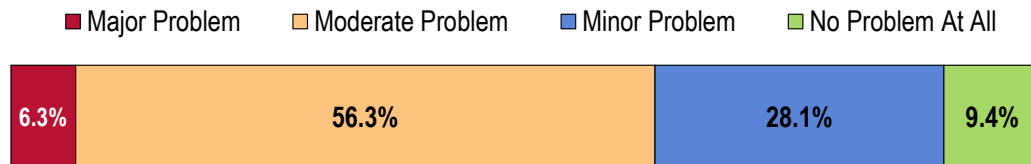
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   □ No Problem At All

6.3%	56.3%	28.1%	9.4%

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

Top Concerns

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

Affordable Care/Services

> *The cost and time of treatment is not always available to the needy. And, again, usually by the time it is diagnosed, it is way into the disease. - Community/Business Leader*

Comorbidities

> *We have obesity, hypertension, and diabetes. - Social Services Provider*

Septicemia

About Sepsis and Septicemia

Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death. It is difficult to predict, diagnose, and treat. Patients who develop sepsis have an increased risk of complications and death and face higher healthcare costs and longer treatment. CDC is working to increase sepsis awareness and improve treatment among the public, healthcare providers, and healthcare facilities. Read personal stories and perspectives on sepsis at: CDC's Safe Healthcare Blog.

CDC's National Center for Health Statistics (NCHS) estimates that, based upon information collected for billing purposes, the number of times people were in the hospital with sepsis or septicemia (another word for sepsis) increased from 621,000 in the year 2000 to 1,141,000 in 2008.

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

From 2012 to 2014 there was an annual average age-adjusted septicemia mortality rate of 13.2 per 100,000 population in Bergen County.

- More favorable than statewide findings.
- Less favorable than the US figure.

Septicemia: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
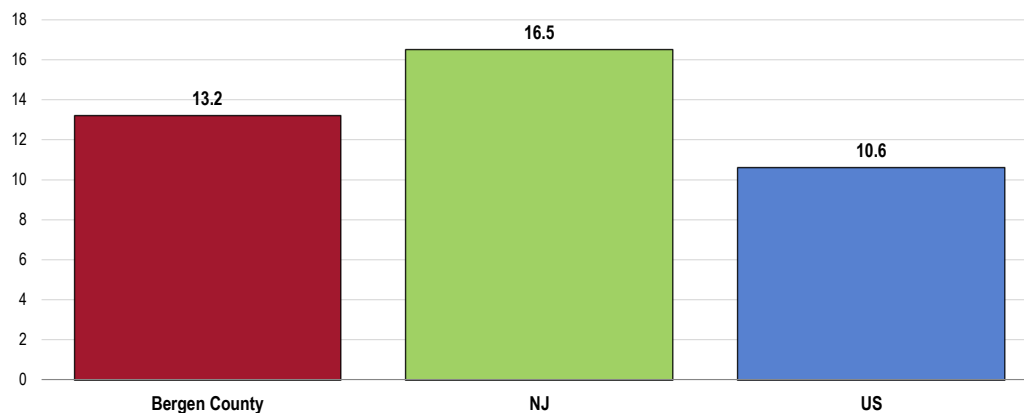
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:
- 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.

- By race/ethnicity, Non-Hispanic Blacks have a much higher septicemia mortality rate.

Septicemia: Age-Adjusted Mortality by Race
(2012-14 Annual Average Deaths per 100,000 Population)

Category	Value
Bergen County Non-Hispanic White	14.3
Bergen County Non-Hispanic Black	21.3
Bergen County Non-Hispanic Asian	6.3
Bergen County Hispanic	7.3
Bergen County All Races/Ethnicities	13.2

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 2016.

Notes: ● 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.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active.   Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

A total of 28.6% of Bergen County adults age 50 and older report suffering from arthritis or rheumatism.

- Statistically similar to that found nationwide.

A total of 8.5% Bergen County adults age 50 and older have osteoporosis.

- Nearly identical to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

A total of 20.7% of Bergen County adults (18 and older) suffer from chronic back pain or sciatica.

- Similar to that found nationwide.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Potentially Disabling Conditions

Bergen County ▪ **US**

Condition	Bergen County	US
Arthritis/Rheumatism (50+)	28.6%	32.0%
Osteoporosis (50+) HP2020 Objective = 5.3% or Lower	8.5%	8.7%
Sciatica/Chronic Back Pain (18+)	20.7%	19.4%
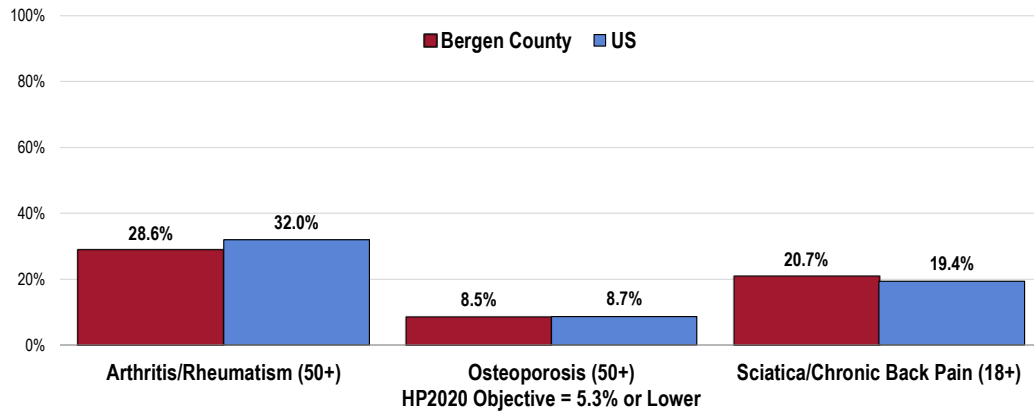
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: ● The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A majority of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2016)
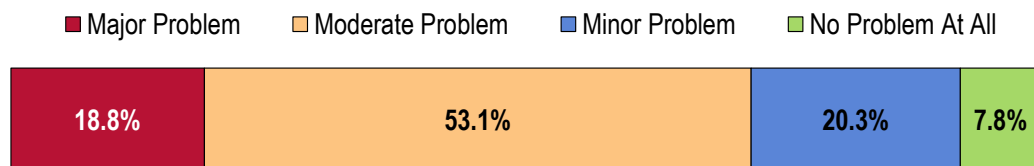
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
18.8%	53.1%	20.3%	7.8%

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

Top Concerns

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

Aging Population

> *We have an aging population. And in the affluent areas- which comprise much of Bergen County-seniors wish to remain physically active. This activity enhances back and arthritic problems. - Other Health Provider*

> *Our community is aging with many post-menopausal residents. Access to specialists and general information regarding prevention is lacking. - Community/Business Leader*

> *The aging community, who exhibit these issue, were not knowledgeable about prevention when they could have had benefit from lifestyle changes. And now many deal with these problems. Also, living longer contributes. - Other Health Provider*

Not only with the aging population, but also how we stress extreme physical exercise on the young, we are seeing more repetitive injuries younger in life. - Other Health Provider

We feel this condition applies to almost everybody aging- not only in the county, but nationally. Think about it, everyone I know has a back condition. The health care providers can tell you that doctors are very busy treating people with all the above conditions. - Public Health Representative

Prevalence/Incidence

Common health condition associated with morbidity/work loss. - Other Health Provider

Chronic conditions, such as back pain, reduce productivity and lead to dependence on pain medication. - Social Services Provider

Pediatric arthritis and immunological disorders treated as a specialty here, with increased #s. More research needed re: diagnosis, genetic predisposition possibilities, preventions, etc. - Other Health Provider

These are the physical conditions that patients come frequently to our emergency room for pain medications, etc. - Social Services Provider

Health Education

Many people complain about these conditions and are not sure what to do to help improve them. - Community/Business Leader

Insufficient Physical Activity

Lack of exercise as a whole. Lack of embracing benefits of stretching. Leading sedentary lives. Poor eating habits that are not viewed as poor. - Community/Business Leader

Work Conditions

Because of overwork and poor nutrition. - Social Services Provider

Genetic Predisposition

Genetic predisposition, lack of education about condition. - Other Health Provider

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

A total of 6.8% of Bergen County adults are blind or have trouble seeing even when wearing corrective lenses, and 9.1% are deaf or have trouble hearing.

- The prevalence of blindness/trouble seeing is above the state figure and similar to the national prevalence.
- Compared with the US prevalence, deafness/trouble hearing in Bergen County affects a similar proportion of residents.

Prevalence of Blindness/Deafness

■ Bergen County   ■ US

NJ = 3.9%

	Blindness/Trouble Seeing Even With Glasses	Deafness/Trouble Hearing
Bergen County	6.8%	9.1%
US	7.3%	8.6%
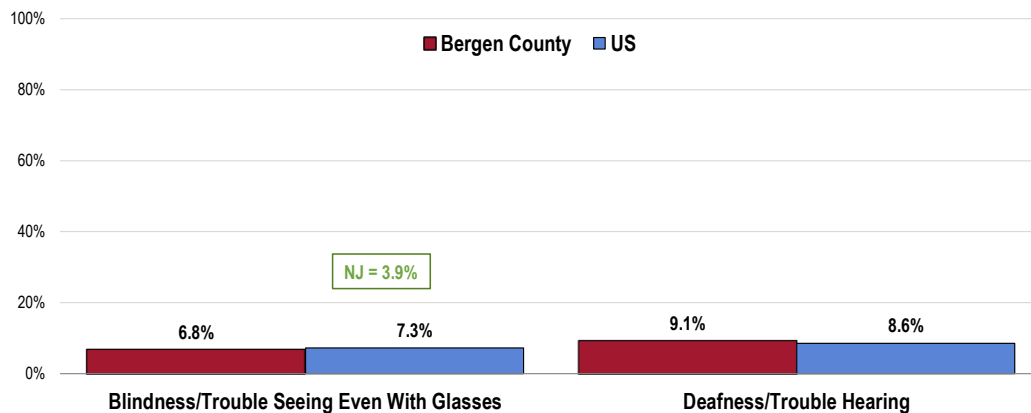
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.

Notes:
- Reflects the total sample of respondents.

Key Informant Input: Vision & Hearing

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

Perceptions of Vision and Hearing
as a Problem in the Community
(Key Informants, 2016)
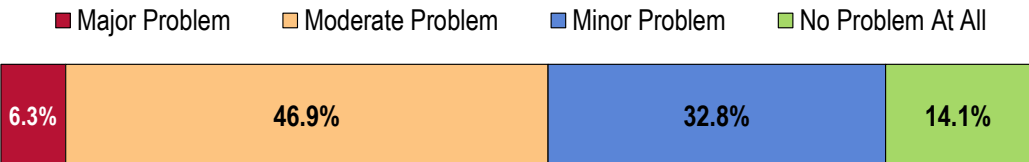
■ Major Problem　　□ Moderate Problem　　■ Minor Problem　　□ No Problem At All

6.3%	46.9%	32.8%	14.1%

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

Top Concerns

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

Aging Population

> *DMV, local police, and primary care physicians need to work together to decide if driving is still appropriate for certain senior citizens. Hearing aid devices are terribly expensive, and there's very little backing, if any, from health insurance. Two major senses that- if at a loss- can be detrimental and even harmful to seniors. - Social Services Provider*

> *Again, we are an aging population. Hearing and vision diminishes with age. - Other Health Provider*

Affordable Care/Services

> *Not available in most clinics for free or low cost. - Other Health Provider*

Infectious Disease

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Bergen County seniors, 55.3% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the New Jersey and US findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 41.5% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher
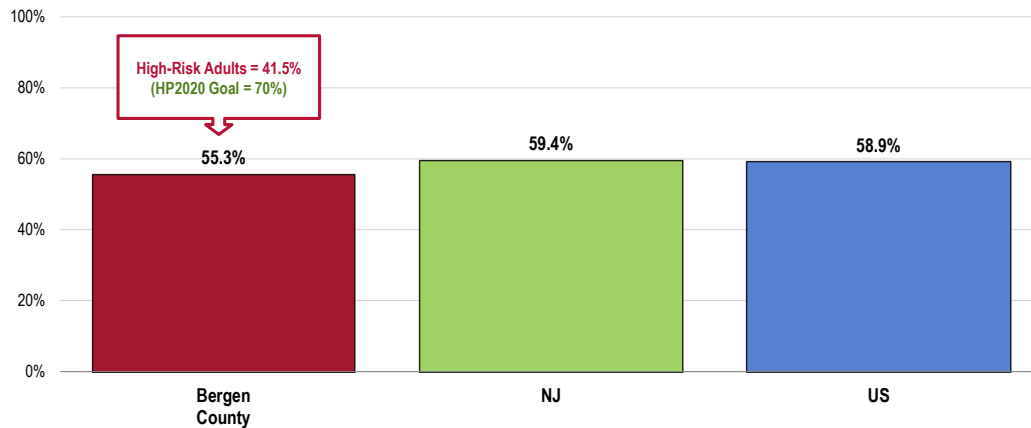
High-Risk Adults = 41.5%
(HP2020 Goal = 70%)

	Bergen County	NJ	US
	55.3%	59.4%	58.9%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
- 2015 PRC National Health Survey, Professional Research Consultants, 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): 2014 NJ data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Over two-thirds of Bergen County adults age 65 and older, (67.4%) have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the New Jersey finding.
- Considerably less favorable than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

A total of 38.6% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher
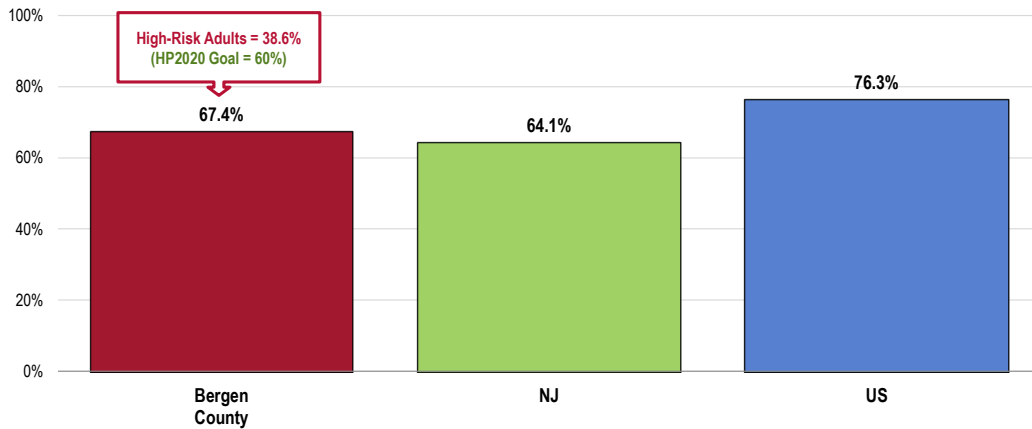
High-Risk Adults = 38.6%
(HP2020 Goal = 60%)

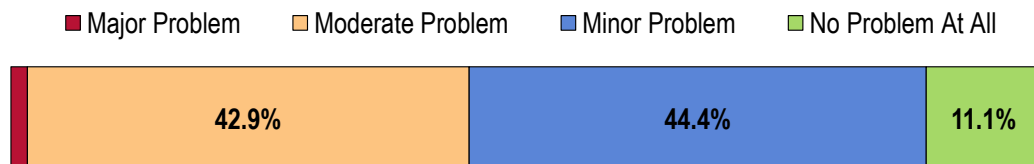|	Bergen County	NJ	US
	67.4%	64.1%	76.3%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, 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): 2014 NJ data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2012 and 2014, there was an annual average age-adjusted HIV/AIDS mortality rate of 0.7 deaths per 100,000 population in Bergen County.

- Lower than the rates reported statewide and nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

	Value
Bergen County	0.7
NJ	2.8
US	2.1
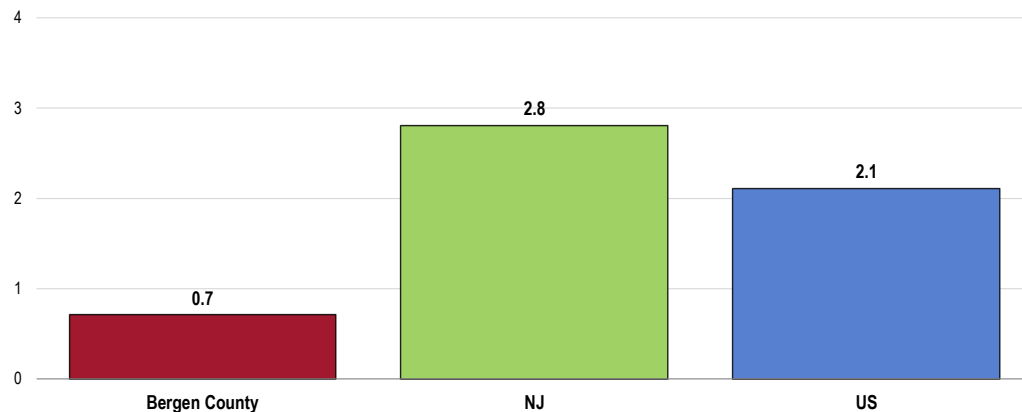
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- 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.

HIV Prevalence

In 2013, there was a prevalence of 240.2 HIV cases per 100,000 population in Bergen County.

- Much more favorable than the statewide and national proportions.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2013)
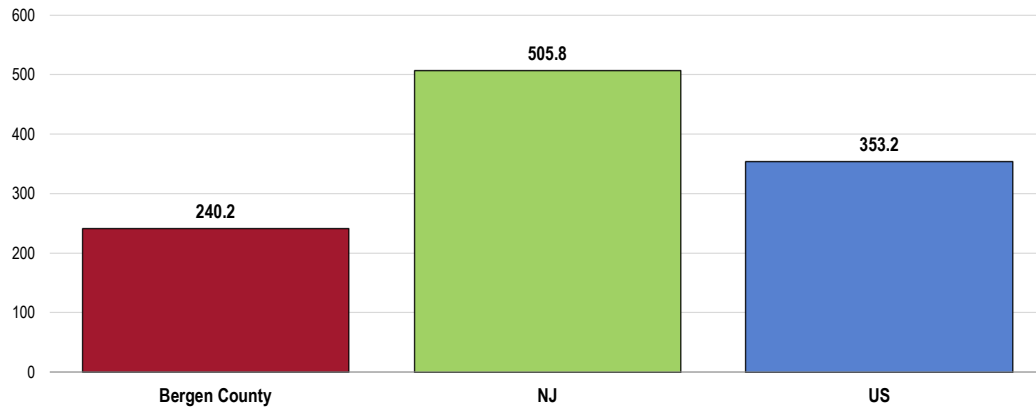
Sources:
● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved April 2016 from Community Commons at http://www.chna.org.

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.

● By race and ethnicity, HIV/AIDS prevalence in Bergen County is particularly high among Non-Hispanic Blacks, although to a much lesser degree than found statewide.

HIV Prevalence Rate by Race/Ethnicity
(Prevalence Rate of HIV per 100,000 Population, 2013)
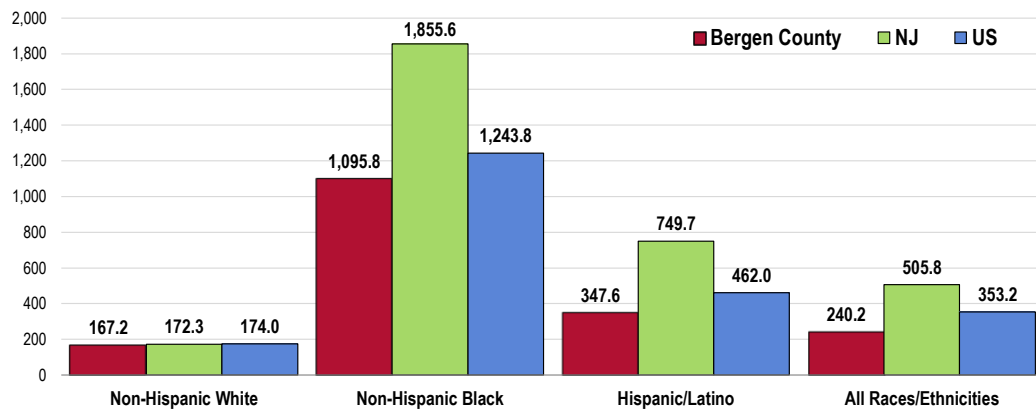
Sources:
● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved April 2016 from Community Commons at http://www.chna.org.

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 Testing

Among Bergen County adults age 18-44, 29.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Statistically comparable to the proportion found nationwide.
- Viewed by gender and age, the differences are not statistically significant.

Tested for HIV in the Past Year
(Among Adults Age 18-44)

Men: 28.8%
Women: 29.3%
Age 18-34: 33.6%
Age 35-44: 22.4%

Bergen County: 29.1%
US: 21.3%
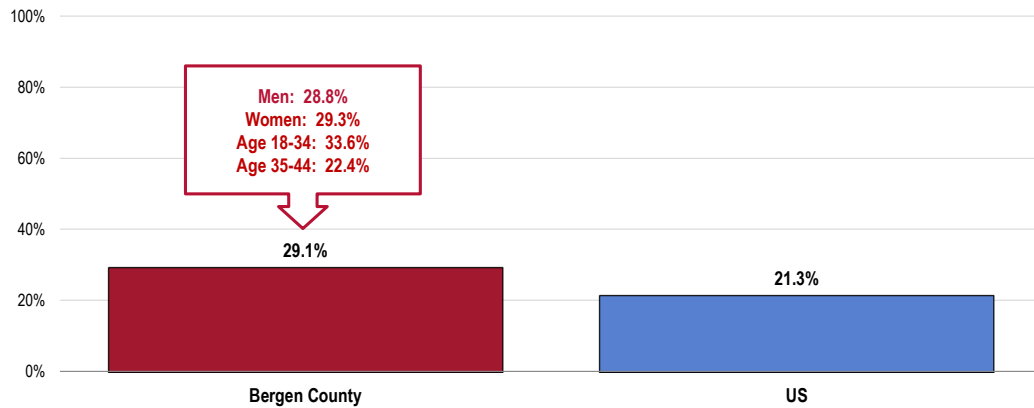
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

Most key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" or a "moderate problem" in the community.

Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2016)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Moderate Problem	Minor Problem	No Problem At All
42.9%	44.4%	11.1%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in Bergen County was 169.4 cases per 100,000 population.

- Notably lower than the New Jersey and national incidence rates.

The Bergen County gonorrhea incidence rate in 2014 was 22.9 cases per 100,000 population.

- Notably lower than the New Jersey and national findings.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)
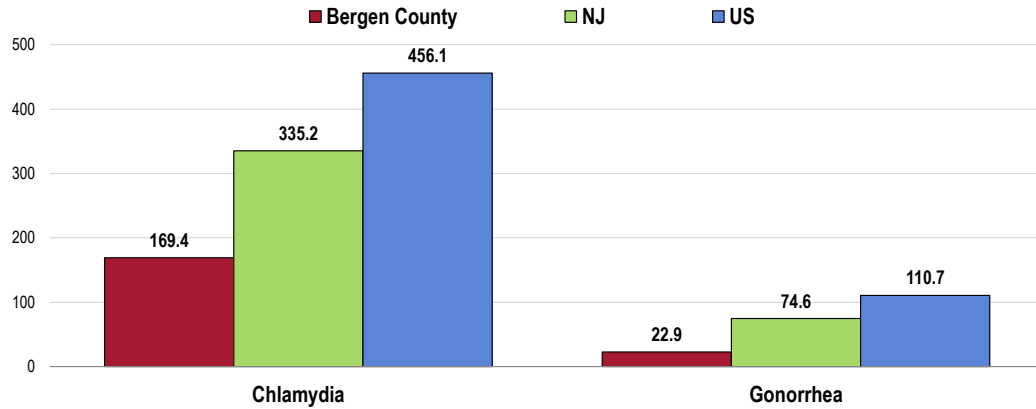
■ Bergen County   ■ NJ   ■ US

Chlamydia: Bergen County 169.4, NJ 335.2, US 456.1
Gonorrhea: Bergen County 22.9, NJ 74.6, US 110.7

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2014.
● Retrieved April 2016 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Safe Sexual Practices

Among unmarried Bergen County adults under the age of 65, the majority cites having one (39.7%) or no (37.6%) sexual partners in the past 12 months. However, 11.2% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

One-half (49.9%) of unmarried Bergen County adults age 18 to 64 (49.9%) report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.

Sexual Risk
(Unmarried Adults Age 18-64)

■ Bergen County   ■ US

3+ Sexual Partners in the Past Year: Bergen County 11.2%, US 10.3%
Used Condom During Last Sexual Intercourse: Bergen County 49.9%, US 44.5%
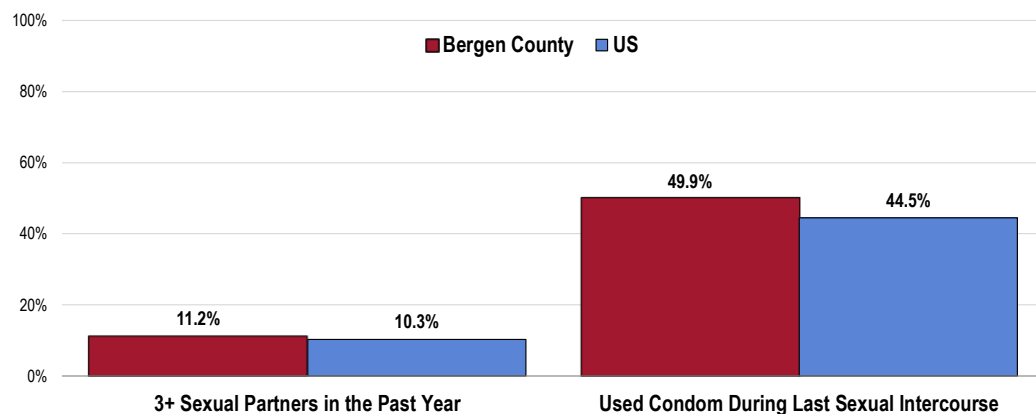
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 97-98]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases
as a Problem in the Community
(Key Informants, 2016)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

7.9%	34.9%	46.0%	11.1%

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

Top Concerns

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

Access to Care/Services

> *There is currently no STD clinic. - Other Health Provider*

Prevalence/Incidence

> *Data shows there is an increase in STD among youth and elderly. - Social Services Provider*

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2016)
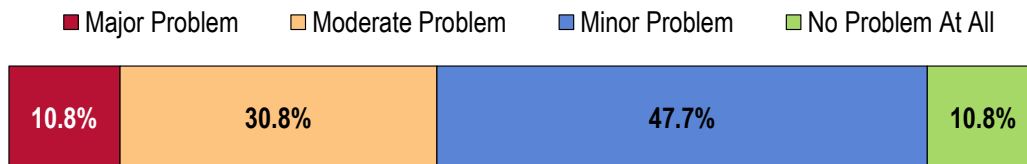
■ Major Problem　　□ Moderate Problem　　■ Minor Problem　　□ No Problem At All

10.8%	30.8%	47.7%	10.8%

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

Top Concerns

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

Vaccination Coverage

The vaccination rates are dropping. More preventable disease is occurring due to non-vaccination, inadequate vaccination, and vaccine failure. A county as large as Bergen with almost 1 million people is in danger of outbreaks if the population is unvaccinated. Travel is a factor. - Public Health Representative

Voluntary exclusion/delay of immunizations creates a serious public health issue. Vaccine hesitant or refusing parents need education. - Social Services Provider

Vaccine preventable diseases. Influenza. - Other Health Provider

Population not taking vaccinations. - Social Services Provider

We believe that many infectious diseases can be prevented by simply giving out vaccines and education on proper hand washing. We work with the State and investigate all reportable communicable disease. While some diseases can be effectively controlled, there are always new emerging diseases that appear. - Public Health Representative

We are a more global community, many do not have all needed vaccines and health insurance to obtain them. Poor uptake of HPV vaccine in NJ. - Other Health Provider

Prevalence/Incidence

The rate of positive Hepatitis B and C has risen. Poor rate of adults with vaccines, such as Tdap. Flu vaccines are easily accessible in many locations. - Other Health Provider

Births

Birth Outcomes & Risks

Infant Mortality

Between 2012 and 2014, there was an annual average of 3.4 infant deaths per 1,000 live births.

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

- Statistically more favorable than the New Jersey and national rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)
Healthy People 2020 Target = 6.0 or Lower

	Bergen County	NJ	US
Rate	3.4	4.4	5.9

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-14. Accessed using CDC WONDER.
- Retrieved April 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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.

Key Informant Input: Infant & Child Health

Slightly more key informants taking part in an online survey characterized *Infant & Child Health* as a "minor problem" than a "moderate problem" in the community.

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2016)
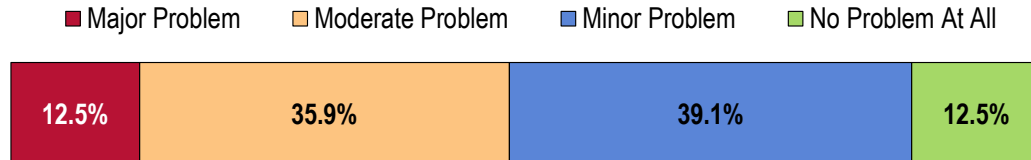
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
12.5%	35.9%	39.1%	12.5%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Affordable Care/Services

> *Children should be able to achieve their optimal physical and mental and spiritual health. Children who have health coverage have a better chance of being healthy and are less likely to miss school because they are sick. It is important for children to be healthy and perform to their highest potential while in school. - Public Health Representative*

> *The working poor just getting by. - Social Services Provider*

Prevalence/Incidence

> *I recently read a report that indicated that infant mortality and low birth weight were on the rise in Bergen. I was surprised, but I don't know much about the issue. I do know it is a significant indicator of overall community health. - Community/Business Leader*

Health Education

> *I think there is an increasing need for teaching how important those first years of life are and how decisions made in those years have long-term effect. - Social Services Provider*

Access to Care/Services

> *Lack of knowledge of available resources, language barriers. - Other Health Provider*

Autism

> *Autism, NJ has one in 41 children diagnosed with autism. - Community/Business Leader*

Adolescent Health

> *Teen health care. Need programs to address specific problems and concerns. - Other Health Provider*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Family Planning

Key informants taking part in an online survey generally characterized _Family Planning_ as a "minor problem" or a "moderate problem" in the community.

