2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Bergen County, New Jersey

Sponsored by

CHIP Community Health Improvement Partnership OF BERGEN COUNTY

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COMMUNITY HEALTH NEEDS ASSESSMENT
Bergen County, New Jersey

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

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Bergen New Bridge Medical Center

Christian Health – Ramapo Ridge Behavioral Health

Englewood Health

Hackensack Meridian *Health* – Hackensack University Medical Center

Hackensack Meridian *Health* – Pascack Valley Medical Center

Holy Name Medical Center

The Valley Hospital

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Mahwah Health Department - Dawn Cetrulo, Health Officer

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

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment — a follow-up to similar studies conducted in 2016 and 2022 — is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Bergen County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

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

Methodology

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

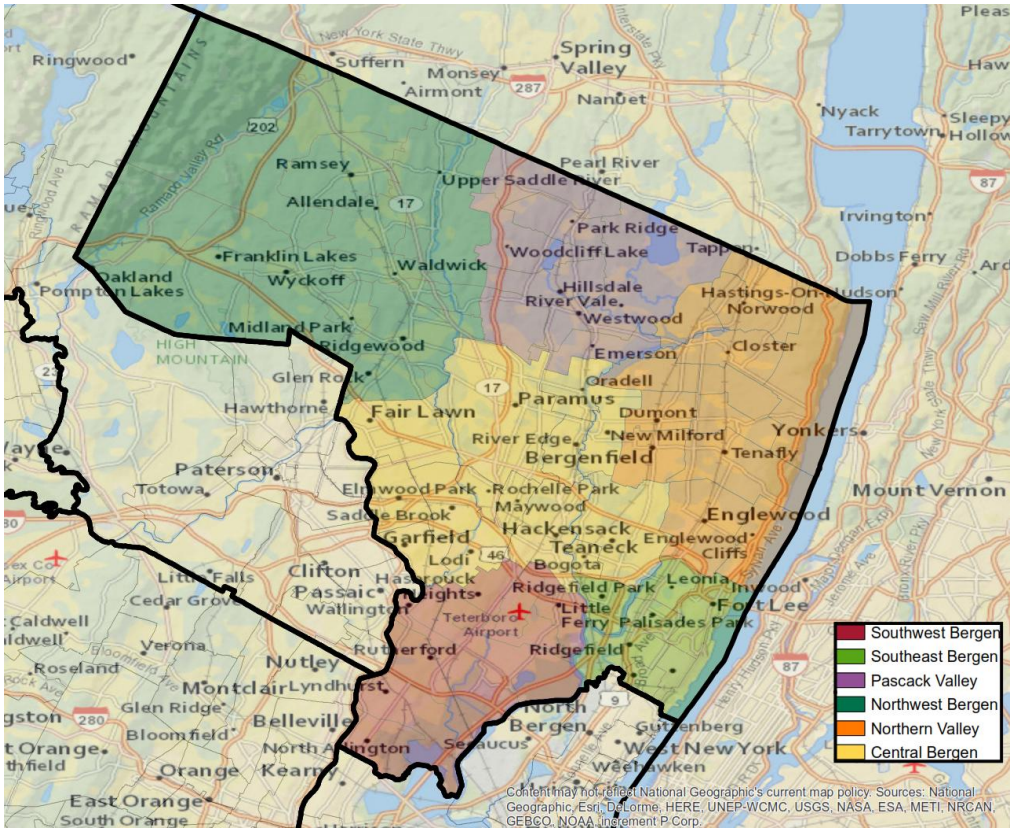
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

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



Sample Approach & Design

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

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 1,298 surveys throughout Bergen County.

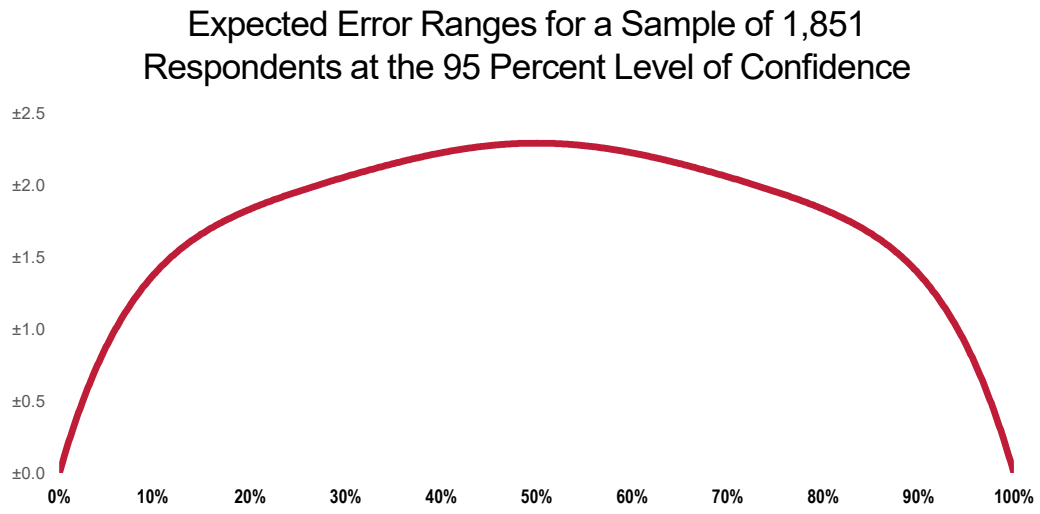
OVERSAMPLE SURVEYS (PRC) ► In addition to the random sampling, PRC oversampled Hispanic, Asian, and Black/African American respondents to ensure samples adequate for independent analyses.

COMMUNITY OUTREACH SURVEYS (Community Health *Improvement* Partnership of Bergen County) ► PRC also created a link to an online version of the survey, and the Partnership promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 553 surveys to the overall sample.

In all, 1,851 surveys were completed through these mechanisms, including 423 in Central Bergen, 297 in Northern Valley, 387 in Northwest Bergen, 246 in Pascack Valley, 289 in Southeast Bergen, and 209 in Southwest Bergen. The total sample included 291 interviews among Hispanic residents (in Spanish or English), 191 interviews among Asian residents (in Korean or English), and 181 interviews among Black/African American residents, who were reached through either random sampling or oversampling efforts.

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Bergen County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 1,851 respondents is ±2.3% at the 95 percent confidence level.



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

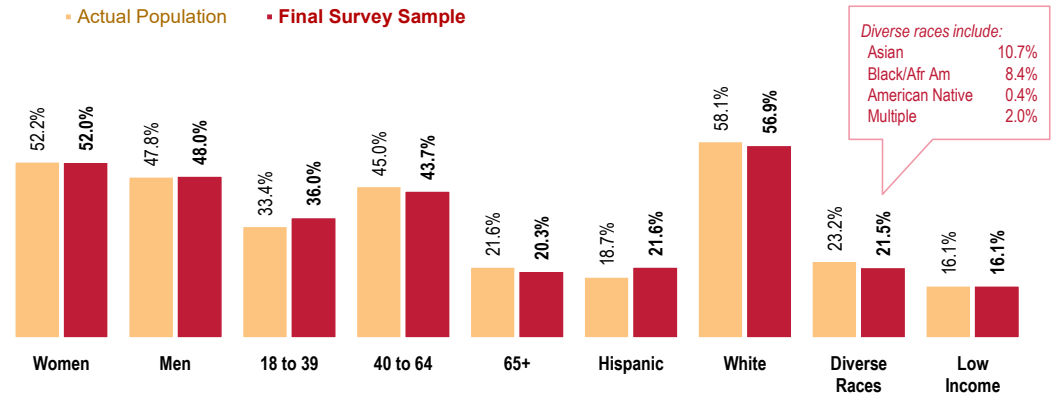
Examples:
- If 10% of the sample of 1,851 respondents answered a certain question with a "yes," it can be asserted that between 8.6% and 11.4% (10% ± 1.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.7% and 52.3% (50% ± 2.3%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Bergen County, 2025)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2025 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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 also was implemented as part of this process. A list of recommended participants was provided by the Partnership; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were predominantly local, but also included some who work regionally or statewide.

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. Local community leaders were asked to provide input about communities in Bergen County. In all, 124 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	16
Public Health Representatives	12
Other Health Providers	25
Social Services Providers	16
Other Community Leaders	55

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- AARP
- ACO Director of Clinical Operations
- Age Friendly Englewood
- Age Friendly Teaneck
- Asian Women's Christian Association
- Bergen Community College
- Bergen County Department of Health Services
- Bergen County Department of Human Services
- Bergen County Division of Senior Services
- Bergen County School Nurse Association
- Bergen New Bridge Medical Center
- Bergen Volunteer Medical Initiative
- Bogota Middle School
- Bogota Schools
- Calvary Baptist Church
- Center for Food Action
- CFA
- Children's Aid and Family Services
- Christian Health
- Community Chest
- Comprehensive Behavioral Health Care
- Different Breed Sports Academy
- Don Bosco High School
- Eastwick College
- Ebeneezer Church, BFC seniors
- El Especialito
- Elmwood Park Homeowners Association
- Elmwood Park Paterson Elks Lodge
- Englewood Health
- Englewood Health Department
- Englewood Health Physician Network
- Family Promise of Ridgewood
- Family Success Center
- Felician College
- First Baptist Church of Teaneck
- Food Brigade
- Former President Diversity Publishing
- Fort Lee High School
- Franciscan Community Development Center
- Gym Guyz
- Hackensack Early Childhood Development Center
- Hackensack Health Department
- Hackensack Police Department
- HealthBarn USA
- Hillsdale Health Department
- Holy Name
- HUMC Allergy, Asthma & Immune Disorders
- HUMC Smoking Cessation
- JCC on the Palisades
- Korean American senior citizens association of NJ
- Leonia Senior Center
- LPM Strategies LLC
- Mahwah High School
- Maywood Health Dept/Wellness
- Meadowlands Area YMCA
- Metro Community Center/ Church
- Mid-Bergen Regional Health Commission
- Midland Park Senior Center and Age Friendly Ridgewood
- Mt. Bethel Church
- NAACP, Bergen County Chapter
- New Hope Pregnancy Resource Center
- New Jersey Buddies
- North Hudson Community Action Corporation
- Nutrition Outreach Manager
- Office of Concern Food Pantry
- Pascack Valley Medical Center
- Pilgrim Church
- Presbyterian Church of Teaneck
- Ramapo College
- Ridgecrest Apartments
- Ridgewood Board of Health

- Ridgewood High School
- River Vale Farmers Market
- Share, Inc
- Shirvan Family Live Well Center
- ShopRite Hackensack
- ShopRite New Milford
- Sodexo
- The Bright Side Family
- The Center for Alcohol and Drug Resources
- Township of Washington
- Transition Professionals
- Valley Hospital
- Valley Medical Group
- Wallington Jr/Sr High School
- Westwood Health Department
- WFM Project & Construction

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

Focus Groups & Key Informant Interviews

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

- African American Community Leaders
- Elder Care Providers
- EMT/First Responders
- Korean Providers
- Latinx Community Leaders
- LGBTQ+ Community Leaders
- Mental Health and Substance Use Providers
- Public Health Leaders (Health Officers/Health Educators/CHWs)
- Youth Service Providers

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

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

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles

- 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 Comparisons

Trending

Similar surveys were administered in Bergen County in 2016 and 2022 by PRC on behalf of the Community Health *Improvement* Partnership (CHIP) of Bergen County. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

New Jersey Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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.

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 receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

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

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English, Spanish, or Korean — 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 — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

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

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of 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 key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access ○ Inconvenient Office Hours ○ Cost of Prescriptions ○ Cost of Physician Visits ○ Appointment Availability ○ Difficulty Finding a Physician ○ Lack of Transportation ▪ Skipping/Stretching Prescriptions ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization
CANCER	▪ Leading Cause of Death ▪ Prostate Cancer Incidence
DIABETES	▪ Prevalence of Borderline/Pre-Diabetes ▪ Key Informants: *Diabetes* ranked as a top concern.
DISABLING CONDITIONS	▪ Activity Limitations ▪ Key Informants: *Disabling Conditions* ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ [HBP] Taking Action to Control High Blood Pressure ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
HOUSING	▪ Housing Insecurity ▪ Key Informants: *Social Determinants of Health (especially Housing)* ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths
INJURY & VIOLENCE	▪ Unintentional Injury Deaths

— continued on the following page —

AREAS OF OPPORTUNITY (continued)	
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Overweight & Obesity [Adults] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Marijuana Use ▪ Sought Help for Alcohol/Drug Issues
TOBACCO USE	▪ Use of Vaping Products

Other Qualitative Input

In the focus groups and one-on-one interviews conducted, several common themes emerged that were consistent in all conversations:

1. Collaboration and advocacy
2. People are being left behind
3. Caregivers need support
4. Creativity and safe spaces

Prioritization of Health Needs

On October 14, 2025, 13 people representing all the partner agencies of Bergen County Community Health *Improvement* Partnership (Bergen New Bridge Medical Center, Christian Health, Hackensack University Medical Center, Englewood Health, Holy Name Medical Center, Pascack Valley Medical Center, Valley Health System, and Bergen County Department of Health Services) held an in-person meeting with consultants from 35th Street Consulting. The purpose of the meeting was to use the data collected for the 2025 CHNA to identify priority areas for collective action in the coming years. 35th Street Consulting facilitated a consensus-building process to help determine the following priority areas:

HEALTHY MINDS

- Address stress, worry, fear
- Support caregivers and caregiving
- Mental health for all ages
- Substance use as a coping mechanism (including alcohol, gambling, tobacco, vape)

HEALTHY BODIES

- Heart health and cardiovascular disease
- Diabetes and GLP-1 medications
- Build on successes in cancer outcomes
- Healthy living for all ages (healthy eating and healthy food access, high-impact chronic pain, ambulatory limitations, understanding senior living community needs, supporting youth)

LEVERAGE COLLABORATION

- Maximize partnership impact (by strengthening and continuing to build bridges)
- Link and support existing services
- Build local capacity to identify and respond to changing needs
- Leverage connections to expand access to care and services for all

The above would be addressed with the **overarching goal** to expand healthcare reach and outcomes.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

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

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

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

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).

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

SOCIAL DETERMINANTS	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)							6.9	6.3	3.9		
Population in Poverty (Percent)							6.7	9.8	12.4	8.0	
Children in Poverty (Percent)							7.5	13.3	16.3	8.0	
No High School Diploma (Age 25+, Percent)							7.1	9.3	10.6		
Unemployment Rate (Age 16+, Percent)							3.5	4.2	4.0		
% Unable to Pay for a $400 Emergency Expense	20.2	19.3	11.2	8.0	21.8	24.3	18.5		34.0		19.7
% Worry/Stress Over Rent/Mortgage in Past Year	40.6	39.3	29.9	29.5	37.8	45.4	38.0		45.8		33.6
% Unhealthy/Unsafe Housing Conditions	13.1	11.1	10.2	10.3	14.4	13.5	12.4		16.4		16.3
Population With Low (Geographic) Food Access (Percent)							10.3	23.8	22.2		
% Food Insecure	29.1	27.7	16.6	19.0	33.3	27.6	26.6		43.3		19.5
% Used Food Pantry/Free Meals in the Past Year	9.2	9.0	1.8	3.2	9.5	8.1	7.4				8.7

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

better | similar | worse

OVERALL HEALTH	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	14.2	16.2	11.4	10.2	16.8	17.9	14.6	17.0	15.7		10.5

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

								better	similar	worse	

ACCESS TO HEALTH CARE	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	7.4	8.2	3.9	3.2	8.3	7.0	6.7	11.4	8.1	7.6	5.6
% Difficulty Accessing Health Care in Past Year (Composite)	52.4	50.5	53.7	48.3	48.8	51.1	51.2		52.5		40.7
% Cost Prevented Physician Visit in Past Year	19.5	21.1	16.7	10.7	20.5	20.2	18.8	10.8	21.6		15.5
% Cost Prevented Getting Prescription in Past Year	18.1	15.6	11.5	11.5	19.9	15.2	16.1		20.2		8.7
% Difficulty Getting Appointment in Past Year	29.7	25.0	36.2	31.4	24.1	27.4	29.0		33.4		19.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	25.4	24.5	24.9	27.9	24.9	25.5	25.3		22.9		21.5
% Difficulty Finding Physician in Past Year	18.7	15.9	20.2	19.4	16.2	19.4	18.3		22.0		11.5
% Transportation Hindered Dr Visit in Past Year	8.1	10.6	9.4	9.4	13.6	12.4	10.3		18.3		6.5

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Language/Culture Prevented Care in Past Year	2.2	3.8	1.1	3.2	3.8	1.3	2.4		5.0		2.7
% Stretched Prescription to Save Cost in Past Year	12.5	12.2	11.4	13.8	18.4	14.8	13.7		19.4		10.5
% Difficulty Getting Child's Health Care in Past Year	10.9	8.8	3.3	7.4	12.1	9.4	9.0		11.1		8.3
Primary Care Doctors per 100,000							113.4	78.2	74.9		
% Have a Specific Source of Ongoing Care	66.4	69.4	73.6	75.5	67.8	66.1	68.9		69.9	84.0	77.9
% Routine Checkup in Past Year	78.7	76.7	74.6	77.3	75.7	73.0	76.4	79.2	65.3		71.2
% [Child 0-17] Routine Checkup in Past Year	89.9	90.7	94.7	87.7	89.3	86.0	90.2		77.5		85.4
% Two or More ER Visits in Past Year	12.3	13.1	6.3	8.5	15.3	9.4	11.2		15.6		7.1
% Eye Exam in Past 2 Years	61.0	71.0	65.9	68.9	61.1	61.4	63.9		55.5	57.4	65.3
% Health Affected by Missed Medical Care During COVID-19 Pandemic	8.1	9.7	6.6	8.5	10.4	10.6	8.8				
% Resuming Preventive Health Care After COVID-19 Pandemic	79.5	80.5	82.5	86.1	77.0	75.4	79.7				

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% "Seldom/Never" Understand Written Health Information	7.7	6.0	5.4	7.6	13.9	7.2	8.0		10.0		11.2
% "Seldom/Never" Understand Spoken Health Information	7.0	3.3	3.9	6.2	12.3	6.5	6.8		7.5		9.2
% Rate Local Health Care "Fair/Poor"	10.7	10.6	6.5	4.0	14.9	14.6	10.7		11.5		11.9

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

better similar worse

CANCER	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000							158.9	166.1	182.5	122.7	181.7
Lung Cancer Deaths per 100,000							28.8	32.8	39.8	25.1	
Female Breast Cancer Deaths per 100,000							24.7	25.7	25.1	15.3	
Prostate Cancer Deaths per 100,000							15.6	17.0	20.1	16.9	
Colorectal Cancer Deaths per 100,000							14.9	15.0	16.3	8.9	
Cancer Incidence per 100,000							465.8	481.9	442.3		

CANCER (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Lung Cancer Incidence per 100,000							**45.4**	51.3	54.0		
Female Breast Cancer Incidence per 100,000							**144.0**	137.1	127.0		
Prostate Cancer Incidence per 100,000							**137.3**	143.3	110.5		
Colorectal Cancer Incidence per 100,000							**37.3**	38.7	36.5		
% Cancer	7.5	8.2	13.0	11.2	10.2	7.8	**9.2**	9.5	7.4		8.8
% [Women 40-74] Breast Cancer Screening	87.1	74.7	87.6	78.0	84.2	77.5	**82.6**		64.0	80.5	72.2
% [Women 21-65] Cervical Cancer Screening	84.4	72.8	84.2	79.3	77.1	79.5	**80.6**		75.4	84.3	74.5
% [Age 45-75] Colorectal Cancer Screening	77.2	71.0	81.1	82.1	81.1	73.4	**77.5**		71.5	74.4	72.8
% [Men 40+] Prostate Cancer Screening in Past 2 Years	60.0	65.8	64.9	76.0	49.7		**61.9**				57.8

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

DIABETES	DISPARITY AMONG COUNTY SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN COUNTY vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000							16.3	22.2	30.5		17.4
% Diabetes/High Blood Sugar	9.4	11.1	8.3	11.5	12.9	14.2	10.8	10.5	12.8		9.2
% Borderline/Pre-Diabetes	20.1	18.2	17.2	20.4	21.9	19.5	19.6		15.0		8.6
Kidney Disease Deaths per 100,000							15.0	18.4	16.9		16.6

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

DISABLING CONDITIONS	DISPARITY AMONG COUNTY SUBAREAS: Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen	Bergen County	BERGEN COUNTY vs. BENCHMARKS: vs. NJ	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	32.0	31.1	29.4	35.8	28.8	34.4	31.6		38.0		35.6
% Activity Limitations	21.7	23.6	21.5	28.2	26.3	25.7	23.7		27.5		20.2
% High-Impact Chronic Pain	12.9	18.6	10.2	10.7	15.7	18.5	14.4		19.6	6.4	14.7
Alzheimer's Disease Deaths per 100,000							31.6	25.3	35.8		29.9

DISABLING CONDITIONS (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Caregiver to a Friend/Family Member	21.7	18.3	24.2	28.6	21.3	22.1	22.2		22.8		22.1

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

better similar worse

GAMBLING	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Negatively Affected by Gambling in Past Year	5.3	4.0	2.9	7.0	4.8	4.2	4.6				

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

HEART DISEASE & STROKE	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000							176.1	199.8	209.5	127.4	197.5
% Heart Disease	8.9	8.1	6.7	8.7	7.9	9.7	8.4	5.0	10.3		6.3
Stroke Deaths per 100,000							36.5	39.6	49.3	33.4	37.9
% Stroke	4.0	3.1	2.0	2.2	1.8	1.9	2.8	2.4	5.4		3.4

HEART DISEASE & STROKE (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% High Blood Pressure	40.0	38.1	38.2	34.2	32.9	39.7	37.8	33.4	40.4	42.6	36.9
% [HBP] Taking Action to Control High Blood Pressure	88.0	85.3	82.4	90.9	86.0	88.9	86.8				92.7
% High Cholesterol	43.5	44.9	43.2	50.8	42.5	40.7	43.7		32.4		39.6
% [HBC] Taking Action to Control High Blood Cholesterol	82.8	81.6	82.5	84.5	81.6	83.3	82.6				83.4
% 1+ Cardiovascular Risk Factor	89.6	84.5	80.0	86.7	84.6	89.0	86.2		87.8		83.1

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

better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent of Births)							15.2	23.5	22.3		
Teen Births per 1,000 Females 15-19							3.2	9.6	16.6		
Low Birthweight (Percent of Births)							7.5	7.9	8.3		

INFANT HEALTH & FAMILY PLANNING (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Infant Deaths per 1,000 Births							3.2	4.2	5.6	5.0	2.4

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.

better similar worse

INJURY & VIOLENCE	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000							37.1	53.8	67.8	43.2	27.5
Motor Vehicle Crash Deaths per 100,000							4.7	7.3	13.3	10.1	
Homicide Deaths per 100,000							1.5	3.9	7.6	5.5	1.6
% Victim of Violent Crime in Past 5 Years	2.8	3.0	2.3	1.5	3.5	1.0	2.5		7.0		2.0
% Victim of Intimate Partner Violence	14.7	11.3	9.7	9.3	11.5	11.7	12.1		20.3		11.0

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

better similar worse

MENTAL HEALTH	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	20.8	24.0	15.5	19.8	21.5	25.8	21.1		24.4		10.6
% Diagnosed Depression	24.7	19.3	24.1	25.0	22.3	22.2	23.1	13.9	30.8		11.4
% Symptoms of Chronic Depression	36.7	39.3	33.3	32.3	39.6	39.9	37.1		46.7		26.6
% Typical Day Is "Extremely/Very" Stressful	14.8	17.5	15.4	19.6	17.4	23.8	17.4		21.1		14.4
Suicide Deaths per 100,000							7.1	7.8	14.7	12.8	8.1
Mental Health Providers per 100,000							307.0	291.2	313.6		
% Receiving Mental Health Treatment	18.3	16.9	21.6	27.4	17.8	19.7	19.5		21.9		19.1
% Unable to Get Mental Health Services in Past Year	8.7	11.4	5.7	6.6	12.3	7.3	8.8		13.2		4.7
% [Child 5-17] Diagnosed w/Mental Health Issue	14.3	17.0	26.9		18.5		20.3				22.9

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

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.1	25.8	17.0	16.9	27.0	27.9	23.6		30.0		15.3
% Use Food Labels to Make Purchasing Decisions	76.8	78.0	80.5	80.7	78.0	67.4	76.8				71.3
% No Leisure-Time Physical Activity	21.4	18.6	16.9	15.6	27.4	31.7	22.2	24.2	30.2	21.8	23.4
% Meet Physical Activity Guidelines	30.7	34.1	31.5	34.6	24.7	31.5	30.8	31.3	30.3	29.7	25.7
% [Child 2-17] Physically Active 1+ Hours per Day	33.3	30.5	23.2	38.7	39.8	31.9	32.5		27.4		33.6
Recreation/Fitness Facilities per 100,000							20.7	15.8	12.3		
% Overweight (BMI 25+)	72.2	57.2	59.1	63.2	60.0	69.2	65.0	64.8	63.3		61.2
% Obese (BMI 30+)	35.9	32.6	23.4	28.9	21.0	34.0	30.3	28.9	33.9	36.0	25.3
% Currently Taking GLP-1 Agonist	8.5	12.0	10.0	16.3	6.8	14.9	10.5				
% [Child 5-17] Overweight (85th Percentile)	34.8	36.7	12.9		36.8		29.6		31.8		28.5
% [Child 5-17] Obese (95th Percentile)	23.3	21.5	4.0		20.6		18.4		19.5	15.5	18.6

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

better similar worse

ORAL HEALTH	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Have Dental Insurance	83.3	81.3	79.4	85.2	75.6	75.6	80.3		72.7	75.0	67.3
% Dental Visit in Past Year	71.1	70.4	78.6	78.7	66.3	67.1	71.5	68.3	56.5	45.0	73.0
% [Child 2-17] Dental Visit in Past Year	85.5	89.6	88.1	93.3	84.6	79.2	86.3		77.8	45.0	74.7

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

better similar worse

RESPIRATORY DISEASE	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000							21.0	27.7	43.5		27.4
Pneumonia/Influenza Deaths per 100,000							9.8	12.4	13.4		16.7
% Asthma	10.6	13.3	8.6	13.4	9.3	10.3	10.7	8.6	17.9		9.0
% [Child 0-17] Asthma	6.0	10.5	10.8	15.1	10.0	11.5	9.6		16.7		8.5
% COPD (Lung Disease)	3.6	6.2	6.7	4.5	7.0	9.6	5.9	4.4	11.0		10.3

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

better similar worse

SEXUAL HEALTH	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000							232.3	449.7	386.6		
Chlamydia Incidence per 100,000							221.8	357.9	495.0		
Gonorrhea Incidence per 100,000							56.3	100.7	194.4		

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.

better similar worse

SUBSTANCE USE	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000							7.7	8.5	15.7		4.9
Cirrhosis/Liver Disease Deaths per 100,000							7.2	10.6	16.4	10.9	
% Excessive Drinking	17.4	18.3	19.1	23.6	18.7	24.1	19.4	15.7	34.3		23.8
Unintentional Drug-Induced Deaths per 100,000							15.8	30.8	29.7		9.4
% Used an Illicit Drug in Past Month	2.0	4.9	2.6	4.2	2.5	2.5	2.8		8.4		3.8
% Used Marijuana/THC in the Past Year	21.1	18.4	21.0	19.4	19.6	19.8	20.1				7.1

SUBSTANCE USE (continued)	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Used a Prescription Opioid in Past Year	7.2	12.7	6.8	11.9	11.2	9.3	9.2		15.1		10.0
% Family Member Treated for Rx Addiction	6.6	9.7	8.3	9.9	9.6	4.9	7.8				7.8
% Ever Sought Help for Alcohol or Drug Problem	5.7	4.4	2.1	2.7	3.4	1.8	3.8		6.8		2.4
% Personally Impacted by Substance Use	29.3	35.7	34.1	33.5	28.1	41.4	32.8		45.4		30.1

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

better similar worse

TOBACCO USE	DISPARITY AMONG COUNTY SUBAREAS						Bergen County	BERGEN COUNTY vs. BENCHMARKS			
	Central Bergen	Northern Valley	Northwest Bergen	Pascack Valley	Southeast Bergen	Southwest Bergen		vs. NJ	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	8.3	11.4	6.7	10.8	9.5	10.6	9.2	9.1	23.9	6.1	9.8
% Someone Smokes at Home	9.5	13.2	8.6	9.2	8.8	13.7	10.3		17.7		10.3
% Use Vaping Products	11.1	11.0	10.4	9.0	12.6	12.6	11.2	6.3	18.5		3.9

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

better similar worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Bergen County, New Jersey, the focus of this Community Health Needs Assessment, encompasses 232.79 square miles and houses a total population of 954,717 residents, according to latest census estimates.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Bergen County	954,717	232.79	4,101
New Jersey	9,267,014	7,354.93	1,260
United States	332,387,540	3,533,298.58	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

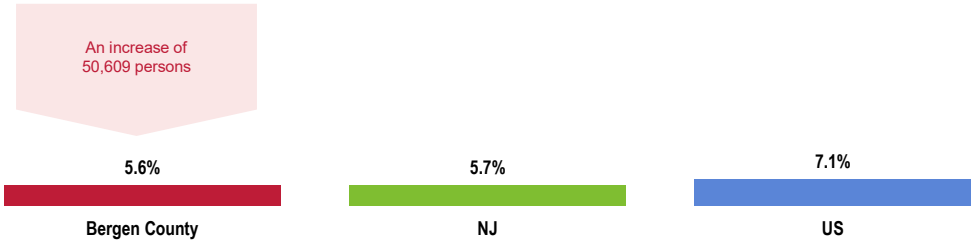
Population Change 2010-2020

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

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

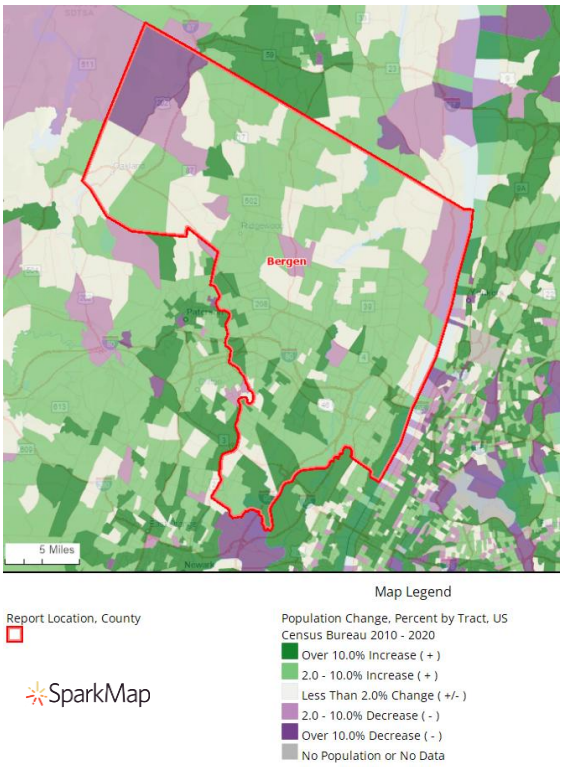
BENCHMARK ► A smaller proportional increase than recorded across the US.

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



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

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

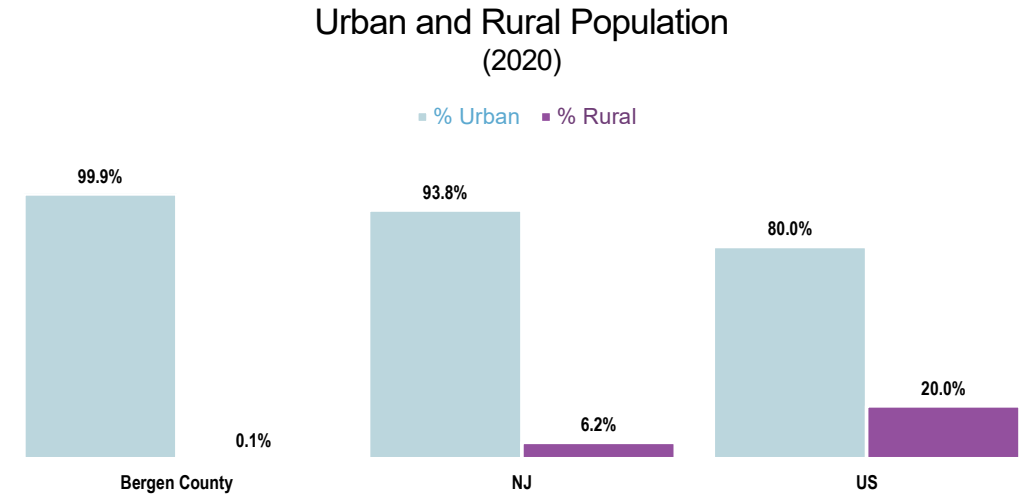


Urban/Rural Population

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

Nearly all (99.9%) of the Bergen County population lives in areas designated as urban.

BENCHMARK ► More urban than New Jersey and especially the US.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

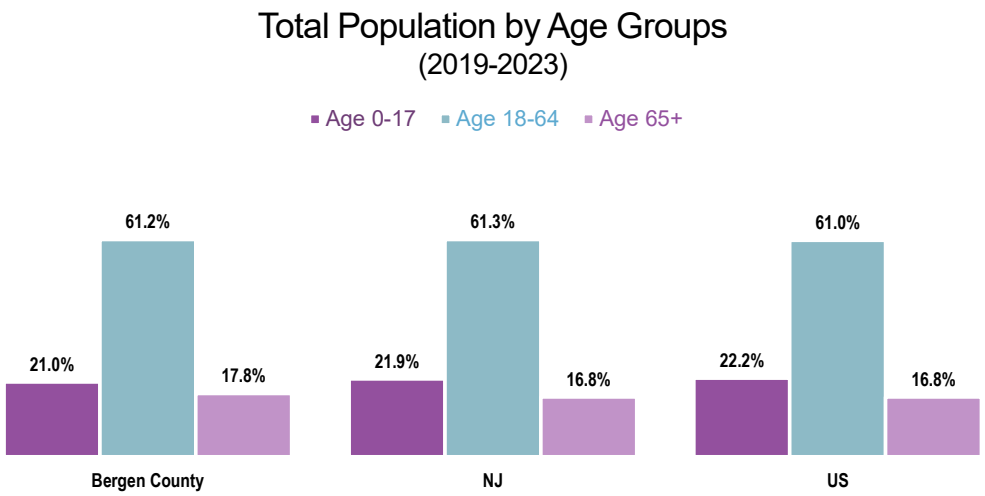
Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are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

Age

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

In Bergen County, 21.0% of the population are children age 0-17; another 61.2% are age 18 to 64, while 17.8% are age 65 and older.

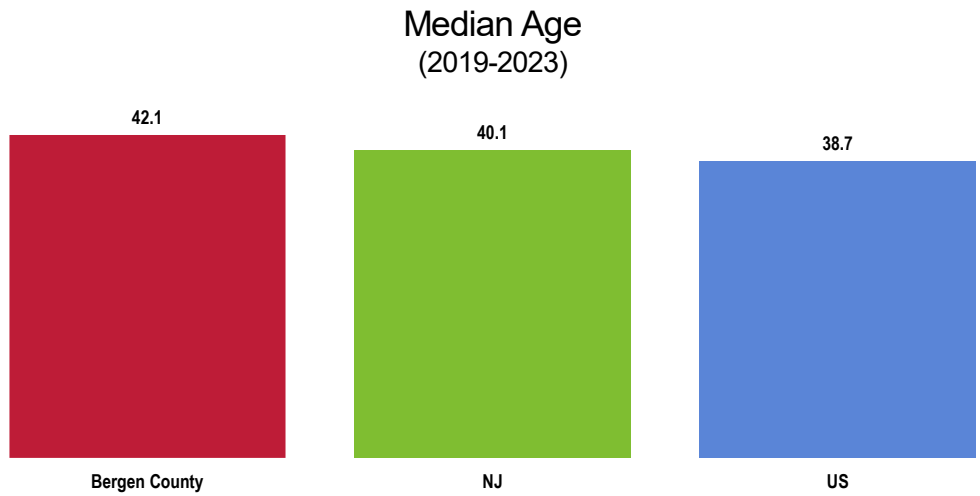
BENCHMARK ► Proportionally similar to state and national age groupings.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

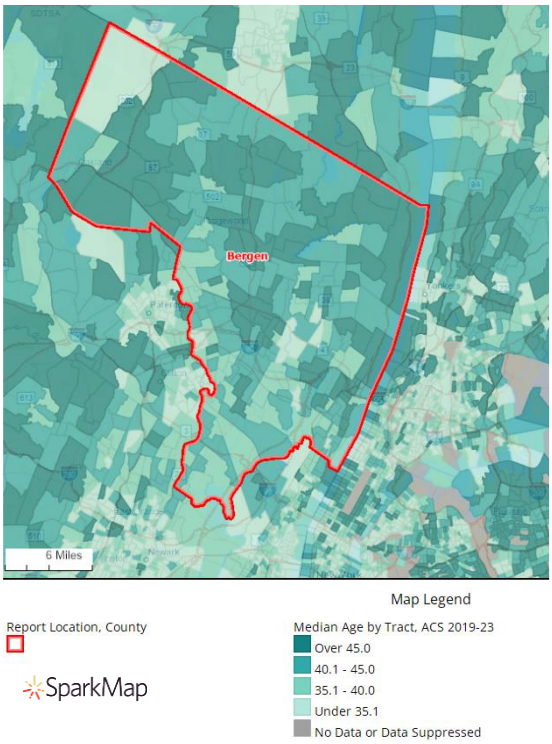
Median Age

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



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout Bergen County.



Race & Ethnicity

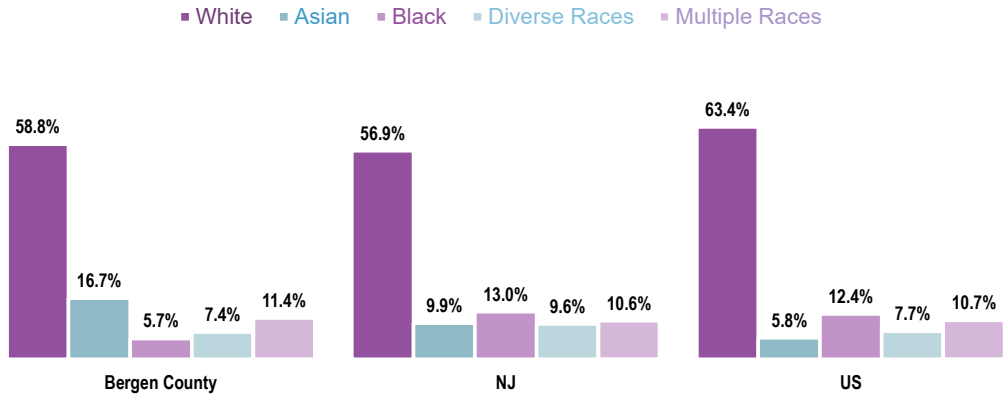
Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 58.8% of residents of Bergen County are White, 16.7% are Asian, and 5.7% are Black.

BENCHMARK ► The Asian population is proportionately higher than found statewide and nationally.

Total Population by Race Alone
(2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

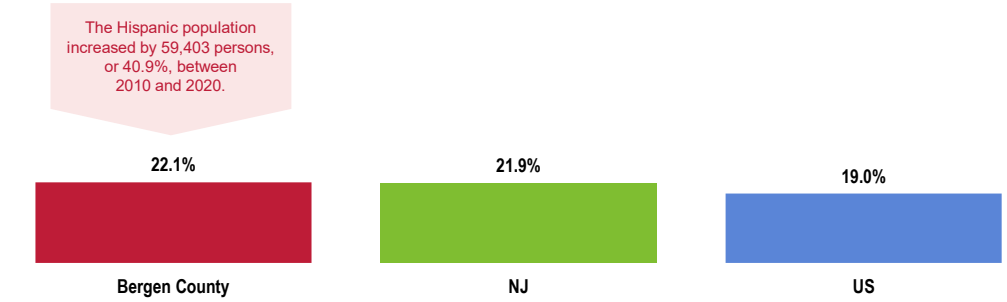
Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 22.1% of Bergen County residents are Hispanic or Latino.

BENCHMARK ► Higher than the national proportion.

Hispanic Population
(2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

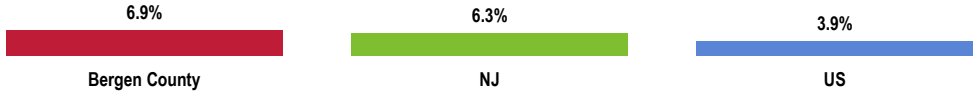
Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 6.9% of the Bergen County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Higher than found across the US.

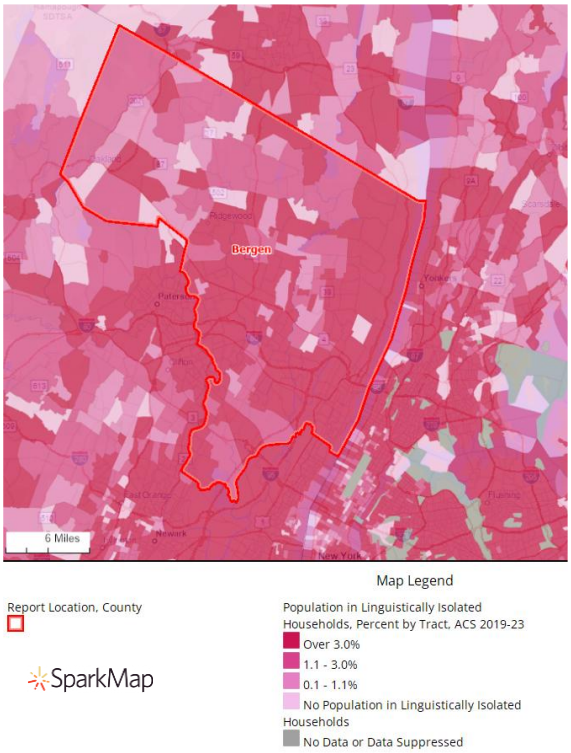
Linguistically Isolated Population
(2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

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

Note the following map illustrating linguistic isolation throughout Bergen County.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

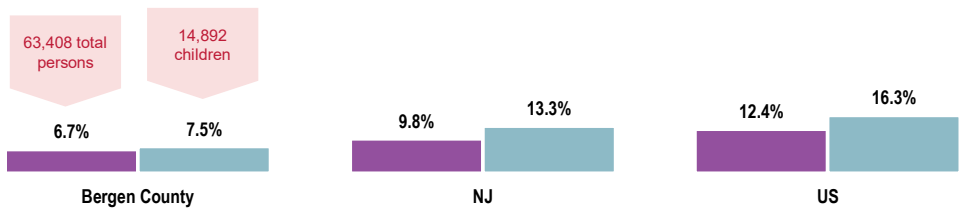
The latest census estimate shows 6.7% of the Bergen County total population living below the federal poverty level.

BENCHMARK ► Lower than found across New Jersey and the US. Satisfies the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Bergen County is 7.5% (representing an estimated 14,892 children).

BENCHMARK ► Lower than found across New Jersey and the US.

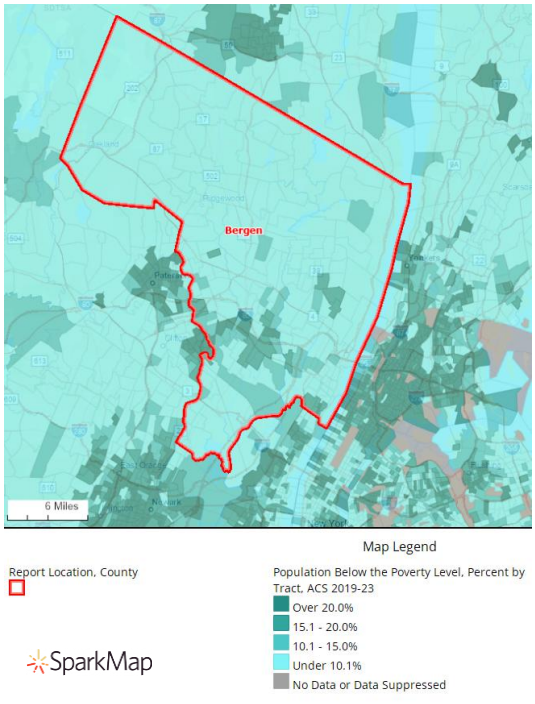
Percent of Population in Poverty
(2019-2023)
Healthy People 2030 = 8.0% or Lower



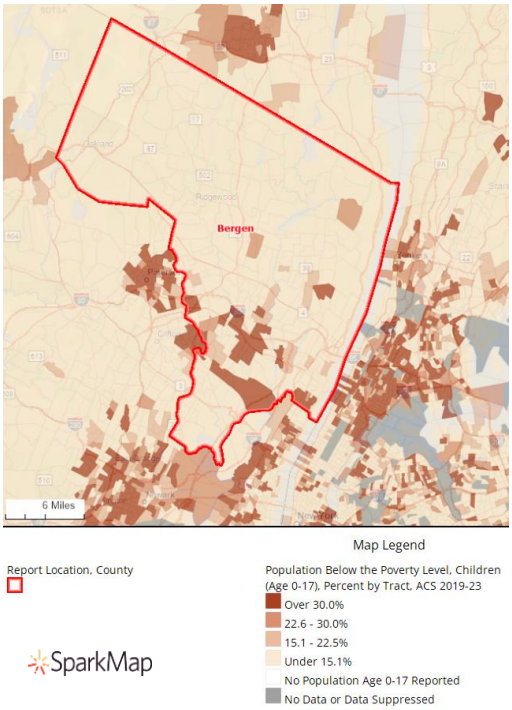
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Total Population Below the Poverty Level



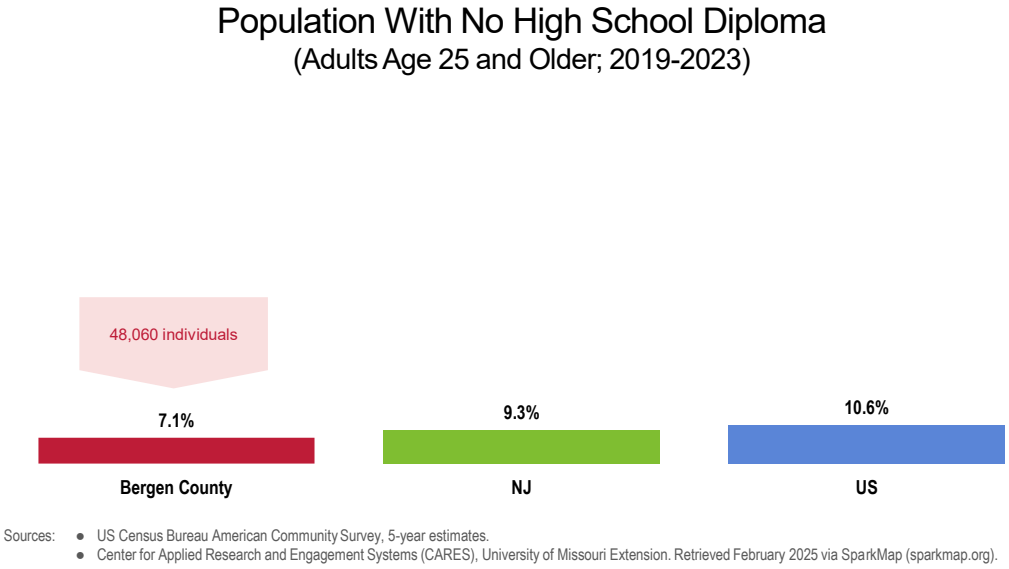
Children Below the Poverty Level



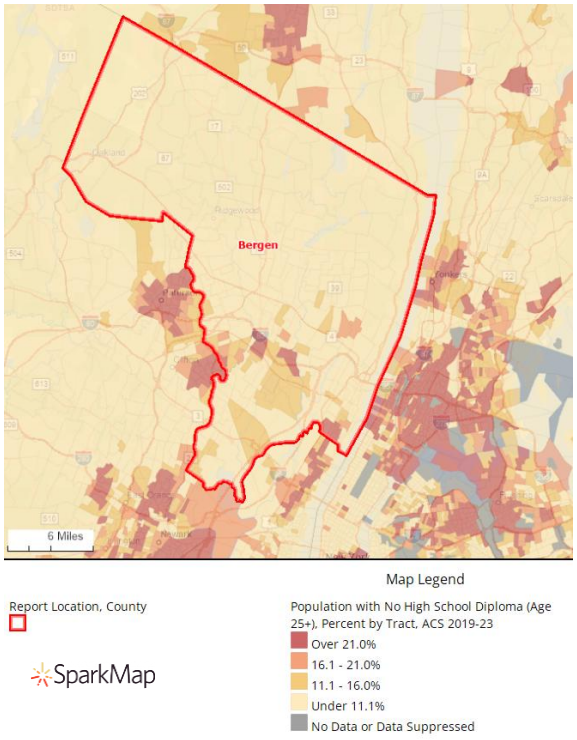
Education

Among the Bergen County population age 25 and older, an estimated 7.1% (over 48,000 people) do not have a high school education.

