

2022
**COMMUNITY HEALTH
NEEDS ASSESSMENT**
Executive Summary
Southern Passaic County, New Jersey

Prepared for

ST. JOSEPH'S UNIVERSITY MEDICAL CENTER



PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2016 and 2019, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Southern Passaic County, the service area of St. Joseph's University Medical Center and St. Joseph's Health. 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 Health by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

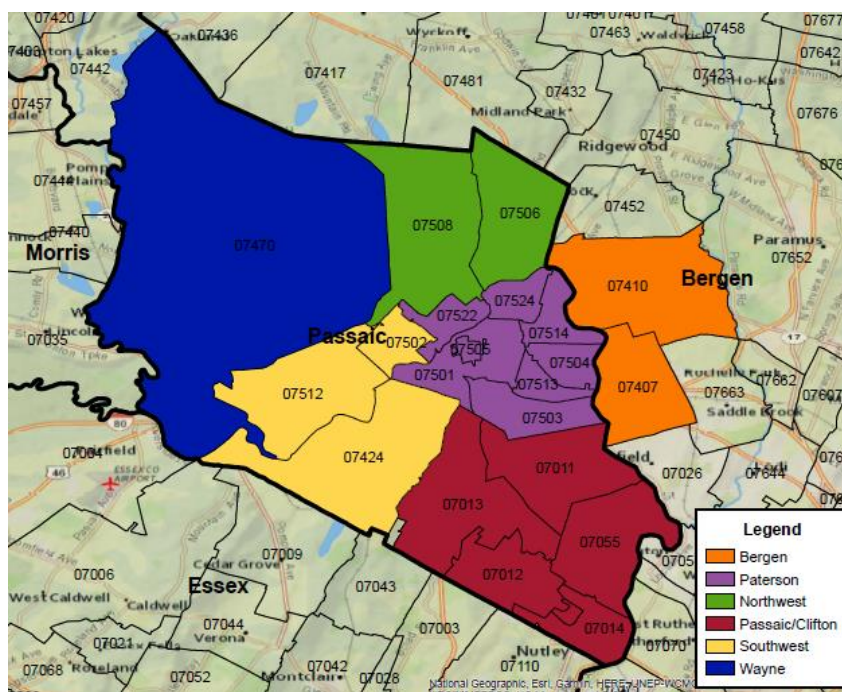
Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Southern Passaic County") includes the following residential ZIP Codes: 07407, 07410, 07501, 07502, 07503, 07504, 07505, 07513, 07514, 07522, 07524, 07506, 07508, 07011, 07012, 07014, 07055, 07424, 07512, 07470, 07474. This community definition represents the primary and secondary service areas of St. Joseph's University Medical Center and St. Joseph's Wayne Medical Center and includes residential ZIP Codes that generate 85% of the hospitals' inpatient and outpatient admissions. For the purposes of data reporting, the area is further divided into six community areas (Bergen, Paterson, Northwest, Passaic/Clifton, Southwest, and Wayne/Southwest).





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 1,006 individuals age 18 and older in the Southern Passaic County area, including 296 in Paterson, 104 in Northwest, 302 in Passaic/Clifton, 101 in Southwest, 103 in Wayne/Southwest, and 100 in nearby Bergen County ZIP Codes. 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 PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,006 respondents is $\pm 3.1\%$ at the 95 percent confidence level.

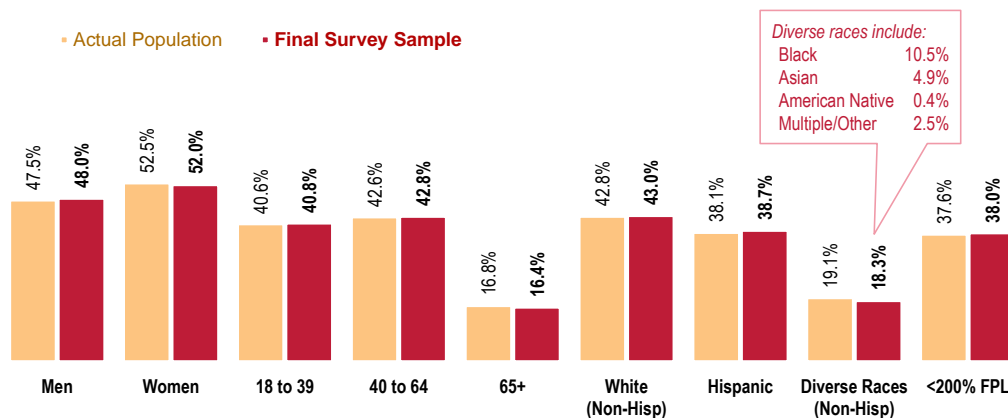
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