Perceptions of Family Planning
as a Problem in the Community
(Key Informants, 2016)
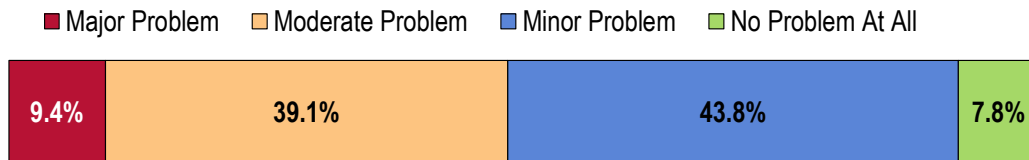
■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

9.4%	39.1%	43.8%	7.8%

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

Top Concerns

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

**Access to Care/Services**

Family Planning services for individuals without private insurance are difficult to access in Bergen County. Planned Parenthood and FQHC's frequently do not have appointment hours outside of standard business hours, and individuals may not be able to afford to miss work to receive services. - Social Services Provider

Access to prenatal care and coordination of prenatal care for high risk pregnancies is an issue. Since many hospitals have subcontracted their prenatal clinics to FQHC's, women who require high risk prenatal services are not receiving same continuity. - Social Services Provider

Lack thereof, especially to the population who is dependent upon special programs, like mental health services or public assistance. - Other Health Provider

Health Education

Lack of education in family and access to birth control. - Social Services Provider

Families are in need of learning how to plan for different aspects of their lives. - Social Services Provider

Modifiable Health Risks

Actual Causes of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States

Pie chart:
- Physical Environment 5%
- Medical Care 10%
- Social Circumstances 15%
- Genetics 30%
- Lifestyle/Behaviors 40%

Lifestyle/Behaviors breakdown:
- Tobacco 18%
- Diet/Inactivity 17%
- Alcohol 4%
- Infectious Disease 3%
- Toxic Agents 2%
- Motor Vehicles 2%
- Firearms 1%
- Sexual Behavior 1%
- Illicit Drugs 1%
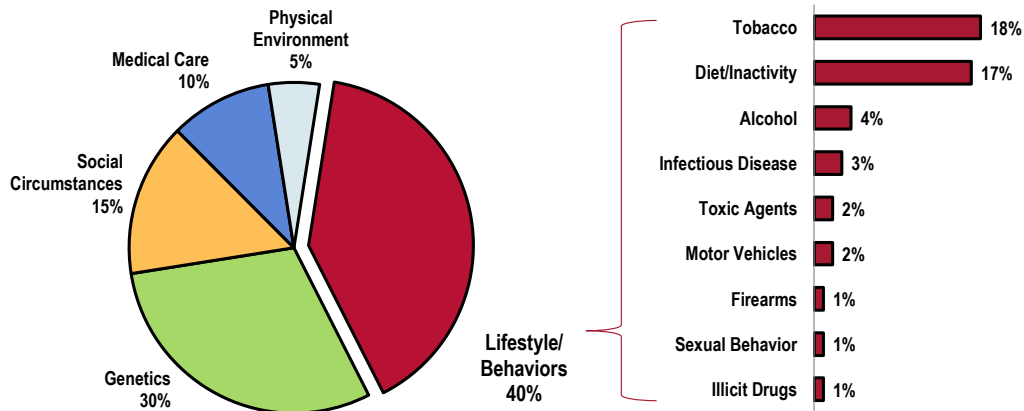
Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
   "Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 30.5% of Bergen County adults report eating five or more servings of fruits and/or vegetables per day.

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.

- Similar to national findings.
- Lowest in Central Bergen; highest in Northwest Bergen.

Consume Five or More Servings of Fruits/Vegetables Per Day
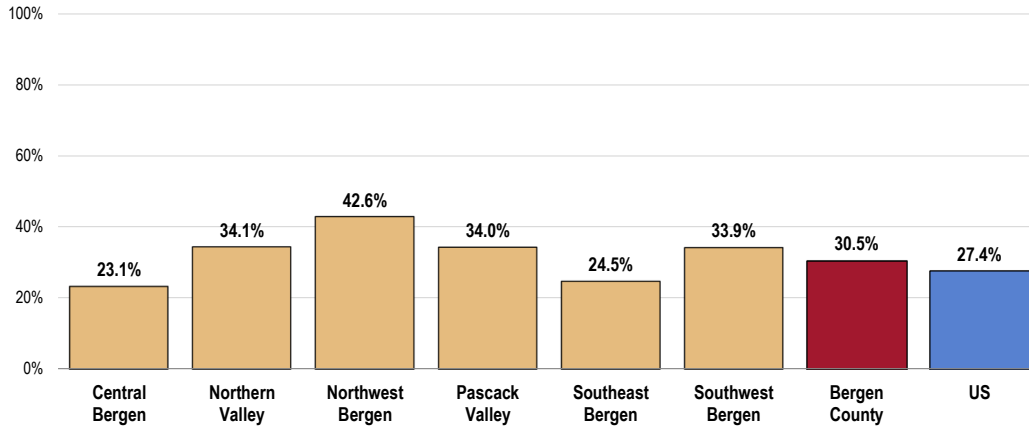
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
Value	23.1%	34.1%	42.6%	34.0%	24.5%	33.9%	30.5%	27.4%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Men and adults age 40+ are <u>less</u> likely to get the recommended servings of daily fruits/vegetables (*while this appears low among Black residents, keep in mind that this is drawn from a relatively small sample of Black respondents*).

Consume Five or More Servings of Fruits/Vegetables Per Day
(Bergen County, 2016)
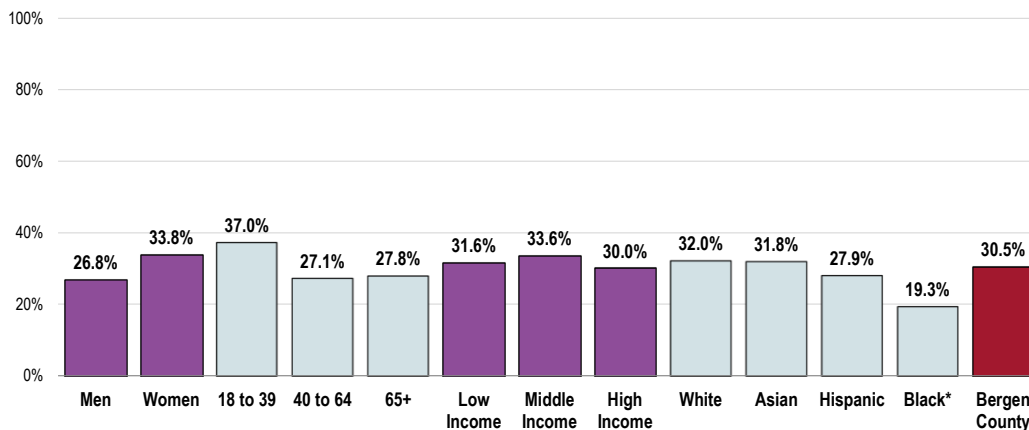
	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
Value	26.8%	33.8%	37.0%	27.1%	27.8%	31.6%	33.6%	30.0%	32.0%	31.8%	27.9%	19.3%	30.5%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

While most report little or no difficulty, 15.3% of Bergen County adults find it "very" or "somewhat" difficult to access affordable, fresh fruits and vegetables.

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?"

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Bergen County, 2016)
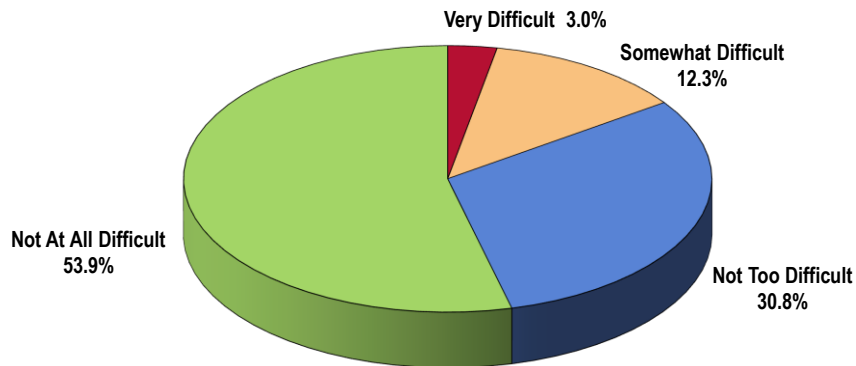
Very Difficult 3.0%
Somewhat Difficult 12.3%
Not Too Difficult 30.8%
Not At All Difficult 53.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.

- More favorable than national findings.
- Particularly less favorable in Southwest Bergen.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
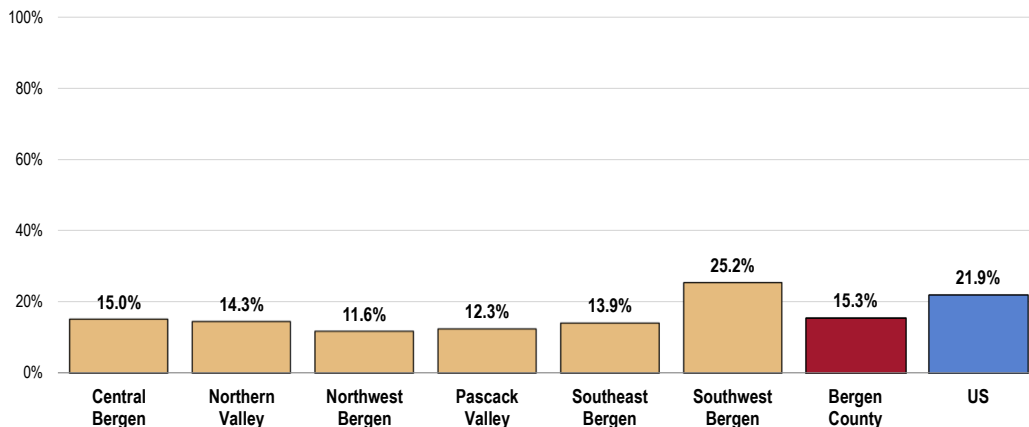
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
15.0%	14.3%	11.6%	12.3%	13.9%	25.2%	15.3%	21.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Adults under age 65 (negative correlation with age).
- Low-income residents.
- Hispanics.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Bergen County, 2016)

Category	Value
Men	13.3%
Women	17.1%
18 to 39	21.1%
40 to 64	15.8%
65+	7.0%
Low Income	32.1%
Middle Income	13.4%
High Income	12.0%
White	11.4%
Asian	17.9%
Hispanic	32.2%
Black*	7.1%
Bergen County	15.3%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Low Food Access (Food Deserts)

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 11.7% of the Bergen County population (representing over 106,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Well below statewide and national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

106,037 individuals have low food access

Bergen County	NJ	US
11.7%	26.3%	23.6%
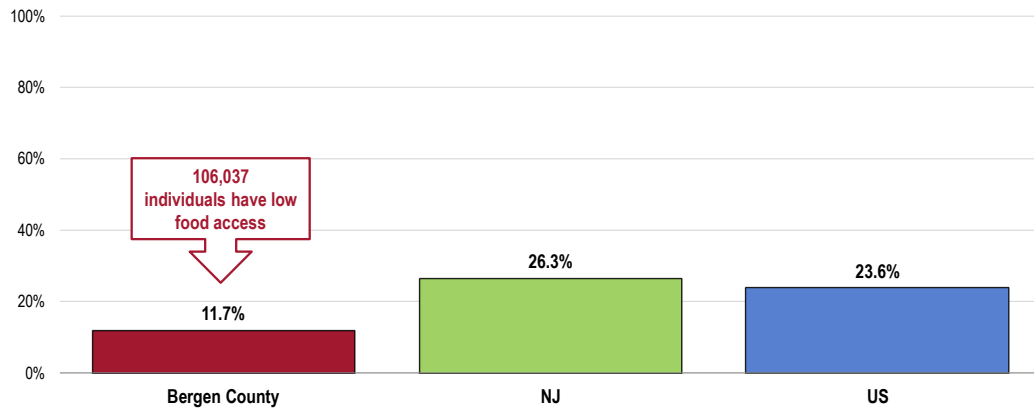
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010

Map Legend

Population with Limited Food Access, Percent by Tract, FARA 2010
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Community Commons, 2/20/2016
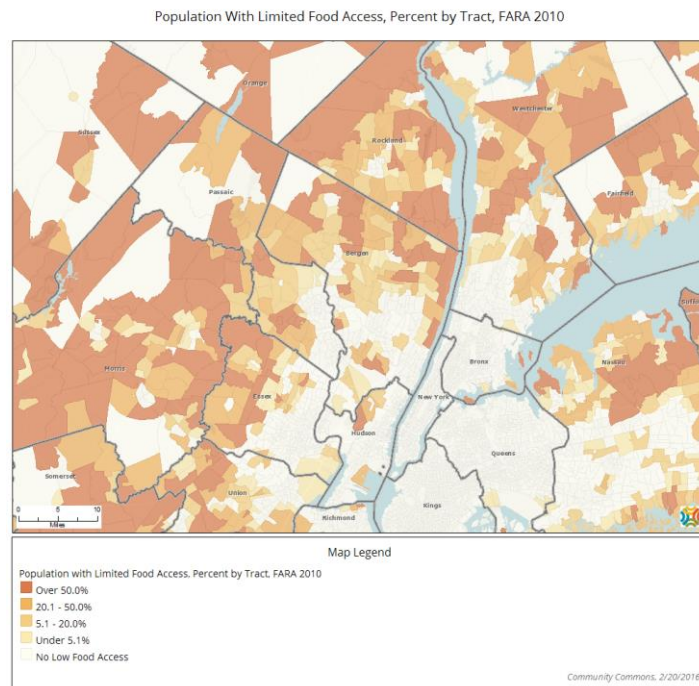
Sugar-Sweetened Beverages

A total of 16.9% of Bergen County adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Considerably more favorable than national findings.
- Statistically comparable findings by community.

Had Seven or More
Sugar-Sweetened Beverages in the Past Week
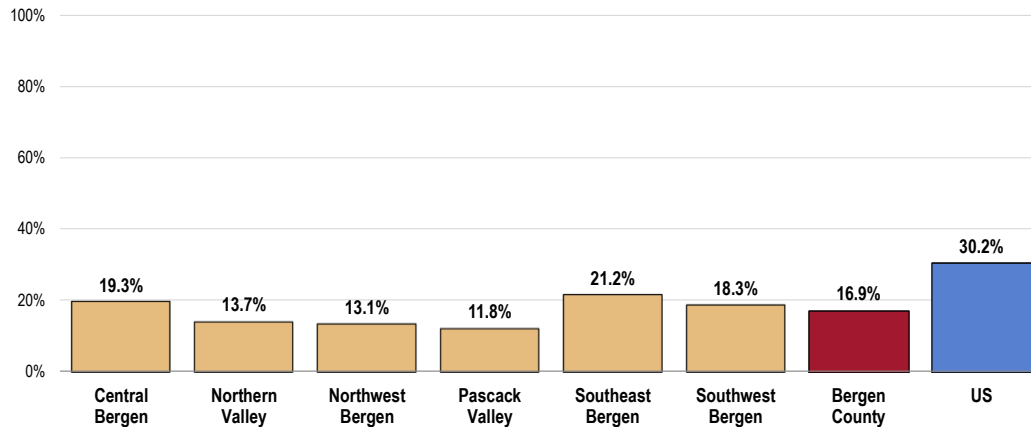
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- In Bergen County, men are more likely to consume sugar-sweetened beverages.
- Note that there is no statistically significant difference by weight status.
- *While this appears high among Black residents, keep in mind that this is drawn from a relatively small sample of Black respondents.*

Had Seven or More
Sugar-Sweetened Beverages in the Past Week
(Metro Area, 2015)
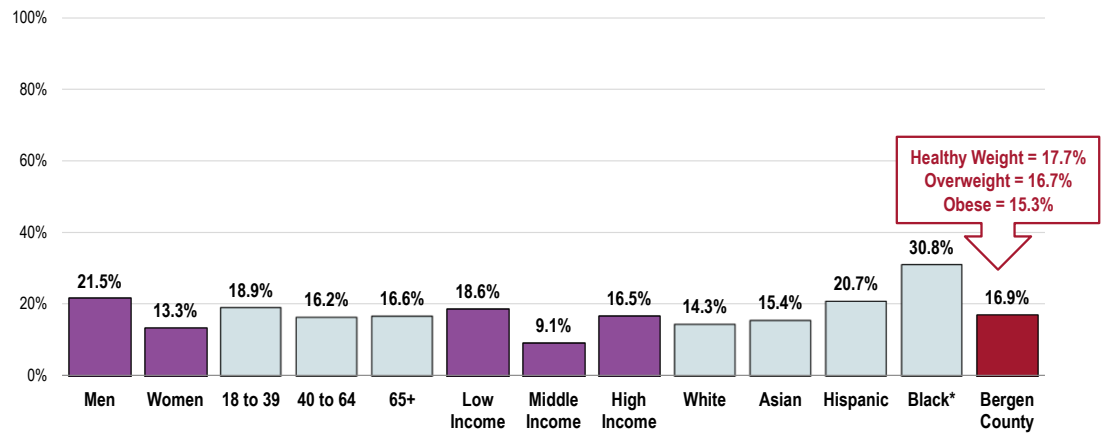
Healthy Weight = 17.7%
Overweight = 16.7%
Obese = 15.3%

Men	21.5%
Women	13.3%
18 to 39	18.9%
40 to 64	16.2%
65+	16.6%
Low Income	18.6%
Middle Income	9.1%
High Income	16.5%
White	14.3%
Asian	15.4%
Hispanic	20.7%
Black*	30.8%
Bergen County	16.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
    * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households
    with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with
    incomes at 400% or more of the FPL.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 23.4% of Bergen County adults report no leisure-time physical activity in the past month.

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.

- Nearly identical to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- No statistical difference by community.

● TREND: Has significantly <u>decreased</u> in prevalence since 2012.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower
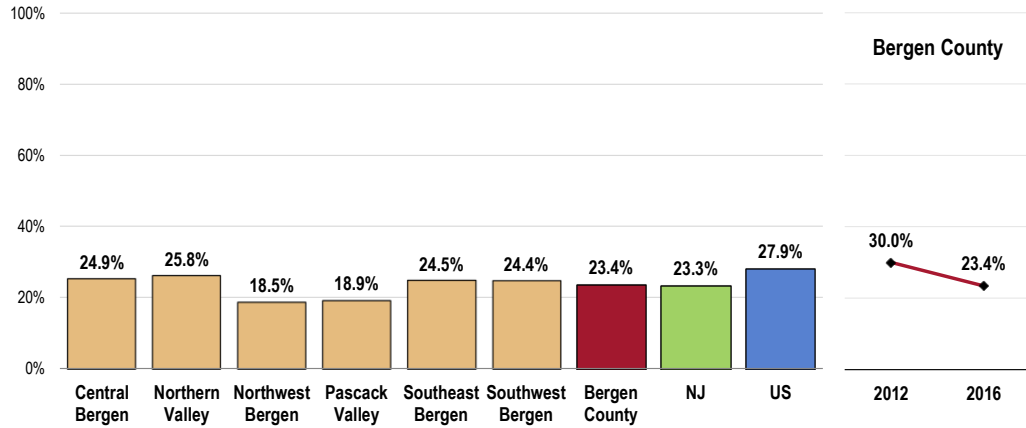
Bergen County

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
	24.9%	25.8%	18.5%	18.9%	24.5%	24.4%	23.4%	23.3%	27.9%

2012: 30.0%   2016: 23.4%

Sources:
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● Community Health Needs Assessment 2012, Household Mail Survey.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes: ● Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

● Young adults (18-34) and seniors (65+).

● Lower-income residents (negative correlation with income).

● Hispanics when compare with Black residents.

No Leisure-Time Physical Activity in the Past Month
(Bergen County, 2016)
Healthy People 2020 Target = 32.6% or Lower
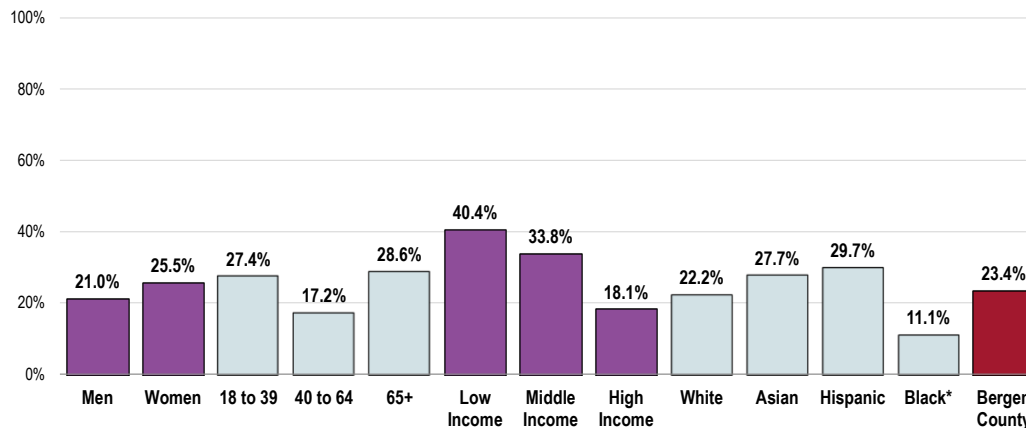
Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
21.0%	25.5%	27.4%	17.2%	28.6%	40.4%	33.8%	18.1%	22.2%	27.7%	29.7%	11.1%	23.4%

Sources:
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Activity Levels

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
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

Based on reported physical activity intensity, frequency and duration over the past month, 44.5% of Bergen County adults are found to be "insufficiently active" or "inactive."

More than half of Bergen County adults (52.3%) do not participate in any types of physical activities or exercises to strengthen their muscles.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.

- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.

- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.

- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities
(Bergen County, 2016)

Aerobic Activity:
- Inactive 30.9%
- Highly Active 39.9%
- Insufficiently Active 13.6%
- Active 15.6%

Strengthening Activity:
- Not At All 52.3%
- 2+ Times/Wk 36.9%
- 1 Time/Wk 10.8%
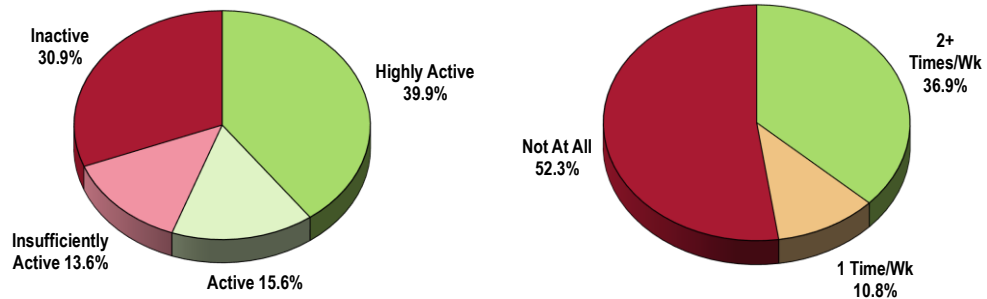
Aerobic Activity   **Strengthening Activity**

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

Just over one-fourth (25.7%) of Bergen County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

- More favorable than New Jersey findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)
- TREND: The change in prevalence over time is not statistically significant.

Meets Physical Activity Recommendations
Healthy People 2020 Target = 20.1% or Higher
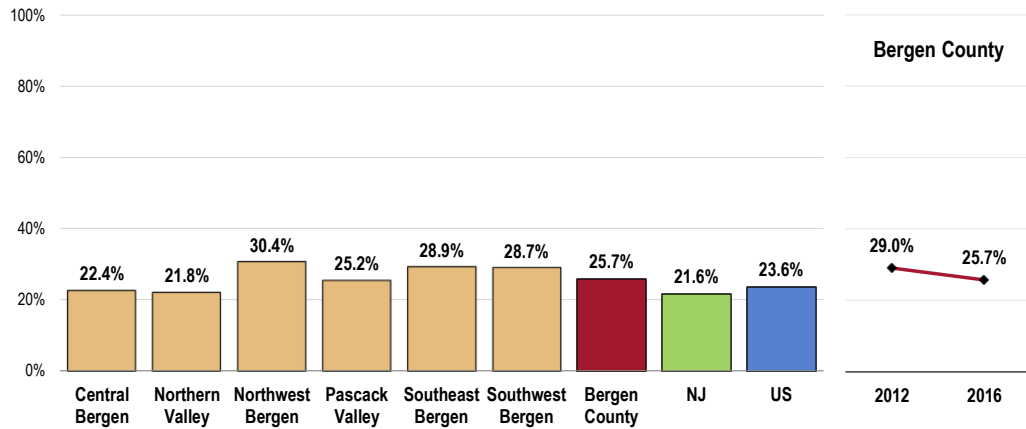
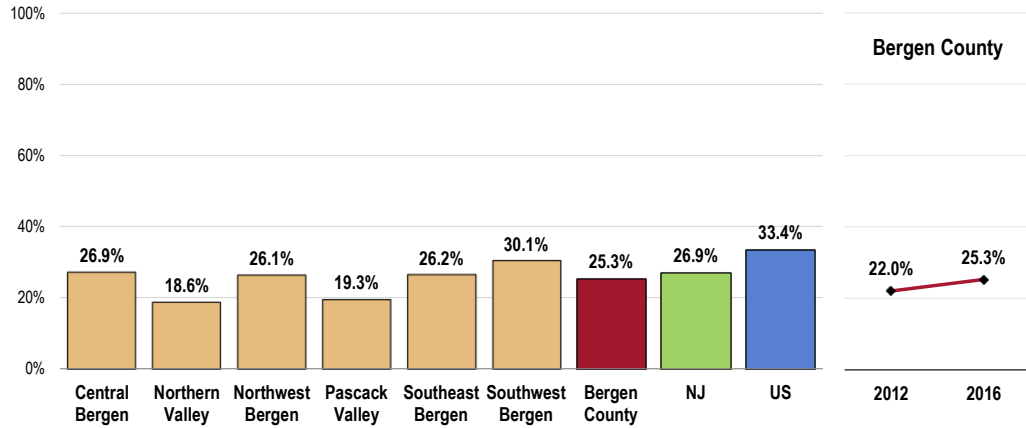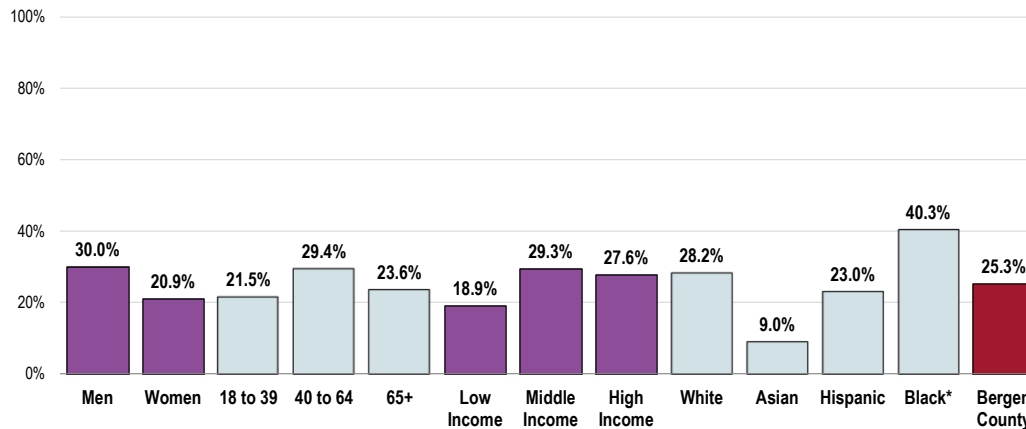|	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US	Bergen County 2012	Bergen County 2016
	22.4%	21.8%	30.4%	25.2%	28.9%	28.7%	25.7%	21.6%	23.6%	29.0%	25.7%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2015 PRC National Health Survey, Professional Research Consultants, 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): 2013 NJ data.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-4]

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.

Those <u>less</u> likely to meet physical activity requirements include:

- Women.
- Low and middle-income residents (positive correlation with income).

Meets Physical Activity Recommendations
(Bergen County, 2016)
Healthy People 2020 Target = 20.1% or Higher
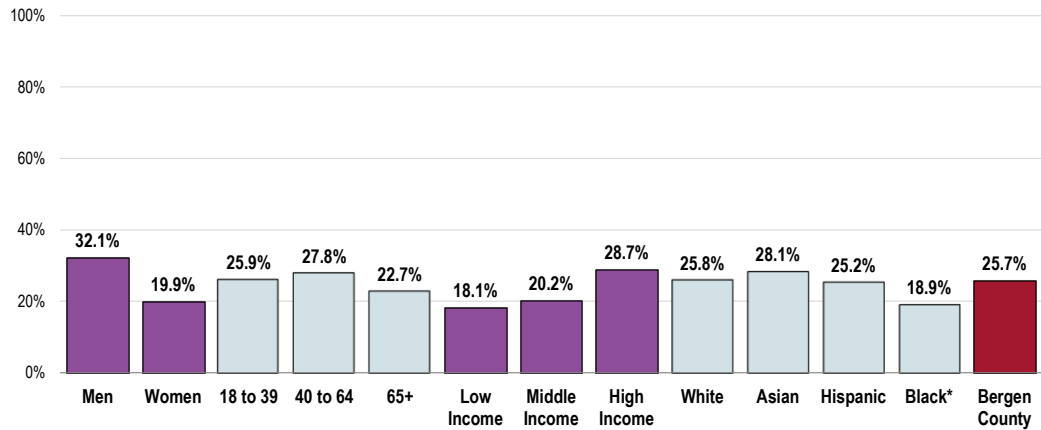
	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	32.1%	19.9%	25.9%	27.8%	22.7%	18.1%	20.2%	28.7%	25.8%	28.1%	25.2%	18.9%	25.7%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
- 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.

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, 33.6% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- Much less favorable than found nationally.
- Appears to decrease with child's age.
- Does not vary significantly by gender.

Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)
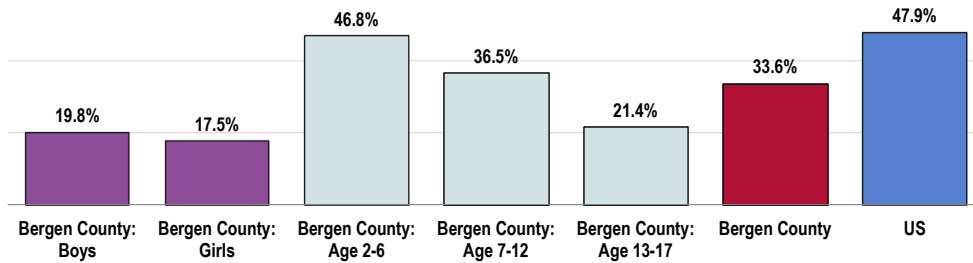
Bar chart values:
- Bergen County: Boys — 19.8%
- Bergen County: Girls — 17.5%
- Bergen County: Age 2-6 — 46.8%
- Bergen County: Age 7-12 — 36.5%
- Bergen County: Age 13-17 — 21.4%
- Bergen County — 33.6%
- US — 47.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2013, there were 19.8 recreation/fitness facilities for every 100,000 population in Bergen County.

- Above what is found statewide and nationally.

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.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)

Bar chart values:
- Bergen County — 19.8
- NJ — 14.3
- US — 9.7
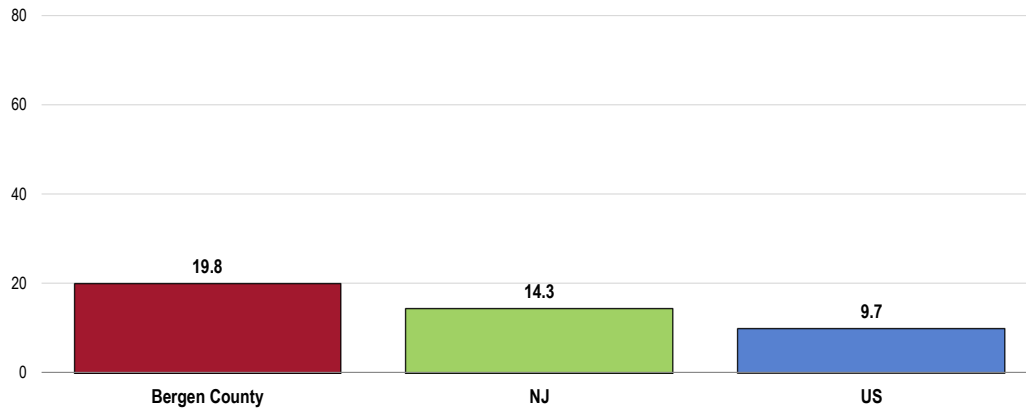
Sources: ● US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
● Retrieved April 2016 from Community Commons at http://www.chna.org.
Notes: ● Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *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

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

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

A total of 6 in 10 Bergen County adults (61.2%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Statistically comparable to the overweight prevalence found in New Jersey and nationwide.
- Statistically comparable among the six county subareas.
- TREND: Has not changed significantly since 2012.

Note that 64.6% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

64.6% are trying to lose weight.

Bergen County

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
64.7%	59.4%	57.2%	60.8%	59.3%	61.9%	61.2%	63.2%	65.2%

Bergen County trend: 2012: 58.0% → 2016: 61.2%
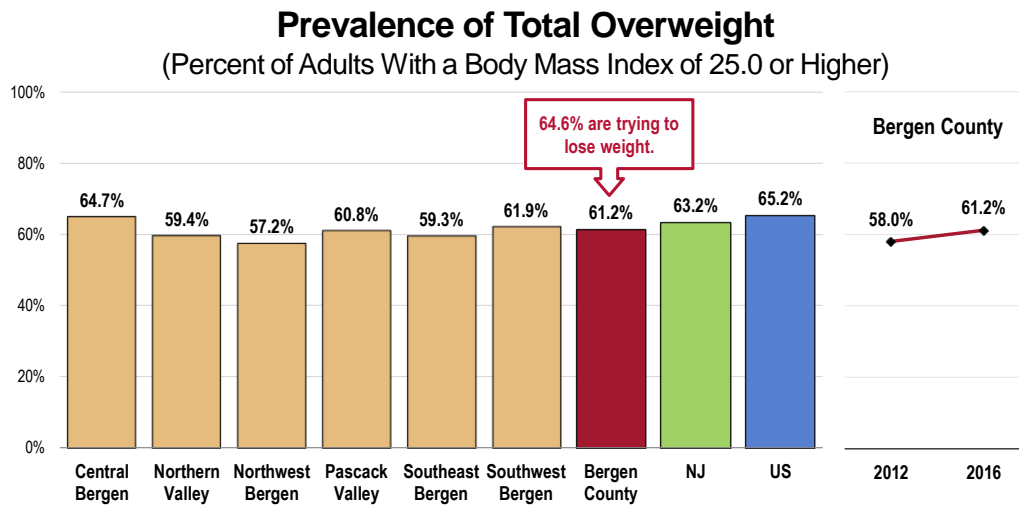
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- Community Health Needs Assessment 2012, Household Mail Survey.

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.

Further, 25.3% of Bergen County adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to New Jersey findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).
- Most favorable in Northern Valley.
- TREND: The obesity prevalence remains statistically similar to 2012 findings.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Bergen County

Region	Value
Central Bergen	26.9%
Northern Valley	18.6%
Northwest Bergen	26.1%
Pascack Valley	19.3%
Southeast Bergen	26.2%
Southwest Bergen	30.1%
Bergen County	25.3%
NJ	26.9%
US	33.4%

Year	Bergen County
2012	22.0%
2016	25.3%

Sources:
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
● Community Health Needs Assessment 2012, Household Mail Survey.
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.

Obesity is notably more prevalent among:

- Men.
- Adults between the ages of 40 and 64.
- Respondents with middle or high incomes.
- Whites, Hispanics, and Blacks.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Bergen County, 2016)
Healthy People 2020 Target = 30.5% or Lower

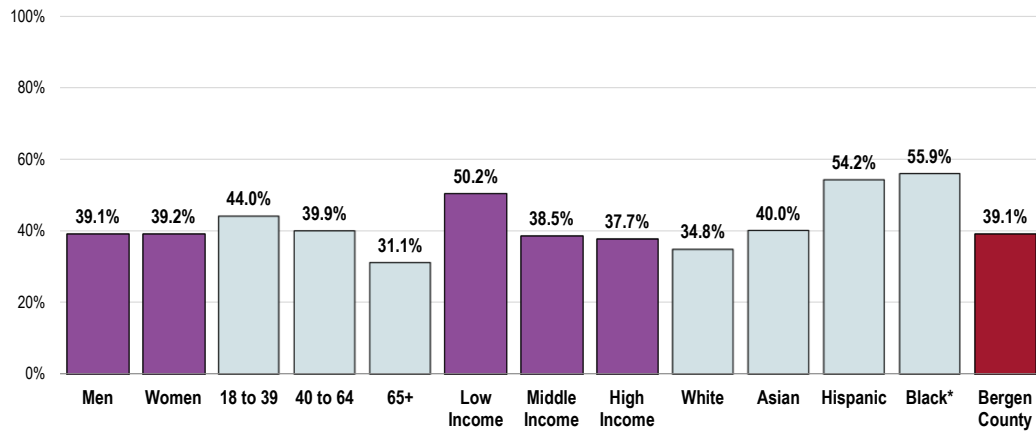| Category	Value
Men	30.0%
Women	20.9%
18 to 39	21.5%
40 to 64	29.4%
65+	23.6%
Low Income	18.9%
Middle Income	29.3%
High Income	27.6%
White	28.2%
Asian	9.0%
Hispanic	23.0%
Black*	40.3%
Bergen County	25.3%

Sources:
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
Notes:
● Based on reported heights and weights, asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
● 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.

Health Advice

A total of 23.2% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 31.8% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over two-thirds have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)
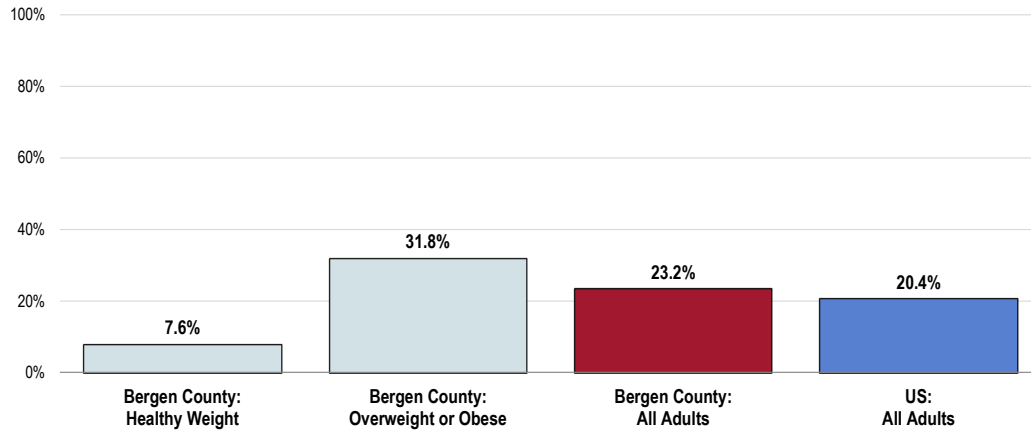
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 115, 178]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- High blood pressure.
- Activity limitations.
- Arthritis/rheumatism.
- Diabetes.
- Diagnosed depression.
- "Fair" or "poor" physical health.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues
(By Weight Classification; Bergen County, 2016)

Legend: Healthy Weight, Overweight/Not Obese, Obese

Category	Healthy Weight	Overweight/Not Obese	Obese
High Blood Pressure	24.9%	37.7%	52.2%
Child Is Overweight	15.1%	23.1%	48.1%
Activity Limitations	13.6%	17.4%	32.2%
Arthritis/Rheumatism	14.8%	22.1%	23.5%
Diabetes	2.5%	8.5%	19.6%
Diagnosed Depression	7.2%	11.1%	18.9%
"Fair/Poor" Health	5.0%	10.1%	17.7%
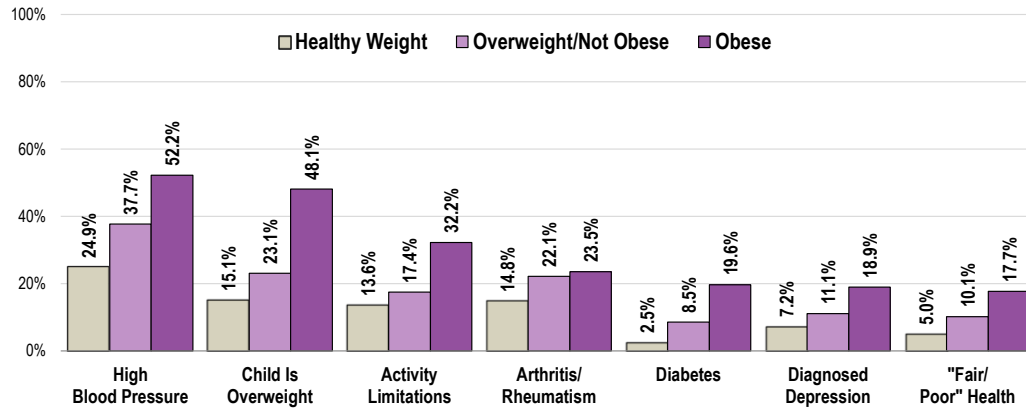
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 27, 119, 147, 158, 180]
Notes: ● Based on reported heights and weights, asked of all respondents.

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, 28.5% of Bergen County children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to that found nationally.

Child Total Overweight Prevalence
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)
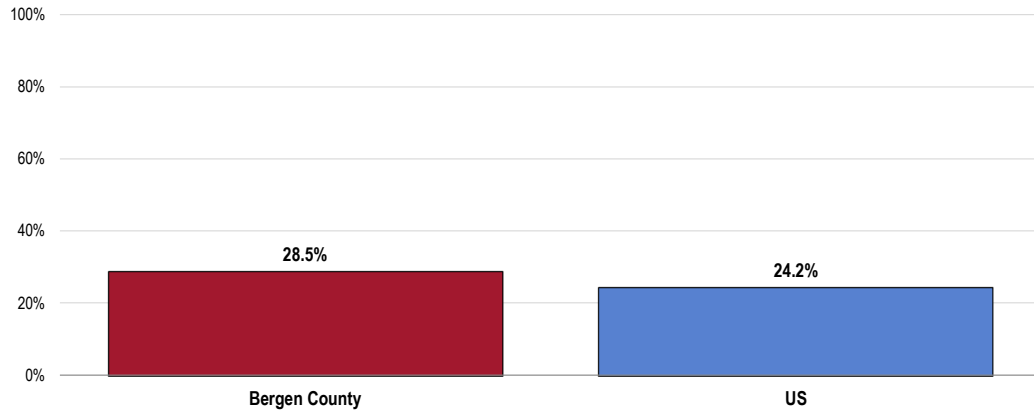
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 18.6% of area children age 5 to 17 are obese (≥95th percentile).

- Nearly twice the national percentage.
- Statistically similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Statistically similar by child's gender.
- Much more prevalent among children age 5 to 12 than teenagers.

Child Obesity Prevalence
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2020 Target = 14.5% or Lower
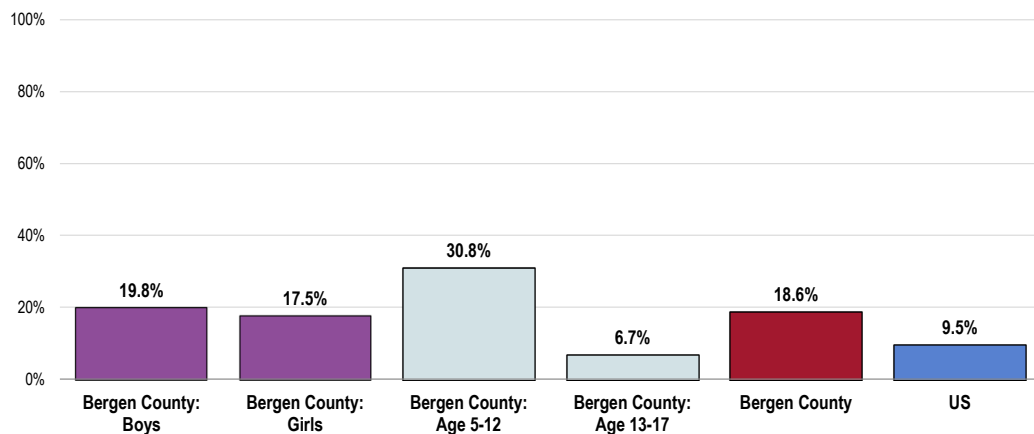
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
Notes: ● Asked of all respondents with children age 5-17 at home.
● 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.

Key Informant Input: Nutrition, Physical Activity & Weight

Slightly more key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" than as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2016)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ■ No Problem At All

39.1%	42.0%	13.0%	5.8%

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

Top Concerns

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

Insufficient Physical Activity

> *This is hard to address. There are 2 extremes - the athletic, healthy population, and the overweight, unhealthy other end. Children in the schools are taught about healthy behavior, but if it's not in the family, the seed doesn't grow into healthy behavior as an adult. - Public Health Representative*

> *Getting people to be more active, eat better, and make better choices so they can maintain an ideal weight and physical fitness level. - Community/Business Leader*

> *Time is limited with working families; the common complaint is that there is little time for exercise or making healthy meals. Many weight-loss options are available in the community. Winter weather is a deterrent. Also, more hands-on education on nutrition will be helpful. - Other Health Provider*

> *Sedentary activity, not motivated. - Other Health Provider*

> *Sedentary lifestyles and a lack of relevant, emphasis, and exercise programs. - Community/Business Leader*

Poor Nutrition

> *Portion size, poor diet choices, and a lack of activity. - Social Services Provider*

> *The biggest challenge to get the public to eat less and move more has always been the highest priority in the county. For one, a lot of people are on the move, they don't have time to create a healthy meal and opt for fast food. Gym memberships are quite high, and not a lot of people can afford to be a member of the gym. The cost of healthy food is sometimes more expensive than food that is not so healthy. - Public Health Representative*

> *Changing our eating patterns is difficult. - Other Health Provider*

Access to Healthy Foods

> *Not every town is lucky enough to have a Senior Activity Center with meals at a suggested donation through the County or free exercise classes. Many gyms are too expensive for senior citizens. - Social Services Provider*

> *Expense of healthy food choices, overabundance of fast food restaurants. - Other Health Provider*

> *Access to affordable healthy food and recreational spaces. - Other Health Provider*

> *Lack of proper food/nutrition available due to inadequate family/friends network to assist. - Social Services Provider*

Health Education

Education and motivation. - Social Services Provider

There are not enough free places that families can access for education and physical activities. Wintertime is more difficult. - Social Services Provider

The greatest need is to connect with a group that can offer education and motivation in the long-range need to address the three components. - Other Health Provider

Easily accessible and affordable programs. People are not practicing healthy eating habits. - Social Services Provider

Obesity

Overweight and obesity are major problems. Difficult to motivate individuals to live healthy lifestyles and to change their lifestyle habits and to change the habits of their families and to sustain change. - Physician

Obesity and diabetes is prevalent in the adult and pediatric population. Limited resources are available for patient education. - Other Health Provider

The nation is becoming more obese as a whole every year. And despite all interventions, has continued to worsen. - Public Health Representative

Access to Providers

Not enough trained professionals to address the needs of the community. - Other Health Provider

Genetic Predisposition

Genetic predisposition, cultural habits. - Other Health Provider

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.

- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.

- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.

- Avoid large meals, caffeine, and alcohol before bedtime.

- Avoid tobacco/nicotine.

- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

- Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

When asked how many hours of sleep they average per night, 54.2% of survey respondents stated between 7 and 8 hours, and 6.7% get 9+ hours of sleep per night.

- On the other hand, 39.1% of local adults sleep **fewer than 7 hours** per night (including 6.7 % who report sleeping 4 hours or less on an average night).

Average Hours of Sleep Per Night
(Bergen County, 2016)
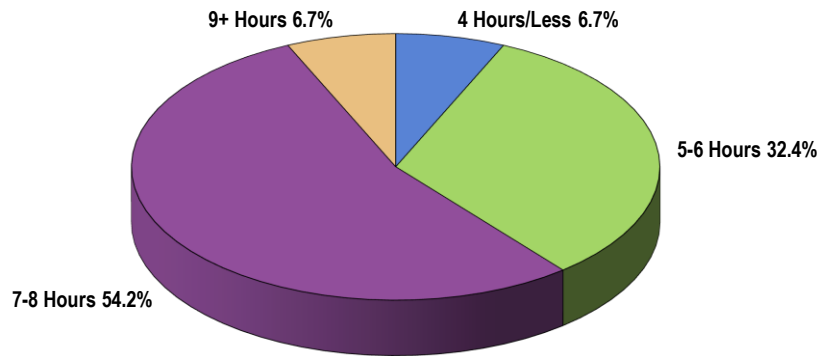
9+ Hours 6.7%   4 Hours/Less 6.7%

5-6 Hours 32.4%

7-8 Hours 54.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of all respondents.

- The percentage of survey respondents averaging fewer than 7 hours per night is close to the national figure.
- Unfavorably high in Southwest Bergen.

Generally Sleep Less Than Seven Hours Per Night
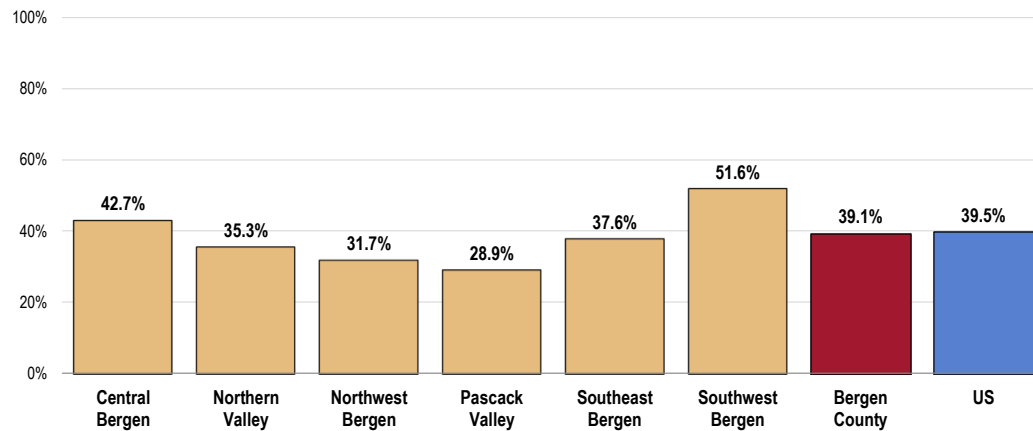
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
%	42.7%	35.3%	31.7%	28.9%	37.6%	51.6%	39.1%	39.5%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

These adults are notably more likely to sleep fewer than 7 hours on an average night:

- Adults under age 65 (negative correlation with age).
- Low-income residents.
- Hispanics and Blacks.

Generally Sleep Less Than Seven Hours Per Night
(Bergen County, 2016)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
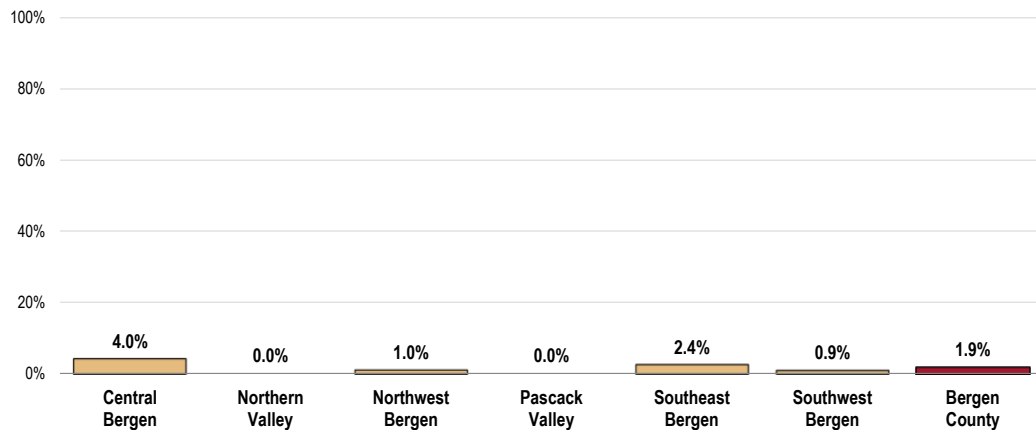
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2012 and 2014, Bergen County reported was an annual average age-adjusted cirrhosis/liver disease mortality rate of 4.9 deaths per 100,000 population.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Chart values:
- Bergen County: 4.9
- NJ: 7.3
- US: 10.2
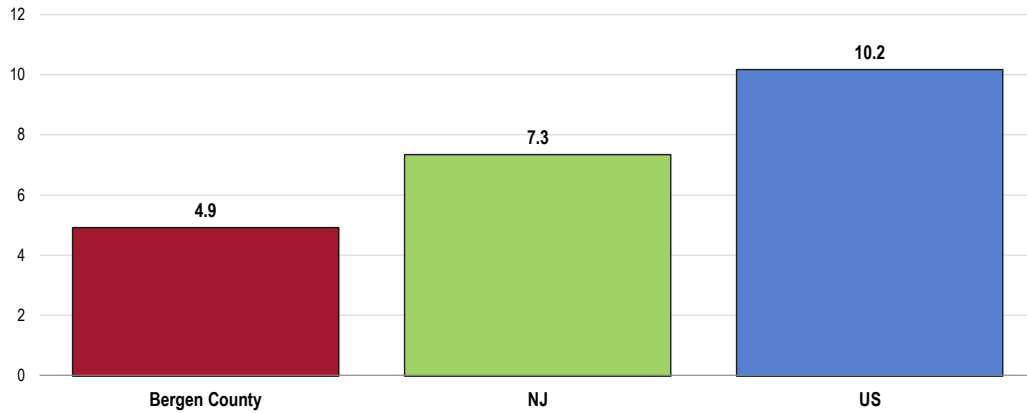
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- 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.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also *Stress* in the **Mental Health** section of this report.

A total of 23.8% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Comparable to the national proportion.
- Comparable to the Healthy People 2020 target (25.4% or lower).
- Most favorable in Pascack Valley.
- TREND: Statistically unchanged over time.

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower
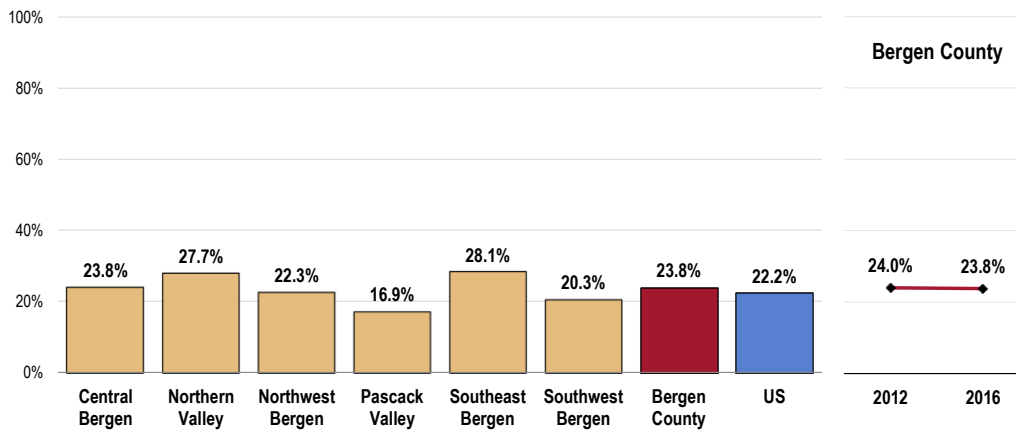
Chart values:
- Central Bergen: 23.8%
- Northern Valley: 27.7%
- Northwest Bergen: 22.3%
- Pascack Valley: 16.9%
- Southeast Bergen: 28.1%
- Southwest Bergen: 20.3%
- Bergen County: 23.8%
- US: 22.2%

Bergen County:
- 2012: 24.0%
- 2016: 23.8%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
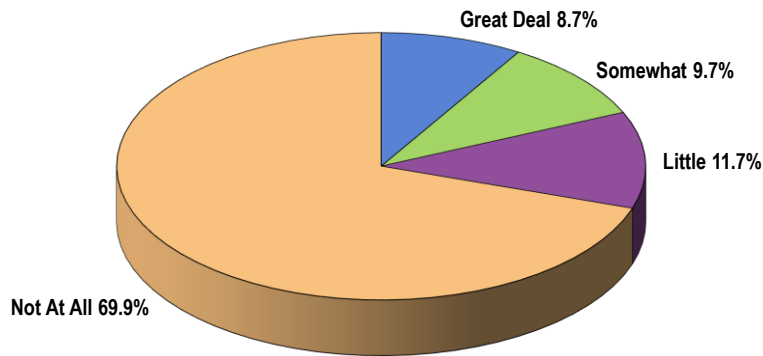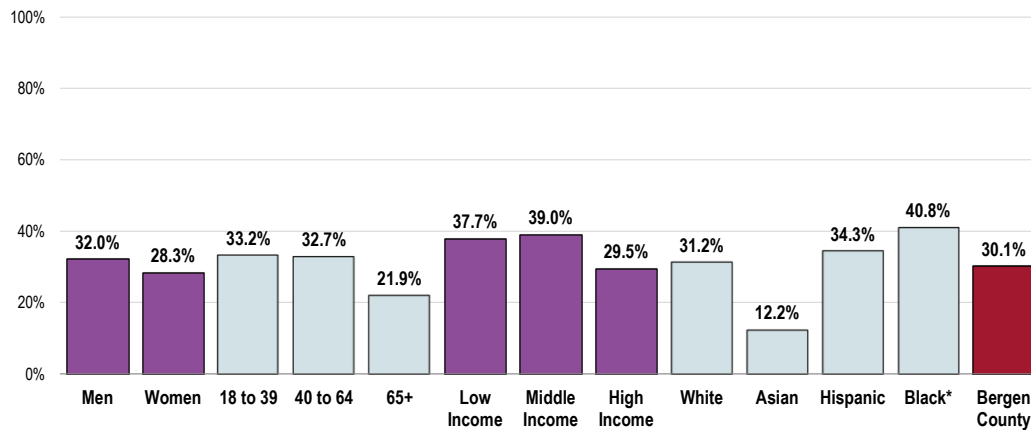- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

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 drinking is more prevalent among:

- Men.
- Younger adults (note the negative correlation with age).
- Asians and Hispanics.

Excessive Drinkers
(Bergen County, 2016)
Healthy People 2020 Target = 25.4% or Lower
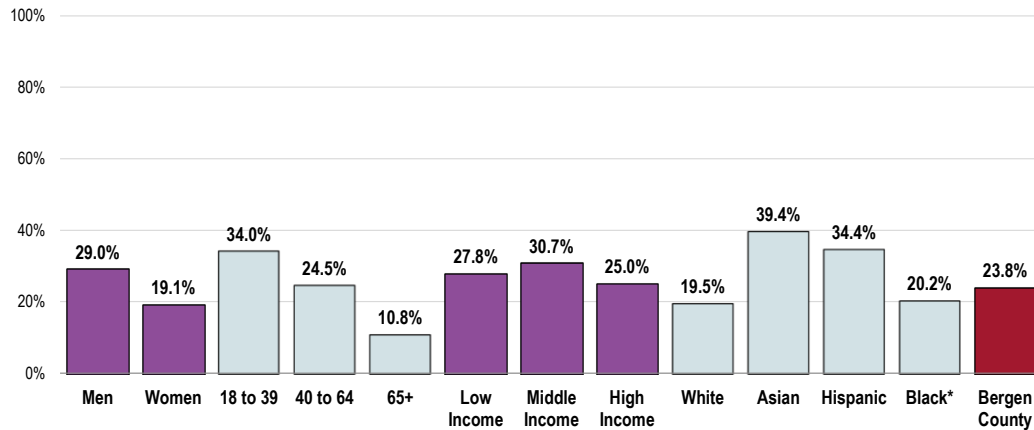
Category	Value
Men	29.0%
Women	19.1%
18 to 39	34.0%
40 to 64	24.5%
65+	10.8%
Low Income	27.8%
Middle Income	30.7%
High Income	25.0%
White	19.5%
Asian	39.4%
Hispanic	34.4%
Black*	20.2%
Bergen County	23.8%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
- 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.