BENCHMARK ► Lower than found statewide and nationally.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

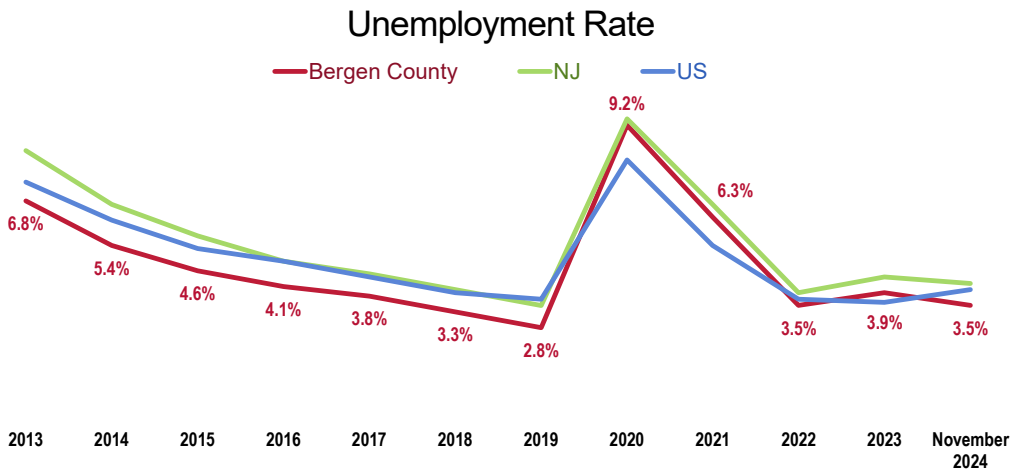


Employment

According to data derived from the US Department of Labor, the unemployment rate in Bergen County as of November 2024 was 3.5%.

BENCHMARK ► Lower than the New Jersey unemployment rate.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment is approaching pre-pandemic levels, and much lower than found a decade ago.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

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

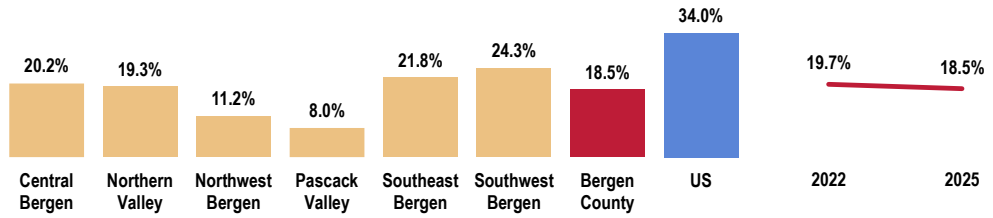
A total of 18.5% of Bergen County residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ▶ Well below the national percentage.

DISPARITY ▶ Highest in Southwest Bergen. More often reported among women, adults younger than 65, those with lower incomes (especially those living below the federal poverty level), Hispanic residents, Black/African American residents, and LGBTQ+ respondents.

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

Bergen County



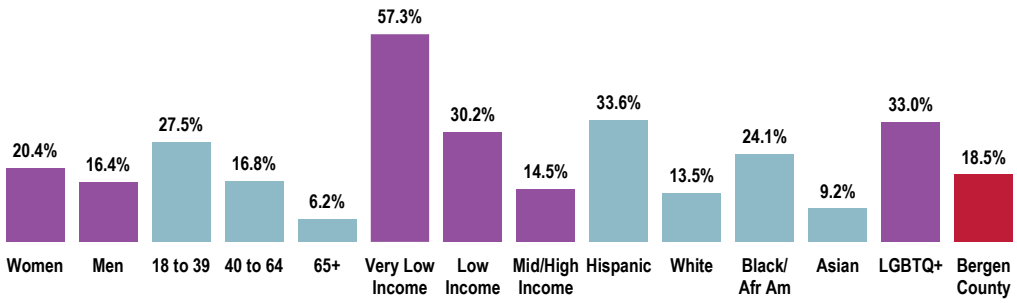
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

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

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

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

(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]

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

INCOME & RACE/ETHNICITY

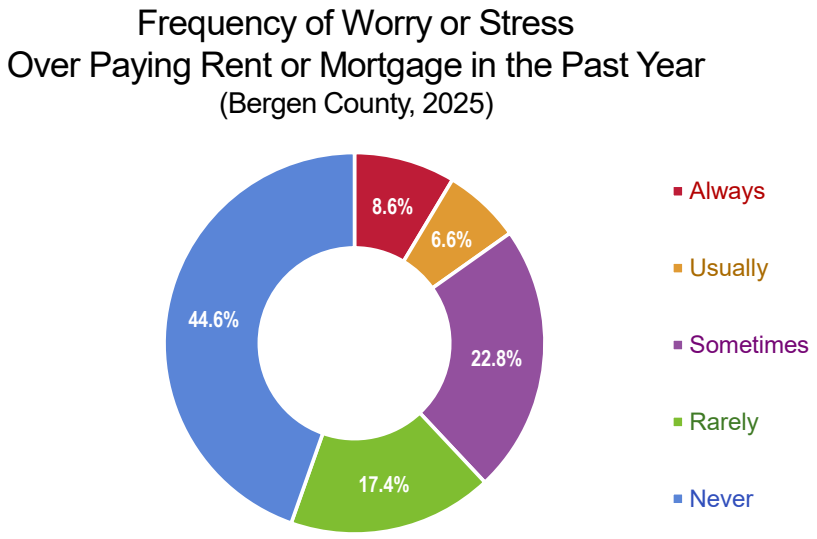
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 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. Race categories are non-Hispanic categorizations (e.g., “White” reflects those who identify as White alone, without Hispanic origin).

Housing

Housing Insecurity

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

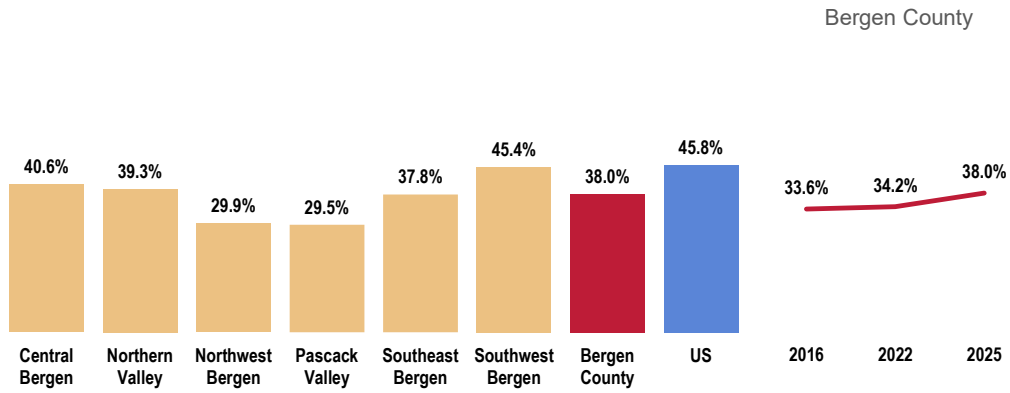
However, a considerable share (38.0%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Lower than the US percentage.

TREND ► Marks a significant increase from previous surveys.

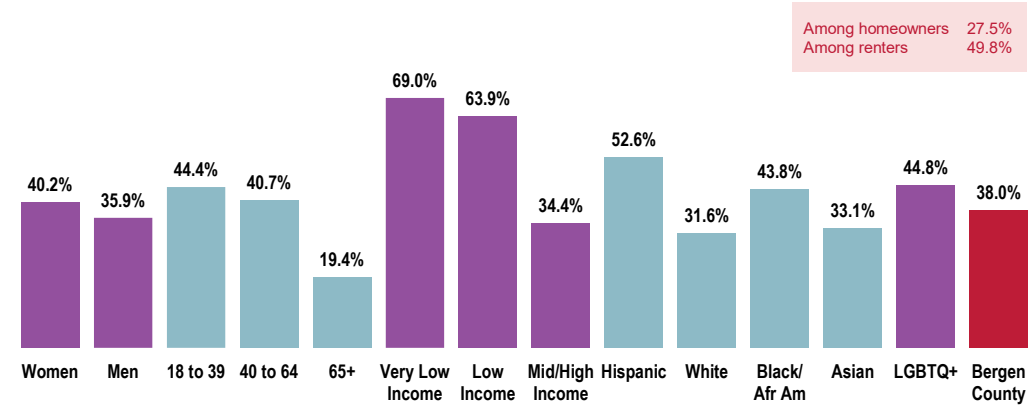
DISPARITY ► Highest in Southwest Bergen. More often reported among adults younger than 65, those with lower incomes, Hispanic residents, Black/African American residents, and renters.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

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

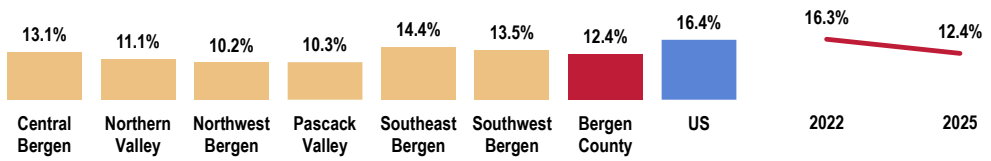
A total of 12.4% of Bergen County residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ▶ Lower than found across the US.

TREND ▶ Denotes a significant decrease from 2022.

DISPARITY ▶ More often reported among adults younger than 65, those with lower incomes, Hispanic residents, Black/African American residents, and renters.

Unhealthy or Unsafe Housing Conditions in the Past Year

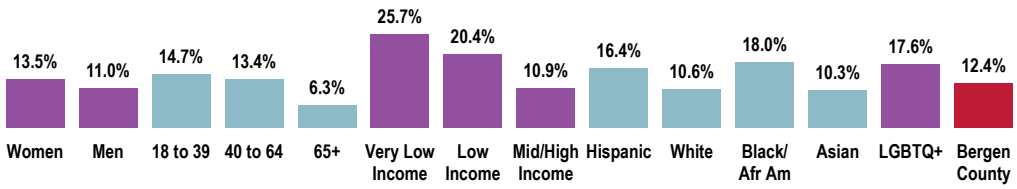


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

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

Unhealthy or Unsafe Housing Conditions in the Past Year
(Bergen County, 2025)

Among homeowners	8.5%
Among renters	18.5%



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]

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

Food Access

Low (Geographic) Food Access

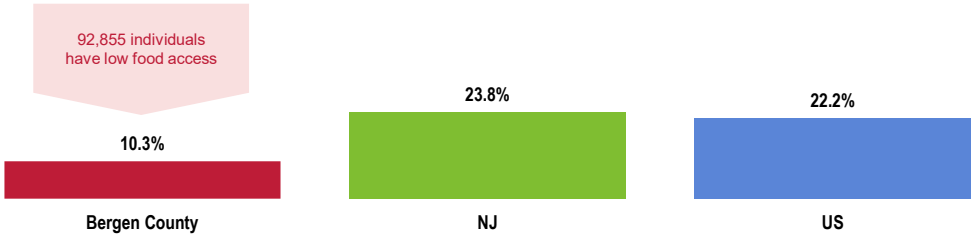
Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

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

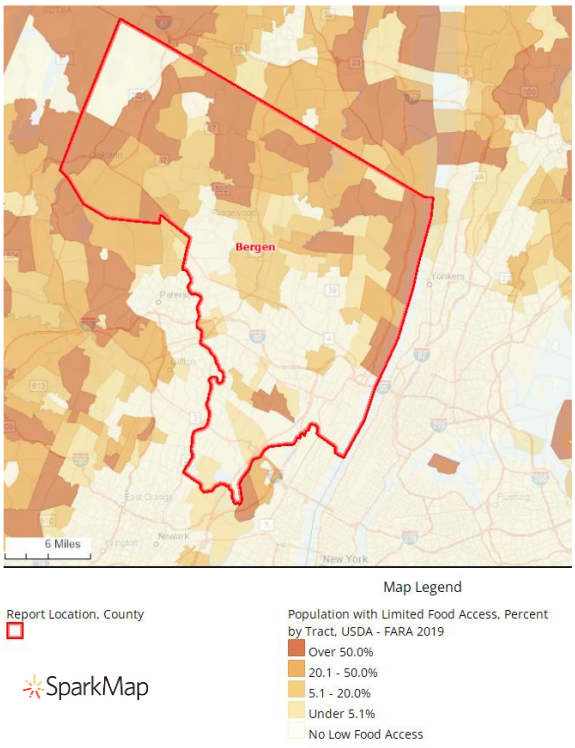
BENCHMARK ▶ Much lower than found across the state and nation.

Population With Low (Geographic) Food Access
(2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Food Insecurity

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

I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more."

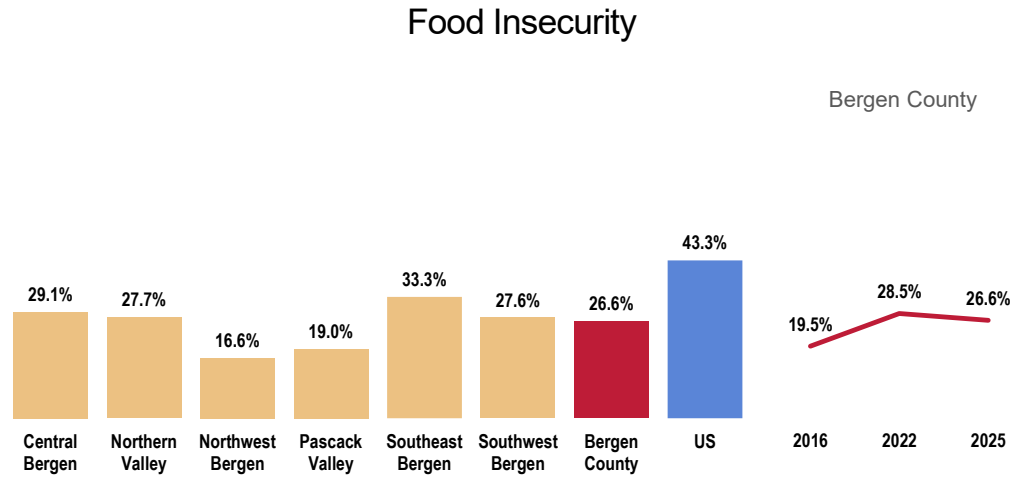
Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 26.6% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Much lower than the national finding.

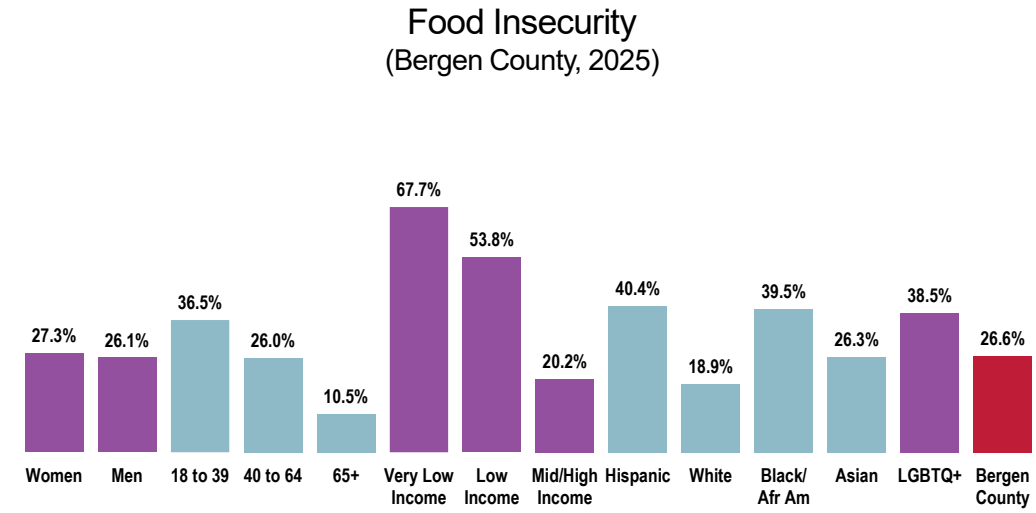
TREND ► Represents a significant increase from the 2016 baseline prevalence.

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



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

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



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]

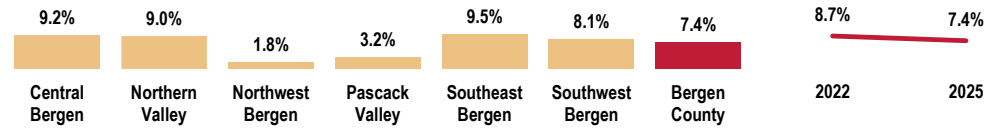
Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Use of Food Pantries & Free Meals

A total of 7.4% of Bergen County adults report using a food pantry or receiving free meals from a charitable organization within the past year.

TREND ► Lowest in Northwest Bergen and Pascack Valley.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.

Health Literacy

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

Most Bergen County adults report little to no trouble understanding health information, whether written or spoken.

However, 8.0% report that health information is "seldom" or "never" <u>written</u> in a way that is easy for them to understand.

TREND ► Denotes a significant decrease (improvement) from previous surveys.

DISPARITY ► Highest in Southeast Bergen (not shown).

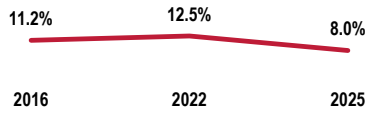
Another 6.8% report that health information is "seldom" or "never" <u>spoken</u> in a way that is easy for them to understand.

TREND ► Trending significantly lower over time.

DISPARITY ► Highest in Southeast Bergen (not shown).

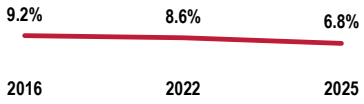
"Seldom/Never" Understand Written Health Information
(Bergen County)

US "Seldom/Never" = 10.0%



"Seldom/Never" Understand Spoken Health Information
(Bergen County)

US "Seldom/Never" = 7.5%

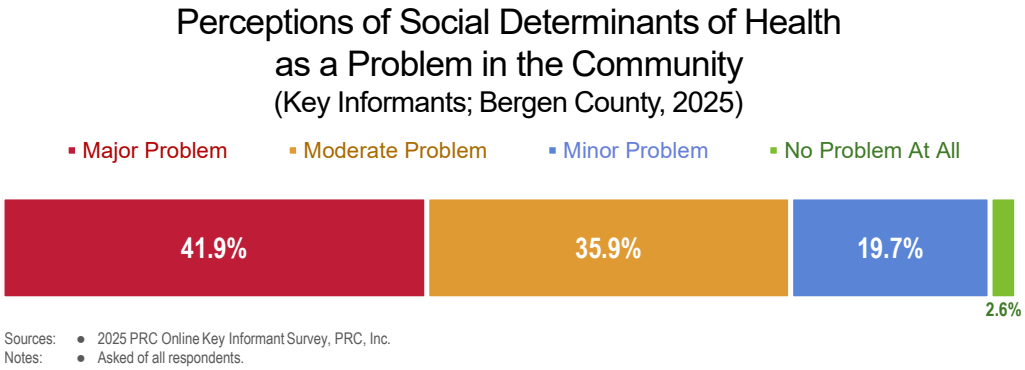


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 308-309]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Social Determinants of Health

Key informants taking part in an online survey most often characterized *Social Determinants of Health* as a "major problem" in the community.



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

Housing

> Housing, especially for lower income individuals and families, are in many cases environmentally unsafe, with lead contamination, mold, and other airborne pathogens. Income severely limits access to healthcare. Without insurance treating even a minor condition can bankrupt a family. Even with insurance, there can be devastating expenses as insurers deny legitimate claims. Education for health problems is very spotty, witness the current nonsense over vaccination and treatments such has horse pills, bleach, etc. Environmental issues such as air pollution, questionable safety of public water supply, microplastics in food, food born illnesses, etc. Discrimination: why is the mortality among minority child bearers much higher than other classes? Why are women less likely to have accurate heart attack diagnoses? – Community Leader
>
> Bergen County is considered a high income, high cost of living area. Yet many older adults and low-income earners are struggling to find affordable housing and high housing costs and high taxes cut into their household budgets, leaving them without adequate resources to pay for health care, education, food, etc. Lack of adequate public transportation makes it difficult to access jobs, health care, etc. without owning a car which is another expense that cuts into monthly budgets. – Community Leader
>
> So many people are having difficulty finding affordable housing. There is so much construction taking place, but it is all luxury housing. Huge disparities exist between the haves and the have nots. Environmental protections and protections for workers are being cut by the president. The president's attitude and actions has given rise to visible, active hate against anyone perceived as different. He has given people permission to express what was festering below the surface. – Social Services Provider
>
> Housing, income, education, environment, discrimination, etc. present challenges to accessing health care. Health literacy is an issue as well. The cost of housing and care are also determinants that present challenges. – Community Leader
>
> The issues I see most are housing and income problems. Housing for low-income people is our mission. We turn a lot of people away who cannot afford our all-inclusive $1800/month rate. We receive multiple calls a day from people throughout Bergen County looking for a room for under $1000/month. Almost all of our residents and all the people who call us fall in the very-low-income bracket, but they have not been able to qualify for HUD or state funded public housing. Many of these people are sleeping on friends and relative's couches or in their cars. Our residents are intelligent, kind people who just exhausted their life's savings before they died. Their last decade is very insecure and depressing. – Social Services Provider
>
> Affordable housing – there is not enough low income and affordable housing options for people to stay within their communities or to move nearby. Low-income housing has a 3 to 5 year wait. Affordable housing applications normally need to be filed online, disqualifying those without technology. The norm is for applications to be submitted online for a lottery system to then have the applicant be put on a wait list, if picked in the lottery, with no understanding of the wait time. An ongoing concern are escalating property taxes for older adults who can be priced out of their homes when they have utilized their savings to subsidize the cost of their home taxes and maintenance. Although NJ is trying to help with the tax burden through ANCHOR, Senior Freeze, and Stay NJ, these programs are dependent on the state identifying money in the budget to pay the costs. Climate change, increased flooding events, outdated sewer systems, PFAS filled water are all of concern. – Social Services Provider
>
> Without access to housing and nutrition, you can't have good health. – Health Care Provider

> Housing is a huge problem in Englewood. There is no available affordable, low income or even moderate-income housing. The cost of living in this area is extremely high which makes it difficult for native Englewood residents to remain. Young adults cannot purchase homes. Rental apartments are all luxury priced and there are no condo/coop options to allow people to purchase. Because of the high incomes of those on the East Hill, it prevents people from seeing the true disparity in the city. There are many who are struggling financially. Many are just barely making ends meet. While they work, housing, food and medical costs are high. The school system in Englewood is abysmal. Children are not receiving what they need from the school district. Students are underperforming on all state tests and are not graduating with the skills they need to succeed after high school. It is a gross injustice. – Community Leader
>
> Cost of living increased, with the high cost of housing in the area, low income or loss of income, lack of access to education and insurance coverage. – Community Leader
>
> Housing is an issue since we can use more affordable housing in this area. – Social Services Provider
>
> The lack of affordable housing in Bergen County is a major problem and source of stress. Income and education also contribute to health concerns. – Community Leader
>
> If the cost of housing is not affordable financially, it can lead to an unhealthy state. – Community Leader
>
> Cost of living is way up, especially in Bergen County. – Public Health Representative
>
> I just want to emphasize the importance of safe, affordable housing for every adult at every stage of their life. – Community Leader
>
> As a SDOH, lack of housing resources for Bergen County Residents in need either for unhoused or low income. – Health Care Provider

Income/Poverty

> Although Bergen County is extraordinarily wealthy, it does have pockets of poverty. For low-income people, getting access to critical resources can be difficult and require working with many different organizations. Food security continues to be a challenge, as is access to affordable housing, educational opportunities, transportation, childcare and other critical needs. Accessing these resources does indeed depend on your zip code. – Community Leader
>
> Economic instability, unemployment, rent prices. – Social Services Provider
>
> Low Income and unemployment can lead to food insecurity, housing instability, and difficulty affording healthcare or medications. This increases the risk of chronic diseases and poor health outcomes. – Health Care Provider
>
> Income, education, discrimination and environmental play major roles in people's health in Bergen County. Having Income and not being discriminated against gives you a better advantage for elite health services. Starting from basic types of food you can afford. – Community Leader
>
> Due to limited incomes and education, many older adults do not have access to medical professionals due to lack of insurance and transportation. Medicare and Medicaid have severe limitations. Older adults that are unable to afford secondary insurance suffer greatly. – Social Services Provider

Awareness/Education

> Lack of knowledge where resources are. – Community Leader
>
> Patients lack understanding of the documents they need to apply for assistance, and this can extend the process of gaining access to resources. There is a large gap due to language and literacy. There is a lack of comfort in patients seeking care by providers who do not speak their language. – Health Care Provider
>
> Limited knowledge of the impact of SDOH. – Health Care Provider
>
> Lack of understanding of this important issue by local hospitals and no interest in learning about it. – Physician

Impact on Quality of Life

> Prevent individuals from seeking care they truly need and deserve to have access to. – Community Leader
>
> They shape the conditions in which people live, work, learn, and play affecting health outcomes and quality of life. Communities with poor SDOH often experience higher rates of chronic diseases, infant mortality, and lower life expectancy. Disparities are often tied to systemic issues like poverty, racism, and underinvestment in certain neighborhoods. Poor social conditions lead to poor health, which can then limit educational and job opportunities—creating a cycle that keeps individuals/communities trapped in disadvantage. Poor health outcomes lead to increased healthcare costs and lost productivity. When communities are unhealthy, local economies suffer due to a less capable workforce and higher public spending on emergency care rather than preventive services. Inadequate housing, food insecurity, and violence are linked to poor social determinants and can increase crime rates, stress-related illness, and reduce overall community well-being.
> – Social Services Provider
>
> Because the social determinants have significant impact on health. – Community Leader

Access to Care/Services

> They are a major problem given that the population of patients we serve are from underserved communities, who usually are not able to receive/ have access to medical care. – Physician

> Lack of gas pod nods with adequate health care, lack of affordable healthcare, housing and the cost of groceries, clothing, etc. – Community Leader

Aging Population

> Many seniors are lonely and need engagement with others. – Community Leader
>
> Many seniors over 65 years are suffering from food insecurity, home care services, transportation support and social isolation. – Community Leader

Nutrition

> Please socialize over food. Lots of food means abundance. Sweets are considered a "treat" or special event food. – Social Services Provider
>
> We are a food pantry, so we see issues around food insecurity - housing, income, etc. – Community Leader

Environmental Issues

> Environmental issues and technology. Overbuilding is causing congestion and loss of green space. Communities are experiencing separation between residents who rent in buildings and all others as new construction has been created to be independent of community amenities and residents. Isolation and loneliness, loss of social connections, reliance on technology and devices impede social connections and increase isolation and loneliness and compromise meaningful relationships - across all populations and ages.
> – Social Services Provider

Discrimination

> It is the basis for all health-related issues - the societal structures that exist prevent many people from accessing the services they need. For example, discrimination may lead to incarceration which may lead to issues related to housing, employment, safety, education... each issue feeds into the other. – Community Leader

Politics

> Polarity could actually be a health issue today. The present social-political climate of polarity is triggering tension, division, assumptions and overreactions which in turn cause more fear, anxiety, isolation and stress to what we already had. – Social Services Provider

Foreign-Born

> Non legal immigrants have fear to find medical assistance because of their unstable status. – Community Leader

Funding

> Access to services since the reduction of federal funding in this space. – Health Care Provider

Affordable Care/Services

> Lack of low-income health programs. – Community Leader

Incidence/Prevalence

> They affect everybody in some way. – Community Leader

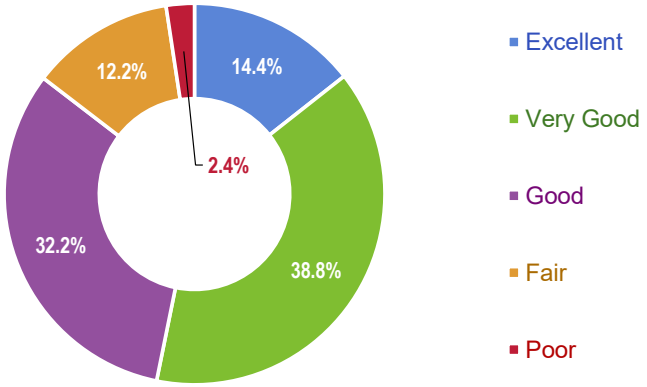
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that, in general, your health is excellent, very good, good, fair, or poor?"

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

Self-Reported Health Status
(Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

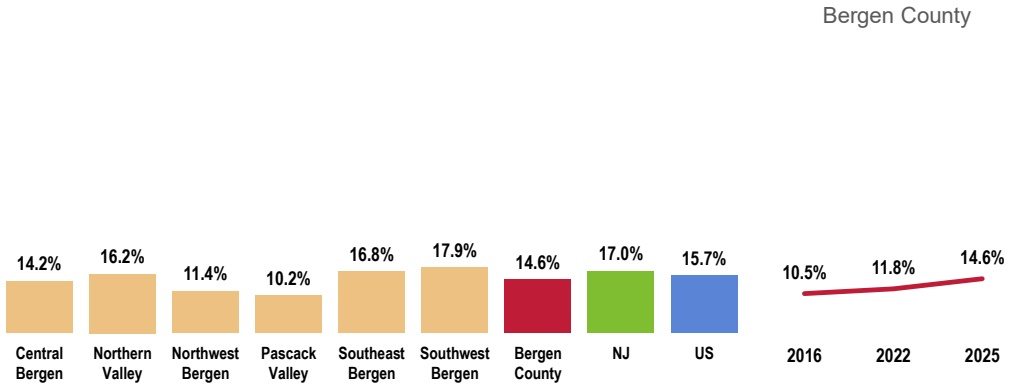
However, 14.6% of Bergen County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Lower than found across New Jersey.

TREND ► Rising significantly over time.

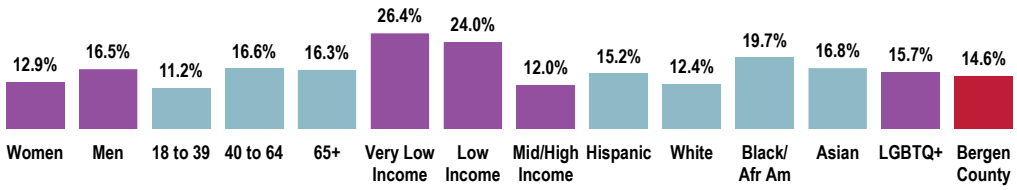
DISPARITY ► Lowest in Northwest Bergen and Pascack Valley. More often reported among men, adults age 40+, those with lower incomes, and Black/African American residents.

Experience "Fair" or "Poor" Overall Health



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

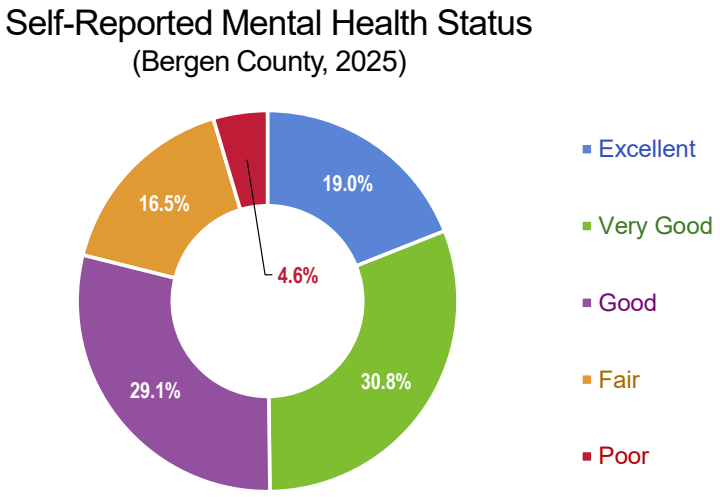
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

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

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

However, 21.1% believe that their overall mental health is "fair" or "poor."

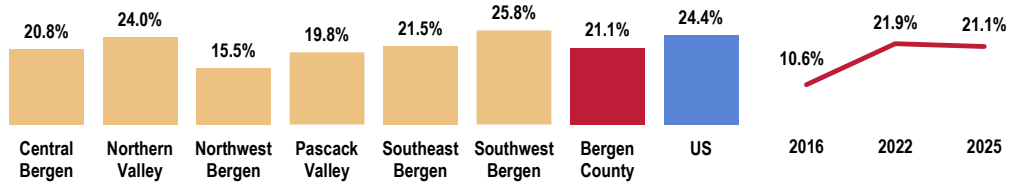
BENCHMARK ► Lower than the US percentage.

TREND ► Marks a significant increase from the 2016 survey (similar to 2022 findings).

DISPARITY ► Lowest in Northwest Bergen.

Experience "Fair" or "Poor" Mental Health

Bergen County



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Depression

Diagnosed Depression

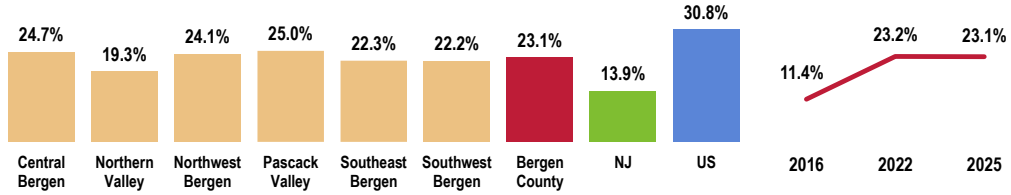
A total of 23.1% of Bergen County adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than found statewide but lower than found nationally.

TREND ► Marks a significant increase from the 2016 survey (similar to 2022 findings).

Have Been Diagnosed With a Depressive Disorder

Bergen County



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

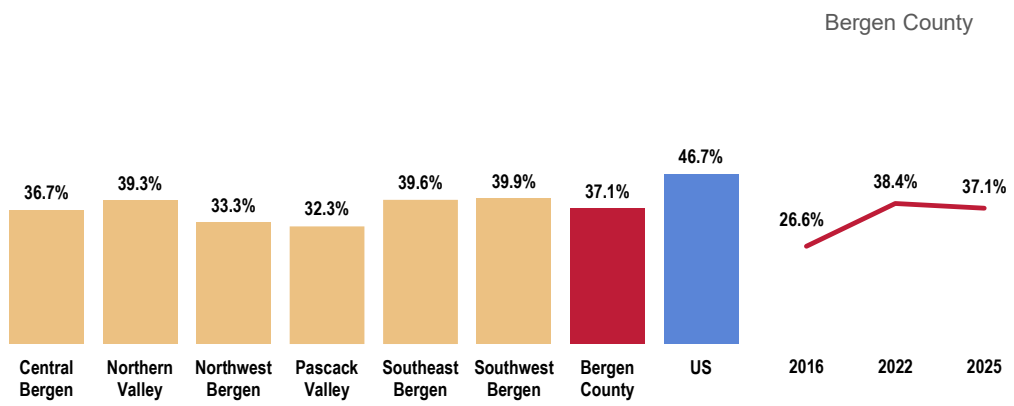
A total of 37.1% of Bergen County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Lower than found across the US.

TREND ► Represents a significant increase from the 2016 baseline survey.

DISPARITY ► More often reported among younger adults, those with lower incomes, Hispanic residents, Black/African American residents, and LGBTQ+ respondents.

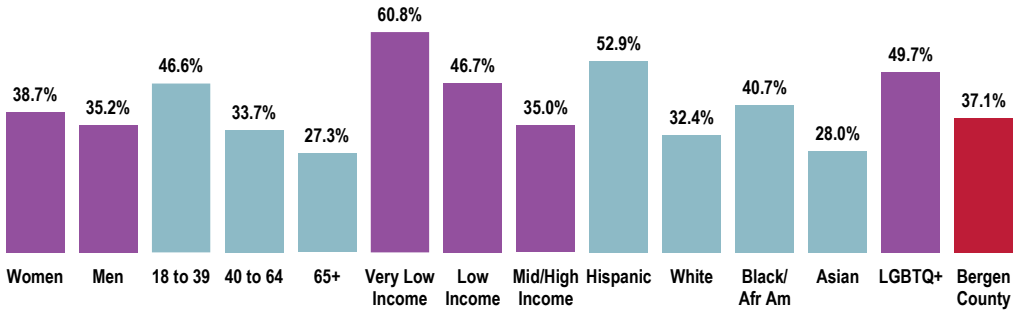
Have Experienced Symptoms of Chronic Depression



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

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

Have Experienced Symptoms of Chronic Depression
(Bergen County, 2025)



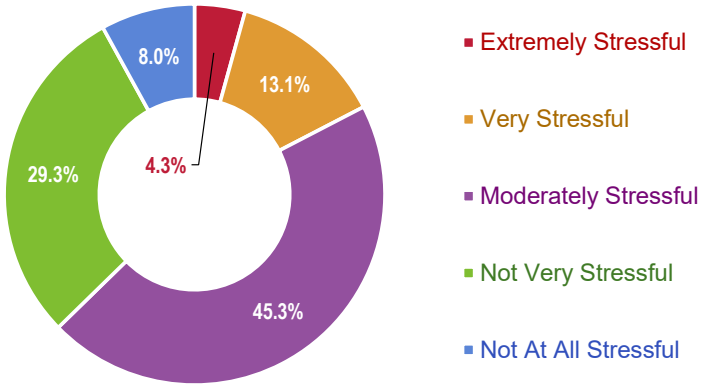
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 78]

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

Stress

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

Perceived Level of Stress On a Typical Day
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

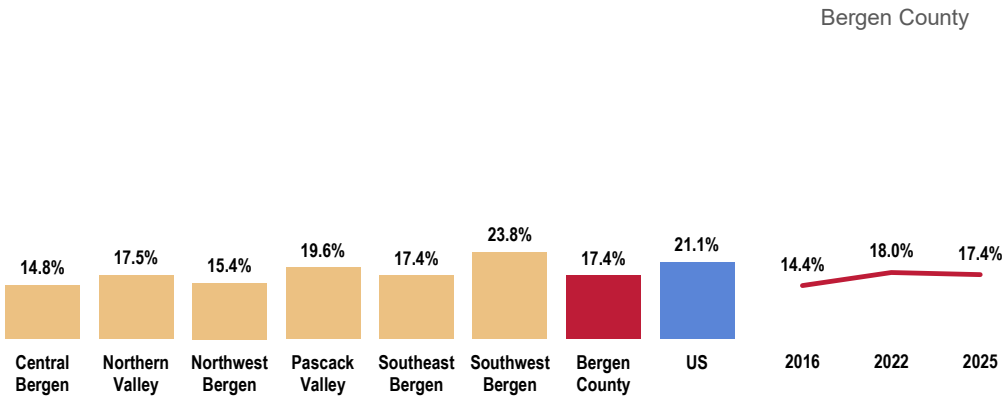
In contrast, 17.4% of Bergen County adults feel that most days for them are "very" or "extremely" stressful.

BENCHMARK ► Lower than the US finding.

TREND ► Denotes a significant increase from the 2016 survey.

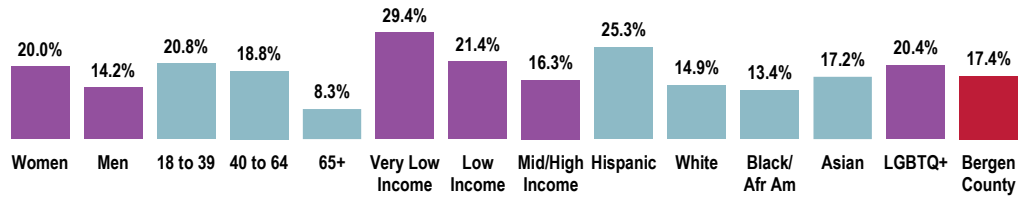
DISPARITY ► Highest in Southwest Bergen. More often reported among women, adults younger than 65, those living below the federal poverty level, and Hispanic residents.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

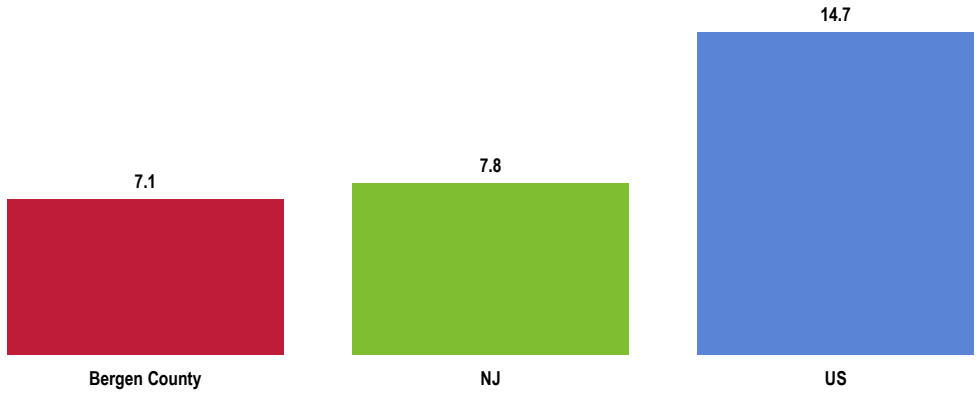
Suicide

In Bergen County, there were 7.1 suicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► About half the US rate. Satisfies the Healthy People 2030 objective.

DISPARITY ► Higher among White residents.

Suicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

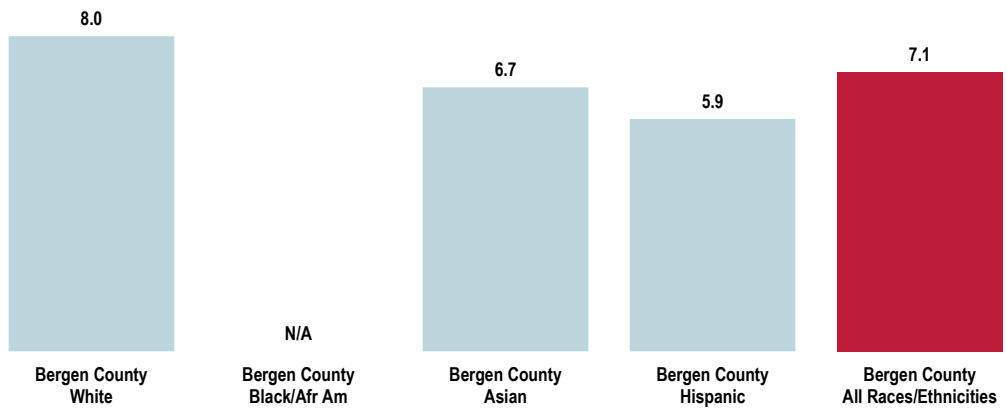


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
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.

Suicide Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)

Healthy People 2030 = 12.8 or Lower



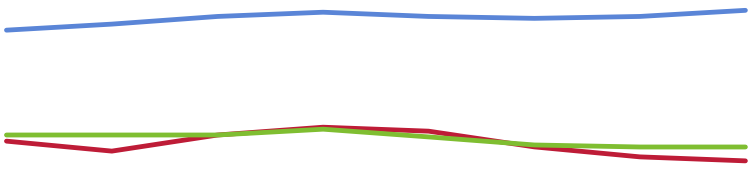
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.
- Race categories reflect individuals without Hispanic origin.

Suicide Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	8.1	7.6	8.4	8.8	8.6	7.8	7.3	7.1
NJ	8.4	8.4	8.4	8.7	8.3	7.9	7.8	7.8
US	13.7	14.0	14.4	14.6	14.4	14.3	14.4	14.7

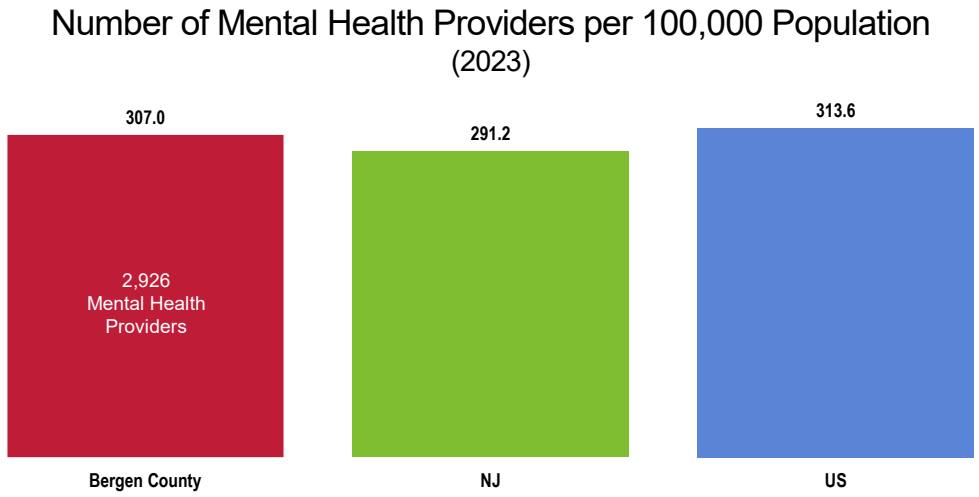
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Mental Health Treatment

Mental Health Providers

Note that this indicator only reflects providers practicing in Bergen County and residents in Bergen County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In Bergen County in 2023, there were 2,926 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 307.0 per 100,000 population.



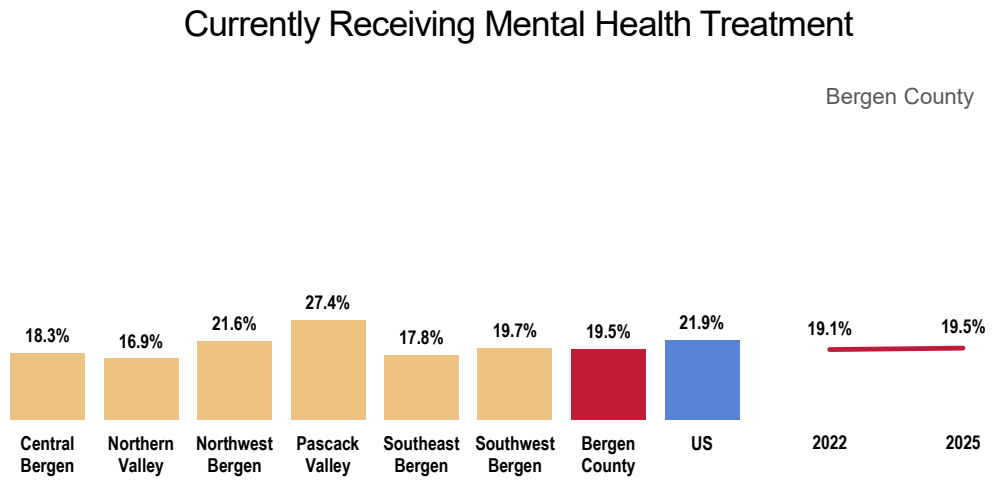
Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

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

Currently Receiving Treatment

A total of 19.5% of surveyed adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

DISPARITY ► Highest in Pascack Valley.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

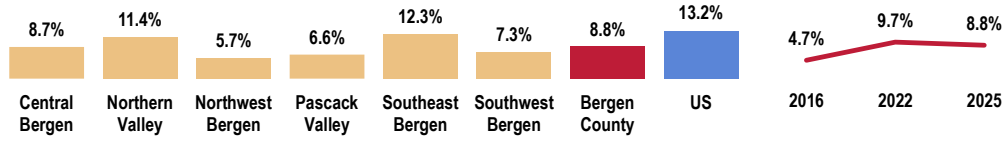
A total of 8.8% of Bergen County adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Lower than found nationally.

TREND ► Marks a significant increase from the 2016 baseline.

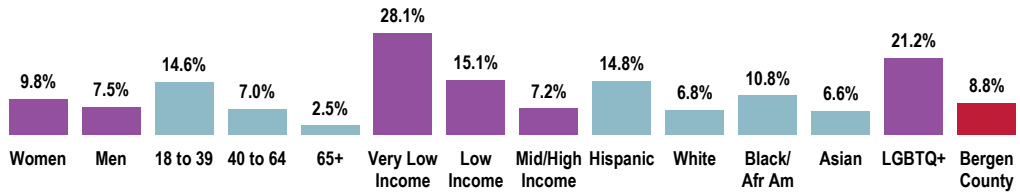
DISPARITY ► Highest in Southeast Bergen. More often reported among younger adults, those with lower incomes (especially those living below the federal poverty level), Hispanic residents, and LGBTQ+ respondents.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Bergen County, 2025)

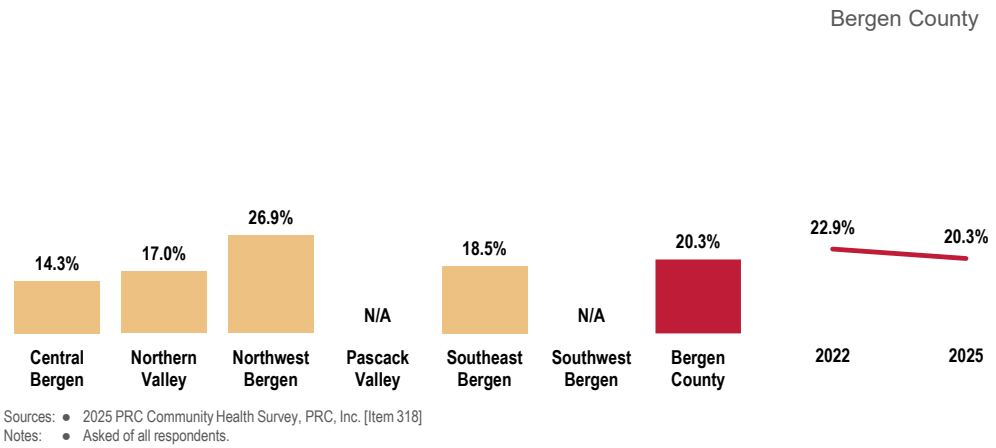


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.

