Executive Summary

2016 Community Health Needs Assessment Report

Ramapo Ridge Psychiatric Hospital
Total Service Area

Prepared for:

Ramapo Ridge Psychiatric Hospital

In collaboration with the Community Health Improvement Partnership (CHIP) of Bergen County

By:

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About This Assessment

A Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determining the health status, behaviors and needs of residents. 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 CHNA for Ramapo Ridge Psychiatric Hospital is part of a broader regional assessment made possible through the generous support of Christian Health Care Center (Ramapo Ridge Psychiatric Hospital), Englewood Hospital and Medical Center, Hackensack University Medical Center, HackensackUMC at Pascack Valley, Holy Name Medical Center, and The Valley Hospital. Representatives from each of these hospitals, along with representatives of the Bergen County Department of Health Services (BCDHS) and the Community Health Improvement Partnership (CHIP) of Bergen County, worked collaboratively to guide assessments of health needs for Bergen County and for the specific communities served by each hospital.

This Community Health Needs Assessment was conducted 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 county, 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

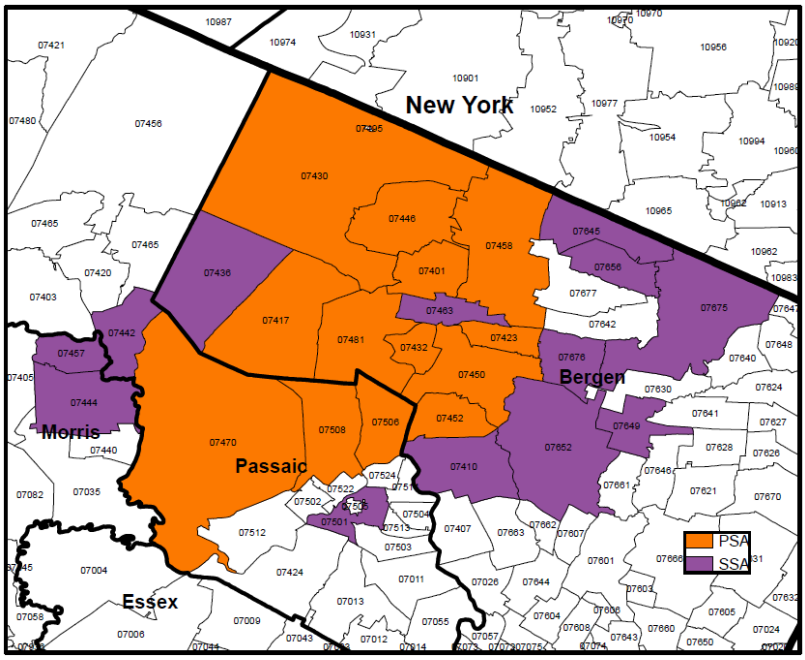
Survey Instrument

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 the Community Health Improvement Partnership of Bergen County and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Service Area” in this report) is defined as each of the residential ZIP Codes comprising Ramapo Ridge Psychiatric Hospital’s primary and secondary service

areas. The primary service area, determined based on the ZIP Codes of residence of recent patients of the hospital, accounts for 41% of overall admissions, which is a lower percentage than is typical for most acute care hospitals; however, as a specialty provider for psychiatric services, Ramapo Ridge Psychiatric Hospital's total catchment area is extremely large, and many of its patients are drawn from a large number of ZIP Codes not necessarily contiguous or near the hospital. This community definition is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 438 individuals age 18 and older in the Total Service Area, including 213 in the primary service area and 225 in the secondary service area of Ramapo Ridge Psychiatric Hospital. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

