Summary Report

2016 Community Health Needs Assessment Report

Southern Passaic County

Prepared for:
St. Joseph’s Regional Medical Center

By:
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About This Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Southern Passaic 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 assessment was conducted on behalf of St. Joseph’s Regional Medical Center 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 comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

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 St. Joseph’s Healthcare System and PRC.

Community Defined for This Assessment

The study area for the survey effort was determined based on the areas from which recent patients of St. Joseph’s Healthcare System originate and includes the following residential ZIP Codes: 07011, 07012, 07013, 07014, 07055, 07407, 07410, 07424, 07470, 07501, 07502, 07503, 07504, 07505, 07506, 07508, 07512, 07513, 07514, 07522 and 07524. While this area slightly extends outside of Passaic County, it is referred to as “Southern Passaic County” in this report. For the purposes of data reporting, the area is further divided into 6 community areas (Bergen, Paterson, Northwest, Passaic/Clifton, Southwest, and Wayne/Southwest), as 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 1,001 individuals age 18 and older in Southern Passaic County, including 99 in Bergen, 278 in Paterson, 106 in Northwest, 306 in Passaic/Clifton, 103 in Southwest, and 109 in Wayne/ Southwest. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Southern Passaic 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 1,001 respondents is ±3.1% at the 95 percent level of confidence.

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.
The following chart outlines the characteristics of the Southern Passaic 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**  
(Southern Passaic County, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual Population</th>
<th>Weighted Survey Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>47.2%</td>
<td>48.2%</td>
</tr>
<tr>
<td>Women</td>
<td>52.2%</td>
<td>51.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>35.6%</td>
<td>35.7%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>44.3%</td>
<td>44.3%</td>
</tr>
<tr>
<td>65+</td>
<td>20.1%</td>
<td>19.9%</td>
</tr>
<tr>
<td>White</td>
<td>42.9%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39.6%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Other</td>
<td>17.0%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

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 2016 guidelines place the poverty threshold for a family of four at $24,300 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to community members living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more 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 St. Joseph’s Healthcare System; 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, 79 community stakeholders in Passaic County took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Online Key Informant Survey Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Informant Type</strong></td>
</tr>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>Public Health Experts</td>
</tr>
<tr>
<td>Other Health Providers</td>
</tr>
<tr>
<td>Social Service Representatives</td>
</tr>
<tr>
<td>Other Community Leaders</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- 4CS of Passaic County, Inc.
- A&S General Physician LLC
- Amana Medical Group
- Bisan Medical, Inc.
- Catholic Charities
- Clifton Health Department
- Clifton Medical Care
- Clifton Public Schools
- Community Charter School of Paterson
- Department of Senior Services Passaic County
- dePaul Pediatrics
- Elmwood Park Senior Center
- Eva’s Village
- GMed Healthcare
- Greater Bergen Community Action, Inc.
- Heart and Vascular Associates of NJ
- HomeCare Options
- Notchview Pediatrics
- Oasis—A Haven for Women and Children
- Passiac Board of Education
- Paterson Community Clinic
- Paterson Education Fund
- Paterson Task Force for Community Action, Inc.
- St. Joseph's Children’s Hospital
- St. Joseph's Family Medicine
- St. Joseph's Healthcare System
- St. Joseph's Hospital Medical Center
- Vitale Women’s Health
- Wafa House, Inc.
- Wanaque Health Department
- Wayne YMCA
- West Paterson Family Medical Center
- Women in Transition, Wayne Counseling & Family Services

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, Albanian, Asian, Bengali, Central American, children, disabled, Eastern European, Egyptian, elderly, Hispanic, homeless, immigrants, Indian, LGBT, low-income, Medicare/Medicaid, mentally ill, Middle Eastern, Muslim, non-English speaking, Pakistani, Polish, poor medical literacy, Portuguese, single parents, South American, substance abusers, teens/young adults, Turkish, undocumented, uneducated, unemployed, uninsured/underinsured, veterans, women
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 the community reflect all of Passaic County and 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)
- 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

Note that secondary data indicators reflect the entirety of Passaic County.

Benchmark Data

State Risk Factor Data
Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US
Department of Health & Human Services. 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. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

**Determining Significance**

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For 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 medical conditions that are not specifically addressed.
**IRS Form 990, Schedule H Compliance**

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals’ reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Part V Section B Line 3a</td>
<td>5</td>
</tr>
<tr>
<td><em>A definition of the community served by the hospital facility</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3b</td>
<td>40</td>
</tr>
<tr>
<td><em>Demographics of the community</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3c</td>
<td>162</td>
</tr>
<tr>
<td><em>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3d</td>
<td>5</td>
</tr>
<tr>
<td><em>How data was obtained</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3e</td>
<td>13</td>
</tr>
<tr>
<td><em>The significant health needs of the community</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3f</td>
<td>Addressed Throughout</td>
</tr>
<tr>
<td><em>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3g</td>
<td>15</td>
</tr>
<tr>
<td><em>The process for identifying and prioritizing community health needs and services to meet the community health needs</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3h</td>
<td>7</td>
</tr>
<tr>
<td><em>The process for consulting with persons representing the community’s interests</em></td>
<td></td>
</tr>
<tr>
<td>Part V Section B Line 3i</td>
<td>10</td>
</tr>
<tr>
<td><em>Information gaps that limit the hospital facility’s ability to assess the community’s health needs</em></td>
<td></td>
</tr>
</tbody>
</table>
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); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. These also take into account input from key stakeholders in the community.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>- Barriers to Access</td>
</tr>
<tr>
<td>- Inconvenient Office Hours</td>
</tr>
<tr>
<td>- Cost of Prescriptions</td>
</tr>
<tr>
<td>- Cost of Physician Visits</td>
</tr>
<tr>
<td>- Appointment Availability</td>
</tr>
<tr>
<td>- Finding a Physician</td>
</tr>
<tr>
<td>- Lack of Transportation</td>
</tr>
<tr>
<td>- Skipping/Stretching Prescriptions</td>
</tr>
<tr>
<td>- Primary Care Physician Ratio</td>
</tr>
<tr>
<td>- Emergency Room Utilization</td>
</tr>
<tr>
<td>- Low Health Literacy</td>
</tr>
<tr>
<td>- Advance Directive Documents</td>
</tr>
<tr>
<td>- Linguistically Isolated Population</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>- Cancer is a leading cause of death.</td>
</tr>
<tr>
<td>- Female Breast and Colorectal Cancer Deaths</td>
</tr>
<tr>
<td>- Prostate and Cervical Cancer Incidence</td>
</tr>
<tr>
<td>- Colorectal Cancer Screening</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>- Prevalence of Borderline/Pre-Diabetes</td>
</tr>
<tr>
<td>- Diabetes ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>- Cardiovascular disease is a leading cause of death.</td>
</tr>
<tr>
<td>- Overall Cardiovascular Risk</td>
</tr>
<tr>
<td>- Heart Disease &amp; Stroke ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
</tr>
<tr>
<td>- HIV/AIDS Deaths</td>
</tr>
<tr>
<td>- HIV Prevalence</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
</tr>
<tr>
<td>- Worry/Stress Over Rent/Mortgage</td>
</tr>
</tbody>
</table>

— continued next page —
## Areas of Opportunity (continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Areas of Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immunizations &amp; Infectious Diseases</strong></td>
<td>• Flu Vaccination [High-Risk Age 18-64]</td>
</tr>
<tr>
<td></td>
<td>• Pneumonia Vaccination [Age 65+]</td>
</tr>
<tr>
<td></td>
<td>• Septicemia Deaths</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
<td>• Violent Crime Rate</td>
</tr>
<tr>
<td></td>
<td>• &quot;Fair/Poor&quot; Neighborhood Safety</td>
</tr>
<tr>
<td></td>
<td>• Violent Crime Experience</td>
</tr>
<tr>
<td></td>
<td>• Injury &amp; Violence ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>• Stress</td>
</tr>
<tr>
<td></td>
<td>• Seeking Professional Help [with Diagnosed Depression]</td>
</tr>
<tr>
<td></td>
<td>• Mental Health ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
<td>• Food Insecurity</td>
</tr>
<tr>
<td></td>
<td>• Overweight [Adults]</td>
</tr>
<tr>
<td></td>
<td>• Children’s Physical Activity</td>
</tr>
<tr>
<td></td>
<td>• Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td>• Children’s Dental Care</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
<td>• Arthritis Prevalence [Age 50+]</td>
</tr>
<tr>
<td></td>
<td>• Sciatica/Back Pain Prevalence</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
<td>• Asthma Prevalence [Children]</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Diseases</strong></td>
<td>• Gonorrhea Incidence</td>
</tr>
<tr>
<td></td>
<td>• Chlamydia Incidence</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>• Substance Abuse ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>
Prioritization of Health Needs

On October 25, 2016, St. Joseph’s Regional Medical Center convened a group of internal and 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. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. 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. Nutrition, Physical Activity & Weight
2. Heart Disease & Stroke
3. Diabetes
4. Mental Health
5. Cancer
6. Substance Abuse
7. Access to Healthcare Services
8. HIV/AIDS
9. Immunization & Infectious Diseases
10. Housing
11. Oral Health
12. Injury & Violence
13. Respiratory Diseases
14. Sexually Transmitted Diseases
15. Potentially Disabling Conditions

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of St. Joseph’s Regional Medical Center’s Implementation Strategy to address the top health needs of the community in the coming years.
Summary Tables:
Comparisons With Benchmark Data

The following tables provide an overview of indicators in Southern Passaic County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

- In the following charts, Southern Passaic County results are shown in the larger, blue column.
- The green columns [to the left of the Southern Passaic County column] provide comparisons among the 6 communities, identifying differences for each as “better than” (☉), “worse than” (☉), or “similar to” (☉) the combined opposing areas.
- The columns to the right of the Southern Passaic County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Southern Passaic County compares favorably (☉), unfavorably (☉), or comparably (☉) to these external data.

In the following tables, note that:

- Blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
- Indicator labels beginning with a “%” are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.
  - Survey-derived data reflect the ZIP Code-defined Southern Passaic County.
  - Other (secondary) data indicators reflect the entirety of Passaic County.
### Social Determinants

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.4 vs. BJ</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.4 vs. BJ</td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>35.2 vs. BJ</td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td>47.7 vs. BJ</td>
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<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.5 vs. BJ</td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.9 vs. BJ</td>
</tr>
<tr>
<td>% Worry/Stress Over Rent/Mortgage in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42.5 vs. BJ</td>
</tr>
<tr>
<td>% Worried About Food in the Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.6 vs. BJ</td>
</tr>
<tr>
<td>% Ran Out of Food in the Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.8 vs. BJ</td>
</tr>
<tr>
<td>% Food Insecure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32.1 vs. BJ</td>
</tr>
</tbody>
</table>

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.
## COMMUNITY HEALTH NEEDS ASSESSMENT

### Overall Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sub-Areas</th>
<th>Southern Passaic County vs. Benmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>Bergen, Paterson, Northwest, Passaic/Clifton, Southwest, Wayne/Southwest</td>
<td>vs. NJ, vs. US, vs. HP2020</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

### Access to Health Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sub-Areas</th>
<th>Southern Passaic County vs. Benmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>Bergen, Paterson, Northwest, Passaic/Clifton, Southwest, Wayne/Southwest</td>
<td>vs. NJ, vs. US, vs. HP2020</td>
</tr>
<tr>
<td>% [Insured 18-64] Have Coverage Through ACA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
## Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Access to Health Services (continued)</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Others Combined</th>
<th>Southern Passaic County vs. NJ</th>
<th>Southern Passaic County vs. US</th>
<th>Southern Passaic County vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>13.3</td>
<td>25.9</td>
<td>16.5</td>
<td>22.9</td>
<td>13.9</td>
<td>17.2</td>
<td><img src="image" alt="Sun" /> 20.8 <img src="image" alt="Cloud" /> 15.4</td>
<td><img src="image" alt="Sun" /> 14.3 <img src="image" alt="Cloud" /> 8.7</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 2.9 <img src="image" alt="Cloud" /> 1.7</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>10.8</td>
<td>21.8</td>
<td>11.3</td>
<td>14.8</td>
<td>5.7</td>
<td>5.5</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>4.2</td>
<td>16.7</td>
<td>7.2</td>
<td>10.0</td>
<td>8.4</td>
<td>2.2</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
<td><img src="image" alt="Sun" /> 10.1 <img src="image" alt="Cloud" /> 5.0</td>
</tr>
<tr>
<td>% Language/Culture Prevented Care in Past Year</td>
<td>0.0</td>
<td>6.1</td>
<td>0.0</td>
<td>3.4</td>
<td>0.5</td>
<td>0.0</td>
<td><img src="image" alt="Sun" /> 2.9 <img src="image" alt="Cloud" /> 1.7</td>
<td><img src="image" alt="Sun" /> 2.9 <img src="image" alt="Cloud" /> 1.7</td>
<td><img src="image" alt="Sun" /> 2.9 <img src="image" alt="Cloud" /> 1.7</td>
<td><img src="image" alt="Sun" /> 2.9 <img src="image" alt="Cloud" /> 1.7</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>15.6</td>
<td>19.3</td>
<td>7.0</td>
<td>17.4</td>
<td>10.8</td>
<td>11.2</td>
<td><img src="image" alt="Sun" /> 15.6 <img src="image" alt="Cloud" /> 10.2</td>
<td><img src="image" alt="Sun" /> 15.6 <img src="image" alt="Cloud" /> 10.2</td>
<td><img src="image" alt="Sun" /> 15.6 <img src="image" alt="Cloud" /> 10.2</td>
<td><img src="image" alt="Sun" /> 15.6 <img src="image" alt="Cloud" /> 10.2</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="Cloud" /> 7.3 <img src="image" alt="Sun" /> 3.9</td>
<td><img src="image" alt="Cloud" /> 7.3 <img src="image" alt="Sun" /> 3.9</td>
<td><img src="image" alt="Cloud" /> 7.3 <img src="image" alt="Sun" /> 3.9</td>
<td><img src="image" alt="Cloud" /> 7.3 <img src="image" alt="Sun" /> 3.9</td>
</tr>
<tr>
<td>% Have Completed Advance Directive Documents</td>
<td>24.9</td>
<td>14.7</td>
<td>26.3</td>
<td>20.2</td>
<td>26.3</td>
<td>39.4</td>
<td><img src="image" alt="Sun" /> 22.4 <img src="image" alt="Cloud" /> 33.7</td>
<td><img src="image" alt="Sun" /> 22.4 <img src="image" alt="Cloud" /> 33.7</td>
<td><img src="image" alt="Sun" /> 22.4 <img src="image" alt="Cloud" /> 33.7</td>
<td><img src="image" alt="Sun" /> 22.4 <img src="image" alt="Cloud" /> 33.7</td>
</tr>
<tr>
<td>% Low Health Literacy</td>
<td>20.4</td>
<td>35.5</td>
<td>16.0</td>
<td>28.2</td>
<td>28.4</td>
<td>16.7</td>
<td><img src="image" alt="Sun" /> 27.1 <img src="image" alt="Cloud" /> 23.3</td>
<td><img src="image" alt="Sun" /> 27.1 <img src="image" alt="Cloud" /> 23.3</td>
<td><img src="image" alt="Sun" /> 27.1 <img src="image" alt="Cloud" /> 23.3</td>
<td><img src="image" alt="Sun" /> 27.1 <img src="image" alt="Cloud" /> 23.3</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="Sun" /> 57.5 <img src="image" alt="Cloud" /> 85.6 85.6 74.5</td>
<td><img src="image" alt="Sun" /> 57.5 <img src="image" alt="Cloud" /> 85.6 85.6 74.5</td>
<td><img src="image" alt="Sun" /> 57.5 <img src="image" alt="Cloud" /> 85.6 85.6 74.5</td>
<td><img src="image" alt="Sun" /> 57.5 <img src="image" alt="Cloud" /> 85.6 85.6 74.5</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>76.6</td>
<td>62.3</td>
<td>85.4</td>
<td>71.4</td>
<td>85.4</td>
<td>87.4</td>
<td><img src="image" alt="Sun" /> 73.5 <img src="image" alt="Cloud" /> 74.0 95.0</td>
<td><img src="image" alt="Sun" /> 73.5 <img src="image" alt="Cloud" /> 74.0 95.0</td>
<td><img src="image" alt="Sun" /> 73.5 <img src="image" alt="Cloud" /> 74.0 95.0</td>
<td><img src="image" alt="Sun" /> 73.5 <img src="image" alt="Cloud" /> 74.0 95.0</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>75.4</td>
<td>63.1</td>
<td>86.4</td>
<td>69.3</td>
<td>84.8</td>
<td>86.2</td>
<td><img src="image" alt="Sun" /> 72.4 <img src="image" alt="Cloud" /> 73.1 89.4</td>
<td><img src="image" alt="Sun" /> 72.4 <img src="image" alt="Cloud" /> 73.1 89.4</td>
<td><img src="image" alt="Sun" /> 72.4 <img src="image" alt="Cloud" /> 73.1 89.4</td>
<td><img src="image" alt="Sun" /> 72.4 <img src="image" alt="Cloud" /> 73.1 89.4</td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>% [Age 65+] Have a Specific Source of Ongoing Care</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Expect Care at Teaching Hospital to be “Worse”</td>
<td>![Similar]</td>
<td>![Better]</td>
<td>![Similar]</td>
<td>![Better]</td>
<td>![Better]</td>
<td>![Better]</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>![Better]</td>
<td>![Better]</td>
<td>![Better]</td>
<td>![Better]</td>
<td>![Better]</td>
<td>![Better]</td>
</tr>
</tbody>
</table>