Drinking & Driving

A total of 5.9% of Bergen County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

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 the actual incidence of drinking and driving in the community is likely higher.

- Similar to national findings.
- Most favorable in Pascack Valley.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

Chart shows percentages by region:
- Central Bergen: 7.4%
- Northern Valley: 5.5%
- Northwest Bergen: 3.9%
- Pascack Valley: 2.5%
- Southeast Bergen: 7.8%
- Southwest Bergen: 5.3%
- Bergen County: 5.9%
- US: 4.1%
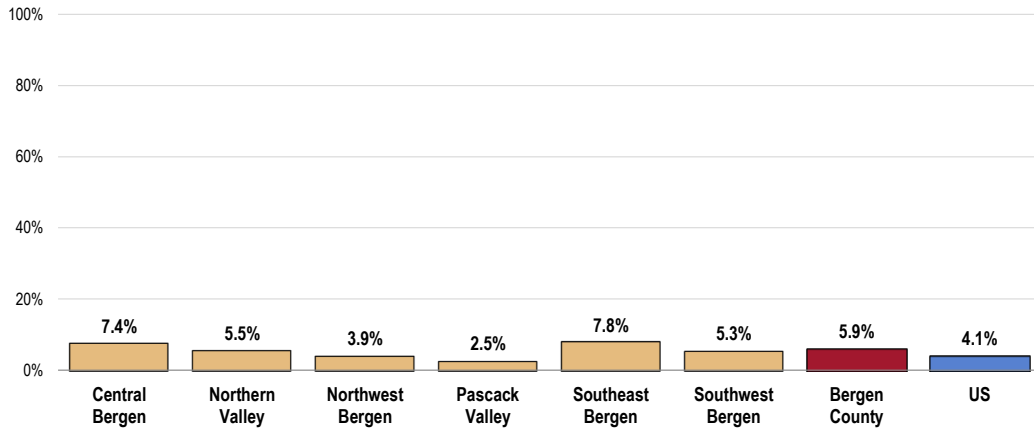
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2012 and 2014, there was an annual average age-adjusted drug-induced mortality rate of 9.6 deaths per 100,000 population in Bergen County.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Chart shows deaths per 100,000:
- Bergen County: 9.6
- NJ: 14.5
- US: 14.6

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 2016.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]
Notes: ● 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.

Drug Use

Prescription Drugs

A total of 5.4% of Bergen County residents report taking prescription drugs on their own *(without a prescription, more than prescribed and/or for longer than prescribed)* **in the past year.**

- Lowest in Northwest Bergen.
- TREND: The abuse of prescription drugs has significantly <u>decreased</u> since 2012.

Took Prescription Drugs On Own in the Past Year
(Without Rx or More/Longer Than Prescribed)
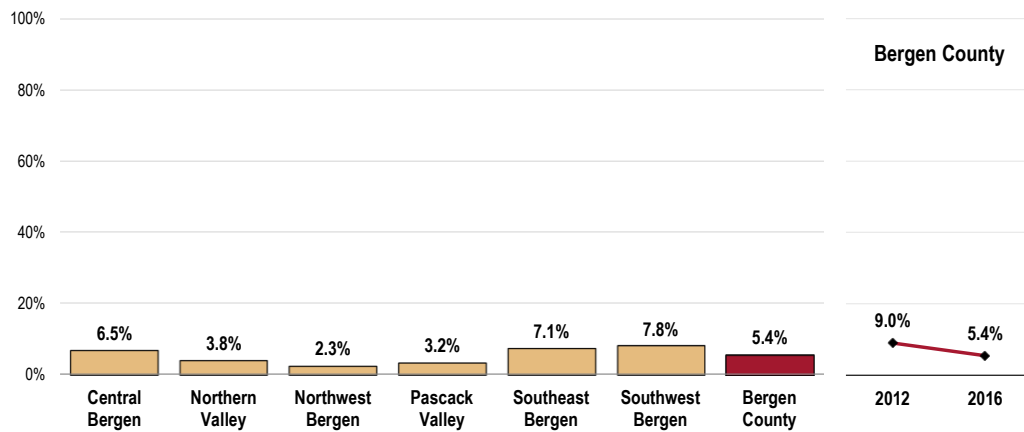
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-19.5]

Notes:
- Asked of all respondents.

- Young adults (18-39), low-income residents, and Hispanics are more likely to have taken prescription drugs on their own in the past year.

Took Prescription Drugs On Own in the Past Year
(Without Rx or More/Longer Than Prescribed)
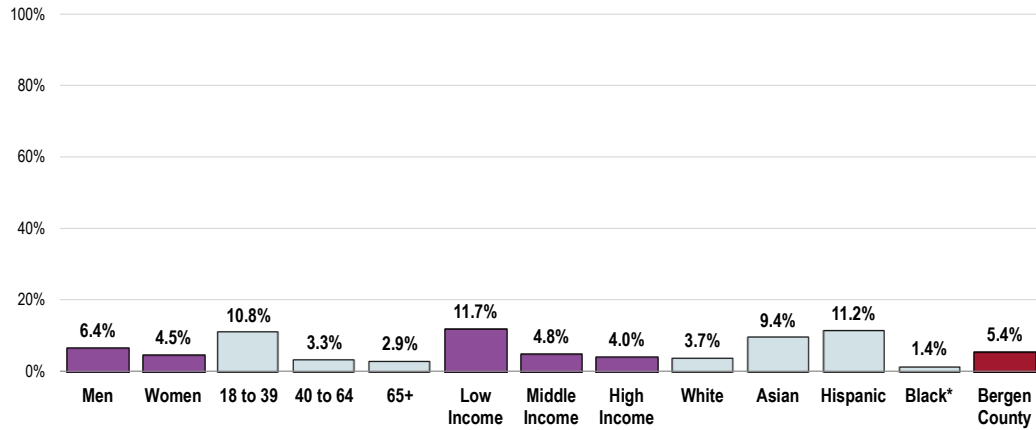
6.4%	**4.5%**	**10.8%**	**3.3%**	**2.9%**	**11.7%**	**4.8%**	**4.0%**	**3.7%**	**9.4%**	**11.2%**	**1.4%**	**5.4%**
Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-19.5]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Marijuana

A total of 7.1% of Bergen County adults used marijuana in the past year.

- Highest in Central Bergen.
- TREND: Marijuana use in Bergen County has statistically <u>increased</u> over the past four years.

Used Marijuana in the Past Year
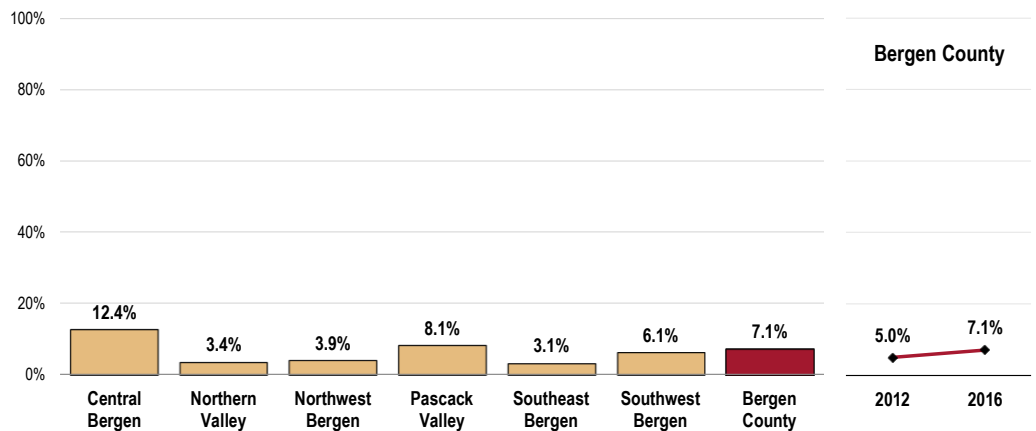
Bergen County

12.4%	**3.4%**	**3.9%**	**8.1%**	**3.1%**	**6.1%**	**7.1%**		**5.0%**	**7.1%**
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County		2012	2016

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
● Community Health Needs Assessment 2012, Household Mail Survey.
Notes: ● Asked of all respondents.

Marijuana use is higher among the following:

- Men.
- Younger adults (negative correlation with age).
- Lower income residents (negative correlation with age).
- Hispanics (*while this appears high among Black residents, keep in mind that this is drawn from a relatively small sample of Black respondents*).

Used Marijuana in the Past Year
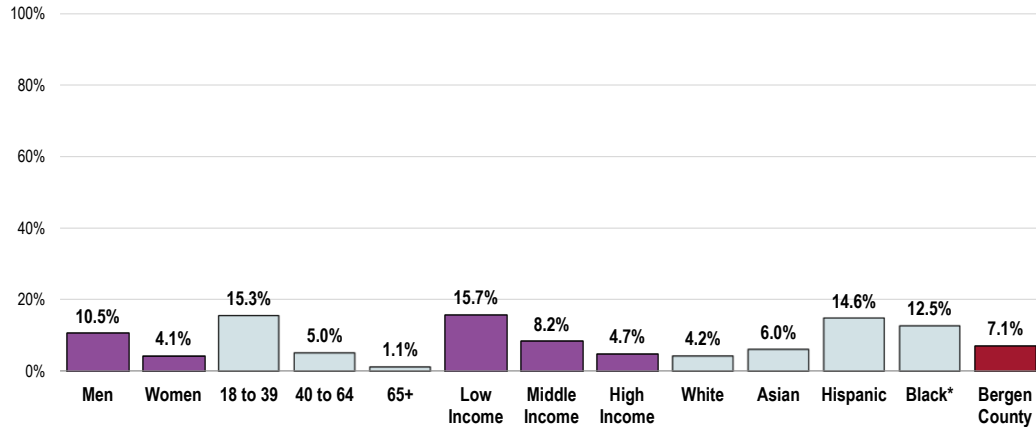
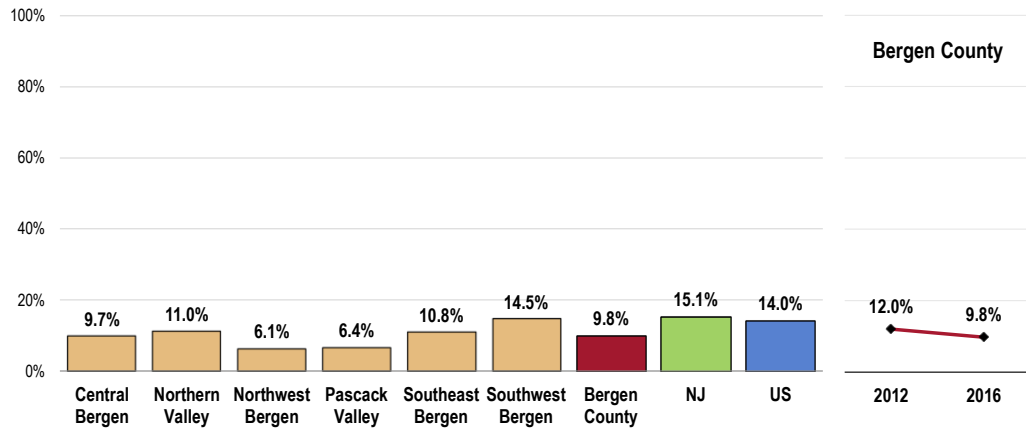|	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
%	10.5%	4.1%	15.3%	5.0%	1.1%	15.7%	8.2%	4.7%	4.2%	6.0%	14.6%	12.5%	7.1%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Illegal Drugs

For the purposes of this survey, "illegal drugs" include cocaine or crack, heroin, or any other illegal drug or substance.

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 illegal drug use in the community is likely higher.

A total of 1.9% of Bergen County adults acknowledges using an illegal drug in the past year.

- Highest in Central Bergen.

Illegal Drug Use in the Past Year

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County
%	4.0%	0.0%	1.0%	0.0%	2.4%	0.9%	1.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.

● Illegal drug use is more prevalent among men, young adults (18-39), low-income
residents and Hispanics.

Illegal Drug Use in the Past Year
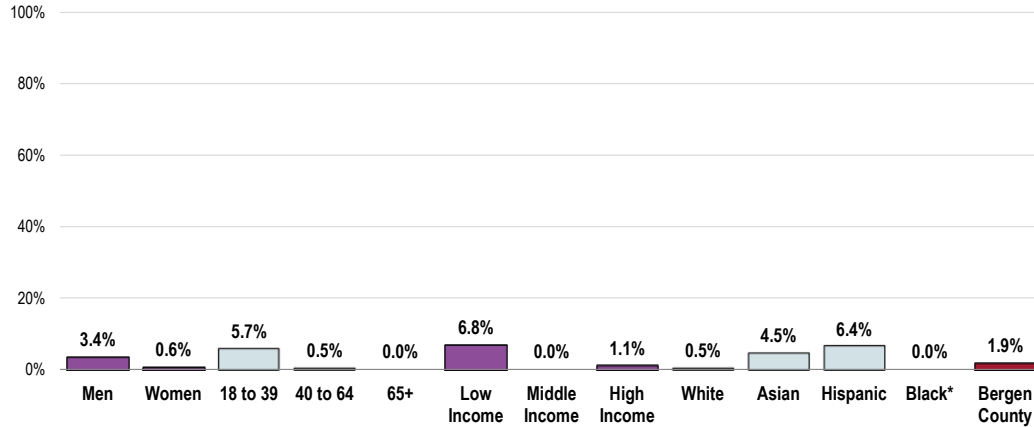
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]
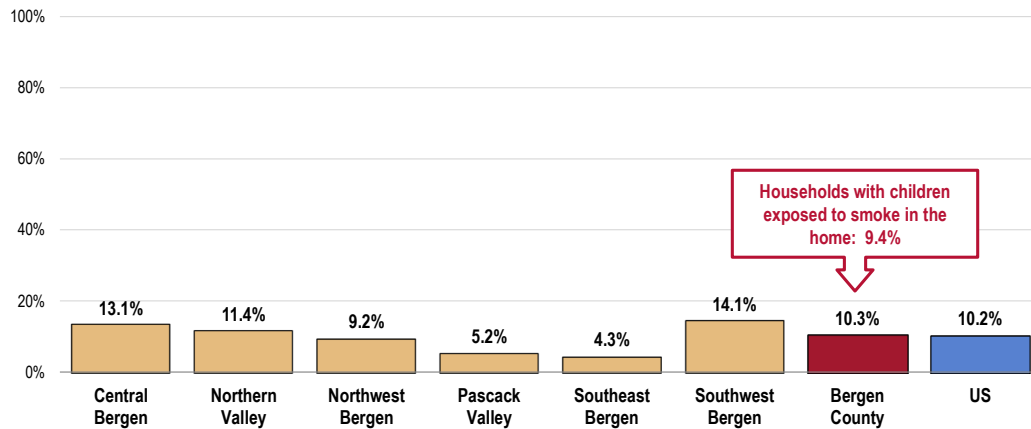Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Alcohol & Drug Treatment

A total of 2.4% of Bergen County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

● Lower than national findings.
● Lowest in Northern Valley and Pascack Valley.

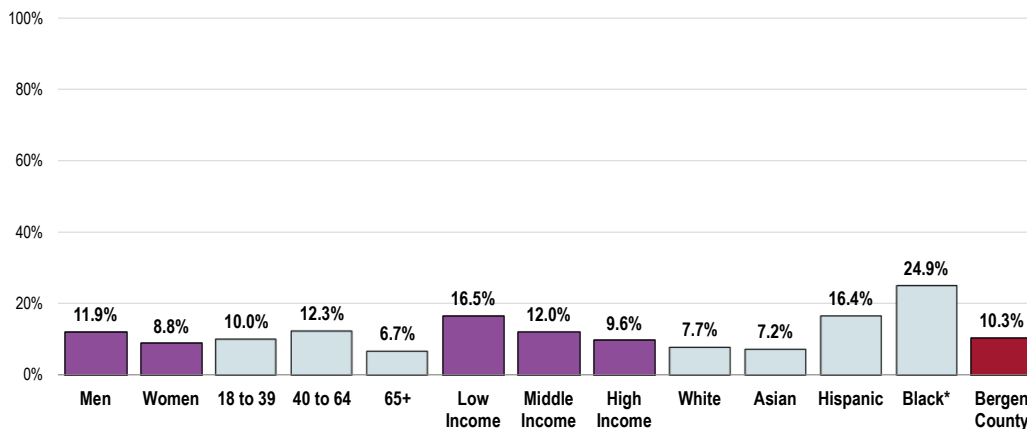## Have Ever Sought Professional Help
for an Alcohol/Drug-Related Problem
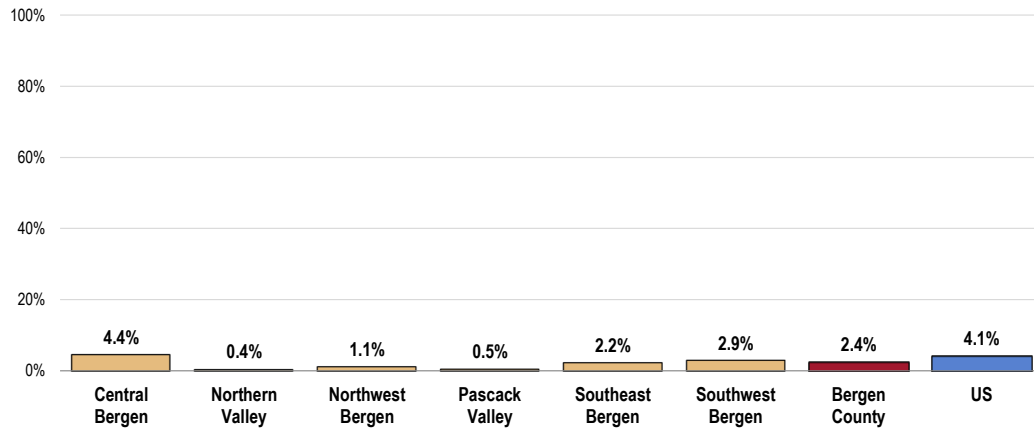
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been negatively affected (69.9% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Bergen County, 2016)

Great Deal 8.7%
Somewhat 9.7%
Little 11.7%
Not At All 69.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents.

In contrast, 30.1% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 8.7% who gave "a great deal" responses.

- Similar to the US figure.
- Lowest in Northern Valley.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	34.8%	23.4%	28.9%	24.8%	28.0%	32.9%	30.1%	32.2%
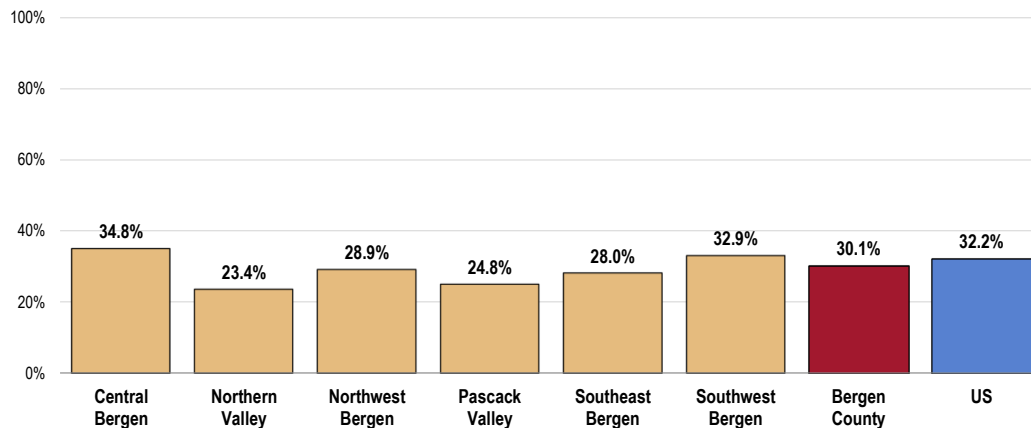
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Adults age 18 to 64.
- Whites, Hispanics, and Blacks.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Bergen County, 2016)

Category	Percentage
Men	32.0%
Women	28.3%
18 to 39	33.2%
40 to 64	32.7%
65+	21.9%
Low Income	37.7%
Middle Income	39.0%
High Income	29.5%
White	31.2%
Asian	12.2%
Hispanic	34.3%
Black*	40.8%
Bergen County	30.1%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Key Informant Input: Substance Abuse

A majority of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2016)
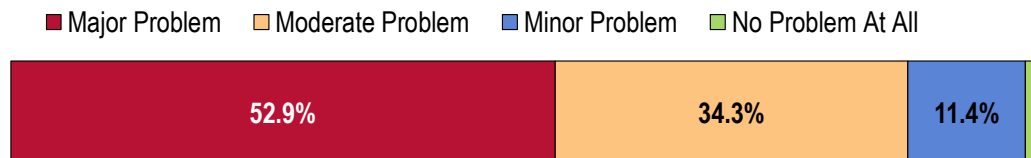
■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

52.9%	34.3%	11.4%	

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

Top Concerns

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

Access to Care/Services

> *Shortage of treatment available in Bergen County at the inpatient level. Also for those who are indigent or don't have commercial insurance. - Social Services Provider*

> *There are not enough beds for detox for those without insurance, and not enough beds for rehabilitation. There are not enough coordinated services to assist people in recovery. - Social Services Provider*

> *Access to care in a timely manner. Available practitioners- especially Psychiatrists- who are the ones to prescribe medications. Availability of quality care for those without any or good insurance coverage. - Other Health Provider*

> *No treatment facilities. - Social Services Provider*

> *Lack of availability and inability to use public transportation to follow-up treatment at outpatient facilities. Perception that drugs are not a problem in this community or that it is a disease. - Other Health Provider*

> *Inpatient rehab. - Other Health Provider*

> *There are not enough beds or programs for the challenges we face. Access for low-income people is particularly strained. - Community/Business Leader*

> *Extended care beyond detox, access to rehab, and longer-term halfway house or residential programming. Also, more community supports as in the mental health community, Intensive Case Management type services. Housing First model again becomes important, as many people do not have the safety of a stable home from which to build their rehabilitation efforts. - Community/Business Leader*

> *There are few beds for such a large county experiencing a surge in substance abuse. - Other Health Provider*

> *Money to go to proper care centers and the growing availability of cheap drugs. Economic stresses for the general population just too hard to buck. - Community/Business Leader*

> *Poor management, too many patients using Emergency Rooms as their source. Insufficient resources to truly manage substance abuse. - Other Health Provider*

> *Insurance plans, lack of education, shame, cost and distance. - Community/Business Leader*

> *Insurance. - Other Health Provider*

> *Lack of providers and treatment areas in community. - Other Health Provider*

Opioids

> *Increase in opiate use, due to prescription drugs for pain management. - Social Services Provider*

> *The greatest barrier at this moment-in-time with respect to opioid addiction is the production of too many pills by the pharmaceutical industry, and the leakage of these products into the community. This directly leads to the heroin problem. Alcohol abuse is starting to take a backseat. - Public Health Representative*

> *The current heroin epidemic. Not enough rehab centers for those trying to stay sober. Legislation weak on doctors prescribing painkillers, which leads to heroin addiction. - Public Health Representative*

> *Bergen County is an affluent community. There is an overwhelming amount of drug abuse by teenagers and young adults. They have the financial resources to purchase drugs, such as heroin and cocaine. I think that the financial stability of the community minimizes the true problem. I think that there should be an assessment in regards to the true drug abuse happening in the area and an action plan put in place to create awareness. We have hundreds of young adults going to our local hospitals on the verge of an overdose annually. We must bring this to the forefront, despite the stigma that it may create. - Other Health Provider*

Denial/Stigma

> *Having the individual realize that there is a problem. - Public Health Representative*

> *Denial on the part of the substance abuser. - Other Health Provider*

> *Hesitance to seek help. - Community/Business Leader*

> *Stigma. Awareness. Early intervention and education. - Other Health Provider*

Stigma is a huge barrier to getting people into care. Low levels of resident housing options to allow people to stay in their home area. - Public Health Representative

Stigma, lack of services. Lack of funding. - Other Health Provider

Affordable Care/Services

Financial assistance to pay for treatment for those without insurance. Lack of available detox services to meet the needs of the community, lack of appropriate treatment services, and timeframes established by insurance carriers that aren't realistic in terms of needs. Lack of recovery support services while a person is contemplating treatment, is in treatment, and is post-treatment. There remains a strong stigma attached to substance use disorders. Community members do not know when problems are present, who to outreach for information and support, and services that are available in the community. - Social Services Provider

Health Education

Residents need to learn more about services available in the county. - Social Services Provider

Families knowing where to turn if this happens to them. - Community/Business Leader

Addiction

Criminalizing addiction and lack of resources for treatment. - Social Services Provider

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as the most problematic substance abused in the community, followed by **prescription medications** and **heroin/other opioids**.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	57.1%	14.3%	14.3%	6
Prescription Medications	0.0%	28.6%	28.6%	4
Heroin or Other Opioids	28.6%	14.3%	0.0%	3
Cocaine or Crack	0.0%	14.3%	28.6%	3
Marijuana	0.0%	14.3%	14.3%	2
Over-The-Counter Medications	14.3%	0.0%	0.0%	1
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	14.3%	0.0%	1
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	14.3%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 9.8% of Bergen County adults currently smoke cigarettes, either regularly (5.3% every day) or occasionally (4.5% on some days).

Cigarette Smoking Prevalence
(Bergen County, 2016)
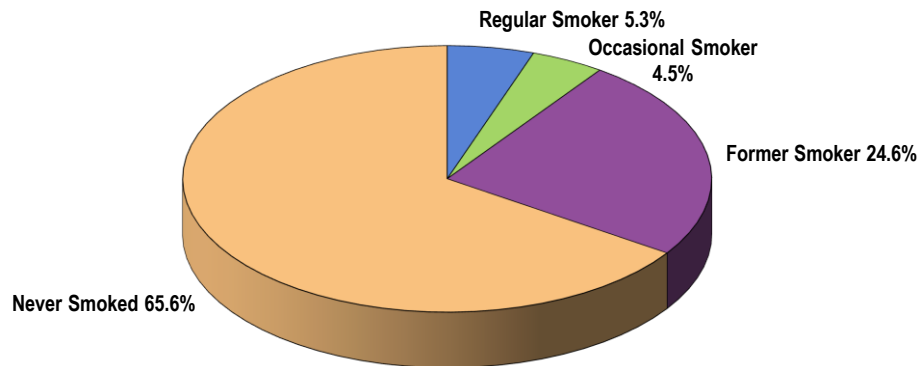
Regular Smoker 5.3%
Occasional Smoker 4.5%
Former Smoker 24.6%
Never Smoked 65.6%

Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: • Asked of all respondents.

- More favorable than statewide and national findings.
- Satisfies the Healthy People 2020 target (12% or lower).
- Most favorable in Northwest Bergen.
- TREND: The current smoking percentage is statistically unchanged since 2012.

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

Bergen County

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US	2012	2016
	9.7%	11.0%	6.1%	6.4%	10.8%	14.5%	9.8%	15.1%	14.0%	12.0%	9.8%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2015 PRC National Health Survey, Professional Research Consultants, 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): 2014 NJ data.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Cigarette smoking is more prevalent among:

- Men.
- Adults under 65.
- Low-income residents (negative correlation with income).
- While this appears high among Black residents, keep in mind that this is drawn from a relatively small sample of Black respondents.

Current Smokers
(Bergen County, 2016)
Healthy People 2020 Target = 12.0% or Lower
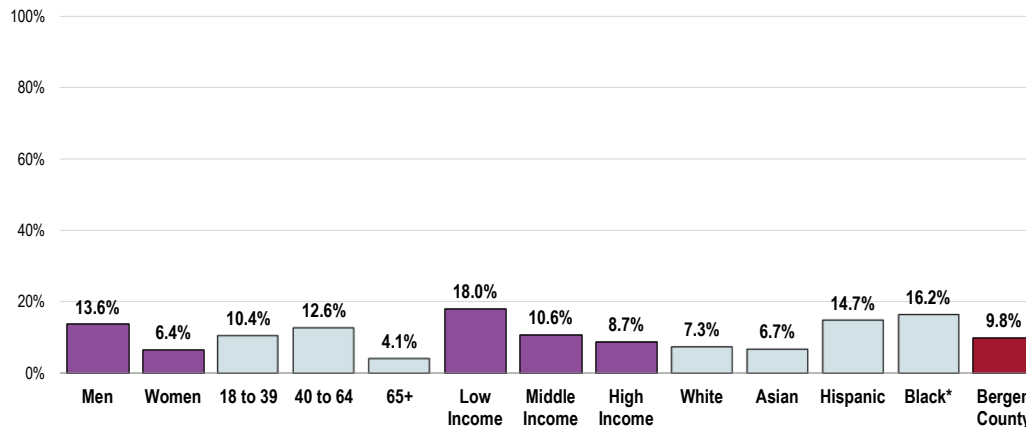
Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
13.6%	6.4%	10.4%	12.6%	4.1%	18.0%	10.6%	8.7%	7.3%	6.7%	14.7%	16.2%	9.8%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
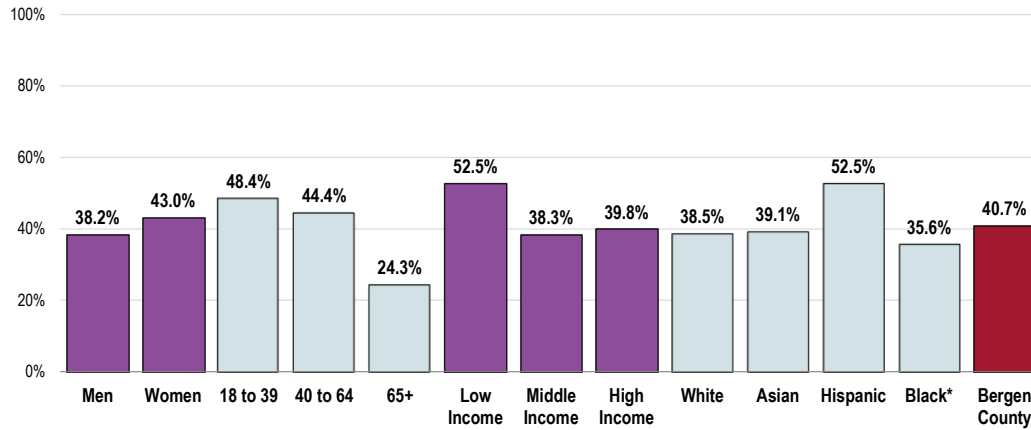
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 10.3% of Bergen County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Nearly identical to national findings.
- More favorable in Pascack Valley and Southeast Bergen.
- Note that 9.4% of Bergen County children are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

Households with children exposed to smoke in the home: 9.4%

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
13.1%	11.4%	9.2%	5.2%	4.3%	14.1%	10.3%	10.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]
　　　　 ● 2015 PRC National Health Survey, Professional Research Consultants, 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.