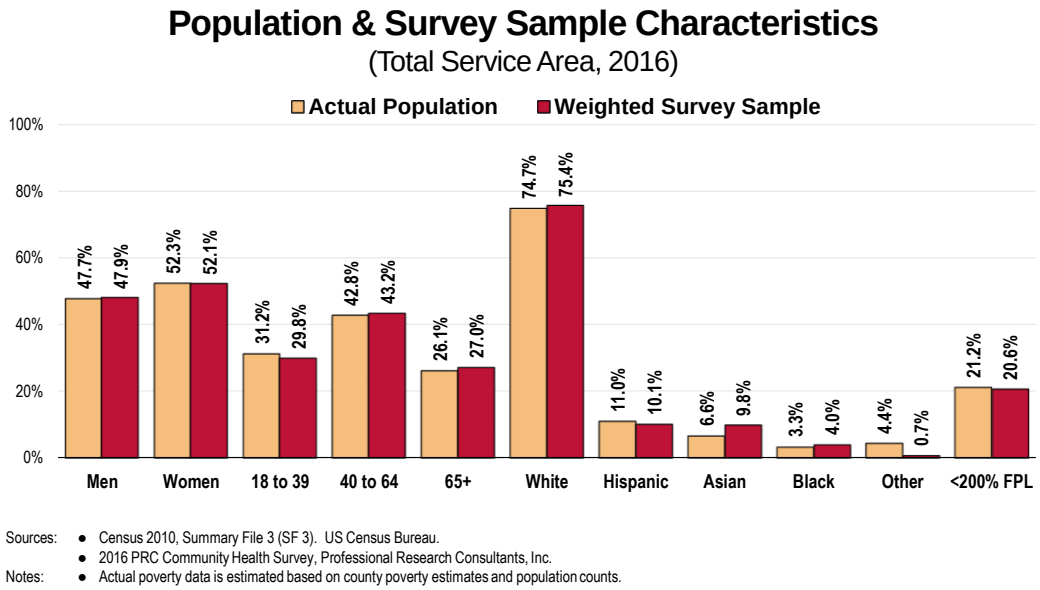
For statistical purposes, the maximum rate of error associated with a sample size of 438 respondents is ±4.7% at the 95 percent level of confidence.

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 Total Service Area 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.]



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes:
- Actual poverty data is estimated based on county poverty estimates and population counts.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2015 guidelines place the poverty threshold for a family of four at $24,250 annual household income or lower)*. In sample segmentation: "**low/mid income**" refers to community members living in a household with defined poverty status or earning up to 400% of the poverty threshold; "**high income**" refers to those households living on incomes which are 400% 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 the Community Health Improvement Partnership of Bergen County; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 75 community stakeholders in Bergen County took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation

Key Informant Type	Number Invited	Number Participating
Physician	7	3
Other Health (Non-Physician)	47	32
Public Health Expert	11	8
Social Services Representative	50	22
Community/Business Leader	25	10

Final participation included representatives of the organizations outlined below.

- Bergen County Cancer Education and Early Detection
- Bergen County Department of Health Services
- Bergen County Department of Human Services
- Bergen County School Nurses Association
- Bergen County Special Services
- Bergen County United Way
- Bergen County Youth Services Commission
- Bergen Regional Medical Center
- Bergen Volunteer Center
- Bergenfield/Hackensack Health Departments
- Brightview Senior Living
- CancerCare
- Care Plus Medical Services
- Center for Dentistry at HUMC
- Children's Aid and Family Services
- Christian Health Care Center
- Edgewater Office of Public Health/Health Department
- Englewood Health Department
- Fair Lawn Senior Center
- Friends to Friends Community Church
- Geriatric Services, Inc.
- Gold's Gym
- Hackensack University Medical Center
- HARP of Hackensack University Medical Center
- Healthy Families North Jersey
- High Focus Centers
- Holy Name Medical Center
- Jewish Family Service of Bergen and North

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

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

Minority/medically underserved populations represented:

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

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons

- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- Truven Health Analytics and Dignity Health
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Bergen County Survey Data

Because this survey was also conducted throughout Bergen County as part of a broader study facilitated by the Community Health Improvement Partnership of Bergen County, comparisons can be made at the county level.

New Jersey Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data 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.