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 health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Southern Passaic County, 2022)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2022 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

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

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by St. Joseph’s Health; 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, 69 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:



ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	15
Public Health Representatives	3
Other Health Providers	16
Social Services Providers	17
Other Community Leaders	18

Final participation included representatives of the organizations outlined below.

- 2nd Baptist Church
- 4Cs of Passaic County
- Bangladeshi American Women's Development Initiative
- CAMP YDP
- Care Finders Total Care LLC
- Catholic Charities Diocese of Paterson
- Children's Aid & Family Services–The Center for Alcohol & Drug Resources
- Circle of Care
- City Green
- City of Paterson
- City of Paterson Fire Department
- Division of Child Protection & Permanency
- Elmwood Park Senior Center
- Family Care NJ
- Family Success Center of Paterson
- Greater Paterson OIC
- Harbor House
- Health Coalition of Passaic County
- Home Care Options
- John P. Holland Charter School
- Mental Health Assoc. of Passaic County
- More Than Friends
- New Jersey Community Development Corporation
- Northeast NJ Legal Services
- NORWESCAP
- Oasis–A Haven for Women and Children
- Palestinian American Community Center
- Partnership for Maternal and Child Health of Northern NJ
- Passaic County Safe Kids
- Passaic School District
- Paterson Alliance
- Paterson Community Health Center
- Paterson Judiciary
- Paterson Public Schools
- Paterson School District
- Paterson Task Force for Community Action
- Rebuilding Together North Jersey
- Rutgers Coop Extension
- Seminary Baptist Church
- SERV Behavioral Health
- St. Paul Baptist Church
- St. Bonaventure Church
- St. Joseph's Health
- St. Joseph's WIC
- St. Paul's Episcopal
- Star of Hope Ministries
- Turning Point
- United Methodist Church, Wayne NJ
- Wayne Township
- Wayne Township Health Department
- Wayne YMCA
- William Paterson University–SBDC



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

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed.

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 Southern Passaic County were obtained from the following sources:

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

Note that secondary data reflect county-level data for the entirety of Passaic County.

Benchmark Data

Trending

Similar surveys were administered in Southern Passaic County in 2016 and 2019 by PRC on behalf of St. Joseph's Health. Trending data, as revealed by comparison to prior survey results, are provided whenever available. Historical data for secondary data indicators are also included for the purposes of trending.



New Jersey Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2030

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



Healthy People 2030's overarching goals are to:

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

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

Information Gaps

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

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

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



Public Comment

St. Joseph's Health made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, St. Joseph's Health had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. St. Joseph's Health will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



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. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Lack of Health Insurance ▪ Barriers to Access <ul style="list-style-type: none"> – Inconvenient Office Hours – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Finding a Physician – Lack of Transportation – Culture/Language ▪ Primary Care Physician Ratio ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Prostate Cancer Incidence
DIABETES	<ul style="list-style-type: none"> ▪ Prevalence of Borderline/Pre-Diabetes ▪ Prevalence of Kidney Disease ▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
HOUSING	<ul style="list-style-type: none"> ▪ Housing Insecurity ▪ Housing Conditions
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Prenatal Care
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Including Falls [Age 65+] Deaths ▪ Key Informants: Injury and violence ranked as a top concern.