- Higher among residents age 40 to 64 and notably more prevalent among Hispanics and Blacks.

Member of Household Smokes At Home
(Bergen County, 2016)

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

● Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

A majority (52.9%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

Most current smokers (73.5%) have been advised by a healthcare professional in the past year to quit smoking.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher

Most current smokers (73.5%) were advised to quit in the past year by a healthcare professional.
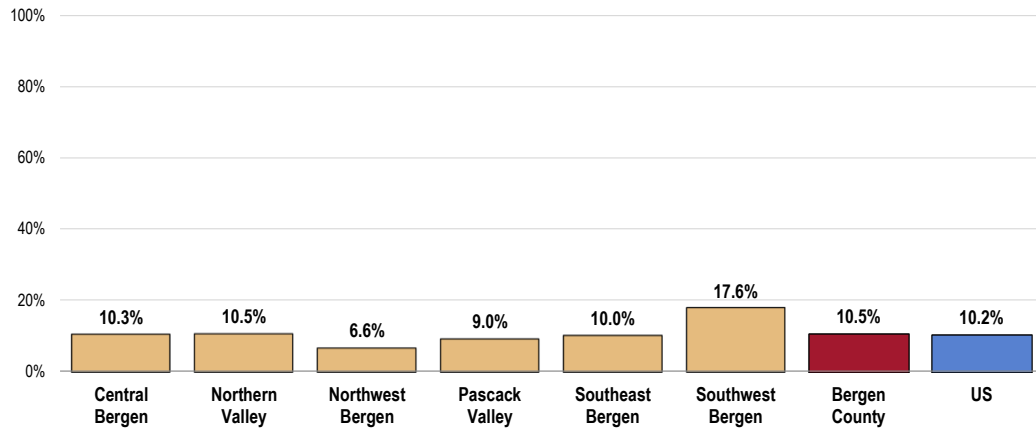
Bergen County — 52.9%

US — 43.7%
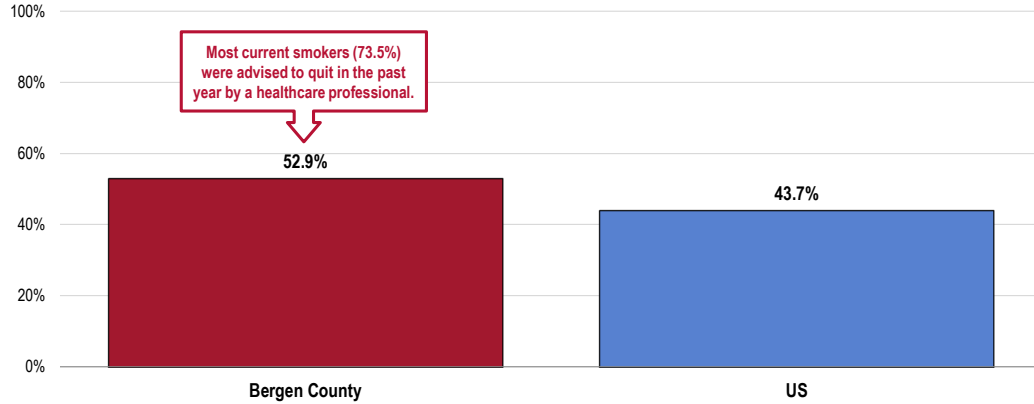
Sources:
● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56-57]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
● Asked of respondents who smoke cigarettes every day.
● *Exercise caution when interpreting these results as sample sizes are small (n< 50).

Other Tobacco Use

Electronic Cigarettes

A total of 3.9% of Bergen County adults currently use electronic cigarettes ("e-cigarettes"), either regularly (1.0% every day) or occasionally (2.9% on some days).

Electronic Cigarette Use
(Bergen County, 2016)
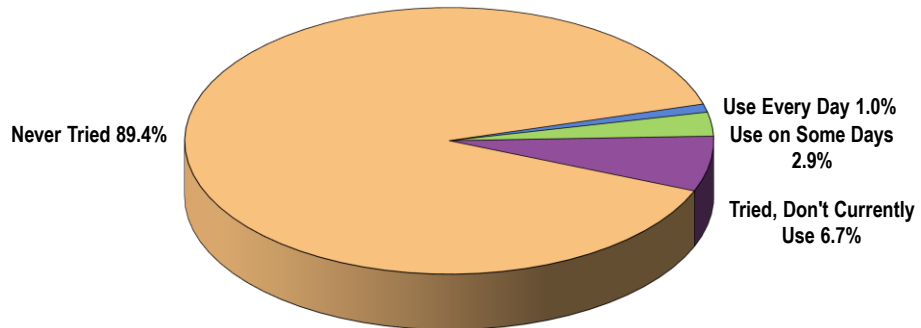
Never Tried 89.4%

Use Every Day 1.0%
Use on Some Days 2.9%

Tried, Don't Currently Use 6.7%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
Notes: ● Asked of all respondents.

- Nearly identical to national findings.
- Lowest in Northwest Bergen and Pascack Valley.

Currently Use Electronic Cigarettes
(Every Day or on Some Days)

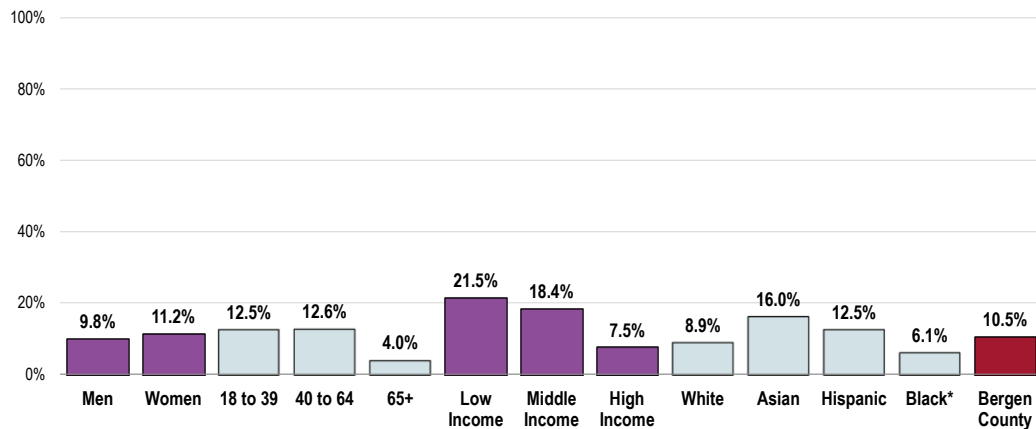|							
5.4%	5.1%	1.4%	0.0%	3.9%	4.9%	3.9%	3.8%
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
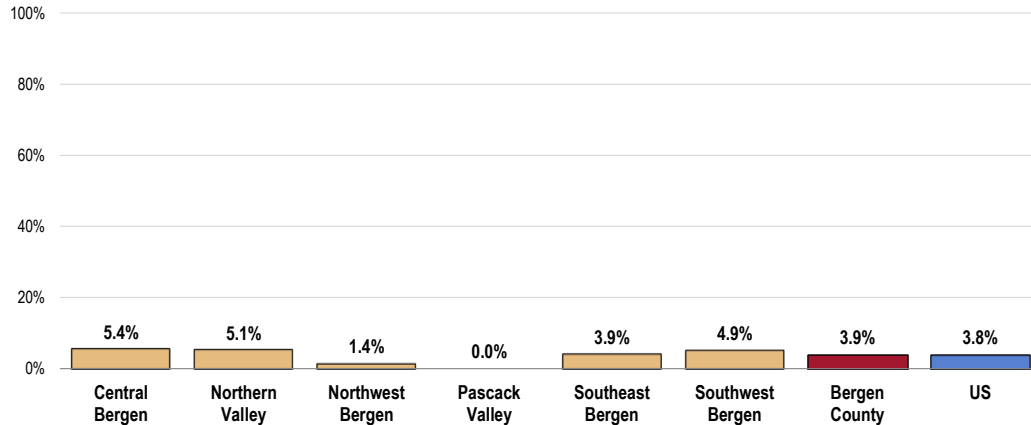
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Electronic cigarette use is more prevalent among:

- Adults under 65 (negative correlation with age).
- Low-income residents (negative correlation with income).
- Hispanics.

Currently Use Electronic Cigarettes
(Bergen County, 2016)

4.4%	3.5%	7.2%	3.6%	0.4%	10.4%	4.2%	2.8%	1.6%	6.8%	9.3%	4.7%	3.9%
Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
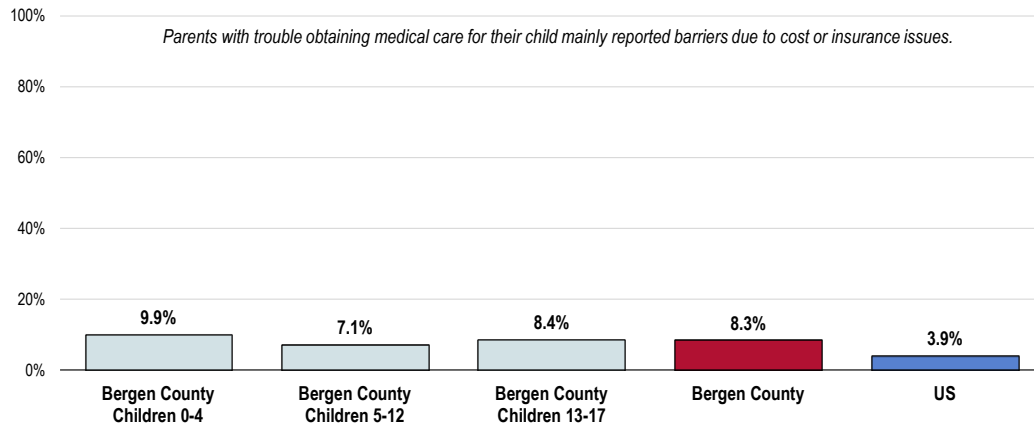● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2016)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

19.4%	56.7%	19.4%	4.5%
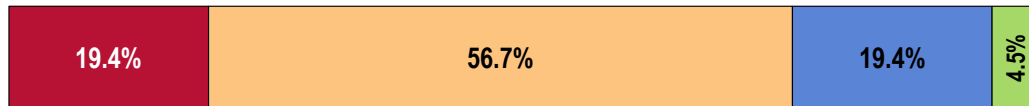
Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *Tobacco use is one of the leading causes of illness and disability in our community. - Other Health Provider*

> *While now more expensive, still the most available product for kids and folks to access. - Community/Business Leader*

> *People still smoke, knowing that it's bad for them. - Physician*

Addiction

> *Governing body is unwilling to enact resolutions to prohibit smoking at public events or enforce violations to non-smoking areas, such as hookah facilities. - Other Health Provider*

> *Have not wiped out this addiction. - Social Services Provider*

Comorbidities

> *Smoking is a risk factor for heart disease and secondhand smoke is a leading asthma trigger in our pediatric population. There is a lack of smoking cessation programs to refer our underserved patient population. - Other Health Provider*

Leading Cause of Death

> *Tobacco is the single most preventable cause of death in the State, the country and the world. - Public Health Representative*

Access to Health Services

Health Insurance Coverage

Type of Healthcare Coverage

A total of 75.2% of Bergen County adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.
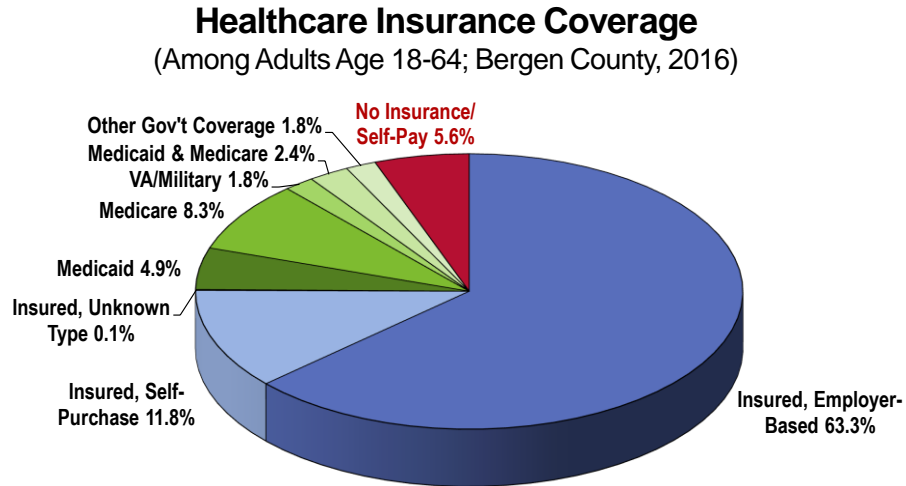
Healthcare Insurance Coverage
(Among Adults Age 18-64; Bergen County, 2016)

Other Gov't Coverage 1.8%
Medicaid & Medicare 2.4%
VA/Military 1.8%
Medicare 8.3%
Medicaid 4.9%
Insured, Unknown Type 0.1%
Insured, Self-Purchase 11.8%
No Insurance/ Self-Pay 5.6%
Insured, Employer-Based 63.3%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 190]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 5.6% report having no insurance coverage for healthcare expenses.

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 healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Far below the latest state and national benchmarks.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar findings among the 6 county subareas.
- TREND: Marks a statistically significant decrease since 2012.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)
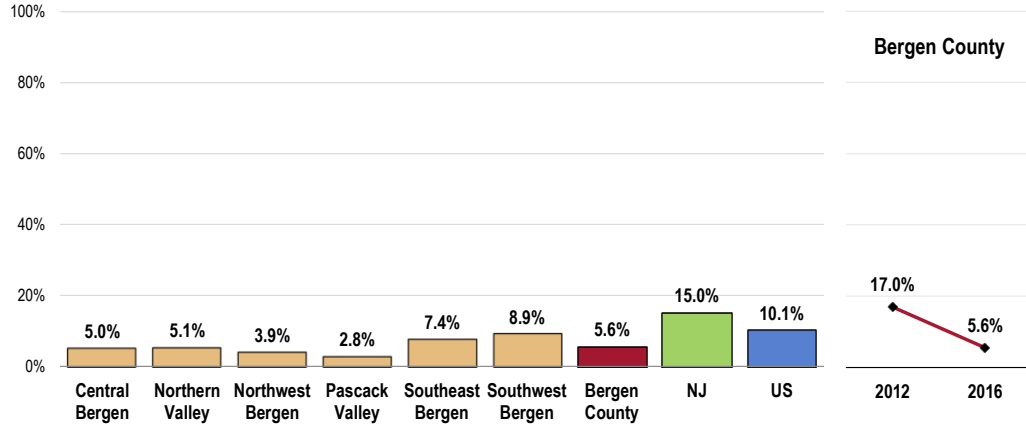
Bergen County

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US	2012	2016
5.0%	5.1%	3.9%	2.8%	7.4%	8.9%	5.6%	15.0%	10.1%	17.0%	5.6%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

- The differences in healthcare insurance coverage among the following population segments are not statistically significant.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Bergen County, 2016)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Men	Women	18 to 39	40 to 64	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black	Bergen County
6.3%	5.0%	4.3%	6.4%	8.0%	n/a	4.6%	5.0%	n/a	7.8%	n/a	5.6%
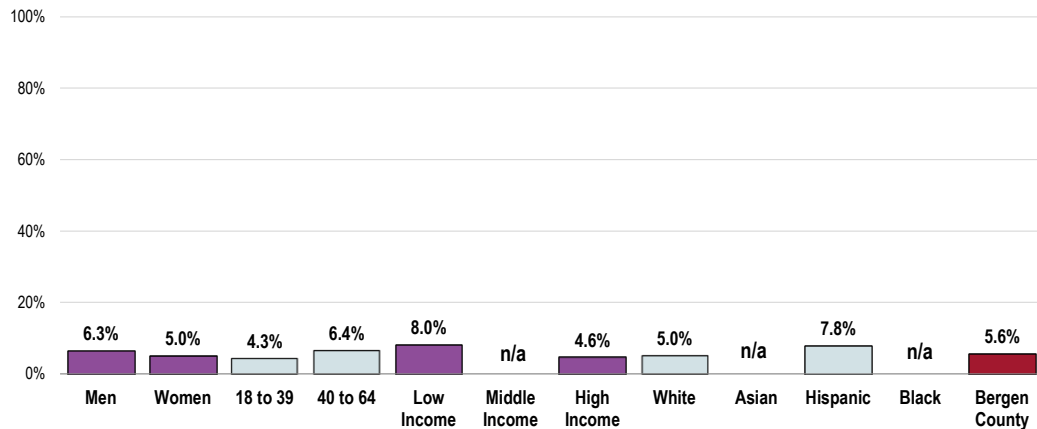
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

A total of 9.3% of residents under 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as "Obamacare."

- Similar to the national finding.
- Note the 32.8% of affirmative responses among adults with Medicaid compared with privately insured individuals (11.3%).

Insurance Was Secured
Under the Affordable Care Act/"Obamacare"
(Among Those With Private Insurance or Medicaid, By Type of Coverage)

Category	Percentage
Medicaid	32.8%
Private Insurance	11.3%
Bergen County	9.3%
United States	10.8%
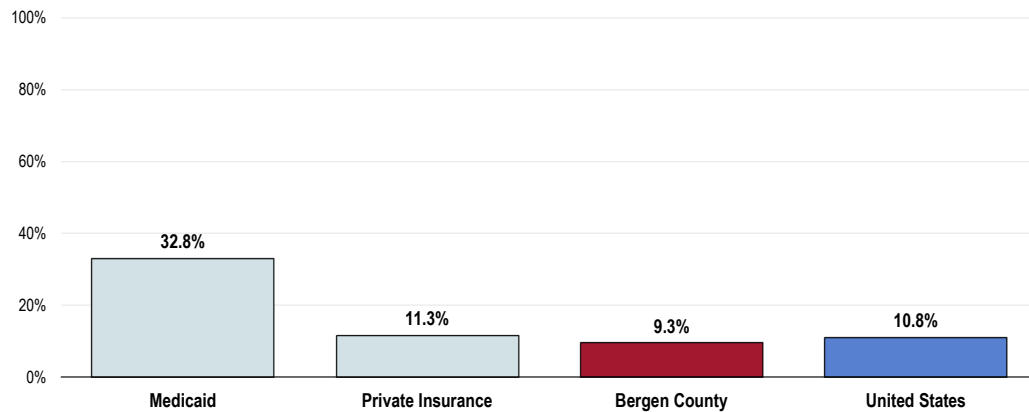
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under 65 with private insurance or Medicaid.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

Two-fifths of Bergen County adults (40.7%) report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- Least favorable in Southwest Bergen.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
42.6%	37.7%	42.7%	37.3%	33.5%	48.0%	40.7%	35.0%
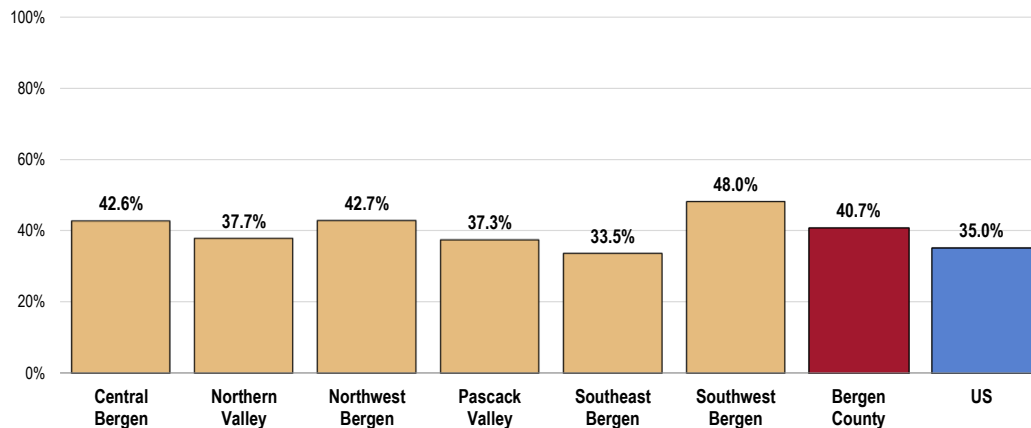
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Note the negative correlation between difficulty accessing healthcare and age.
- Also note that for the low-income population and the Hispanic population, more than half had trouble receiving healthcare in the past year.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Bergen County, 2016)

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
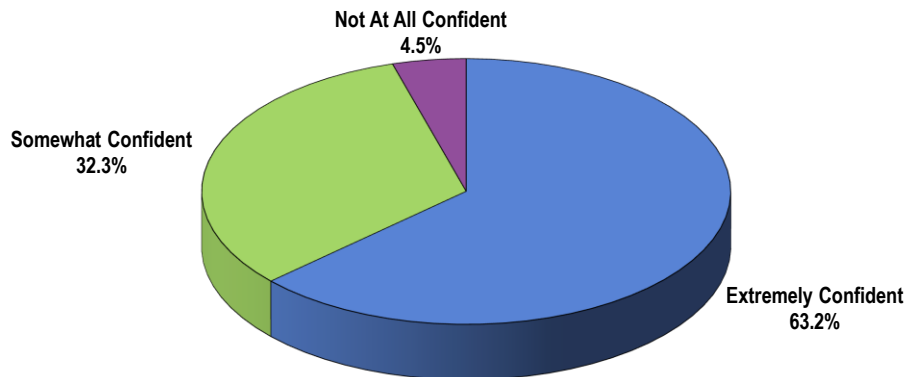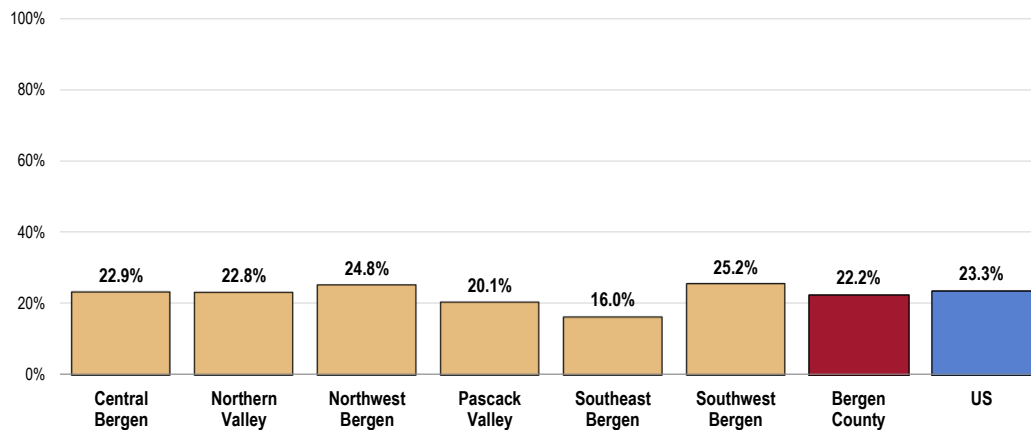Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of Bergen County adults (21.5% say that inconvenient office hours prevented them from obtaining a visit to a physician in the past year).

To better understand healthcare 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.

- The proportion of Bergen County adults impacted was statistically worse than that found nationwide for each of the tested barriers, with the exception of cost of prescription, transportation and language/cultural difference (local and national results were statistically similar).
- The residents in Central Bergen experienced the highest prevalence of cost preventing physician visits and language/culture differences preventing care.
- Northwest Bergen saw a higher proportion of residents hindered by difficulty getting an appointment.
- The highest proportions of residents hindered by inconvenient office hours, cost of prescriptions, and lack of transportation were found in Southwest Bergen.

Barriers to Access Have
Prevented Medical Care in the Past Year
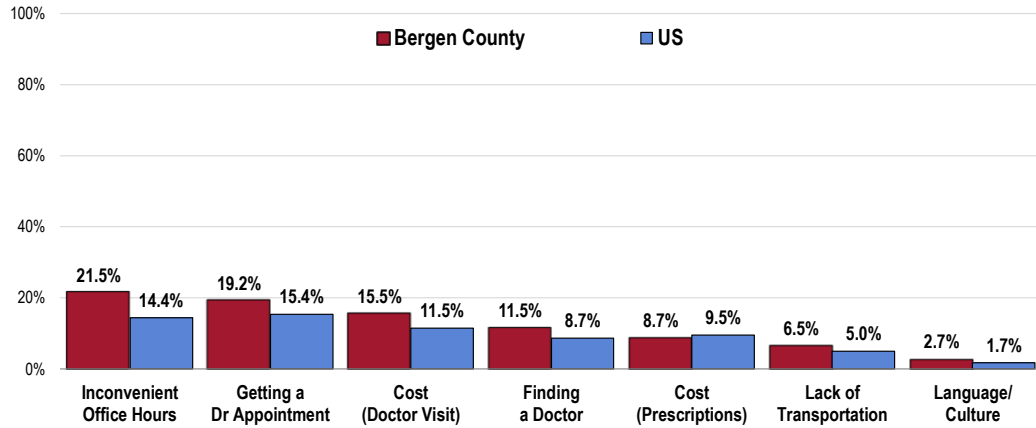
■ Bergen County ■ US

	Inconvenient Office Hours	Getting a Dr Appointment	Cost (Doctor Visit)	Finding a Doctor	Cost (Prescriptions)	Lack of Transportation	Language/ Culture
Bergen County	21.5%	19.2%	15.5%	11.5%	8.7%	6.5%	2.7%
US	14.4%	15.4%	11.5%	8.7%	9.5%	5.0%	1.7%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Barriers to Access Have
Prevented Medical Care in the Past Year
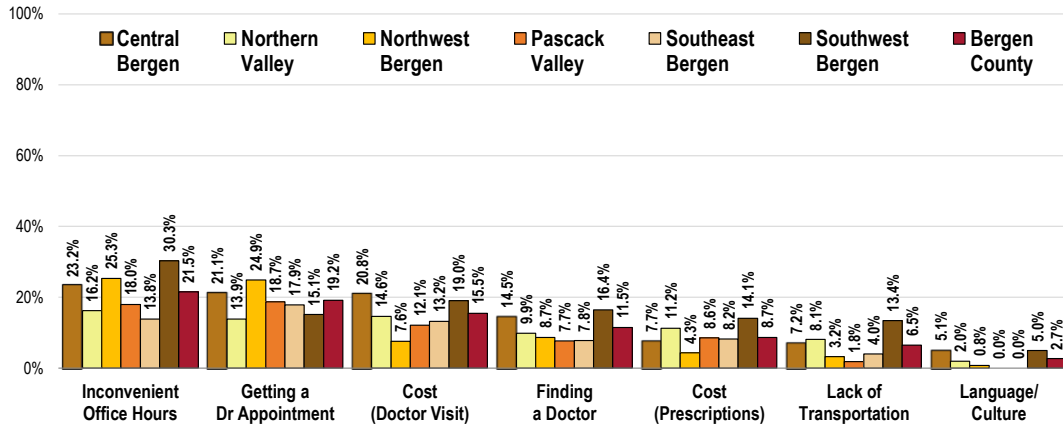
■ Central Bergen   ■ Northern Valley   ■ Northwest Bergen   ■ Pascack Valley   ■ Southeast Bergen   ■ Southwest Bergen   ■ Bergen County

	Inconvenient Office Hours	Getting a Dr Appointment	Cost (Doctor Visit)	Finding a Doctor	Cost (Prescriptions)	Lack of Transportation	Language/ Culture
Central Bergen	23.2%	21.1%	20.8%	14.5%	7.7%	7.2%	5.1%
Northern Valley	16.2%	13.9%	14.6%	9.9%	11.2%	8.1%	2.0%
Northwest Bergen	25.3%	24.9%	7.6%	8.7%	4.3%	3.2%	0.8%
Pascack Valley	18.0%	18.7%	12.1%	7.7%	8.6%	1.8%	0.0%
Southeast Bergen	13.8%	17.9%	13.2%	7.8%	8.2%	4.0%	0.0%
Southwest Bergen	30.3%	15.1%	19.0%	16.4%	14.1%	13.4%	5.0%
Bergen County	21.5%	19.2%	15.5%	11.5%	8.7%	6.5%	2.7%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Prescriptions

Among all Bergen County adults, 10.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Less favorable in Southwest Bergen; more favorable in Northwest Bergen.