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### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>49.7</td>
<td>37.4</td>
<td>44.6</td>
<td>42.0</td>
<td>37.6</td>
<td>34.1</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>15.1</td>
<td>6.9</td>
<td>6.2</td>
<td>11.0</td>
<td>14.7</td>
<td>8.1</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>25.9</td>
<td>30.4</td>
<td>21.9</td>
<td>22.8</td>
<td>16.9</td>
<td>21.1</td>
</tr>
<tr>
<td>% Caregiver to a Friend/Family Member</td>
<td>24.3</td>
<td>23.5</td>
<td>26.7</td>
<td>18.2</td>
<td>27.2</td>
<td>24.4</td>
</tr>
</tbody>
</table>

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### Cancer

<table>
<thead>
<tr>
<th>Type</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer (continued)</td>
<td>Bergen</td>
<td>Paterson</td>
<td>Northwest</td>
<td>Passaic/Clifton</td>
<td>Southwest</td>
<td>Wayne/Southwest</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------</td>
<td>----------</td>
<td>-----------</td>
<td>-----------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>3.4</td>
<td>1.4</td>
<td>6.9</td>
<td>2.5</td>
<td>7.3</td>
<td>9.4</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>8.1</td>
<td>3.6</td>
<td>6.7</td>
<td>5.0</td>
<td>12.3</td>
<td>10.2</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>70.5</td>
<td>69.0</td>
<td>67.9</td>
<td>69.1</td>
<td>77.9</td>
<td>74.7</td>
</tr>
</tbody>
</table>
## Cancer (continued)

<table>
<thead>
<tr>
<th>% [Age 50+] Blood Stool Test in Past 2 Years</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21.7</td>
<td>28.7</td>
<td>27.7</td>
<td>26.4</td>
<td>28.7</td>
<td>27.7</td>
</tr>
</tbody>
</table>

% [Age 50-75] Colorectal Cancer Screening

<table>
<thead>
<tr>
<th>% [Age 50-75] Colorectal Cancer Screening</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>57.7</td>
<td>72.8</td>
<td>68.4</td>
<td>66.8</td>
<td>72.8</td>
<td>68.4</td>
<td>vs. NJ</td>
</tr>
<tr>
<td></td>
<td>31.8</td>
<td>65.0</td>
<td>70.5</td>
<td>64.9</td>
<td>74.5</td>
<td>70.5</td>
<td>11.7</td>
</tr>
</tbody>
</table>

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## Chronic Kidney Disease

### Kidney Disease (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>3.5</td>
<td>0.0</td>
<td>3.5</td>
<td>3.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>vs. NJ</td>
</tr>
<tr>
<td>12.8</td>
</tr>
<tr>
<td>2.7</td>
</tr>
</tbody>
</table>

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.
## Dementias, Including Alzheimer's Disease

### Each Sub-Area vs. Others Combined

<table>
<thead>
<tr>
<th>Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 45+] Increasing Confusion/Memory Loss in Past Yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Southern Passaic County vs. Benchmarks

<table>
<thead>
<tr>
<th>vs. NJ</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.6</td>
<td>16.9</td>
<td>24.2</td>
</tr>
</tbody>
</table>

## Diabetes

### Each Sub-Area vs. Others Combined

<table>
<thead>
<tr>
<th>Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td></td>
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</tr>
<tr>
<td>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.</td>
<td></td>
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</table>

### Southern Passaic County vs. Benchmarks

<table>
<thead>
<tr>
<th>vs. NJ</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.2</td>
<td>19.3</td>
<td>21.1</td>
</tr>
<tr>
<td>13.2</td>
<td>9.7</td>
<td>14.5</td>
</tr>
<tr>
<td>8.8</td>
<td>5.7</td>
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</table>

<table>
<thead>
<tr>
<th>vs. NJ</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.4</td>
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<td>55.1</td>
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### Family Planning

<table>
<thead>
<tr>
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<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34.8 vs. NJ 21.6 vs. US 36.6 vs. HP2020</td>
</tr>
</tbody>
</table>

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.

### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
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<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.8 vs. NJ 8.6</td>
</tr>
</tbody>
</table>

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.

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>175.8 vs. NJ 169.3 vs. US 156.9 vs. HP2020</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.0 vs. NJ 32.2 vs. US 34.8</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>5.6 vs. NJ 6.9</td>
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## Heart Disease & Stroke (continued)

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<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Others Combined</th>
<th>Southern Passaic County vs. NJ</th>
<th>Southern Passaic County vs. US</th>
<th>Southern Passaic County vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Stroke</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>2.8</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>92.6</td>
<td>93.6</td>
<td>92.6</td>
<td>92.6</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>39.7</td>
<td>☁️</td>
<td>31.1</td>
<td>26.9</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>92.4</td>
<td>☁️</td>
<td>☁️</td>
<td>92.5</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>90.6</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>36.6</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>85.0</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>87.5</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
</tbody>
</table>

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### HIV

<table>
<thead>
<tr>
<th>HIV/AIDS (Age-Adjusted Death Rate)</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NJ</td>
<td>vs. US</td>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>4.3</td>
<td>3.0</td>
<td>3.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| HIV Prevalence per 100,000 | | | | | | |
| | | | | | | |
| | | | | | | |

| % Ever Tested for HIV | | | | | | |
| | | | | | | |
| | | | | | | |

| % [Age 18-44] HIV Test in the Past Year | | | | | | |
| | | | | | | |
| | | | | | | |

### Immunization & Infectious Diseases

| % [Age 65+] Flu Vaccine in Past Year | | | | | | |
| | | | | | | |
| | | | | | | |

| % [High-Risk 18-64] Flu Vaccine in Past Year | | | | | | |
| | | | | | | |
| | | | | | | |

| % [Age 65+] Pneumonia Vaccine Ever | | | | | | |
| | | | | | | |
| | | | | | | |

| % [High-Risk 18-64] Pneumonia Vaccine Ever | | | | | | |
| | | | | | | |
| | | | | | | |

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.
<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Others Combined</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31.5</td>
<td>31.5 vs. NJ 39.7 vs. US 36.4 vs. HP2020</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.5</td>
<td>6.2 vs. NJ 10.6 vs. US 12.4 vs. HP2020</td>
</tr>
<tr>
<td>[65+] Falls (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38.4</td>
<td>27.1 vs. NJ 57.2 vs. US 47.0 vs. HP2020</td>
</tr>
<tr>
<td>% [Age 45+] Fell in the Past Year</td>
<td>37.8</td>
<td>25.8</td>
<td>20.6</td>
<td>29.2</td>
<td>18.2</td>
<td>22.8</td>
<td>26.7</td>
<td>28.2 vs. HP2020</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.8</td>
<td>5.4 vs. NJ 10.4 vs. US 9.3 vs. HP2020</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>5.6</td>
<td>10.1</td>
<td>8.0</td>
<td>8.1</td>
<td>13.4</td>
<td>18.7</td>
<td>10.1</td>
<td>33.8 vs. HP2020</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.4</td>
<td>31.0 vs. HP2020</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.6</td>
<td>20.4 vs. HP2020</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.1</td>
<td>4.7 vs. NJ 5.2 vs. US 5.5 vs. HP2020</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>497.3</td>
<td>302.0 vs. NJ 395.5 vs. US 5.5 vs. HP2020</td>
</tr>
<tr>
<td>% Perceive Neighborhood as “Slightly/Not At All Safe”</td>
<td>10.7</td>
<td>55.3</td>
<td>9.7</td>
<td>22.0</td>
<td>11.7</td>
<td>5.2</td>
<td>26.6</td>
<td>15.3 vs. HP2020</td>
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</table>
### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th></th>
<th>Bergen</th>
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<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>1.0</td>
<td>11.1</td>
<td>2.6</td>
<td>2.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>8.8</td>
<td>15.3</td>
<td>12.3</td>
<td>14.5</td>
<td>12.4</td>
<td>7.3</td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

| Low Birthweight Births (Percent) | 8.6 | 8.4 | 8.2 | 7.8 |
| Infant Death Rate | 3.8 | 4.4 | 5.9 | 6.0 |

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### Mental Health & Mental Disorders

#### % "Fair/Poor" Mental Health

<table>
<thead>
<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>12.8</td>
<td>14.8</td>
<td>14.2</td>
<td>16.7</td>
<td>10.8</td>
<td>4.4</td>
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<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.5</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.4</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.9</td>
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</table>

#### % Diagnosed Depression

<table>
<thead>
<tr>
<th>Sub-Area</th>
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<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>15.8</td>
<td>17.8</td>
<td>20.7</td>
<td>19.5</td>
<td>10.5</td>
<td>10.6</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.4</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.9</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32.8</td>
</tr>
</tbody>
</table>

#### % Symptoms of Chronic Depression (2+ Years)

<table>
<thead>
<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>26.3</td>
<td>41.7</td>
<td>24.0</td>
<td>38.5</td>
<td>22.3</td>
<td>15.1</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.4</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29.9</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.2</td>
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</tbody>
</table>

#### Suicide (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
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<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>17.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.4</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.9</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.7</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.2</td>
</tr>
</tbody>
</table>

#### % Ever Sought Help for Mental Health

<table>
<thead>
<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>33.9</td>
<td>24.1</td>
<td>30.7</td>
<td>24.4</td>
<td>19.6</td>
<td>17.9</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.8</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27.4</td>
</tr>
</tbody>
</table>

#### % Taking Rx/Receiving Mental Health Trmt

<table>
<thead>
<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>14.2</td>
<td>14.8</td>
<td>9.2</td>
<td>13.1</td>
<td>9.9</td>
<td>8.1</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.5</td>
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<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.6</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
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#### % Unable to Get Mental Health Svcs in Past Yr

<table>
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<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
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<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>5.1</td>
<td>7.6</td>
<td>1.9</td>
<td>6.9</td>
<td>1.6</td>
<td>0.0</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.3</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.4</td>
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</tbody>
</table>

#### % [Those With Diagnosed Depression] Seeking Help

<table>
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<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>82.2</td>
<td></td>
<td></td>
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<td>82.2</td>
</tr>
<tr>
<td>vs. NJ</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>82.2</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91.7</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>91.7</td>
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</tbody>
</table>

#### % Typical Day Is "Extremely/Very" Stressful

<table>
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<tr>
<th>Sub-Area</th>
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<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>12.9</td>
<td>18.1</td>
<td>10.0</td>
<td>15.4</td>
<td>18.0</td>
<td>13.2</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.4</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.7</td>
</tr>
</tbody>
</table>

#### % Average <7 Hours of Sleep per Night

<table>
<thead>
<tr>
<th>Sub-Area</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County vs. Others Combined</td>
<td>40.3</td>
<td>43.8</td>
<td>36.3</td>
<td>39.6</td>
<td>33.0</td>
<td>33.2</td>
</tr>
<tr>
<td>vs. NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39.4</td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39.5</td>
</tr>
</tbody>
</table>

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## Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th>Metric</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Others Combined</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>32.1</td>
<td>20.1</td>
<td>33.6</td>
<td>29.6</td>
<td>22.1</td>
<td>34.3</td>
<td>27.3 (vs. NJ)</td>
<td>27.4 (vs. HP2020)</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>24.1</td>
<td>33.1</td>
<td>20.9</td>
<td>30.5</td>
<td>10.7</td>
<td>5.8</td>
<td>25.2 (vs. US)</td>
<td>21.9</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.1 (vs. NJ)</td>
<td></td>
</tr>
<tr>
<td>% 7+ Sugar-Sweetened Drinks in Past Week</td>
<td>13.7</td>
<td>25.3</td>
<td>22.3</td>
<td>22.0</td>
<td>16.7</td>
<td>17.9</td>
<td>21.1 (vs. US)</td>
<td>30.2 (vs. HP2020)</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>23.5</td>
<td>21.1</td>
<td>27.0</td>
<td>35.7</td>
<td>26.5</td>
<td>33.7</td>
<td>28.3 (vs. NJ)</td>
<td>35.1 (vs. US) 33.9 (vs. HP2020)</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>75.9</td>
<td>77.2</td>
<td>71.1</td>
<td>63.4</td>
<td>73.5</td>
<td>64.1</td>
<td>70.4 (vs. NJ)</td>
<td>63.2 (vs. US) 65.2 (vs. HP2020)</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>31.7</td>
<td>37.1</td>
<td>33.3</td>
<td>31.6</td>
<td>34.2</td>
<td>30.8</td>
<td>33.5 (vs. NJ)</td>
<td>26.9 (vs. US) 33.4 (vs. HP2020)</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>25.1</td>
<td>36.8</td>
<td>28.0</td>
<td>34.6</td>
<td>31.6</td>
<td>26.6</td>
<td>32.5 (vs. NJ)</td>
<td>20.4</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>30.2</td>
<td>39.9</td>
<td>32.9</td>
<td>47.3</td>
<td>41.4</td>
<td>36.5</td>
<td>40.1 (vs. NJ)</td>
<td>27.1</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54.4 (vs. NJ)</td>
<td>40.8</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.1 (vs. NJ)</td>
<td>67.2</td>
</tr>
</tbody>
</table>
### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th></th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>20.9</td>
<td>33.6</td>
<td>15.1</td>
<td>33.6</td>
<td>21.7</td>
<td>28.4</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>24.8</td>
<td>23.4</td>
<td>28.9</td>
<td>23.6</td>
<td>17.4</td>
<td>37.3</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>☀️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>10.2</td>
<td>☁️</td>
<td>14.3</td>
<td>☁️</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>36.4</td>
<td>☁️</td>
<td>47.9</td>
<td>☁️</td>
<td></td>
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</tr>
</tbody>
</table>