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AREAS OF OPPORTUNITY (continued)

MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Symptoms of Chronic Depression ▪ Mental Health Provider Ratio ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Fruit/Vegetable Consumption ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults] ▪ Overweight & Obesity [Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	<ul style="list-style-type: none"> ▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Alzheimer’s Disease Deaths
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ COVID-19 Mortality
SEXUAL HEALTH	<ul style="list-style-type: none"> ▪ HIV Mortality ▪ HIV Prevalence
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Related Deaths ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Smoking Cessation ▪ Use of Vaping Products ▪ Key Informants: Tobacco use ranked as a top concern.



Community Feedback on Prioritization of Health Needs

In December 2022, St. Joseph's Health convened groups of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss, and prioritize health issues for the community, based on findings of this Community Health Needs Assessment (CHNA). An in-person meeting was held on December 1 and an online meeting was held on December 12. Professional Research Consultants, Inc. (PRC) began each of these meetings 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. 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), an online voting platform was used in which each participant was able to register his/her ratings using a mobile device or web browser. 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 2030 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. Mental Health
2. Access to Health Care Services
3. Substance Abuse
4. Diabetes
5. Nutrition, Physical Activity & Weight
6. Heart Disease & Stroke
7. Housing
8. Respiratory Disease (COVID-19)
9. Infant Health
10. Injury & Violence
11. Sexual Health
12. Cancer
13. Oral Health
14. Potentially Disabling Conditions
15. Tobacco Use



Hospital Implementation Strategy

St. Joseph's Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Southern Passaic County results are shown in the larger, gray column.
- The columns to the left of the Southern Passaic County column provide comparisons among the six community subareas, 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 trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Southern Passaic County compares favorably (☀️), unfavorably (🌧️), or comparably (⚖️) to these external data.

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

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

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2016 (or earliest available data). Note that survey data reflect the ZIP Code-defined Southern Passaic County.

























OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) typically represent the span of roughly a decade.

Note that secondary data reflect county-level data.










DISPARITY AMONG SUBAREAS

SOCIAL DETERMINANTS	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Linguistically Isolated Population (Percent)						
Population in Poverty (Percent)						
Children in Poverty (Percent)						
No High School Diploma (Age 25+, Percent)						
Unemployment Rate (Age 16+, Percent)						
% Unable to Pay Cash for a \$400 Emergency Expense	 22.4	 34.0	 15.4	 23.8	 30.1	 10.7
% Worry/Stress Over Rent/Mortgage in Past Year	 35.7	 54.4	 37.1	 40.1	 38.0	 22.3
% Unhealthy/Unsafe Housing Conditions	 20.6	 21.7	 12.6	 13.9	 13.1	 14.4
% Food Insecure	 26.5	 53.6	 32.1	 43.4	 37.4	 15.1







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

SOUTHERN PASSAIC CO. vs. BENCHMARKS

So. Passaic County	vs. NJ	vs. US	vs. HP2030	TREND
11.7	 6.1	 4.1		
14.8	 9.7	 12.8	 8.0	
23.0	 13.3	 17.5	 8.0	
15.5	 9.7	 11.5		
4.9	 3.6	 3.9		 11.0
24.6		 24.6		
40.8		 32.2		 42.5
16.5		 12.2		
39.0		 34.1		 32.1





































 better  similar  worse







DISPARITY AMONG SUBAREAS















OVERALL HEALTH	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% "Fair/Poor" Overall Health	 22.7	 30.7	 23.3	 21.8	 19.2	 9.6

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

DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% [Age 18-64] Lack Health Insurance	 10.4	 16.6	 4.7	 16.6	 11.6	 8.3
% [Insured 18-64] Have Coverage Through ACA	 13.4	 17.8	 5.0	 12.7	 8.4	 5.6
% Difficulty Accessing Health Care in Past Year (Composite)	 46.9	 51.0	 51.0	 49.3	 39.8	 47.7
% Cost Prevented Physician Visit in Past Year	 13.4	 17.8	 14.5	 19.2	 15.2	 8.4
% Cost Prevented Getting Prescription in Past Year	 17.6	 20.5	 13.0	 20.3	 13.9	 8.1
% Difficulty Getting Appointment in Past Year	 26.3	 26.5	 26.2	 21.8	 19.4	 29.9