Skipped or Reduced Prescription Doses in
Order to Stretch Prescriptions and Save Money

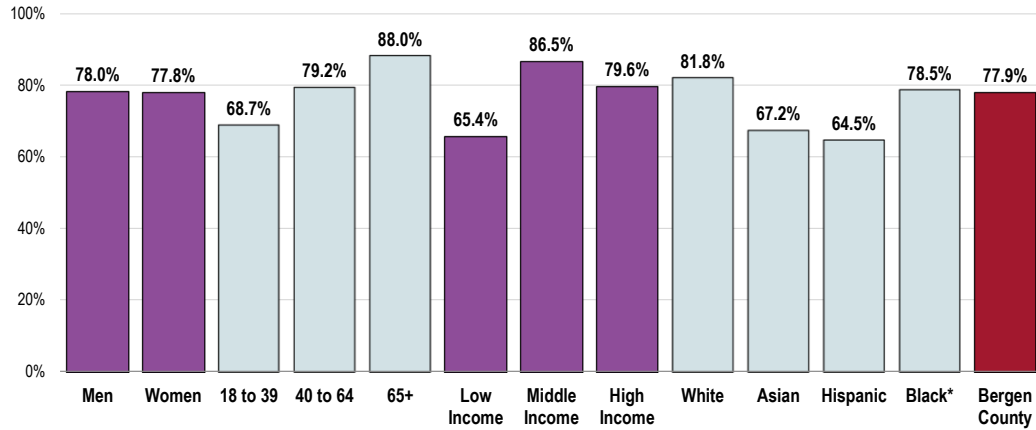|	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	10.3%	10.5%	6.6%	9.0%	10.0%	17.6%	10.5%	10.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
　　　　　 ● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes:　 ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 18 to 64.
- Respondents with lower incomes (negative correlation with income).

Skipped or Reduced Prescription Doses in
Order to Stretch Prescriptions and Save Money
(Bergen County, 2016)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
	9.8%	11.2%	12.5%	12.6%	4.0%	21.5%	18.4%	7.5%	8.9%	16.0%	12.5%	6.1%	10.5%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
Notes:　 ● Asked of all respondents.
　　　　　 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
　　　　　　 * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
　　　　　 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
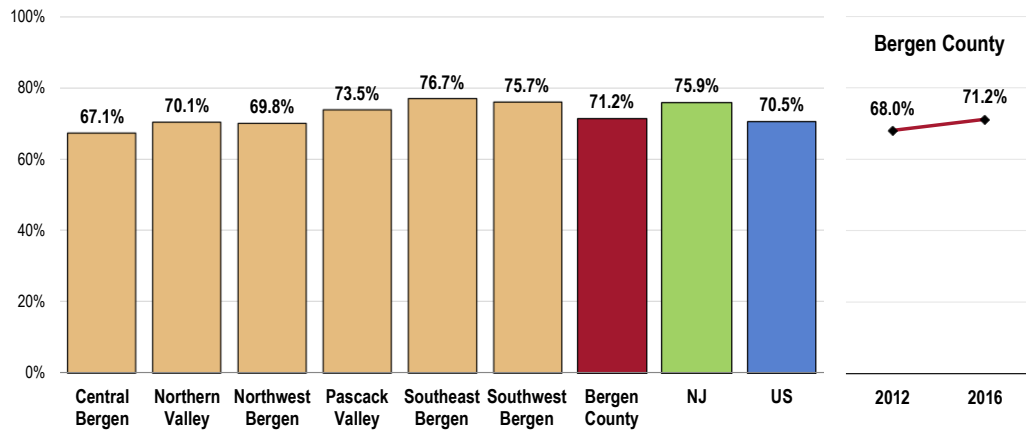
Accessing Healthcare for Children

A total of 8.3% 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.

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.

- Higher than what is reported nationwide.
- Statistically comparable findings by child's age.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or insurance issues.

9.9%	7.1%	8.4%	8.3%	3.9%
Bergen County Children 0-4	Bergen County Children 5-12	Bergen County Children 13-17	Bergen County	US

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or insurance issues** as the primary reason.

Key Informant Input: Access to Healthcare Services

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

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2016)
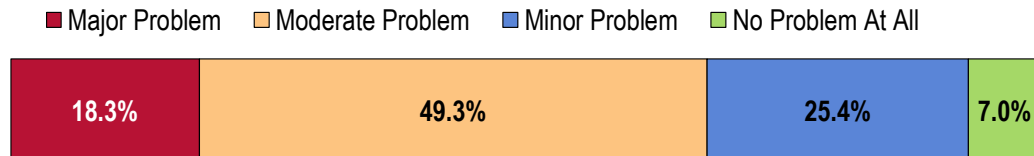
■ Major Problem ☐ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
18.3%	49.3%	25.4%	7.0%

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

Top Concerns

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

Affordable Care/Services

> *Lack of health insurance or underinsured. Cost of treatments and medications. - Social Services Provider*

> *Cost and transportation. - Community/Business Leader*

> *Patients with no insurance have very limited resources. Access to medications. Homeless patients with chronic conditions are not allow in the shelter and have no place to go. - Other Health Provider*

> *Not enough care for underinsured or uninsured. Hospitals closing clinics and outsourcing to federal funded clinics that do provide minimal specialty services. - Other Health Provider*

Transportation

> *Lack of transportation, since it is elemental to many other issues. - Other Health Provider*

> *Inadequate public transportation. Lack of coordination of services. - Other Health Provider*

> *Transportation and low-cost or no-cost services are seldom available. Understanding of how to receive services when you are under-insured is especially challenging. - Public Health Representative*

> *Transportation to get minimize the isolation of the frail elderly. - Social Services Provider*

Vulnerable Populations

> *Disparities in healthcare are a major problem in our community. Ethnic minorities, socioeconomic disadvantaged, and the mentally ill have difficulties accessing our healthcare system. The stigma of mental illness continues to be a barrier. - Other Health Provider*

> *Services for lower income developmentally disabled adults. Both acute care and subacute care resources are limited and difficult to access in a timely fashion. - Community/Business Leader*

> *Lack of work and poverty. - Social Services Provider*

Health Insurance Issues

> *It is a most confusing system. Residents get the run-around, do not understand what their options are, explanations are not clear, and services are limited- with many gaps in service. - Public Health Representative*

> *Insurance. How to obtain information about Affordable Health Care, Medicaid and Medicare. - Other Health Provider*

Access to Providers

> *Limited access to primary care physicians in the community. Physicians that will not take managed Medicaid. Lack of transportation to get to physician's office. - Social Services Provider*

> *If people can get an appointment with a primary doctor, sometimes they can't afford to buy the medications or to continue with their medical care, due to copayments. - Social Services Provider*

Language Barriers

> *My multicultural community can't navigate the public health system due to language barriers, fear, or limited Internet access. Even healthcare professional are sometimes finding it difficult to access the system. We have no hospital in our town, so transportation becomes an issue. - Public Health Representative*

> *Language barriers. - Other Health Provider*

Specialists

> *Podiatry. - Community/Business Leader*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, chronic disease care, and substance abuse treatment as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	27.3%	36.4%	10.0%	8
Chronic Disease Care	27.3%	9.1%	10.0%	5
Substance Abuse Treatment	0.0%	18.2%	30.0%	5
Dental Care	18.2%	0.0%	20.0%	4
Elder Care	9.1%	0.0%	30.0%	4
Specialty Care	18.2%	0.0%	0.0%	2
Pain Management	0.0%	18.2%	0.0%	2
Primary Care	0.0%	18.2%	0.0%	2

Health Literacy

Understanding Health Information

Written & Spoken Information

When asked about the frequency with which health information is <u>written</u> in an easily understood way, 56.2% of Bergen County adults said "always" or "nearly always."

- On the other hand, 43.8% of Bergen County adults consider **written** health information to be difficult to understand, including 4.6% who gave "never" reports.

When asked about <u>spoken</u> health information, 64.5% stated that this is "always" or "nearly always" easy for them to understand.

- On the other hand, 35.5% of Bergen County adults consider **spoken** health information to be difficult to understand, including 4.8% who gave "never" reports.

Understanding Health Information
(Bergen County, 2016)
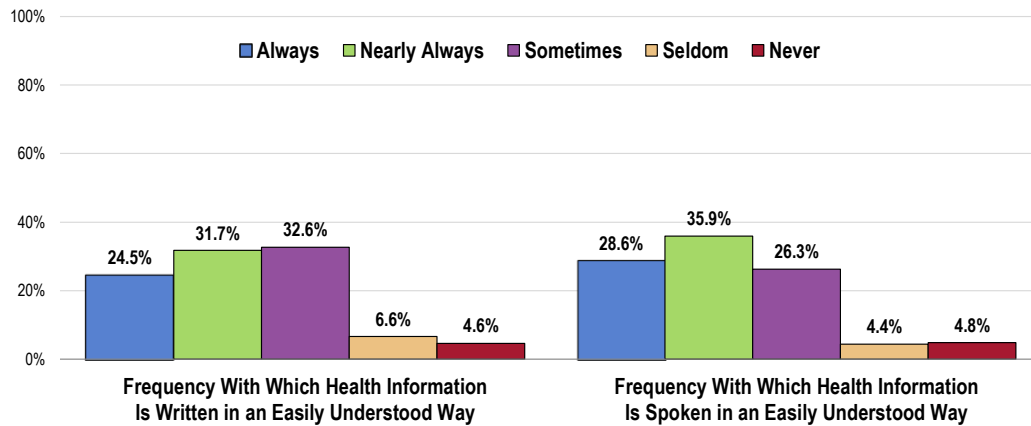
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87, 89]
Notes: • Asked of all respondents.

Help Reading Health Information

A total of 72.0% of Bergen County adults report "seldom" or "never" needing help reading health information.

- Another 21.8% of community adults "sometimes" need someone to help them read health information.
- Note that 6.2% of residents "always" or "nearly always" need help reading health information.

Frequency of Needing
Someone to Help Read Health Information
(Bergen County, 2016)

Never 46.2%

Always 2.7%

Nearly Always 3.5%

Sometimes 21.8%

Seldom 25.8%
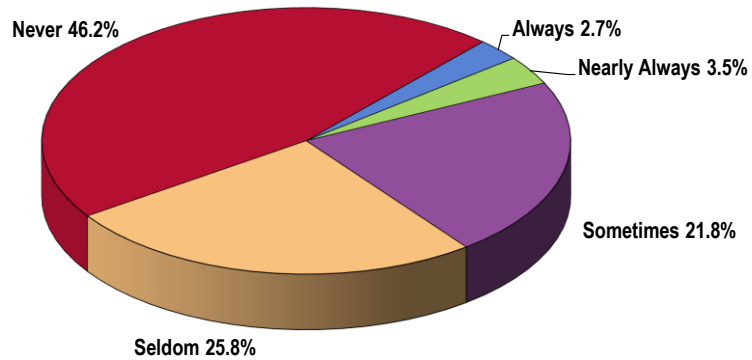
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 88]
Notes: ● Asked of all respondents.

Completing Health Forms

Asked to describe their confidence in filling out health forms, most survey respondents are "extremely confident" (63.2%).

Examples of health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

- Another 32.3% of community adults are "somewhat confident" in their own ability to fill out health forms.
- However, 4.5% of respondents gave "not at all confident" ratings.

Self-Perceived Confidence in Ability to Fill Out Health Forms
(Bergen County, 2016)

Not At All Confident
4.5%

Somewhat Confident
32.3%

Extremely Confident
63.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 90]
Notes: ● Asked of all respondents.
           ● In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Population With Low Health Literacy

Among Bergen County survey respondents, 10.6% are considered to have high health literacy, while 67.2% have medium health literacy, and the remaining 22.2% are considered to have low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/ nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy
(Bergen County, 2016)
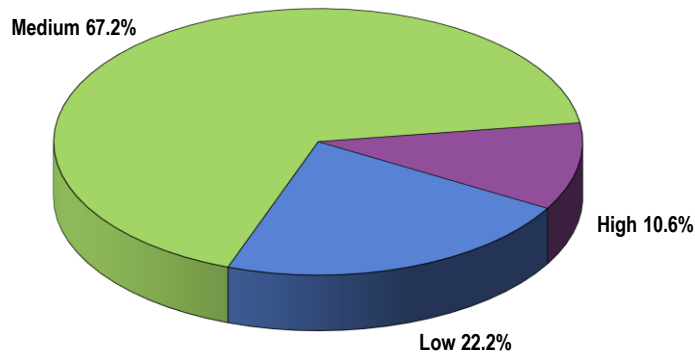
Medium 67.2%

High 10.6%

Low 22.2%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 195]
Notes: ● Asked of all respondents.
            ● Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

● The prevalence of Bergen County adults with low levels of health literacy is similar to the national average.

Low Health Literacy

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
	22.9%	22.8%	24.8%	20.1%	16.0%	25.2%	22.2%	23.3%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 195]
            ● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
            ● Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These local adults are more likely to have low health literacy levels:

- Men.
- Younger adults (negative correlation with age).
- Asians.

Low Health Literacy
(Bergen County, 2016)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.
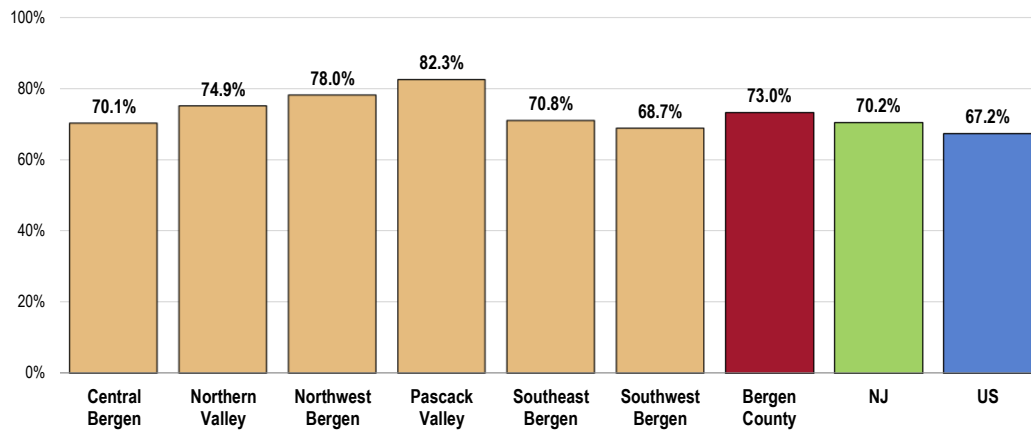- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Bergen County in 2012, there were 1,152 primary care physicians, translating to a rate of 125.4 primary care physicians per 100,000 population.

- Well above the primary care physician-to-population ratios found statewide and nationwide.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)
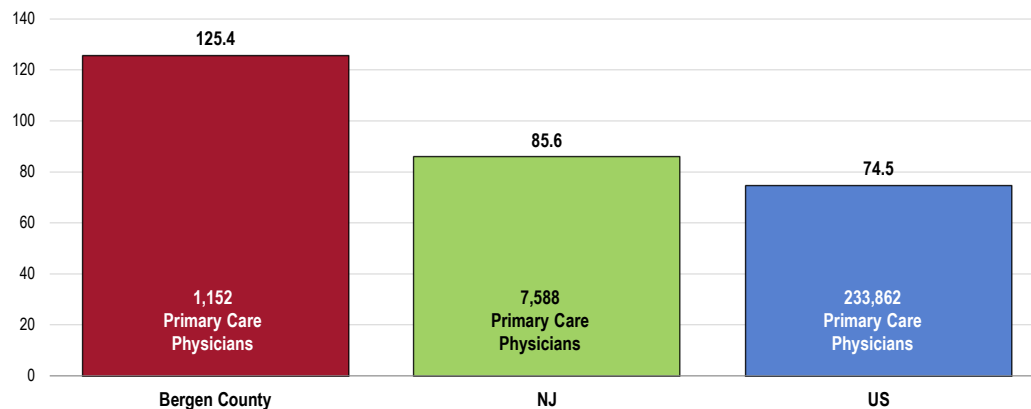
	Bergen County	NJ	US
Rate	125.4	85.6	74.5
Physicians	1,152 Primary Care Physicians	7,588 Primary Care Physicians	233,862 Primary Care Physicians

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

More than three-fourths (77.9%) of Bergen County adults were determined to have a specific source of ongoing medical 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.

- Higher than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Highest in Northwest Bergen and Pascack Valley.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.0% or Higher

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
74.9%	74.0%	83.7%	83.9%	77.2%	79.5%	77.9%	74.0%
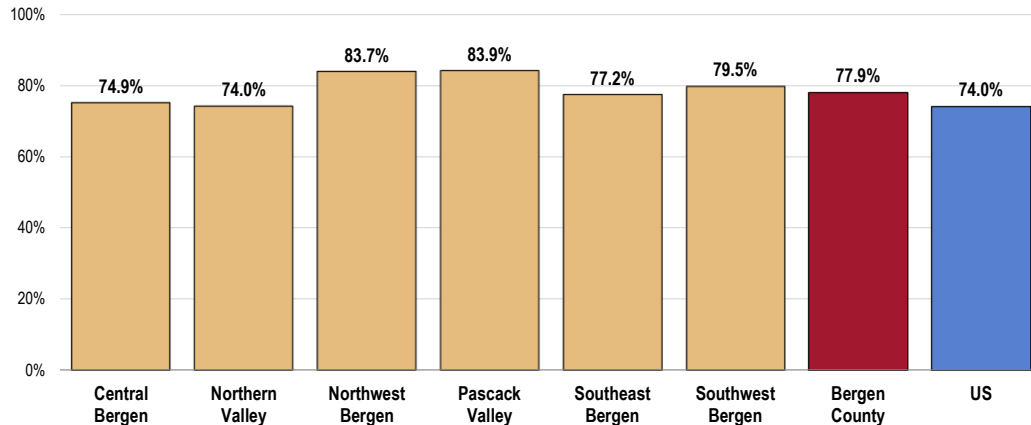
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
　　　　 ● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
　　　　 ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]
Notes: ● Asked of all respondents.

When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Adults under age 40 (positive correlation with age).
- Low-income adults.
- Asians and Hispanics.

Have a Specific Source of Ongoing Medical Care
(Bergen County, 2016)
Healthy People 2020 Target = 95.0% or Higher

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
%	78.0%	77.8%	68.7%	79.2%	88.0%	65.4%	86.5%	79.6%	81.8%	67.2%	64.5%	78.5%	77.9%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Utilization of Primary Care Services

Adults

A total of 71.2% of adults visited a physician for a routine checkup in the past year.

- Less favorable than state findings.
- Comparable to national findings.
- Statistically comparable by community.
- TREND: Statistically unchanged over time.

Have Visited a Physician for a Checkup in the Past Year

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
%	67.1%	70.1%	69.8%	73.5%	76.7%	75.7%	71.2%	75.9%	70.5%

Bergen County

2012	2016
68.0%	71.2%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, 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): 2014 NJ data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.

Notes:
- Asked of all respondents.

- Adults under age 65 are <u>less likely</u> to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(Bergen County, 2016)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Middle Income	High Income	White	Asian	Hispanic	Black*	Bergen County
%	73.7%	69.1%	65.1%	68.6%	83.2%	64.8%	70.7%	71.0%	71.0%	63.4%	68.7%	77.9%	71.2%
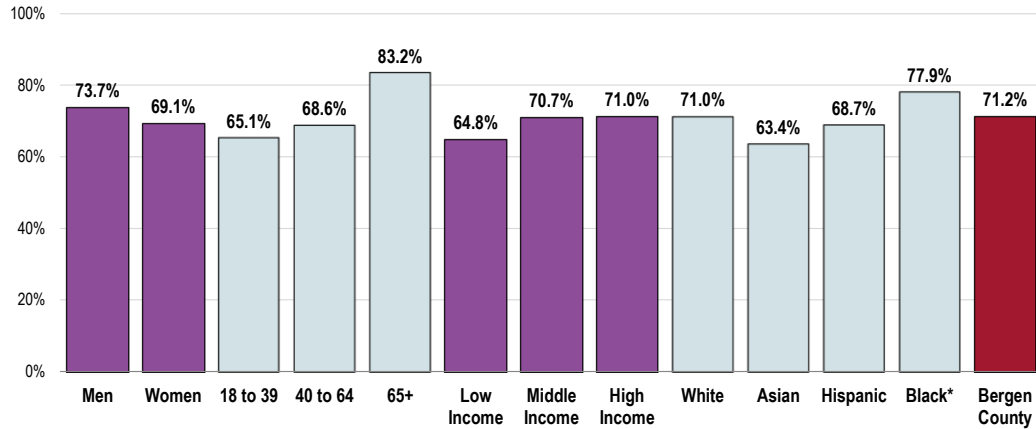
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Children

Among surveyed parents, 85.4% report that their child has had a routine checkup in the past year.

- Statistically similar to national findings.
- Note that routine checkups are lowest among Bergen County children under age 5.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

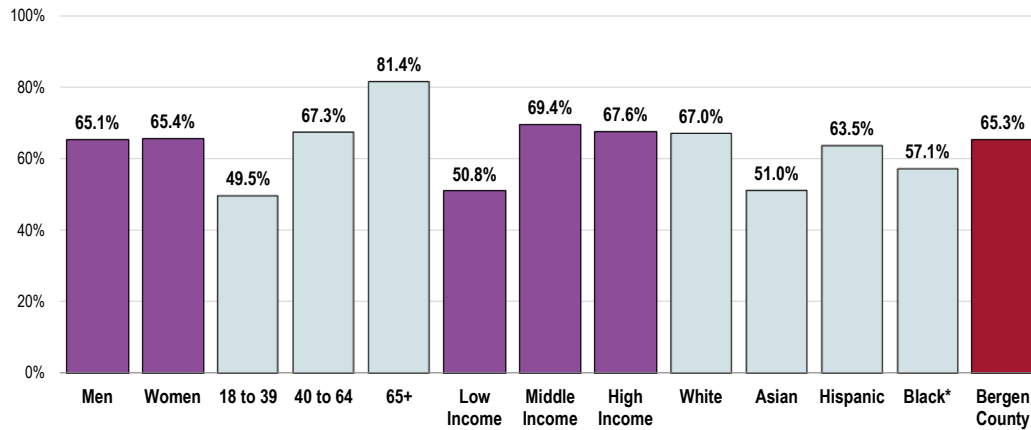|	Bergen County Children 0-4	Bergen County Children 5-12	Bergen County Children 13-17	Bergen County	US
%	76.2%	91.7%	86.2%	85.4%	89.3%
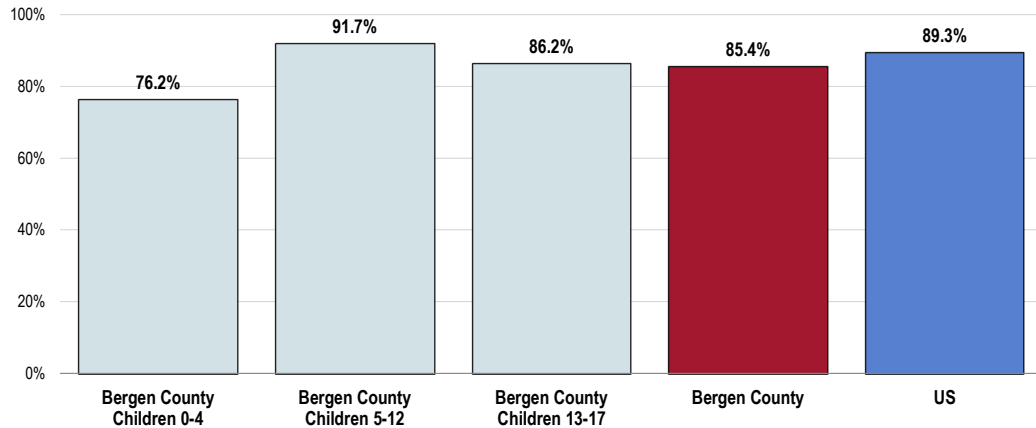
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 7.1% of Bergen County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Higher in Central and Southwest Bergen; lower in Northwest Bergen, Pascack Valley, and Southeast Bergen.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 70.4%
- Weekend/After Hours = 10.2%
- Access Problems = 6.3%
- Doctor Recommended = 5.2%

12.0%	4.7%	2.1%	3.5%	2.5%	12.3%	7.1%	8.5%
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
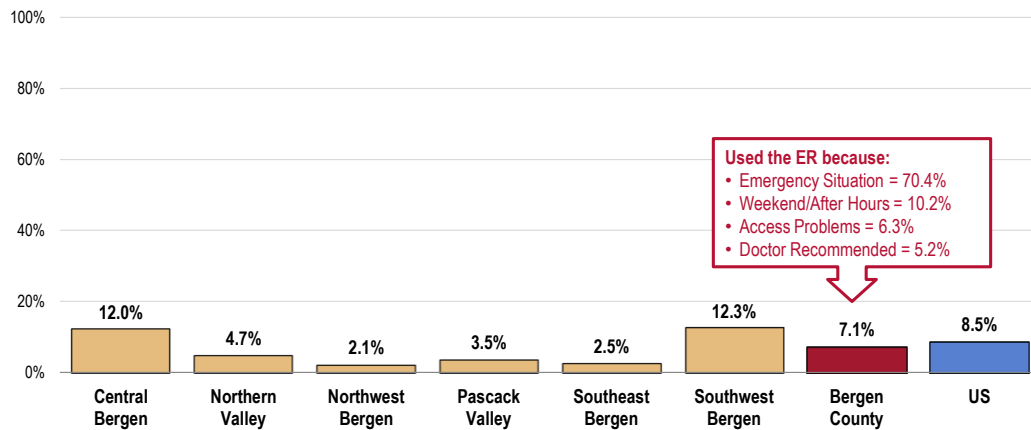
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
　　　　● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 70.4% say this was due to an **emergency or life-threatening situation**, while 10.2% indicated that the visit was during **after-hours or on the weekend**. A total of 6.3% cited **difficulties accessing primary care** for various reasons, and 5.2% were **recommended to go by their primary physician**.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Men.
- Young adults (18-39).
- Low-income residents (especially).
- Hispanics.

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(Bergen County, 2016)

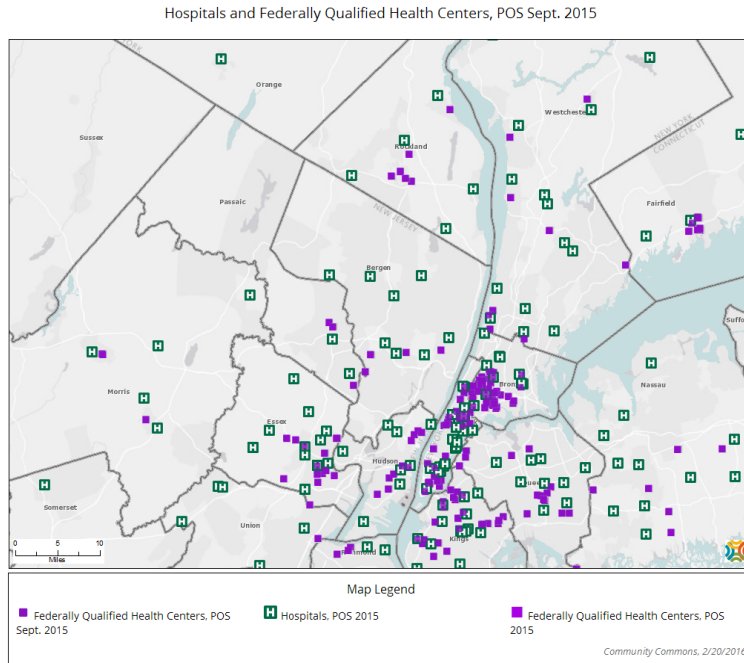|			
Men	9.2%		
Women	5.3%		
18 to 39	13.2%		
40 to 64	3.8%		
65+	5.7%		
Low Income	21.7%		
Middle Income	4.3%		
High Income	2.9%		
White	3.3%		
Asian	7.8%		
Hispanic	15.7%		
Black*	6.9%		
Bergen County	7.1%		
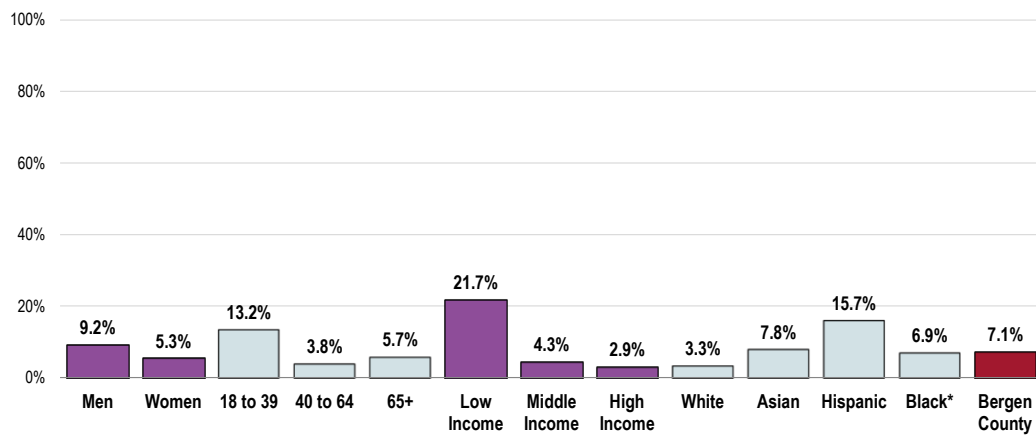
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Advance Directives

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

Around one-third (33.7%) of Bergen County adults have completed Advance Directive documents.

- The prevalence is identical to the US figure.
- Much more prevalent in Northwest Bergen; less prevalent in Southeast Bergen.

Of those local adults who have completed Advance Directive documents, 90.6% have communicated these decisions to family and/or a physician.

Have Completed Advance Directive Documents

Of these adults, 90.6% have communicated these decisions to family or physician.

Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
30.1%	36.6%	45.4%	38.7%	25.0%	31.8%	33.7%	33.7%
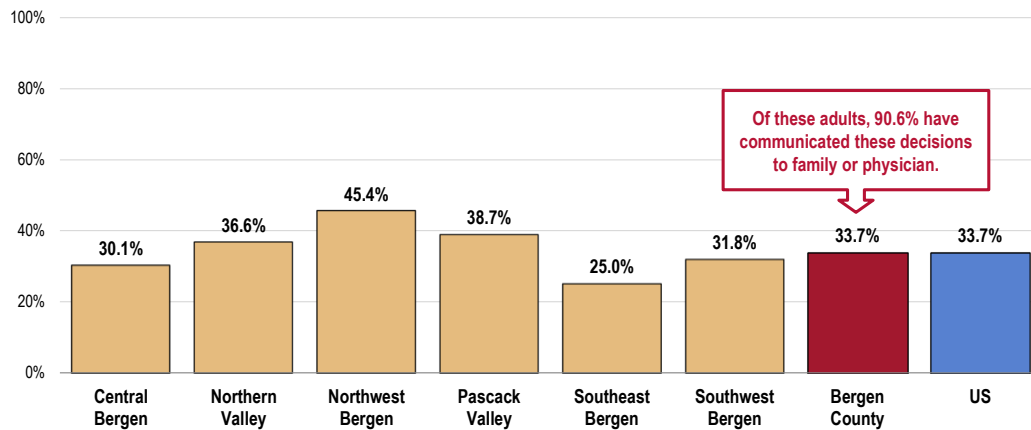
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents age 45 and older.
● An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.