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### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>77.1</td>
<td>58.8</td>
<td>67.1</td>
<td>67.7</td>
<td>81.2</td>
<td>82.1</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>64.7</td>
<td>75.2</td>
<td>77.4</td>
<td>68.5</td>
<td>74.7</td>
<td>75.8</td>
</tr>
</tbody>
</table>

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### Respiratory Diseases

<table>
<thead>
<tr>
<th>Condition</th>
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<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
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<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td></td>
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</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>7.4</td>
<td>11.3</td>
<td>5.7</td>
<td>6.3</td>
<td>12.9</td>
<td>6.2</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>15.0</td>
<td>14.5</td>
<td>5.0</td>
<td>9.3</td>
<td>8.4</td>
<td>6.6</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>12.1</td>
<td></td>
<td></td>
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<td>6.5</td>
</tr>
</tbody>
</table>

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### Community Health Needs Assessment

#### Septicemia

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<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vs. NJ      vs. US  vs. HP2020</td>
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<td></td>
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<td>23.1</td>
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<td>Note: In the green section, each subarea is compared against all other areas combined.</td>
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#### Sexually Transmitted Diseases

<table>
<thead>
<tr>
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<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td></td>
<td></td>
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<td>vs. NJ</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>128.0</td>
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<tr>
<td>Chlamydia Incidence per 100,000</td>
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<td></td>
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<td>vs. NJ</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>501.5</td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vs. NJ</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.1</td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vs. NJ</td>
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<td></td>
<td></td>
<td>41.2</td>
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<td>Note: In the green section, each subarea is compared against all other areas combined.</td>
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<td>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.</td>
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<tr>
<td>Substance Abuse</td>
<td>Bergen</td>
<td>Paterson</td>
<td>Northwest</td>
<td>Passaic/Clifton</td>
<td>Southwest</td>
<td>Wayne/Southwest</td>
<td>Southern Passaic County vs. Benchmarks</td>
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</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>56.4</td>
<td>49.5</td>
<td>70.5</td>
<td>53.3</td>
<td>67.6</td>
<td>55.8</td>
<td>8.5 vs. NJ 7.3 vs. US 8.2 vs. HP2020</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>19.6</td>
<td>22.0</td>
<td>26.3</td>
<td>17.6</td>
<td>33.1</td>
<td>21.3</td>
<td>21.6 vs. NJ 22.2 vs. US 25.4</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>2.6</td>
<td>5.0</td>
<td>4.3</td>
<td>3.3</td>
<td>2.6</td>
<td>3.1</td>
<td>3.7 vs. NJ 4.1 vs. US</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>0.6</td>
<td>4.0</td>
<td>0.0</td>
<td>5.8</td>
<td>0.6</td>
<td>5.9</td>
<td>3.8 vs. NJ 3.0 vs. US 7.1</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>0.0</td>
<td>6.0</td>
<td>0.0</td>
<td>2.4</td>
<td>1.1</td>
<td>6.3</td>
<td>3.4 vs. NJ 4.1 vs. US</td>
</tr>
<tr>
<td>% Life Negatively Affected by Substance Abuse</td>
<td>29.1</td>
<td>30.4</td>
<td>31.8</td>
<td>27.1</td>
<td>32.9</td>
<td>26.7</td>
<td>29.1 vs. NJ 32.2</td>
</tr>
</tbody>
</table>

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## Tobacco Use

### Each Sub-Area vs. Others Combined

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Currently Use Electronic Cigarettes</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Southern Passaic County vs. Benchmarks

<table>
<thead>
<tr>
<th>Southern Passaic County</th>
<th>vs. NJ</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>11.2</td>
<td>15.1</td>
<td>14.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>12.3</td>
<td></td>
<td>10.2</td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td></td>
<td>7.1</td>
<td>3.9</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>14.4</td>
<td></td>
<td>10.2</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>84.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>52.2</td>
<td></td>
<td>43.7</td>
</tr>
<tr>
<td>% Currently Use Electronic Cigarettes</td>
<td>4.8</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>5.2</td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>2.5</td>
<td></td>
<td>2.0</td>
</tr>
</tbody>
</table>

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.
### Vision

<table>
<thead>
<tr>
<th>% Blindness/Trouble Seeing</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☀</td>
<td>🌧️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☀</td>
</tr>
<tr>
<td></td>
<td>3.4</td>
<td>12.3</td>
<td>5.3</td>
<td>7.5</td>
<td>12.9</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Eye Exam in Past 2 Years</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>63.4</td>
<td>62.6</td>
<td>60.9</td>
<td>63.2</td>
<td>64.2</td>
<td>64.2</td>
</tr>
</tbody>
</table>

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.
Data Charts &
Key Informant Input
Community Characteristics of Passaic County

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2010-2014)

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>505,403</td>
<td>185.67</td>
<td>2,722.05</td>
</tr>
<tr>
<td>New Jersey</td>
<td>8,874,374</td>
<td>7,354.77</td>
<td>1,206.61</td>
</tr>
<tr>
<td>United States</td>
<td>314,107,083</td>
<td>3,531,932.26</td>
<td>88.93</td>
</tr>
</tbody>
</table>

Sources: • US Census Bureau American Community Survey 5-year estimates.

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.

Total Population by Age Groups, Percent
(2010-2014)

Sources: • US Census Bureau American Community Survey 5-year estimates.
Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

**Total Population by Race Alone, Percent**
(2010-2014)

![Chart showing population by race](chart_image)

**Hispanic Population**
(2010-2014)

![Chart showing Hispanic population](chart_image)

**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.
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 following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2010-2014)

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>16.4%</td>
<td>35.2%</td>
</tr>
<tr>
<td>NJ</td>
<td>10.7%</td>
<td>24.6%</td>
</tr>
<tr>
<td>US</td>
<td>15.6%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.

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.
Education

Education levels are reflected in the proportion of our population without a high school diploma:

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

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

329,324 individuals

Sources:  
- US Census Bureau American Community Survey 5-year estimates.

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

Overall Health Status

Self-Reported Health Status
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](image)

The following charts further detail “fair/poor” overall health responses in Southern Passaic County in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, income [based on poverty status], and race/ethnicity).

Experience “Fair” or “Poor” Overall Health

![Experience “Fair” or “Poor” Overall Health](image)

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.

Notes:  
- Asked of all respondents.
**Experience “Fair” or “Poor” Overall Health**
(Southern Passaic County, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
<th>Southern Passaic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very Low Income</strong></td>
<td>19.0%</td>
<td>17.1%</td>
<td>6.6%</td>
<td>22.1%</td>
<td>29.9%</td>
<td>31.4%</td>
<td>22.6%</td>
<td>12.0%</td>
<td>15.5%</td>
<td>26.0%</td>
<td>19.6%</td>
<td>13.7%</td>
<td>18.0%</td>
</tr>
<tr>
<td><strong>Low Income</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mid/High Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Black</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**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)
“Are you limited in any way in any activities because of physical, mental or emotional problems?”

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

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

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).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
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)
Self-Reported Mental Health Status

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status  
(Southern Passaic County, 2016)  

[Pie chart showing distribution of mental health status: Excellent 28.8%, Very Good 29.6%, Good 28.0%, Fair 10.3%, Poor 3.3%]

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

Experience “Fair” or “Poor” Mental Health

[Bar chart showing percentage of individuals experiencing fair or poor mental health by region: Bergen 12.8%, Paterson 14.8%, Northwest 14.2%, Passaic/Clifton 16.7%, Southwest 10.8%, Wayne/Southwest 4.4%, Southern Passaic County 13.6%, US 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.
Experience “Fair” or “Poor” Mental Health
(Southern Passaic County, 2016)

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).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Depression
Diagnosed Depression: “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
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: “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

### Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>26.3%</td>
</tr>
<tr>
<td>Paterson</td>
<td>41.7%</td>
</tr>
<tr>
<td>Northwest</td>
<td>24.0%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>38.5%</td>
</tr>
<tr>
<td>Southwest</td>
<td>22.3%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>15.1%</td>
</tr>
<tr>
<td>Southern Passaic</td>
<td>32.8%</td>
</tr>
<tr>
<td>US</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

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

### Have Experienced Symptoms of Chronic Depression

(Southern Passaic County, 2016)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>31.2%</td>
</tr>
<tr>
<td>Women</td>
<td>34.3%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>32.7%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>37.2%</td>
</tr>
<tr>
<td>65+</td>
<td>24.2%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>49.8%</td>
</tr>
<tr>
<td>Low Income</td>
<td>45.0%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>25.6%</td>
</tr>
<tr>
<td>White</td>
<td>26.6%</td>
</tr>
<tr>
<td>Black</td>
<td>27.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>24.8%</td>
</tr>
<tr>
<td>Other</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

### Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2016 PRC National Health Survey, Professional Research Consultants, Inc.
- 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).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Suicide
The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.)

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

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 10.2 or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>6.4</td>
</tr>
<tr>
<td>NJ</td>
<td>7.9</td>
</tr>
<tr>
<td>US</td>
<td>12.7</td>
</tr>
</tbody>
</table>

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

Mental Health Treatment

“Have you ever sought help from a professional for a mental or emotional problem?”

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

**Mental Health Treatment**

<table>
<thead>
<tr>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Sought Help for a Mental or Emotional Problem</td>
<td>24.8%</td>
</tr>
<tr>
<td>Currently Taking Medication/ Receiving Mental Health Treatment</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

**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.
“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

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

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

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

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes:
- 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. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of Mental Health as a problem in the community:

**Perceptions of Mental Health as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>52.7%</td>
<td>35.1%</td>
<td>10.8%</td>
<td></td>
</tr>
</tbody>
</table>

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

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

**Access to Care/Services**

- Not enough support. Not enough resources for help. Counseling not readily available, especially for preteens and young adults. Medical prescription not readily available. – Social Services Provider
- There is a waiting list for children needing mental health diagnosis and services. Many parents have to take their children to another county. Not enough programs. Schools need to do preventive mental health programs. – Community/Business Leader
- Lack of resources. Lack of facilities. – Social Services Provider
- I believe there is limited resources available to people with mental health. The resources appear to be limited and restrictive. – Other Health Provider
- Getting help. – Social Services Provider
- Getting counseling, help. Housing and addiction. – Social Services Provider
- Lack of enough centers. – Physician
- There is a huge lack of services. – Social Services Provider
- Lack of resources and infrastructure. – Physician
- Mental health services are very difficult to obtain. – Physician
- No programs to help. – Physician
- Very high number of patients in this community with major mental health issues, including anxiety, depression, drug use and all aspects of mental problems. There is a limited number of providers to offer this service, or the waiting time is too long. – Physician

**Affordable Care/Services**

- No access to affordable services. Most psychologists or psychiatrists do not participate in insurance plans. The few that do take selective plans or have a long wait time. – Physician
- Again, no psychiatrist takes anyone’s insurance; therefore, they don’t get the proper care. – Physician
- Psychiatrists and Psychologists take very few insurances. – Physician

**Denial/Stigma**

- Depression among the elderly and the resistance to seek help. – Social Services Provider
- Reluctance to seek help. – Physician
- There is still denial and a stigma attached to mental illness. Many people are undiagnosed and feel alienated from people,
in general, who may be out there to help. – Other Health Provider
People not knowing where to turn to for help. Stigmas associated with mental health issues. – Other Health Provider

**Diagnosis/Treatment**
- Too many people not being cared for properly. – Social Services Provider
- Obtaining the right diagnosis and treatment plan, adhering to proper treatment plan. – Community/ Business Leader
- Noncompliance. – Physician

**Co-Occurrences**
- Mental health is a serious problem that can often lead to severe drug and alcohol abuse. These co-occurring disorders have a direct correlation to homelessness and poverty that highly affects the City of Paterson, Passaic County, and State of New Jersey. – Social Services Provider
- Our program is located in a community mental health agency. Women we serve often live in abusive situations, which result in both physical and mental health issues. Their partners often have substance abuse problems. – Social Services Provider

**Language Barriers**
- Lack of mental health providers locally, and especially bilingual. Need Spanish and Arabic therapists. – Social Services Provider
- Availability of counseling and psychiatric services, language barriers. – Physician

**Vulnerable Populations**
- Homeless - Social Services Provider
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

Leading Causes of Death
(Passaic County, 2014)

- Heart Disease 26.3%
- Cancer 23.0%
- Other 31.1%
- Septicemia 3.5%
- Diabetes Mellitus 3.3%
- Stroke 3.8%
- Unintentional Injuries 4.2%
- CLRD 4.8%
- Other 31.1%
- Diabetes Mellitus 3.3%
- Septicemia 3.5%
- Stroke 3.8%
- Unintentional Injuries 4.2%
- CLRD 4.8%
- Other 31.1%

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

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see Birth Outcomes & Risks in the Births section of this report.)

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>175.8</td>
<td>169.3</td>
<td>169.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>154.1</td>
<td>157.5</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Fall-Related Deaths (65+)</td>
<td>38.4</td>
<td>27.1</td>
<td>57.2</td>
<td>47.0</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>32.5</td>
<td>30.4</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>31.5</td>
<td>31.5</td>
<td>39.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>30.0</td>
<td>32.2</td>
<td>36.5</td>
<td>34.8</td>
</tr>
<tr>
<td>Septicemia</td>
<td>23.1</td>
<td>16.5</td>
<td>10.6</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>22.2</td>
<td>19.3</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>16.6</td>
<td>16.9</td>
<td>24.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>13.5</td>
<td>11.5</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>12.8</td>
<td>13.5</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>11.5</td>
<td>14.5</td>
<td>14.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>8.5</td>
<td>7.3</td>
<td>10.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>6.5</td>
<td>6.2</td>
<td>10.6</td>
<td>12.4</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>6.4</td>
<td>7.9</td>
<td>12.7</td>
<td>10.2</td>
</tr>
<tr>
<td>HIV/AIDS (2005-14)</td>
<td>6.3</td>
<td>4.3</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>5.8</td>
<td>5.4</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>5.1</td>
<td>4.7</td>
<td>5.2</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2016.

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

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

Heart Disease: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 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 June 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 Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 33.8 or Lower

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

“Has a doctor, nurse or other health professional ever told you that you had: A Heart Attack, Also Called a Myocardial Infarction; or Angina or Coronary Heart Disease?” (Heart disease prevalence below is a calculated prevalence that includes those responding affirmatively to either.)

“Has a doctor, nurse or other health professional ever told you that you had a stroke?”

Prevalence of Heart Disease

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.

Prevalence of Stroke

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]

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)

High Blood Pressure & Cholesterol Prevalence

“Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?”