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
22.5	 11.7	 12.6		 18.0
				
	better	similar	worse	

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
13.4	 14.1	 8.7	 7.9	 7.7
11.9				 12.1
48.4		 35.0		 48.0
16.0	 10.5	 12.9		 17.7
17.2		 12.8		 15.1
24.6		 14.5		 20.8

DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE (continued)	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Inconvenient Hrs Prevented Dr Visit in Past Year	19.1	28.8	18.6	20.5	17.2	29.4
% Difficulty Finding Physician in Past Year	18.5	19.1	11.6	15.4	12.6	11.9
% Transportation Hindered Dr Visit in Past Year	10.0	15.7	10.1	11.7	13.6	10.8
% Language/Culture Prevented Care in Past Year	2.9	6.7	3.5	5.1	4.4	1.8
% Skipped Prescription Doses to Save Costs	13.1	13.6	9.0	13.1	8.3	12.8
% Difficulty Getting Child's Health Care in Past Year						
Primary Care Doctors per 100,000						
% Have a Specific Source of Ongoing Care	77.3	58.2	65.6	68.7	72.1	83.1
% Have Had Routine Checkup in Past Year	72.0	79.5	79.7	77.2	86.0	77.6
% Child Has Had Checkup in Past Year						
% Two or More ER Visits in Past Year	14.3	20.9	20.5	14.6	14.4	6.6

SOUTHERN PASSAIC CO.
vs. BENCHMARKS

So. Passaic County	vs. NJ	vs. US	vs. HP2030	TREND
23.0		12.5		22.0
15.7		9.4		14.3
12.5		8.9		10.1
4.7		2.8		2.9
12.3		12.7		15.6
8.1		8.0		7.3
88.2	107.3	106.1		
68.8		74.2	84.0	73.5
78.4	74.4	70.5		74.2
90.8		77.4		87.9
15.7		10.1		11.3

DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE (continued)	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Eye Exam in Past 2 Years	56.6	59.2	65.4	56.3	61.7	60.7
% Rate Local Health Care "Fair/Poor"	9.4	24.0	7.9	14.3	8.6	7.9
% Expect Teaching Hospitals to Offer "Worse" Care	10.0	9.8	7.3	10.1	6.9	6.8

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

better similar worse

DISPARITY AMONG SUBAREAS

CANCER	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Cancer (Age-Adjusted Death Rate)						
Lung Cancer (Age-Adjusted Death Rate)						
Prostate Cancer (Age-Adjusted Death Rate)						
Female Breast Cancer (Age-Adjusted Death Rate)						
Colorectal Cancer (Age-Adjusted Death Rate)						
Cancer Incidence Rate (All Sites)						

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
59.0		61.0	61.1	63.1
14.4		8.0		14.1
9.0				10.2























So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
130.2	137.1	146.5	122.7	157.4
25.7	28.6	33.4	25.1	27.1
17.5	16.2	18.5	16.9	18.4
17.9	20.1	19.4	15.3	19.9
13.5	12.6	13.1	8.9	13.9
454.8	486.7	448.6		

DISPARITY AMONG SUBAREAS

CANCER (continued)	Bergen	Paterson	North-west	Passaic/Clifton	South-west	Wayne/Southwest
Female Breast Cancer Incidence Rate						
Prostate Cancer Incidence Rate						
Lung Cancer Incidence Rate						
Colorectal Cancer Incidence Rate						
% Cancer	 8.2	 4.7	 10.6	 8.4	 5.2	 10.2
% [Women 50-74] Mammogram in Past 2 Years						
% [Women 21-65] Cervical Cancer Screening						
% [Age 50-75] Colorectal Cancer Screening						



