These survey respondents are less likely to have filled out Advance Directive documents:

- Young adults (strong positive correlation with age).
- Individuals living with incomes up to 200% of the FPL.
- Asians and Hispanics.

Have Completed Advance Directive Documents
(Bergen County, 2016)

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over two-thirds (67.3%) of Bergen County adults have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar findings among the individual county subareas.
- TREND: Denotes a statistically significant improvement (increase) in dental coverage since 2012.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs

Bergen County

Chart data:

Category	Value
Central Bergen	64.5%
Northern Valley	68.6%
Northwest Bergen	67.5%
Pascack Valley	68.0%
Southeast Bergen	70.6%
Southwest Bergen	67.9%
Bergen County	67.3%
US	66.5%

Year	Bergen County
2012	58.0%
2016	67.3%
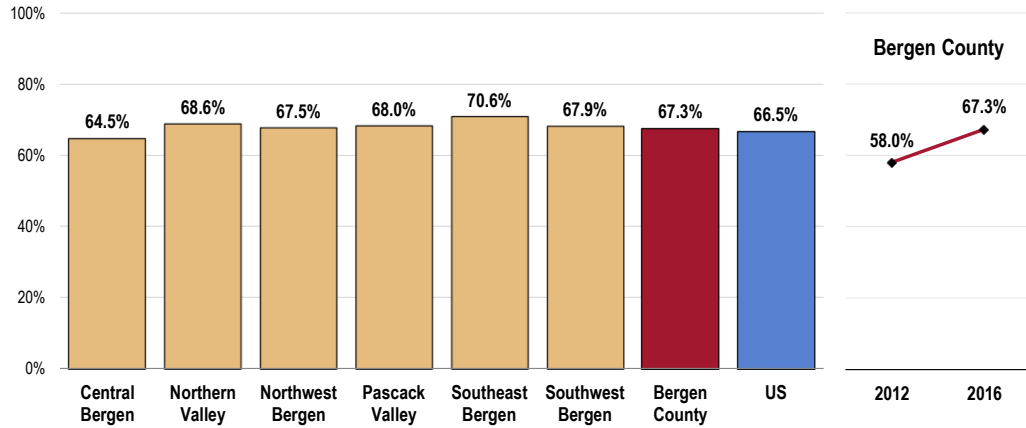
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Community Health Needs Assessment 2012, Household Mail Survey.

Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors (negative correlation with age).
- Residents with low or middle incomes.
- Whites.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
(Bergen County, 2016)

Category	Value
Men	67.8%
Women	66.8%
18 to 39	77.6%
40 to 64	72.1%
65+	47.7%
Low Income	56.4%
Middle Income	49.9%
High Income	72.2%
White	63.2%
Asian	72.0%
Hispanic	76.5%
Black*	71.8%
Bergen County	67.3%
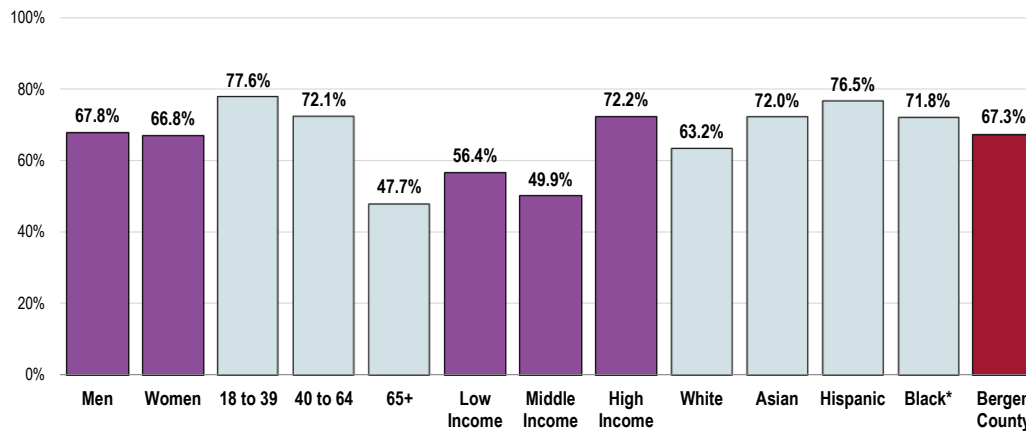
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Dental Care

Adults

A total of 73.0% of Bergen County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Considerably more favorable in Pascack Valley.
- TREND: Regular dental care in Bergen County has significantly <u>increased</u> since 2012.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	NJ	US
%	70.1%	74.9%	78.0%	82.3%	70.8%	68.7%	73.0%	70.2%	67.2%

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NJ data.
- Community Health Needs Assessment 2012, Household Mail Survey.

Notes:
- Asked of all respondents.

Note the following:

- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services.
- White and Blacks are much more likely than Asians or Hispanics to report recent dental care.
- As might be expected, persons with dental insurance report much higher utilization of oral health services than those without dental coverage.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(Bergen County, 2016)
Healthy People 2020 Target = 49.0% or Higher

Chart data (percentages by group):
- Men: 72.3%
- Women: 73.6%
- 18 to 39: 66.3%
- 40 to 64: 74.7%
- 65+: 78.6%
- Low Income: 52.4%
- Middle Income: 62.2%
- High Income: 78.2%
- White: 78.2%
- Asian: 56.3%
- Hispanic: 63.5%
- Black*: 79.7%
- Dental Insurance: 80.2%
- No Dental Insurance: 58.2%
- Bergen County: 73.0%
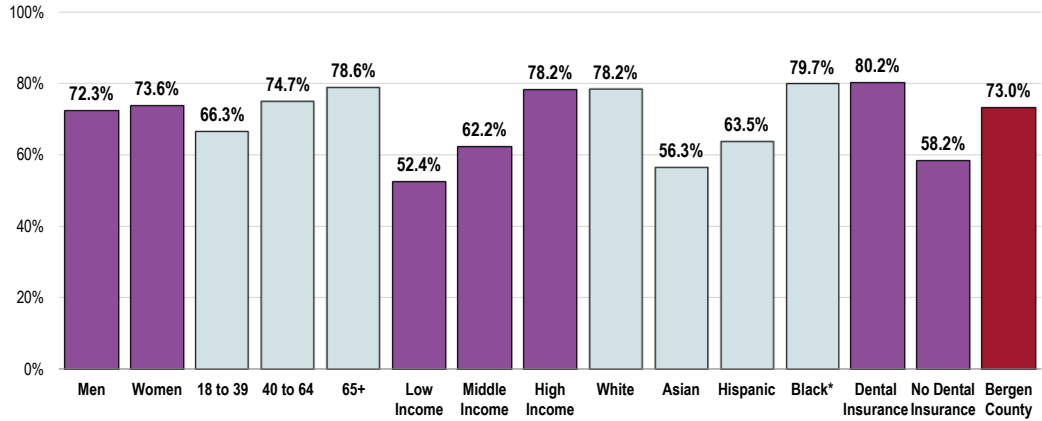
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Children

Nearly three-fourths (74.7%) of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Notably less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Regular dental care is much lower among children age 2 to 6.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher

Chart data (percentages by group):
- Bergen County Children 2-6: 50.9%
- Bergen County Children 7-12: 85.4%
- Bergen County Children 13-17: 82.8%
- Bergen County: 74.7%
- US: 90.7%
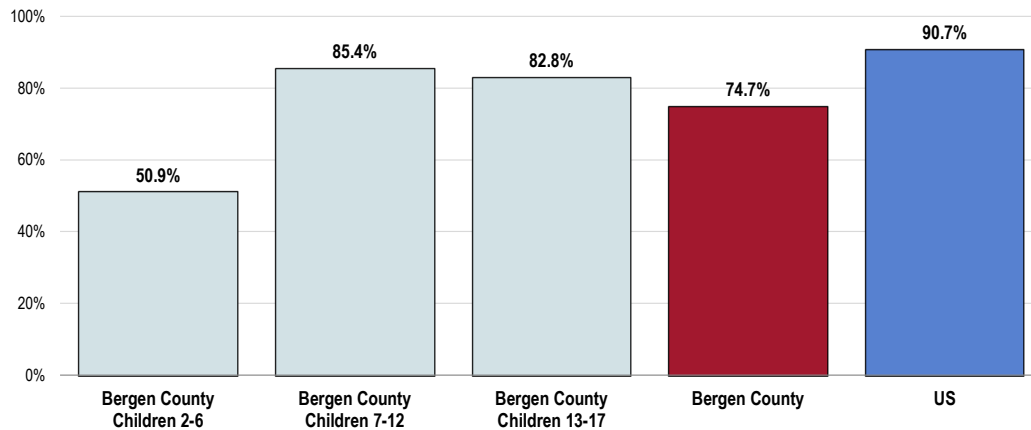
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: • Asked of all respondents with children age 2 through 17.

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, 2016)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

17.6%	41.2%	29.4%	11.8%

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

Top Concerns

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

Insurance Issues

> *Oral surgery and Pediatric Dentistry is limited in Bergen County for the medically underserved population. There is a limited number of providers that accept uninsured or publicly insured patients. As an FQHC we have our own limitations. - Other Health Provider*

> *Dental services not covered by Medicare. - Other Health Provider*

> *Routine dental and dental services are not covered by Medicare and the expense associated with dental care poses a hardship for low income seniors. Due to the expense, many seniors do not regularly see a dentist. - Social Services Provider*

> *Dental care is one of those health issues that are rarely talked about nor covered by insurance. My sense is that people let it go because they cannot afford regular dental care. There is very little access for low income people. - Community/Business Leader*

> *For seniors in Bergen County, dental care is not covered by Medicare and for those living on a fixed income it is difficult to afford dental care. - Social Services Provider*

> *Dental care is not cover by most insurance, copayments are high. - Social Services Provider*

> *Limited insurance coverage and price of dental car in Bergen County. - Other Health Provider*

Affordable Care/Services

> *No availability to receive free or sliding scale dental care. Some referrals to outside sources such as the North Hudson Community Action Center and UMDMJ in Newark. Poor accessibility by public transportation and long wait for services. - Other Health Provider*

> *One of the longest ongoing conversations when speaking about community needs is the poor access to low-cost dental care. - Public Health Representative*

Prevalence/Incidence

> *So many seem, empirically, to have unhealthy teeth. - Community/Business Leader*

Vision Care

A total of 65.3% of Bergen County residents had an eye exam in the past two years during which their pupils were dilated.

- Better than national findings.
- No statistical difference by community.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Central Bergen	62.8%	
Northern Valley	68.7%	
Northwest Bergen	64.1%	
Pascack Valley	61.2%	
Southeast Bergen	70.2%	
Southwest Bergen	65.4%	
Bergen County	65.3%	
US	59.3%	
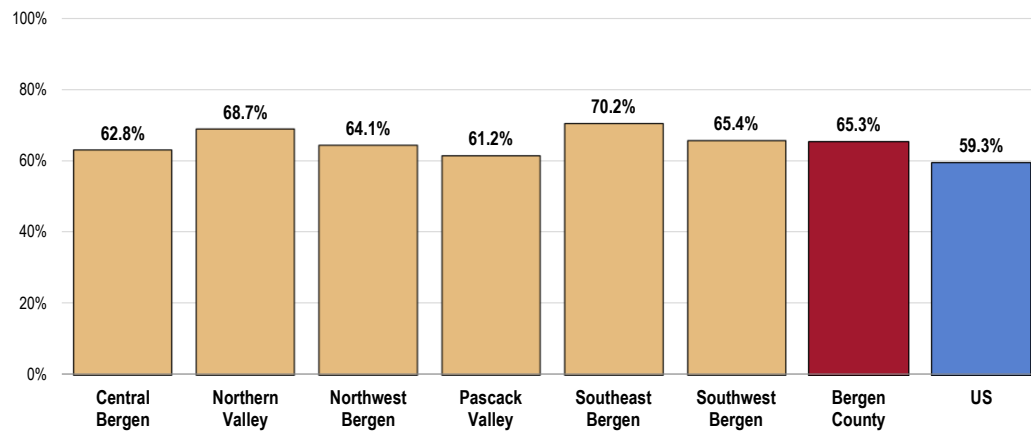
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Recent vision care in Bergen County is more often reported among:

- Residents with higher incomes.
- Whites.
- Note also the strong positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two
Years During Which the Pupils Were Dilated
(Bergen County, 2016)

Men	65.1%
Women	65.4%
18 to 39	49.5%
40 to 64	67.3%
65+	81.4%
Low Income	50.8%
Middle Income	69.4%
High Income	67.6%
White	67.0%
Asian	51.0%
Hispanic	63.5%
Black*	57.1%
Bergen County	65.3%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
Notes: ● Asked of all respondents.
            ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
              * Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
            ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households
              with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with
              incomes at 400% or more of the FPL.

Local Resources

Perceptions of Local Healthcare Services

Nearly two-thirds of Bergen County adults (65.6%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 22.5% gave "good" ratings.

Rating of Overall Healthcare
Services Available in the Community
(Bergen County, 2016)
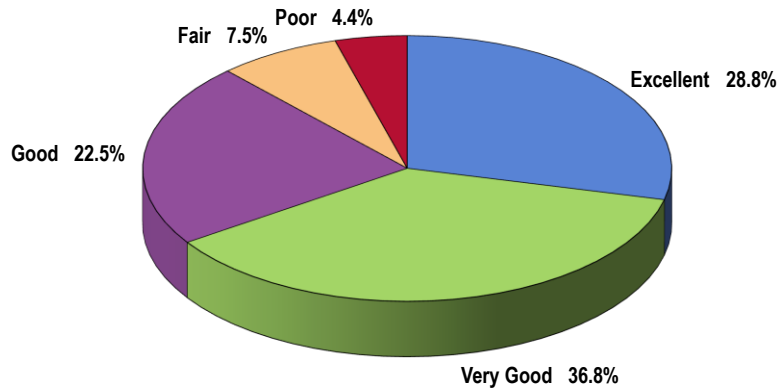
Poor 4.4%

Fair 7.5%

Excellent 28.8%

Good 22.5%

Very Good 36.8%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 11.9% of residents characterize local healthcare services as "fair" or "poor."

- Statistically comparable to national ratings.
- Less favorable in Central Bergen; more favorable in Northwest Bergen, Pascack Valley and Southeast Bergen.

Perceive Local Healthcare Services as "Fair/Poor"

18.8%	11.5%	4.3%	7.4%	6.5%	14.9%	11.9%	14.2%
Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	US
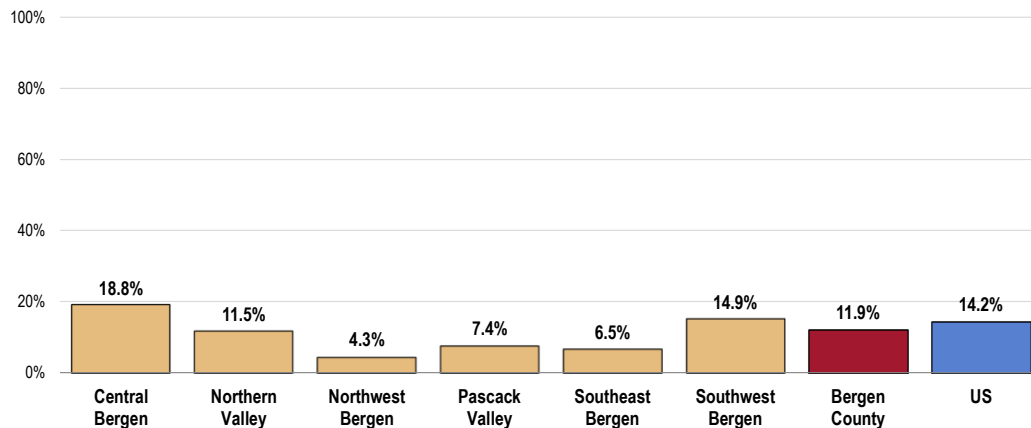
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Men.
- Adults under age 65 (negative correlation with age).
- Residents with low incomes.
- Hispanics (*while this appears high among Black residents, keep in mind that this is drawn from a relatively small sample of Black respondents).*

Perceive Local Healthcare Services as "Fair/Poor"
(Bergen County, 2016)

Men	14.3%
Women	9.9%
18 to 39	15.2%
40 to 64	12.6%
65+	4.8%
Low Income	22.3%
Middle Income	8.6%
High Income	9.5%
White	7.7%
Asian	9.2%
Hispanic	30.4%
Black*	19.9%
Bergen County	11.9%

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
* Note that the sample of non-Hispanic Black respondents is very small (n<50); use caution when interpreting these results.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the FPL; "Middle Income" includes households with incomes from 200%-399% of the FPL; "High Income" includes households with incomes at 400% or more of the FPL.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within Bergen County as of September 2015.

Hospitals and Federally Qualified Health Centers, POS Sept. 2015

Map Legend

Federally Qualified Health Centers, POS Sept. 2015   H Hospitals, POS 2015   Federally Qualified Health Centers, POS 2015

Community Commons, 2/20/2016

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines only those resources identified by key informants giving input through the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

American Cancer Society
Bergen County Community Transportation
Bergen County Department of Human Services
Bergen Volunteer Medical Initiative
Cancer Care
Cancer Education and Early Detection
Community Mental Health Centers
Doctor's Offices
Federally Qualified Health Centers
Free Clinics
Health Departments
Health Fairs
Health Screenings
Hospitals
North Hudson Community Action Corporation
Planned Parenthood
Public Health Nurses
Public Transportation
Social Services
Veterans Benefits
Volunteer Services

Arthritis, Osteoporosis & Chronic Back Conditions

Churches
Complimentary Therapies
Doctor's Office
Educational Information
Fitness Centers/Gyms
Food Stamp Program
Free Clinics
Hospitals
Nutritional Services
Pain Management
Parish Nurses

Urgent Care
Wellness Center
YMCA

Cancer

American Cancer Society
Bergen Volunteer Medical Initiative
Cancer Education and Early Detection
Charity Care
County-Sponsored Screenings
Doctor's Offices
Educational Information
Environmental Investigation Programs
Federally Qualified Health Centers
Free Clinics
Health Departments
Hospice
Hospitals
Library
North Hudson Community Action Corporation
Nutritional Services
NYU School of Environmental Medicine
Public Health Nurses
Smoking Cessation Programs
Susan G. Komen Organization
Total Hearing
Urgent Care
Volunteer Services
Yearly Survival Day

Chronic Kidney Disease

Bergen County Community Transportation
Dialysis Center
Hospitals
Kidney Foundation
National Organizations
Volunteer Services

Dementias, Including Alzheimer's Disease

- *A Place for Mom*
- *Adult Day Care*
- *Adult Protective Service*
- *Alzheimer's Association*
- *Alzheimer's Disease Education Center*
- *Alzheimer's New Jersey*
- *Alzheimer's Resource Center*
- *Alzheimer's Support Groups*
- *Assisted Living*
- *Bergen County Senior Services Programs*
- *Bergen County Office on Aging*
- *Broadway Adult Day Care*
- *Caregiver Information Referral Hotline*
- *Comprehensive Services on Aging*
- *County Services*
- *Doctor's Offices*
- *Gallen Adult Day Care*
- *Griswold Home Care*
- *Hillsdale Memory Care Living Homes*
- *Home Care*
- *Hospitals*
- *Jewish Community Center*
- *Jewish Family Service*
- *Jewish Home*
- *Memory Care Living*
- *North Hudson Community Action Corporation*
- *Nursing Homes*
- *Regency Memory Care Club*
- *Respite Program*
- *Senior Centers*
- *Senior Connections*
- *Senior Helpers of Bergen County*
- *Support Groups*
- *Visiting Homemakers*
- *Volunteer Services*

Diabetes

- *American Diabetes Association*
- *Bergen County Diabetic Savings Plan*
- *Bergen County Monthly Support Meetings*
- *Bergen Volunteer Medical Initiative*
- *Community Programs*
- *Davita Dialysis*
- *Diabetes Case Management*
- *Diabetes Education*
- *Diabetes Foundation*
- *Doctor's Offices*

- *Fitness Centers/Gyms*
- *Globe Shoes*
- *Health Departments*
- *Hospitals*
- *Midland Park Senior Center*
- *North Hudson Community Action Corporation*
- *Nutritional Services*
- *Online Resources*
- *Parish Nurse*
- *Partnership for Prescription Assistance*
- *Patient Assistance Program*
- *Public Health Adult Health Consultation Program*
- *State Pharmaceutical Assistance Program*
- *Support Groups*

Family Planning

- *Birth Haven*
- *Birthright Family Planning Assistance Program*
- *Doctor's Offices*
- *Good Council*
- *North Hudson Community Action Corporation*
- *Planned Parenthood*
- *Section 8*

Hearing & Vision

- *AARP*
- *Doctor's Offices*
- *Hospitals*
- *Philips Eye Specialists*
- *Total Hearing*

Heart Disease & Stroke

- *AA/NA*
- *Alder Aphasia Center*
- *American Heart Association*
- *Bergen County Department of Human Services*
- *Bergen Volunteer Medical Initiative*
- *Community Health Improvement Partnership (CHIP)*
- *Doctor's Offices*
- *Educational Information*
- *Farmer's Markets*
- *Fitness Centers/Gyms*
- *Health Departments*
- *Hospitals*
- *National Heart Association*
- *New Jersey Department of Health*

New Jersey Quit Line
Overeaters Anonymous
Parks and Recreation
Public Health Adult Health Consultation Program
Red Dress
Support Groups
Town Health Educator
Weight Watchers
Wellness Center
YMCA

Immunization & Infectious Diseases

Bergen County Department of Human Services
CDC
County Health Resources
Doctor's Office
Health Departments
Medical Society of New Jersey
New Jersey Department of Health
North Hudson Community Action Corporation
Partnership for Maternal and Child Health of North NJ
PassPort Health Travel Vaccine Clinic
Pharmacy
Supermarkets
Travel Kids HUMG Pediatric Infectious Diseases

Infant & Child Health

Children's Aid and Family Services
Hospitals
Medicaid
New Jersey Department of Human Services
Partnership for Maternal and Child Health of North NJ
Section 8
Voucher System for Child Care
WIC

Injury & Violence

AA/NA
Bergen County Judicial System
Center for Hope and Safety
Domestic Alternatives
Elected Officials
Hospitals
Jewish Home
Law Enforcement
Mental Health Providers

School System
Shelter for Our Sisters
Support Groups

Mental Health

12 Step Programs
Advance Housing
Advantage Health Systems
Bergen County 211
Bergen County Key Resources
Bergen County Shelter
Care Plus
Comprehensive Behavioral Healthcare Inc.
Community Health Improvement Partnership (CHIP)
Community Mental Health Centers
County Resource of 262
Day Care Programs
Division of Mental Health
Doctor's Offices
DVR for Employment Training
Friendship House
Health and Human Services Department
Health Departments
High Focus Centers
Hospitals
Law Enforcement
Mental Health Board Office
Mental Health Providers
Residential Group Homes for Adults
School System
Stigma Free Initiatives
Support Groups
Van Ost Institute
Vantage Health System
Wellness Center
West Bergen Mental Healthcare
Westwood Mental Health
Youth Services New Jersey Children's System of Care

Nutrition, Physical Activity & Weight

Bergen County Website
Community Health Improvement Partnership (CHIP)
Community Mental Health Centers
Community Programs
Division of Senior Services
Farmer's Markets
Fast Food Restaurants

Fitness Centers/Gyms
Food Pantries
Gold's Gym
Health Departments
Hospitals
Inserra Supermarket
Mayor's Fitness Challenge
National Organizations
Nutritional Services
Online Resources
Paramus Annual Weight Loss Challenge
Parks and Recreation
Senior Center
ShopRite Dieticians
SNAP
Town Sponsored Activity Challenges
Veggiacator Educator
Village Hall Program
Weight Loss Programs
Weight Watchers
Wellness Center
YMCA

Oral Health

Bergen Community College
Doctor's Offices
Federally Qualified Health Centers
Hospitals
Newark UNDNJ
North Hudson Community Action Corporation
Southeast Senior Center
Visiting Dental Associates

Respiratory Diseases

Educational Information
Hospitals
Medications
Support Groups

Sexually Transmitted Diseases

Bergen County Department of Health Services
CDC
Federally Qualified Health Centers
HIV Resource Buddies of New Jersey
Planned Parenthood

Substance Abuse

12 Step Programs
AA/NA

Addiction Hotline
Addiction Recovery Program
Alpha Healing Center
Bergen County Drug/Alcohol Program
Care Plus
Children's Aid and Family Services
Company EAP Programs
DARE
Doctor's Offices
Drug/Alcohol Alliances
Evergreen House
Health Departments
Hospitals
High Focus Centers
Law Enforcement
Mental Health Providers
Methadone Clinics
Municipal Alliances
New Jersey Addiction Services Hotline
New Jersey Recovery Advocates
New Pathways
Outpatient Drug Counseling Center
Peer Recovery Warmline
Private Treatment Center
Spring House for Women
State IME
Straight and Narrow
Summit Oaks Carrier Clinic
The Center for Alcohol and Drug Resources
Treatment Centers
Turning Point

Tobacco Use

American Cancer Society
American Lung Association
Doctor's Offices
Health Departments
Hospitals
Medical Organizations
New Jersey Department Smoke Free Air Act Initiative
New Jersey GASP
New Jersey Quit Line
Support Groups
The Center for Alcohol and Drug Resources

Appendices

Appendix I: Peer County Comparisons

For the purposes of this section, select indicators are presented for Bergen County and peer counties (defined here as neighboring Hudson and Passaic Counties in New Jersey and Rockland County in New York).

Selected Data Charts

Age-Adjusted Mortality for Leading Causes

The following series of charts outline age-adjusted mortality for Bergen County and the neighboring peer counties. In particular, note that:

Bergen County mortality rates compare <u>favorably</u> to the median values among peer counties for:

- Heart Disease
- Chronic Lower Respiratory Disease
- Diabetes
- Septicemia
- Pneumonia/Influenza
- Cirrhosis/Liver Disease
- Homicide
- HIV/AIDS

Bergen County mortality rates compare <u>unfavorably</u> to the median values among peer counties for:

- Alzheimer's Disease
- Suicide

Age-Adjusted Death Rates (Chart 1 of 3)
(By Cause of Death; 2012-2014 Annual Average Deaths per 100,000 Population)
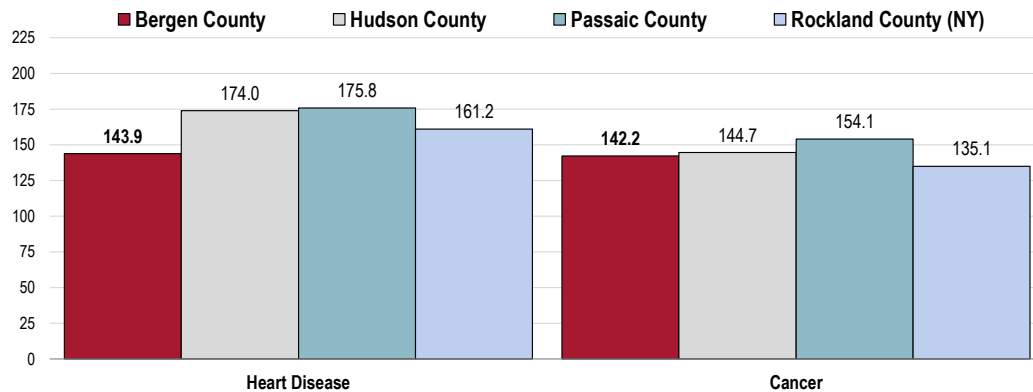
Legend: ■ Bergen County ☐ Hudson County ■ Passaic County ☐ Rockland County (NY)

Cause	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Heart Disease	143.9	174.0	175.8	161.2
Cancer	142.2	144.7	154.1	135.1

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 2016.

Notes: • 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.

Age-Adjusted Death Rates (Chart 2 of 3)
(By Cause of Death; 2012-2014 Annual Average Deaths per 100,000 Population)
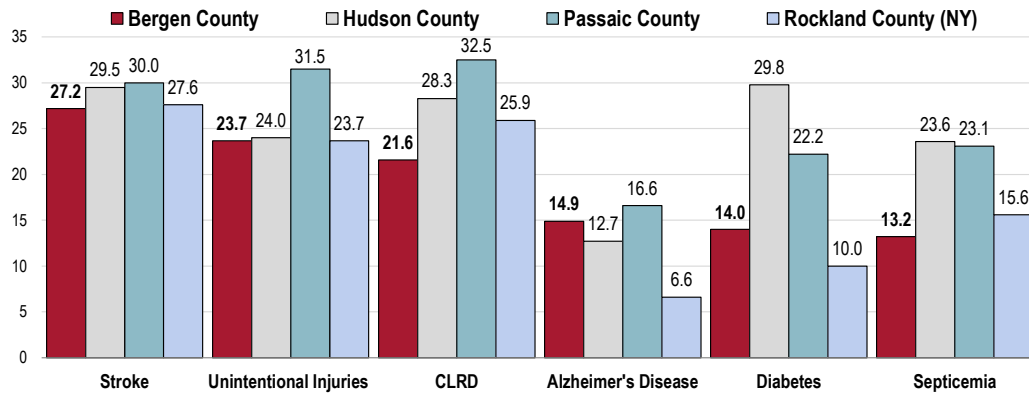
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Death Rates (Chart 3 of 3)
(By Cause of Death; 2012-2014 Annual Average Deaths per 100,000 Population)
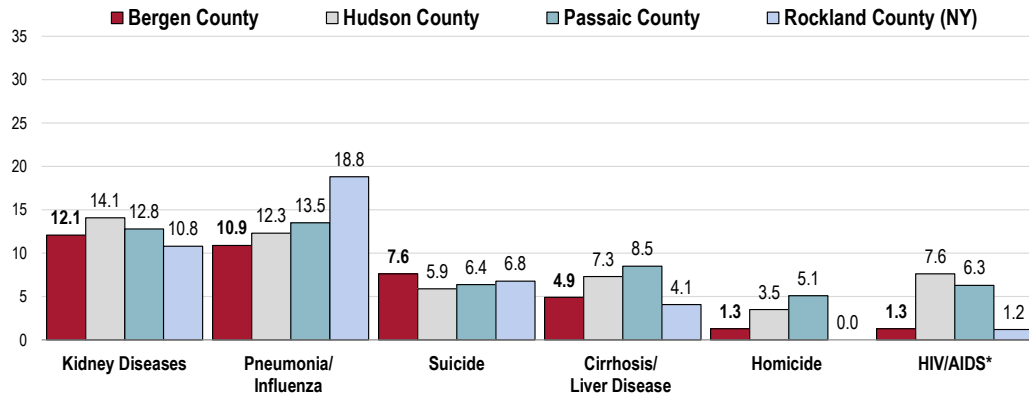
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● *HIV/AIDS death rates represent years 2005-2014.