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.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Appointment Availability
	  ○ Cost of Physician Visit (Secondary Service Area)
	• Specific Source of Ongoing Care (Secondary Service Area)
	• Children's Dental Care

Cancer	• *Cancer is a leading cause of death.* • Cancer Incidence ○ Including Prostate Cancer, Female Breast Cancer Incidence • *Cancer ranked as a top concern in the Online Key Informant Survey.*
Dementia, Including Alzheimer's Disease	• *Dementias/Alzheimer's Disease ranked as a top concern in the Online Key Informant Survey.*
Diabetes	• *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Heart Disease & Stroke	• *Cardiovascular disease is a leading cause of death.* • High Blood Cholesterol Prevalence • High Blood Cholesterol Screening (Secondary Service Area) • *Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.*
Mental Health	• Seeking Help for Mental Health • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Immunizations & Infectious Disease	• Septicemia Deaths
Nutrition, Physical Activity & Weight	• Children's Physical Activity • Daily Fruit/Vegetable Consumption (Secondary Service Area)
Respiratory Diseases	• Environmental Exposure to Smoke (Primary Service Area) ○ Including Among Households With Children
Substance Abuse	• Current Drinking • Seeking Help for Alcohol/Drug Issues • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Prioritization of Health Needs

On August 4, 2016, Ramapo Ridge Psychiatric Hospital, along with the Bergen County Department of Health Services and the other hospitals sponsoring the broader Bergen County assessment project, convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for Bergen County, based on findings of the countywide Community Health Needs Assessment (CHNA). The results of this prioritization will inform the selection of priorities for each of the hospitals in its respective service area.

Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

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

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

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

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

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

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

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 Ramapo Ridge Psychiatric Hospital'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 the Total Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

In the following charts, Total Service Area results are shown in the larger, blue column.

The green columns [to the left of the Total Service Area column] provide comparisons between the primary service area and the secondary service area, identifying differences for each as "better than" (☼), "worse than" (🌧), or "similar to" (⛅) the opposing service area.

The columns to the right of the Total Service Area column provide comparisons between local data and any available county, state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Total Service Area compares favorably (☼), unfavorably (🌧), or comparably (⛅) to these external data.

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

	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
Social Determinants	**PSA**	**SSA**	**Total Service Area**	**vs. Bergen County**	**vs. NJ**	**vs. US**	**vs. HP2020**
Linguistically Isolated Population (Percent)			**7.5**		🌧 6.8	🌧 4.7	
Population in Poverty (Percent)			**7.5**		☼ 10.7	☼ 15.6	
Population Below 200% FPL (Percent)			**18.6**		☼ 24.6	☼ 34.5	
Children Below 200% FPL (Percent)			**20.8**		☼ 31.5	☼ 44.2	
No High School Diploma (Age 25+, Percent)			**8.5**		☼ 11.6	☼ 13.7	
Unemployment Rate (Age 16+, Percent)			**3.8**		☼ 4.8	☼ 5.2	
% Worry/Stress Over Rent/Mortgage in Past Year	⛅ 33.3	⛅ 30.2	**31.6**	⛅ 33.6		⛅ 31.6	
% Worried About Food in the Past Year	⛅ 12.6	⛅ 19.0	**16.0**	⛅ 17.2		☼ 21.0	

Social Determinants (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Ran Out of Food in the Past Year	6.2	12.3	9.5	13.9		19.9	
% Food Insecure	14.2	19.9	17.2	19.5		25.9	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

Overall Health	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	11.1	10.6	10.8	10.5	16.9	18.3	
% Activity Limitations	12.9	18.7	16.0	20.2	16.3	20.0	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	2.4	8.8	5.7	5.6	15.0	10.1	0.0
% [Insured 18-64] Have Coverage Through ACA	7.9	12.9	10.5	9.3		10.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	39.8	38.3	39.0	40.7		35.0	
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.8	22.4	20.7	21.5		14.4	
% Cost Prevented Getting Prescription in Past Year	5.1	5.2	5.1	8.7		9.5	
% Cost Prevented Physician Visit in Past Year	5.8	15.3	10.7	15.5		11.5	