- “Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

- “Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

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

The following charts reflect the percentage of adults in the Southern Passaic County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also Nutrition, Physical Activity & Weight and Tobacco Use in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>86.9%</td>
</tr>
<tr>
<td>Paterson</td>
<td>93.3%</td>
</tr>
<tr>
<td>Northwest</td>
<td>81.7%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>85.2%</td>
</tr>
<tr>
<td>Southwest</td>
<td>87.1%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>83.6%</td>
</tr>
<tr>
<td>Southern Passaic</td>
<td>87.5%</td>
</tr>
<tr>
<td>US</td>
<td>83.0%</td>
</tr>
</tbody>
</table>

Bergen Paterson Northwest Passaic/Clifton Southwest Wayne/Southwest
Southern Passaic County US

Present One or More Cardiovascular Risks or Behaviors

(Southern Passaic County, 2016)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>90.5%</td>
</tr>
<tr>
<td>Women</td>
<td>84.6%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>89.5%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>95.6%</td>
</tr>
<tr>
<td>65+</td>
<td>92.7%</td>
</tr>
<tr>
<td>Very Low</td>
<td>86.7%</td>
</tr>
<tr>
<td>Low</td>
<td>85.7%</td>
</tr>
<tr>
<td>Mid/High</td>
<td>86.2%</td>
</tr>
<tr>
<td>Income</td>
<td>83.5%</td>
</tr>
<tr>
<td>White</td>
<td>90.1%</td>
</tr>
<tr>
<td>Black</td>
<td>83.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>87.5%</td>
</tr>
<tr>
<td>Other</td>
<td>87.5%</td>
</tr>
<tr>
<td>Southern Passaic</td>
<td>90.1%</td>
</tr>
</tbody>
</table>

Men Women 18 to 39 40 to 64 65+ Very Low Low Mid/High Income White Black Hispanic Other Southern Passaic

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.
Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants’ perceptions of the severity of Heart Disease & Stroke:

**Perceptions of Heart Disease and Stroke as a Problem in the Community**

(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>38.0%</td>
<td>35.2%</td>
<td>14.1%</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

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**
- Lots of heart disease, secondary to genetics. – Physician
- High incidence. Potential for significant morbidity. – Physician
- The numbers probably speak for themselves. More than the numbers, however, is the age of onset and the prevalence of the disease in the community. Seeing people in their late 40s and early 50s coming from nursing homes. – Physician
- Statistics show that in Wanaque, as well as state-wide and nationally, they are leading causes of death. – Other Health Provider
- Many people are on high blood pressure medication. – Social Services Provider
- There seems to be many people dying from heart disease and stroke. People don’t seem to have enough information about prevention. Seem to be happening with a younger population. – Community/Business Leader
- Major cause of death, common diagnosis for our agency client population. – Other Health Provider

**Health Education**
- Poor, undereducated about health. Traditional foods are high in fat and salt. – Physician
- Lack of education and raising awareness for prevention. – Social Services Provider

**Lifestyle**
- Obesity and diet. – Social Services Provider
- Because of people eating habits, lack of exercise. Not always knowing the signs of heart disease and strokes. Lack of insurance. – Social Services Provider

**Cardiovascular Risk**
- Because of high blood pressure incidence, drinking and drug incidence, poor diet and poor healthcare. – Social Services Provider
- Most of the patients have uncontrolled diabetes mellitus and poor health care f/u- increasing the risk for heart diseases. – Physician

**Aging Population**
- Community served is generally 85 years of age or older. – Social Services Provider
- Aging population in Passaic County. Poor diet and nutrition. Waiting too long to seek proper treatment. – Community/Business Leader

**Cardiovascular Risk**
- Because of high blood pressure incidence, drinking and drug incidence, poor diet and poor healthcare. – Social Services 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

The following chart illustrates age-adjusted cancer mortality (all types) in Passaic County.

Cancer: Age-Adjusted Mortality
(2012-14 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 160.6 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 June 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.
Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

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

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>154.1</td>
<td>157.5</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>34.9</td>
<td>38.5</td>
<td>43.4</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>24.6</td>
<td>22.5</td>
<td>20.9</td>
<td>20.7</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>18.2</td>
<td>18.5</td>
<td>19.2</td>
<td>21.8</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>16.6</td>
<td>15.0</td>
<td>14.6</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:

### Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They are usually expressed as cases per 100,000 population per year. Here, these rates are also age-adjusted.

### Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>152.0</td>
<td>157.3</td>
<td>131.7</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>116.9</td>
<td>116.9</td>
<td>60.0</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>55.7</td>
<td>60.0</td>
<td>44.4</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>9.2</td>
<td>8.0</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Sources:
- State Cancer Profiles.

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.
Cancer Risk

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: 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.


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.

Breast Cancer Screening: “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated below among women age 50 to 74 indicating screening within the past 2 years.)

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

<table>
<thead>
<tr>
<th></th>
<th>Southern Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.7%</td>
<td>78.2%</td>
<td></td>
<td>80.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50-74.
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 with 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.

Notes:

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.

Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated below among women age 21 to 65 indicating screening within the past 3 years.)

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]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21 to 65.
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.


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: “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?” and “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?” (Calculated below among both genders age 50 to 75 indicating fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>61.5%</td>
</tr>
<tr>
<td>Paterson</td>
<td>69.3%</td>
</tr>
<tr>
<td>Northwest</td>
<td>57.7%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>66.8%</td>
</tr>
<tr>
<td>Southwest</td>
<td>72.8%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>68.4%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>66.7%</td>
</tr>
<tr>
<td>NJ</td>
<td>65.0%</td>
</tr>
<tr>
<td>US</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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.
Key Informant Input: Cancer
The following chart outlines key informants’ perceptions of the severity of Cancer as a problem in the community:

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>36.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>38.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>18.1%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

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
- Every family has at least one member with cancer, all different types. – Community/Business Leader
- High incidence, some patients defer screening. – Physician
- Increasing incidence of breast and prostate cancer. – Other Health Provider
- Many people in our congregation have died from one form of cancer or another. – Community/Business Leader
- America falls within the top 10 countries listed with high cancer rates. Paterson is the largest city in Passaic County and is an urban community plagued with poverty, poor health care, preventative, high crime rates and poor air quality. – Public Health Representative

Access to Providers
- As far as I am aware of, there are not enough qualified providers to treat different kinds of cancers. Cancer treatment needs multidisciplinary team and to have a specific plan for the treatment. Unfortunately, most of the time, this is not available. – Physician
- There is a lack of doctors that treat cancer in the community, or most likely don’t take the insurance of the patients that get cancer. There is a lack of resources for treatment, lack of doctors and expertise specialists to treat the patients. – Physician
- It is common, but most of the people with Medicare have problem finding an oncologist accepting Medicaid. – Physician
- Lack of primary care delays, early diagnosis and treatment. – Social Services Provider

Lifestyle
- Smoking, drug use, people not getting preventive screening visits. – Physician
- Smoking, drinking, nutrition, sugar and lead, all factors in the inner city. – Social Services Provider
- Cancer is a disease of aging and smoking. Both high in this area. – Physician
- Many residents do not have regular medical checkups and additionally do not maintain healthy lifestyles. As a result, there are conditions which may cause cancer, such as smoking, that are ignored until it is a major problem. – Community/Business Leader

Access to Care/Services
- Lack of resources and primary prevention. – Public Health Representative
- Quality of local care. – Social Services Provider
- Finding affordable treatment. – Social Services Provider
Health Education

Not enough education on preventive care. – Social Services Provider
Lack of knowledge regarding cancer and early detection. Lack of insurance or resources for persons to go for early detection. – Social Services Provider

Disease Management

Poor patient compliance and follow-up. – Physician
Major issues with screening and follow-up. Management. – Physician

Leading Cause of Death

It kills. – Community/Business Leader
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 diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality is also illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also *Immunization & Infectious Disease*.

---

**CLRD: Age-Adjusted Mortality**

(2012-14 Annual Average Deaths per 100,000 Population)

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**Pneumonia/Influenza: Age-Adjusted Mortality**

(2012-14 Annual Average Deaths per 100,000 Population)

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Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 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.
Prevalence of Respiratory Diseases

COPD

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [item 24]

Notes: 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

**Adults:** “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated below as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

**Children:** “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated below as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

### Adult Asthma: Current Prevalence

| Location         | Prevalence
|------------------|-------------
| Bergen           | 15.0%       
| Paterson         | 14.5%       
| Northwest        | 5.0%        
| Passaic/Clifton  | 9.3%        
| Southwest        | 8.4%        
| Wayne/Southwest  | 6.6%        
| Southern Passaic County | 10.7% 
| NJ               | 8.3%        
| US              | 9.5%        

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

### Childhood Asthma: Current Prevalence

**(Among Parents of Children Age 0-17)**

| Category          | Prevalence
|-------------------|-------------
| Boys              | 17.6%       
| Girls             | 6.9%        
| Age 0-4           | 5.2%        
| Age 5-12          | 17.2%       
| Age 13-17         | 11.9%       
| Southern Passaic County | 12.1% 
| 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.
Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of Respiratory Disease as a problem in the community:

Perceptions of Respiratory Diseases as a Problem in the Community  
(Key Informants, 2016)

- Major Problem: 20.0%
- Moderate Problem: 51.4%
- Minor Problem: 21.4%
- No Problem At All: 7.1%

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:

**Prevalence/Incidence**
- Common diagnosis in our client population. – Other Health Provider
- Asthma is a known problem for urban centers. Mold and other living conditions contribute to this problem. – Social Services Provider
- COPD is too prevalent, possibly due to genetics, environmental problems and smoking. – Social Services Provider
- Asthma. – Social Services Provider
- More kids have asthma than ever before. They do not bring in inhalers for when they have an attack at school. – Social Services Provider

**Environmental Contributors**
- Environmental pollution. – Physician
- Prevalence of asthma and upper respiratory infections. Adults object to taking the flu shot. Many environmental factors that contribute, old school buildings, poor air quality inside buildings, cockroaches, rodents. – Community/Business Leader
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)
Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

![Leading Causes of Accidental Death Pie Chart](image)

**Sources:** CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2016.

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

- Note the Healthy People 2020 targets.

![Unintentional Injuries: Age-Adjusted Mortality Chart](image)

**Unintentional Injuries: Age-Adjusted Mortality**

(2012-14 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.0 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 June 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 Deaths for Selected Injury-Related Causes

The following chart outlines shows age-adjusted mortality rates for drug-induced deaths, motor vehicle crash deaths, and fall-related deaths (among adults age 65+).

Select Injury Death Rates
(By Cause of Death; Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-Induced Deaths*</td>
<td>11.5</td>
<td>14.5</td>
<td>14.6</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>6.5</td>
<td>6.2</td>
<td>10.6</td>
</tr>
<tr>
<td>Falls (65+)</td>
<td>38.4</td>
<td>27.1</td>
<td>57.2</td>
</tr>
</tbody>
</table>

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.

Intentional Injury (Violence)

Homicide

Age-adjusted mortality attributed to homicide is shown below.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>5.1</td>
</tr>
<tr>
<td>NJ</td>
<td>4.7</td>
</tr>
<tr>
<td>US</td>
<td>5.2</td>
</tr>
</tbody>
</table>

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 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.

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


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.

Violent Crime Experience: “Have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]

Notes: Asked of all respondents.
Intimate Partner Violence: “The next questions are about different types of violence in relationships with an intimate partner. 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. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

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

“How safe from crime do you consider your neighborhood to be? Would you say: Extremely Safe, Quite Safe, Slightly Safe, or Not At All Safe?”

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe

(Southern Passaic County, 2016)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- Asked of all respondents.

Notes:
- 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. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Injury & Violence

The following chart outlines key informants’ perceptions of the severity of Injury & Violence as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>40.0%</td>
<td>35.7%</td>
<td>17.1%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

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

- Inner-city violence is increasing. Vehicular injuries increase. – Physician
- Crime in the city, gangs, no respect for life. – Social Services Provider
- This is a problem impacting most communities. – Social Services Provider
- News reports, experiences of staff and clients. – Other Health Provider
- Under-reported. – Physician
- Students constantly in Emergency Room and also witness to violence within community and at home. – Social Services Provider
- Violent crime in Patterson, especially fatal shootings have increased. – Community/Business Leader
- We hear it often in this city about violence, especially gun violence. It has affected adults and children. – Social Services Provider
- Due to the number of violent crimes that we have had over the past six months, as reported in the newspapers. This does not take into account the number of domestic injuries or unreported acts of violence within the community. – Social Services Provider
- Gun violence is high. 20 or more have been shot this year. Seem to be increasing reports about robberies and other violent crimes. Too many children are getting injured and dying from stray bullets. – Community/Business Leader

Contributing Factors

- I was born and raised in Paterson. There is a huge drug problem which feeds all too much violence. Paterson- because of its location and easy access by major highways- basically is an open air drug market for the suburbs. Safe housing is in small supply. – Social Services Provider
- Drug-related, gang-related gun violence and domestic violence. – Physician
- Domestic and child violence, uneducated. – Social Services Provider
- Crime, gangs, lack of supervision. – 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](http://www.healthypeople.gov))

**Age-Adjusted Diabetes Deaths**

Age-adjusted diabetes mortality for the area is shown in the following chart.

- Note the Healthy People 2020 target (as 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)

- **22.2** Passaic County NJ US
- **19.3** NJ
- **21.1** US

**Sources:**

**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

“Have you ever been told by a doctor that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

Prevalence of Diabetes

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Another 8.8% of adults report that they have been diagnosed with “pre-diabetes” or “borderline” diabetes. (vs. 5.7% nationwide)

Prevalence of Diabetes

(Southern Passaic County, 2016)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 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).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).
Diabetes Testing

“Have you had a test for high blood sugar or diabetes within the past three years?”

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>48.2%</td>
</tr>
<tr>
<td>Paterson</td>
<td>50.1%</td>
</tr>
<tr>
<td>Northwest</td>
<td>42.5%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>50.6%</td>
</tr>
<tr>
<td>Southwest</td>
<td>60.5%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>50.8%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>50.4%</td>
</tr>
<tr>
<td>US</td>
<td>55.1%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

The following chart outlines key informants’ perceptions of the severity of Diabetes as a problem in the community:

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>52.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>35.2%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

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

Notes: Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Nutrition

The lack of proper nutrition, diet, exercise, and the lack of education as to the consequences of poor diet, etc. – Public Health Representative

Proper nutrition. – Social Services Provider

Nutrition, proper diet, lifestyle. – Other Health Provider
Eating properly and getting their medicines. – Social Services Provider
Nutritional meals. – Social Services Provider
Poor diet and nutrition. People rely on fast and processed food too much. Do not know how to buy and cook healthy on SNAP or a limited budget. – Social Services Provider
Eating the proper foods. – Social Services Provider
Controlling their diet on a fixed income. – Community/Business Leader
Healthier foods are more expensive and, thus, a community that has a high poverty rate will have difficulty obtaining healthier choices. Second, culture plays a role in our health. Many of the foods that we consume, if not in moderation, can be harmful. – Other Health Provider
Making changes to follow a healthier lifestyle, such as changing eating habits. – Community/Business Leader
Obesity. – Social Services Provider

Health Education
Education. – Community/Business Leader
People not recognizing signs and symptoms of diabetes. Not going to primary care physicians on an annual basis and only going when they do not feel well. – Other Health Provider
Lots of education needed for the community. – Social Services Provider
Lack of health education. Noncompliance. – Physician
Poor understanding and lack of compliance. – Physician
Poor education, understanding. Poor patient compliance, aggravating factor. Traditional diets in Hispanic and African American communities. – Physician
Poor patient education regarding the long term effects of unmanaged diabetes is probably the number one problem associated with the diseases. Beyond that, I think there is an absence of goal oriented management. Blood sugar goals and weight goals. – Physician
Education and resources, as well as patience in being compliant. – Community/Business Leader

Disease Management
Non-compliance with medications. Not enough diabetic educators or nutritionists. – Physician
People managing their diabetes. Taking medication and staying on a prescribed diet. – Social Services Provider
Compliance and monitoring. – Physician
Noncompliance. – Physician
Following the appropriate diet. Getting medication, especially if people have no insurance or insurance denies coverage. – Physician
Bad eating habits, poor education, non-compliance with meds. Uninsured cannot afford expensive meds, especially insulin if needed. That is the main reason people continue only on oral meds. Plus, they need badly nutrition and diabetes education. – Physician

Access to Providers
Getting doctors who care to get their sugar under control. – Physician
Physicians. – Community/Business Leader

Access to Medication
Access to medication. Certain types of insulin are expensive and not covered by insurance. This particularly affects the indigent population. – Physician

Vulnerable Populations
There is a high incidence of diabetes among people of color, particularly African Americans. Many do not adjust their lifestyles or practice adequate self-care. – Community/Business Leader
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

Age-adjusted Alzheimer’s disease mortality is outlined below.