Children's Mental Health

Among area parents of children age 5 to 17, 20.3% report that their child ever has suffered from or been diagnosed with any type of mental, emotional, or behavioral health issue, such as depression, anxiety, or ADHD.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

Six in 10 key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants; Bergen County, 2025)

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

> Access to care, stigma. – Community Leader
>
> Access to care in a timely fashion and comfort of management by primary providers. – Health Care Provider
>
> The biggest challenge is access and feasibility of care as well as willingness of the patient to accept the care they need. – Physician
>
> No access to help or no mandatory requirements. – Community Leader
>
> Access to mental health, limited resources. – Physician
>
> Lack of access. – Health Care Provider
>
> Access to care in a timely manner and frequent appointment. – Health Care Provider

Access to care. Waiting times are very long to get in to see someone. Bilingual therapists, especially Spanish, wait is even longer. – Community Leader

Getting help, you call a place, for example they don't call back, you leave a message, two, if you do get a person on the phone, they have limited hours available and are not willing to help, work with people. There are not enough places in general for people to turn too. – Community Leader

Lack of resources. – Social Services Provider

Navigating resources to get help, admitting that they need help – Community Leader

Access to programs that address and counsel patients on mental health. – Health Care Provider

Access to care and providers. – Physician

Addressing mental health issues requires comprehensive, culturally competent, and accessible systems of care — alongside broader efforts to reduce stigma and build mental health literacy. The local mental health system of care is fractured and broken; what's left standing is paralyzed by in silos impeding access to comprehensive, seamless care. COVID shined a long overdue spotlight on mental health but that resulted in a high demand and low access to care and labeling of every challenge as mental issue. Publicly funded non-profits that provide care to Medicaid/care, uninsured, etc., experience great difficulties retaining/attracting staff as salaries pale in comparison to private industry. Special funding to address issues among youth, like NJ4S and CSOC, do not operate/deliver services in accordance with funding visions. No awareness of resources/confusing names. No strategic plan to break silos/build a collaborative to create a one-door, seamless system from any touch point. – Social Services Provider

Not enough programs to address those suffering with mental health. – Social Services Provider

Lack of access to care, difficulty with insurance reimbursement and long wait times. – Health Care Provider

Access to care, removal of stigma, access to affordable care. Severe shortage of voluntary beds. – Community Leader

Access to resources. Cost of treatment. – Community Leader

There are not enough health care services to address mental health in general. The services that do exists are unaffordable to most residents of Bergen County. – Physician

I know someone who had a mental health issue and reached out to many providers to try and get an appointment. They did not have much luck, and their insurance was pretty good. – Community Leader

Access to mental health care. – Physician

One of the primary issues experienced by those with mental health issues in our community is accessibility to services. More specifically the length of time in which services are sought out by an individual, and intake appointments for psychiatric medication management and/or individual psychotherapy are obtained. It is frequently reported by patients that inpatient psychiatric hospitalizations could have been prevented if seen by a provider sooner. The delay in services often leads to significant decompensation in an individual's symptomology. An additional issue is a lack of awareness of the mental health services available within the community. Individuals often report coming to the hospital solely to obtain more community supports and coordinate mental health services faster than they would if not hospitalized. – Social Services Provider

Access to care and stable housing for those with dual diagnosis. – Public Health Representative

Denial/Stigma

Stigma, access to services, lack of understanding within the community. Sadly, there was a police shooting of a man who was undergoing a mental health crisis. He was killed. The fear of that happening to a loved one creates fear for people to seek help for family members and friends. – Community Leader

Stigma of traditional family about mental health. – Community Leader

Stigma. – Public Health Representative

The biggest challenge is to get beyond negative backlash when seeking help. – Community Leader

The biggest challenge for people with mental health in BC are stigma, despite significant efforts by the BC stigma free campaign, limited in network providers, long waiting time for specialists, and cultural barriers. – Public Health Representative

Stigma. Lack of quality services. Major hospitals not devoting resources to mental health and not interested in developing quality programs. – Physician

Stigma, identification, accessing services, denial, shame. Many of my young employees ages 22 - 30 suffer from severe anxiety. – Social Services Provider

Stigma, not wanting to get help because of stigma associated with mental health. Medications, many people do not want to take the medications needed for MH due to side effects. Wait time in getting an appointment for counseling. – Social Services Provider

Awareness/Education

Having information to help identify when someone is in crisis, steps that should be taken to assist someone with mental health issues, contact information for additional supports. – Public Health Representative

> There is a huge lack of understanding and education around mental health which adds to the stigma. Cultural beliefs often hinder one's ability to get help. It is very hard to find mental health professionals that are bilingual in other languages, especially Spanish. If you do find one, it takes a long time to get an appointment. – Social Services Provider
>
> Knowing that there are resources. – Community Leader
>
> In my community, there are numerous mental health providers available to meet the needs of residents. I feel that social service organizations and community recreation groups can do a better job of incorporating mental health awareness training in regular meetings. For example, in little league or similar groups, incorporate brief mental health awareness talks for the adults who work with children (what to look for, warning signs, etc.). – Community Leader

Incidence/Prevalence

> Increase stress and anxiety daily living. – Community Leader
>
> Suicide, anxiety and depression are much more common and heard about. – Public Health Representative
>
> Personal witness in community and within my family and friend network. – Community Leader
>
> Depression and anxiety disorders prevalence rate is pretty high. In addition, stigma prevent many people from seeing help which is a big problem. – Community Leader

Affordable Care/Services

> Many resources are not free, and folks don't want to pay out of pocket for clinic visits. Some communities still don't put much stock in things like depression or anxiety which are very common. Many people don't seek help. – Community Leader
>
> Cost and access. Among older adults, the access may be related to available and flexible transportation. Mental health issues also exacerbated by unavailable affordable housing, hording issues, medical conditions not attended to, etc. – Social Services Provider
>
> Finding an affordable and available psychiatrist is one of the biggest challenges in northern NJ. Finding an available psychiatrist with or without insurance is a challenge in and of itself regardless the cost. – Social Services Provider

Isolation/Loneliness

> Lack of connection with others/isolation from others. Many residents I work with are widows/widowers, their grief weighs heavily on them (which totally makes sense) and this impacts their ability to socialize and resume "normal life" after such a huge loss. Many live alone after this and their children may not be close by...which only exacerbates the issue. – Community Leader
>
> Depression, isolation, anxiety, misuse of medication leading to confusion or decline in health. Also, overuse of prescriptions or alcohol to avoid feeling depressed and anxious. – Social Services Provider
>
> Isolation. – Social Services Provider

Diagnosis/Treatment

> Taking the step(s) to seek mental health assistance. – Community Leader
>
> Undiagnosed mental illness, stigma stopping people from seeking treatment or therapy, bullying of people/children that may need help with an issue, or someone with an issue doing the bullying and not realizing the distress they cause, general population not knowing how to react to or interact with those with mental illnesses needing accommodations and/or those currently in crisis, resources existing in our affluent community, but because we also tend to be "green" in our way of marketing such resources, people don't tend to see or come across the flyers or information... it takes someone "pulling information and looking in the right places to find it" - when really, I think pushing out the information so that those who need it and their friends/family and loved ones can see it. The more it's put out there, the more chances it will get in the right hands at the time that it's needed. – Community Leader

Funding

> Access to services since the reduction of federal funding in this space. – Health Care Provider
>
> Lack of funding for behavioral health conditions. Lack of parity. – Health Care Provider

Housing

> Housing and financial resources. – Community Leader
>
> Housing, food, clothing and adequate facilities to accommodate those in my community that need it. – Community Leader

Social Media

> Social media, lack of communication, financial struggles. – Social Services Provider

> Social media and isolation. – Community Leader

Access to Care for Uninsured/Underinsured

> Access to therapy and medication that is covered by their insurance. – Community Leader
>
> Lack of access for those without private insurance. Many providers out of network. High copay, extensive waiting list. Very limited provers for Medicaid, Medicare populations. – Health Care Provider

Teens/Young Adults

> This is becoming more of an issue with children and now noticeable with parents. – Community Leader
>
> Mental issues with teens. – Community Leader

Lack of Providers

> The mental health challenges faced are increasing. There are few psychiatrists available to provide support - especially for children and teens therefore access is a major issue. Wait lists for community mental health centers. Decreases in funding to provide services for youth attending school. – Community Leader

Due to COVID-19

> Young Adults are ill-prepared to deal with situations due to the pandemic. Many parents feel that social media has become toxic to their children, their children's ability to learn and to socialize. Aged individuals tend to feel isolated. The biggest challenge of people with mental health issues is that they have difficulty finding resources and do not know how to get the help they need. – Public Health Representative

Alcohol/Drug Use

> Substance use, depression, anxiety, affordability of services. – Health Care Provider

Disease Management

> Seeking services. – Health Care Provider

Language Barrier

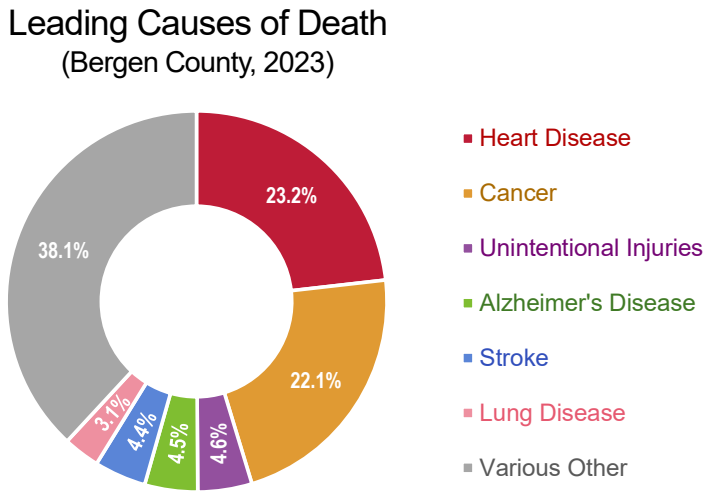
> Resources in Spanish and other languages. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Heart disease and cancers, the leading causes of death, accounted for 45.3% of all deaths in Bergen County in 2023.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease (CLRD).

Death Rates for Selected Causes

Here, 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.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in Bergen County.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

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

Death Rates for Selected Causes
(2021-2023 Deaths per 100,000 Population)

	Bergen County	New Jersey	US	Healthy People 2030
Heart Disease	176.1	199.8	209.5	127.4*
Cancers (Malignant Neoplasms)	158.9	166.1	182.5	122.7
Unintentional Injuries	37.1	53.8	67.8	43.2
Stroke (Cerebrovascular Disease)	36.5	39.6	49.3	33.4
Alzheimer's Disease	31.6	25.3	35.8	—
Lung Disease (Chronic Lower Respiratory Disease)	21.0	27.7	43.5	—
Diabetes	16.3	22.2	30.5	—
Unintentional Drug-Induced Deaths	15.8	30.8	29.7	—
Kidney Disease	15.0	18.4	16.9	—
Pneumonia/Influenza	9.8	12.4	13.4	—
Alcohol-Induced Deaths	7.7	8.5	15.7	—
Cirrhosis/Liver Disease	7.2	10.6	16.4	10.9
Suicide	7.1	7.8	14.7	12.8
Motor Vehicle Crashes	4.7	7.3	13.3	10.1
Homicide	1.5	3.9	7.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

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

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Heart Disease & Stroke Deaths

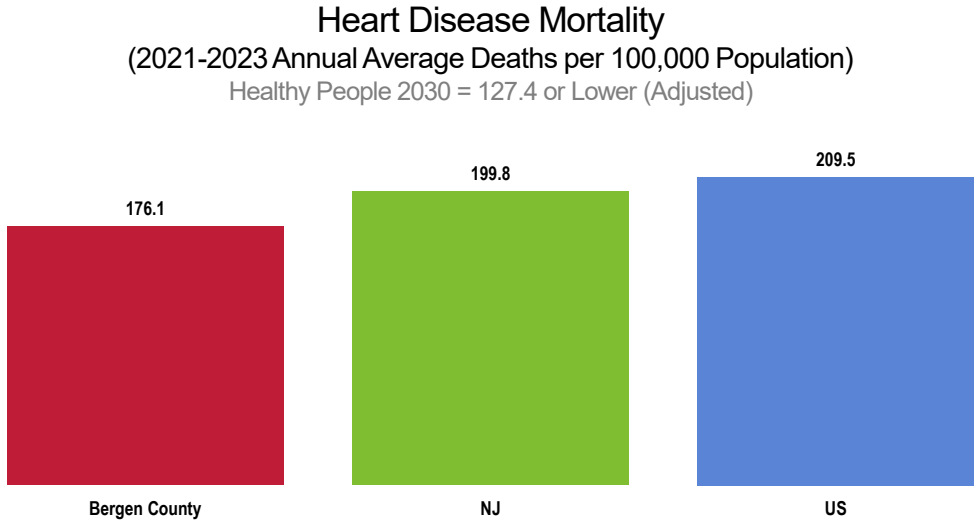
Heart Disease Deaths

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

Between 2021 and 2023, there was an annual average heart disease mortality rate of 176.1 deaths per 100,000 population in Bergen County.

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

DISPARITY ► Considerably higher among White and Black/African American residents.



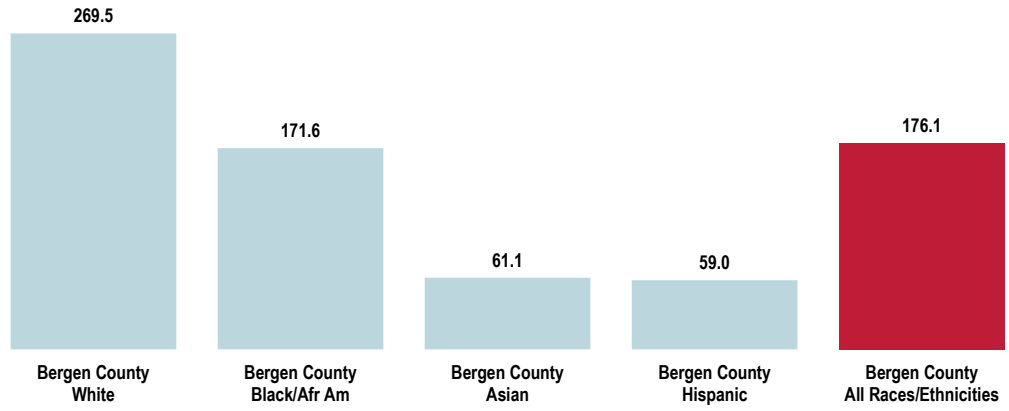
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

Heart Disease Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)

Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.
- Race categories reflect individuals without Hispanic origin.

Heart Disease Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	197.5	197.5	196.0	198.2	198.2	195.3	187.2	176.1
NJ	207.0	208.4	210.3	211.2	215.6	210.9	208.0	199.8
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

Stroke Deaths

Between 2021 and 2023, there was an annual average stroke mortality rate of 36.5 deaths per 100,000 population in Bergen County.

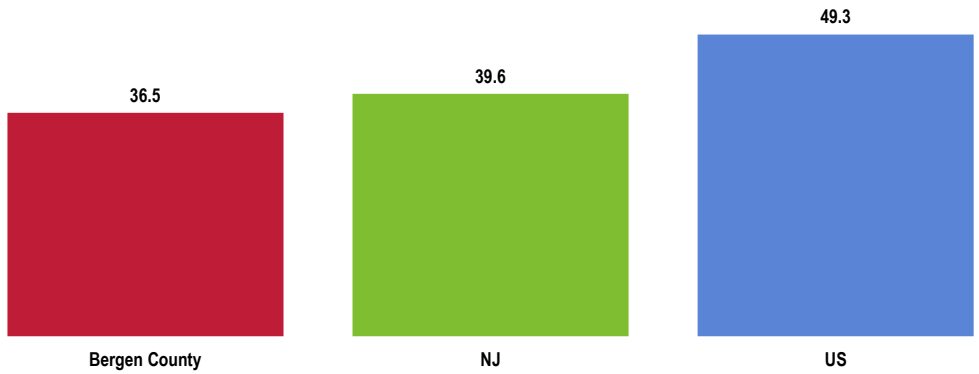
BENCHMARK ► Lower than the US rate.

DISPARITY ► Higher among White and Black/African American residents.

Stroke Mortality

(2021-2023 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



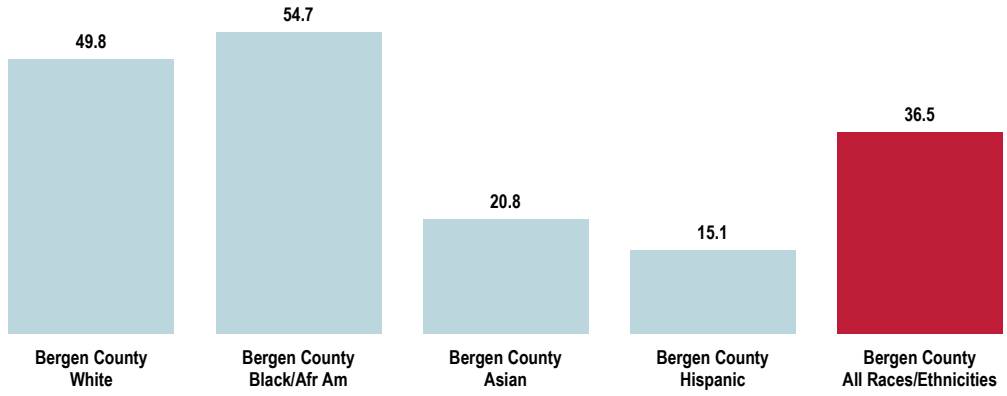
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Stroke Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)

Healthy People 2030 = 33.4 or Lower



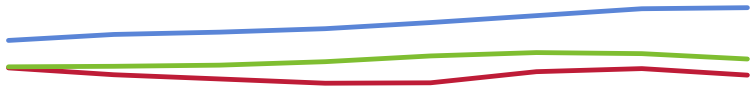
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.
- Race categories reflect individuals without Hispanic origin.

Stroke Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	37.9	36.6	35.8	35.0	35.1	37.2	37.8	36.5
NJ	38.1	38.2	38.4	39.1	40.2	40.8	40.6	39.6
US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

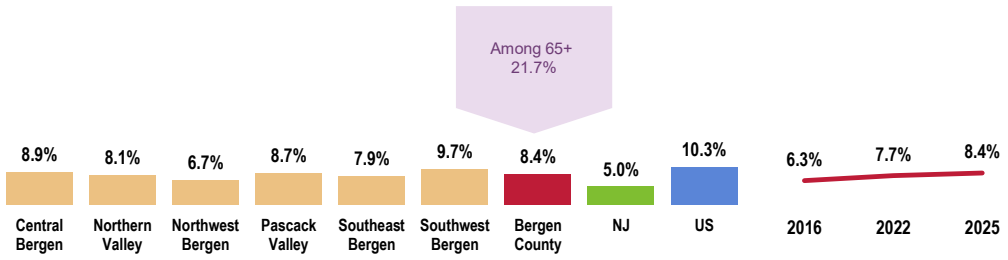
BENCHMARK ► Higher than found across New Jersey.

TREND ► Increasing over time.

DISPARITY ► Higher among adults age 65+.

Prevalence of Heart Disease

Bergen County



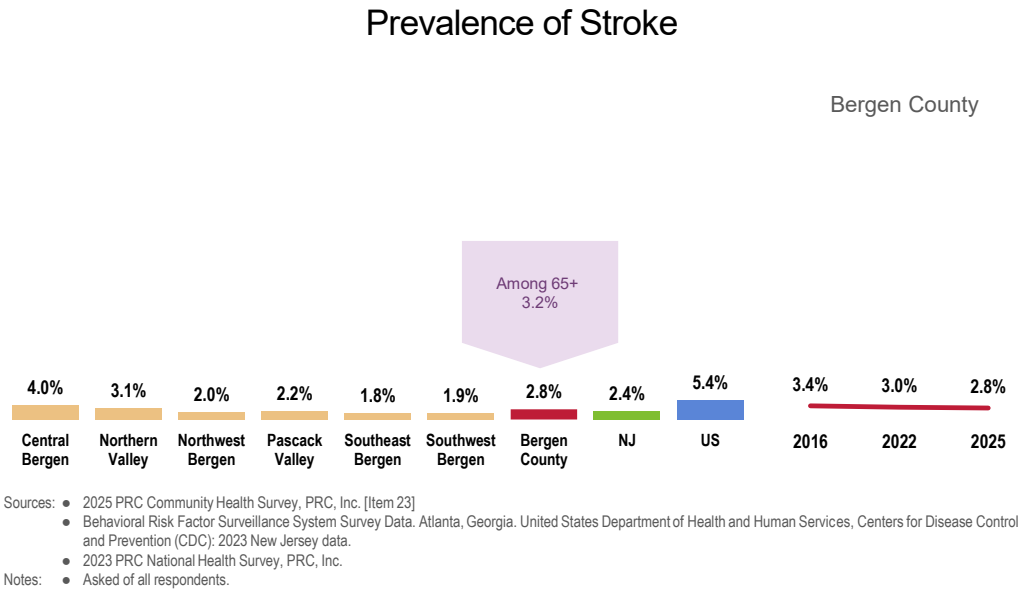
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 2.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than found across the US.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 37.8% of Bergen County adults have been told by a health professional at some point that their blood pressure was high.

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

A total of 43.7% of adults have been told by a health professional that their cholesterol level was high.

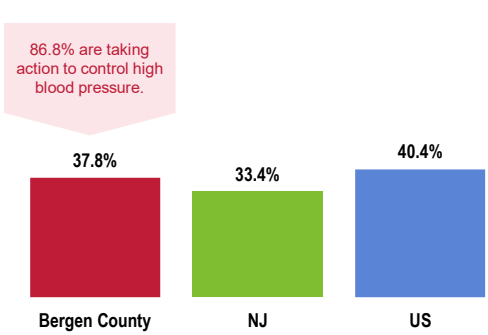
BENCHMARK ► Higher than the US percentage.

TREND ► Trending significantly higher over time.

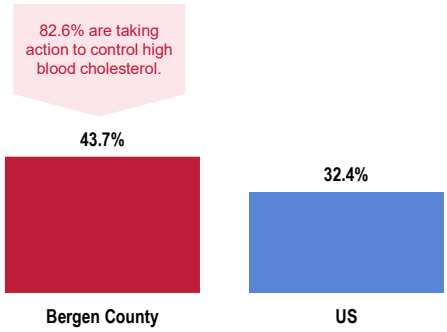
DISPARITY ► Higher in Pascack Valley (not shown).

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

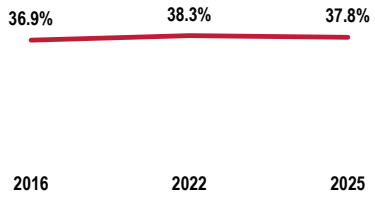


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30, 304-305]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

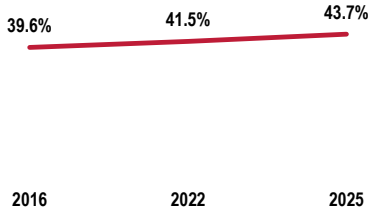
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Bergen County)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Bergen County)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

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

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

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

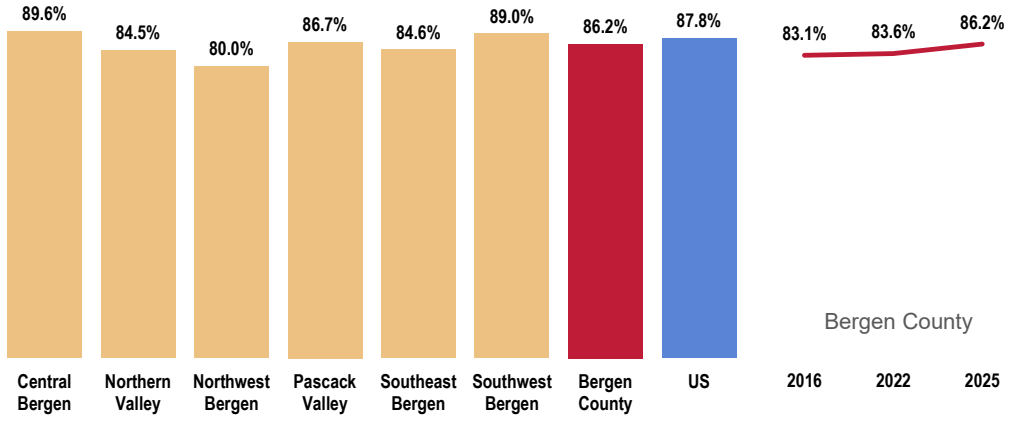
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 86.2% of Bergen County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► Highest in Central Bergen. More often reported among men, adults age 40+, Hispanic residents, White residents, Black/African American residents, and LGBTQ+ respondents.

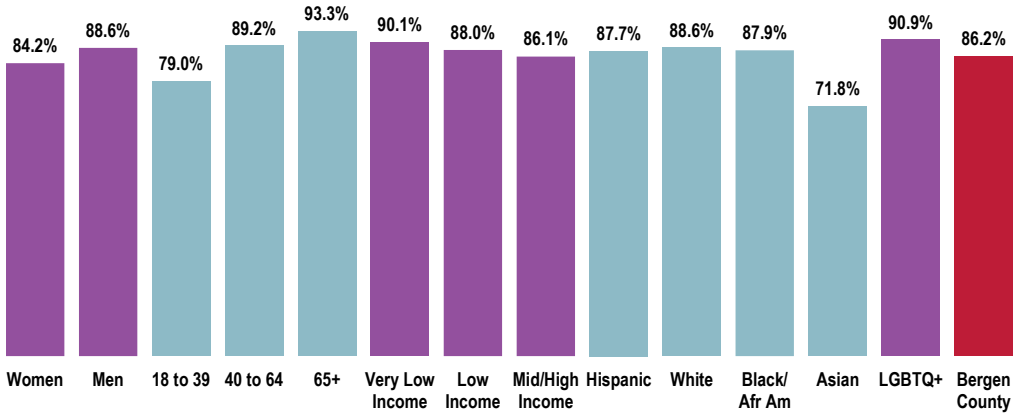
Exhibit One or More Cardiovascular Risks or Behaviors



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

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

Exhibit One or More Cardiovascular Risks or Behaviors
(Bergen County, 2025)

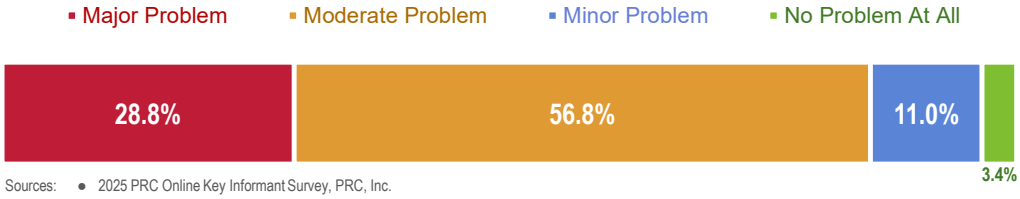


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Key Informants; Bergen County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Incidence/Prevalence

> Number one leading cause of death. – Public Health Representative
>
> Another major cause of death. – Community Leader
>
> High risk factors. – Community Leader
>
> This is not affected in my community but may affect various individuals in minority areas. – Social Services Provider
>
> Heart disease is a leading killer, so I know it is here too. The last community survey asked about this as well. We have high rates of diabetes and obesity, so I guess that they all go together. Stroke likely is also high because of those same reasons. – Community Leader
>
> Risk factors. – Community Leader
>
> High rate of heart disease. – Health Care Provider
>
> Many community members are experiencing heart disease and strokes. – Community Leader
>
> Conversations with different people and some reading. – Community Leader
>
> Experienced within my family and friend network – Community Leader

Aging Population

> Due to an aging population, poor diet and lack of exercise, heart disease and stroke appear to be on the rise. I also am a health care provider and see this as well in patients and friends. – Public Health Representative
>
> As people age, they are moving less and eating poorly, this is exacerbating heart disease and stroke issues. – Community Leader
>
> Aging population: chronic diseases are more prevalent in an aging population; current societal norms (food choices, physical activity patterns, sleep habits, stress management habits - or lack thereof) are contributing to poor lifestyle choices that aggravate / contribute to risk factors of these chronic diseases. – Physician
>
> We have an older population that experiences stroke and heart disease. – Community Leader

Lifestyle

> Lack of exercise and poor diet. – Public Health Representative
>
> Our lifestyles, sedentary, poor eating habits and stress, lend themselves to the conditions. – Social Services Provider
>
> Poor food choices and lack of exercise. – Public Health Representative
>
> People do not always eat as healthy as they should, nor do they exercise or move as often as they should. – Community Leader

Hypertension

> Hypertension among youth. The number of young men (especially) and women between 20 and 40 who are stroke victims is climbing. Too many of them have unchecked and untreated problems with high blood pressure and they either are unaware of it or don't believe they can have a stroke. – Community Leader

Access to Care/Services

> Long wait times in the emergency departments with these diagnoses. Poor eating habits and lack of exercise. – Health Care Provider

Awareness/Education

> Lack of education about how to live heart healthy. Lack of financial resources to eat heart healthy food. – Social Services Provider

Diagnosis/Treatment

> Similar to those listed for diabetes. Many people are unaware of having heart disease or any conditions associated with it, until it becomes a serious matter. Willingness to begin medication or compliance with medication. – Health Care Provider

Impact on Quality of Life

> The effect of cardiovascular disease and stroke can cause physical limitation that makes the affected individual increasingly dependent on other. Cardiovascular condition and stroke can cause premature death. – Health Care Provider

Obesity

> Obesity leads to many secondary issues. Poor management of chronic conditions also lead to high risk of stroke and ACS. Patients secondary to these events can struggle to return to normal ADLs and work which impacts their resources and access. – Health Care Provider

Prevention/Screenings

> The providers are not providing enough preventive care and early detection. Also, the residents are not prioritizing regular checkups, or they are not aware of the risk of factors like high blood pressure, high cholesterol, diabetes until a major event occurs. – Public Health Representative

Language Barrier

> Language barriers, lack of access to exercise and lack of access to healthy foods, barriers to preventative care or health education. – Community Leader

Teens/Young Adults

> Affects young population, high lethality and debilitation consequences especially after CVA with long rehab, which is very costly. – Physician

Income/Poverty

> Low socioeconomic background – 60% of the underserved are overweight. – Social Services Provider

CANCER

ABOUT CANCER

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

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

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

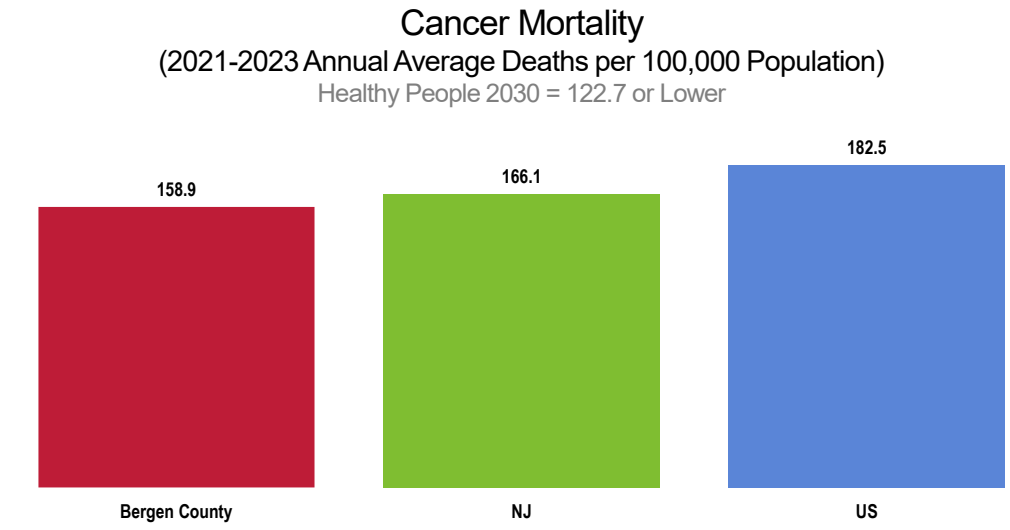
Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, there was an annual average cancer mortality rate of 158.9 deaths per 100,000 population in Bergen County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest among White residents, followed by Black/African American residents.



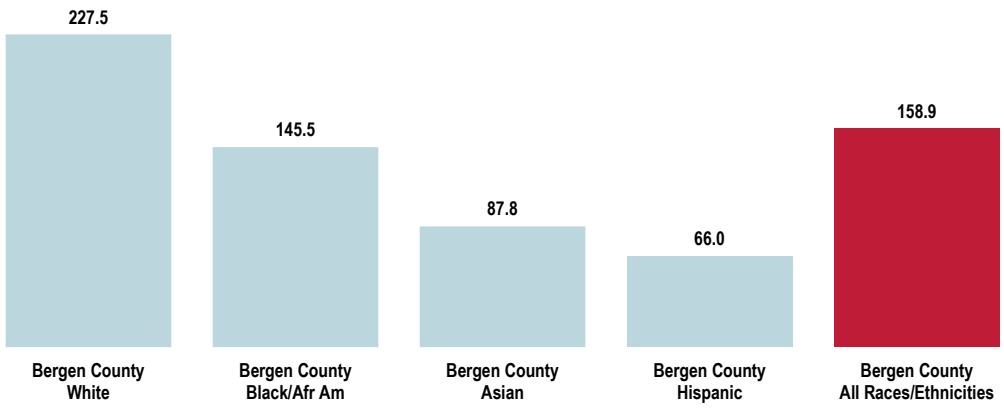
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Cancer Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)

Healthy People 2030 = 122.7 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.
- Race categories reflect individuals without Hispanic origin.

Cancer Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	181.7	180.5	180.2	175.7	171.9	165.6	161.2	158.9
NJ	183.4	181.8	181.1	179.0	177.3	173.1	169.3	166.1
US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Cancer Deaths by Site

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

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

BENCHMARK

Lung Cancer ► Lower than the national rate.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Lower than the national rate.

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

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Bergen County	New Jersey	US	Healthy People 2030
ALL CANCERS	**158.9**	**166.1**	**182.5**	**122.7**
Lung Cancer	**28.8**	**32.8**	**39.8**	**25.1**
Female Breast Cancer	**24.7**	**25.7**	**25.1**	**15.3**
Prostate Cancer	**15.6**	**17.0**	**20.1**	**16.9**
Colorectal Cancer	**14.9**	**15.0**	**16.3**	**8.9**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Cancer Incidence

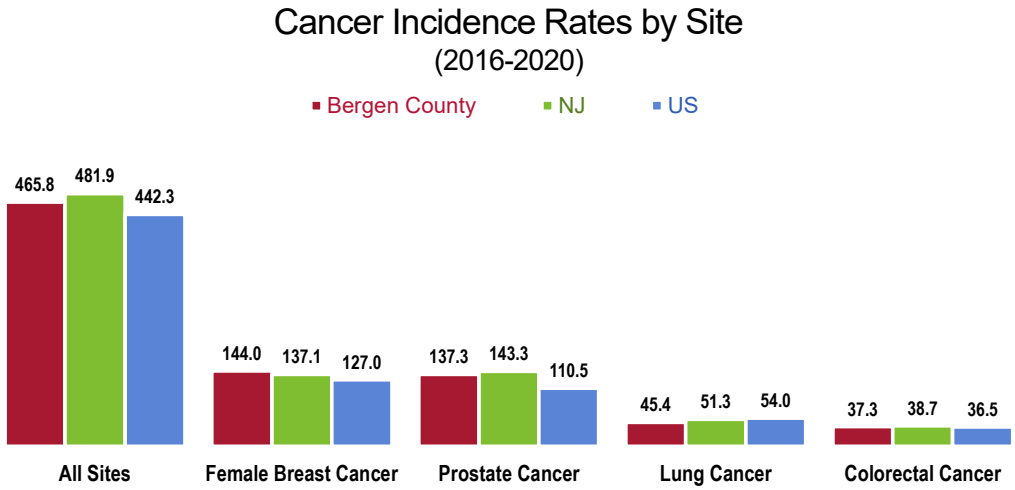
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

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

BENCHMARK

Prostate Cancer ► Higher than the national rate.

Lung Cancer ► Lower than the national rate.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

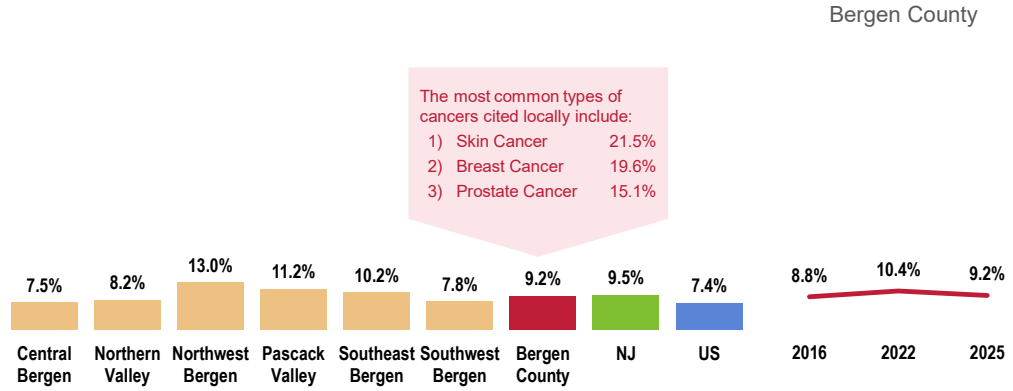
Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

A total of 9.2% of surveyed Bergen County adults report having ever been diagnosed with cancer.

DISPARITY ► Highest in Northwest Bergen. More often reported among older adults especially, but also among those with higher incomes and White residents.

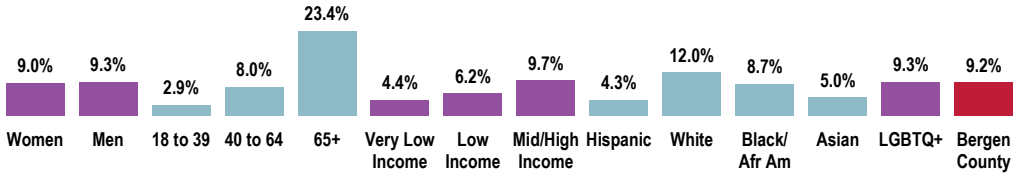
Prevalence of Cancer



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

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 the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years.

CERVICAL CANCER

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

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

PROSTATE CANCER

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

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

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

Among Bergen County women age 40 to 74, 82.6% have had a mammogram within the past 2 years.

BENCHMARK ► More favorable than the US finding.

TREND ► Marks a significant increase from the 2016 survey.

DISPARITY ► Lower in Northern Valley (not shown).

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 65.

Among women age 21 to 65, 80.6% have had appropriate cervical cancer screening.

BENCHMARK ► More favorable than the US finding. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher.

DISPARITY ► Lower in Northern Valley (not shown).

Among all adults age 45 to 75, 77.5% have had appropriate colorectal cancer screening.

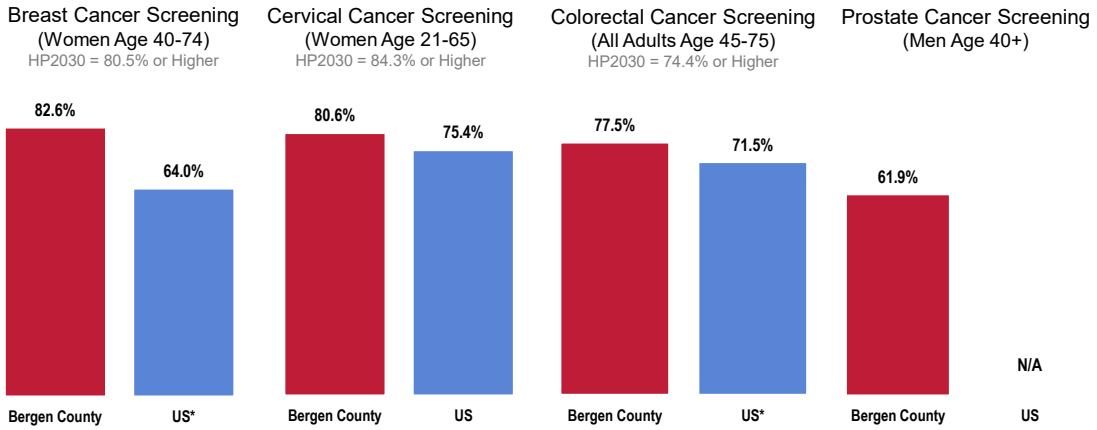
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

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

TREND ► Marks a significant increase from the 2016 survey.

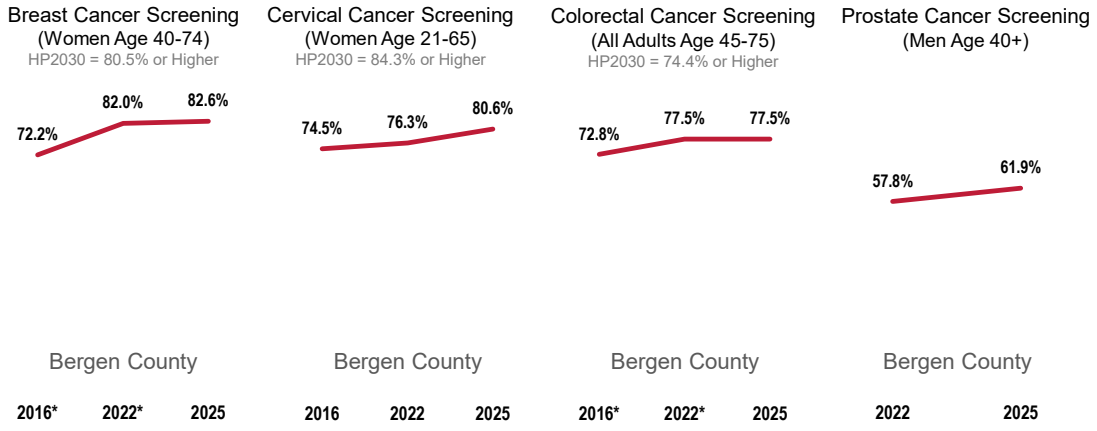
Among men age 40 and older, 61.9% have had a prostate-specific antigen (PSA) blood test within the past two years (prostate cancer screening).

DISPARITY ► Lower in Southeast Bergen (not shown).



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103, 327]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- *Note that national data for breast cancer screening reflect women age 50 to 74. National data for colorectal cancer screening reflect adults age 50 to 75.

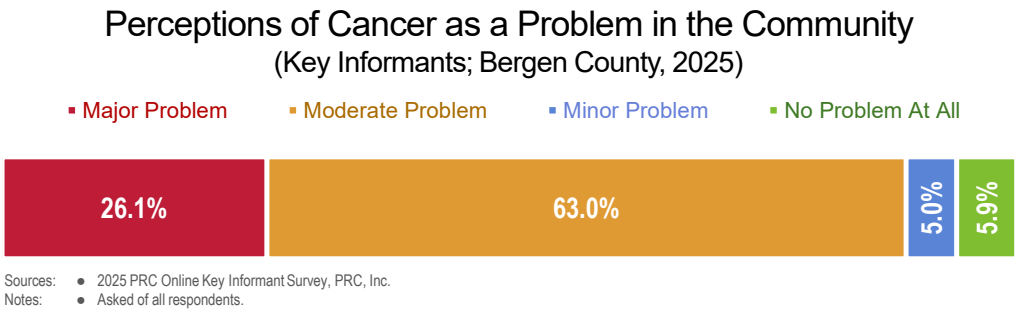


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103, 327]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- *Note that trend data for breast cancer screening reflect the age group (50 to 74) of the previous recommendation. Trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

Key Informant Input: Cancer

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



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

Incidence/Prevalence

Every day I hear more about people having cancer. A good part of them are people I know. – Community Leader

One of the largest causes of death and we have an aging population. – Community Leader

We heard about those who have cancer or are in the process of fighting. – Community Leader

Many people have cancer. – Physician

Cancer prevalence rate seems to be going up each year among Asian and Korean American population. – Community Leader

There seems to be a high number of people we serve that are receiving a cancer diagnosis as well as a high amount of people I personally know. There has been more tolerable treatment, yet people are still dying. – Social Services Provider

Abundance of diagnoses and intensity of the impact of the impairment. – Community Leader

Increasing prevalence and in young patients. – Physician

Seen it on rise within my family and friends' network – Community Leader

Many diagnoses of different types of cancers. – Community Leader

I know of many people that have been stricken with several kinds of cancer. – Community Leader

The incidence of cancer has progressively increased since COVID-19. More people are being diagnosed with cancer and at younger ages than before. – Health Care Provider

In the past year alone, I have personally known over 20 people diagnosed with cancer. After speaking with friends and coworkers, our collective knowledge is closer to 50. That is the largest number we have experienced in our lives. – Social Services Provider

I know several people in our community that have cancer including our Borough Administrator and Chief of Police. – Community Leader

Cancer treatment and predictive risk are problems for certain demographics in Bergen County--mostly for those who are also facing issues such as food security. maternal health challenges and housing loss. Even though this is the 33rd richest county in the US, our organization. supports 1000s of families/households each month as the largest food pantry in Bergen County. Also extremely important is nutrition for Cancer patients. An important source would be to provide them with Medically Tailored Meals (MTMs), but we do not have access to Medicaid Waivers to pay for them. CFA needs the help of local medical centers. – Community Leader

High rate of clients. – Social Services Provider

Cancer is a major problem overall. – Social Services Provider

Hearing a lot about people being diagnosed with it in our community. – Community Leader

Many in my community suffer from cancer. The research for living with cancer and treatment are respectable but preventive research is needed too. Until professionals in the medical field stop shoving medicine down our throats and learn more positive alternatives, we are going around in circles with diseases such as cancers... that's a major problem! – Community Leader

The number of people diagnosed with some type of cancer seems to be increasing as well as the age of diagnosis lowering. – Community Leader

Cancer rates are rising all over the country. – Public Health Representative

> There seems to be more people diagnosed with a variety of different cancers and they are in end stages at younger ages. – Community Leader

Affordable Care/Services

> Anecdotally, we have heard of numerous cancer cases in the community. The reason I believe it is a major problem is that those who have the disease, generally lack affordable caregiving resources and/or feel as though they pose a burden to their family. – Public Health Representative

Environmental Contributors

> Too many toxins in the environment here - pollution, so many people with cancer! – Community Leader

Access to Care/Services

> Lack of healthcare accessibility and environmental toxins. – Community Leader

Diagnosis/Treatment

> Late diagnosis, poor treatment options, low survival rate. – Physician

Prevention/Screenings

> People do not get early-enough screenings. – Health Care Provider

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

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

Respiratory Disease Deaths

Lung Disease Deaths

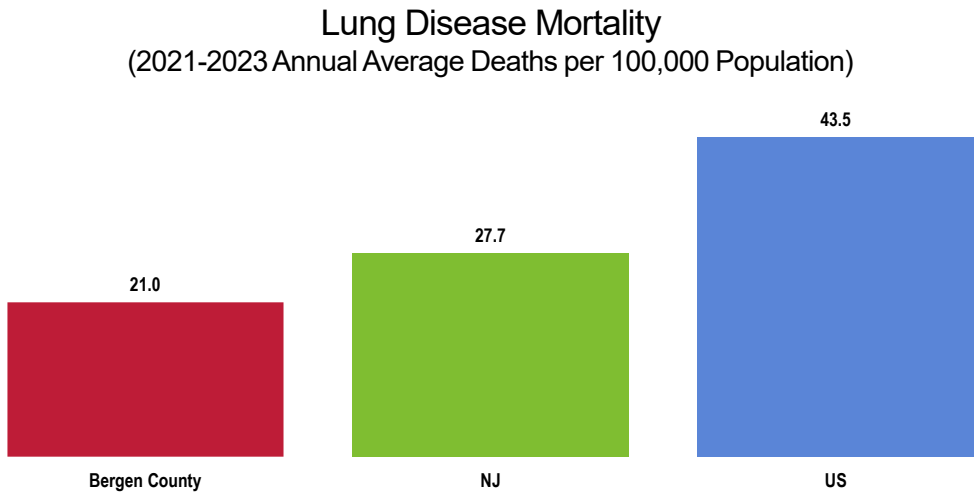
Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2021 and 2023, Bergen County reported an annual average lung disease mortality rate of 21.0 deaths per 100,000 population.

BENCHMARK ► Lower than the state and national rates.

TREND ► Decreasing significantly to the lowest level recorded within the county in the past decade.