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

SOUTHERN PASSAIC CO.
vs. BENCHMARKS

So. Passaic County	vs. NJ	vs. US	vs. HP2030	TREND
128.9	 137.2	 126.8		
137.9	 134.4	 106.2		
45.0	 54.5	 57.3		
39.2	 40.1	 38.0		
7.5	 9.9	 10.0		
80.2	 78.9	 76.1	 77.1	 75.7
79.8	 80.1	 73.8	 84.3	 80.1
76.9	 69.5	 77.4	 74.4	 66.7

 better  similar  worse













DISPARITY AMONG SUBAREAS











DIABETES	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Diabetes (Age-Adjusted Death Rate)						
% Diabetes/High Blood Sugar	 11.2	 16.3	 6.9	 15.7	 15.2	 14.2
% Borderline/Pre-Diabetes	 20.6	 20.9	 16.6	 17.8	 8.1	 13.5
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	 54.0	 48.9	 45.9	 51.5	 47.2	 56.6















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

 better  similar  worse



















DISPARITY AMONG SUBAREAS

HEART DISEASE & STROKE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Diseases of the Heart (Age-Adjusted Death Rate)						
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 8.0	 4.2	 6.3	 5.7	 5.4	 10.6
Stroke (Age-Adjusted Death Rate)						
% Stroke	 2.7	 3.1	 0.0	 3.2	 3.4	 1.5

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
22.9	 18.2	 22.6		 21.9
14.3	 10.0	 13.8		 13.2
17.3		 9.7		 8.8
50.7		 43.3		 50.4

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
157.7	 162.4	 164.4	 127.4	 176.4
6.2	 6.2	 6.1		 5.6
29.4	 30.6	 37.6	 33.4	 33.3
2.7	 2.7	 4.3		 2.8

DISPARITY AMONG SUBAREAS









HEART DISEASE & STROKE (continued)	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Told Have High Blood Pressure	 44.7	 40.9	 42.4	 35.7	 34.5	 39.1
% Told Have High Cholesterol	 44.3	 42.1	 34.5	 39.4	 33.7	 39.3
% 1+ Cardiovascular Risk Factor	 85.3	 90.1	 85.9	 87.8	 96.6	 81.5

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












DISPARITY AMONG SUBAREAS

INFANT HEALTH & FAMILY PLANNING	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
No Prenatal Care in First Trimester (Percent)						
Low Birthweight Births (Percent)						
Infant Death Rate						
Births to Adolescents Age 15 to 19 (Rate per 1,000)						

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



















So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
38.9	 33.0	 36.9	 27.7	 39.7
39.6		 32.7		 36.6
88.1		 84.6		 87.5

 better  similar  worse

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
7.4	 6.0	 6.1		 2.3
8.7	 8.0	 8.2		
3.9	 4.0	 5.5	 5.0	 3.8
19.9	 10.9	 19.3		




























 better  similar  worse

DISPARITY AMONG SUBAREAS

INJURY & VIOLENCE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Unintentional Injury (Age-Adjusted Death Rate)						
Motor Vehicle Crashes (Age-Adjusted Death Rate)						
[65+] Falls (Age-Adjusted Death Rate)						
Firearm-Related Deaths (Age-Adjusted Death Rate)						
Homicide (Age-Adjusted Death Rate)						
Violent Crime Rate						
% Victim of Violent Crime in Past 5 Years	 1.8	 7.9	 3.0	 5.3	 3.3	 2.1
% Neighborhood is "Slightly" or "Not At All" Safe	 12.8	 53.5	 15.3	 24.8	 19.7	 5.3
% Victim of Intimate Partner Violence	 15.3	 14.6	 12.3	 9.8	 9.5	 9.6

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

SOUTHERN PASSAIC CO. vs. BENCHMARKS

So. Passaic County	vs. NJ	vs. US	vs. HP2030	TREND
47.3	 49.9	 51.6	 43.2	 30.7
5.2	 6.3	 11.4	 10.1	 5.9
40.1	 32.1	 67.0	 63.4	 33.9
4.7	 4.6	 12.5	 10.7	 5.2
5.1	 3.8	 6.1	 5.5	 4.9
357.9	 242.0	 416.0		
4.8		 6.2		 4.4
27.2				 26.6
11.8		 13.7		 12.9

 better  similar  worse

DISPARITY AMONG SUBAREAS

KIDNEY DISEASE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Kidney Disease (Age-Adjusted Death Rate)						
% Kidney Disease	4.8	7.7	5.7	4.4	3.6	3.6