Cancer Deaths for Select Sites

The table below contains age-adjusted cancer mortality rates by site for Bergen County and the surrounding peer counties.

- Note that the Bergen County **colorectal cancer** mortality rate is more favorable than the central measure of the peer counties.
- In contrast, the **prostate** and **lung cancer** mortality rates are less favorable in Bergen County.

Age-Adjusted Cancer Death Rates by Site

(2012-14 Annual Average Deaths per 100,000 Population)

	Bergen County	Hudson County	Passaic County	Rockland County (NY)	HP2020
ALL CANCERS	142.2	144.7	154.1	135.1	161.4
Lung Cancer	32.6	33.3	34.9	28.6	45.5
Colorectal Cancer	12.8	16.7	16.6	12.4	14.5
Female Breast Cancer	11.4	12.5	14.0	10.4	20.7
Prostate Cancer	5.9	6.2	7.2	4.5	21.8

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 2016.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Deaths for Select Injury-Related Causes

Displayed in the chart below are age-adjusted mortality rates for select injury-related causes of death in Bergen County and nearby counties.

Bergen County mortality rates are statistically <u>more favorable</u> than findings representative of the surrounding area for the following:

- Motor Vehicle Accidents.
- Firearms-Related Deaths.

Bergen County mortality rates are statistically <u>less favorable</u> than findings representative of the surrounding area for the following:

- Falls (65+).

Age-Adjusted Death Rates for Select Injury-Related Causes
(By Cause of Death; 2012-2014 Annual Average Deaths per 100,000 Population)
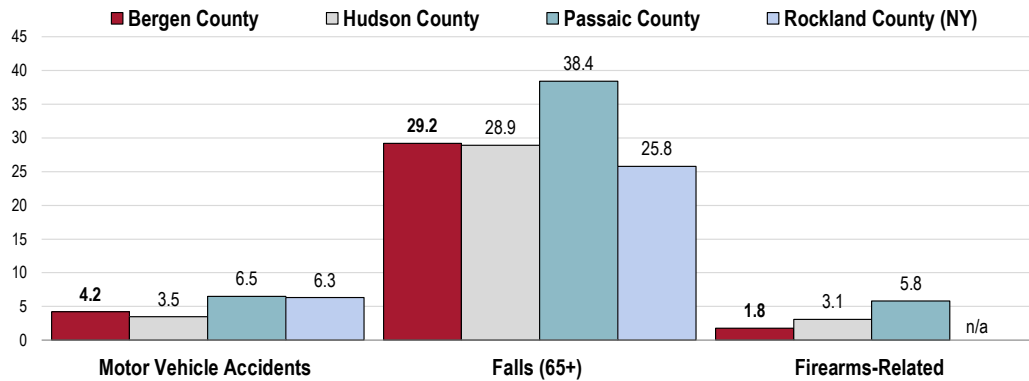
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:
- 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.

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.

Cancer incidence in the area is <u>less favorable</u> in Bergen County for:

- Prostate Cancer.
- Female Breast Cancer.

However, <u>more favorable</u> in Bergen County for:

- Cervical Cancer.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-12)

Sources:
- State Cancer Profiles.
- Retrieved April 2016 from Community Commons at http://www.chna.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 2010 and 2012 were reported in Bergen County and its bordering peer counties.

- The resulting rates show that violent crime was less prevalent in Bergen County than the peer counties together.

Violent Crime
(Rate per 100,000 Population, 2010-2012)

County	Rate
Bergen County	97.6
Hudson County	459.8
Passaic County	497.3
Rockland County (NY)	159.5

Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2016 from Community Commons at http://www.chna.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:

- Bergen County has a lower incidence of Chlamydia than the peer counties median.
- Gonorrhea incidence is significantly lower when compared to the rest of the area.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)
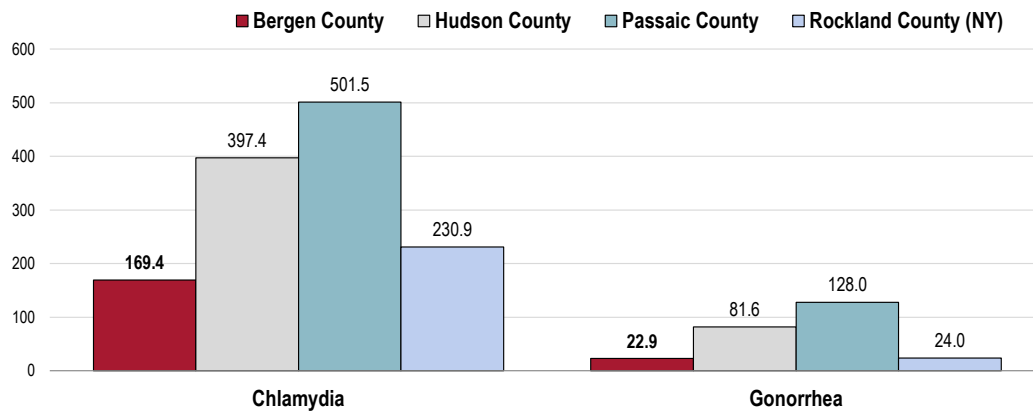
■ **Bergen County** ☐ Hudson County ■ Passaic County ☐ Rockland County (NY)

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2014.
 ● Retrieved April 2016 from Community Commons at http://www.chna.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 prevalence of HIV/AIDS in Bergen County and its peer counties are shown in the chart below.

The Bergen County HIV/AIDS prevalence is lowest among the peer counties.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2013)
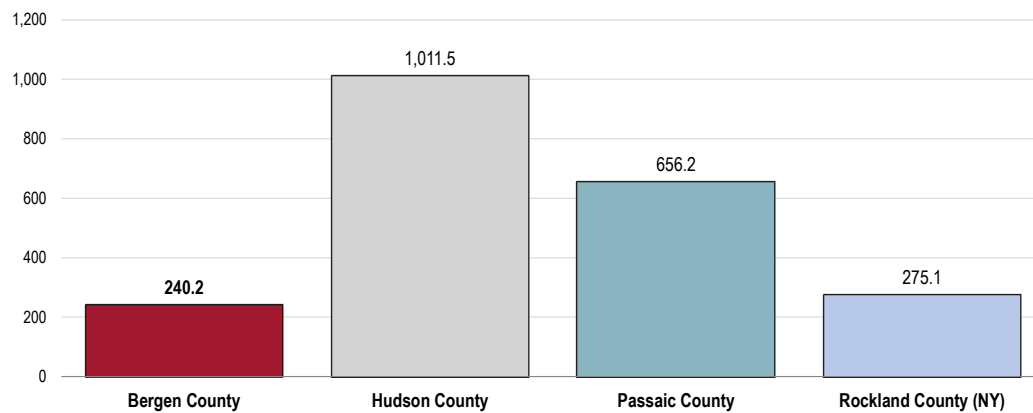
Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 ● Retrieved April 2016 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Infant Mortality

The following chart indicates the number of infant deaths per 1,000 live births in Bergen County and its peer counties between 2012 and 2014.

Compared to the peer counties, the infant mortality rate in Bergen County is more favorable.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)
Healthy People 2020 Target = 6.0 or Lower

County	Rate
Bergen County	3.4
Hudson County	3.8
Passaic County	3.8
Rockland County (NY)	3.7

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-14. Accessed using CDC WONDER.
- Retrieved April 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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 much more favorable ratio of primary care physicians to population than reported elsewhere in the region.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)
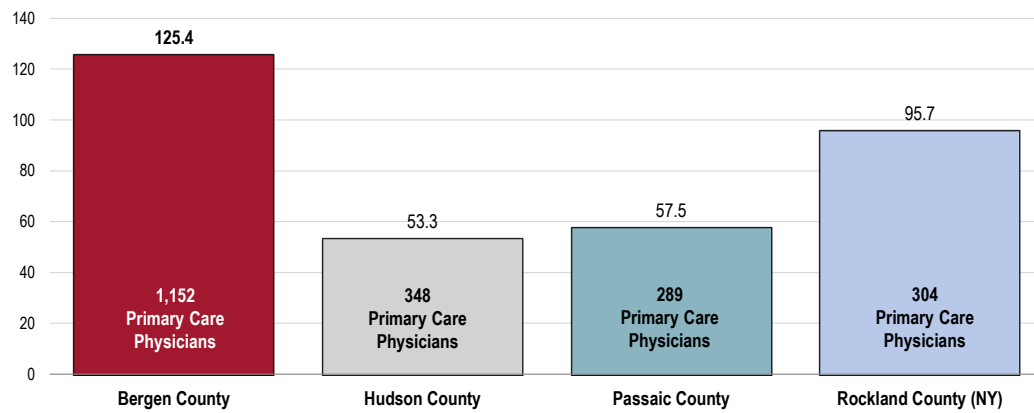
County	Value	Physicians
Bergen County	125.4	1,152 Primary Care Physicians
Hudson County	53.3	348 Primary Care Physicians
Passaic County	57.5	289 Primary Care Physicians
Rockland County (NY)	95.7	304 Primary Care Physicians

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- 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 4 counties are provided, identifying differences for each as "better than" (☀), "worse than" (☂), or "similar to" (☁) the median value among the other counties.

Social Determinants	Each County vs. Others			
	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Linguistically Isolated Population (Percent)	☀ 7.5	☂ 15.2	☂ 11.4	☀ 7.4
Population in Poverty (Percent)	☀ 7.5	☂ 17.4	☂ 16.4	☀ 14.1
Population Below 200% FPL (Percent)	☀ 18.6	☂ 36.5	☂ 35.2	☀ 27.9
Children Below 200% FPL (Percent)	☀ 20.8	☂ 49.8	☂ 47.7	☀ 40.7
No High School Diploma (Age 25+, Percent)	☀ 8.5	☂ 17.5	☂ 17.5	☀ 12.7
Unemployment Rate (Age 16+, Percent)	☀ 3.8	☁ 4.3	☂ 6.0	☁ 4.2

Note: In the green section, each county is compared against all other counties 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.

Access to Services	Each County vs. Others			
	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Primary Care Doctors per 100,000	☀ 125.4	☂ 53.3	☂ 57.5	☀ 95.7

Note: In the green section, each county is compared against all other counties 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.

Each County vs. Others

Age Adjusted Death Rates	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Diseases of the Heart (Age-Adjusted Death Rate)	☀️ 143.9	🌧️ 174.0	🌧️ 175.8	☀️ 161.2
Cancer (Age-Adjusted Death Rate)	☁️ 142.2	☁️ 144.7	🌧️ 154.1	☀️ 135.1
Stroke (Age-Adjusted Death Rate)	☁️ 27.2	🌧️ 29.5	🌧️ 30.0	☀️ 27.6
Unintentional Injury (Age-Adjusted Death Rate)	☁️ 23.7	☁️ 24.0	🌧️ 31.5	☁️ 23.7
CLRD (Age-Adjusted Death Rate)	☀️ 21.6	🌧️ 28.3	🌧️ 32.5	☀️ 25.9
Alzheimer's Disease (Age-Adjusted Death Rate)	🌧️ 14.9	☀️ 12.7	🌧️ 16.6	☀️ 6.6
Diabetes Mellitus (Age-Adjusted Death Rate)	☀️ 14.0	🌧️ 29.8	🌧️ 22.2	☀️ 10.0
Septicemia (Age-Adjusted Death Rate)	☀️ 13.2	🌧️ 23.6	🌧️ 23.1	☀️ 15.6
Kidney Disease (Age-Adjusted Death Rate)	☁️ 12.1	🌧️ 14.1	🌧️ 12.8	☀️ 10.8
Pneumonia/Influenza (Age-Adjusted Death Rate)	☀️ 10.9	☀️ 12.3	🌧️ 13.5	🌧️ 18.8
Suicide (Age-Adjusted Death Rate)	🌧️ 7.6	☀️ 5.9	☀️ 6.4	🌧️ 6.8
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	☀️ 4.9	🌧️ 7.3	🌧️ 8.5	☀️ 4.1
Homicide (Age-Adjusted Death Rate)	☀️ 1.3	🌧️ 3.5	🌧️ 5.1	
HIV/AIDS (Age-Adjusted Death Rate)	☀️ 1.3	🌧️ 7.6	🌧️ 6.3	☀️ 1.2

Note: In the green section, each county is compared against all other counties 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.

Each County vs. Others

Cancer	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Lung Cancer (Age-Adjusted Death Rate)	🌧️ 32.6	☁️ 33.3	🌧️ 34.9	☀️ 28.6
Prostate Cancer (Age-Adjusted Death Rate)	🌧️ 5.9	☁️ 6.2	🌧️ 7.2	☀️ 4.5
Female Breast Cancer (Age-Adjusted Death Rate)	☁️ 11.4	🌧️ 12.5	🌧️ 14.0	☀️ 10.4
Colorectal Cancer (Age-Adjusted Death Rate)	☀️ 12.8	🌧️ 16.7	🌧️ 16.6	☀️ 12.4
Prostate Cancer Incidence per 100,000	🌧️ 149.0	☀️ 118.6	☁️ 152.0	🌧️ 187.0
Female Breast Cancer Incidence per 100,000	🌧️ 134.1	☀️ 107.3	☀️ 116.9	🌧️ 138.7
Lung Cancer Incidence per 100,000	☁️ 50.7	☀️ 49.5	🌧️ 55.7	🌧️ 54.2
Colorectal Cancer Incidence per 100,000	☁️ 40.3	🌧️ 45.1	☁️ 41.6	☀️ 39.6
Cervical Cancer Incidence per 100,000	☀️ 7.3	🌧️ 9.7	☀️ 9.2	🌧️ 9.9

Note: In the green section, each county is compared against all other counties 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.

Each County vs. Others

Infectious Diseases	Bergen County	Hudson County	Passaic County	Rockland County (NY)
HIV Prevalence per 100,000	☀️ 240.2	🌧️ 1011.5	🌧️ 656.2	☀️ 275.1
Gonorrhea Incidence per 100,000	☀️ 22.9	🌧️ 81.6	🌧️ 128.0	☀️ 24.0
Chlamydia Incidence per 100,000	☀️ 169.4	🌧️ 397.4	🌧️ 501.5	☀️ 230.9

Note: In the green section, each county is compared against all other counties 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.

Each County vs. Others

Injury & Violence Prevention	Bergen County	Hudson County	Passaic County	Rockland County (NY)
[65+] Falls (Age-Adjusted Death Rate)	⛈️ 29.2	☁️ 28.9	⛈️ 38.4	☀️ 25.8
Motor Vehicle Crashes (Age-Adjusted Death Rate)	☀️ 4.2	☀️ 3.5	⛈️ 6.5	⛈️ 6.3
Firearm-Related Deaths (Age-Adjusted Death Rate)	☀️ 1.8	☀️ 3.1	⛈️ 5.8	
Drug-Induced Deaths (Age-Adjusted Death Rate)	☁️ 9.6	☁️ 9.7	⛈️ 11.5	☀️ 8.8
Violent Crime per 100,000	☀️ 97.6	⛈️ 459.8	⛈️ 497.3	☀️ 159.5

Note: In the green section, each county is compared against all other counties 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.

Each County vs. Others

Maternal, Infant & Child Health	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Infant Death Rate	☀️ 3.4	☁️ 3.8	☁️ 3.8	☁️ 3.7

Note: In the green section, each county is compared against all other counties 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.

County Health Rankings

The County Health Rankings measure the health of nearly all counties in the nation and rank 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 Hudson and Passaic counties.

Health Outcomes Overall

County	Rank
Hunterdon	1
Morris	2
Somerset	3
Bergen	4
Sussex	5
Middlesex	6
Monmouth	7
Union	8
Burlington	9
Warren	10
Ocean	11
Hudson	12
Mercer	13
Passaic	14
Cape May	15
Gloucester	16
Salem	17
Atlantic	18
Camden	19
Essex	20
Cumberland	21

This map shows the distribution of New Jersey's health outcomes, based on an equal weighting of length and quality of life.

Rank 1-5   Rank 6-10   Rank 11-16   Rank 17-21
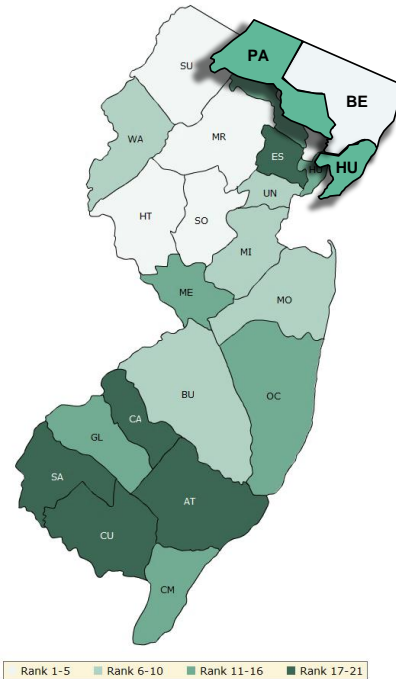
Sources: ● University of Wisconsin Population Health Institute. County Health Rankings 2016. Accessible at www.countyhealthrankings.org.
  ● New Jersey data retrieved June 2016.
Notes: ● This map shows the distribution of New Jersey's health outcomes, based on an equal weighting of length and quality of life.

Health Outcome Components

Bergen County ranked 3rd for Length of Life and 7th for Quality of Life.

- Bergen County ranked higher than Passaic and Hudson counties for both measures.

Health Outcome Components

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

Length of Life

County	Rank
Bergen	3
Hudson	8
Passaic	10

Quality of Life

| County	Rank
Bergen	7
Passaic	18
Hudson	19

Health Factors

In regard to Health Factors Overall, Bergen County ranked 4th when compared with other counties in New Jersey.

- Notably higher than Hudson and Passaic counties.

Health Factors Overall

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.

County	Rank
Hunterdon	1
Somerset	2
Morris	3
Bergen	4
Monmouth	5
Middlesex	6
Burlington	7
Sussex	8
Warren	9
Mercer	10
Union	11
Ocean	12
Gloucester	13
Cape May	14
Camden	15
Hudson	16
Essex	17
Passaic	18
Atlantic	19
Salem	20
Cumberland	21
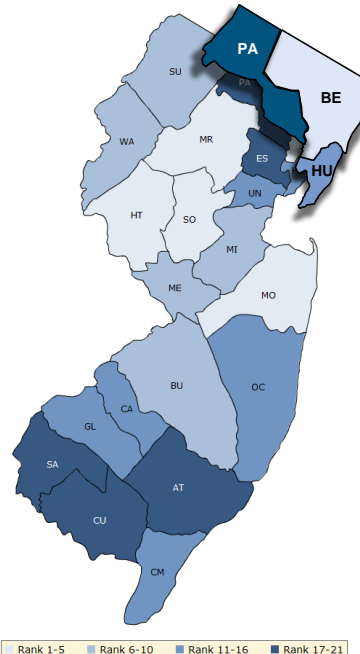
Rank 1-5 ■ Rank 6-10 ■ Rank 11-16 ■ Rank 17-21

Sources: ● University of Wisconsin Population Health Institute. County Health Rankings 2016. Accessible at www.countyhealthrankings.org.
● New Jersey data retrieved June 2016.
Notes: ● 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.

Health Factor Components

Of all the Health Factor components, Bergen County ranked highest (2nd) in Health Behaviors, followed by a ranking of 4th for Social and Economic Factors as well as Clinical Care, and a ranking of 7th for Physical Environment.

- Bergen County ranked much higher than Passaic and Hudson counties for all Health Factor Components except for Physical Environment in which Hudson County ranked higher (1st).

Health Factor Components

Each health factor is calculated using measures from several focus areas.

Health Behaviors:
Tobacco Use
Diet & Exercise
Alcohol & Drug Use
Sexual Activity

Clinical Care:
Access to Care
Quality of Care

Social & Economic Factors:
Education
Employment
Income
Family & Social Support
Community Safety

Physical Environment:
Air & Water Quality
Housing & Transit

Health Behaviors

County	Rank
Bergen	2
Hudson	11
Passaic	16

Clinical Care

County	Rank
Bergen	4
Passaic	18
Hudson	21

Social & Economic Factors

County	Rank
Bergen	4
Hudson	16
Passaic	18

Physical Environment

County	Rank
Hudson	1
Bergen	7
Passaic	14

Sources:
- University of Wisconsin Population Health Institute. County Health Rankings 2016. Accessible at www.countyhealthrankings.org.
- New Jersey data retrieved June 2016.

Notes:
- 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: Special Populations

In order to better understand the health needs of the Korean and African American communities in Bergen County, additional and distinct Online Key Informant Surveys were administered about these populations to individuals who work with or otherwise have a global perspective of their needs. The following represent the input received around the health issues measured for these groups.

Health Needs of Korean Residents

Top Health Concerns

When presented with a list of 20 potential health issues, participating key informants most often rated the following as "major" problems specific to the Korean population in Bergen County:

Evaluation of Health Issues				
Health Issue	% Major Problem	% Moderate Problem	% Minor Problem	% No Problem At All
Dementia/Alzheimer's Disease	50.0	40.0	10.0	0.0
Diabetes	50.0	40.0	10.0	0.0
Mental Health	45.5	45.5	9.1	0.0
Access to Healthcare Services	45.5	9.1	36.4	9.1
Cancer	33.3	55.6	11.1	0.0

Reasons for "Major Problem" Responses

The sections below highlight what key informants offered as their main reasons for rating the following issues as "major" problems for the Bergen County Korean population.

Dementias, Including Alzheimer's Disease

Aging Population

> *Too many elders have them, but they either refuse to agree that they have dementia, or no one is around to take care of them. - Social Services Provider (responding about the Bergen County Korean population)*

Alcohol Use

> *Heavy use of alcohol earlier in life causes dementia. Also, being an immigrant, social isolation from their community might cause dementia. - Community Leader (responding about the Bergen County Korean population)*

Housing

> *Many admissions to psychiatry from families who cannot provide dementia care to their loved ones at home. They tend to keep their loved ones at home, rather than sending them to assisted living or nursing homes- as part of their culture. - Other Health Provider (responding about the Bergen County Korean population)*

Impact on Families/Caregivers

Most Koreans try to take care of their parents (who suffer from dementia and Alzheimer's disease) from home without getting professional help, regardless of status of health insurance- because that is cultural norm. Not all Koreans are the same. - Public Health Representative (responding about the Bergen County Korean population)

Diabetes

Access to Primary Care Providers

Access to primary care, especially Korean-speaking. - Physician (responding about the Bergen County Korean population)

Nutrition

Korean food is salty and very hard to measure for correct amount and calories. - Social Services Provider (responding about the Bergen County Korean population)

Prevalence/Incidence

[A high percentage] of Korean Americans are either diabetic or pre-diabetic due to carb-related diet, lack of exercise and stress levels. - Other Health Provider (responding about the Bergen County Korean population)

Vulnerable Populations

Diabetes is a chronic disease, and Asian and Native American populations are more vulnerable. Without insurance coverage, follow-up with doctor and prescription cost are too costly. Some people just try not to take prescription medication, believing that it will be better. - Public Health Representative (responding about the Bergen County Korean population)

Mental Health

Health Education

Lack of awareness and education in mental health issues within our community. Lack of psychological and psychiatric services, both in English and Korean. - Community Leader (responding about the Bergen County Korean population)

Educate immigrants to understand the cultural difference and how to communicate with the second generation. - Community Leader (responding about the Bergen County Korean population)

Prevalence/Incidence

Mental health problems among Korean American children are underestimated. There is scant research or interest, as they tend to be stereotypically viewed as "model" children. For low-income Korean American families in particular, socioeconomic pressure. - Community Leader (responding about the Bergen County Korean population)

Many people at all age levels suffer from mental health issues. However, community resources are pretty limited and stigma associated with mental illnesses is very high. - Other Health Provider (responding about the Bergen County Korean population)

Stigma

Stigma and a limited number of staff members who speak Korean. Limited staff who understand Korean culture. Patients have a difficult time accepting non-Korean staff assistance. - Other Health Provider (responding about the Bergen County Korean population)

Access to Healthcare Services

Insurance Issues

Korean Americans remain to be one of most uninsured populations in Bergen County. There are limited resources that can speak the language and are able to provide ACA enrollment services. - Other Health Provider (responding about the Bergen County Korean population)

The greatest difficulties in obtaining or accessing medical care are experienced by low-income people without health insurance. - Community Leader (responding about the Bergen County Korean population)

Health insurance premium cost, and language barrier. - Public Health Representative (responding about the Bergen County Korean population)

There are so many Koreans who do not have health Insurance. The Obamacare is not working for these people. Premium is too high and coverage is too low, they'd rather pay penalty instead of premium of the insurance. Found this trend for young people. - Social Services Provider (responding about the Bergen County Korean population)

Stigma

Stigma is a huge concern for this patient population. Limited number of staff members who speak Korean adds to feelings of isolation. - Other Health Provider (responding about the Bergen County Korean population)

Cancer

Prevalence/Incidence

Cancer prevalence rate is high, especially stomach, colon, lung, liver, and breast cancers. Not sure why, but westernization of food intake and stress level might be contributing factors. - Other Health Provider (responding about the Bergen County Korean population)

Breast cancer. - Community Leader (responding about the Bergen County Korean population)

Nutrition

Because of their diet habits (spicy and salty food), Korea is one of top countries for stomach cancer. Heavy use of tobaccos and lung cancer happens a lot among the Korean. - Community Leader (responding about the Bergen County Korean population)

Health Needs of African American Residents

Top Health Concerns

When presented with a list of 20 potential health issues, participating key informants most often rated the following as "major" problems for the African American population in Bergen County:

Evaluation of Health Issues				
Health Issue	% Major Problem	% Moderate Problem	% Minor Problem	% No Problem At All
Nutrition, Physical Activity & Weight	62.5	37.5	0.0	0.0
Diabetes	62.5	25.0	12.5	0.0
Heart Disease and Stroke	55.6	33.3	11.1	0.0
Cancer	50.0	37.5	12.5	0.0
Chronic Kidney Disease	50.0	37.5	12.5	0.0

Reasons for "Major Problem" Responses

The sections below highlight what key informants offered as their main reasons for rating the following issues as "major" problems specific to the Bergen County African American population.

Nutrition, Physical Activity & Weight

Prevalence/Incidence

> *Due to untreated long-term hypertension, the African American population overall has a high burden of disease from chronic kidney disease. - Physician (responding about the Bergen County African American population)*

> *A large percentage of African Americans have kidney disease and are on dialysis. - Community Leader (responding about the Bergen County African American population)*

> *A number of residents are on dialysis. - Community Leader (responding about the Bergen County African American population)*

Lifestyle

> *Poor nutrition, stress and lack of exercise. - Community Leader (responding about the Bergen County African American population)*

Diabetes

Access to Care/Services

> *Access to health care services, follow-up with physicians, lack of understanding of chronic diseases, prohibitive costs of medication and health care services. - Community Leader (responding about the Bergen County African American population)*

> *Access to primary care and education for nutrition. - Physician (responding about the Bergen County African American population)*

Health Education

> *Continued access to educational programs on the effects of diabetes, medication and equipment for monitoring. - Community Leader (responding about the Bergen County African American population)*

Not having enough information regarding diet and the importance of medication. - Community Leader (responding about the Bergen County African American population)

Lifestyle

Unhealthy diets passed down through the culture. Lack of physical or economic access to healthy foods. - Community Leader (responding about the Bergen County African American population)

Heart Disease & Stroke

Co-Occurrences

Due to obesity, family history, smoking, untreated hypertension, high cholesterol and diet, there is a high burden of disease in the African American community from heart disease and stroke. - Physician (responding about the Bergen County African American population)

Stress, diet, nutrition, genetics and lifestyles. - Community Leader (responding about the Bergen County African American population)

Health Education

Lack of information regarding these diseases. - Community Leader (responding about the Bergen County African American population)

Continued education on nutrition and stress management. - Community Leader (responding about the Bergen County African American population)

Prevention

Rates for screening are lower. Cardiac risks are greater. - Physician (responding about the Bergen County African American population)

Cancer

Prevalence/Incidence

There is a large burden of cancer in the African American community, and given lapses in screening programs, the population is at greater risk for late detection. - Physician (responding about the Bergen County African American population)

Breast cancer, prostate cancer and other cancers are prominent in the community and require more education and interventions. - Community Leader (responding about the Bergen County African American population)

Co-Occurrences

Environmental concerns (such as exposure to conditions not suitable), healthy diets, and importance of pre-screening. - Community Leader (responding about the Bergen County African American population)

Prevention

Lower rates of screening and higher incidence of certain cancers like prostate. - Physician (responding about the Bergen County African American population)

Chronic Kidney Disease

Prevalence/Incidence

Due to untreated long-term hypertension, the African American population overall has a high burden of disease from chronic kidney disease. - Physician (responding about the Bergen County African American population)

A large percentage of African Americans have kidney disease and are on dialysis. - Community Leader (responding about the Bergen County African American population)

A number of residents are on dialysis. - Community Leader (responding about the Bergen County African American population)

Lifestyle

Poor nutrition, stress and lack of exercise. - Community Leader (responding about the Bergen County African American population)