DISPARITY ► Higher among White residents.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:
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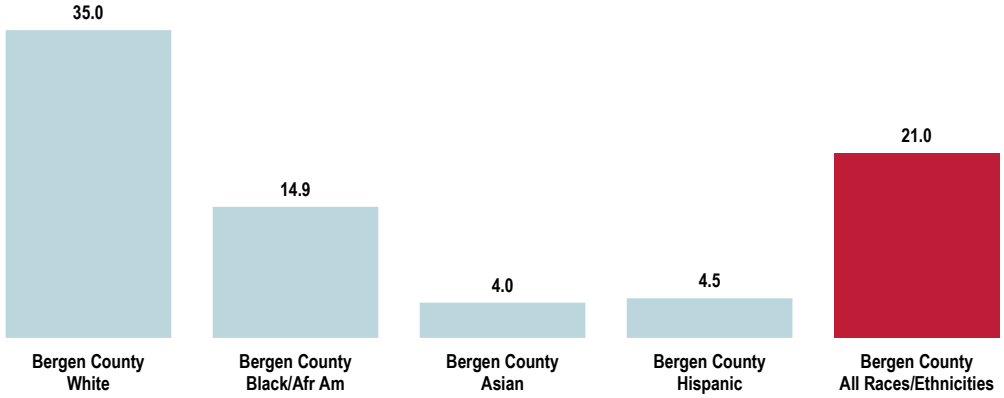
- Rates are per 100,000 population.
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
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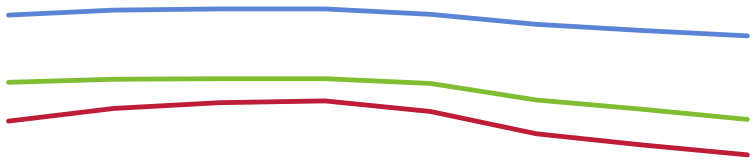
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma
- Race categories reflect individuals without Hispanic origin.

Lung Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	27.4	29.8	30.9	31.2	29.2	25.0	22.9	21.0
NJ	34.7	35.3	35.4	35.4	34.5	31.4	29.6	27.7
US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- 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.

Pneumonia/Influenza Deaths

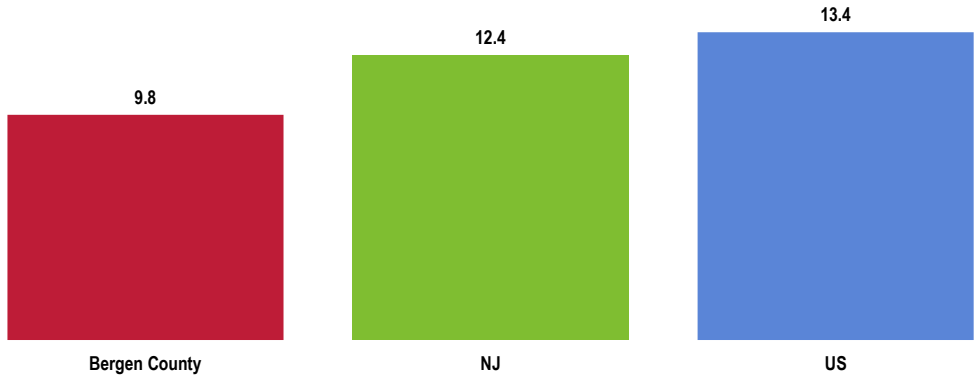
Between 2021 and 2023, Bergen County reported an annual average pneumonia/influenza mortality rate of 9.8 deaths per 100,000 population.

BENCHMARK ► Lower than the state and national rates.

TREND ► Decreasing significantly to the lowest level recorded within the county in the past decade.

DISPARITY ► Higher among White residents.

Pneumonia/Influenza Mortality
(2021-2023 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 February 2025.

Notes:
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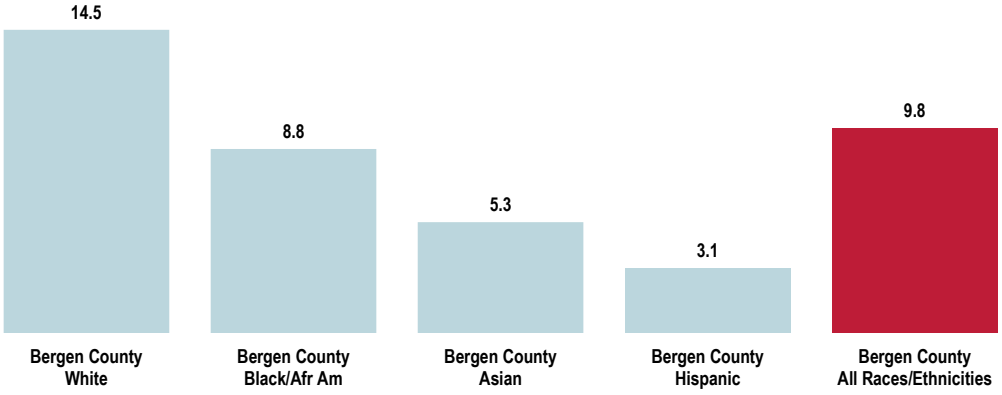
- Rates are per 100,000 population.

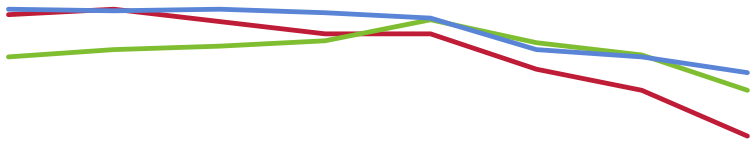
Pneumonia/Influenza Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.
- Race categories reflect individuals without Hispanic origin.

Pneumonia/Influenza Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	16.7	17.0	16.3	15.6	15.6	13.6	12.4	9.8
NJ	14.3	14.7	14.9	15.2	16.4	15.1	14.4	12.4
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Prevalence of Respiratory Disease

Asthma

Adults

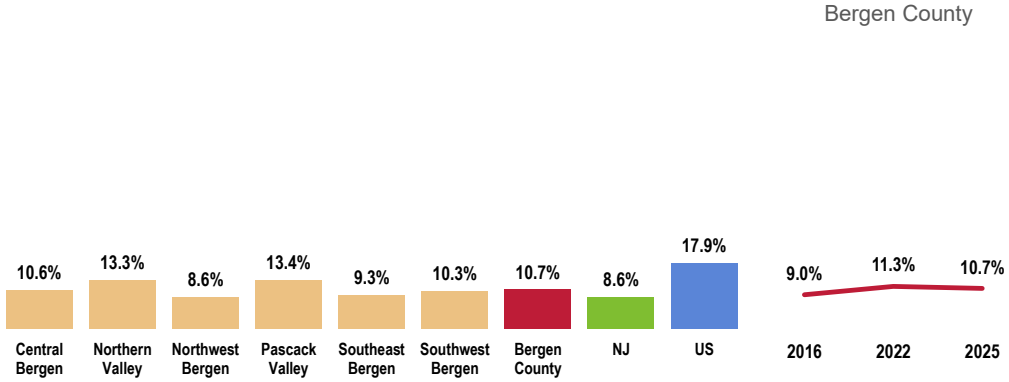
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.7% of Bergen County adults have asthma.

BENCHMARK ► Higher than the New Jersey percentage. Lower than the US percentage.

DISPARITY ► More often reported among adults age 18 to 39, those with lower incomes, Hispanic residents, and Black/African American residents.

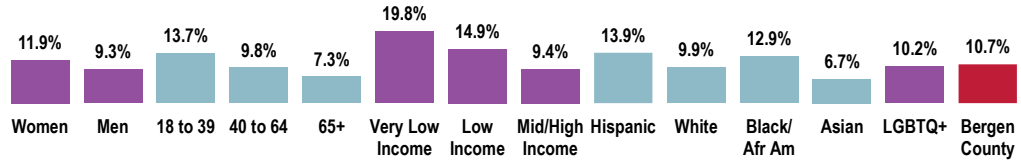
Prevalence of Asthma



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 104]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Asthma
(Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 104]
Notes: • Asked of all respondents.
• Includes those who have ever been diagnosed with asthma and report that they still have asthma.

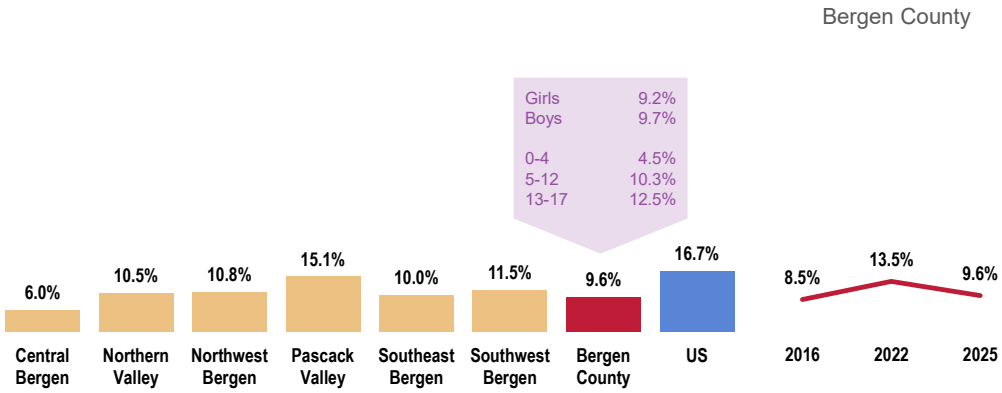
Children

Among Bergen County children under age 18, 9.6% have been diagnosed with asthma.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Higher among children age 5 and older.

Prevalence of Asthma in Children
(Children 0-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 5.9% of Bergen County adults suffer from chronic obstructive pulmonary disease (COPD).

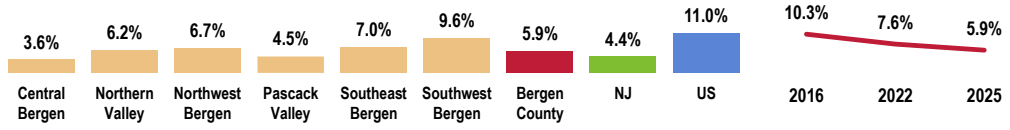
BENCHMARK ► Higher than the New Jersey percentage but lower than the US percentage.

TREND ► Marks a significant decrease since 2016.

DISPARITY ► Highest in Southwest Bergen.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Bergen County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

More than one-half of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Disease as a Problem in the Community
(Key Informants; Bergen County, 2025)

Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Due to COVID-19

> COVID was scary and raised awareness of our vulnerability. Vaping is also a huge issue especially among young people. – Social Services Provider

> Including COVID-19 the examples are obvious, there were somewhere in the neighborhood of 1 million unnecessary deaths because of poor governmental guidance. More general, smoking related disabilities and deaths are omnipresent; personally, I have lost 8 close family members or friends to smoking related illnesses. – Community Leader
>
> As a result of the pandemic many individuals have been identified to have respiratory disease or ailments that impact daily life. It seems that more people describe breathing difficulties due to allergies, viruses, etc. – Public Health Representative

Incidence/Prevalence

> COVID. Pneumonia. COPD. – Health Care Provider
>
> Many people seem to have cough or bronchitis often. – Community Leader

Prevention/Screenings

> Not enough prevention and lack of resources. – Physician
>
> Lack of masking, people live close together, high population of older adults more susceptible. – Health Care Provider

Impact on Quality of Life

> Respiratory disease can be disabling in the later stages. – Health Care Provider

Obesity

> Overweight men smokers. – Social Services Provider

Environmental Contributors

> Bad air quality. – Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Unintentional Injury Deaths

Between 2021 and 2023, there was an annual average unintentional injury mortality rate of 37.1 deaths per 100,000 population in Bergen County.

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

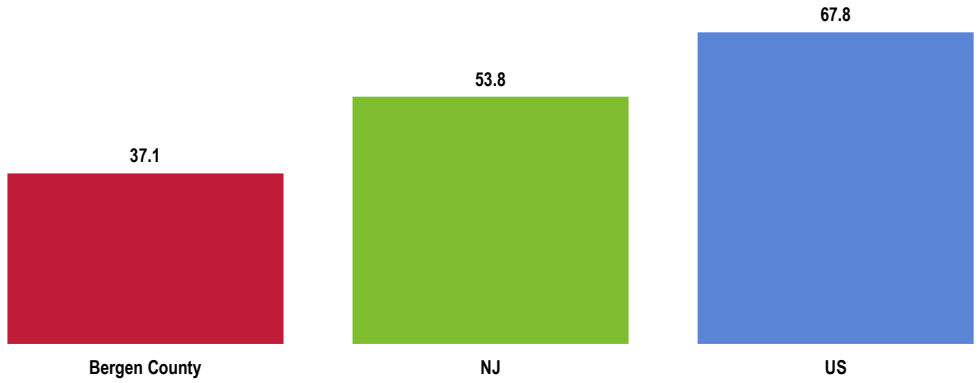
TREND ► Trending higher over time.

DISPARITY ► Higher among White and Black/African American residents.

Unintentional Injury Mortality

(2021-2023 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



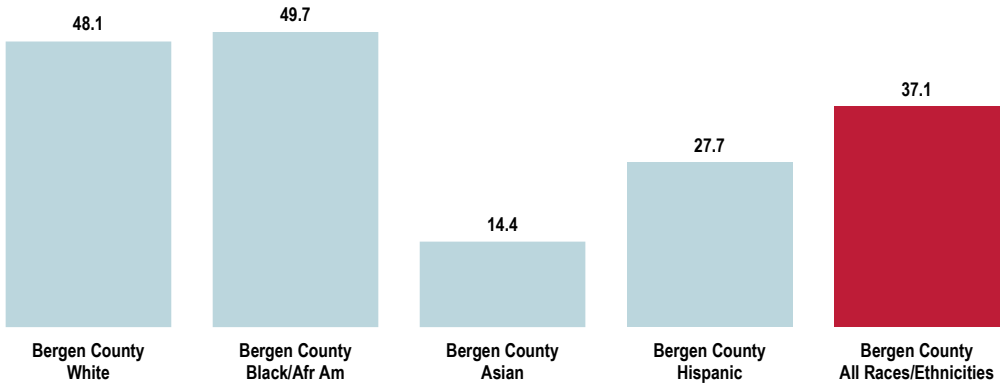
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Unintentional Injury Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)

Healthy People 2030 = 43.2 or Lower



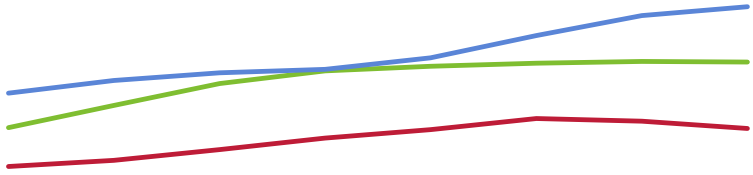
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.
- Race categories reflect individuals without Hispanic origin.

Unintentional Injuries Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	27.5	29.0	31.8	34.7	36.8	39.6	38.9	37.1
NJ	37.3	42.9	48.4	51.6	52.8	53.6	54.0	53.8
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

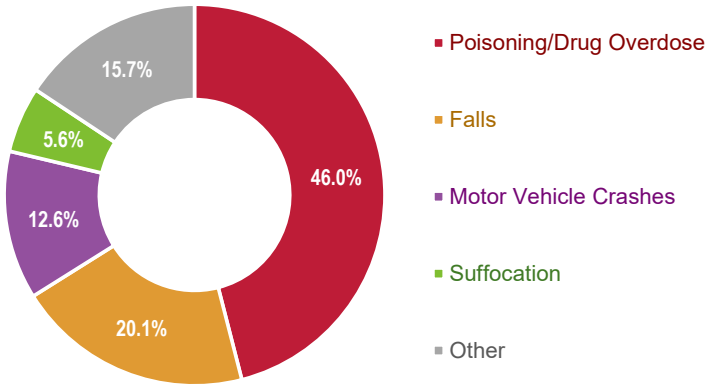
Leading Causes of Unintentional Injury Deaths

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

Poisoning (including unintentional drug overdose) accounts for nearly half of the unintentional injury deaths in Bergen County between 2021 and 2023. Falls, motor vehicle crashes, and suffocation were also significant contributors.

Leading Causes of Unintentional Injury Deaths

(Bergen County, 2021-2023)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

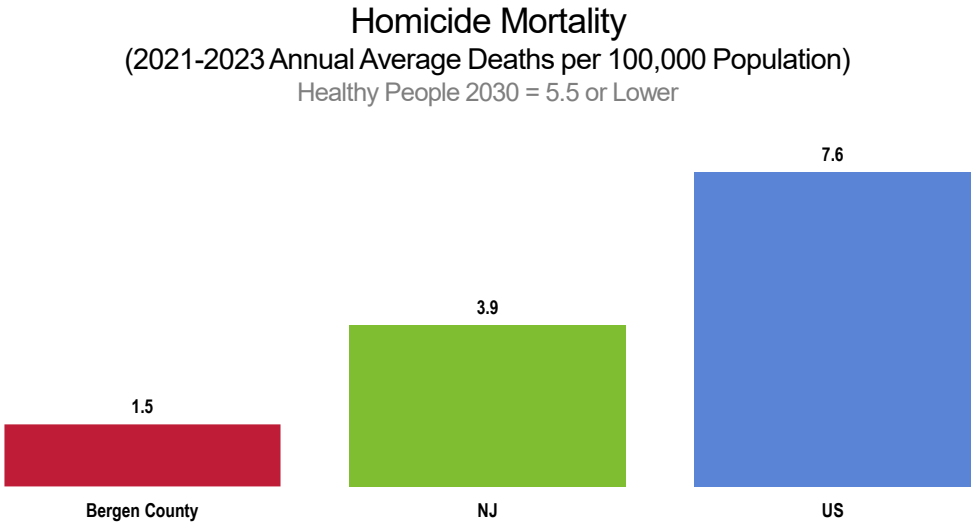
Intentional Injury (Violence)

Homicide Deaths

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

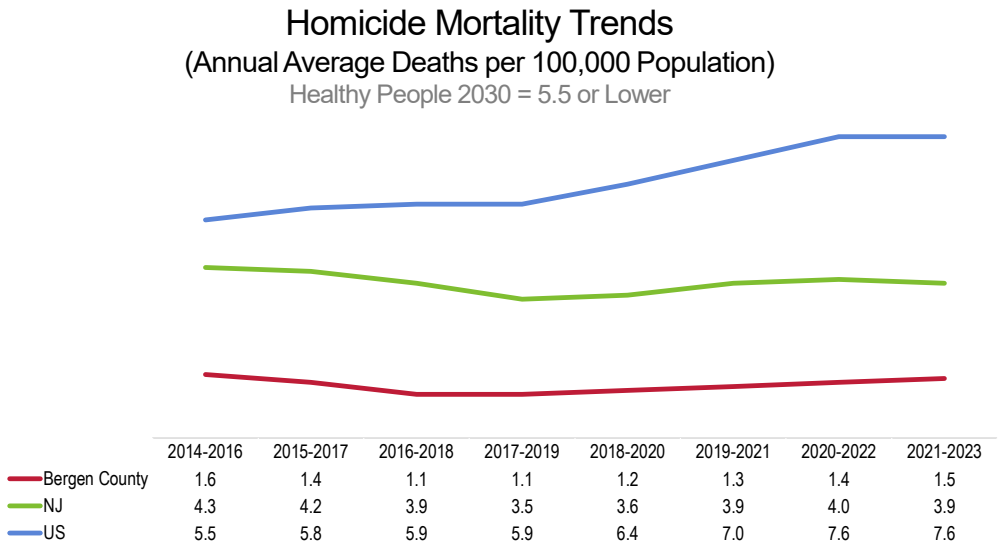
In Bergen County, there were 1.5 homicides per 100,000 population (2021-2023 annual average rate).

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



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	1.6	1.4	1.1	1.1	1.2	1.3	1.4	1.5
NJ	4.3	4.2	3.9	3.5	3.6	3.9	4.0	3.9
US	5.5	5.8	5.9	5.9	6.4	7.0	7.6	7.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Violent Crime

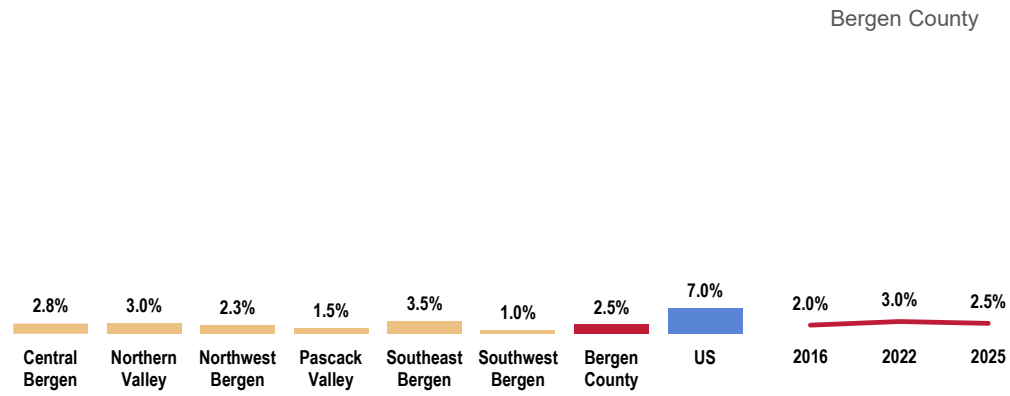
Community Violence

A total of 2.5% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Lower than the US finding.

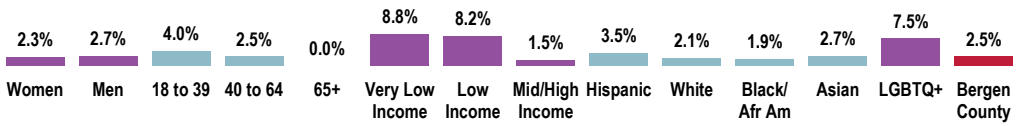
DISPARITY ► Lowest in Southwest Bergen. More often reported among those with lower incomes and LGBTQ+ respondents.

Victim of a Violent Crime in the Past Five Years



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

Intimate Partner Violence

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

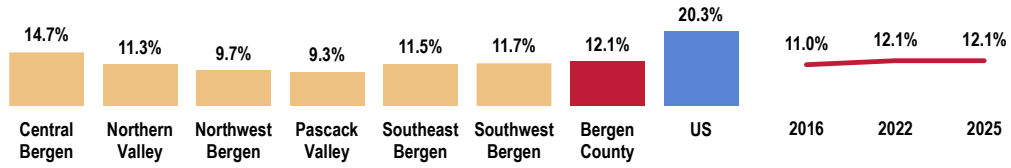
A total of 12.1% of Bergen County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Highest in Central Bergen.

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

Bergen County

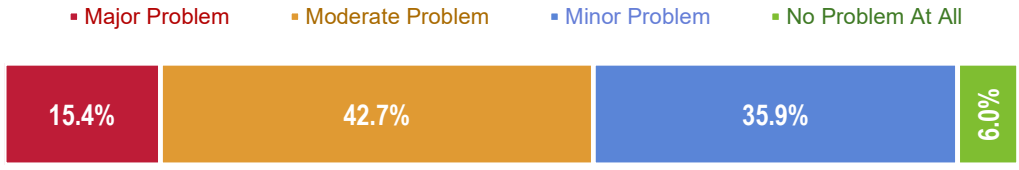


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community
(Key Informants; Bergen County, 2025)



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Law Enforcement

> This is an issue in every community, certainly close by. Police do not have the support they should and when anyone is arrested, they are released in a short period of time. – Social Services Provider
>
> The police do not have the power to work efficiently. Guns are not outlawed. – Community Leader

Parental Influence

> Parents do not keep track of their children's whereabouts. Parents do not punish children for things they do wrong, talking only goes so far, you must at some point act. Parents are too busy about themselves and neglect the children. There are not enough different opportunities and programs for kids of all ages in this area and the ones are too expensive. – Community Leader

Awareness/Education

> Most older adults do not have the education on how to be physically active to help prevent injury. They also lack the financial resources to join a gym or work with a trainer. – Social Services Provider

Co-Occurrences

> Injury and violence lead to vulnerability of the individual in the community which could lead to mental health and substance use disorders. – Physician

Due to COVID-19

> People are so angry, and the incidence of violence has risen since the pandemic. – Social Services Provider

Foreign-Born

> Injury. Most folks are undocumented and uninsured, they take jobs that nobody else wants and are at high risk for low. – Social Services Provider

Government/Politics

> It's a chronic problem in the community and getting worse with the political environment. – Health Care Provider

Unhoused Populations

> I usually walk during my lunch; I can see on the street, indigents on the street sleeping or searching for clothes on containers on the street. – Community Leader

Incidence/Prevalence

> Hear/see it reported on the news every day like the world has gone crazy. – Social Services Provider

Income/Poverty

> Increase population in the community with various socioeconomic statuses, mental health issues, unemployment, cost of living. – Community Leader

Prevention/Screenings

> Not enough preventive measures or access to care. – Physician

Traffic

> Heavy traffic, frequent MVA, subsequently traumas and TBI. – Physician

DIABETES

ABOUT DIABETES

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

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

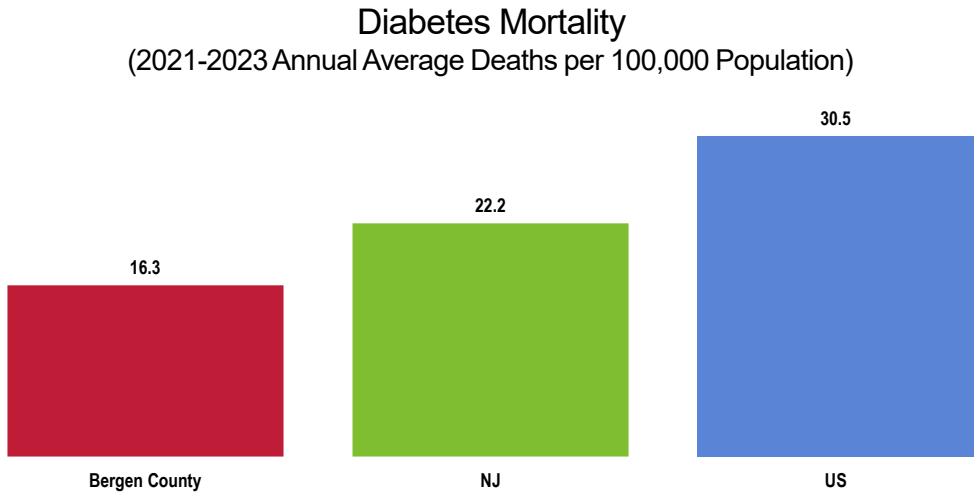
– Healthy People 2030 (https://health.gov/healthypeople)

Diabetes Deaths

Between 2021 and 2023, there was an annual average diabetes mortality rate of 16.3 deaths per 100,000 population in Bergen County.

BENCHMARK ► Lower than the statewide rate and especially the national rate.

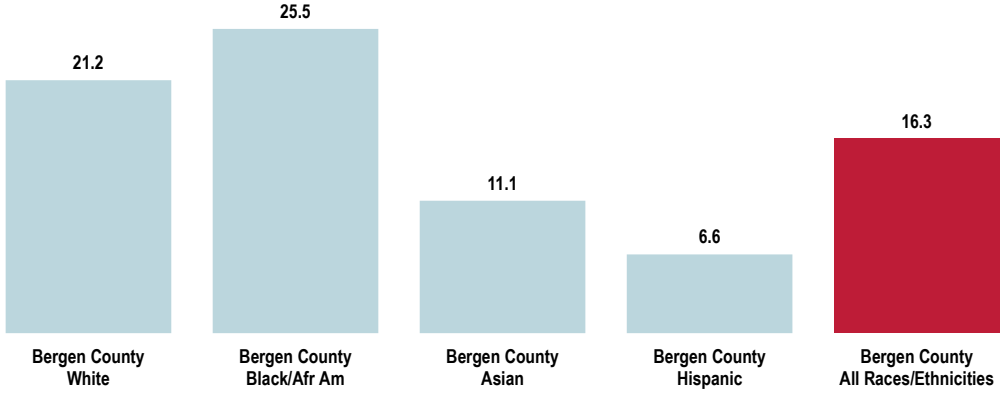
DISPARITY ► Highest among Black/African American residents, followed closely by White residents.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

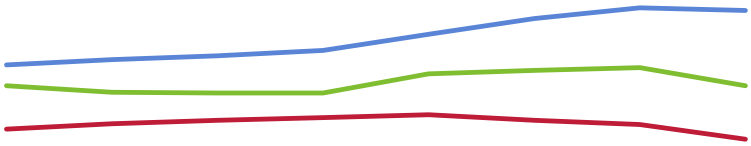
Diabetes Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.
- Race categories reflect individuals without Hispanic origin.

Diabetes Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	17.4	18.0	18.4	18.7	19.0	18.4	17.9	16.3
NJ	22.2	21.5	21.4	21.4	23.5	23.9	24.2	22.2
US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Prevalence of Diabetes

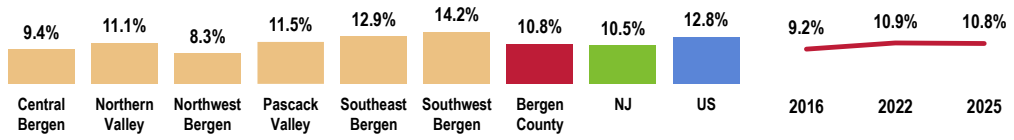
A total of 10.8% of Bergen County adults report having been diagnosed with diabetes.

DISPARITY ► More often reported among men, older adults, those with lower incomes, Black/African American residents, and Asian residents.

Prevalence of Diabetes

Another 19.6% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Bergen County



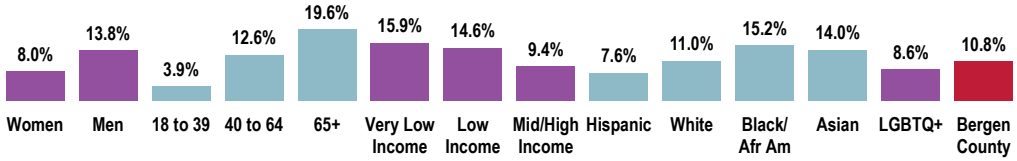
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes
(Bergen County, 2025)

RELATED ISSUE
See also *Use of GLP-1 Agonists* in the **Weight Status** section of this report.

Note that 41.6% of respondents with diabetes are currently taking GLP-1 agonist medications.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 106, 303]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).
- GLP-1 agonists defined for respondents as a class of drugs prescribed to treat diabetes and/or weight loss that can involve daily or weekly injections. Common brand names mentioned were Trulicity, Ozempic, Mounjaro, and Wegovy.

Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

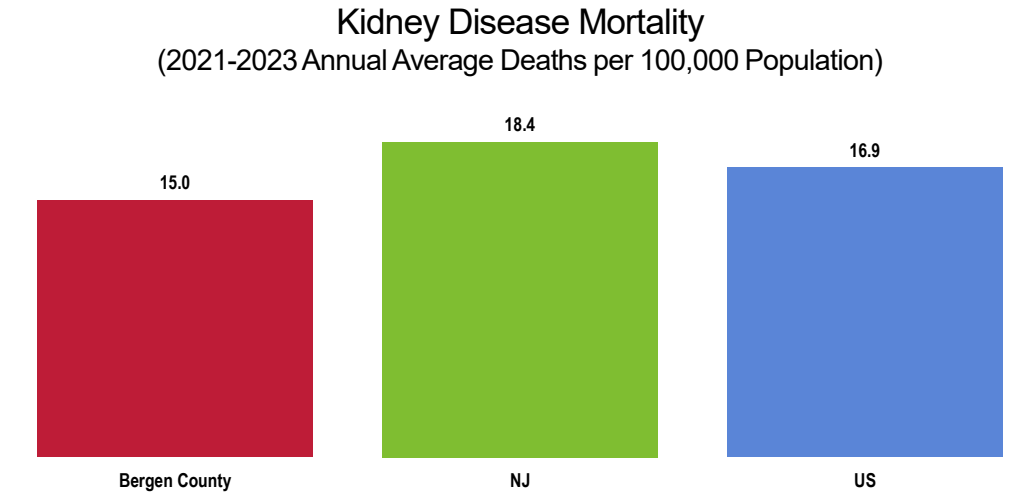
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2021 and 2023, there was an annual average kidney disease mortality rate of 15.0 deaths per 100,000 population in Bergen County.

BENCHMARK ► Lower than the New Jersey rate.

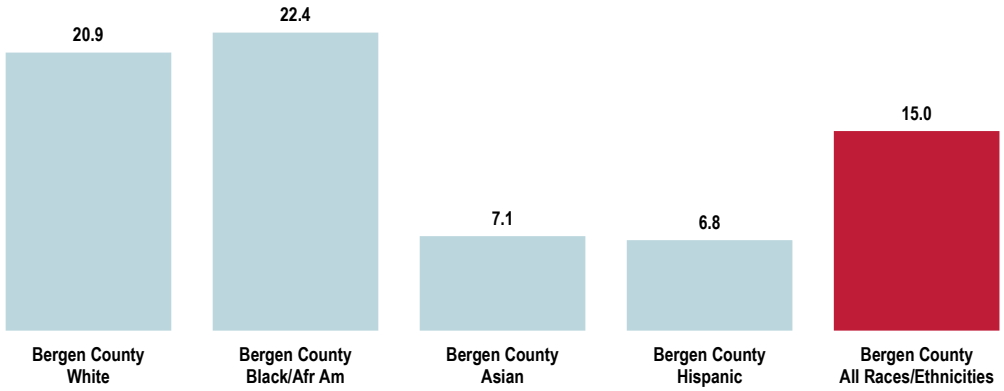
DISPARITY ► Higher among White and Black/African American residents.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

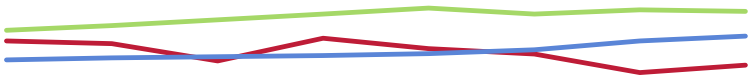
Kidney Disease Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.
- Race categories reflect individuals without Hispanic origin.

Kidney Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



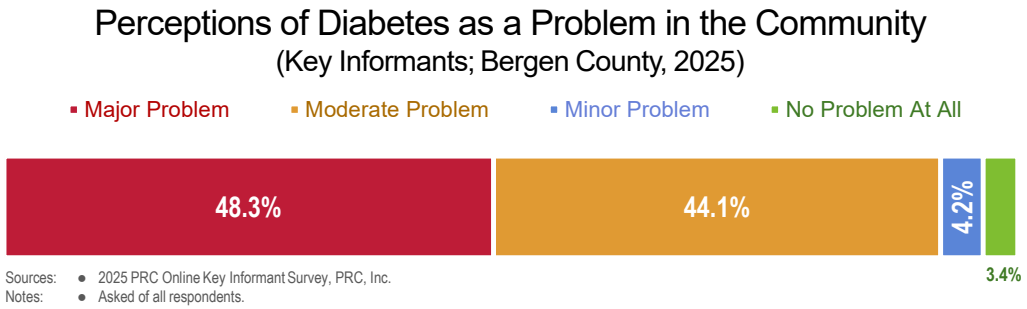
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	16.6	16.4	15.3	16.7	16.1	15.7	14.6	15.0
NJ	17.2	17.5	17.9	18.3	18.6	18.3	18.5	18.4
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Key Informant Input: Diabetes

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



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

Awareness/Education

> Lack of information, lack of knowledge. Bad diet. – Health Care Provider
>
> Education for self-care. – Public Health Representative
>
> Lack of education from doctors on nutrition. – Public Health Representative
>
> Access to diabetes education and continuous care. – Community Leader
>
> Education and focus on nutrition. – Community Leader
>
> Lack of access to education regarding food choices and free or reduced cost exercise options for adults. Food costs are also high. – Community Leader
>
> Understanding how to care and reduce the risk of blood sugar levels. – Community Leader
>
> Lack of correct information, people unwillingness or inability to stay true to treatments; disbelief about treatments including things like cholesterol medicine; preferences for cultural and food therapies over medications. – Community Leader
>
> Need more health classes that explain how serious an issue it is. – Community Leader
>
> Being educated about what foods to eat or avoid to improve their blood sugar levels. Access to healthy foods that are appropriate for reducing or maintaining healthy blood sugar levels. Education about lifestyle changes that can positively impact blood sugar levels. – Public Health Representative
>
> In my opinion the biggest challenge is lack of proper education. While there are educational programs available, people are too busy with everyday tasks that they do not understand the complex of self-management strategies, like healthy eating and importance of using insulin, can be difficult for many, particularly if there are language barriers or health literacy issues. – Public Health Representative
>
> Clear instructions from healthcare providers. Affordability of medications or hesitancy to begin medications. Patient's feelings that once blood work comes to a better range that compliance is no longer needed. – Health Care Provider
>
> Defining what Diabetes is in the simplest terms and educate those who have it and those who don't on the graveness of the disease but how it can be managed. When someone is told by their doctor you may have cancer. Most people will respond by adhering to all of the medical advice that's out there. Not so, with diabetes. It's so abstract it doesn't hit home like the gravity of diabetes as cancer does. – Community Leader
>
> Diabetes education. – Social Services Provider

Affordable Medications/Supplies

> Some of the biggest challenges for people with Diabetes in Bergen County are access to medication and supplies, transportation to appointments and getting appointments at times that are convenient with the rest of their daily life and activities. Nutrition and food security is another challenge as many people who are facing diabetes management have food insecurity and have a hard time maintaining proper nutrition. – Health Care Provider
>
> 1. Access to continuous glucose monitoring -blood testing is essential in an effort to control the HbA1C. 2. Access to affordable weight loss drugs. 3. Ancillary staff support teams-nutritionists, dietitians, fitness instructors, etc. 4. Food insecure households having access to low glucose, low sodium meals--also can be addressed by access to MTMs. – Community Leader
>
> Cost of medication and consistent care. – Community Leader

> Medications and smarter options for monitoring are too expensive. – Community Leader
>
> Affordability of diabetic medications. Availability and accessibility of diabetic education that is not out of pocket cost to the community. Better and more frequent follow up care that is no cost to the community. – Health Care Provider
>
> The biggest challenges for people living with diabetes are probably access to affordable medications, food, and referral to outpatient diabetes centers in the community. – Health Care Provider
>
> Insulin coverage, compliance with medication adherence, understanding the illness and importance of taking medications for management. – Health Care Provider
>
> Cost of medication. – Public Health Representative

Access to Affordable Healthy Food

> Good quality food is too expensive. Most food sold in grocery stores is highly processed as companies work to produce more of their product at a reduced cost. What we sell in the USA is often times banned in Europe. – Community Leader
>
> Price of food. – Public Health Representative
>
> Nutrition and affordable healthy foods – Community Leader
>
> Access to healthy foods. Cost of medication. Knowledge about improving their lifestyle to manage diabetes. – Community Leader
>
> Access to healthy food, proximity, cost. Education and support for diabetes management. – Community Leader
>
> Being able to afford healthy alternatives to the standard American diet as well as education about the condition. – Social Services Provider

Access to Care/Services

> Access to appointments, access to affordable medications and supplies. – Health Care Provider
>
> Access to care; adequate support regarding appropriate lifestyle modifications that should be part of treatment plan; sufficient understanding of the board impact diabetes has on other chronic diseases and overall quality of life and overall morbidity and mortality. – Physician
>
> Finding treatment and affordable cost options for medication. – Health Care Provider
>
> Lack of access to doctors, transportation as a barrier, lack of supportive follow up to help maintain necessary lifestyle and dietary changes in the environment. – Health Care Provider
>
> Accessibility healthcare, increase of fast-food restaurants. – Community Leader
>
> Access to care, early detection and monitoring. – Physician

Incidence/Prevalence

> It seems like there were some clusters of diabetes popping up, especially in children. – Health Care Provider
>
> There seems to be an increase in newly diagnosed diabetics. – Public Health Representative
>
> Prevalence rate is very high, 40-50% people are either diabetic or pre diabetic. – Community Leader
>
> We can easily meet people with diabetes. – Community Leader

Diagnosis/Treatment

> Care and treatment for pre-diabetes including support, exercise/walking groups, meal planning coverage. Lack of accessible endocrinologists. – Social Services Provider
>
> Diagnosis and treatment especially for the very obese. – Community Leader

Prevention/Screenings

> Access to preventative care such as ophthalmology. Clear understanding of management. Lack of information provided at appropriate literacy level in native language and lack of resources to support those who have literacy issues. – Health Care Provider
>
> Screening, cost for medications particularly the drugs that are associated with weigh loss like Mounjaro that PAAD won't cover because it is a weight loss drug, but valuable with pre diabetic and diabetic clients to lower A1C. Access to a dietician to evaluate nutrition and diet. – Social Services Provider

Lifestyle

> This is linked to lifestyle that are not active and poor dietary habits. – Community Leader
>
> Support in lifestyle changes, education and access to healthy food choices. Cost. – Health Care Provider

Affordable Care/Services

> Access to affordable resources. – Health Care Provider

Disease Management

> Learning to control their sugar on their own. – Community Leader

Nutrition

> Poor diet. – Public Health Representative

Obesity

> Overweight, poor diets and low income. – Social Services Provider

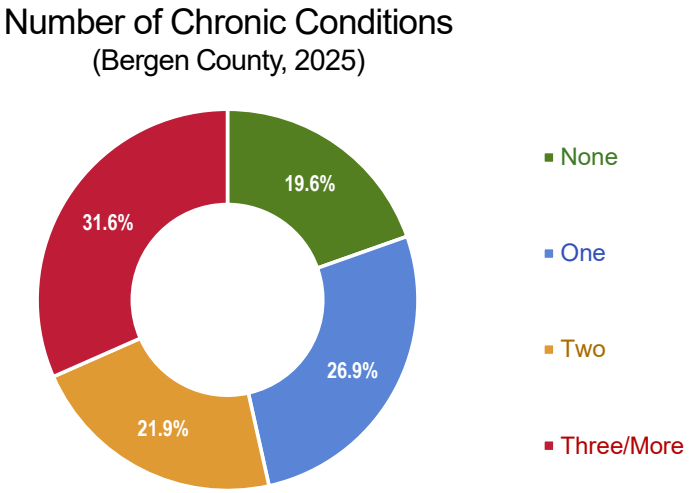
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

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



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]

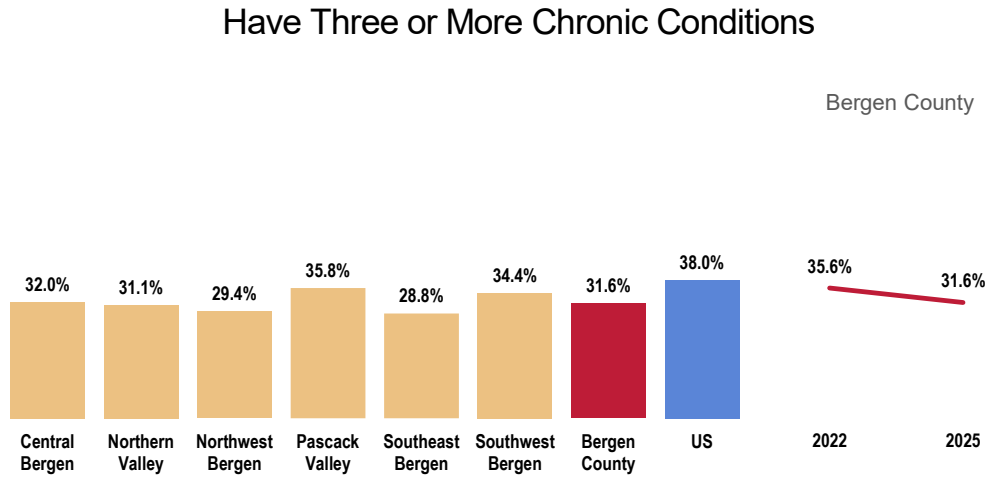
Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 31.6% of Bergen County adults report having three or more chronic conditions.

BENCHMARK ► Lower than the national percentage.

TREND ► Denotes a significant decrease since 2022.

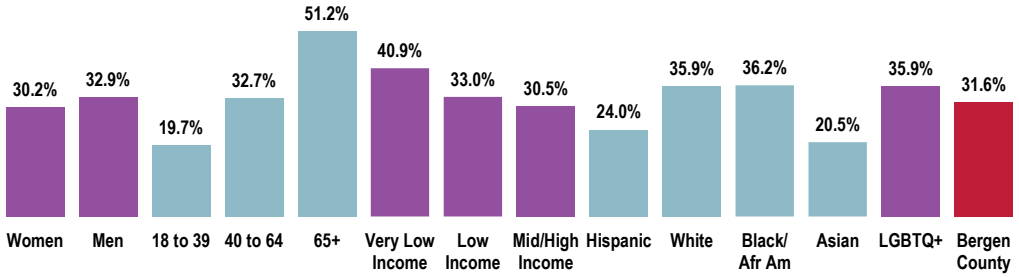
DISPARITY ► More often reported among older adults, those living below the federal poverty level, White residents, and Black/African American residents.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

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

Have Three or More Chronic Conditions
(Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

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

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

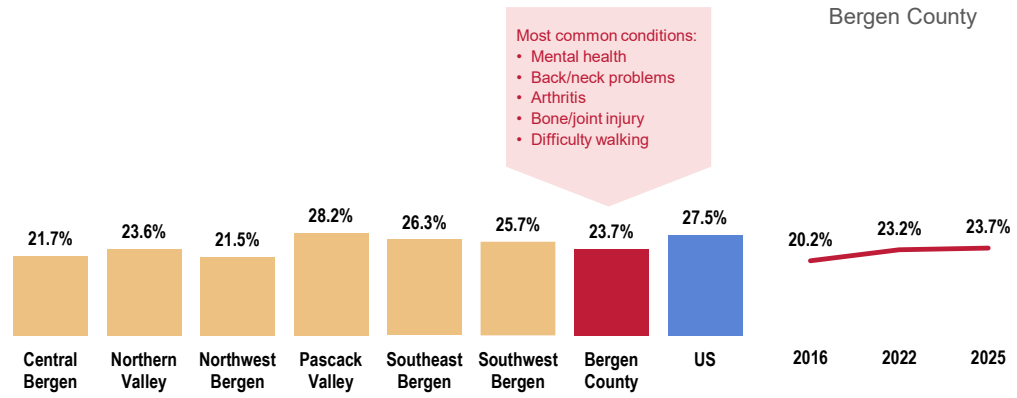
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 23.7% of Bergen County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Represents a significant increase from the 2016 survey (similar to 2022 findings).

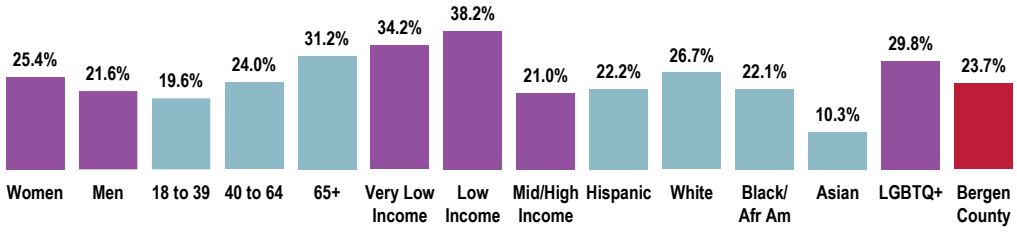
DISPARITY ► More often reported among adults age 65+, those with lower incomes, Hispanic residents, White residents, and Black/African American residents.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Chronic Pain

A total of 14.4% of Bergen County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

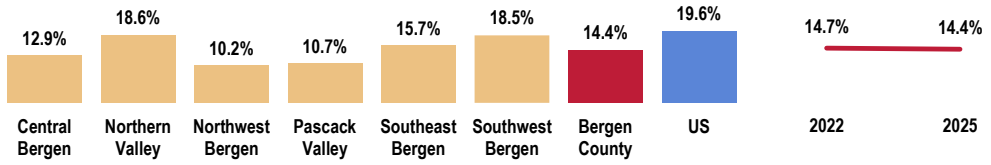
BENCHMARK ► Lower than the US finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Northern Valley. More often reported among adults age 40+ and those living below the federal poverty level.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

Bergen County



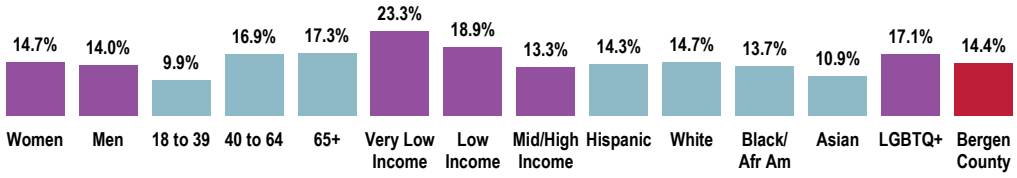
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Experience High-Impact Chronic Pain

(Bergen County, 2025)

Healthy People 2030 = 6.4% or Lower



Sources:
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- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Alzheimer's Disease

ABOUT DEMENTIA

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

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

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

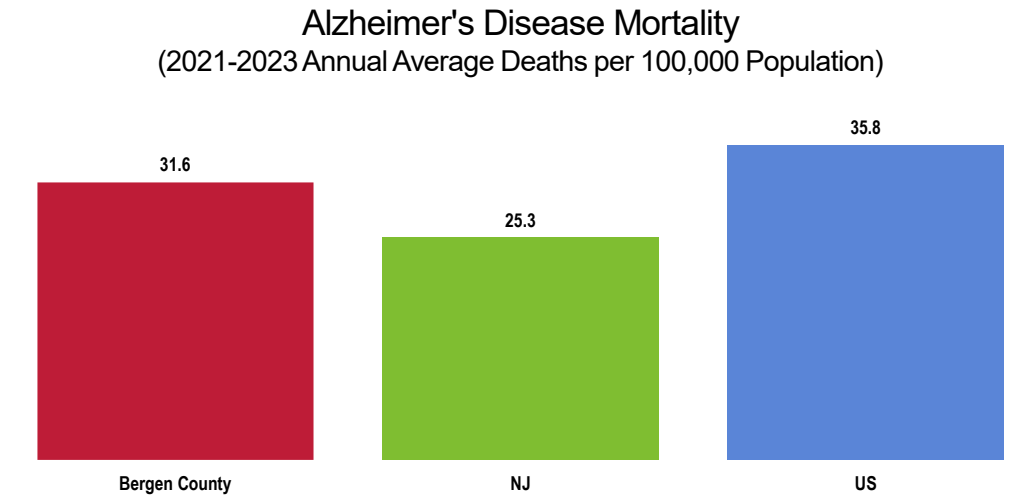
– Healthy People 2030 (https://health.gov/healthypeople)

Alzheimer's Disease Deaths

Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 31.6 deaths per 100,000 population in Bergen County.