Access to Health Services (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Difficulty Getting Appointment in Past Year	25.7	18.8	22.2	19.2		15.4	
% Difficulty Finding Physician in Past Year	12.2	8.7	10.4	11.5		8.7	
% Transportation Hindered Dr Visit in Past Year	4.2	4.5	4.4	6.5		5.0	
% Language/Culture Prevented Care in Past Year	1.4	0.0	0.7	2.7		1.7	
% Skipped Prescription Doses to Save Costs	5.9	8.6	7.3	10.5		10.2	
% Difficulty Getting Child's Healthcare in Past Year	4.2	3.9	4.1	8.3		3.9	
% Have Completed Advance Directive Documents	41.1	32.5	36.6	33.7		33.7	
% Low Health Literacy	26.6	21.9	24.1	22.2		23.3	
Primary Care Doctors per 100,000			125.4		85.6	74.5	
% [Age 18+] Have a Specific Source of Ongoing Care	83.2	74.6	78.8	77.9		74.0	95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	82.1	73.6	77.9	74.8		73.1	89.4
% [Age 65+] Have a Specific Source of Ongoing Care	90.5	77.3	83.2	88.0		76.8	100.0
% Have Had Routine Checkup in Past Year	69.5	64.1	66.7	71.2	75.9	70.5	
% Child Has Had Checkup in Past Year	97.6	84.3	90.4	85.4		89.3	
% Two or More ER Visits in Past Year	2.2	6.4	4.5	7.1		8.5	

Access to Health Services (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Rate Local Healthcare "Fair/Poor"	4.2	8.4	6.5	11.9		14.2	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

Arthritis, Osteoporosis & Chronic Back Conditions	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	26.3	34.5	30.6	28.6		32.0	
% [50+] Osteoporosis	9.9	7.0	8.4	8.5		8.7	5.3
% Sciatica/Chronic Back Pain	16.6	15.3	15.9	20.7		19.4	
% Caregiver to a Friend/Family Member	14.9	22.0	18.6	22.1		20.9	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

Cancer	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)			142.2		157.5	163.6	161.4
Lung Cancer (Age-Adjusted Death Rate)			32.6		38.5	43.4	45.5
Prostate Cancer (Age-Adjusted Death Rate)			5.9		18.5	19.2	21.8
Female Breast Cancer (Age-Adjusted Death Rate)			11.4		22.5	20.9	20.7

Cancer (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Colorectal Cancer (Age-Adjusted Death Rate)			12.8		15.0	14.6	14.5
Prostate Cancer Incidence per 100,000			149.0		157.3	131.7	
Female Breast Cancer Incidence per 100,000			134.1		130.2	123.0	
Lung Cancer Incidence per 100,000			50.7		60.0	63.7	
Colorectal Cancer Incidence per 100,000			40.3		44.4	41.9	
Cervical Cancer Incidence per 100,000			7.3		8.0	7.7	
% Cancer	12.5	8.2	10.2	8.8			
% [Women 40+] Mammogram in Past 2 Years	73.9	71.8	72.8	66.6	74.4	74.4	
% [Women 50-74] Mammogram in Past 2 Years	73.0	76.2	74.7	72.2	78.2	80.3	81.1
% [Women 21-65] Pap Smear in Past 3 Years	83.5	72.9	78.1	74.5	83.8	84.8	93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	75.9	74.6	75.2	75.4	67.7	75.6	
% [Age 50+] Blood Stool Test in Past 2 Years	27.1	28.0	27.5	29.1	11.7	31.8	
% [Age 50-75] Colorectal Cancer Screening	76.5	68.9	72.6	72.8	65.0	74.5	70.5
% Difficulty Obtaining Cancer Screening in Past Year	2.9	4.9	4.0	5.1			

Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Chronic Kidney Disease	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)			12.1		13.5	13.2	
% Kidney Disease	1.6	0.6	1.1	3.1	2.4	3.6	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)			14.9		16.9	24.2	
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	8.8	6.8	7.7	10.2		12.8	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

Diabetes	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)			14.0		19.3	21.1	20.5
% Diabetes/High Blood Sugar	6.1	11.5	8.9	9.2	9.7	14.5	
% Borderline/Pre-Diabetes	5.6	7.1	6.4	8.6	1.4	5.7	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	62.0	49.4	55.5	55.3		55.1	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Deafness/Trouble Hearing	9.5	8.1	8.8	9.1		8.6	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)			143.9		169.3	169.1	156.9
Stroke (Age-Adjusted Death Rate)			27.2		32.2	36.5	34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.9	6.1	6.0	6.3		6.9	
% Stroke	1.7	2.8	2.3	3.4	2.6	2.6	
% Blood Pressure Checked in Past 2 Years	96.9	87.5	92.0	90.1		93.6	92.6
% Told Have High Blood Pressure (Ever)	34.6	34.0	34.3	36.9	31.1	36.5	26.9
% [HBP] Taking Action to Control High Blood Pressure	91.7	96.6	94.1	92.7		92.5	
% Cholesterol Checked in Past 5 Years	94.3	88.4	91.3	88.9	81.0	87.4	82.1
% Told Have High Cholesterol (Ever)	39.5	40.5	40.0	39.6		33.5	13.5
% [HBC] Taking Action to Control High Blood Cholesterol	86.1	73.6	79.5	83.4		84.2	
% 1+ Cardiovascular Risk Factor	81.1	82.5	81.8	83.1		83.0	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