Alzheimer's Disease: 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 June 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.
Confusion & Memory Loss

Adults Age 45 and Older: “During the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse?”

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Confusion &amp; Memory Loss (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>7.7%</td>
</tr>
<tr>
<td>Paterson</td>
<td>15.5%</td>
</tr>
<tr>
<td>Northwest</td>
<td>7.6%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>13.1%</td>
</tr>
<tr>
<td>Southwest</td>
<td>8.8%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>10.8%</td>
</tr>
<tr>
<td>Southern</td>
<td>11.8%</td>
</tr>
<tr>
<td>Passaic County</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

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.

Key Informant Input: Dementias, Including Alzheimer’s Disease

The following chart outlines key informants’ perceptions of the severity of Dementias, Including Alzheimer’s Disease as a problem in the community:

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

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>34.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>38.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>18.1%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

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

No appropriate team to refer to. No resources. No facility for care, and family and patient support. – Physician
There is no availability of reasonable cognitive testing, and all available treatments are of limited effectiveness in an aging community. – Physician
Poor help. – Physician
Aging Population
This region has a very large population of aging adults. – Community/Business Leader
Due to age, population served are the elderly within Passaic County. – Social Services Provider
We've had increasing numbers of seniors move into town, and there is an increased occurrence, in general. There's more open discussion, also leading to more memory screenings and diagnosis. – Other Health Provider

Impact on Families/Caregivers
There seems to be limited resources for these patients, their families and caretakers. – Community/ Business Leader
Caregiver stress. Cost of long-term care. – Physician
think that family members are not recognizing the disease early enough. In addition, families are trying to take care of the patient on their own. – Other Health Provider

Diagnosis/Treatment
Most people go undiagnosed, homeless. – Social Services Provider
Prolonged course, expensive custodial care and essentially ineffective treatment, plus family disruption. Family financial ruin. – Physician

Alcohol/Drug Use
Drug use, elderly population, especially if hypertension untreated. – Physician
Disease, one cause is drinking excessively. – Social Services Provider

Health Education
Not enough awareness for prevention. – Social Services Provider

Prevalence/Incidence
Common diagnosis among client population. – 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

Age-adjusted kidney disease mortality is described in the following chart.

**Kidney Disease: Age-Adjusted Mortality**

(2012-14 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Location</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>12.8</td>
</tr>
<tr>
<td>NJ</td>
<td>13.5</td>
</tr>
<tr>
<td>US</td>
<td>13.2</td>
</tr>
</tbody>
</table>

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

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

**Prevalence of Kidney Disease**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>1.5%</td>
</tr>
<tr>
<td>Paterson</td>
<td>3.5%</td>
</tr>
<tr>
<td>Northwest</td>
<td>0.0%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>3.5%</td>
</tr>
<tr>
<td>Southwest</td>
<td>3.1%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>1.1%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>2.7%</td>
</tr>
<tr>
<td>NJ</td>
<td>2.4%</td>
</tr>
<tr>
<td>US</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

**Key Informant Input: Chronic Kidney Disease**

The following chart outlines key informants’ perceptions of the severity of *Chronic Kidney Disease* as a problem in the community:

**Perceptions of Chronic Kidney Disease as a Problem in the Community**

*(Key Informants, 2016)*

<table>
<thead>
<tr>
<th>Severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>48.6%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>15.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

**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**

*I think the major problem with chronic kidney disease is our failure to prevent it. Lack of good endocrine care for the management of diabetes and the absence of a good patient education system related to hypertension and diabetes.* – *Physician*

*Not enough education and awareness on preventive care.* – *Social Services Provider*
Vulnerable Populations

High African American and Latino communities with untreated hypertension and diabetes. – Physician

Epidemiology of different groups—Latino, African-American, Arabic. – Public Health Representative

There is a high incidence of diabetes and hypertension in Afro American patients, which forms a significant percentage of patients in Passaic County. This leads to chronic kidney disease, and ultimately these patients end up on dialysis. – Physician

Prevalence/Incidence

Common diagnosis found in our agency client population. – Other Health Provider

Many people have it. – Physician

I know that the local community has a history of hypertension, diabetes, and social conditions that lead to kidney disease. – Social Services Provider

Co-Occurrences

There are so many persons with chronic conditions which effect the kidney and these person are not being treated for their chronic conditions. Some also because of lack of knowledge on how these conditions can affect the kidneys. – Social Services Provider

Lifestyles

Because of lifestyle in our community. – Social Services Provider
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

“Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?” (Reported below among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?” (Reported below among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?” (Reported below among all adults age 18+.)

See also Activity Limitations in the General Health Status section of this report.
Prevalence of Potentially Disabling Conditions

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The following chart outlines key informants’ perceptions of the severity of Arthritis, Osteoporosis & Chronic Back Conditions as a problem in the community:

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2016)

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

It is a common disease and no orthopedic or pain management. HMO insurances. – Physician

Common diagnosis among care recipients. – Other Health Provider

Back pain is a major problem in this community. It is challenging to resolve this problem as treatment options are limited and many people despite going through the current available treatments do not feel the relief and it is frustrating. – Physician

Aging Population

Elderly population, people post injuries, poor nutrition and inconsistent medical care. Poor compliance with recommendations. – Physician

Increased numbers of elderly and reduced fitness with few active walkers, and prohibitive weather conditions. – Other Health Provider
Health Education

There is not enough education and awareness on prevention. – Social Services Provider
Lack of awareness of early onset and what can be done to prevent these conditions. – Community/ Business Leader

Diagnosis/Treatment

Osteoporosis is not being treated routinely and arthritis is very common. – Physician
Back pain, arthritis, people cannot work. Take pain medication, could lead to a substance abuse problem. – Social Services Provider

Work Conditions

People in the community work a lot, overseas before they immigrate here. When they come here they work hard jobs for long hours, even the educated ones. They have to work for a few years until they get their papers in order. – Physician

Access to Care/Services

Lack of service; long wait time in clinic. – Physician

Co-Occurrences

Obesity, vitamin D deficiency, lack of exercise, poor nutrition. – Physician
Vision & Hearing Impairment

Vision Trouble

**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)

Hearing Trouble

**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 as 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)
“Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing, even when wearing glasses?”

“Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing?”

### Prevalence of Blindness/Deafness

<table>
<thead>
<tr>
<th></th>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blindness/Trouble Seeing Even With Glasses</td>
<td>8.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Deafness/Trouble Hearing</td>
<td>9.8%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Reflects the total sample of respondents.

### Key Informant Input: Vision & Hearing

The following chart outlines key informants’ perceptions of the severity of Vision & Hearing as a problem in the community:

#### Perceptions of Vision and Hearing as a Problem in the Community  
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Respondents</td>
<td>9.2%</td>
<td>47.7%</td>
<td>35.4%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

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:

**Diagnosis/Treatment**
- Children in Patterson are often not diagnosed early and do not receive help until they enter the school system. – Community/Business Leader
- Parents going for follow-up care for their child - Social Services Provider

**Affordable Care/Services**
- Cost is the major factor. Medicare does not cover expenses for hearing aids or eye glasses. – Social Services Provider

**Access to Care/Services**
- No screening. Lack of subspecialists to refer to. – Physician

**Health Education**
- Not enough education. – Social Services Provider
About Sepsis & 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.

Septicemia Deaths

The following chart outlines age-adjusted mortality rates for the area in comparison with state and national rates.

![Septicemia: Age-Adjusted Mortality](chart)

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

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

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

“There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist®. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?”

“A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?”
Chart columns below show these findings among those age 65+. Percentages for “high-risk” adults age 18-64 in Southern Passaic County are also shown; here, “high-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

- Note also the Healthy People 2020 targets.

**Older Adults: Have Had a Flu Vaccination in the Past Year**
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Southern Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Risk</td>
<td>58.1%</td>
<td>59.4%</td>
<td>58.9%</td>
</tr>
<tr>
<td></td>
<td>(HP2020 Goal = 70%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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.

**Older Adults: Have Ever Had a Pneumonia Vaccine**
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Southern Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Risk</td>
<td>67.4%</td>
<td>64.1%</td>
<td>76.3%</td>
</tr>
<tr>
<td></td>
<td>(HP2020 Goal = 60%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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)
HIV/AIDS Deaths

The following chart outlines age-adjusted mortality rates for the area in comparison with state and national rates.

*HIV/AIDS: Age-Adjusted Mortality*

**HIV/AIDS: Age-Adjusted Mortality**
**(2005-14 Annual Average Deaths per 100,000 Population)**

Healthy People 2020 Target = 3.3 or Lower

<table>
<thead>
<tr>
<th></th>
<th>2005-14 Annual Average Deaths per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>6.3</td>
</tr>
<tr>
<td>NJ</td>
<td>4.3</td>
</tr>
<tr>
<td>US</td>
<td>3.0</td>
</tr>
</tbody>
</table>

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

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

*HIV Prevalence*

**HIV Prevalence**
**(Prevalence Rate of HIV per 100,000 Population, 2013)**

<table>
<thead>
<tr>
<th></th>
<th>Prevalence Rate of HIV per 100,000 Population, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>656.2</td>
</tr>
<tr>
<td>NJ</td>
<td>505.8</td>
</tr>
<tr>
<td>US</td>
<td>353.2</td>
</tr>
</tbody>
</table>


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
“Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?” (Reported below only among adults age 18 to 44.)

Tested for HIV in the Past Year
(Among Adults Age 18-44)

Key Informant Input: HIV/AIDS
The following chart outlines key informants’ perceptions of the severity of HIV/AIDS as a problem in the community:

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.5%</td>
<td>38.0%</td>
<td>36.6%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

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:

**Health Education**
- People do not think that it is still very alive, and there are many people with it and being diagnosed with HIV/AIDS. People still do not know or have much knowledge regarding HIV. – Social Services Provider

**High-Risk Behaviors**
- High drug use in the inner city. – Physician

**Prevalence/Incidence**
- Reported increasing incidents in young people and elderly. – Community/Business Leader
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

**Chlamydia.** Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia do not know it since the disease often has no symptoms.

**Gonorrhea.** Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.
The following chart outlines local incidence for these STDs.

### Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>501.5</td>
<td>335.2</td>
<td>456.1</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>128.0</td>
<td>74.6</td>
<td>110.7</td>
</tr>
</tbody>
</table>

**Sources:**
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

**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

**Sexual Partners**

“During the past 12 months, with how many people have you had sexual intercourse?”

“Was a condom used the last time you had sexual intercourse?”

Each of these is reported below only among adults who are unmarried and between the ages of 18 and 64.

### Sexual Risk
(Unmarried Adults Age 18-64)

<table>
<thead>
<tr>
<th></th>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ Sexual Partners in the Past Year</td>
<td>10.1%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Used Condom During Last Sexual Intercourse</td>
<td>41.2%</td>
<td>44.5%</td>
</tr>
</tbody>
</table>

**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

The following chart outlines key informants’ perceptions of the severity of Sexually Transmitted Diseases as a problem in the community:

**Perceptions of Sexually Transmitted Diseases as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>23.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>36.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>27.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

**Top Concerns**

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

**Health Education**

- Ignorance about the subject, especially in the young kids. – Social Services Provider
- I think the fear of AIDS has waned as people are seeing it less as a death result and something “I can get medicine for.” I also think ours is a culture of death, and many people simply do not care that they are transmitting it. – Social Services Provider
- Ignorance. – Physician

**Social Norms**

- Unprotected sex, spreading in the community. – Social Services Provider

**Prevalence/Incidence**

- We see a lot of it. – Physician
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants’ perceptions of the severity of Immunization & Infectious Diseases as a problem in the community:

**Perceptions of Immunization and Infectious Diseases as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.4%</td>
<td>51.4%</td>
<td>27.1%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

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 Providers**
Not enough doctors to treat. – Physician
Because people do not receive medical attention on a regular basis. Many do not have primary care doctors. Therefore, do not have an immunization chart to keep up with immunizations. – Social Services Provider

**Cultural/Personal Beliefs**
Parents do not initiate appropriate care for their child. – Social Services Provider

**Health Education**
Lack of education, the importance of immunization. – Social Services Provider
Births

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described below.

- Note the Healthy People 2020 target.

Low-Weight Births
(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Weight Births</td>
<td>8.6%</td>
<td>8.4%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

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

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following charts.

- Note the Healthy People 2020 target.
- Note also the disparity by race/ethnicity.

### Infant Mortality Rate

**(Annual Average Infant Deaths per 1,000 Live Births, 2012-14)**

**Healthy People 2020 Target = 6.0 or Lower**

<table>
<thead>
<tr>
<th>County/Known Value</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td>3.8</td>
</tr>
<tr>
<td>NJ</td>
<td>4.4</td>
</tr>
<tr>
<td>US</td>
<td>5.9</td>
</tr>
</tbody>
</table>

### Infant Mortality Rate by Race/Ethnicity

**(Annual Average Infant Deaths per 1,000 Live Births, 2012-14)**

**Healthy People 2020 Target = 6.0 or Lower**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passaic County</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>2.9</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>5.6</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3.9</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

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

The following chart outlines key informants’ perceptions of the severity of Infant & Child Health as a problem in the community:

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.9%</td>
<td>43.3%</td>
<td>23.9%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

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**

I see many infants and children in the community that appear to be unkempt. – Social Services Provider

March of Dimes survey. City of Paterson received an F on its report card, and the county a C for premature births. The lack of nurses in the public school system. Nurses are covering five schools. There is no eye exam or hearing test being done. – Social Services Provider

**Vulnerable Populations**

Many of the members of my community are new immigrants into the country without documentation. Many families’ only source of health care is the Emergency Room. – Community/Business Leader

**Health Education**

Lack of education on prenatal and postnatal care, and for child health. – Social Services Provider

**Contributing Factors**

Lack of parenting skills, addiction, poverty. – Social Services Provider

**Vaccinations**

Vaccinations. – Physician
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)

The following charts describe local teen births.

- Note the disparity by race/ethnicity.