BENCHMARK ► Higher than found statewide.

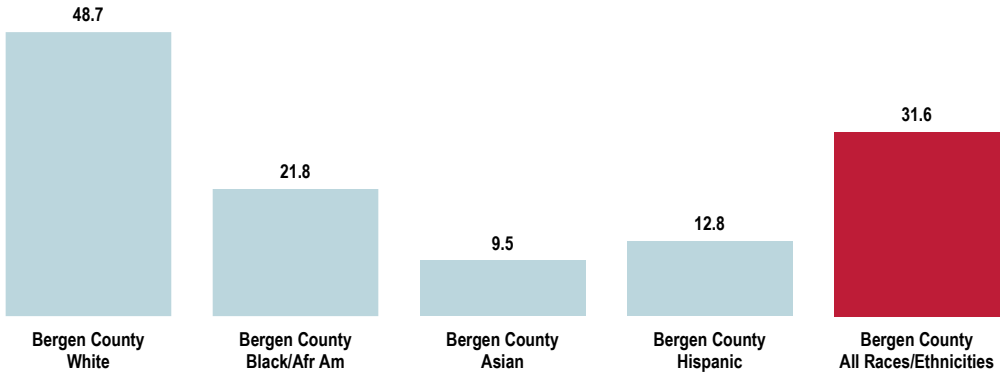
DISPARITY ► Higher among White residents.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

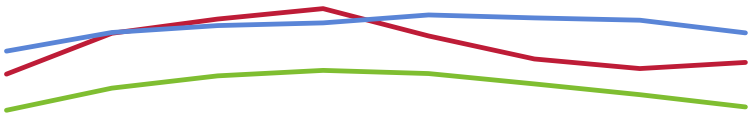
Alzheimer's Disease Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.
- Race categories reflect individuals without Hispanic origin.

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	29.9	35.7	37.8	39.2	35.4	32.1	30.7	31.6
NJ	24.8	27.9	29.7	30.5	30.0	28.5	27.0	25.3
US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

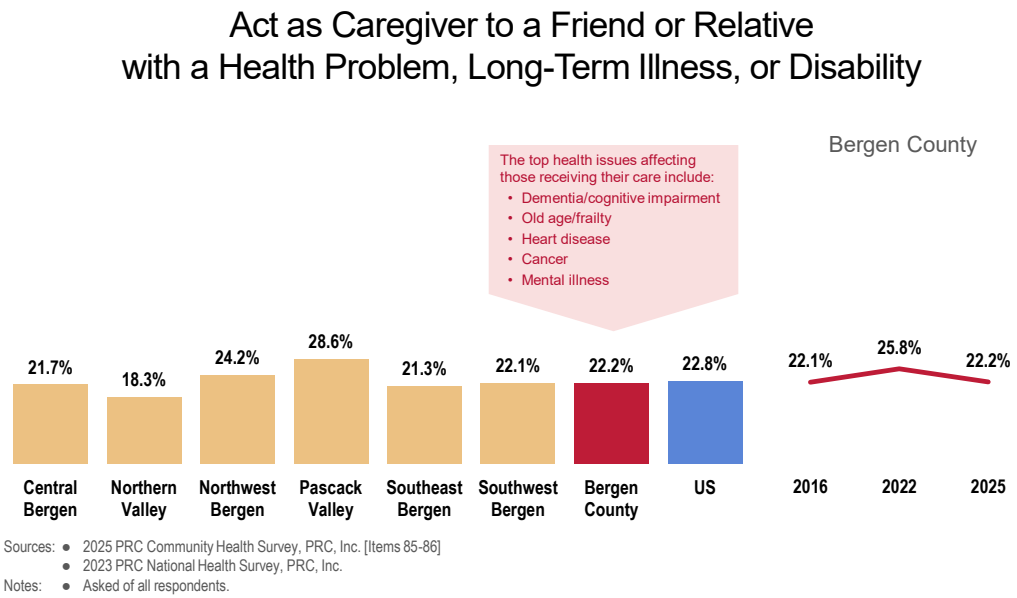
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Caregiving

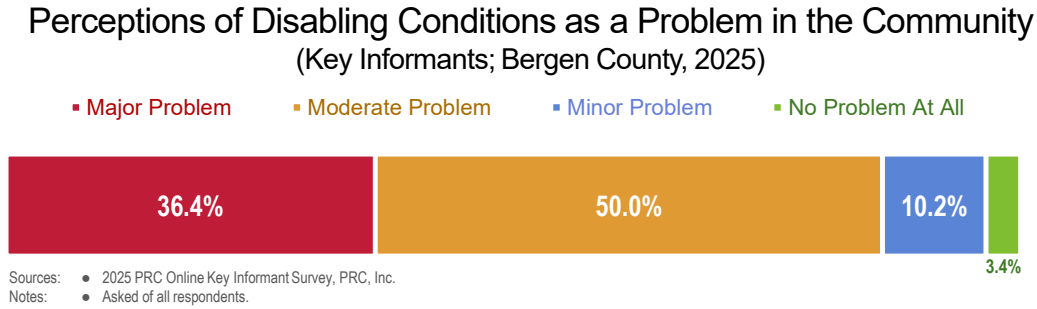
A total of 22.2% of Bergen County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

DISPARITY ► Highest in Pascack Valley.



Key Informant Input: Disabling Conditions

One-half of key informants taking part in an online survey characterized *Disabling Conditions* as a "moderate problem" in the community.



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

Aging Population

> Aging population and lack of resources. – Social Services Provider
>
> Elderly, chronic debilitating illness affecting gait, lack of support to drive patients to health care and patients live alone. – Health Care Provider
>
> The community is aging. There are increases of chronic disease. – Public Health Representative
>
> Our population is getting older, and people are becoming weaker. – Community Leader
>
> Aging populations. – Health Care Provider

> The community has a large number of individuals, many elderly, who need extended care. Frequently this care is provided by a family caregiver, who has nowhere to go for support, time off, assistance, or loss of income. Getting professional caregivers is a bewildering array of poorly supported and understood procedures to be followed, and that doesn't always succeed. There are many individuals in nursing homes solely because they can't get appropriate care at home. This is a social and financial challenge that needs to be addressed. – Community Leader
>
> Pops. Population is growing older and growing old with these conditions. – Community Leader
>
> Seniors are complaining of chronic pain, many are getting steroid shots, and getting operations that do not improve their quality of life. – Community Leader
>
> We have an extensive senior population and as they age, more disabling conditions emerge. Lack of quality and affordable healthcare makes it challenging for people to always get the help they need. – Community Leader
>
> With the older adult population representing a growing, larger percentage of the overall population, there is a growing number of adults living with disabilities including mobility impairments, vision and hearing loss. Likewise, dementia is a huge and growing problem and puts tremendous financial and caregiving burdens on families. Much of our housing stock is not accessible for people with mobility impairments. – Community Leader
>
> Increasing geriatric population, limited family support and inability to provide care for self, need for structural setting and assisted living. – Physician

Incidence/Prevalence

> There are so many people suffering from these conditions it is truly a major health issue. I personally know many people who suffer from these conditions. Treatment is either unavailable or too expensive to access. – Social Services Provider
>
> Many people are walking with canes or walkers. – Community Leader
>
> Conversations with people. – Community Leader
>
> Chronic pain is a common complaint by patients including things like arthritis. They are sometimes unable to unwilling to go to physical therapy. – Community Leader
>
> We see many clients here that are physically or mentally disabled or impaired. – Community Leader
>
> I see many people with mobility issues. Some work at it, some don't. – Social Services Provider
>
> We meet people who have activity limitations, hearing problems, and dementia. – Community Leader

Access to Care/Services

> They can prevent sufferers from being able to access essential services needed for a basic standard of living. – Community Leader
>
> Accessibility to follow up care, lack of awareness and education, stigma with accents and cultural stigmas, and stereotypes, lack of support. – Community Leader
>
> Not enough services to address these issues. – Physician
>
> Not enough resources to help individuals with disabling conditions for day to day. – Public Health Representative
>
> Lack of access. – Social Services Provider

Access to Care for Uninsured/Underinsured

> Many people lack insurance coverage and transportation to see the proper medical professionals. Social isolation for older adults causes dementia, loss of vision and hearing to go unnoticed by others. – Social Services Provider
>
> Eye care and glasses, hearing aids, dental treatments are not covered by Medicare. Older adults will usually go to the eye doctor and pay the $75 for refraction that is not covered by Medicare. However, the expense for new glasses can be prohibitive. Lower income older adults whose income is slightly over Medicaid eligibility delay routine dental care and are often unable to pay the expense for crowns, implants, or dentures. The dental clinics are crowded and often have long waits and provide limited services. The donated dental services can have waits along as 6 months to a year and my experience with clients using this service have not been positive. Hearing aids at $5,000+ a pair are unaffordable for many. The Hearing Aid project is available and the refurbished hearing aids are better than nothing, but not ideal. In addition, many are unaware of this program. The HAAD program provides $1,000 grant for hearing aids, but one must be on PAAD to qualify. – Social Services Provider

Diagnosis/Treatment

> Lack of long-term cures. – Public Health Representative
>
> Because I have chronic pain and once again my doctors want to solve all things with a pill. That's a major problem. – Community Leader

Income/Poverty

> See and hear many people complaining of an array of health complaints and lack of money to get help. – Community Leader

> Lack of financial resources and caretakers. – Community Leader

Affordable Care/Services

> I personally know many people suffering with such conditions and all of them spend their last dollar trying to find help. – Social Services Provider

Awareness/Education

> Health literacy, access to health education in alternative languages. Obesity and mental health remain disabling and limiting. – Health Care Provider

Built Environment

> We do not live in a disability friendly community. It does not have reliable accessible transportation and services. – Health Care Provider

Discrimination

> There is still an unconscious bias and lack of cultural competency that exists between healthcare providers and patients, impacting the ability to receive adequate and quality care. – Social Services Provider

Impact on Quality of Life

> The disease progression of every chronic condition leads to disabling conditions that limits participating in activities that could improve healthcare outcomes. – Health Care Provider

Transportation

> Lack of access including transportation issues, having caregivers needing to go to appointments, online access for people with limited digital literacy. – Health Care Provider

Isolation/Loneliness

> They prevent residents from leaving their homes, leading to social isolation and loneliness. – Community Leader

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

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

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

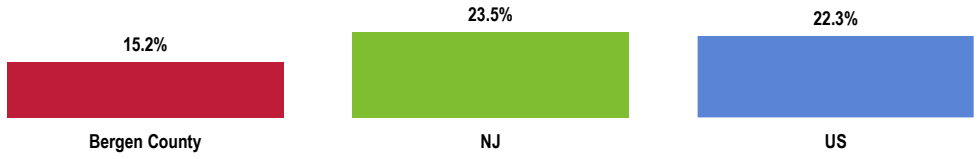
– Healthy People 2030 (https://health.gov/healthypeople)

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

Between 2021 and 2023, 15.2% of all Bergen County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► Lower than found across New Jersey and the US.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2021-2023)



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.

BIRTH OUTCOMES & RISKS

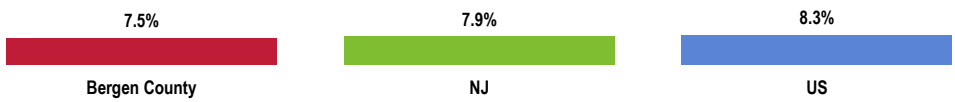
Low-Weight Births

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

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

A total of 7.5% of 2016-2022 Bergen County births were low-weight.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

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

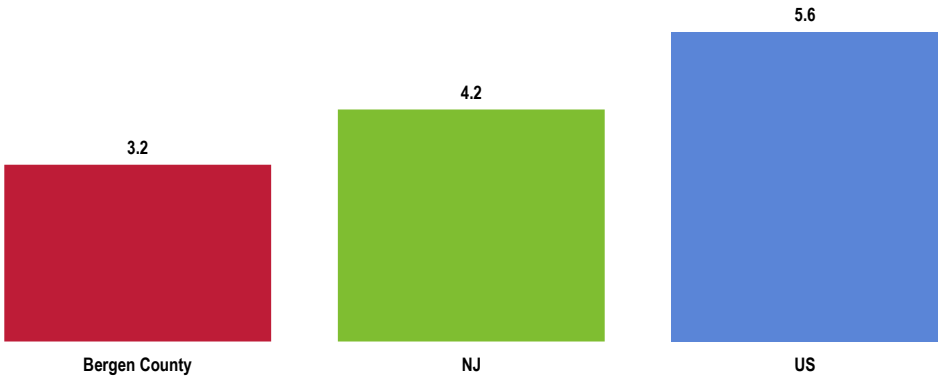
Between 2018 and 2020, there was an annual average of 3.2 infant deaths per 1,000 live births.

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

TREND ► Increasing in recent years.

DISPARITY ► Higher among Black/African American and Hispanic births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



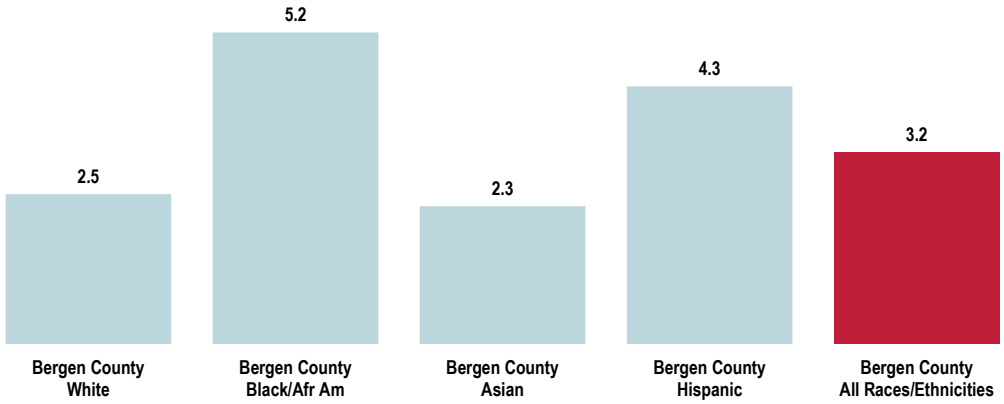
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Rate by Race/Ethnicity

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

Healthy People 2030 = 5.0 or Lower



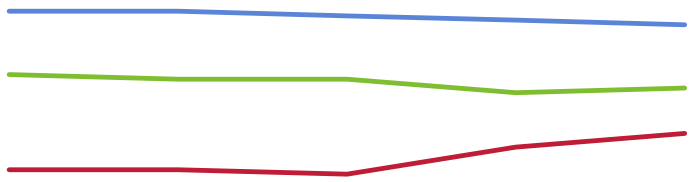
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.
- Race categories reflect individuals without Hispanic origin.

Infant Mortality Trends

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

Healthy People 2030 = 5.0 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bergen County	2.4	2.4	2.3	2.9	3.2
NJ	4.5	4.4	4.4	4.1	4.2
US	5.9	5.9	5.8	5.7	5.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- This indicator reports deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

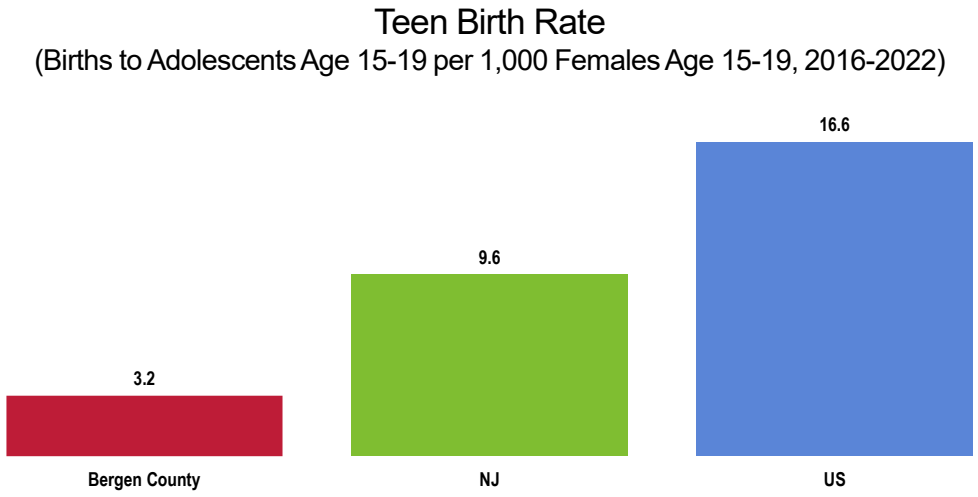
– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2016 and 2022, there were 3.2 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Bergen County.

BENCHMARK ► Well below the state and national rates.

DISPARITY ► Higher among Black/African American and Hispanic female adolescents.

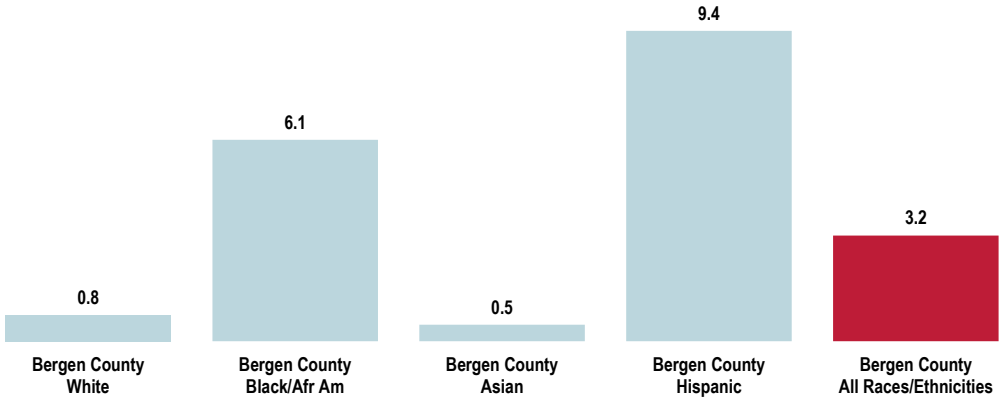


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Teen Birth Rate by Race/Ethnicity

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19; Bergen County, 2016-2022)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

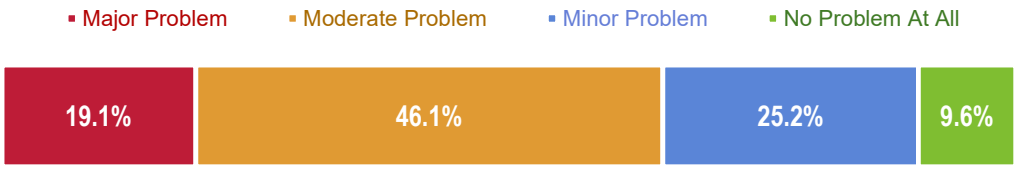
Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.
- Race categories reflect individuals without Hispanic origin.

Key Informant Input: Infant Health & Family Planning

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

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

(Key Informants; Bergen County, 2025)



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Awareness/Education

> Information shared at some community information sessions and a conference at Bergen Community College. – Community Leader
>
> Access to education. – Community Leader
>
> Working in the preschool program, I see a lot of parents having questions regarding behaviors. – Health Care Provider
>
> I believe women are released from the hospital too soon after giving birth to a baby, especially their first baby. More instructions should be given before releasing a mom as to how to feed an infant, bath, and keep a schedule. Family planning is something that should be discussed as part of a high school program. Boys need to take more responsibility and held accountable if they are involved with someone and she becomes pregnant. He should be held accountable to help support the child he brings into the world. – Social Services Provider

Access to Care/Services

> Limited resources. – Community Leader
>
> Inadequate services overall. Even harder for minorities. – Physician

> I work with students with special needs, and I strongly believe that parents are in need of more services like, free insurance, healthy food, safety in the community. Workshops for educating parents in how to deal with children with special needs. – Community Leader

Infant Mortality

> Infant health and family planning are country-wide problems. The US has the highest infant mortality rate and maternal mortality and morbidity than any other developed country. This is truly a disgrace. – Community Leader

> NJ has one of the lowest scores for infant mortality in the nation and we are facing issues around maternal hypertension. – Community Leader

Access to Care for Uninsured/Underinsured

> Most folks are uninsured. – Social Services Provider

> Lack of health insurance, doctors not understanding black women's issues. – Community Leader

Income/Poverty

> Access to family planning and infant health depends on socioeconomic factors. – Community Leader

> Financial resources. – Social Services Provider

Incidence/Prevalence

> The United States has an extremely low maternal and fetal health outcome. – Public Health Representative

Language Barrier

> Multilingual in community resources. – Health Care Provider

Infant Safe Sleep

> Infant safe sleep. – Community Leader

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

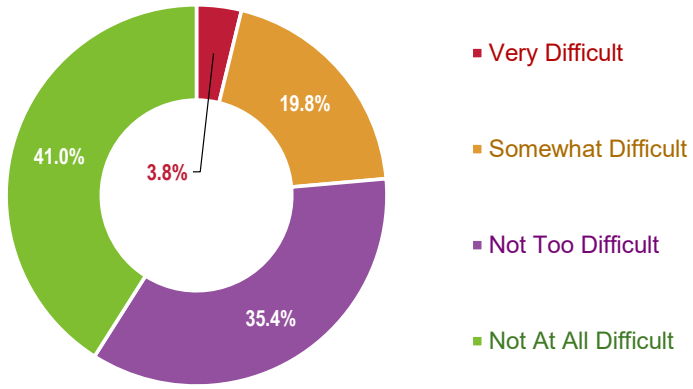
Difficulty Accessing Fresh Produce

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

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

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

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

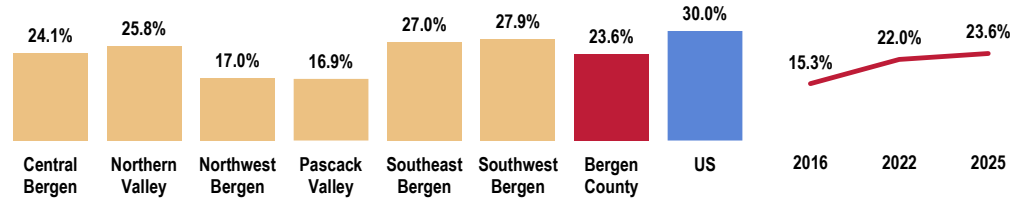
However, 23.6% of Bergen County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the US percentage.

TREND ► Denotes a significant increase since the 2016 survey.

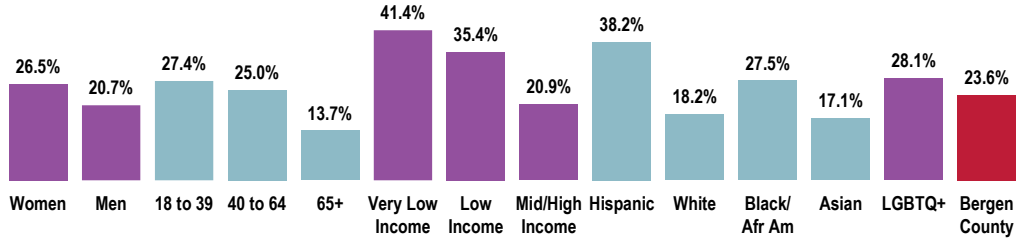
DISPARITY ► Lowest (more favorable) in Northwest Bergen and Pascack Valley. More often reported among women, adults younger than 65, those with lower incomes, Hispanic residents, and Black/African American residents.

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



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

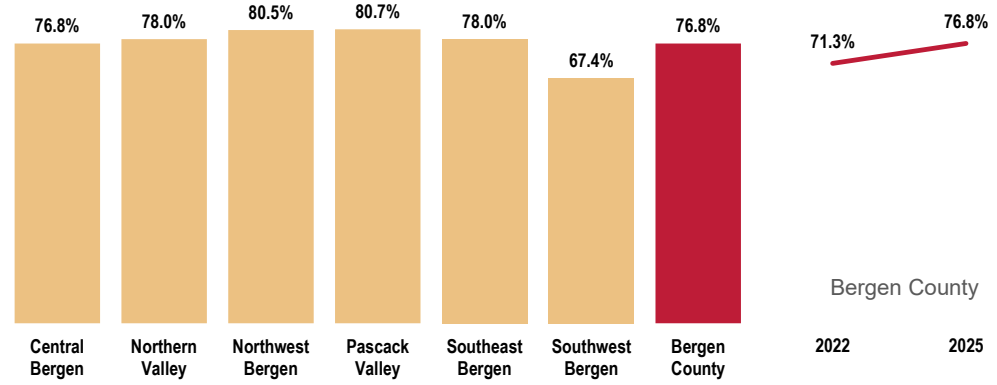
Use of Food Labels

In Bergen County, more than three-fourths (76.8%) of adults report that they generally consult food labels to guide their food selections.

TREND ► Marks a significant increase from 2022.

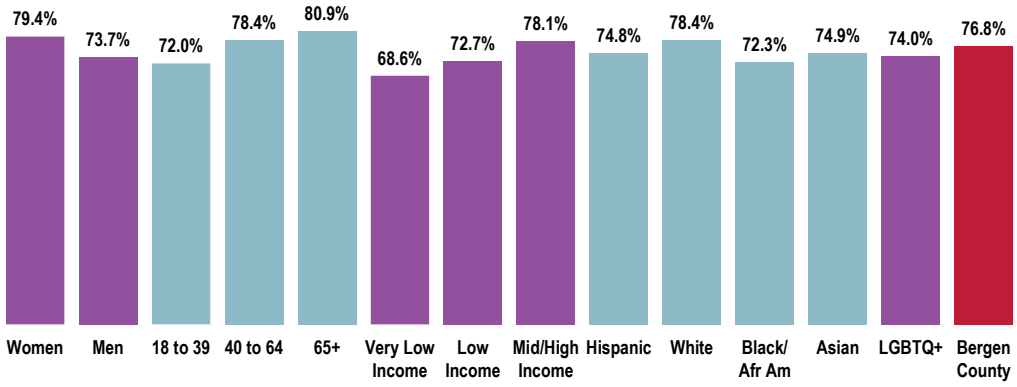
DISPARITY ► Lowest in Southwest Bergen. Those less likely to report that they consult food labels include men, adults age 18 to 39, and those living below the federal poverty level.

Generally Use Food Labels to Make Purchasing Decisions



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

Generally Use Food Labels to Make Purchasing Decisions
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

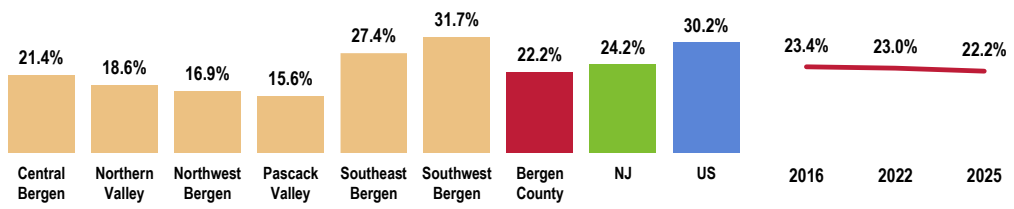
A total of 22.2% of Bergen County adults report no leisure-time physical activity in the past month.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Highest in Southeast Bergen and Southwest Bergen.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

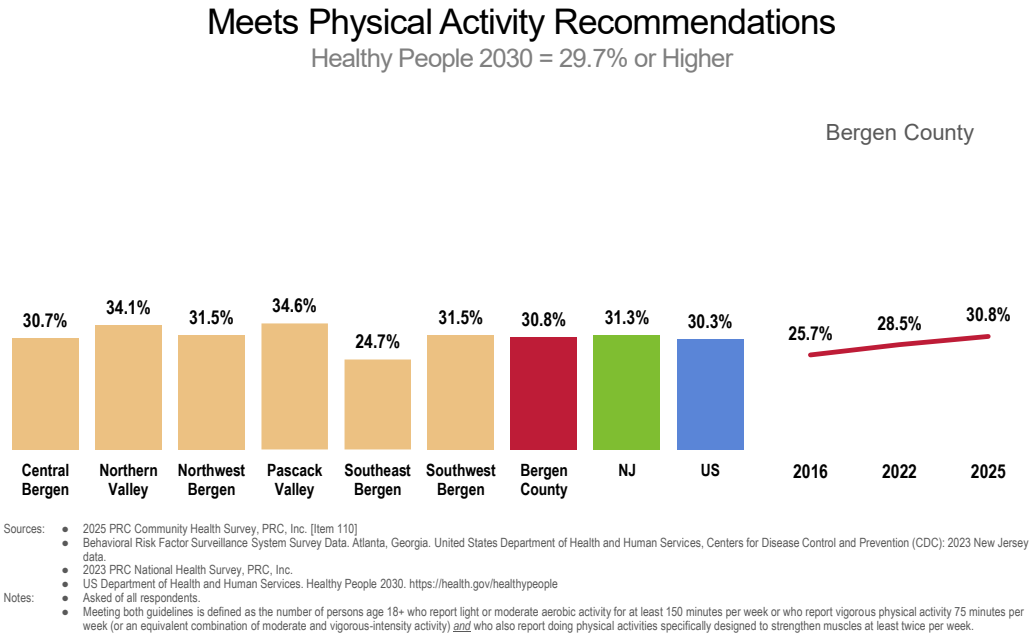
- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 30.8% of Bergen County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

TREND ► Increasing over time.

DISPARITY ► Lowest in Southeast Bergen. Those less likely to report meeting the recommendations include women, adults age 40+, and those living below the federal poverty level.



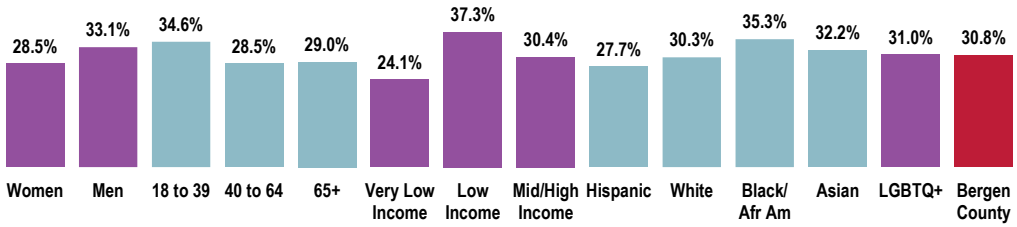
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Bergen County, 2025)

Healthy People 2030 = 29.7% or Higher



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

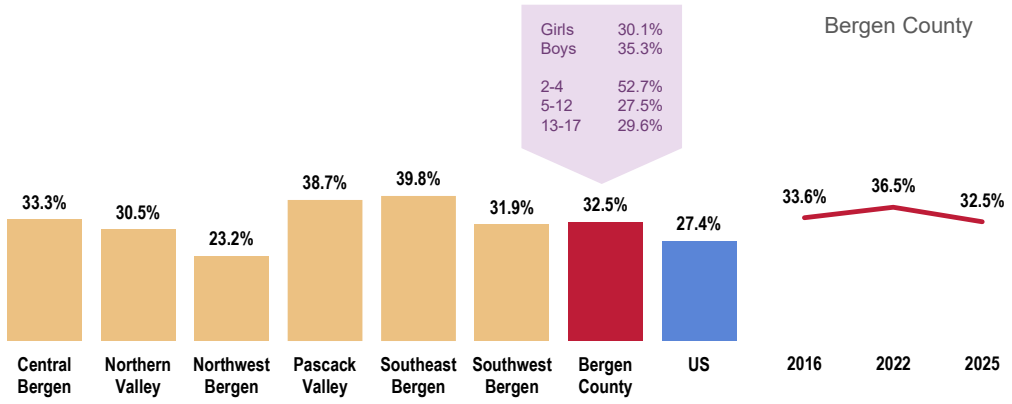
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Bergen County children age 2 to 17, 32.5% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

DISPARITY ► Lowest in Northwest Bergen. Lower among children age 5 and older.

Child Is Physically Active for One or More Hours per Day

(Children 2-17)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

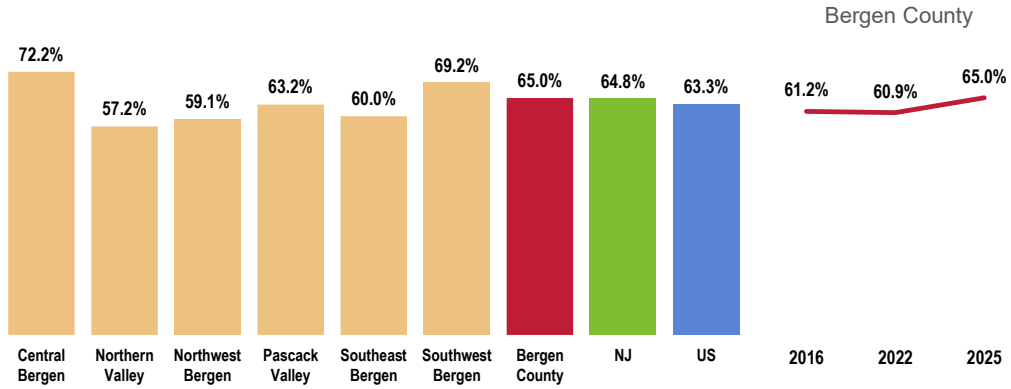
Here, "overweight" includes those respondents with a BMI value ≥25.

Nearly two-thirds (65.0%) of Bergen County adults are overweight.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► Highest in Central Bergen.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 30.3% of Bergen County adults who are obese.

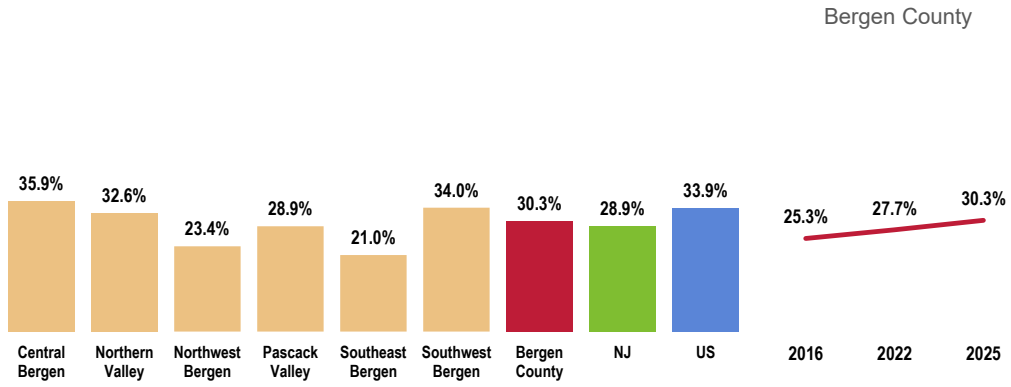
BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Increasing since 2016.

DISPARITY ► Highest in Central Bergen. More often reported among adults age 40 to 64, Hispanic residents, White residents, and especially Black/African American residents.

Prevalence of Obesity

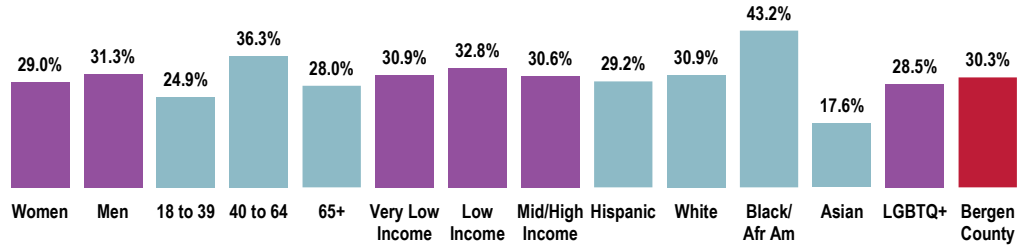
Healthy People 2030 = 36.0% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Prevalence of Obesity
(Bergen County, 2025)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

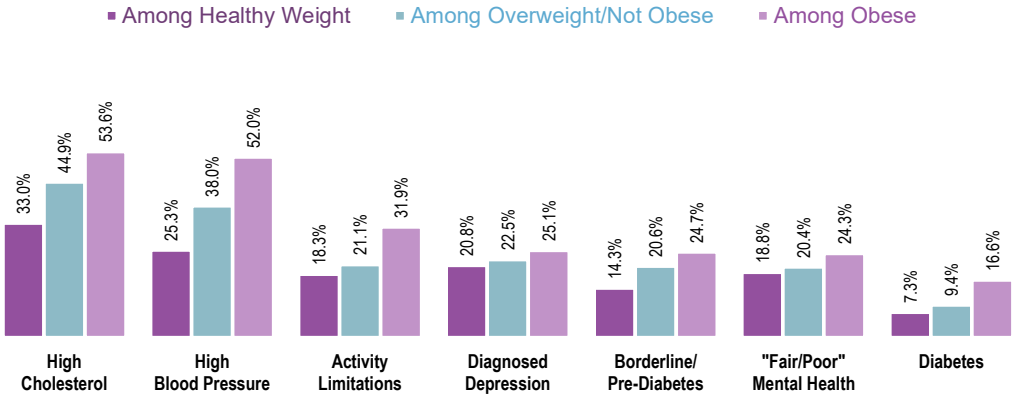
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

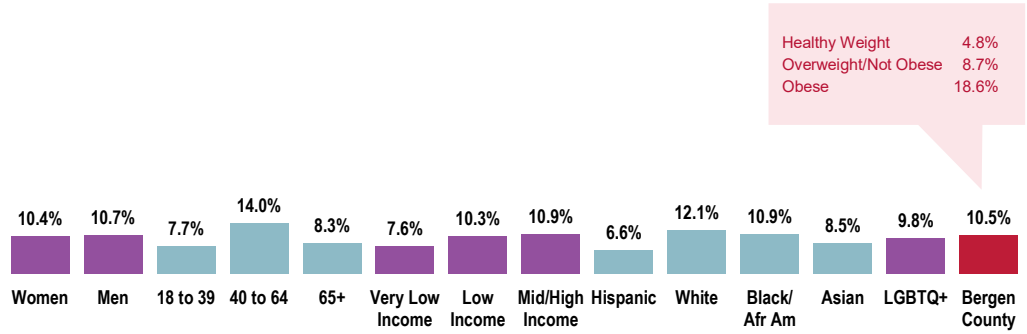
Use of GLP-1 Agonists

Respondents were provided with the following description: A class of new prescription drugs called GLP-1 agonists are being prescribed to treat diabetes and/or for weight loss. These often involve giving oneself daily or weekly injections. Common brand names include Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.

In Bergen County, 10.5% of all adults report that they are taking some type of GLP-1 agonist medication which is prescribed for weight loss and/or for the treatment of diabetes.

DISPARITY ► Higher among overweight adults, especially those classified as obese (BMI of 30.0 or higher). GLP-1 use is more often reported among adults age 40 to 64 and White residents.

Currently Taking GLP-1 Agonist
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 303]

Notes:
- Asked of all respondents.
- GLP-1 agonists defined for respondents as a class of drugs prescribed to treat diabetes and/or for weight loss that can involve daily or weekly injections. Common brand names mentioned were Trulicity, Ozempic, Mounjaro, and Wegovy.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), of 18.5 to less than 25.0. The definition of overweight but not obese is a BMI of 25.0 to less than 30.0. The definition for obesity is a BMI greater than or equal to 30.0.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

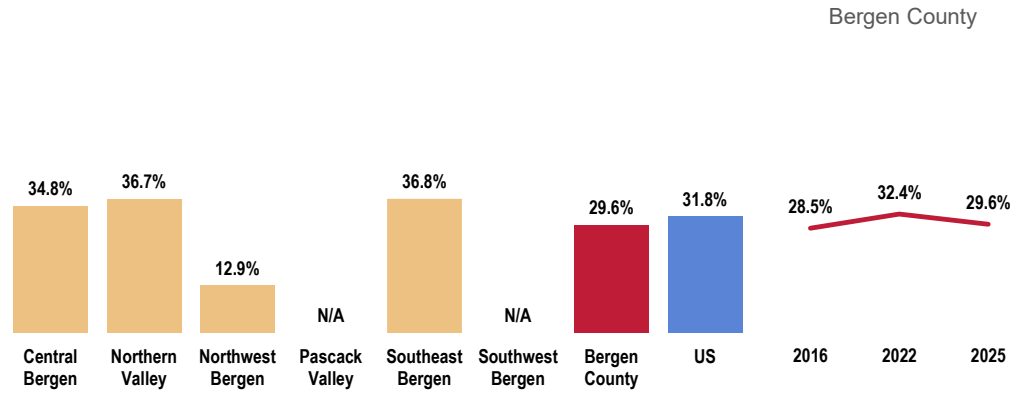
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 29.6% of Bergen County children age 5 to 17 are overweight or obese (≥85th percentile).

DISPARITY ► Lowest in Northwest Bergen (data not available for Pascack Valley and Southwest Bergen).

Prevalence of Overweight in Children
(Children 5-17)

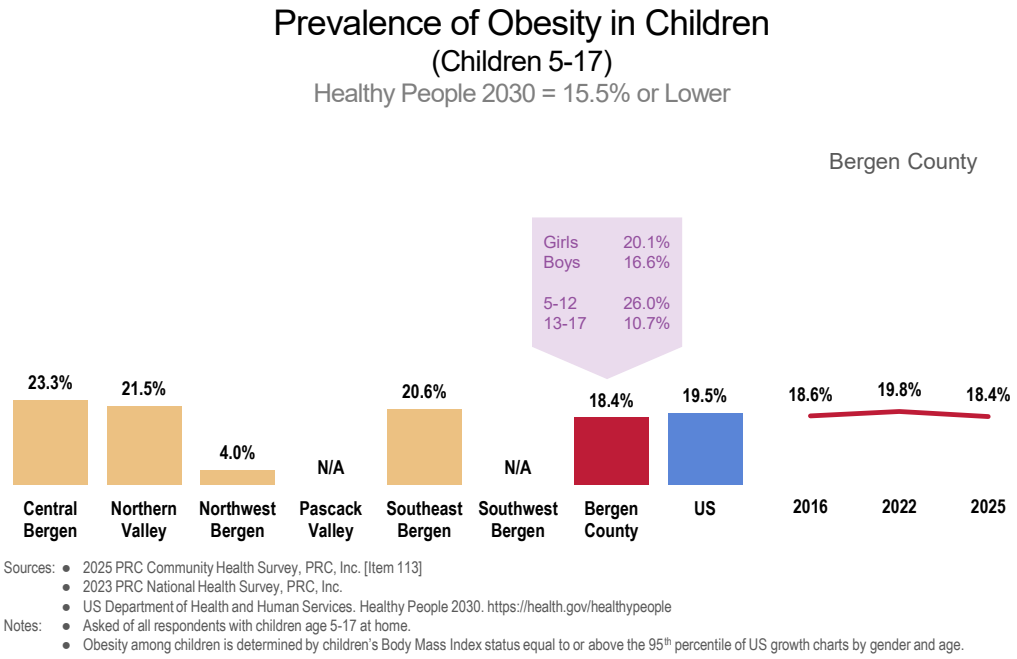


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

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.

The childhood overweight prevalence in the previous chart includes 18.4% of area children age 5 to 17 who are obese (≥95th percentile).

DISPARITY ► Lowest in Northwest Bergen (data not available for Pascack Valley and Southwest Bergen). Higher among children age 5 to 12.

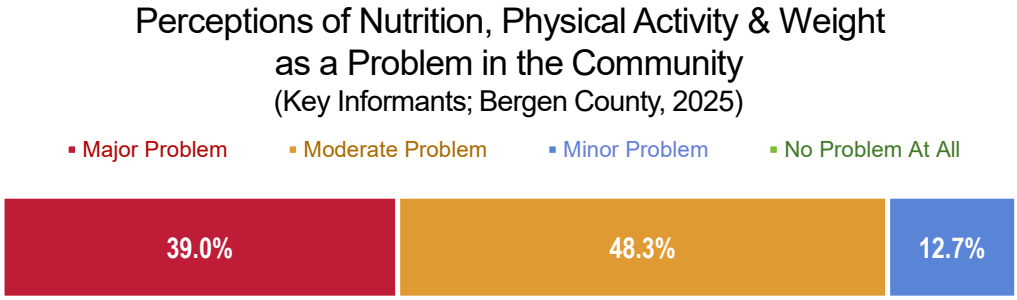


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Affordable Healthy Food

> Access to healthy food and the finances to afford it. – Community Leader
>
> Lack of affordable food, affordable gyms. time and commitment. – Social Services Provider

Cost of nutritious meals and cost of weight loss drugs. – Community Leader

Lack of healthy foods offered, and cost associated with healthy eating. It is easier to eat fattening fast foods because of convenience and lower cost. – Social Services Provider

Keeping motivation. Perception that eating healthy is expensive. Lack of time for people to focus on these three aspects of their life. Making meals that are healthy and taste good, that their whole household will enjoy. – Health Care Provider

Access to healthy and affordable food options, affordable gyms, and access to nutritionists accepting insurance plans like Medicaid. – Health Care Provider

Areas that have limited access to healthy, unprocessed foods. Needing to work multiple jobs to make ends meet so there's less time to exercise, eat at optimal times to manage weight, etc. – Public Health Representative

Access to nutritious and affordable foods, time for exercise. – Community Leader

Good food is expensive, people do not prioritize their own health. – Community Leader

Awareness/Education

Education around healthy eating and exercise. Access to healthy food, proximity and cost. – Community Leader

Lack of guidance and insurance reimbursement for preventative medicine and treatment plans. – Health Care Provider

Nutrition education access is challenging. Social media misinformation. – Health Care Provider

Education of healthy food. – Physician

Advertising and a lifestyle that is dependent on fast food. – Community Leader

This should be addressed while students are still in high school. This should be part of the health program instead of the programs that are being taught regarding sexuality. – Social Services Provider

Education and the ability to buy nutritious foods due to financial constraints. Difficult for some to get to free facilities that offer physical activity. – Community Leader

Lack of education around nutrition and physical activity. Lack of personal finances to eat healthy and work with a trainer on proper exercise. – Social Services Provider

Obesity

Obesity seems to be an issue with more reliance on taking medication such as Ozempic, and less effort with healthy diet and exercise. Motivation may also be a challenge, as well as such easy access to junk food and unhealthy snacks. – Public Health Representative

Excess weight and lack of activity. – Community Leader

Obesity is a significant challenge, overeating and limited physical activity. – Physician

Obesity in kids and adults. The main reasons are dietary habits, physical inactivity. – Public Health Representative

Obesity and its associated co morbid conditions. – Physician

Obesity and the new profusion of quick weight loss potions available on the market. – Social Services Provider

Nutrition

Increase fast food restaurants, lack of reading nutritional information labels, social media advertisements of sweets and other unhealthy items. – Community Leader

Many people don't have a good grasp of healthy eating especially in regard to weight loss. Wide availability of cheap junk food and high grocery store prices makes it tough to make best choices for food. – Community Leader

Eating well, on a budget and food security. – Community Leader

Poor nutrition and obesity. – Community Leader

Lifestyle

Free diet, walking, exercise and wellness groups. – Social Services Provider

Eating worse food, decrease in physical activity are leading to increase weight. Ozempic is now a running problem for a quick fix to lose weight. – Public Health Representative

Bad habits. – Health Care Provider

Time. – Public Health Representative

Insufficient Physical Activity

Finding active physical activities for preschoolers and families to find. – Health Care Provider

> There are very few free or low-cost opportunities for adults to engage in physical activity within the city. The recreation dept offers nothing for adults (tennis lessons, swim lessons, Zumba, boxing, etc...) There are none for kids outside of sports teams. – Community Leader
>
> Finding the time to exercise throughout our busy days. – Social Services Provider
>
> Spending too much time on screens and lack of exercise. – Health Care Provider

Denial/Stigma

> Getting people in a comfortable space so they can begin their journey away from judgement. – Community Leader
>
> Admitting that you need help with nutrition, physical activity and weight. – Community Leader

Built Environment

> Over dependence on cars for travel, communities that aren't walkable, food insecurity and lack of nutrition education. – Community Leader

Access to Care/Services

> No available quality programs. Local hospitals not interested in this topic. No interest in preventive medicine from major hospitals. – Physician

Foreign-Born

> Undocumented, no papers to work, low income, extremely vulnerable, living in the food desert, and having no access to healthy nutritious food. – Social Services Provider

Hunger/Malnutrition

> Food insufficiency since these effects the ability of children to learn and people to remain healthy. – Community Leader

Funding

> Access to services since the reduction of federal funding in this space. – Health Care Provider

Aging Population

> Many seniors are craving exercise and any movement daily. – Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

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

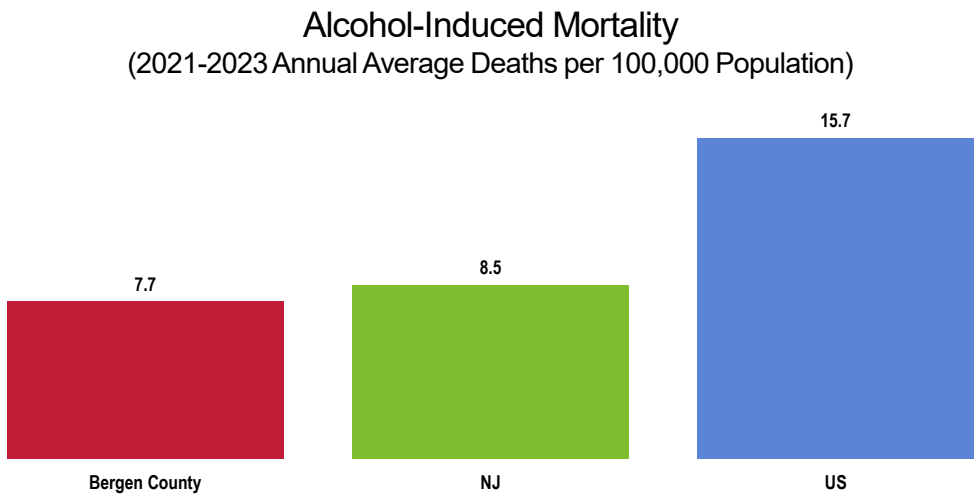
Alcohol Use

Alcohol-Induced Deaths

Between 2021 and 2023, Bergen County reported an annual average mortality rate of 7.7 alcohol-induced deaths per 100,000 population.