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

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
13.8	14.3	12.8		12.7
5.2	2.6	5.0		2.7













better similar worse

DISPARITY AMONG SUBAREAS

MENTAL HEALTH	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% "Fair/Poor" Mental Health	25.1	22.7	19.0	19.3	15.4	18.1
% Diagnosed Depression	23.9	18.4	21.1	16.2	5.8	18.5
% Symptoms of Chronic Depression (2+ Years)	34.1	45.0	35.0	38.4	32.1	31.7
% Typical Day Is "Extremely/Very" Stressful	24.1	15.1	18.2	14.0	7.9	11.5
% Mental Health Has Worsened Since Pandemic	27.1	19.0	18.5	17.1	14.2	16.6
Suicide (Age-Adjusted Death Rate)						

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
20.3		13.4		13.6
17.2	15.2	20.6		17.0
37.8		30.3		32.8
14.9		16.1		15.4
18.5				
5.6	7.8	13.9	12.8	6.0

























DISPARITY AMONG SUBAREAS







MENTAL HEALTH (continued)	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Mental Health Providers per 100,000						
% Taking Rx/Receiving Mental Health Trtmt	 19.7	 12.7	 17.0	 9.5	 10.9	 22.8
% Unable to Get Mental Health Svcs in Past Yr	 7.4	 5.9	 8.0	 8.6	 4.6	 9.9












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

 better  similar  worse



















DISPARITY AMONG SUBAREAS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Population With Low Food Access (Percent)						
% "Very/Somewhat" Difficult to Buy Fresh Produce	 17.5	 34.8	 29.9	 28.6	 24.7	 15.7
% 5+ Servings of Fruits/Vegetables per Day	 17.3	 16.6	 37.4	 16.7	 32.4	 19.1
% 7+ Sugar-Sweetened Drinks in Past Week	 22.3	 26.7	 21.0	 22.1	 22.6	 20.3
% No Leisure-Time Physical Activity	 26.3	 31.7	 21.0	 27.2	 31.3	 17.8

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
60.5	 115.3	 138.2		
13.9		 16.8		 12.5
7.4		 7.8		 5.3





















So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
15.2	 23.8	 22.2		
27.1		 21.1		 25.2
20.5		 32.7		 27.3
23.0				 21.1
27.0	 21.0	 31.3	 21.2	 29.1

DISPARITY AMONG SUBAREAS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Meeting Physical Activity Guidelines	 21.8	 22.7	 25.8	 23.5	 19.9	 32.8
% Child [Age 2-17] Physically Active 1+ Hours per Day						
Recreation/Fitness Facilities per 100,000						
% Overweight (BMI 25+)	 70.4	 75.8	 65.5	 73.1	 76.6	 58.8
% Obese (BMI 30+)	 35.8	 42.9	 35.3	 36.4	 37.2	 26.6
% Children [Age 5-17] Overweight (85th Percentile)						
% Children [Age 5-17] Obese (95th Percentile)						

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

SOUTHERN PASSAIC CO. vs. BENCHMARKS

So. Passaic County	vs. NJ	vs. US	vs. HP2030	TREND
24.0	 21.9	 21.4	 28.4	 25.3
41.7		 33.0		 36.4
8.8	 16.6	 11.9		
71.5	 64.6	 61.0		 70.4
36.8	 27.7	 31.3	 36.0	 33.5
43.1		 32.3		 26.7
26.7		 16.0	 15.5	 13.2

 better  similar  worse

DISPARITY AMONG SUBAREAS

ORAL HEALTH	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Have Dental Insurance	79.1	70.4	75.6	70.7	71.6	76.5
% [Age 18+] Dental Visit in Past Year	63.1	54.6	64.1	66.7	68.2	73.4
% Child [Age 2-17] Dental Visit in Past Year						