**Teen Birth Rate**

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

![Bar Chart showing teen birth rates](chart.png)

**Sources:**

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

**Notes:**

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
**Teen Birth Rate**
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Passaic County by Race/Ethnicity, 2006-2012)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (Non-Hispanic)</td>
<td>56.9</td>
<td>56.7</td>
<td>54.9</td>
</tr>
<tr>
<td>Black (Non-Hispanic)</td>
<td>34.8</td>
<td>43.2</td>
<td>62.0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>7.7</td>
<td>21.6</td>
<td>24.6</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>6.8</td>
<td>48.9</td>
<td>36.6</td>
</tr>
</tbody>
</table>


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

**Key Informant Input: Family Planning**
The following chart outlines key informants’ perceptions of the severity of Family Planning as a problem in the community:

**Perceptions of Family Planning as a Problem in the Community**
(Key Informants, 2016)

- **Major Problem**: 19.4%
- **Moderate Problem**: 38.8%
- **Minor Problem**: 29.9%
- **No Problem At All**: 11.9%

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:

**Health Education**
- Younger residents do not seem to be fully informed about family planning options and engage in unprotected sex. – Community/Business Leader
- There is a lack of education among young people regarding waiting to have a baby. – Social Services Provider

**Poverty**
- Poverty-stricken communities’ emphasis is usually on getting through the day, week, or month. Thus, there is no serious consideration for long-term planning. As a result, people in the community never consider the financial, health, and psychological. – Other Health Provider
- People are having children and are not able to provide for them. – Social Services Provider
### Unplanned Pregnancies
- Many unwanted pregnancies. – Physician
- At least 60 percent of all pregnancies are unplanned. – Physician

### Cultural Beliefs
- Usually not permitted amongst the Muslim community. – Social Services Provider

### Access to Care/Services
- Resources are not readily available to residents. – Social Services Provider

### Teen Pregnancy
- Teen pregnancy. – Other Health 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.

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

[Diagram showing the contributions of different factors]

"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(2004):1238-1245.
Nutrition, Physical Activity & Weight

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

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.

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for adults at the respondent level. The proportion reporting having 5 or more servings per day is shown below.

### Consume Five or More Servings of Fruits/Vegetables Per Day

#### 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.

#### Southern Passaic County, 2016

![Bar Chart](chart.png)

### Consume Five or More Servings of Fruits/Vegetables Per Day

#### Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

#### Notes:
- 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 federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
Access to Fresh Produce

“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?”

Find It “Very” or “Somewhat”
Difficult to Buy Affordable Fresh Produce

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.
- 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. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
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. The chart for this indicator below is based on US Department of Agriculture data.

**Population With Low Food Access**

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

- **Passaic County, NJ, US**: 65,528 individuals have low food access.
- **US**: 23.6%
- **NJ**: 26.3%
- **Passaic County**: 13.1%

Sources:

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.
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

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.

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

- Note the corresponding Healthy People 2020 target in the chart below.

**No Leisure-Time Physical Activity in the Past Month**

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 32.6% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>29.9%</td>
</tr>
<tr>
<td>Paterson</td>
<td>33.6%</td>
</tr>
<tr>
<td>Northwest</td>
<td>15.1%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>33.6%</td>
</tr>
<tr>
<td>Southwest</td>
<td>21.7%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>28.4%</td>
</tr>
<tr>
<td>Southern Passaic</td>
<td>29.1%</td>
</tr>
<tr>
<td>County US</td>
<td>23.3%</td>
</tr>
<tr>
<td>NJ</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

---

**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.

Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”
“And during the past month, how many times per week or per month did you take part in this activity?”
“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.”

“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.

Meets Physical Activity Recommendations
Healthy People 2020 Target = 20.1% or Higher

<table>
<thead>
<tr>
<th>Location</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>24.8%</td>
<td>23.4%</td>
<td>28.9%</td>
<td>23.6%</td>
<td>17.4%</td>
<td>37.3%</td>
<td>25.3%</td>
<td>21.6%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 174)
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- As of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity/75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
Meets Physical Activity Recommendations
(Southern Passaic County, 2016)
Healthy People 2020 Target = 20.1% or Higher

Children’s Physical Activity
“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”
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.


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight, not Obese</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Adult Weight Status

“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

“Are you now trying to lose weight?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

- Note the Healthy People 2020 target for obesity.

### Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>75.9%</td>
</tr>
<tr>
<td>Paterson</td>
<td>77.2%</td>
</tr>
<tr>
<td>Northwest</td>
<td>71.1%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>63.4%</td>
</tr>
<tr>
<td>Southwest</td>
<td>73.5%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>64.1%</td>
</tr>
<tr>
<td>Southern Passaic</td>
<td>70.4%</td>
</tr>
<tr>
<td>County NJ</td>
<td>63.2%</td>
</tr>
<tr>
<td>US</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

68.9% are trying to lose weight.

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>31.7%</td>
</tr>
<tr>
<td>Paterson</td>
<td>37.1%</td>
</tr>
<tr>
<td>Northwest</td>
<td>33.3%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>31.6%</td>
</tr>
<tr>
<td>Southwest</td>
<td>34.2%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>30.8%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>33.5%</td>
</tr>
<tr>
<td>NJ</td>
<td>26.9%</td>
</tr>
<tr>
<td>US</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 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:
- 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.

Childhood Overweight & Obesity

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
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“How about how tall is this child?”

**Child Total Overweight Prevalence**
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.7%</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

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.

**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**

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
<th>Boys Age 5-12</th>
<th>Girls Age 5-12</th>
<th>Boys Age 13-17</th>
<th>Girls Age 13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.8%</td>
<td>18.3%</td>
<td>20.8%</td>
<td>4.9%</td>
<td>13.2%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

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.  
- 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

The following chart outlines key informants’ perceptions of the severity of Nutrition, Physical Activity & Weight as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.7%</td>
<td>41.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

**Nutrition**
- Reluctance to change dietary habits, neighborhood access to vegetable, fruit stands, fish markets. – Other Health Provider
- We have become a fast and processed food society. Even intact families do not sit down for family meals. Need to have family dining time, help in buying and cooking on a budget. – Social Services Provider
- This is just individual basis of people not eating right, eating too much, and eating too much of the wrong food. More about individual responsibility. There is a huge lack of healthy options in the area to eat, and then most people don’t pick those. – Physician
- Individual behaviors and responses to stress, along with commute to work, numbers of hours at work, and sedentary are key elements. – Other Health Provider
- Poor dietary habits and sedentary life styles. High incidence of obesity. – Physician
- Proper nutrition. Not enough parks to foster physical activity. – Social Services Provider
- Fast foods, lack of activity. – Physician
- Low income, decreased access to fresh fruits and vegetables. Easy access to fast food. Lack of exercise. – Other Health Provider
- Following appropriate diet, getting exercise. – Physician

**Access to Healthful Food**
- Lack of available healthy, cheap foods. – Physician
- Food disparity. – Social Services Provider
- Limited income and ability to prepare nutritional meals, limited mobility due to age. – Social Services Provider
- Affordability. – Social Services Provider

**Health Education**
- Lack of information in inner city communities leading to obesity, diabetes, and vascular diseases of aging. – Physician
- No education. – Physician
- Lack of centers for nutritional evaluation and consultation. Lack of enough personnel in nutrition and physical fitness available. – Physician
- Lack of education. – Social Services Provider

**Prevalence of Obesity**
- High incidence of obesity among school aged children, as well as adults. Good quality food is not easily available, cost more. Fast food and prepackaged foods have become the default. These tend to be high in sugar, sodium and fats, low in
nutrition. – Community/Business Leader

Obesity and morbid obesity is out of control and affecting all areas of health. – Physician

Morbid obesity, in Paterson area. – Physician

Physical Activity

Not enough outdoor activities for residents. Access to walking paths/bike paths. – Other Health Provider

As society, technology has created a more sedentary lifestyle for us. In addition, the pressure to continue to increase production as we compete in the global market is compelling us to work longer hours. – Other Health Provider

Socioeconomic Factors

95 percent of my population receive free or reduced lunch, many families on SNAP. – Community/Business Leader

Poor socioeconomic status. – Physician

Vulnerable Populations

Women who have been living in abusive marriages are often prevented from participating in social and healthful activities outside the home. Others going through stressful times, divorce, job loss, substance abuse, become depressed and make unhealthy choices. – Social Services Provider

Schools Lunch Programs

School lunch programs on the elementary level do not address childhood diabetes. A piece of cheese on a whole wheat roll is not a dietary choice for the many students who are afflicted with this disease. There is no breakfast option. – Social Services Provider

Access to Care/Services

People not utilizing their resources. – Community/Business Leader

Obesity

Obesity. Lack of exercises. – Physician
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)

Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The chart below outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Drug-Induced Deaths. Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing’s syndrome). A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. These deaths may also be either intentional (e.g., suicide) or unintentional (accidental).
The chart below outlines local age-adjusted mortality for drug-induced deaths.

- Note the corresponding Healthy People 2020 targets.

**Cirrhosis/Liver Disease: Age-Adjusted Mortality**
(2012-14 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>8.5</td>
<td>7.3</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Sources:

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

Healthy People 2020 Target = 11.3 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>11.5</td>
<td>14.5</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Sources:

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 Drinkers. 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.

“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
Excessive Drinkers
(Southern Passaic County, 2016)
Healthy People 2020 Target = 25.4% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

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).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes those households with incomes below 100% of the federal poverty level; "Low Income" includes those households with incomes at 100–199% of the federal poverty level; and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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. 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.

“During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”

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.
Illicit Drug Use
“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

Illicit Drug Use in the Past Month
Healthy People 2020 Target = 7.1% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment
“Have you ever sought professional help for an alcohol or drug-related problem?”

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.
Personal Impact of Substance Abuse

“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: A Great Deal, Somewhat, A Little, or Not at All?”

**Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)**

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 69)
Notes: Asked of all respondents.

**Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)**
(Southern Passaic County, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 69)
Notes: 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. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Substance Abuse

The following chart outlines key informants’ perceptions of the severity of Substance Abuse as a problem in the community:

### Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.7%</td>
<td>29.7%</td>
<td>16.2%</td>
<td></td>
</tr>
</tbody>
</table>

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

**Notes:**
- Asked of all respondents.

### Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

#### Denial/Stigma
- Lack of motivation to seek help. – Physician
- Denial that they have a problem. – Community/Business Leader
- Shame and guilt. In the grip of their disease. Not enough detoxes and outpatient facilities. – Social Services Provider
- Lack of willingness of people to seek treatment. Lack of enough facilities to offer a comprehensive program to help the people with drug use. Lack of money, if needed, to join these programs. Easy access to the drug makes the decision easier. – Physician
- This is an individual choice not to access treatment. We have enough resources within the area to address the need. Peer pressure and no interest in becoming substance free. – Social Services Provider
- Ignorance, denial of problem and transportation. – Social Services Provider
- Fear, reluctance to give up substance. – Other Health Provider
- Many people have no interest in stopping. Alternative life choices and opportunities are not available. – Physician

#### Access to Care/Services
- Lack of beds. – Physician
- Greatest barrier affecting individuals accessing needed substance abuse treatment is capacity. There are a number of programs available in our community that provide both inpatient and outpatient services, counseling and care. – Social Services Provider
- No inpatient rehabs available, except Bergen Regional. – Physician
- Intervention services, social services counseling so that they can find a program, availability of detox and programs. – Social Services Provider
- Not enough treatment centers in the area. Cost of treatment if insurance does not cover. – Other Health Provider
- The ability of the individuals to get to meetings because of transportation problems. – Other Health Provider

#### Awareness
- Knowledge of where to go for help, inability to pay for private consultation and rehab. Lack of resources, referrals. – Community/Business Leader
- Awareness of any programs available. – Social Services Provider
- Awareness and the lack of specialized centers. – Physician
- Lack of funded beds, lack of awareness of where to get help. Fear of disclosure of their mythical secret. – Social Services Provider
Lack of education. – Social Services Provider

Prevalence/Incidence

Community is full of drug addicts, heroin and narcotic use is rampant. – Physician

Peer Pressure

Peer pressure, concern about getting involved with the law. – Physician

Addiction

Addiction. – Social Services Provider

Affordable Care/Services

Cost. – Physician

Most Problematic Substances

Key informants (who rated this as a “major problem”) were further asked to identify the most problematic substances abused in the community.

<table>
<thead>
<tr>
<th>Problematic Substances</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin or Other Opioids</td>
<td>44.0%</td>
<td>16.7%</td>
<td>20.8%</td>
<td>20</td>
</tr>
<tr>
<td>Alcohol</td>
<td>32.0%</td>
<td>20.8%</td>
<td>29.2%</td>
<td>20</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>12.0%</td>
<td>20.8%</td>
<td>25.0%</td>
<td>14</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>8.0%</td>
<td>33.3%</td>
<td>8.3%</td>
<td>12</td>
</tr>
<tr>
<td>Marijuana</td>
<td>4.0%</td>
<td>0.0%</td>
<td>4.2%</td>
<td>2</td>
</tr>
<tr>
<td>Synthetic Drugs (e.g. Bath Salts, K2/Spice)</td>
<td>0.0%</td>
<td>4.2%</td>
<td>4.2%</td>
<td>2</td>
</tr>
<tr>
<td>Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)</td>
<td>0.0%</td>
<td>4.2%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>0.0%</td>
<td>0.0%</td>
<td>4.2%</td>
<td>1</td>
</tr>
<tr>
<td>Steroids</td>
<td>0.0%</td>
<td>0.0%</td>
<td>4.2%</td>
<td>1</td>
</tr>
</tbody>
</table>
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

“Do you now smoke cigarettes every day, some days, or not at all?”

- Note the Healthy People 2020 target.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

Bergen | Paterson | Northwest | Passaic/Clifton | Southwest | Wayne/Southwest | Southern Passaic County | NJ | US
--- | --- | --- | --- | --- | --- | --- | --- | ---
7.2% | 12.9% | 9.4% | 14.7% | 4.9% | 6.7% | 11.2% | 15.1% | 14.0%

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

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
**Current Smokers**
(Southern Passaic County, 2016)

**Healthy People 2020 Target = 12.0% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
<th>Southern Passaic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>13.1%</td>
<td>9.4%</td>
<td>11.7%</td>
<td>12.7%</td>
<td>6.6%</td>
<td>17.8%</td>
<td>14.7%</td>
<td>9.6%</td>
<td>8.4%</td>
<td>9.8%</td>
<td>13.9%</td>
<td>14.4%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]

**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).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

**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)
“In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?”
(Asked of respondents who smoke every day or on some days.)

“During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?” (Asked of respondents who smoke every day.)

### Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 80.0% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Passaic County</td>
</tr>
<tr>
<td>52.2%</td>
</tr>
<tr>
<td>US</td>
</tr>
<tr>
<td>43.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56-57]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who smoke cigarettes every day.

### Secondhand Smoke

“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children age 0-17.

### Member of Household Smokes at Home

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- *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.
E-Cigarette Use

“The next question is about electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic cigarette?”

Electronic Cigarette Use
(Southern Passaic County, 2016)

Currently Use Electronic Cigarettes
(Every Day or on Some Days)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
Notes: Asked of all respondents.

Sources: 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).
Other Tobacco Use
“Do you now smoke cigars every day, some days, or not at all?”

“Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?”

Other Tobacco Use

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. Items 59, 60
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use
The following chart outlines key informants’ perceptions of the severity of Tobacco Use as a problem in the community:

Perceptions of Tobacco Use 
as a Problem in the Community
(Key Informants, 2016)

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
- Lots of smoking. – Physician
- People smoke. – Physician
- Tobacco, e-cigarettes and vapes too easy for minors to purchase. – Other Health Provider
Despite common knowledge of the ill effects of smoking, people continue to do it. Lack of cessation counseling and medication are the major problems. – Physician

Almost every student lives in a house where adults are constantly smoking. It’s acceptable. Even though they can’t afford necessities for family, they can afford cigarettes and cigars and hookah. – Social Services Provider

Large amount of youth still smoking, especially with a large foreign population where smoking is still not considered a problem. – Physician

Because too many people are smoking. – Social Services Provider

Addiction

Addiction, second hand smoke and lung cancer. – Social Services Provider

Bad habit, especially in developing countries. Most smokers start smoking during childhood, some are coming from war zone countries, especially Lebanon, Palestine, Iraq, and Syria lately. – Physician

Health Education

Lack of awareness of health risks of smoking and lack of public alertness to the impact of smoking on health. – Physician

Lack of education. – Social Services Provider

Vulnerable Populations

Our minority populations are from groups with traditionally high tobacco usage. – Physician

Leading Cause of Death

Potential for significant morbidity. – Physician
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. 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).