BENCHMARK ► About half the US rate.

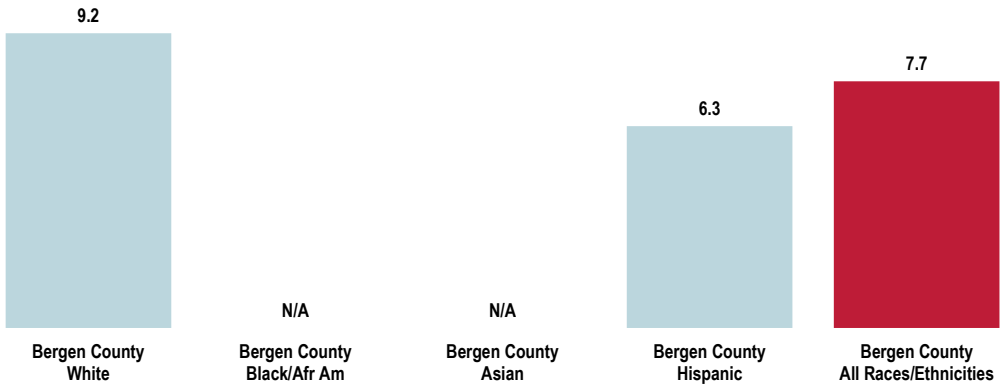
TREND ► Increasing over the past decade, although leveling off in recent years.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

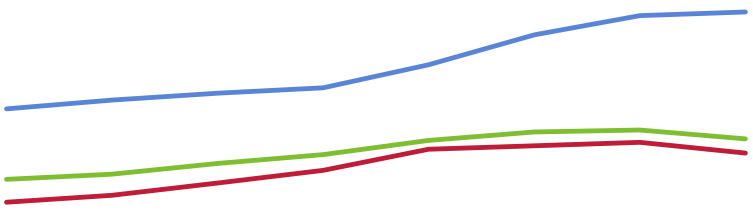
Alcohol-Induced Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.
- Race categories reflect individuals without Hispanic origin.

Alcohol-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	4.9	5.3	6.0	6.7	7.9	8.1	8.3	7.7
NJ	6.2	6.5	7.1	7.6	8.4	8.9	9.0	8.5
US	10.2	10.7	11.1	11.4	12.7	14.4	15.5	15.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Excessive Drinking

A total of 19.4% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Higher than found across New Jersey but much lower than found across the US.

TREND ► Decreasing.

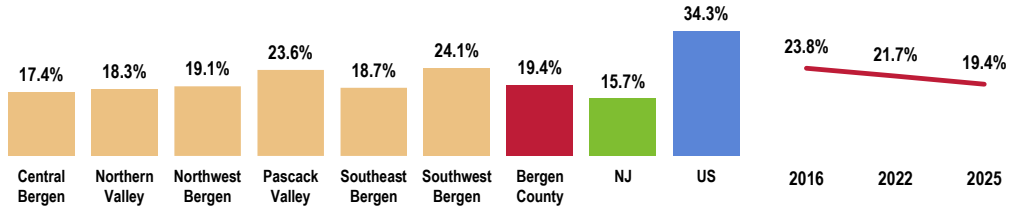
DISPARITY ► More often reported among younger adults, Hispanic residents, and LGBTQ+ respondents.

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Engage in Excessive Drinking

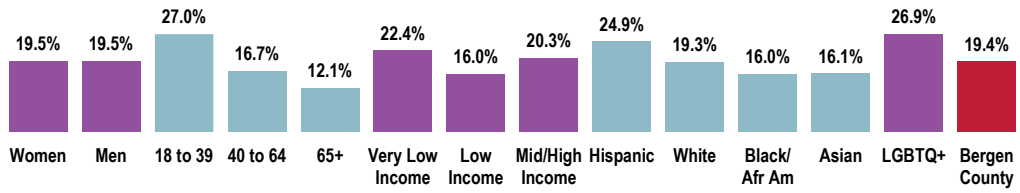
Bergen County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

Engage in Excessive Drinking
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

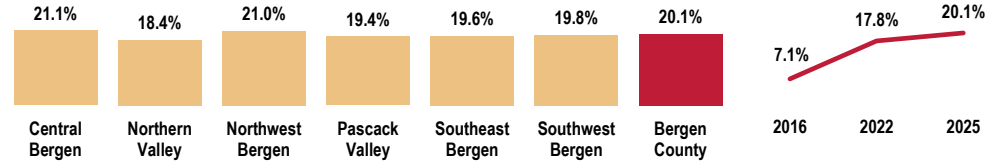
Use of Marijuana/THC

In this case, marijuana use includes traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter. It does not include use of CBD oils.

A total of 20.1% of surveyed adults report using marijuana or THC-containing products in the past year.

TREND ► Trending significantly higher over time.

Used Marijuana/THC in the Past Year



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Use of marijuana or products containing THC in any form, including traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter. Does not include use of CBD oils.

Other Drug Use

Unintentional Drug-Induced Deaths

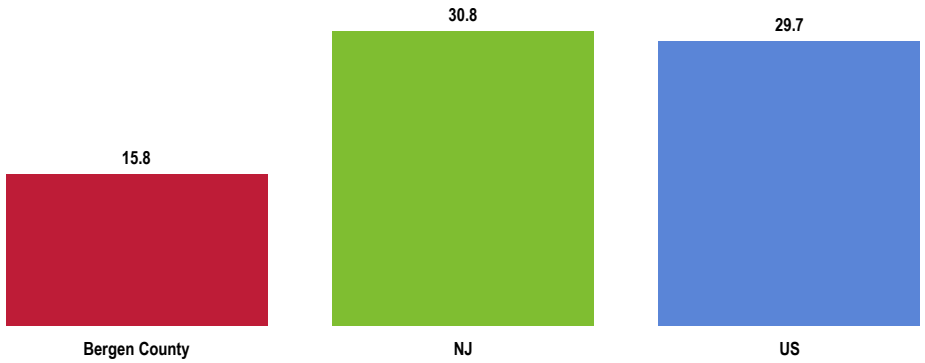
Between 2021 and 2023, there was an annual average mortality rate of 15.8 unintentional drug-induced deaths per 100,000 population in Bergen County.

BENCHMARK ► Nearly half the state and US rates.

TREND ► Trending significantly higher within the county over time.

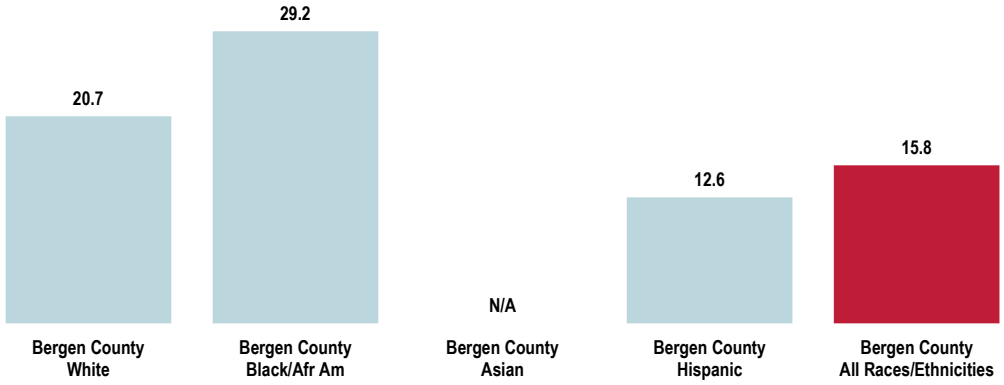
DISPARITY ► Higher among Black/African American residents.

Unintentional Drug-Induced Mortality
(2021-2023 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 February 2025.
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.

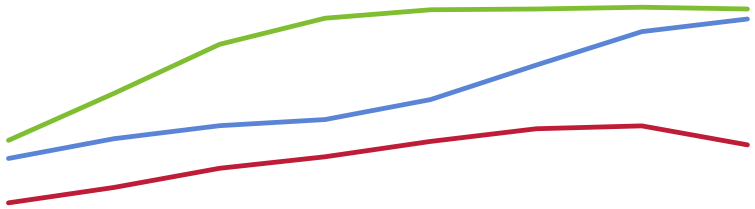
Unintentional Drug-Induced Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Bergen County)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.
- Race categories reflect individuals without Hispanic origin.

Unintentional Drug-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Bergen County	9.4	11.1	13.2	14.5	16.2	17.6	17.9	15.8
NJ	16.3	21.5	26.9	29.8	30.7	30.8	31.0	30.8
US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

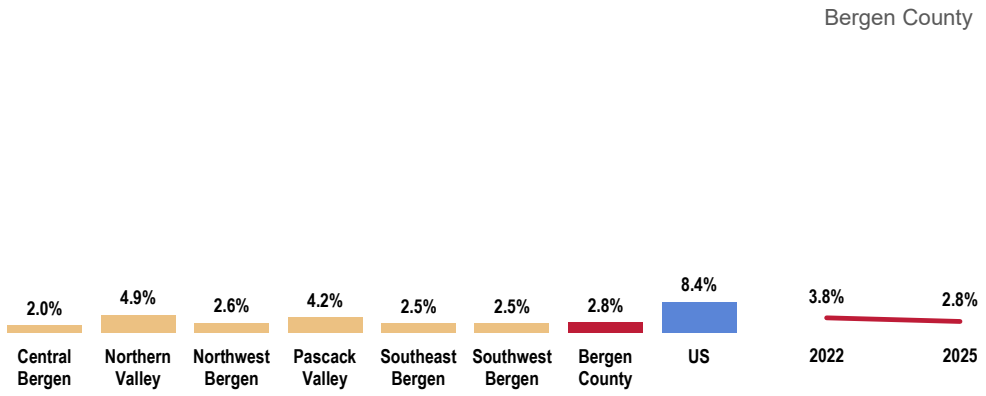
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 2.8% of Bergen County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Lower than the national percentage.

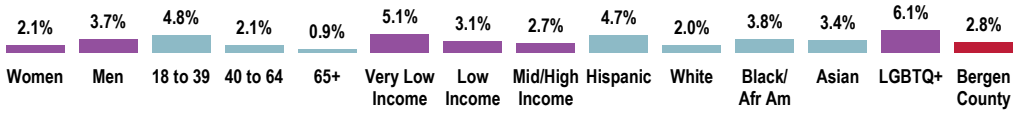
DISPARITY ► More often reported among adults age 18 to 39 and Hispanic residents.

Illicit Drug Use in the Past Month



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

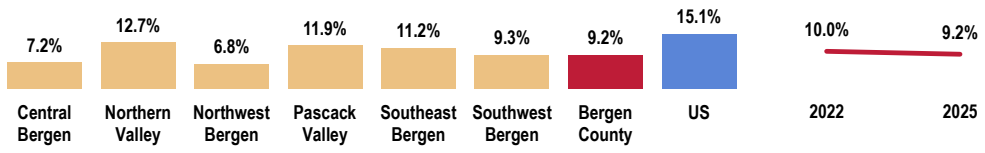
A total of 9.2% of Bergen County adults report using a prescription opioid drug in the past year.

BENCHMARK ► Lower than the US finding.

DISPARITY ► More often reported among White residents and Black/African American residents.

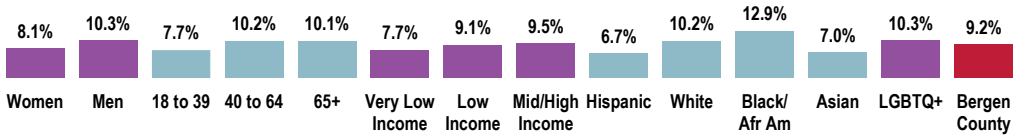
Used a Prescription Opioid in the Past Year

7.8% of respondents report that they or a member of their household have been referred to or treated for an addiction to prescription medications.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 41, 307]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

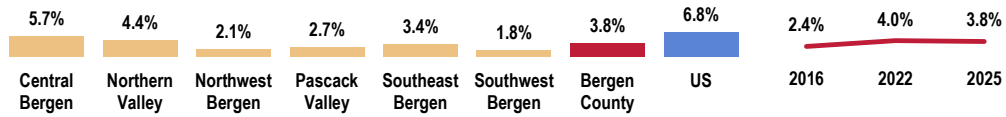
A total of 3.8% of Bergen County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

BENCHMARK ► Lower than found nationally.

TREND ► Denotes a small, but statistically significant, increase from the 2016 survey.

DISPARITY ► Lowest in Northwest Bergen and Southwest Bergen.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



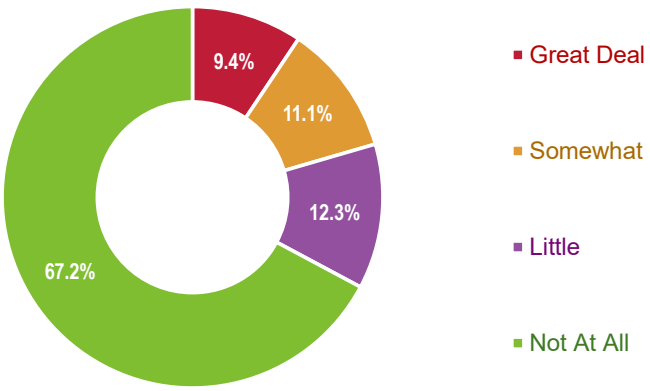
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Bergen County residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Bergen County, 2025)



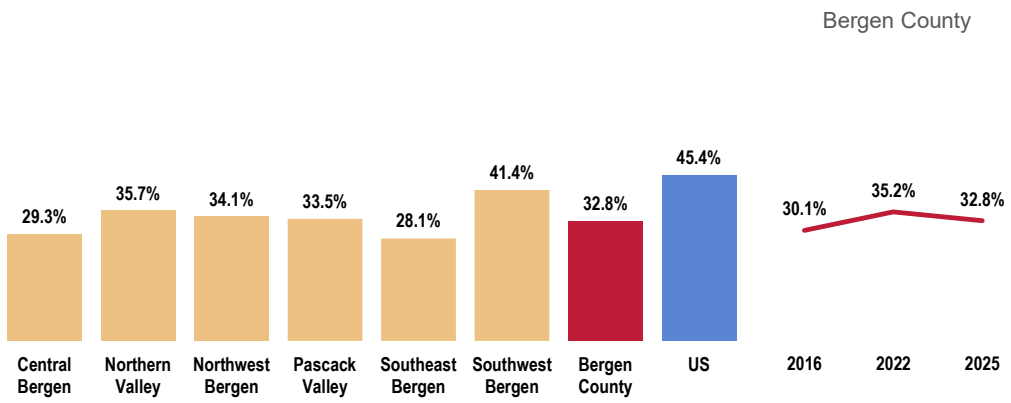
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

However, 32.8% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Highest in Southwest Bergen. More often reported among adults age 18 to 39, those living just above the federal poverty level, Hispanic residents, White residents, Black/African American residents, and LGBTQ+ respondents.

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

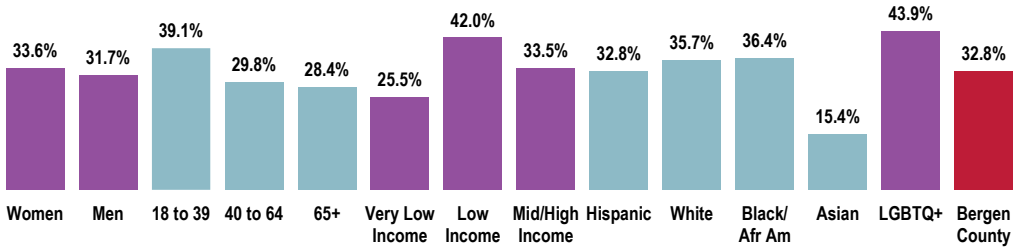


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

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

(Bergen County, 2025)

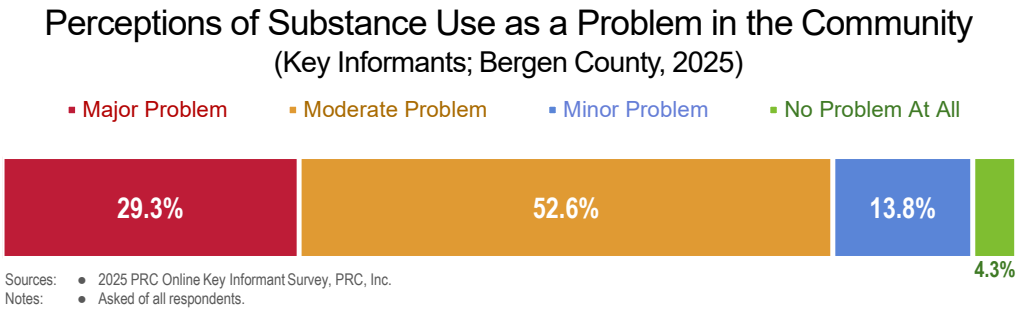


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

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



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

Access to Care/Services

> Good treatment programming for those without Commercial insurance, stigma and its effects on individuals and families, lack of available services (Methadone treatment is not available in Bergen County), lack of treatment that is not abstinence-based, only community-based recovery support center is not community-based as it is located on the grounds of Bergen New Bridge Medical Center, a location that is difficult to get to - people don't want to go to - and is inside the hospital requiring a pass from security and having a whole lot of people know where a person is going. – Community Leader
>
> Access to drug rehab facilities. – Health Care Provider
>
> Available facilities. Education on available resources. – Community Leader
>
> Hospitals not allocating resources to this problem. – Physician
>
> Wait time for treatment. – Health Care Provider
>
> Limited sober living and long-term rehab. – Physician
>
> There are not enough places in the area, there are not enough people to help the places that are in the areas have limited hours available to help and are always crying they have no money. – Community Leader

Awareness/Education

> Awareness of available resources, like the 24-hour crisis hotline that could offer individuals and families guidance and support. Increasing awareness of and utilization of the 24-hour line could alleviate the burden on people trying to find resources in times of need. The absence of an involuntary commitment law, specific to matters related to substance use, adds to the trauma and burden of the disease. Specifically, voices of family members have been heard loudly over the years pleading for the system to allow them to access needed care for their loved one whose decision-making skills have been severely impacted by substances. Family members believe that having the ability to commit their loved one to detox/treatment would save lives. The allowable length of stays in detox/treatment etc. are counterproductive to addiction science. Opportunities to have save housing & meaningful employment must be increased to support individuals' recovery. – Social Services Provider
>
> The lack of knowledge in the resources available and how to initiate care. – Physician
>
> Where to go, admitting there is a problem to need help. – Public Health Representative
>
> High schools are not doing enough. More programs are needed for the teenagers. – Social Services Provider

Denial/Stigma

> The stigma around getting help. – Community Leader
>
> Stigma and lack of walk-in sites. – Social Services Provider
>
> Shame and people not wanting to admit they have a problem. – Community Leader
>
> In my opinion the greatest barrier related to access substance use treatment in BC community are stigma, shortage of qualified addiction treatment professionals, co-occurring disorders, high cost of treatment.
> – Public Health Representative

Affordable Care/Services

> Money. – Community Leader
>
> I am not very familiar with substance use treatment options, but I believe barriers would include cost of care, stigma and denial around seeking out treatment, other stressors that make seeking out treatment a low priority. – Community Leader

Insurance Issues

> Access to substance use treatment is often obstructed due to lack of accepted insurances by most substance use programs. Substance use programs that accept Medicare and Medicaid plans are extremely challenging to find, for both inpatient and outpatient levels of care in our community. Lack of transportation to and from substance use programs in our community also significantly impacts this population's ability to participate in services. – Social Services Provider

Law Enforcement

> Fear of the law. Space availability in programs. Oh yes and the cost of an effective rehabilitation program. There is also no crystal meth specific treatment available in Bergen County to my knowledge. – Social Services Provider

Narcan

> Narcan---many people do not understand its purpose and automatically associate it with drug use. There are many other situations that require Narcan (i.e. a child who finds a pill on the floor, eats it thinking that its candy & it ends up being an opioid, etc). – Community Leader

Funding

> Access to services since the reduction of federal funding in this space. Lack of interest in providers willing to work together, county shows preference to Care Plus. – Health Care Provider

Incidence/Prevalence

> People are still dying from overdoses. Fentanyl is a huge problem for our communities. – Health Care Provider

Prevention/Screenings

> More resources are needed for programs to not only help substance misuse but also prevention too. – Community Leader

Social Media

> Increase in social media advertisements, accessibility to smoking stores and liquor stores, accessibility to vapes. – Community Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as causing the most problems in the community, followed by **heroin/other opioids**, **marijuana**, and **prescription medication**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a "Major Problem")	
ALCOHOL	31.3%
HEROIN OR OTHER OPIOIDS	18.8%
MARIJUANA	16.3%
PRESCRIPTION MEDICATIONS	11.3%
COCAINE OR CRACK	7.5%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	5.0%
METHAMPHETAMINE OR OTHER AMPHETAMINES	3.8%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	2.4%
INHALANTS	2.4%
OVER-THE-COUNTER MEDICATIONS	1.2%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

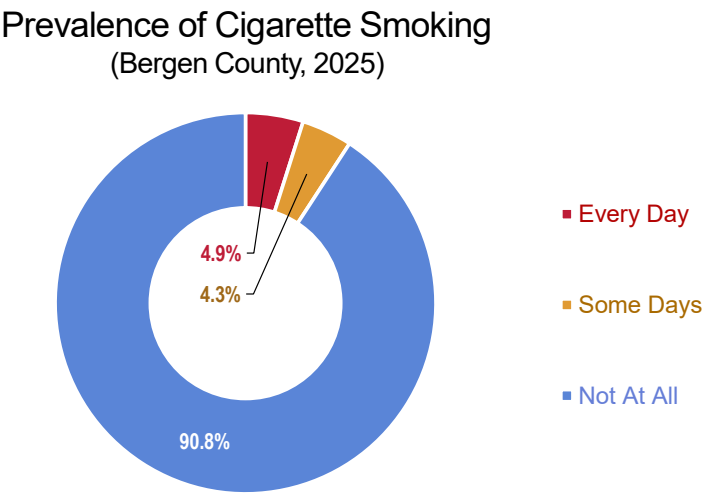
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 9.2% of Bergen County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Bergen County.

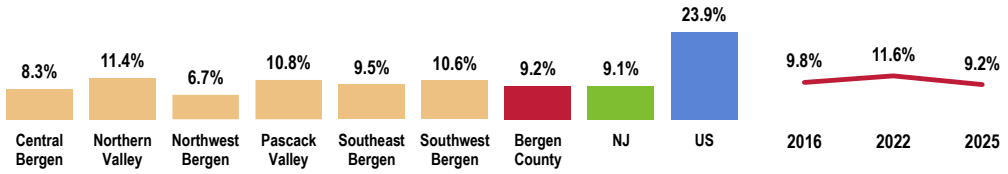
BENCHMARK ► Much lower than found nationally. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Northwest Bergen. Those more likely to report that they smoke cigarettes include men, younger adults, and those with lower incomes (especially). Notably lower among Asian respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Bergen County



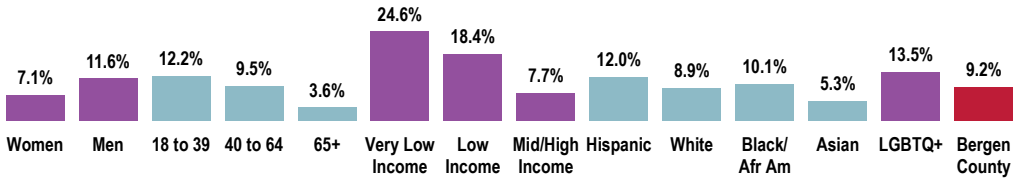
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Bergen County, 2025)

Healthy People 2030 = 6.1% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

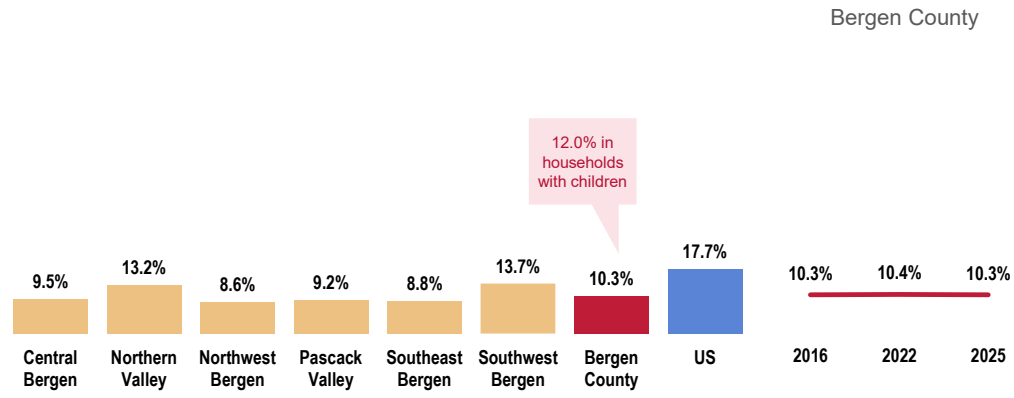
Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in Bergen County, 10.3% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ► Lower than the US finding.

Member of Household Smokes at Home



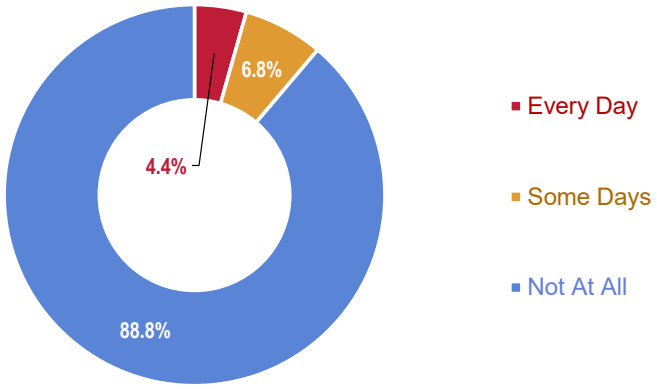
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Bergen County adults do not use electronic vaping products.

Use of Vaping Products
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

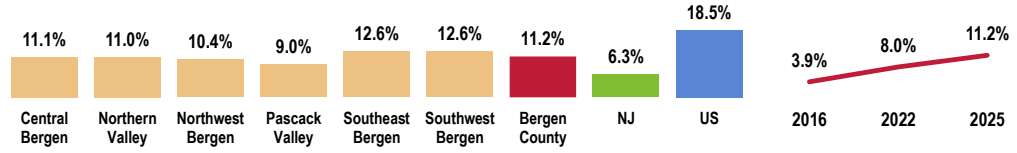
However, 11.2% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than found statewide but lower than found nationally.

TREND ► Rising significantly over time.

DISPARITY ► More often reported among men, adults younger than 65 (especially those age 18 to 39), those with lower incomes, Hispanic residents, and LGBTQ+ respondents.

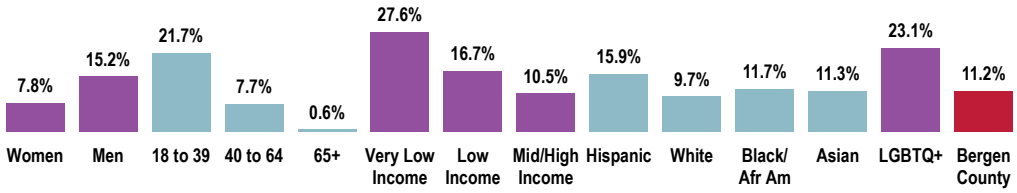
Currently Use Vaping Products
(Every Day or on Some Days)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Bergen County, 2025)

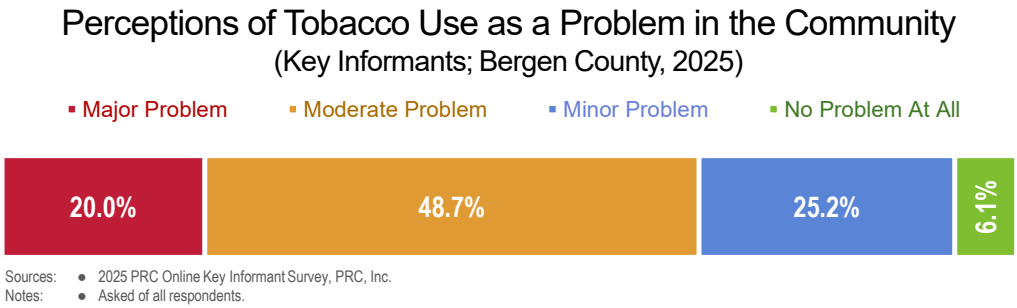


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

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



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

E-Cigarettes

> Tobacco and vaping. A lot of schools have had to put in vaping detectors in schools in schools we are always finding vaping and tobacco products. – Community Leader
>
> Vaping devices have increase access and appeal around tobacco products. The large amount of nicotine included makes it more addicting. Devices are designed to attract kids: video game vapes (vapes you actually play games on), solar powered devices, collectable devices, etc. – Health Care Provider
>
> Vaping is common in younger individuals. – Public Health Representative
>
> It is nicotine not tobacco related to vaping. There are so many people, especially young people who begin and are addicted to vaping. – Community Leader

Impact on Quality of Life

> Tobacco has major effects on your long-term health. – Community Leader
>
> It's not healthy. – Community Leader
>
> Tobacco use leads to a number of health issues, and it is very prevalent. – Community Leader
>
> Many people still smoke even though the health risks are better communicated because the nicotine is addictive. – Public Health Representative

Social Norms/Community Attitude

> Acculturation and the accessibility to tobacco, social media influence. – Community Leader
>
> It has been socially acceptable for so long. – Community Leader
>
> It is a major problem given that tobacco use is not considered by most people as an addiction and is a social norm in some communities. – Physician

Awareness/Education

> Not enough is taught in the high schools about the addiction to tobacco. – Social Services Provider
>
> With all the information we have today, I find it hard to understand why so many people still smoke and why anyone vapes. – Social Services Provider

Incidence/Prevalence

> High incidence and prevalence of its use. – Physician
>
> We don't see as much smoking as vaping. Smoking seems to have drastically downsized. Yet, there is still not enough available for people who have been addicted for many years. – Social Services Provider

Easy Access

> Easy accessibility to nicotine vapes has caused dependence with individuals starting at a very young age. This causes significant increase in anxiety and panic related disorders, a decreased ability to try healthier ways of coping. – Social Services Provider

Addiction

> It is addictive and expensive. – Social Services Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

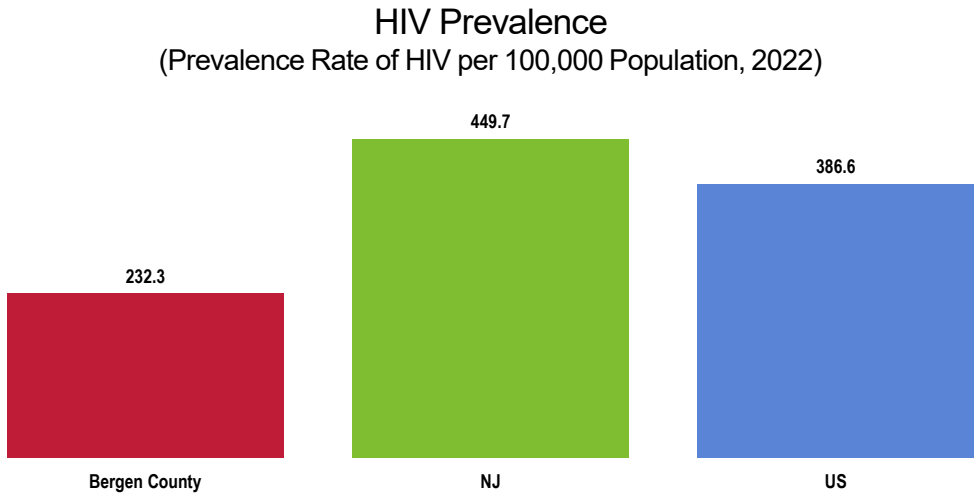
– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2022, there was a prevalence of 232.3 HIV cases per 100,000 population in Bergen County.

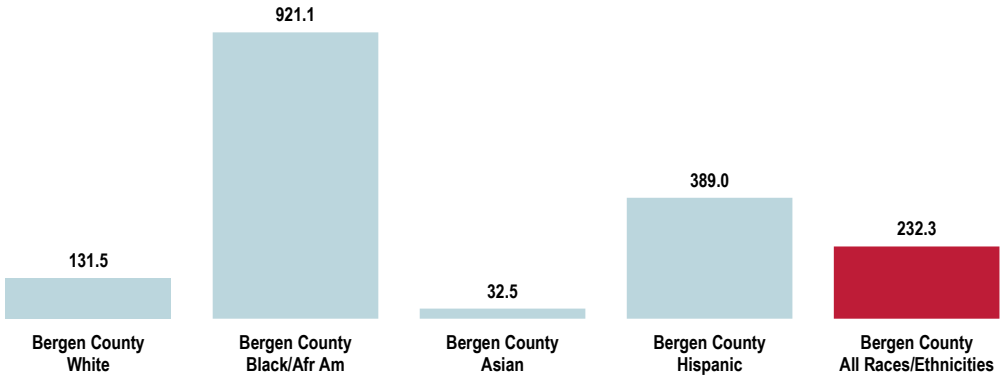
BENCHMARK ► Lower than the state and US rates.

DISPARITY ► Higher among Hispanic residents and especially among Black/African American residents.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population; Bergen County, 2022)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- Race categories reflect individuals without Hispanic origin.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

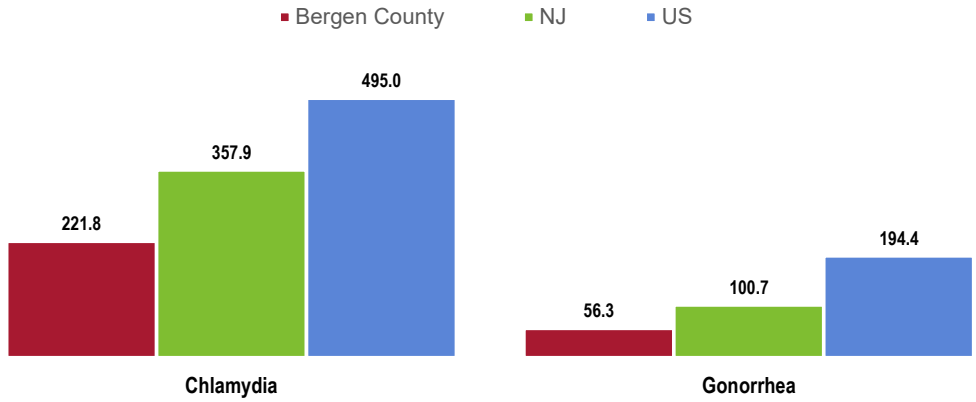
In 2022, the chlamydia incidence rate in Bergen County was 221.8 cases per 100,000 population.

BENCHMARK ► Lower than the state and US rates.

The Bergen County gonorrhea incidence rate in 2022 was 56.3 cases per 100,000 population.

BENCHMARK ► Lower than the state and US rates.

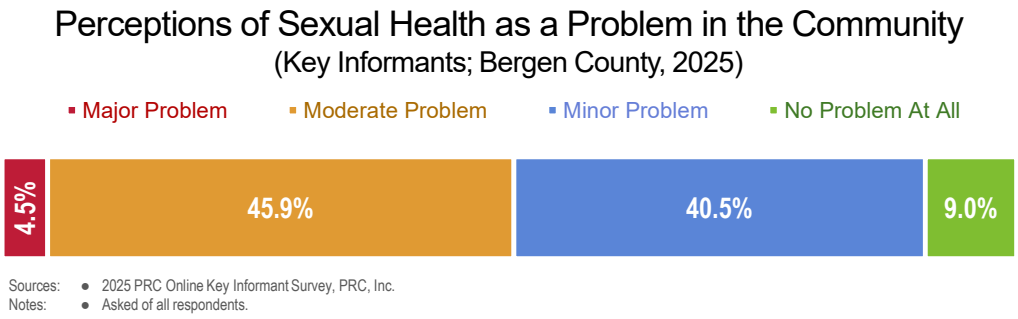
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2022)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

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



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

Awareness/Education

> Sexual Health should be addressed as part of the high school programs and how to prevent getting these diseases. – Social Services Provider

Prevention/Screenings

> No interest from major hospitals in this area. No preventive measures available. – Physician

Incidence/Prevalence

> STDs are on the rise. – Public Health Representative

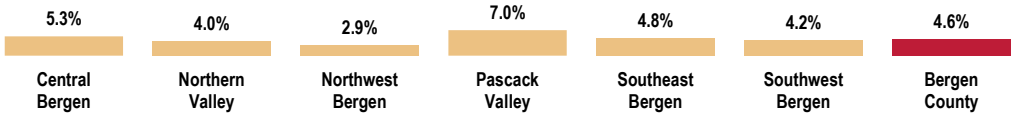
GAMBLING

Here, gambling was described as betting money or possessions on: casino games, including slot machines and table games; the lottery, including scratch tickets, pull tabs, and lotto; sports betting; internet gambling; bingo; or any other type of wagering.

Among Bergen County adults, 4.6% report that gambling (their own or someone else's) has caused problems in their work, family, or personal life within the past 12 months.

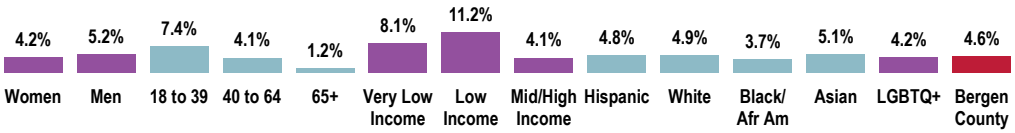
DISPARITY ► Lowest in Northwest Bergen. More often reported among younger adults and those living at lower income levels.

Negatively Affected by Gambling (by Self or Someone Else) in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Asked of all respondents.
• For this issue, gambling refers to betting money or possessions on any of these activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and lotto); sports betting; internet gambling; bingo; or any other type of wagering.

Negatively Affected by Gambling (by Self or Someone Else) in the Past Year (Bergen County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 315]
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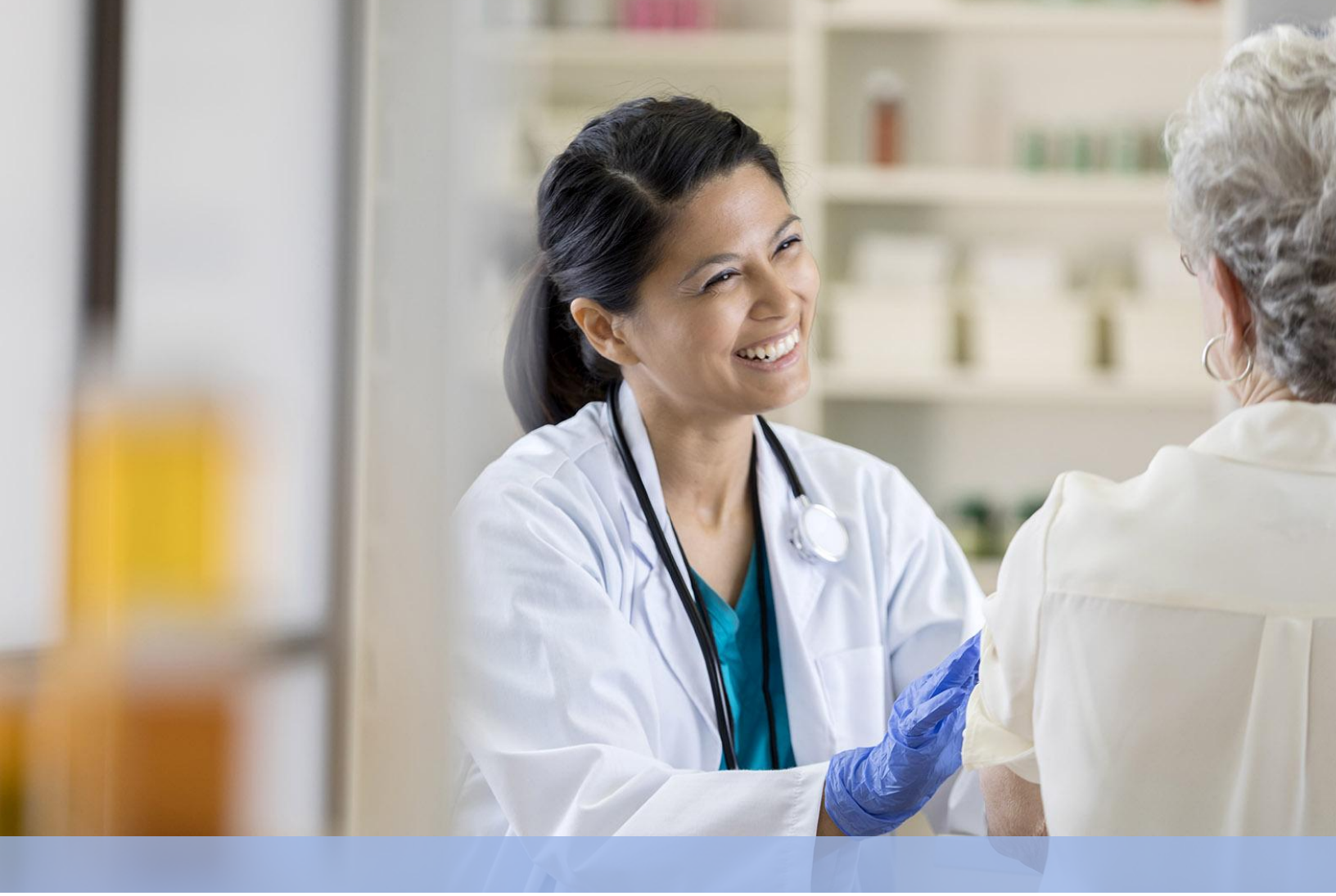


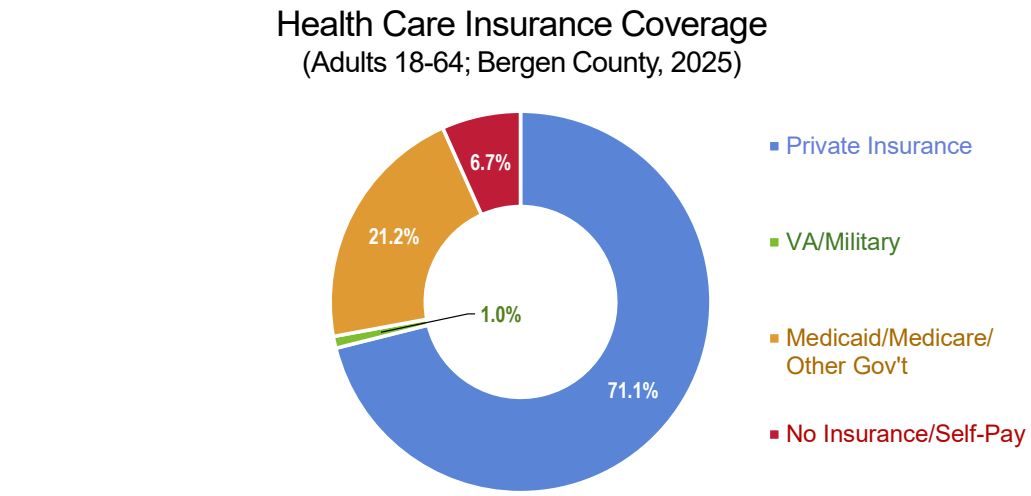
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 71.1% of Bergen County adults age 18 to 64 report having health care coverage through private insurance. Another 22.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 6.7% report having no insurance coverage for health care expenses.

BENCHMARK ► Lower than found across New Jersey.

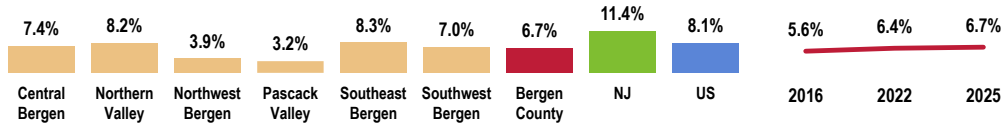
DISPARITY ► Lowest in Northwest Bergen and Pascack Valley. Those more likely to report being without insurance coverage include adults age 18 to 39, those with lower incomes, Hispanic residents, and Black/African American residents.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

Bergen County



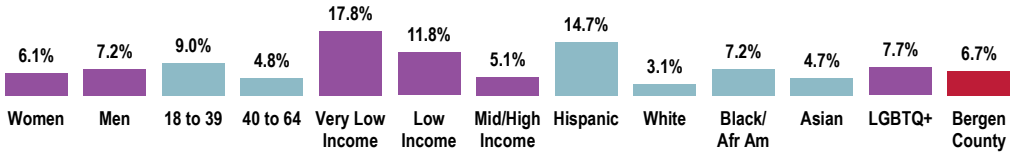
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Bergen County, 2025)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Difficulties Accessing Services

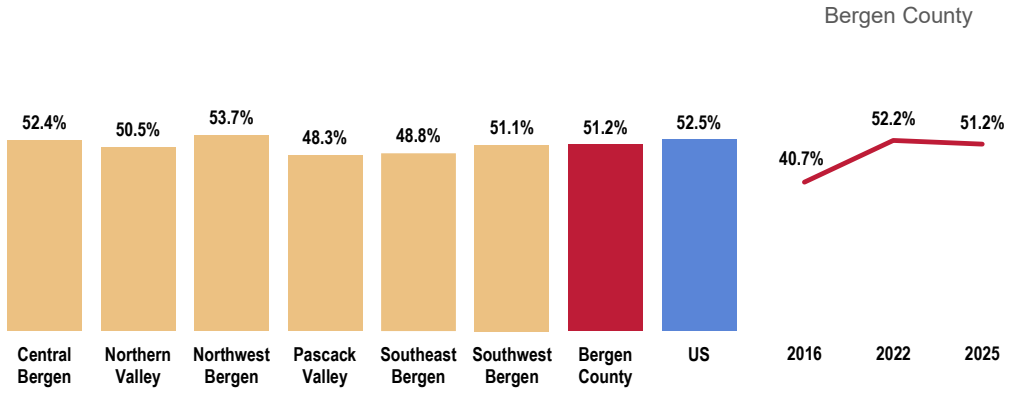
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

More than one-half (51.2%) of Bergen County adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► Represents a significant increase from the 2016 baseline.