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

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
72.8		68.7	59.8	72.1
63.9	68.1	62.0	45.0	68.8
80.6		72.1	45.0	80.5

better similar worse

DISPARITY AMONG SUBAREAS













POTENTIALLY DISABLING CONDITIONS	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% 3+ Chronic Conditions	41.0	35.2	33.7	26.3	28.5	31.0
% Activity Limitations	26.3	23.3	32.0	20.0	25.3	21.9
Alzheimer's Disease (Age-Adjusted Death Rate)						
% Caregiver to a Friend/Family Member	20.2	22.9	18.2	20.8	23.7	22.1

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

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
31.8		32.5		41.2
23.4		24.0		21.0
24.3	22.2	30.9		15.4
21.5		22.6		22.6




















better similar worse

DISPARITY AMONG SUBAREAS

RESPIRATORY DISEASE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
CLRD (Age-Adjusted Death Rate)						
Pneumonia/Influenza (Age-Adjusted Death Rate)						
% [Age 65+] Flu Vaccine in Past Year						
COVID-19 (Age-Adjusted Death Rate)						
% [Adult] Asthma	 18.7	 13.8	 8.1	 9.8	 8.6	 8.5
% [Child 0-17] Asthma						
% COPD (Lung Disease)	 9.4	 7.9	 2.8	 5.2	 10.9	 3.9

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

SOUTHERN PASSAIC CO. vs. BENCHMARKS

So. Passaic County	vs. NJ	vs. US	vs. HP2030	TREND
24.5	 26.4	 38.1		 32.6
13.0	 12.5	 13.4		 13.0
80.0	 64.5	 71.0		 58.1
229.2	 141.6	 85.0		
11.4	 8.7	 12.9		 10.7
8.7		 7.8		 12.1
6.6	 4.9	 6.4		 8.4

 better  similar  worse

DISPARITY AMONG SUBAREAS

SEXUAL HEALTH	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
HIV/AIDS (Age-Adjusted Death Rate)						
HIV Prevalence Rate						
% [Age 18-44] HIV Test in the Past Year						
Chlamydia Incidence Rate						
Gonorrhea Incidence Rate						

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

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
3.4	2.3	1.8		4.5
562.0	468.0	378.0		
29.3		22.0		29.3
564.4	405.5	539.9		
138.1	100.7	179.1		

better similar worse

DISPARITY AMONG SUBAREAS

SUBSTANCE ABUSE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						
% Excessive Drinker	16.7	17.8	17.1	13.8	11.3	19.2
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)						
% Illicit Drug Use in Past Month	3.7	2.2	11.5	3.2	4.7	1.3

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
10.4	8.4	11.9	10.9	7.3
15.8	17.6	27.2		21.6
27.7	31.0	21.0		9.2
3.7		2.0	12.0	3.8

DISPARITY AMONG SUBAREAS

SUBSTANCE ABUSE (continued)	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Ever Sought Help for Alcohol or Drug Problem	9.2	5.0	3.6	1.7	3.6	3.9
% Personally Impacted by Substance Abuse	31.8	26.6	30.8	21.3	27.4	32.7

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

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
4.1		5.4		3.4
26.8		35.8		29.1

better similar worse

DISPARITY AMONG SUBAREAS

TOBACCO USE	Bergen	Paterson	North-west	Passaic/ Clifton	South-west	Wayne/ Southwest
% Current Smoker	15.5	16.0	16.0	11.3	10.2	8.7
% Someone Smokes at Home	13.2	9.2	8.9	10.7	10.4	9.3
% [Household With Children] Someone Smokes in the Home						
% [Smokers] Have Quit Smoking 1+ Days in Past Year						
% [Smokers] Received Advice to Quit Smoking						
% Currently Use Vaping Products	5.6	11.2	11.9	7.3	8.9	6.4

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

So. Passaic County	SOUTHERN PASSAIC CO. vs. BENCHMARKS			TREND
	vs. NJ	vs. US	vs. HP2030	
12.9	10.8	17.4	5.0	11.2
10.2		14.6		12.3
8.8		17.4		14.4
50.7	60.4	42.8	65.7	52.2
58.1		59.6	66.6	84.2
8.5	5.0	8.9		4.8

better similar worse

Summary of Key Informant Perceptions

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

Key Informants: Relative Position of Health Topics as Problems in the Community