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>1.1%</td>
</tr>
<tr>
<td>Paterson</td>
<td>11.1%</td>
</tr>
<tr>
<td>Northwest</td>
<td>1.2%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>8.6%</td>
</tr>
<tr>
<td>Southwest</td>
<td>5.5%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>7.9%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>7.7%</td>
</tr>
<tr>
<td>NJ</td>
<td>15.0%</td>
</tr>
<tr>
<td>US</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Southern Passaic County, 2016)

Healthy People 2020 Target = 0.0% (Universal Coverage)

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>7.9%</td>
<td>4.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Women</td>
<td>7.5%</td>
<td>4.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td>5.9%</td>
<td>3.9%</td>
<td>3.4%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>10.1%</td>
<td>6.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>White</td>
<td>18.0%</td>
<td>11.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Black</td>
<td>4.0%</td>
<td>3.0%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.9%</td>
<td>5.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other</td>
<td>12.9%</td>
<td>7.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Southern Passaic</td>
<td>7.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- Healthy People 2020 (www.healthypeople.gov)
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

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. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

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)

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

“Was there a time in the past 12 months when…

- … you needed medical care, but had difficulty finding a doctor?”
- … you had difficulty getting an appointment to see a doctor?”
- … you needed to see a doctor, but could not because of the cost?”
- … a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”
- … you were not able to see a doctor because the office hours were not convenient?”
- … you needed a prescription medicine, but did not get it because you could not afford it?”
- … you were not able to see a doctor due to language or cultural differences?”
The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

**Barriers to Access Have Prevented Medical Care in the Past Year**

<table>
<thead>
<tr>
<th>Source of Care Problems</th>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconvenient Office Hours</td>
<td>22.0%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Getting a Dr Appointment</td>
<td>20.8%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Cost (Doctor Visit)</td>
<td>17.7%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Cost (Prescriptions)</td>
<td>15.1%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Finding a Doctor</td>
<td>14.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>10.1%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Language/Culture</td>
<td>2.9%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

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.

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

<table>
<thead>
<tr>
<th>Source of Care Problems</th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconvenient Office Hours</td>
<td>32.4%</td>
<td>61.4%</td>
<td>35.9%</td>
<td>53.6%</td>
<td>35.5%</td>
<td>48.0%</td>
<td>35.0%</td>
<td>----</td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, 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.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Southern Passaic County, 2016)

Accessing Healthcare for Children
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

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 lack of insurance coverage. Other insurance issues and long waits for an appointment were also mentioned.
Key Informant Input: Access to Healthcare Services

The following chart outlines key informants’ perceptions of the severity of Access to Healthcare Services as a problem in the community:

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>25.3%</td>
<td>49.3%</td>
<td>14.7%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

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 only one hospital in the community. – Community/Business Leader
- Access to primary care physicians is a challenge in our community. Additionally, transportation is a challenge in terms of people being able to get to doctors and their appointments. Finally, language is a barrier. Our community is primarily Latino. – Community/Business Leader
- Lack of accessible primary care practitioners in the region. – Public Health Representative
- This access issue is manifested in several ways. I think the most prominent way is the extremely limited availability of timely subspecialty care in areas like Gastroenterology, Endocrinology and Pulmonology to name three. – Physician
- Long waiting lists at outpatient mental health centers. If someone has private insurance, availability of Psychiatrists on the panel, access to detox, rehab, and dual diagnosis programs for the mentally ill. Chemically addicted. – Physician
- As a school nurse, children are not seen by Pediatrician because parent has to work. Medical care is usually through Emergency Room. – Other Health Provider
- Patients go to Emergency Rooms in the weekend because PMD’s are not having offices in the weekend. – Physician
- Access to specialists, especially Orthopedics is a real problem. Other health issues, I would think are the same that are there in all communities. – Physician
- Transportation, medical coverage, affordability and not knowing. – Social Services Provider
- There are several nursing homes in this area, where elderly patients live who have numerous chronic wounds. There is no Wound Care Center in the area where they can be followed and treated on regular basis. – Physician
- There are insufficient primary care doctors resulting in the ER becoming the convenient source for routine care or people having to go to ER when health needs aren’t treated because of lack of primary care. There is also a lack of timely access. – Social Services Provider

Affordable Care/Services

- People do not have insurance. They rely on the Emergency Room for care. They are afraid. – Social Services Provider
- The money to pay for both diagnosis and comprehensive treatment in our horribly disjointed system. – Physician
- No insurance. – Social Services Provider
- All the specialists only take the high end insurance. The people with bad insurance can never see a specialist of any kind, or they have months of waiting for an appointment. – Physician
- No insurance, inadequate insurance and awareness of the available resources. – Physician
- Lack of finance to pay for health insurance. – Social Services Provider
- Lack of health insurance. Homelessness and severe poverty. – Community/Business Leader
- Poverty and low medical literacy in a very diverse population. – Physician
Health Education
Lack of knowledge about services, a lot of PCP don't know resources, illegal immigrants or underinsured. – Physician
Residents are not aware of the services that are in the area. – Other Health Provider

Language Barriers
Language barriers and lack of immigration documentation, therefore being an obstacle for seeking healthcare. – Social Services Provider

Cost of Medications
Cost, access to medications. Affects all patients. Medications are costly. Even generic medications have become very expensive. For certain illnesses, the appropriate medications are very expensive and there are no cheap alternatives. – Physician

Contributing Factors
Dependency is the issue. The prevention of and the treatment for this kind of dependence, including the psycho-social component, is sorely lacking. – Physician

Type of Care Most Difficult to Access
Key informants (who rated this as a “major problem”) were further asked to identify the type of care they perceive as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Type of Care Most Difficult to Access</th>
<th>Most Difficult to Access</th>
<th>Second-Most Difficult to Access</th>
<th>Third-Most Difficult to Access</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>29.4%</td>
<td>31.3%</td>
<td>26.7%</td>
<td>14</td>
</tr>
<tr>
<td>Primary Care</td>
<td>11.8%</td>
<td>25.0%</td>
<td>13.3%</td>
<td>8</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>5.9%</td>
<td>31.3%</td>
<td>6.7%</td>
<td>7</td>
</tr>
<tr>
<td>Elder Care</td>
<td>11.8%</td>
<td>6.3%</td>
<td>13.3%</td>
<td>5</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>17.6%</td>
<td>0.0%</td>
<td>6.7%</td>
<td>4</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>17.6%</td>
<td>0.0%</td>
<td>6.7%</td>
<td>4</td>
</tr>
<tr>
<td>Dental Care</td>
<td>5.9%</td>
<td>0.0%</td>
<td>13.3%</td>
<td>3</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.0%</td>
<td>6.3%</td>
<td>6.7%</td>
<td>2</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>6.7%</td>
<td>1</td>
</tr>
</tbody>
</table>
Health Literacy

To measure respondents’ ability to understand health-related information, respondents were asked the following questions:

“How often is health information written in a way that is easy for you to understand? Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?”

“How often do you need to have someone help you read health information? Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?”

“How often is health information spoken in a way that is easy for you to understand? Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?”

“In general, how confident are you in your ability to fill out health forms yourself? Would you say: Extremely Confident, Somewhat Confident, or Not at All Confident?”

Low health literacy is defined here 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.

Low Health Literacy

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.
Low Health Literacy
(Southern Passaic County, 2016)

Sources:  2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:  
- All respondents.
- 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. “Very Low Income” includes those households with incomes below 100% of the federal poverty level; “Low Income” includes those households with incomes at 100–199% of the federal poverty level; and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- 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

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).
“Is there a particular place that you usually go to if you are sick or need advice about your health?”

“What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor’s office, a hospital emergency room, military or other VA healthcare, or some other place?”

The following charts illustrate the proportion of Southern Passaic County population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

- Note the Healthy People 2020 objective.
Teaching Hospitals

“Some hospitals are teaching hospitals, where medical students are trained to be future doctors and where research and clinical trials are conducted. In general, do you feel the medical care you would receive at a teaching or university hospital would be Better, The Same, or Worse than at a non-teaching hospital?”

### Expectation of Medical Care Received at Teaching Hospitals vs. Non-Teaching Hospitals

<table>
<thead>
<tr>
<th></th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>70.1%</td>
<td>13.6%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Paterson</td>
<td>25.6%</td>
<td>66.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Northwest</td>
<td>22.1%</td>
<td>46.2%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>11.6%</td>
<td>34.2%</td>
<td>54.2%</td>
</tr>
<tr>
<td>Southwest</td>
<td>10.2%</td>
<td>58.5%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>4.2%</td>
<td>58.5%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Southern PassaicCounty</td>
<td>10.4%</td>
<td>60.0%</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

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

Utilization of Primary Care Services

**Adults:** “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

**Children:** “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

### Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County</th>
<th>NJ</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>66.5%</td>
<td>81.3%</td>
<td>74.8%</td>
<td>69.5%</td>
<td>72.9%</td>
<td>77.0%</td>
<td>74.2%</td>
<td>75.9%</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

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
“In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.” (Responses below reflect the percentage with two or more visits in the past year.)

“What is the main reason you used the emergency room instead of going to a doctor’s office or clinic?”

Have Used a Hospital Emergency Room More Than Once in the Past Year

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.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, 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 Care

“About how long has it been since you last visited a dentist or a dental clinic for any reason?”

- Note the Healthy People 2020 target.

**Have Visited a Dentist or Dental Clinic Within the Past Year**

*Healthy People 2020 Target = 49.0% or Higher*

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>77.1%</td>
</tr>
<tr>
<td>Paterson</td>
<td>58.8%</td>
</tr>
<tr>
<td>Northwest</td>
<td>67.1%</td>
</tr>
<tr>
<td>Passaic/Clifton</td>
<td>67.7%</td>
</tr>
<tr>
<td>Southwest</td>
<td>81.2%</td>
</tr>
<tr>
<td>Wayne/Southwest</td>
<td>82.1%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>68.8%</td>
</tr>
<tr>
<td>NJ</td>
<td>70.2%</td>
</tr>
<tr>
<td>US</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

**Have Visited a Dentist or Dental Clinic Within the Past Year**

*(Southern Passaic County, 2016)*

*Healthy People 2020 Target = 49.0% or Higher*

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>65.9%</td>
</tr>
<tr>
<td>Women</td>
<td>71.6%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>68.2%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>69.8%</td>
</tr>
<tr>
<td>65+</td>
<td>68.0%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>64.6%</td>
</tr>
<tr>
<td>Low Income</td>
<td>54.1%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>74.5%</td>
</tr>
<tr>
<td>White</td>
<td>76.3%</td>
</tr>
<tr>
<td>Black</td>
<td>61.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>61.5%</td>
</tr>
<tr>
<td>Other</td>
<td>68.3%</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>54.4%</td>
</tr>
<tr>
<td>No Dental</td>
<td>74.8%</td>
</tr>
<tr>
<td>Southern Passaic County</td>
<td>68.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
### Dental Insurance

“Do you currently have any health insurance coverage that pays for at least part of your dental care?”

#### Have Insurance Coverage That Pays All or Part of Dental Care Costs

<table>
<thead>
<tr>
<th></th>
<th>Bergen</th>
<th>Paterson</th>
<th>Northwest</th>
<th>Passaic/Clifton</th>
<th>Southwest</th>
<th>Wayne/Southwest</th>
<th>Southern Passaic County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>64.7%</td>
<td>75.2%</td>
<td>77.4%</td>
<td>68.5%</td>
<td>74.7%</td>
<td>75.8%</td>
<td>72.1%</td>
<td>66.5%</td>
<td>75.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Key Informant Input: Oral Health

The following chart outlines key informants’ perceptions of the severity of Oral Health as a problem in the community:

#### Perceptions of Oral Health as a Problem in the Community (Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.7%</td>
<td>55.7%</td>
<td>22.9%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

**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

- Medicare does not cover dental expenses for the elderly. – Social Services Provider
- Many low income individuals do not have adequate access to dental and oral care that they need. Poor dental hygiene can lead to stigma and directly affect one's confidence and self-esteem throughout their everyday lives. – Social Services Provider
Health Education
- Lack of education. – Social Services Provider
- Limited access to pediatric dentists. Limited education about dental health. – Physician

Children
- Missing teeth, poor brushing, etc. Evident in many students. Can’t afford toothpaste and visits to dentist. – Social Services Provider
- Parents are non-compliant with children. – Social Services Provider

Denial/Stigma
- I believe it is just ignored. Perhaps for fear of the dentist and pain, perhaps for lack of coverage for dental care and so it is unaffordable. Perhaps because with everything else on folks’ plate, it is a lower priority. – Social Services Provider

Vision Care
“When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.” (Responses in the following chart represent those with an eye exam within the past 2 years.)

See also Vision & Hearing in the Death, Disease & Chronic Conditions section of this report.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

<table>
<thead>
<tr>
<th>Source</th>
<th>2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
</tr>
<tr>
<td></td>
<td>Asked of all respondents.</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.
Local Resources

Perceptions of Local Healthcare Services
“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair or poor?” (Combined “fair/poor” responses are outlined in the following chart.)

Perceive Local Healthcare Services as “Fair/Poor”

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.
Resources Available to Address the Significant Health Needs

The following represents potential measures and resources (such as programs, organizations, and facilities in the community) noted by key informants as available to address the significant health needs identified in this report. This list reflects only input from participants in the Online Key Informant Survey and therefore is not to be considered to be exhaustive or necessarily an all-inclusive list of available resources. This section only outlines those resources mentioned in conducting the Online Key Informant Survey as part of preparing this Community Health Needs Assessment.