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

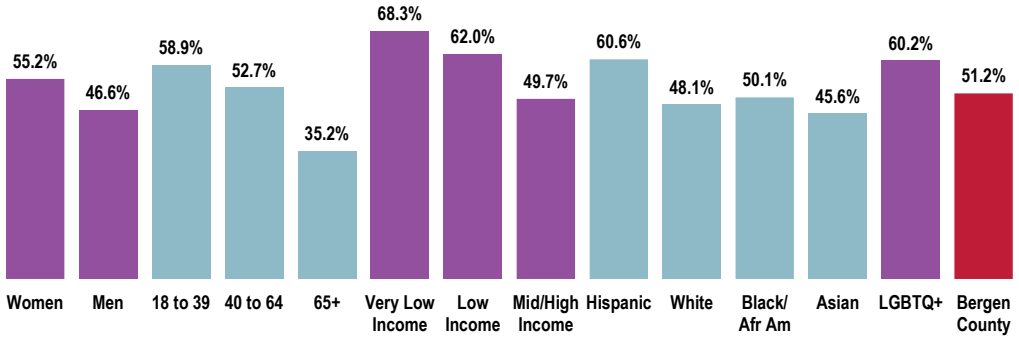
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability and office hours impacted the greatest shares of Bergen County adults.

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

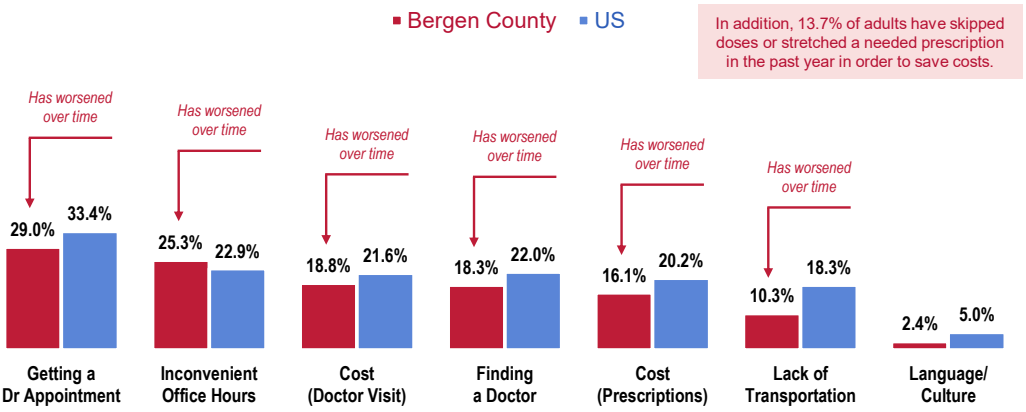
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► Five of the seven tested barriers are less prevalent in Bergen County than across the US: **appointment availability**, **finding a physician**, **cost of prescriptions**, lack of **transportation**, and **language/culture**.

TREND ► Difficulty with six barriers has increased (worsened) since the baseline 2016 survey: **appointment availability**, **inconvenient office hours**, **cost of a doctor visit**, **finding a physician**, **cost of prescriptions**, and lack of **transportation**.

DISPARITY ► **Appointment availability** is more of a barrier in Northwest Bergen (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Accessing Health Care for Children

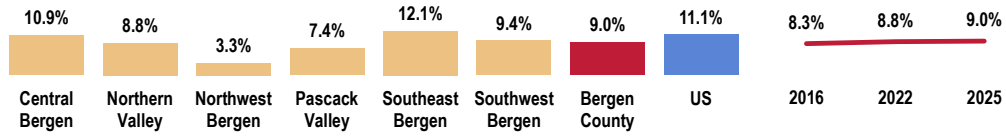
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 9.0% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

DISPARITY ► Lowest in Northwest Bergen.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

Bergen County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Post-Pandemic Health Care

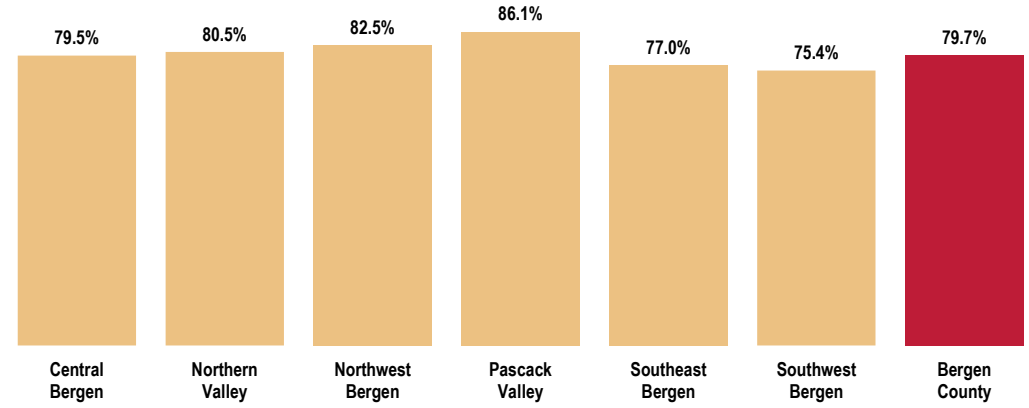
Return to Preventive Care

Preventive health care services include routine medical checkups, health screenings, and dental care.

Nearly 8 in 10 surveyed adults (79.7%) say they feel they are back on track for getting preventive health care services since the COVID-19 pandemic.

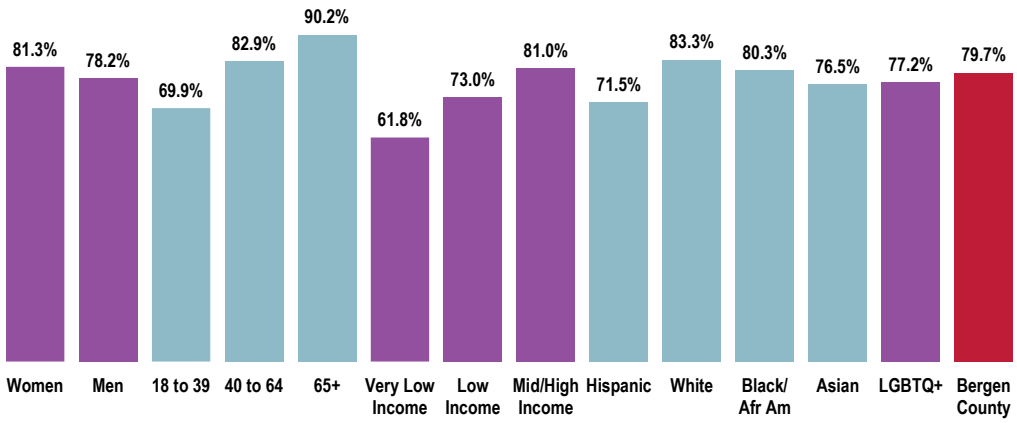
DISPARITY ► Highest in Pascack Valley. Less often reported among younger adults, those with lower incomes (especially those living below the federal poverty level), Hispanic residents, and Asian residents.

Feel "Back on Track" for Receiving Preventive Health Care After COVID-19 Pandemic



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
● Preventive health care defined for respondents as services like routine medical checkups, health screenings, and dental care.

Feel "Back on Track" for Receiving Preventive Health Care After COVID-19 Pandemic
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
● Preventive health care defined for respondents as services like routine medical checkups, health screenings, and dental care.

Experience of Adverse Health Effects from Care Disruption

Overall, 9.0% of Bergen County adults report that they have experienced adverse health effects as a result of missed or delayed health care during the COVID-19 pandemic.

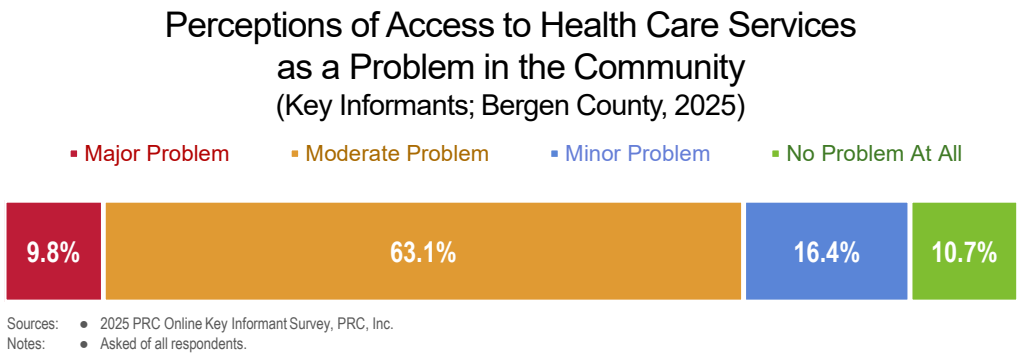
DISPARITY ► More often reported among younger adults, those with lower incomes, and Hispanic residents.

Have Experienced Adverse Health Effects from Missed/Delayed Medical Care During COVID-19 Pandemic
(Bergen County, 2025)

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.

Key Informant Input: Access to Health Care Services

The greatest share of key informants taking part in an online survey characterized *Access to Health Care Services* as a "moderate problem" in the community.



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

Affordable Care/Services

> Financial accessibility, even with insurance co-pays and deductibles are too expensive and burdensome on individuals and families. – Community Leader
>
> Cost. Discrimination to racial and financial minorities. Stigma of mental illness. Limited services for mental health. – Physician
>
> Affordability and location. – Social Services Provider
>
> High cost to see doctor and emergency for limited resource population. – Community Leader

Access to Care/Services

> As a community nurse, I deal with a lot of families who do not have access to the health system. Students with special needs are more vulnerable to get services like dental and get free visits to the ophthalmologist or the waiting list is too long. – Community Leader
>
> Getting an appointment when you need one, not being told next appointment is three weeks. That does not help when you are ill. – Community Leader
>
> Getting to see a primary care doctor or specialist within a reasonable timeframe. – Physician

Access to Care for Uninsured/Underinsured

> There is plenty of healthcare to be had in Bergen County, with five hospitals within the county's borders, and many more hospitals and doctors in NYC. There is a problem of access, though, for people who are uninsured or underinsured. For them, the ER is often the only option they have for care because of cost. – Community Leader
>
> Lack of insurance, limited funding for Charity Care programs. Most importantly, with the mass deportations, many families do not want to leave their homes unless it's only for work. – Public Health Representative

Affordable Insurance

> High cost of health insurance for middle class working population. – Health Care Provider
>
> Although it's an indirect issue, the cost of medical insurance including prescription drugs. People's budgets are being strained, and they should not have to choose between health care and other basic needs. – Community Leader

Focus on Prevention

> Focus on prevention and healthy lifestyles. Invest time and resources and access to folks who can teach the community and motivate. – Health Care Provider

Language Barrier

> Spanish speakers don't know where to find/understand where to find resources. – Health Care Provider

Awareness/Education

> Lack of awareness where they can receive care. – Community Leader

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

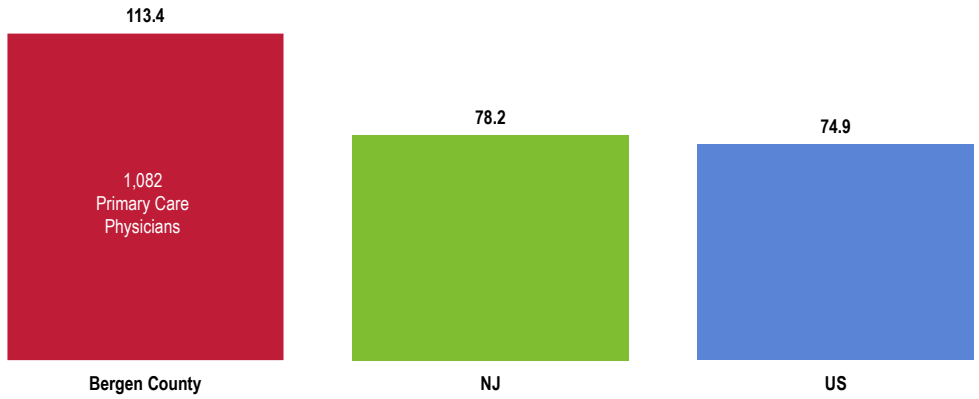
Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2021, there were 1,082 primary care physicians in Bergen County, translating to a rate of 113.4 primary care physicians per 100,000 population.

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

Number of Primary Care Physicians per 100,000 Population
(2021)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 68.9% of Bergen County adults were determined to have a specific source of ongoing medical care.

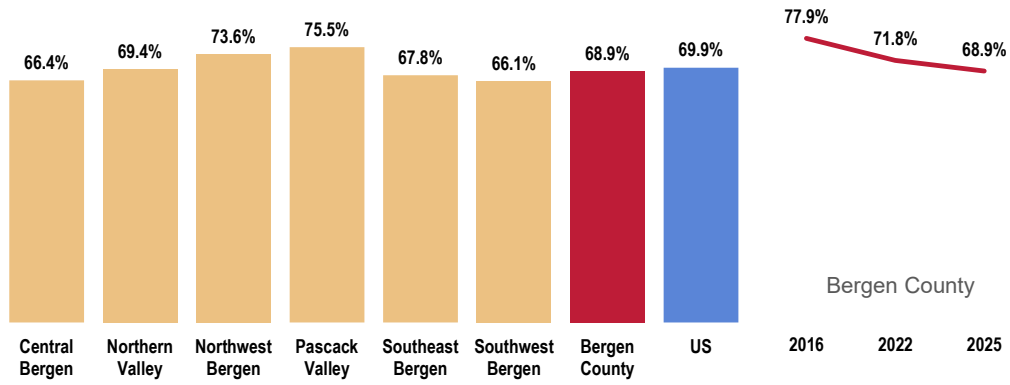
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant decline over time.

DISPARITY ► Highest in Northwest Bergen and Pascack Valley.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

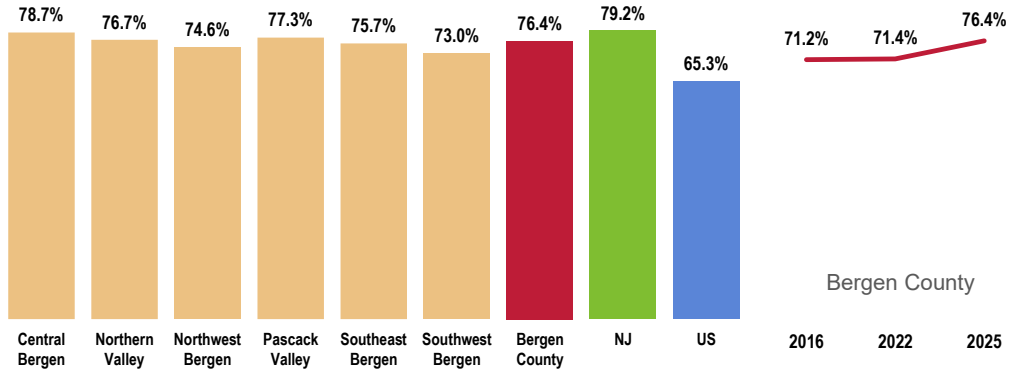
More than three-fourths of adults (76.4%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the New Jersey percentage but higher than the US percentage.

TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► Those less likely to report having a recent checkup include younger adults and Asian residents.

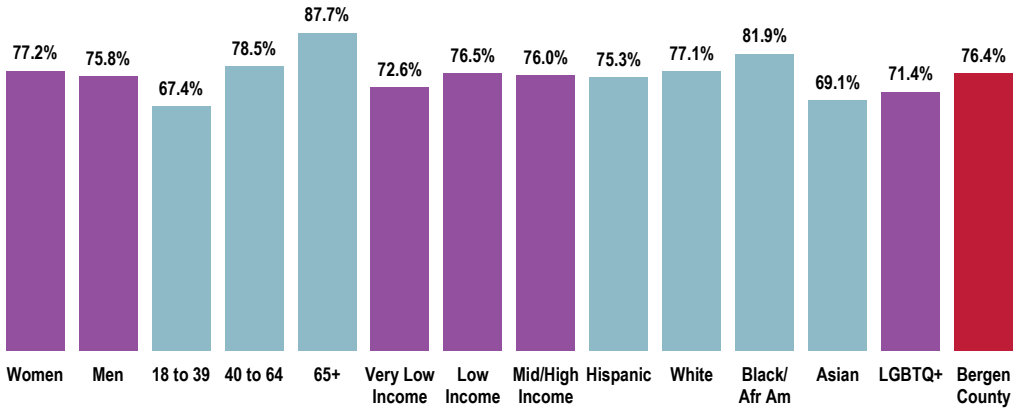
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Bergen County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]

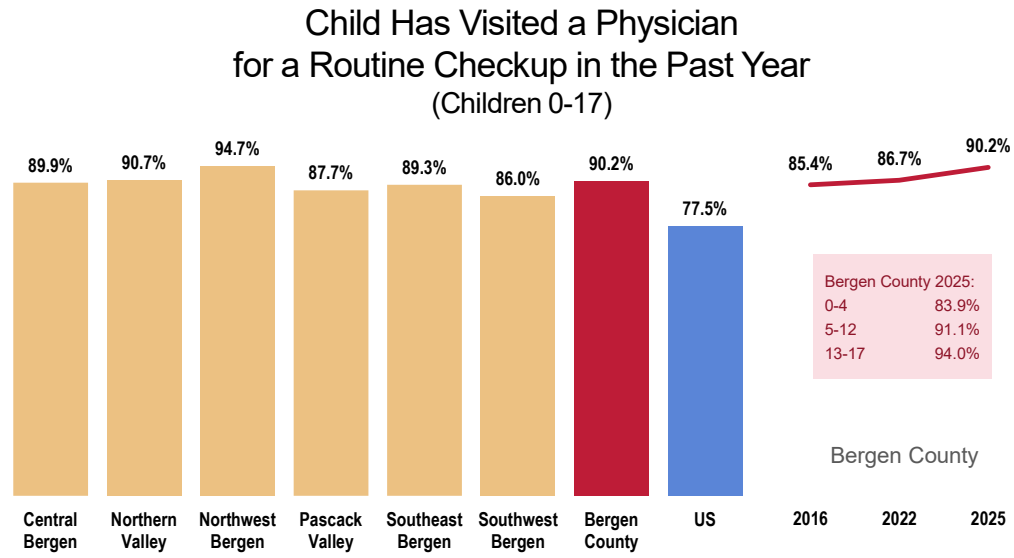
Notes:
- Asked of all respondents.

Children

Among surveyed parents, 90.2% report that their child has had a routine checkup in the past year.

BENCHMARK ► More favorable than the US finding.

DISPARITY ► Highest in Northwest Bergen. Lower among children age 0 to 4.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

A total of 11.2% of Bergen County adults have gone to a hospital emergency room more than once in the past year about their own health.

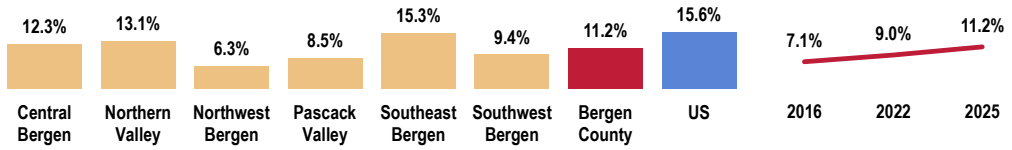
BENCHMARK ► Lower than the national finding.

TREND ► Trending significantly higher over time.

DISPARITY ► Highest in Southeast Bergen. More often reported among those with lower incomes, Hispanic residents, and Black/African American residents.

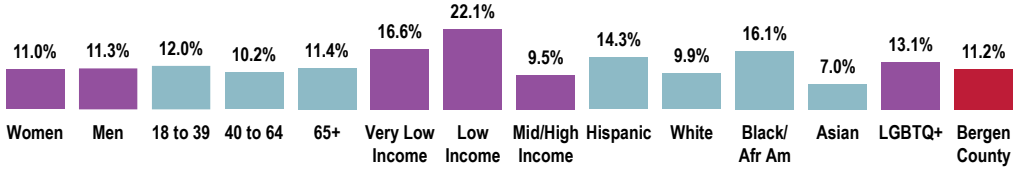
Have Used a Hospital Emergency Room More Than Once in the Past Year

Bergen County



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Bergen County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

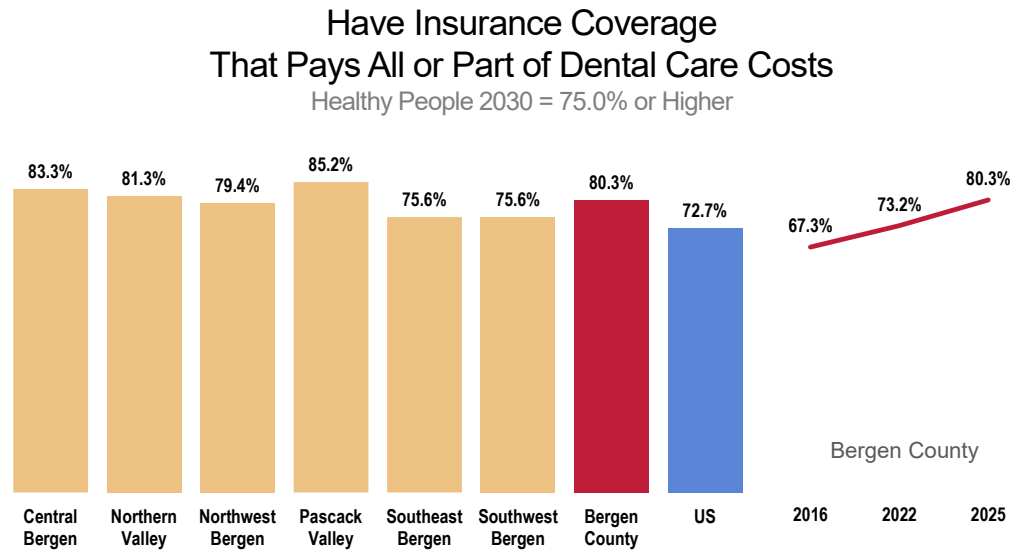
Dental Insurance

Eight in 10 Bergen County adults (80.3%) have dental insurance that covers all or part of their dental care costs.

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

TREND ► Rising significantly over time.

DISPARITY ► Lower in the southern parts of the county.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

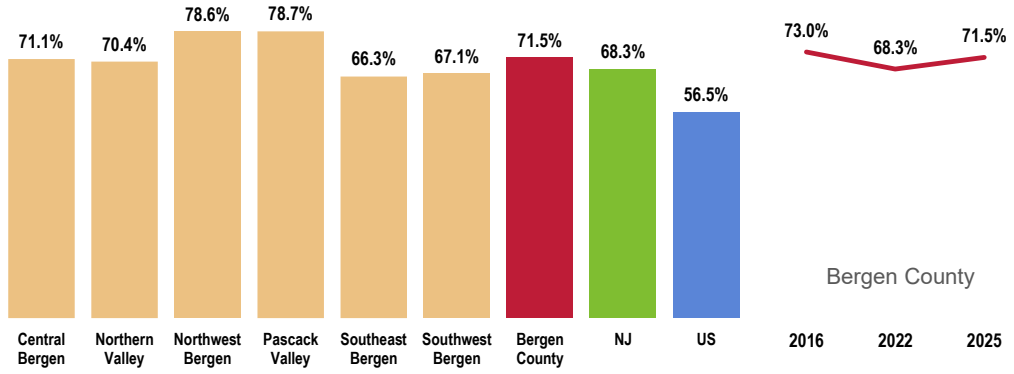
A total of 71.5% of Bergen County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► More favorable than found across New Jersey and the US. Satisfies the Healthy People 2030 objective.

DISPARITY ► Lowest in Southeast Bergen. Those less likely to report receiving recent dental care include men, younger adults, those with lower incomes (especially), Black/African American residents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



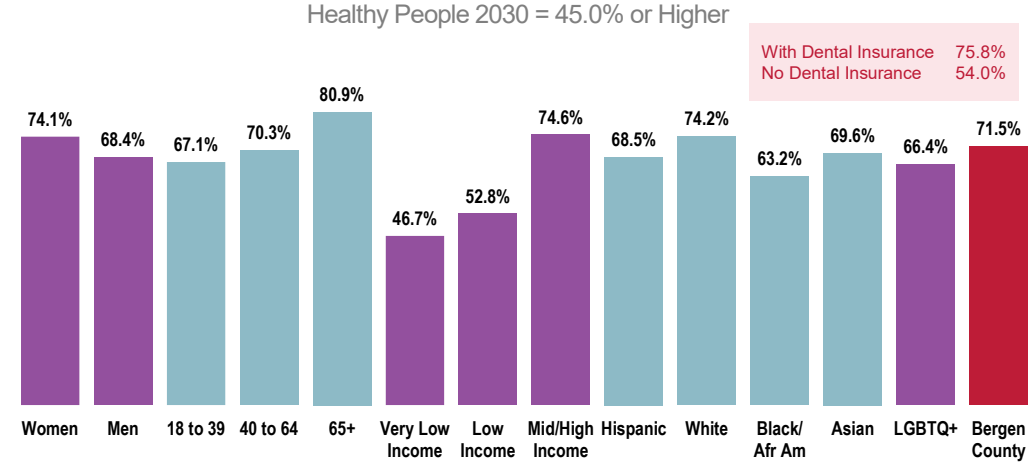
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New Jersey data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Bergen County, 2025)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

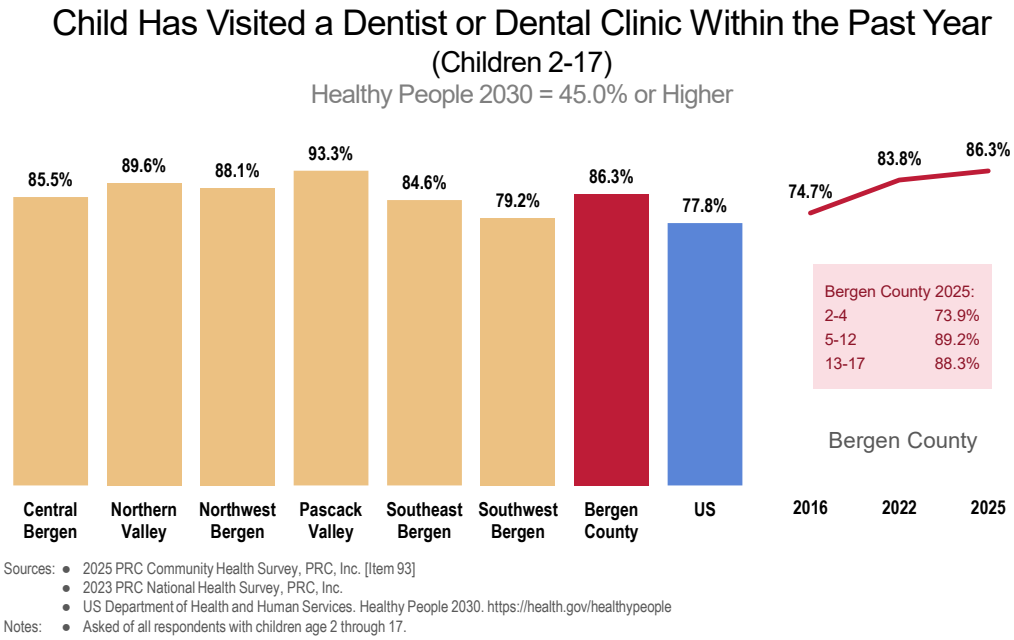
Children

A total of 86.3% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

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

TREND ► Trending significantly higher over time.

DISPARITY ► Highest in Pascack Valley. Lower among children age 2 to 4.

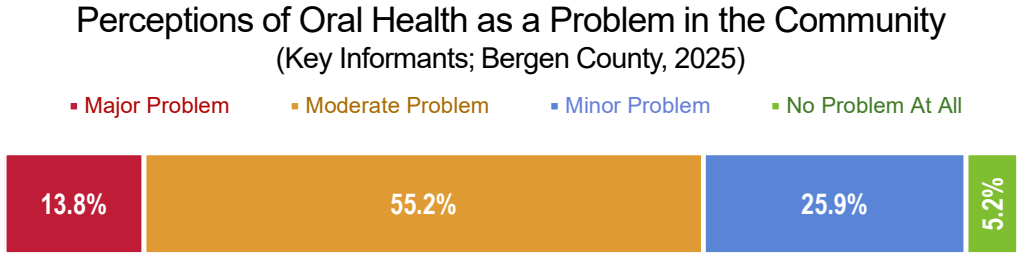


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

More than one-half of key informants taking part in an online survey characterized *Oral Health* as a "moderate problem" in the community.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Care for Uninsured/Underinsured

> Lack of dental insurance. – Community Leader
>
> Not all residents have dental health coverage which makes it too costly for them to get preventive and corrective care. – Public Health Representative

> Very few people, especially low-income, have dental insurance or the means to pay for care, so oral health is far down the list of priorities. Poor oral health is tied to poor medical outcomes. Access is a problem for those with low incomes. – Community Leader

Affordable Care/Services

> Cost and insurance covering minimum. – Community Leader
>
> For older adults, affordability. – Social Services Provider
>
> The cost is astronomical. A simple root canal is thousands of dollars... even if insured, 1 tooth can put someone in debt; that is only if you can find a dentist who will do it without payment up front. Oh yeah, and should we discuss implants? We all know the importance to oral health care and how it affects healthcare in general. The cosmetic side of dentistry is also essential in today's society where your employment can and is often based on physical appearance. – Social Services Provider

Access to Care/Services

> Access to dental care for children. – Health Care Provider
>
> Access to care, lack of insurance coverage. – Community Leader
>
> Not having access to healthcare. – Community Leader

Nutrition

> Food items, expensive dental services. – Community Leader
>
> Oral health is horrible due to lack of nutrition. – Social Services Provider

Awareness/Education

> I do believe this should be part of the high school programs and students should be taught hygiene in health classes. – Social Services Provider

VISION CARE

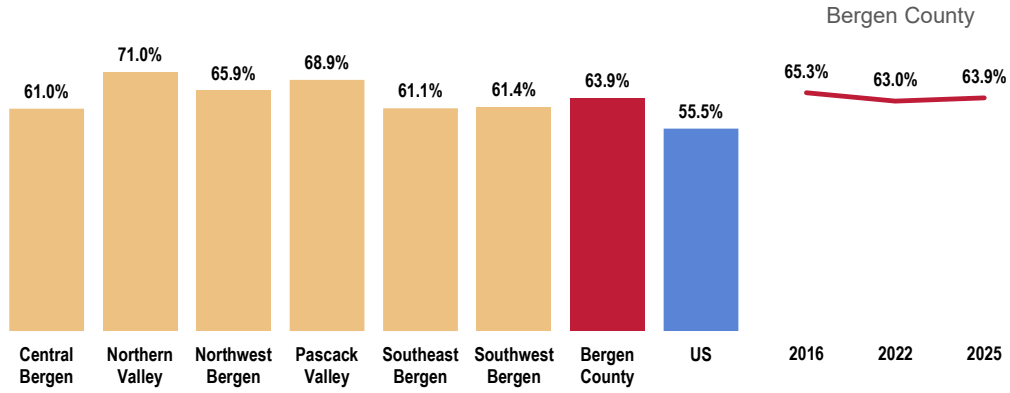
A total of 63.9% of Bergen County residents had an eye exam in the past two years during which their pupils were dilated.

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

DISPARITY ► Highest in Northern Valley. Those less likely to report receiving recent vision care include younger adults, those living below the federal poverty level, Black/African American residents, and LGBTQ+ respondents.

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

Healthy People 2030 = 57.4% or Higher



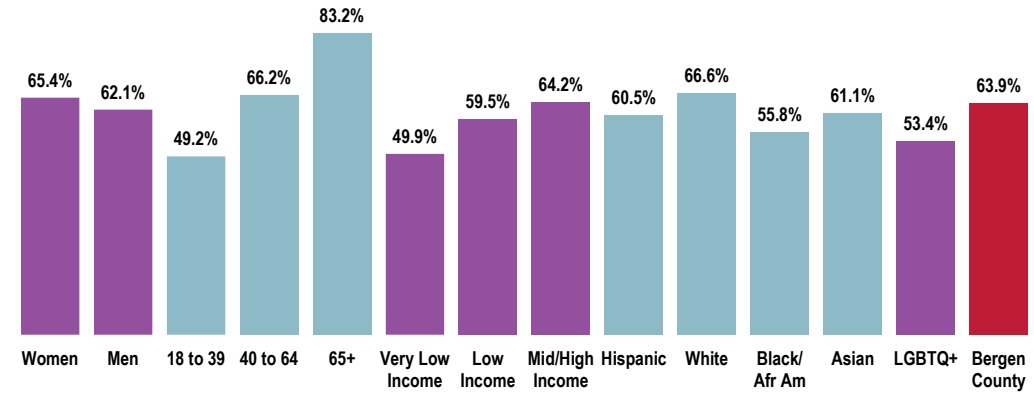
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 301]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

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

(Bergen County, 2025)

Healthy People 2030 = 57.4% or Higher



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 301]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

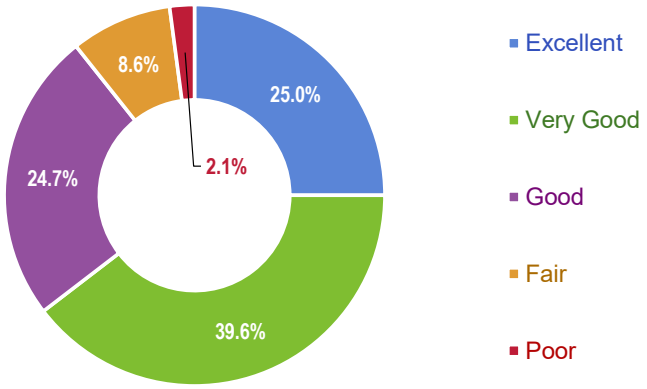
Notes:
- Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Bergen County adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Bergen County, 2025)

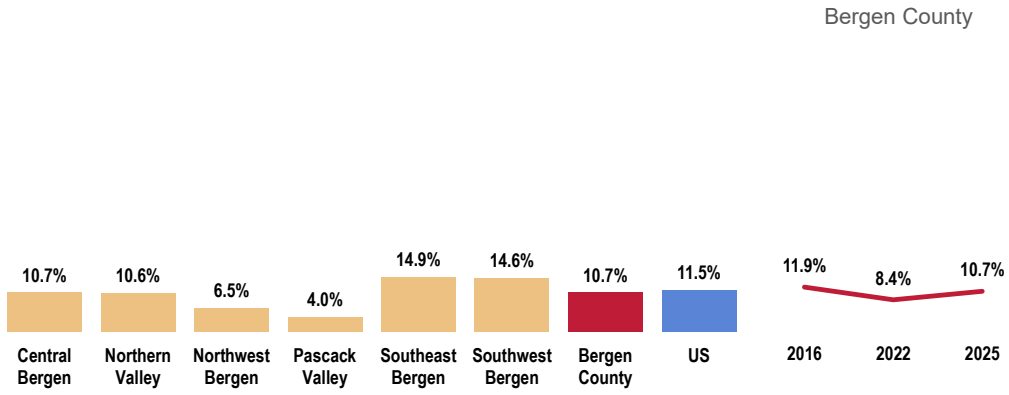


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 10.7% of residents characterize local health care services as "fair" or "poor."

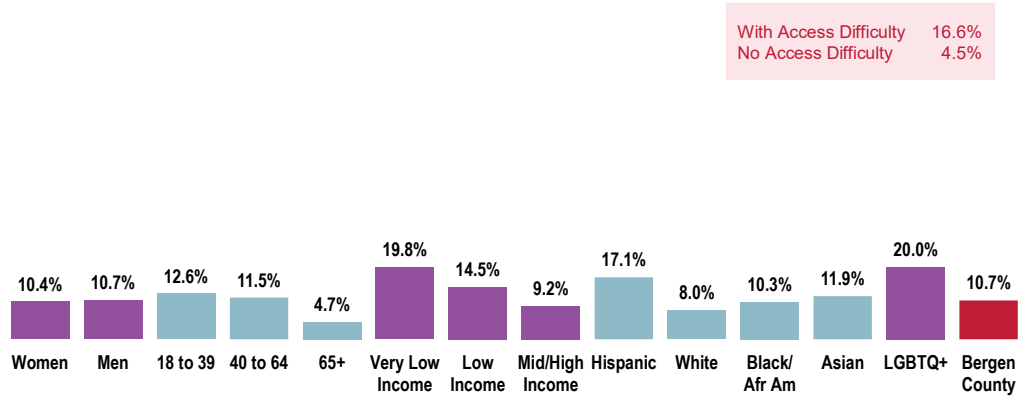
DISPARITY ► Highest in Southeast Bergen. Adults younger than age 65, those living below the federal poverty level, Hispanic residents, LGBTQ+ respondents, and those with difficulty accessing services are more critical of local services.

Perceive Local Health Care Services as "Fair/Poor"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Bergen County, 2025)

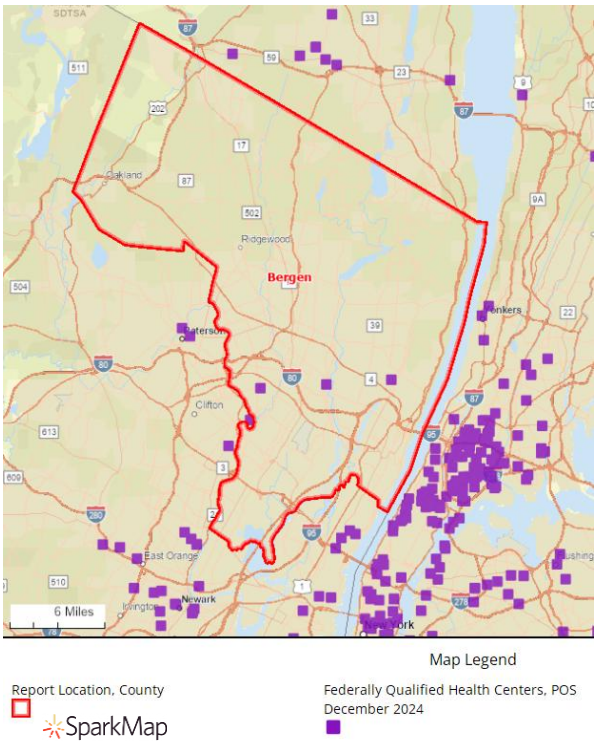


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Bergen County as of December 2024.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Bergen Volunteer Medical Initiative
- Bergen's Promise
- Earl Wheaton Family Care Center
- Englewood Health
- Hackensack Health Department
- Hackensack Meridian
- Holy Name Hospital
- Hospitals
- Little Ferry Family Success Center
- Neighbor Plus
- North Hudson Community Action
- Urgent Care Facilities
- YMCA/YWCA

Cancer

- Cancer Centers
- CancerCare
- Cancer Education and Early Detection Program
- Chemotherapy and Radiation
- Chilton Hospital
- Churches
- Community Focus on Prevention/Healthy Lifestyles
- Community Support Groups
- Community-Based Health Centers
- Doctors' Offices
- Elmwood Park Homeowners Association
- Englewood Health
- Englewood Hospital
- Faith-Based Organizations
- Federally Qualified Health Center
- Hackensack Hospital
- Hackensack Medical Health Network
- Hackensack Meridian
- Hackensack Meridian Health-John Theurer Cancer Center
- Health Screening Vans
- Health Screenings
- Holy Name Hospital
- Hospice Care
- Hospitals
- JayFund
- Library
- Media
- Memorial Sloan
- Mental Health Resources
- MSK Satellite
- New Jersey Cancer Education
- Pain Management
- Personal Meeting
- Regional Cancer Care Associates
- Sloan Kettering
- Tomorrows Children's Fund
- Town Hall
- Town Van
- Valley - Mount Sinai Comprehensive Cancer Care
- Valley Health Community Benefit Department
- Valley Health Robert and Audrey Luckow Pavilion
- Valley Hospital System

Diabetes

- 24 Hour Glucose Monitoring
- Bergen County Department of Health Services
- Bergen County Support Center
- Bergen Family Center
- Bergen New Bridge Medical Center
- Bergen Volunteer Medical Initiative
- Center for Diabetes Ridgewood
- Chilton Hospital
- Churches
- Community Chest
- Community-Based Education Programs
- Community-Based Health Centers
- Community-Based Organizations
- Diabetes Association
- Diabetes Foundation
- Diabetes Prevention Programs
- Dietitians
- Discount Grocery Stores
- Doctors' Offices

- Englewood Diabetes Center
- Englewood Health
- Englewood Health Department
- Englewood Hospital
- Farmers' Markets
- Federally Qualified Health Center
- Food Bank/Food Pantry
- Fresh Food Markets
- Hackensack Diabetes Center
- Hackensack Hospital
- Handouts
- Health Care Facilities
- Health Screening Vans
- Holy Name Hospital
- Hospital Zooms
- Hospitals
- Live Well Center
- ManKave Black Men's Health Fair
- Medication Assistance Programs
- Medication Management
- Molly Diabetes Education and Management Center
- NAACP
- North Hudson Community Action
- Nurse Teaching
- Nutrition Centers
- Nutritionists
- Pharmacy
- Shelter
- Shirvan Family Live Well Center
- ShopRite
- Social Services
- Transportation Options
- Urgent Care Facilities
- Valley Health Community Benefit Department
- Valley Home Care
- Valley Hospital System
- Women, Infants and Children
- YMCA/YWCA

Disabling Conditions

- AARP
- Access Transport
- ADA Organizations
- Adler Aphasia Center
- Alzheimer's Association
- Bergen County Transportation
- Bergen Family Center
- Bright Side Family
- Children's Aid and Family Services
- Churches
- Community-Based Education Programs
- Community-Based Organizations
- Day Programs for Mentally Ill/Substance Misusers
- Dispatch Health
- Doctors' Offices
- Elevators
- Englewood Health Department
- Federally Qualified Health Center
- Hackensack Hospital
- Hackensack Meridian
- Hackensack University Medical Center
- Health Screenings
- Heightened Independence and Program Center
- High Focus
- Holy Name Day Away Program
- Holy Name Hospital
- Hospitals
- Leonia Senior and Rec Center
- Lifetime Fitness
- Local Boards of Health
- Long-Term Care Facilities
- Meals on Wheels
- Northwest Bergen Regional Health Commission
- Office for Disabled
- Online Government Resources/Programs
- Physical Therapy
- Private Dementia Care Facilities
- Private Hearing Aid Dealers
- Public Transportation
- Rebuilding Together
- Residential Facility
- Senior Centers
- Senior Citizen Programs
- Senior Transportation Services
- ShopRite
- Skilled Nursing Facilities
- Supportive/Neurocognitive Programs for Elderly
- Town Van
- Universities
- Urgent Care Facilities
- Valley Health Community Benefit Department
- Valley Hospital System
- Vocational Therapy
- Wheelchair Ramps
- Women, Infants and Children

Heart Disease & Stroke

- Bergen County Department of Health Services
- Bergen County Health Department
- Bergen New Bridge Medical Center

- Bergen Volunteer Medical Initiative
- Bilingual Services
- Blood Pressure Monitors
- Charity Care Clinics
- Chilton Hospital
- Community Fairs
- Community Outreach
- Community-Based Education Programs
- Community-Based Health Centers
- Congestive Heart Failure Clinic
- Doctors' Offices
- Educational Programs
- EMS Systems
- Englewood Health Department
- Englewood Hospital
- Federally Qualified Health Center
- Fitness Centers/Gyms
- Hackensack Hospital
- Hackensack Meridian
- Hackensack University Medical Center
- Health Care Facilities
- Heart Association
- Holy Name Hospital
- Hospitals
- Local Boards of Health
- Long-Term Care Facilities
- Medication Assistance Programs
- Mobile Clinics
- Northwest Bergen Regional Health Commission
- Online Multi-Language Information
- Parks and Recreation
- Physical Therapy
- Rehabs for Recovery
- Senior Citizen Programs
- Shirvan Family Live Well Center
- ShopRite
- Skilled Nursing Facilities
- Stroke Centers
- Urgent Care Facilities
- Valley Health Community Benefit Department
- Valley Hospital System
- Walking Groups
- Wellness Centers
- Women, Infants and Children
- YMCA/YWCA

Infant Health & Family Planning

- Baby Basics
- Bergen County Family Planning
- Bergen Volunteer Medical Initiative
- Birthright
- Community Outreach
- Community-Based Health Centers
- Doctors' Offices
- Englewood Hospital
- HAARP
- Hackensack Health Department
- Hackensack Meridian
- Holy Name Hospital
- Hospitals
- Lifenet
- Lighthouse
- Maternal Child Health
- New Hope Infant Resource Center
- North Hudson Community Action
- Planned Parenthood
- Shirvan Family Live Well Center
- Valley Hospital System

Injury & Violence

- 211
- Behavioral Health Services
- Bergen County Jail
- Center for Hope and Safety
- Charity Care Clinics
- Community Policing
- Community Safety Events
- Community-Based Programs for Shelter/Food
- County Resources
- Division of Child Protection and Permanency
- Hospitals
- Medical Care
- Neighborhood Watch
- Physical Therapy
- Police
- School System
- Self-Care

Mental Health

- 988
- Anti-Drug Programs
- Apps
- Arrive Together Initiative
- Behavioral Health Services
- Bergen County Department of Health Services
- Bergen County Division of Mental Health and Addiction
- Bergen Family Center
- Bergen New Bridge Medical Center
- Bergen Volunteer Medical Initiative
- Bergen's Promise
- Body Positive Works

- Bridgeway
- Buddies of NJ
- Care Plus
- Center for Alcohol and Drug Resources
- Children's Aid and Family Services
- Children's Mobile Crisis Response and Stabilization
- Christian Healthcare Center
- Collaborative Support Programs of New Jersey
- Community Mental Health Organizations
- Community Outreach
- Community Support Groups
- Community-Based Education Programs
- Community-Based Health Centers
- Community-Based Programs for Shelter/Food
- Comprehensive Behavioral Health Care
- Counseling
- Defining Moment Foundation
- Department of Community Affairs
- Division of Child Protection and Permanency
- Doctors' Offices
- Employee Assistance Programs
- Englewood Health
- Food Bank/Food Pantry
- Hackensack Hospital
- Hackensack University Medical Center
- Health Department
- High Focus
- Holy Name Hospital
- Home Health Visits
- Hospitals
- Insurance Companies
- Intensive Outpatient Treatment
- Library
- Lukin Center
- Medical Care
- Medicare
- Mental Health Association of New Jersey
- Mental Health Center
- Mental Health Literacy
- National Alliance on Mental Illness
- National Institute of Mental Health
- New Jersey Help Lines
- North Hudson
- Pascack Mental Health Center
- Perform Care
- Pines Bergen Health
- Police
- Private Mental Health Services
- Project Hope
- Ridgewood Community Center
- School System
- Sober Living
- Spring House for Women
- Substance Use Treatment/Partial Program
- Supreme Consultants
- Team Management 2K
- Telehealth Services
- The Counseling Center at Fair Lawn
- Town Hall
- Valley Health Community Benefit Department
- Valley Hospital System
- Valley Psychiatry
- Vantage Health
- Virtual Therapy Providers
- Wellspring
- West Bergen Mental Health
- Westwood Walk-In Center

Nutrition, Physical Activity & Weight

- Bergen County Health Department
- Bergen Family Center
- Bergen Volunteer Medical Initiative
- Center for Food Action
- Children's Health Insurance Program
- Dietitians
- Doctors' Offices
- Englewood Health
- Englewood Health Department
- Englewood Hospital
- Faith-Based Organizations
- Federally Qualified Health Center
- Fitness Centers/Gyms
- Food Bank/Food Pantry
- Hackensack Hospital
- Health Department
- HealthBarn
- Holy Name Hospital
- Hospitals
- Lifetime Fitness
- Live Well Center
- Nonprofits
- North Hudson Community Action
- Nutrition Centers
- Nutritionists
- Parks and Recreation
- Pilates Programs
- Rodda Center
- Safe/Well Lit Place to Walk
- School System
- Shirvan Family Live Well Center
- ShopRite
- Telehealth Services
- Town or Country Free Exercise Classes

Valley Health Community Benefit Department
Valley Hospital System
Wellness Events
YMCA/YWCA

Oral Health

Bergen Community College
Board of Education Dental Health Program
Community Support Groups
Dental Offices
Federally Qualified Health Center
Hackensack Meridian
Hackensack University Medical Center
Health Screenings
Hospitals
North Hudson Community Action
School System

Respiratory Diseases

American Lung Association
Bergen County Health Department
Bergen New Bridge Medical Center
Community Outreach
Community-Based Education Programs
Doctors' Offices
Englewood Health
Englewood Hospital
Hackensack Hospital
Hackensack Meridian
Hackensack University Medical Center
Holy Name Hospital
Hospitals
Pulmonary Rehab
Quit Centers
Smoke Enders
Stop Smoking Resources
Valley Hospital System
Walgreens

Sexual Health

Doctors' Offices

Social Determinants of Health

211
Behavioral Health Services
Bergen Community College
Bergen County Center for Food Action
Bergen County Community Action
Bergen County Department of Health Services
Bergen County Department of Human Services
Bergen County Department of Social Services
Bergen County Division of Senior Services
Bergen County Housing Authority
Bergen Family Center
Bergen New Bridge Medical Center
Bergen Volunteer Medical Initiative
Board of Social Services
Breast Cancer Center
Bright Side Family
Cancer Education and Early Detection Program
Center for Food Action
Children's Aid and Family Services
Children's Health Insurance Program
Community Chest
Community Development Block Grants
Community Health Nurses
Community-Based Organizations
Education Through Science-Based Programs
Englewood Health
Environmental Programs
Fair Housing
Faith-Based Organizations
Family Promise
Family Support Organization
Federally Qualified Health Center
Food Bank/Food Pantry
Greater Bergen Community Action
Hackensack Hospital
Health and Human Services Center
Health Department
Hearts
HHH Center
Hospitals
Housing
In the Meantime
Jewish Family and Children's Services of Northern NJ
Library
Lighthouse
Making-It-Home
Media
Medical Care
Medicare
Metro Community Center
NAACP
Parks and Recreation
Police
Quit Centers
School System
Social Services

- State/County Senior Services Department
- Town Boroughs
- Transition Professionals
- Valley Hospital System
- Women, Infants and Children
- Women's Right Information Center
- YMCA/YWCA

Substance Use

- AA/NA
- Absolute Awakenings
- Behavioral Health Services
- Bergen County Adolescent Substance Misuse Program
- Bergen County Department of Health Services
- Bergen County Prosecutor's Office
- Bergen New Bridge Medical Center
- Black Poster Project
- Buddies of NJ
- Care Plus
- Center for Alcohol and Drug Resources
- Children's Aid and Family Services
- ChoicePoint
- Community-Based Organizations
- Court House
- Defining Moment Foundation
- Englewood Health
- Eva's Village
- Evergreen
- Faith-Based Organizations
- Hackensack Hospital
- High Focus
- Holy Name Hospital
- Hospitals
- Inpatient Rehab
- Inpatient Unit for Substance Misuse
- Integrity House
- Intensive Outpatient Treatment
- Medical Care
- Narcan
- Police
- Ridgewood Community Center
- School System
- Social Services
- Spring House for Women
- Stop Smoking Resources
- Team Management 2K
- The Counseling Center at Fair Lawn
- Urgent Care Facilities
- Vantage Health
- West Bergen Mental Health

Tobacco Use

- Behavioral Health Services
- Bergen County Prevention Coalition
- Bergen New Bridge Medical Center
- Center for Alcohol and Drug Resources
- Community-Based Organizations
- County Resources
- Doctors' Offices
- Faith-Based Organizations
- Hackensack Meridian
- Health Department
- Holy Name Hospital
- Hospitals
- Medical Care
- New Jersey Help Lines
- Public Service Announcements
- Quit Centers
- Quitline
- School System
- State Resources
- Stop Smoking Resources
- Youth Tobacco Action Group

APPENDICES

APPENDIX I: PEER COUNTY COMPARISONS

For the purpose of peer comparison, select indicators are presented here for Bergen County and the neighboring counties of Hudson and Passaic counties in New Jersey and Rockland County in New York.