HIV	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
HIV/AIDS (Age-Adjusted Death Rate)			0.7		2.8	2.1	3.3
HIV Prevalence per 100,000			240.2		505.8	353.2	
% [Age 18-44] HIV Test in the Past Year			24.5	29.1		21.3	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Immunization & Infectious Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	52.1	53.1	52.7	55.3	59.4	58.9	70.0
% [High-Risk 18-64] Flu Vaccine in Past Year			42.6	41.5		48.0	70.0
% [Age 65+] Pneumonia Vaccine Ever	74.0	75.1	74.6	67.4	64.1	76.3	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever			38.6	38.6		38.7	60.0
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Injury & Violence Prevention	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)			23.7		31.5	39.7	36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)			4.2		6.2	10.6	12.4
% [Age 45+] Fell in the Past Year	23.3	26.5	25.0	23.9		28.2	

Injury & Violence Prevention (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
[65+] Falls (Age-Adjusted Death Rate)			29.2		29.1	57.2	47.0
Firearm-Related Deaths (Age-Adjusted Death Rate)			1.8		5.4	10.4	9.3
% Firearm in Home	11.0	9.9	10.4	9.1		33.8	
% [Homes With Children] Firearm in Home	9.8	6.4	8.1	10.8		31.0	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded			8.0	18.2		20.4	
Homicide (Age-Adjusted Death Rate)			1.3		4.7	5.2	5.5
Violent Crime per 100,000			97.6		302.0	395.5	
% Perceive Neighborhood as "Slightly/Not At All Safe"	1.5	13.0	7.5	6.6		15.3	
% Victim of Violent Crime in Past 5 Years	1.4	1.7	1.6	2.0		2.3	
% Victim of Domestic Violence (Ever)	10.5	5.3	7.8	11.0		15.1	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results..			better	similar	worse	

Maternal, Infant & Child Health	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Infant Death Rate			3.4		4.4	5.9	6.0
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Mental Health & Mental Disorders	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	8.2	9.6	8.9	10.6		15.5	
% Diagnosed Depression	12.2	12.7	12.4	11.4	13.4	17.9	
% Symptoms of Chronic Depression (2+ Years)	17.9	20.2	19.1	26.6		29.9	
Suicide (Age-Adjusted Death Rate)			7.6		7.9	12.7	10.2
% Ever Sought Help for Mental Health	24.0	19.4	21.6	23.4		27.4	
% Taking Rx/Receiving Mental Health Trtmt	9.5	8.7	9.1	10.3		13.6	
% Unable to Get Mental Health Svcs in Past Yr	2.6	4.0	3.4	4.7		4.4	
% Typical Day Is "Extremely/Very" Stressful	11.8	13.5	12.7	14.4		11.7	
% Average <7 Hours of Sleep per Night	35.3	38.5	37.0	39.1		39.5	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Nutrition, Physical Activity & Weight	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	37.3	27.8	32.3	30.5		27.4	
% "Very/Somewhat" Difficult to Buy Fresh Produce	15.2	16.2	15.7	15.3		21.9	
Population With Low Food Access (Percent)			11.7		26.3	23.6	