### Access to Healthcare Services

- Affordable Care Act
- Bergen Regional
- Catholic Charities
- Charity Care at Hospitals
- Clinics
- Doctor's Office
- Eva’s Village
- Federally Qualified Health Centers
- Free Health Screenings
- FQHC
- Hospitals
- Medicaid
- North Hudson Community Center
- Oasis
- Options Counseling Center
- Paterson Community Health Center
- Paterson Federally Qualified Health Center
- Paterson Health Department
- Public Health
- School System
- St. Joseph’s Hospital Medical Center
- St. Paul’s
- Straight and Narrow
- Turning Point
- United Way

### Cancer

- American Cancer Society
- Broadway Medical Center
- Cancer Education
- Chilton Hospital
- Clinics
- Doctor’s Office
- Englewood Hospital
- Family Health Clinic of Paterson
- Hackensack Hospital
- Health Fair
- Hospitals
- Sisters Network Passaic
- St. Joseph’s Hospital Medical Center

### Chronic Kidney Disease

- Doctor’s Office
- Hospitals
- St. Joseph’s Family Health Clinic
- St. Joseph’s Hospital Medical Center

### Arthritis, Osteoporosis & Chronic Back Conditions

- Doctor’s Office
- Eva’s Village
- HomeCare Options
- Hospitals
- Medicaid
- Oasis
- Orthopedics
- Parks and Recreation
- Senior Center
- St. Joseph’s Family Health Clinic
- St. Joseph’s Hospital Medical Center
- Visiting Health Services

### Dementias, Including Alzheimer’s Disease

- Adult Daycare
- Alzheimer’s Foundation
- Barnett Hospital
- Chilton Hospital
- Doctor’s Office
- Health Care Center Based Programs
- Health Department
- HomeCare Options
- Mental Health Providers
- Passaic County Department of Senior Services
- St. Joseph’s Hospital Medical Center
- St. Vincent’s
- United Way
- Visiting Health Services
Diabetes

- American Diabetes Association
- American Heart Association
- Chilton Hospital
- Community Health Agencies
- Diabetic Education
- Doctor's Office
- Family Health Clinic of Paterson
- Food Pantries
- Health Department
- Health Fair
- HomeCare Options
- Hospitals
- NORWESCAP Inc.
- Nutritional Services
- Passaic County Department of Senior Services
- Paterson Community Health Center
- Paterson Health Department
- Pharmaceutical Assistance Programs
- Pharmacy
- School System
- Senior Center
- Senior Services
- SJW Diabetic Center
- St. Joseph's Hospital Medical Center
- Victor Machuga Center
- Visiting Health Services
- YMCA

HIV/AIDS

- Board of Health
- Coalition of AIDS in Passaic County
- Hyacinth AIDS Foundation

Immunization & Infectious Diseases

- Paterson Health Department

Infant & Child Health

- Administrative Networking
- Board of Social Services
- Counseling Referrals
- Healthy Mothers Healthy Babies
- Oasis
- Partnership for Maternal and Child Health
- Paterson Community Health Center
- School System
- St. Joseph’s Hospital Medical Center
- WIC
- Women, Infant and Children Program

Injury & Violence

- Catholic Charities
- Cease Fire
- Community Forums
- CPS
- Doctor's Office
- Eva's Village
- Hospitals
- Mayor's Task Force on Crime
- Oasis
- Police Department
- Social Services
- St. Joseph's Hospital Medical Center
- Straight and Narrow
- Turning Point

Family Planning

- LightHouse
- Planned Parenthood
- St. Joseph’s Hospital Medical Center

Hearing & Vision

- AuDSLPAudiology
- St. Joseph’s Hospital Medical Center
- William Paterson University Speech and Hearing Clinic

Heart Disease & Stroke

- American Heart Association
- Blood Pressure Clinics and Nursing Consultations
- Doctor's Office
- Hackensack Hospital

Mental Health

- Aware ASAP
- Chilton Hospital
- Department of Children and Families
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<td>Well of Hope</td>
<td>St. Joseph’s Hospital Medical Center</td>
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- *American Cancer Society*
- *Doctor's Office*
- *Lung Association*
Evaluation of Past Work


In 2013, St. Joseph’s Healthcare System (System) conducted a Community Health Needs Assessment (CHNA) and created an implementation strategy plan. The System includes St. Joseph’s Regional Medical Center (SJRMC), a 651-licensed bed acute tertiary care hospital, St. Joseph’s Wayne Hospital (SJWH), a 229-licensed bed community hospital, St. Vincent’s Nursing Home (SVNH) and eleven ambulatory care centers located throughout the community. For purposes of this evaluation, only SJRMC is included in this implementation strategy assessment. The System CHNA process identified four priority areas outlined in Figure 1 as the most important priority issues for SJRMC to work on over the next three-years.

Figure 1. SJRMC Four Priority Areas

With the assistance of Strategy Solutions, Inc., the Erie, PA-based consulting group engaged by PRC to assist with the System CHNA, an evaluation of the implementation strategies undertaken since the completion of the 2013 CHNA was conducted. Although the measureable population health outcomes for most county level indicators did not move substantially over the three-year period, SJRMC is working individually and collaboratively to improve the health of the community. Overall population health improvements are expected over time.
**Childhood Obesity**

Obesity amongst children and adolescents is an issue that must be addressed. There are serious adverse long-term health consequences associated with being overweight and obese in childhood including asthma, depression, diabetes, heart disease as well as psychosocial issues and concerns. Childhood obesity is an alarming disease that has reached epidemic proportions in today’s America. Nearly 55% of elementary school children are overweight or obese. Obesity does not discriminate and is a rampant problem in children of all racial and ethnic groups.

According to New Jersey’s October 2015 Physical Activity, Nutrition and Obesity Fact Sheet:

- 14.2% of New Jersey low-income children under the age of five are obese. Among the 44 states reporting on low-income childhood obesity, New Jersey has the highest prevalence.¹
- Nearly one out of four (24.7%) New Jersey children aged 10-17 is overweight or obese.²
- 9% of New Jersey high school students are obese and 14% are overweight.³
- 19% of New Jersey high school students eat five or more servings of fruits and vegetables per day.⁴
- 12% of New Jersey high school students drink a can, bottle, or glass of soda at least once a day.⁵
- 49% of New Jersey high school students are physically active for at least 60 minutes per day, five times per week.⁶
- Just under one-third (28.5%) of New Jersey high school students watch television for three or more hours on an average school day.⁷
- More than one out of three (36.6%) high school students use a computer for non-school related purposes or play video/computer games for three or more hours on an average school day.⁸

For the two years ending 2015, SJRMC conducted annual evaluations of its CHNA implementation strategies. SJRMC reported that they developed a school-based wellness program and created a wellness coach manual to standardize the training, offered nutrition education/counseling to the community, and made available one-on-one sessions on a wide range of medical issues to children ages birth to 21 years of age. The medical issues ranged from obesity, failure to thrive, food allergies, hypertension, hyperlipidemia, eating disorders, and all GI disorders. SJRMC also conducted a year-long wellness program geared toward children, adolescents and young adults with disabilities.

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³ 2013 New Jersey Student Health Survey. New Jersey Department of Education. Available at [http://www.state.nj.us/education/students/yrbs/2013/full.pdf](http://www.state.nj.us/education/students/yrbs/2013/full.pdf)
⁴ Ibid.
⁵ Ibid.
⁶ Ibid.
⁷ Ibid.
⁸ Ibid.
SJRMC reported the following community outreach highlights:

- SJRMC, in collaboration with SJWH, developed the Reaching Ultimate Student Health (R.U.S.H.) School-Based Wellness Program.
- In the 2014-2015 school year, 650 students were enrolled in school-based wellness program. Since program started in 2013, 1,000 students have been enrolled.
- In 2015, the R.U.S.H program was conducted for 2nd, 3rd, and 4th graders at Community Charter School of Paterson (CCSP). Additionally in 2015, R.U.S.H. conducted follow-up sessions for last year’s “graduates” of the program.
- St. Joseph’s Outpatient Pediatric Nutrition Department conducted multiple clinics and programs throughout the System, as well as individual nutrition counseling for children and their parents. One-on-one sessions were made available, specifically for children birth to 21 years of age with medical conditions ranging from obesity, failure to thrive, food allergies, hypertension, hyperlipidemia, eating disorders, all GI disorders, etc.
- In 2015, Pediatric Nutritionists provided 1,048 individual sessions at SJRMC’s Getty Avenue and Hoboken sites combined. Additional sites were opened in Wayne and Paramus.
- In 2015, SJRMC developed a R.U.S.H Wellness Coach Manual for standardization of training to sustain and expand the program. In 2015, four R.U.S.H. Wellness Coach Workshops were conducted, with 24 Registered Nurses trained in the program.
- A year-long wellness program entitled, “Be Well! & Thrive” was conducted at SJRMC in partnership with Easter Seals. This program was geared toward children, adolescents, and young adults with disabilities, instructed the participants on healthy behaviors, including nutrition and exercise.

**HIV/AIDS Services**

As of 2013, Passaic County has 2,546 people living with HIV/AIDS and Bergen County has 1,562. Paterson has 41% (1,692) of the living cases of HIV/AIDS. 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.

*Figure 2* shows the age-adjusted HIV/AIDS deaths between 2012 and 2014 for Passaic County, as reported in the System CHNA. The mortality rate of 6.3 deaths per 100,000 population for Passaic County is worse than the state (4.3) and the US (3.0) and fails to satisfy the Healthy People 2020 target (3.3 or lower).
Figure 2. HIV/AIDS: Age Adjusted Mortality

**HIV/AIDS: Age-Adjusted Mortality**
(2005-14 Annual Average Deaths per 100,000 Population)
**Healthy People 2020 Target = 3.3 or Lower**

![Bar Chart]

**Figure 3** shows the 2013 prevalence of HIV cases in Passaic County, as reported in the System CHNA. The Passaic County prevalence of HIV cases is 656.2 per 100,000 population, which is much higher than the state (505.8) and the nation (353.2).
SJRMC reported that for the two years ending 2015, the hospital offered comprehensive care management services, including rapid testing and screenings. SJRMC also conducted two grand rounds conferences covering topics associated with HIV/AIDS.

SJRMC reported the following community outreach highlights:

- SJRMC addressed this community need by offering comprehensive care management services, which includes medical, psychosocial and case management services to individuals diagnosed with HIV. Additionally, rapid testing to target those individuals who identify with at-risk profiles.
  - 1,204 patients were treated over 8,260 visits in 2014 and 1,225 unduplicated patients were treated over 6,104 visits in 2015
  - St. Joseph's conducted 4,123 screenings in 2014 and 3,456 screenings for HIV in 2015
- In 2015, the System conducted two grand rounds conferences covering topics associated with HIV and AIDS. Grand Rounds are educational sessions geared toward medical professionals.
- May 12, 2015, Karin Nielsen-Saines, MD, Attending Physician at UCLA Mattel Children’s Hospital presented, “Treatment as Prevention Works for Babies Too: Advances in the Management of Perinatal HIV” to 63 physicians, with total audience of 81 individuals.
- June 10, 2015, Surya Seshan, MD, Chief of Renal Pathology, New York Presbyterian Hospital Cornell Center, NY, NY presented, “Monthly Renal Biopsy Conference: 59 year old male with HIV Nephrotic Syndrome” to 24 physicians, with a total audience of 31 individuals.
Asthma Care

To address the significant health need of asthma care, St. Joseph’s has developed a robust asthma education and outreach program.

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.

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.

Figure 4 from the 2016 PRC Community Health Survey shows that 10.7% of Southern Passaic County adults currently suffer from asthma. This percentage is higher than the state prevalence (8.3%) and comparable to the nation (9.5%). Asthma is unfavorably high in Paterson and Bergen communities.
Figure 4. Adult Asthma: Current Prevalence

**Adult Asthma: Current Prevalence**

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<tr>
<th>Location</th>
<th>Prevalence</th>
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<tr>
<td>Bergen</td>
<td>15.0%</td>
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<tr>
<td>Paterson</td>
<td>14.5%</td>
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<tr>
<td>Northwest</td>
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<tr>
<td>Passaic/Clifton</td>
<td>9.3%</td>
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<tr>
<td>Southwest</td>
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<td>Wayne/Southwest</td>
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<td>Southern Passaic</td>
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<tr>
<td>County</td>
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<td>NJ</td>
<td>9.5%</td>
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<td>US</td>
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Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
Per the 2016 PRC Community Health Survey, Figure 5 below shows adults age 40 to 64 and those at lower incomes are more likely to suffer from asthma.

**Figure 5. Currently Have Asthma**
As seen in Figure 6 below from the 2016 PRC Community Health Survey, Southern Passaic County children under the age of 18, 12.1% currently have asthma, which is higher than the nation (6.5%). When looking at age and gender, the current prevalence of asthma is higher among boys (17.6%) and children age 5-12 (17.2%).

**Figure 6. Childhood Asthma: Current Prevalence**

- **SJRMC and SJWH jointly reported the following community outreach regarding asthma care:**
  - SJRMC and SJWH offered ongoing provider, patient, and community education sessions. Partnering with the Paterson School District, System practitioners conducted asthma education during the Paterson School 13 Health Fair.
  - To optimize SJRMC and SJWH’s asthma program, an asthma navigator and a pulmonary Advanced Practice Nurse were hired to focus on the care coordination of asthma patients and to implement programs within the community.
  - In December 2015, the interdisciplinary asthma staff participated in an educational course to support the community in the Asthma Friendly School Program.
  - Both SJRMC and SJWH initiated a smoking cessation program that was open to all members of the community.
SJRMC reported the following community outreach regarding asthma care:

- S. Mark Kosinski, MD, PhD presented "Allergies and Asthma" to 12 parents in the Passaic Park community at a presentation in Dr. Samet's (a local pediatrician) office. Dr. Kosinski described the "allergic march" and explained the progression of allergies in children, beginning with food allergies in infancy. A robust Q&A period and discussion followed the presentation.
- Recognizing that asthma medication compliance is a significant issue, SJRMC and the System partnered with local pharmacies to initiate an asthma prescription bedside delivery program for Emergency Department patients prior to discharge.
- On October 13, 2015, Margie Latrella, RN, MSN, APRN and Lavana Baldasare provided information on asthma, including risks, triggers, managing asthma to 100 women at Oasis, A Haven For Women and Children in Paterson. Women asked questions related to their own experiences with asthma, as well as their children. There were over 100 residents of the community in attendance.
- SJRMC conducted Grand Rounds on a weekly basis. On February 3, 2015, "Advances in Asthma Care" was presented by S. Mark Kosinski, MD, PhD, Chief, Allergy & Immunology, to 49 area physicians, with 68 individuals in attendance.

**Cardiac Services**

Cardiac Services Heart Failure (HF) is the number one Medicare Diagnosis Related Group (DRG) across the United States. The disease is the primary reason for over 6.5 million hospital days per year. At St. Joseph’s, inpatient volume has increased incrementally from 773 cases in 2005, to approximately one thousand cases annually.

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

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.
Figure 7 shows that between 2012 and 2014, there was an annual average age-adjusted heart disease mortality rate of 175.8 deaths per 100,000 in Passaic County, which is similar to the state (169.3) and nation (169.1) rates. The county rate fails to satisfy the Healthy People 2020 target of 156.9 or lower.

**Figure 7. Heart Disease: Age-Adjusted Mortality**

As seen in **Figure 8**, when looking at age-adjusted heart disease mortality rate by race, the mortality rate is higher among Whites and Blacks when compared with Hispanics in Passaic County.
Per the 2016 PRC Community Health Survey, Figure 9 shows the prevalence of heart Disease for Southern Passaic County. Seniors are much more likely to have been diagnosed with chronic heart disease, as are Whites and Blacks.
Both SJRMC and SJWH reported the following community outreach regarding cardiac services:

- SJRMC and SJWH identified and partnered with sub-acute facilities that maintain a standard of excellence in post-acute cardiac care with the goal of providing expert cardiology care and preventing hospital readmissions, while improving standardized heart failure care and health-related quality of life in patients with this diagnosis.
- Care maps for patients with CHF were established on medical units at SJRMC and SJWH. After staff education, these maps were implemented on units throughout the hospital.
- Clinical interdisciplinary groups were established to set goals and establish processes to decrease readmissions and improve quality measures.

SJRMC reported the following regarding community outreach for cardiac services:

- The Outpatient Heart Failure Center (HFC) at SJRMC was designed to provide expert cardiology care and prevent hospital readmissions in its underserved largely multi-racial, multi-ethnic local population, while improving standardized HF care and health-related quality of life in patients with this diagnosis.
- St. Joseph’s program is managed by two Advanced Practice Nurses. Most recently, an Innovation grant was awarded to this program to develop novel approaches to CHF patient education.
- The SJRMC’s interdisciplinary Heart Failure team implemented the Center for Care Innovation grant. This program included establishing focus groups on education material that patients found useful in self-management of CHF.
- The Transition of Care team worked with the Family Health Center to revise its scheduling system. Patients are now given an appointment within one week of discharge from the hospital.