Nutrition, Physical Activity & Weight (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% 7+ Sugar-Sweetened Drinks in Past Week	13.4	16.3	14.9	16.9		30.2	
% Healthy Weight (BMI 18.5-24.9)	36.1	36.3	36.2	35.3	35.1	32.9	33.9
% Overweight (BMI 25+)	57.9	62.8	60.5	61.2	63.2	65.2	
% Obese (BMI 30+)	24.7	28.1	26.5	25.3	26.9	33.4	30.5
% Medical Advice on Weight in Past Year	17.7	27.8	23.1	23.2		20.4	
% [Overweights] Counseled About Weight in Past Year	24.5	37.4	31.7	31.8		27.1	
% [Obese Adults] Counseled About Weight in Past Year	33.5	56.7	46.6	44.8		40.8	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	64.1	69.1	66.9	64.6		57.0	
% Children [Age 5-17] Overweight (85th Percentile)			25.8	28.5		24.2	
% Children [Age 5-17] Obese (95th Percentile)			14.7	18.6		9.5	14.5
% No Leisure-Time Physical Activity	22.3	26.9	24.8	23.4	23.3	27.9	32.6
% Meeting Physical Activity Guidelines	28.4	26.6	27.4	25.7	21.6	23.6	20.1
Recreation/Fitness Facilities per 100,000			19.8		14.3	9.7	
% Child [Age 2-17] Physically Active 1+ Hours per Day			30.9	33.6		47.9	

Note: In the green section, the PSA is compared against the SSA. 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.

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Oral Health	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	73.4	76.3	74.9	73.0	70.2	67.2	49.0
% Child [Age 2-17] Dental Visit in Past Year			71.3	74.7		90.7	49.0
% Have Dental Insurance	69.5	64.9	67.1	67.3		66.5	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Respiratory Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)			21.6		30.4	41.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)			10.9		11.5	15.1	
% COPD (Lung Disease)	6.5	10.5	8.6	10.3	5.6	9.5	
% [Adult] Currently Has Asthma	4.6	5.4	5.0	9.0	8.3	9.5	
% [Ever Having Asthma] ER/Urgent Care for Asthma in Past Year			12.3	11.8			
% [Child 0-17] Currently Has Asthma	6.4	4.1	5.1	3.6		6.5	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Septicemia	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Septicemia (Age-Adjusted Death Rate)			13.2		16.5	10.6	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

Sexually Transmitted Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000			22.9		74.6	110.7	
Chlamydia Incidence per 100,000			169.4		335.2	456.1	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year			9.1	11.2		10.3	
% [Unmarried 18-64] Using Condoms			47.2	49.9		44.5	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.

Substance Abuse	PSA vs. SSA: PSA	PSA vs. SSA: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			4.9		7.3	10.2	8.2
% Current Drinker	75.2	66.6	70.8	68.8	56.3	59.7	
% Excessive Drinker	22.0	21.8	21.9	23.8		22.2	25.4
% Drinking & Driving in Past Month	4.7	5.0	4.8	5.9		4.1	

Substance Abuse (continued)	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
Drug-Induced Deaths (Age-Adjusted Death Rate)			9.6		14.5	14.6	11.3
% Took Prescription Drugs On Own in Past Year	3.2	4.1	3.7	5.4			
% Used Marijuana in Past Year	2.6	5.0	3.9	7.1			
% Illegal Drug Use in Past Year	0.0	1.7	0.9	1.9			
% Ever Sought Help for Alcohol or Drug Problem	1.2	0.5	0.8	2.4		4.1	
% Life Negatively Affected by Substance Abuse	29.0	36.2	32.8	30.1		32.2	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Tobacco Use	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA		vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Current Smoker	8.6	3.9	6.1	9.8	15.1	14.0	12.0
% Someone Smokes at Home	12.2	6.8	9.4	10.3		10.2	
% [Nonsmokers] Someone Smokes in the Home	5.3	5.2	5.3	4.6		3.9	
% [Household With Children] Someone Smokes in the Home	15.6	3.5	9.6	9.4		10.2	
% Currently Use Electronic Cigarettes	1.5	2.1	1.8	3.9		3.8	
	Note: In the green section, the PSA is compared against the SSA. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Vision	PSA vs. SSA		Total Service Area	Total Service Area vs. Benchmarks			
	PSA	SSA	Total Service Area	vs. Bergen County	vs. NJ	vs. US	vs. HP2020
% Blindness/Trouble Seeing	2.8	5.2	4.1	6.8	3.9	7.3	
% Eye Exam in Past 2 Years	61.6	63.5	62.5	65.3		59.3	
				better	similar	worse	

Note: In the green section, the PSA is compared against the SSA. 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.