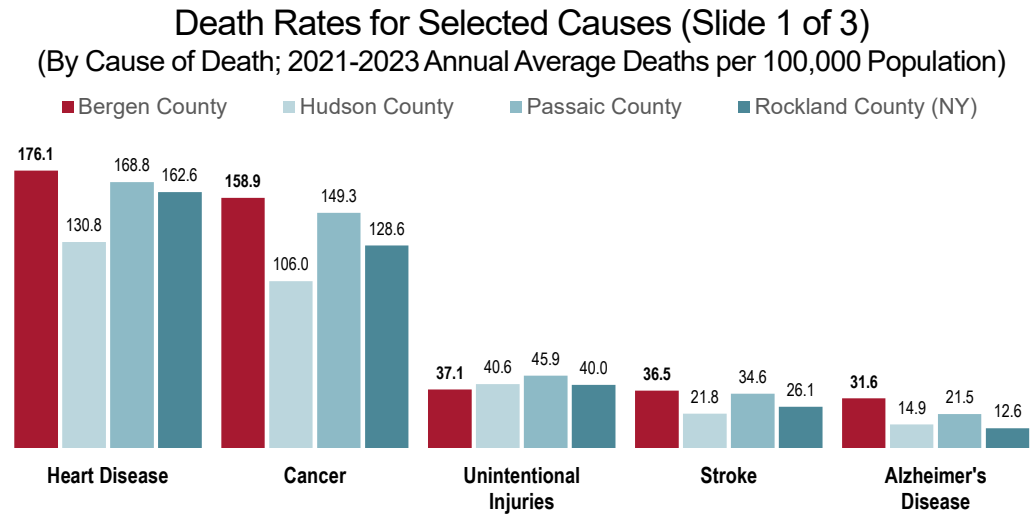
Selected Data Charts

In the descriptions that follow, Bergen County comparisons are made to the median values among the peer counties, identifying differences that exceed 15% as significant. In other words, a "favorable" comparison for Bergen County is one where the county value is at least 15% better than two or more of the three peer county values.

Mortality for Leading Causes

Bergen County mortality rates compare favorably to peer counties for unintentional drug-induced deaths, pneumonia/influenza, and homicide.

Bergen County mortality rates compare unfavorably to peer counties for stroke, Alzheimer's disease, and suicide.

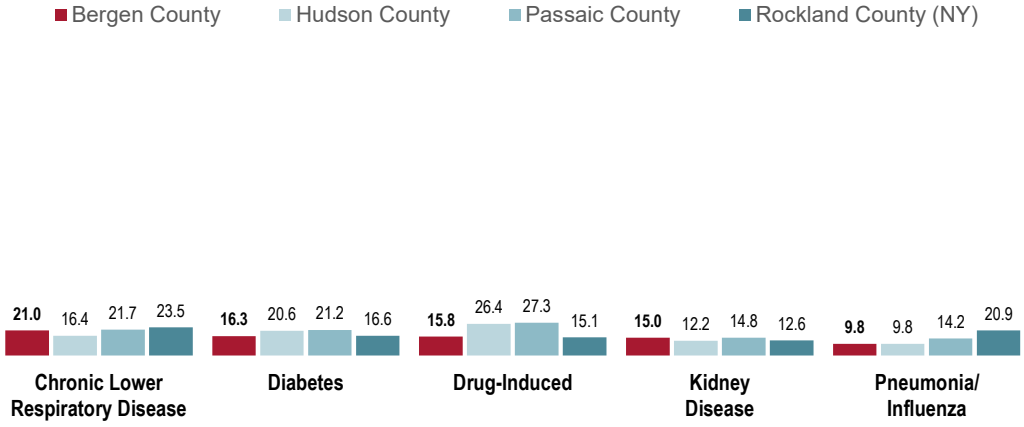


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Death Rates for Selected Causes (Slide 2 of 3)

(By Cause of Death; 2021-2023 Annual Average Deaths per 100,000 Population)

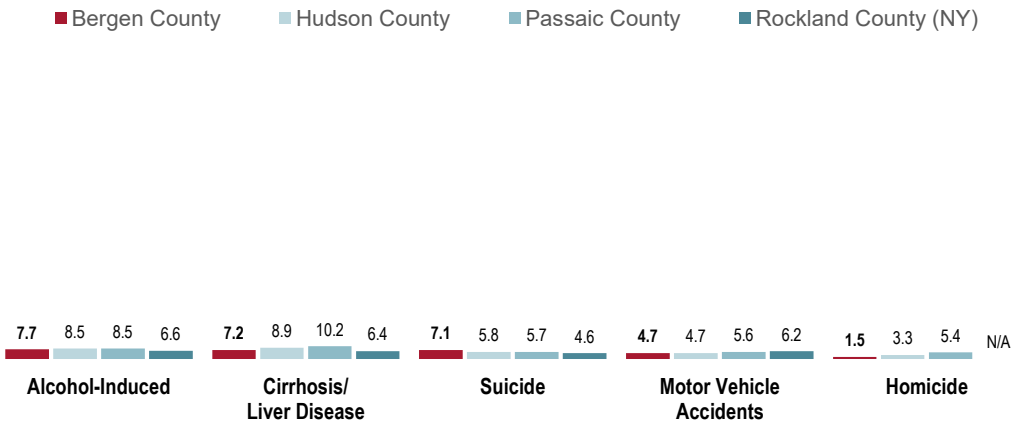


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

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.

Death Rates for Selected Causes (Slide 3 of 3)

(By Cause of Death; 2021-2023 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 February 2025.

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.

Cancer Deaths for Select Sites

The following table contains cancer mortality rates by site for Bergen County and the surrounding peer counties.

The Bergen County rate for prostate cancer mortality is less favorable than the median peer county rate.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Bergen County	Hudson County	Passaic County	Rockland County (NY)	Healthy People 2030
ALL CANCERS	**158.9**	106.0	149.3	128.6	122.7
Lung Cancer	**28.8**	20.1	26.6	27.3	25.1
Female Breast Cancer	**24.7**	18.4	23.6	22.0	15.3
Prostate Cancer	**15.6**	9.9	16.3	8.5	16.9
Colorectal Cancer	**14.9**	11.8	14.7	10.3	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030.

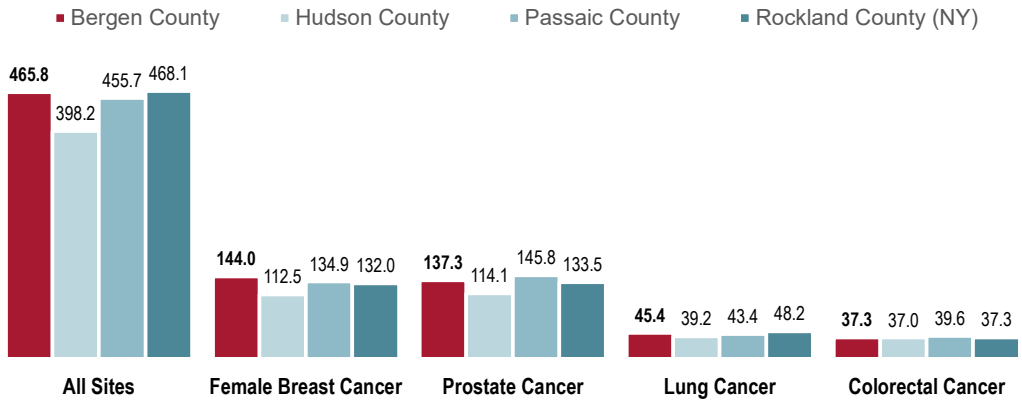
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

Cancer incidence rates, the number of newly diagnosed cases in a given population, for several cancer sites are shown below for Bergen County and its adjacent counties.

Bergen County rates are similar to the median peer county rates.

Cancer Incidence Rates by Site
(2016-2020)



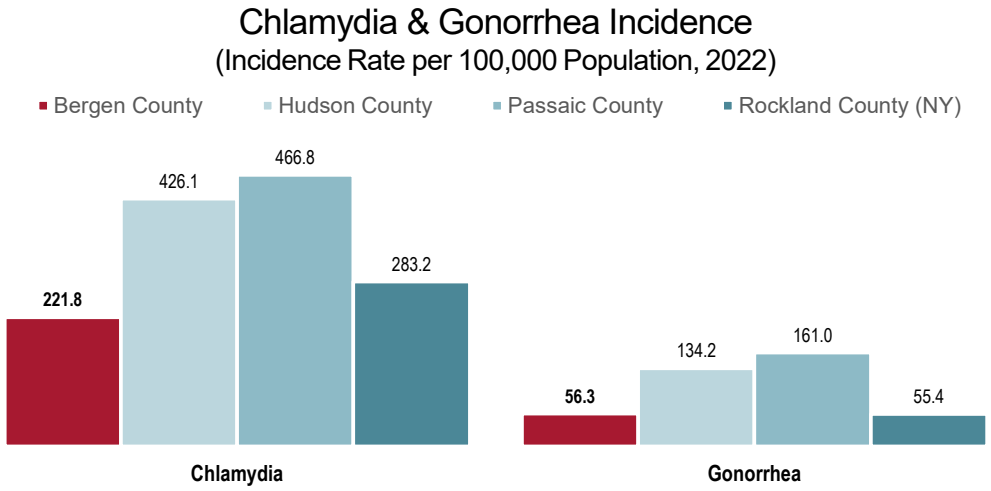
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Chlamydia & Gonorrhea

The next chart illustrates sexually transmitted disease incidence rates found in Bergen County, as well as the neighboring counties.

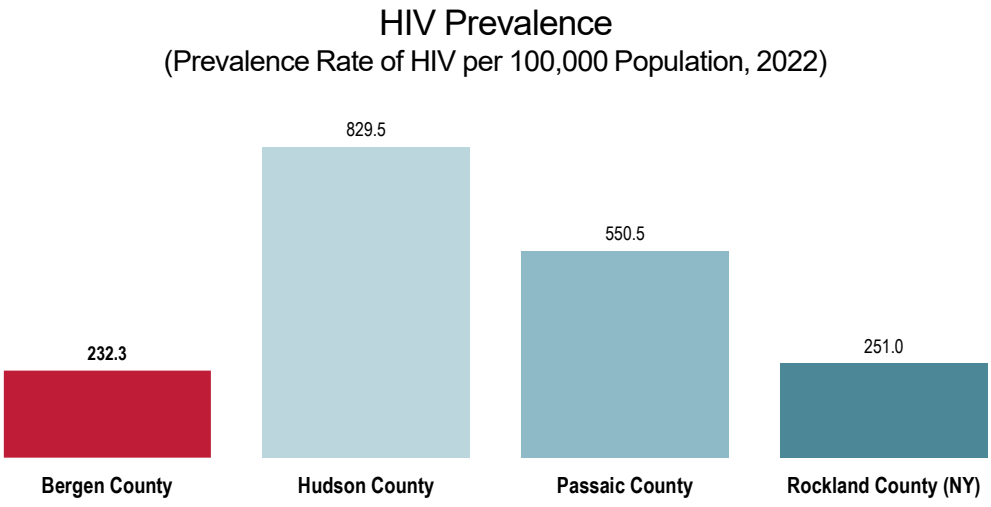
The incidence rates for both chlamydia and gonorrhea are significantly lower in Bergen County than the median values among peer counties.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

HIV Prevalence

The Bergen County HIV prevalence is lowest among the peer counties.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Summary Table of Comparisons

The following table provides an overview of secondary data indicators for Bergen County, as well as the neighboring peer counties. Comparisons among the four counties are provided, identifying differences for each as "better than" (☼), "worse than" (☂), or "similar to" (⛅) the median value among the other counties.

SOCIAL DETERMINANTS	Bergen County	Hudson County	Passaic County	Rockland County (NY)
	DISPARITY AMONG PEER COUNTIES			
Linguistically Isolated Population (Percent)	☼ 6.9	☂ 11.6	☂ 11.4	☼ 7.3
Population in Poverty (Percent)	☼ 6.7	⛅ 14.8	⛅ 13.7	⛅ 15.6
Children in Poverty (Percent)	☼ 7.5	⛅ 21.2	⛅ 20.8	☂ 25.4
No High School Diploma (Age 25+, Percent)	☼ 7.1	⛅ 12.1	☂ 14.9	⛅ 12.3
Unemployment Rate (Age 16+, Percent)	⛅ 3.5	⛅ 4.2	☂ 5.1	☼ 3.0
Population With Low Food Access (Percent)	☼ 10.3	☼ 0.7	☂ 15.2	☂ 27.7

Note: In the section above, each county is compared against the median value among opposing counties.

ACCESS TO HEALTH CARE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
	DISPARITY AMONG PEER COUNTIES			
Primary Care Doctors per 100,000	☼ 113.4	☂ 47.4	☂ 51.9	☼ 84.9

Note: In the section above, each county is compared against the median value among opposing counties.

CANCER	Bergen County	Hudson County	Passaic County	Rockland County (NY)
	DISPARITY AMONG PEER COUNTIES			
Cancer Deaths per 100,000	⛅ 158.9	☼ 106.0	⛅ 149.3	⛅ 128.6
Lung Cancer Deaths per 100,000	⛅ 28.8	☼ 20.1	⛅ 26.6	⛅ 27.3

DISPARITY AMONG PEER COUNTIES

CANCER (continued)	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Female Breast Cancer Deaths per 100,000	24.7	18.4	23.6	22.0
Prostate Cancer Deaths per 100,000	15.6	9.9	16.3	8.5
Colorectal Cancer Deaths per 100,000	14.9	11.8	14.7	10.3
Cancer Incidence per 100,000	465.8	398.2	455.7	468.1
Lung Cancer Incidence per 100,000	45.4	39.2	43.4	48.2
Female Breast Cancer Incidence per 100,000	144.0	112.5	134.9	132.0
Prostate Cancer Incidence per 100,000	137.3	114.1	145.8	133.5
Colorectal Cancer Incidence per 100,000	37.3	37.0	39.6	37.3

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

DIABETES	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Diabetes Deaths per 100,000	16.3	20.6	21.2	16.6
Kidney Disease Deaths per 100,000	15.0	12.2	14.8	12.6

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

DISABLING CONDITIONS	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Alzheimer's Disease Deaths per 100,000	31.6	14.9	21.5	12.6

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

HEART DISEASE & STROKE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Heart Disease Deaths per 100,000	176.1	130.8	168.8	162.6
Stroke Deaths per 100,000	36.5	21.8	34.6	26.1

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

INFANT HEALTH & FAMILY PLANNING	Bergen County	Hudson County	Passaic County	Rockland County (NY)
No Prenatal Care in First Trimester (Percent of Births)	15.2	23.2	25.2	21.8
Teen Births per 1,000 Females 15-19	3.2	14.2	16.9	11.4
Low Birthweight (Percent of Births)	7.5	8.3	8.8	5.8
Infant Deaths per 1,000 Births	3.2	6.6	8.6	8.0

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

INJURY & VIOLENCE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Unintentional Injury Deaths per 100,000	37.1	40.6	45.9	40.0
Motor Vehicle Crash Deaths per 100,000	4.7	4.7	5.6	6.2
Homicide Deaths per 100,000	1.5	3.3	5.4	

Note: In the section above, each county is compared against the median value among opposing counties.

COMPARISON TO PEER COUNTIES

MENTAL HEALTH	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Suicide Deaths per 100,000	7.1	5.8	5.7	4.6
Mental Health Providers per 100,000	307.0	92.4	164.0	329.2

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Recreation/Fitness Facilities per 100,000	20.7	13.1	8.6	14.5

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

RESPIRATORY DISEASE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Lung Disease Deaths per 100,000	21.0	16.4	21.7	23.5
Pneumonia/Influenza Deaths per 100,000	9.8	9.8	14.2	20.9

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

SEXUAL HEALTH	Bergen County	Hudson County	Passaic County	Rockland County (NY)
HIV Prevalence per 100,000	232.3	829.5	550.5	251.0
Chlamydia Incidence per 100,000	221.8	426.1	466.8	283.2
Gonorrhea Incidence per 100,000	56.3	134.2	161.0	55.4

Note: In the section above, each county is compared against the median value among opposing counties.

DISPARITY AMONG PEER COUNTIES

SUBSTANCE USE	Bergen County	Hudson County	Passaic County	Rockland County (NY)
Alcohol-Induced Deaths per 100,000	7.7	8.5	8.5	6.6
Cirrhosis/Liver Disease Deaths per 100,000	7.2	8.9	10.2	6.4
Unintentional Drug-Induced Deaths per 100,000	15.8	26.4	27.3	15.1

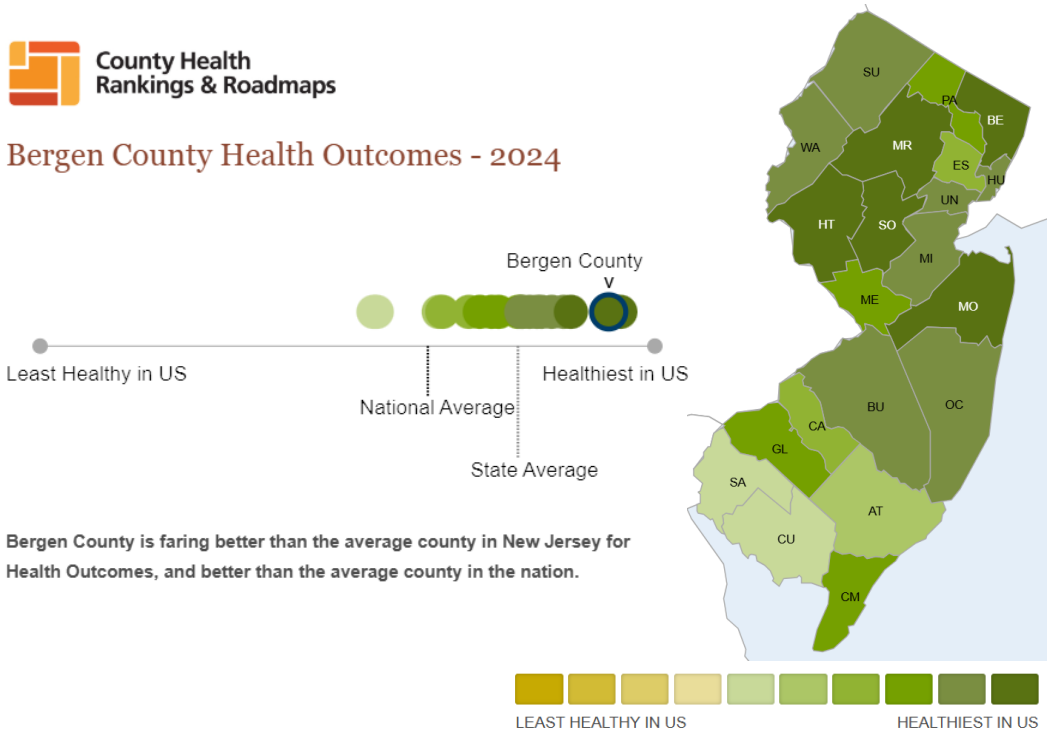
Note: In the section above, each county is compared against the median value among opposing counties.

County Health Rankings

County Health Rankings & Roadmaps (https://www.countyhealthrankings.org) measures the health of nearly all counties in the nation and ranks them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The following charts show health ranking for Bergen County in New Jersey.

Health Outcomes

For Overall Health Outcomes, Bergen County ranked as one of the healthiest counties in New Jersey and far exceeded the national county average.



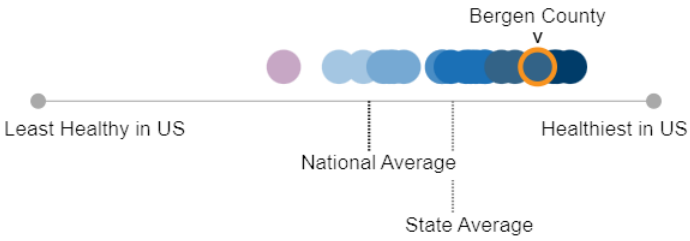
Health Factors

In regard to Health Factors Overall, Bergen County also outranked the average county in New Jersey and across the nation.

Listed in the chart below are Areas of Strength and Areas to Explore for Bergen County.

County Health Rankings & Roadmaps

Bergen County Health Factors - 2024



Bergen County is faring slightly better than the average county in New Jersey for Health Factors, and better than the average county in the nation.

AREAS OF STRENGTH

- Access to Exercise Opportunities
- Teen Births
- Uninsured
- Primary Care Physicians
- Dentists
- Preventable Hospital Stays
- High School Completion
- Some College
- Children in Poverty
- Injury Deaths
- Driving Alone to Work

AREAS TO EXPLORE

- Adult Smoking
- Income Inequality
- Air Pollution – Particulate Matter
- Severe Housing Problems

APPENDIX II: FOCUS GROUP & KEY INFORMANT INTERVIEW FINDINGS

Methods

Including the voices of residents, community leaders, and health and social services providers in our community enriches our understanding of statistical data, revealing insights into the gaps in care that individuals face and how service providers can collaborate to address these issues. These conversations are essential for developing practical, localized solutions designed to improve the quality of life for everyone in Bergen County, New Jersey, as part of the CHNA process.

35th Street Consulting, a New Jersey-based, woman-owned business, has been hired by the Bergen County Community Health Improvement Partnership (CHIP) to conduct interviews with community leaders and facilitate focus groups comprising individuals from various backgrounds within Bergen County. In 2025, 35th Street Consulting conducted one-on-one interviews with fourteen community leaders and held nine focus groups, totaling 48 individuals. All interviewees and focus group participants were selected by members of Bergen County CHIP.

Aligned with best practices, 35th Street Consulting employs Community-Based Participatory Research (CBPR) methods to engage stakeholders and gather diverse perspectives, defining and solving challenges alongside the individuals who experience them. CBPR is a partnership approach to research that involves stakeholders, organizational representatives, and researchers in the research process and honors participants' expertise and input in co-developing solutions.

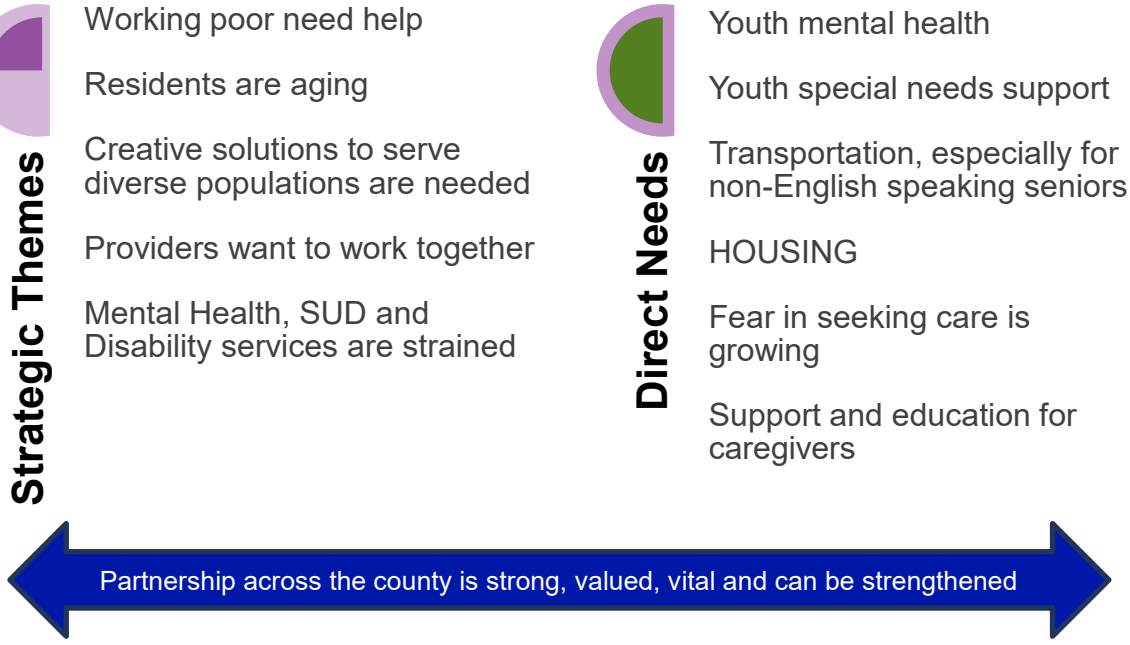
Key Informant Interviews

Incorporating viewpoints from various community leaders through one-on-one, in-depth conversations provides a broad and high-level community perspective on different segments of the population. In-depth interviews offer an opportunity to engage leaders from traditional partners, as well as hard-to-reach and historically underrepresented groups, at the beginning of the Community Health Needs Assessment (CHNA) process. This approach helps to gain insight into local strategic thinking and fosters connections with leaders from segments of the population where there is an interest in exploring solutions to address existing needs.

35th Street Consulting conducted fourteen interviews with selected strategic leaders identified by the Bergen County Community Health Improvement Partnership (CHIP) partners. These leaders represent a wide range of leadership expertise from across Bergen County. The one-on-one conversations proved invaluable for delving deeply into the experiences of different stakeholder groups, capturing unique perspectives, gathering input on priority needs, and generating recommendations for addressing issues at a systemic level.

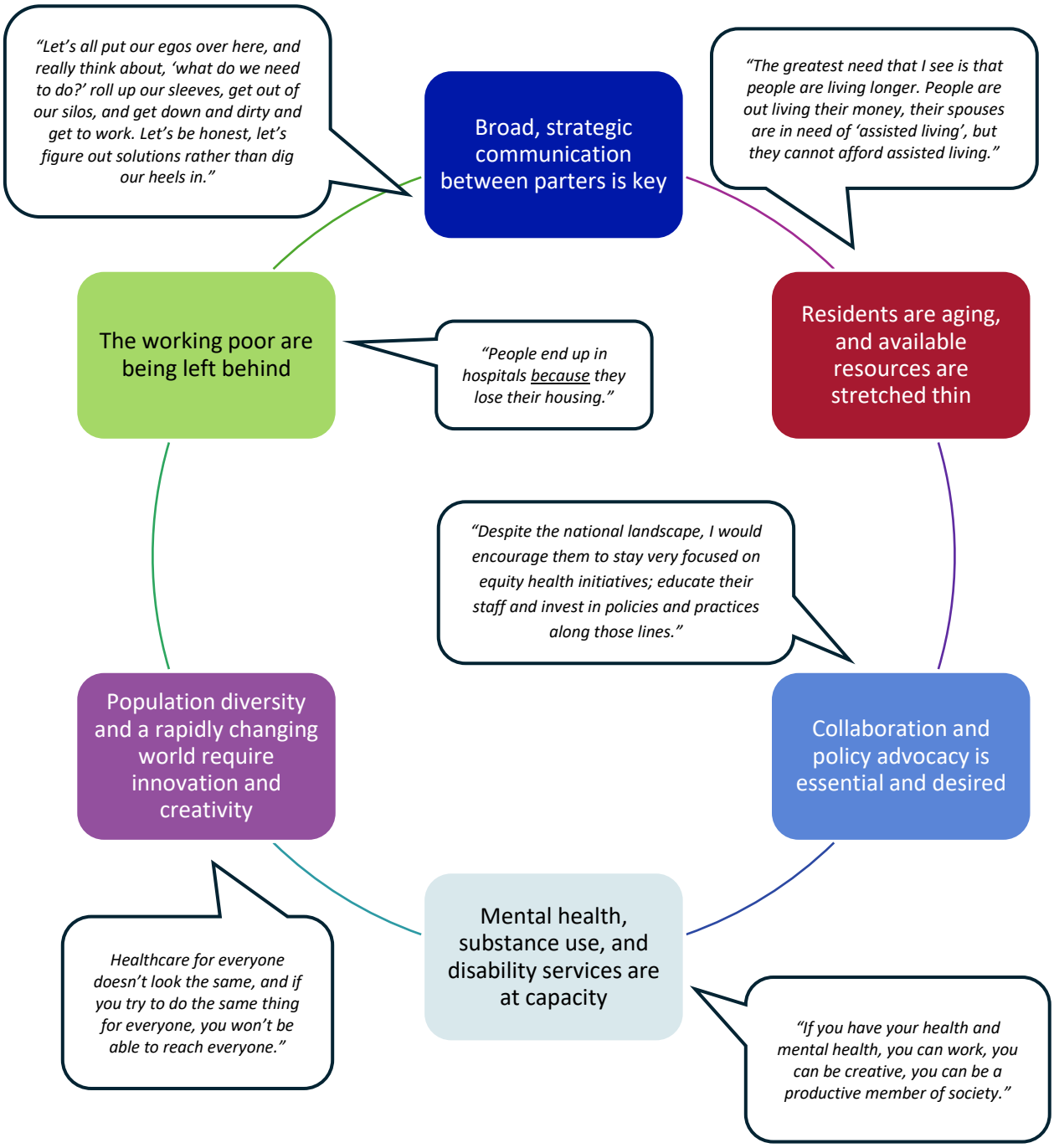
Key informants participated in one-hour interviews via Zoom with qualitative researchers from 35th Street Consulting between January and March 2025. The discussions focused on perceptions of community strengths and needs, as well as observations of emerging trends at the organizational, local, regional, state, and national levels. Respondents had the opportunity to share their priorities and concerns regarding their organizations and the communities they serve. Each interviewee was also asked to describe the actions and initiatives they would most like to support through their participation.

The analysis of the data from the interviews yielded both strategic themes and direct needs.



Key Informant Interview Summary

The following graphic details the sentiments and specific statements from the Key Informant Interviews.



Bergen County residents are aging, and resources are stretched thin

Many of the Key Informants who were interviewed expressed a wide range of concerns regarding the growing needs and numbers of older adults in Bergen County. These concerns included the high cost of living for older adults, as well as the high cost of living for caregivers and providers who serve older adults, which strains the availability of necessary resources. Bergen County is also home to a wide range of thriving immigrant communities, which adds additional challenges of language, culture, and eligibility for resources as well.

In your words: Resources for aging residents from Key Informant Interviews
"[Most pressing concerns] geriatric patients with psychiatric concerns [providing] supportive housing or long-term care with teams that properly assist them."
"[We] offered to go into people's homes to do home safety assessments. It's hard to connect with people who need those services because they're a little socially isolated, or they don't identify themselves as a person living with a disability, or just passively accept that these are 'normal' parts of aging."
"People are going to debt trying to pay for things, and not realizing that they qualify for services like SNAP."
"Connecting with parents of high schoolers who may have parents who are aging (the sandwich generation) or lunch and learns at big employers [to educate caregivers and potential caregivers]."
"Partnership with the high school where 4 students/year are selected as interns and learn about careers in aging – if you want a job guarantee, be led towards careers in aging."
"I would love to develop affordable communities that house both direct care workers and older adults, and incorporated on-site daycare program and arts programs, "a community within the community.' A lot of older adults don't want to see only older adults, a mixed-age community. [People in the community say, 'we don't want to be like NYC.' We have a lot of unused parking lots, that they're proposing turning to housing. Among progressives even, they're saying, 'but what if there's a snow emergency…where will we put our cars?' I'm saying, 'for one or two days a year, you want to stand in the way of affordable housing?'"
Senior citizens supportive employment program through Easter Seals – program "getting the axe"
"The greatest need that I see is people are living longer. People are outliving their money, their spouses are in need of 'assisted living' but they cannot afford assisted living."
"Every hospital is dealing the issue of our aging population with medical needs – we need to be looking at idea of multi-disciplinary complex care teams."
"People are car dependent and we have people who are driving cars who really shouldn't be driving still but there's so few public transit options. [We need] 'complete streets,' safer for pedestrians and bicyclists as well."
"Transportation [is one of the biggest barriers], especially in Bergen County [for Korean older adults]. They're limited because they're not able to drive, and they're not able to use county-provided services because they don't speak English well, and the drivers don't speak Korean."

The working poor are being left behind

Key Informants highlighted the high cost of living in Bergen County, which makes it challenging for working individuals across various industries to meet their financial needs. They noted that many people in greatest need of services and support earn just above the income threshold to qualify for assistance programs, yet still struggle to afford basic necessities. This issue affects individuals of all ages and occurs across all communities in Bergen County, regardless of race or ethnicity.

In your words: The working poor are being left behind from Key Informant Interviews
"There's a Meals on Wheels program, but only very small fraction of participants are Korean Americans. That program is providing all American food. The way you grow up, that's comfort food for everyone. Day in and day out, you don't want to only eat those other foods. The county is not prepared."

"There's a huge housing crisis and older adults make up the fastest growing homeless population…we have a 62-unit building with 1000 people on the waitlist."
"It's very hard for older adults to stay in their homes due to real estate taxes in Bergen County, and also maintenance costs."
"You can send people home with all sorts of discharge plans but if they don't have a car, a job, food, the likelihood of them being 'compliant' falls through."
"We all have to be advocates for the need for housing."
"One of the 'silver linings' of COVID was that recognized that people being unsheltered is dangerous for all of us. If we offered them hotel rooms, they took them. This whole idea that 'people don't want help, don't want housing,' is inaccurate; they just don't want what we're offering."
"Our shelters can't handle people with medical needs but they can't go to the hospitals because they don't have an acute need. When the shelter sends someone here, they're not meeting admission criteria, and they have no place to go."
"I think about senior housing, section 8, affordable housing, but also supportive services – that's really what 'housing first' is – it really is about providing the services to people but also housing them as quickly as possible."
"Not just our patients in the community, it's also our colleagues [who fall on hard times, become homeless]."
"People end up in hospitals because they lose their housing."
"With the minimum wage bump, it puts a single full-time working parent $270 FOR THE YEAR over qualifying for head start and that was last year with $15.13. Quality of Life for $11,000 income = $55,000 because of the benefit dip. There are no onramps or offramps; it's all or nothing."
"Once people are overwhelmingly housing burdened, it's nothing but bad choices."
"Anxiety and fear just with life, being able to afford things and that, of course, affects one's mental wellness."
"They may qualify at first, receive services, get told 'come back in 6 months,' they return and their financial situation has changed and then they're no longer eligible."
"Strategy to have the big events towards the end of the month with incentives, like gift cards or food giveaways, because people are out of money and especially incentivized to come."

Population diversity and a rapidly changing world require innovation and creativity

Key Informants indicated that, given the diversity of race, ethnicity, age, country of origin, income, gender identity, and other characteristics of the people of Bergen County, the rapidly changing parameters of resource allocation and eligibility will require creativity and innovation to be able to continue to provide care that meets the needs of all residents.

In your words: Innovation and creativity from Key Informant Interviews
"Telehealth: there are millions that don't have an internet connection, it's not the panacea it's made to be."
[We offer] 'Hospital from home,' taking care of parents at home. People get anxious being in the hospital. [With Hospital from home], you are in the hospital but the bed is at home. We get you the nursing visits, you're assigned a physician, remote monitoring. For good outcomes, if you're in your home, as long as it is safe, it is better."
"A comprehensive understanding of the person is going to be the future. I want to keep you healthy; I don't want you to have to see me."
"Our medical school has a 'human dimension' program. They 'adopt' a family in the community, and follow them for the 4 years of their medical school. Healthcare for everyone doesn't look the same, and if you try to do the same thing for everyone, you won't be able to reach everyone."

"Healthcare starts outside, by the time you get to the hospital, it's already 'too late.'"
"How are we going to utilize AI now to do better outreach, improve clinical decision making? You do have to keep in mind the ethics of AI and the governance."
"Looking at how we can create the linkages with the peers we have to work with people in the communities where they live; there's a difference in what we offer in two ways: we don't insist that people are sober when they work with us, and we meet people in the community where they are, like if they want to meet at Dunkin' or in their local park, we'll meet people there."
"Every hospital is dealing the issue of our aging population with medical needs – we need to be looking at idea of multi-disciplinary complex care teams."
"We've been doing appointments for mammograms on Saturdays, which is helpful for access."
Each of those communities [Indian, Middle Eastern, and others] are small enough and tightly knit enough that it can be hard for them to seek the help they need because they don't want it to 'get back to the community. If you bring your services there, people may not avail themselves, like if you bring your services into the Korean church, they don't want the Korean church to know what they're struggling with. So sometimes the 'white establishment' organization is actually better for meeting the needs of these groups to protect their privacy, but then these organizations need to be prepared to receive diverse people well. The 'trusted place' may be the trusted place for x, but not the trusted place for y."
"We received feedback from LGBTQ+ that 'we don't know if you're safe,' so we went back and redesigned an entire series of documents with the flag and also with a specific person's contact info so that regardless of what they need help with, they have a safe person to walk them through, in order to begin to build trust."
"The other thing that happens is that clients will do a google search and see something we did 15 years ago that we don't even do anymore, and those are really hard to get cleaned up, especially the ones that the state maintains."
"Care fairs, these are 'impulse buys' – you're not thinking about this until you need it, and by then it's too late, if it's one of these one-off kinds of events. It was suspended it for the pandemic, and now it's coming back; we're raising $50K-$100k for a 4-hour event, and that could go to a lot of direct services."
"As bad as people do shine a light on pharmaceuticals, we do have a really good help with HIV meds co-pays. There's a lot of loopholes and that is why case management is so important…they're like the accountants of healthcare."
"You've gotta take away shame from anything that you're trying to have a legitimate conversation about or you can't make progress."
"The staff they have are not reflective of the lived experience of those they're 'targeting.' Are they not targeting staff or are they not a place that these staff would want to come? There's reception to hear it but, how it's carried out…is that a serious intention on their part?"
"Any institution has to get outside its territory and out into the community to see what's going on; into the places where the injustices are happening, and to hear from the community."

Collaboration and policy advocacy is essential and desired

Medical and social services providers, along with other key leaders who took part in the Key Informant Interviews, expressed a strong interest in collaborating on policy development aimed at eliminating barriers to care and fostering collaboration in Bergen County. They also sought to enhance opportunities for local residents. During the interviews, (January to March 2025), the Key Informants highlighted their desire to advocate for the restoration of specific programs that had been defunded at the national level. These programs include: the Senior Supportive Employment Program through Easter Seals, energy assistance initiatives, family planning services, and ESL (English as a Second Language) classes.

In your words: Collaboration and policy advocacy from Key Informant Interviews
"Everyone has culture, right? You have to make sure you customize things for people. I'm happy to see that a lot of organizations are paying attention to that particular aspect."

"Many [Koreans] came to this county as immigrants for their kids' education. They were older, English proficiency is low. More than 60% do not feel comfortable communicating in English, and it makes it difficult for them to access services, including senior services."
"I would use that magic wand to make sure that all government entities are hiring bilingual people so that language barrier can be eliminated. There are so many competent Korean American, Chinese American, Indian Americans; hire them to do outreach."
"I was able to achieve the American Dream as a result of DEI efforts. I was at JP Morgan for 25 years before the hospital and that is a result of their efforts to be especially inclusive. I don't see a huge difference, we just might be seeing the leaders changing the language a bit. It's semantics, right? You don't have to call it DEI. The immigration level is a real threat and people are feeling a lot. I hear from my friends who are running restaurants, they are seeing less people. There's a huge impact in the community, especially retail level stores."
"I would fix the insurance coverage issue – the insurance gap – the battle that you constantly have to fight just to get the care they need, and if they're 'not sick enough' they won't get it."
"No changes to Medicaid reimbursement rates since 2022 and there won't be one this year either."
"We're beginning to see inklings of those conversations but they should be happening in a much more aggressively and the hospitals should be leading them."
"Age friendly communities: about fostering relationships, working together with town, county, state government to advocate for policy change, systems change, and work with providers on service gaps; promoting intergenerational relationships (partnerships with the local high school, teaching the older adults how to use their smartphones or how to record oral history), also people who are freshly retired but still with lots of energy and marketable skills, to be present in the community, teaching classes, etc."
"Some of it is awareness, some of it, education, some of it is policy change, some of it is changing the consequences like merchant education on vaping, partnered with the health department to come up with consequences for violations."
"Change is often slower than, I think what people in certain spaces would prefer to believe; we sit a lot in the grey"
"We have $3.5 million in federal dollars that's in transition. I think we'll be ok through the end of this contract, but I don't expect to see those dollars again."
"Despite the national landscape, I would encourage them to stay very focused on equity health initiatives; educate their staff and invest in policies and practices along those lines."
"Collectively, we all have to continue to advocate for research funding."
"I think it would be important to have political leaders and policy makers understanding the needs of the community and stepping away from their individual agendas, that they're managing in order to keep their seats. To focus on the realities that research has shown us. The long-term benefits of the [supports during COVID] can't be argued with."
"Undocumented population, single, male, non-English speaking, with substance use issues; not eligible for housing assistance, rental assistance/subsidy; they only thing they could get is food stamps; for all the hospitals this is a problem because there is no legitimate solution."
"We're working as a resource helping other orgs to think through these things as well, like showing front-line staff what an actual search warrant looks like, 'know your rights' and 'know your clients' rights.'"

Mental Health, substance use, and disability services are at capacity

Key Informants expressed their belief that Bergen County lacks sufficient resources to address the mental health, substance use, and disability needs of the community. There is a demand for these services across all communities and age groups. However, there is a particularly urgent need for resources in languages other than English, and for immigrants, the LGBTQ+ community, youth, older adults, and pregnant individuals.

In your words: Mental health, substance use, and disability services from Key Informant Interviews
"Towns don't know what to spend their opioid settlement dollars on. They're afraid because they don't want to spend it on something that's 'incorrect' and then to get penalized down the road."
"Through the NJ4S grant, there's tons of things we can provide to your school for free, and we can help you figure out how to spend your money, not necessarily only with us, but so there's a comprehensive plan for your community."
"Trying to stabilize people who have Substance Use Disorders without having stable housing, puts you at risk of staying with someone who's using; it's very hard to stay sober or clean when you have to stay outside…If people are not sober, you need to have 'housing first' approach; it's not something that's very supported by people, but we know it works."
"[I wish people utilized more our] programming for people struggling with eating disorders; when people think about our hospital, they think we do addiction and mental health and don't know we do anything else."
"I do think that behavioral health, including addiction, is a huge, huge issue. We're just seeing so many young adults struggling. I just wish we could figure out ways to do this better. So much of the stigma has been removed but there's still a lot of challenges. Xylozene, new drugs that are challenging us – I would want there to be more things for people who are really, really unsafe to themselves."
"We have to figure out our neurodivergent folks; no one is doing that well. Hospitals are not trained. One in-patient program in the state, and it has 20 beds."
"Talking about transitional housing and what that would look like and how that would benefit our community – keeping people engaged in treatment."
"[With my magic wand] LGBTQ+ resources, especially for minors. At least 30% of our kids [pediatric mental health patients] identify. Kids are in the community, they're underage, and mom and dad don't want to do anything."
"We look at when patients leave AMA and we have found a couple of trends. Hispanic/Latinx patients are more likely or patients who have substance use concerns, so we try to get the right interpreters, the social workers, 'meds to beds' to give them medications before they walk out."
"Bergen New Bridge has a recovery center; it's supposed to be community based but, it feels like it's this thing that's owned by the hospital…behind a locked door."
"If you have your health and mental health, you can work, you can be creative, you can be a productive member of society."
"You have a growing neurodivergent population. Kids or young adults being kicked out by their parents, but are not well-connected. They need special needs housing, so you get a lot of people who are being treated in mental health for autism. People are moving to New Jersey for services but what happens when these kids turn 18 or when their parents die?"
"Working with our community to say, 'what do you want from our ED? When you're bringing your 16-year-old who's struggling with suicidal ideation to our ED, what do you want to see? What do you need?'"
"Anxiety and fear just with life, being able to afford things and that, of course, affects one's mental wellness."
Bergen County lacks resources or creative considerations or solutions for: • The neurodivergent population • Children (17 beds for ages 5-17 in the only certified crisis intervention service in the county) • Undocumented patients who need long-term care or permanent placement • Geriatric patients with psychiatric concerns who need long-term care or supportive housing • Individuals who are pregnant and don't qualify for certain medications or have limited treatment options due to being further along in pregnancy

Broad, strategic communication between partners is key

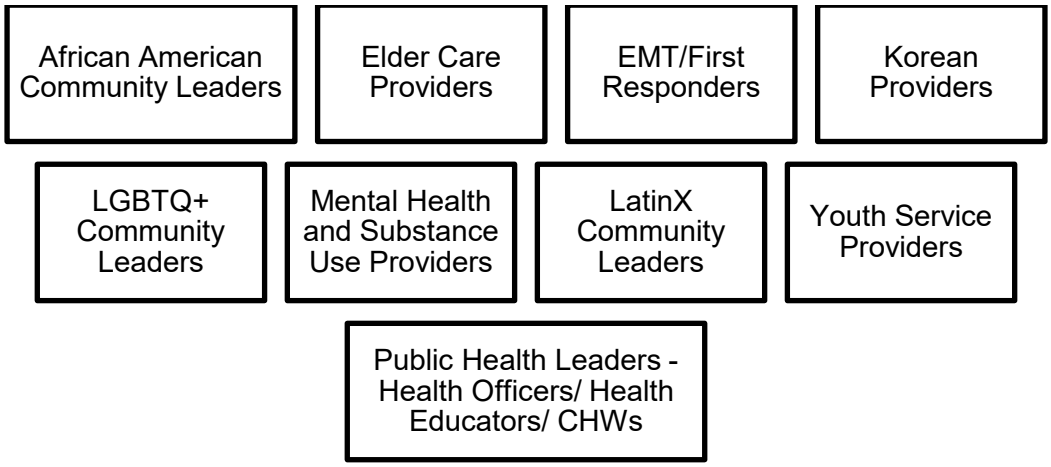
All Key Informants highlighted that partnerships across the county are strong, valued, and essential to the work of each interviewee and their organizations. They also noted that, while a solid foundation is already in place, it can be further strengthened to provide even more effective and efficient care for all residents of Bergen County.

In your words: Communication and partnership from Key Informant Interviews
"The importance of having an information and resource hub. There are so many services being provided but our community members are not fully utilizing them. We need a 'big button' kind of thing that's easy for seniors to use."
"Korean American female seniors have the longest longevity in Bergen County – 92 years. If we make a little more investment in this community, we can contribute in a lot of ways."
"[I wish people would use] the data that we collect, I think if people needed the data to justify funding opportunities."
"Partnership and collaboration was much more robust during COVID, and now it's really just if there's a need."
"Really looking to have mental health and substance use working together, greater coordination between agencies. The biggest challenges I see are turf issues; I see that in the recovery support arena."
"I would want to see that coordination and collaboration with every hospital because then the whole picture can come together."
"Let's all put our egos over here, and really think about, 'what do we need to do?' roll up our sleeves, get out of our silos, and get down and dirty and get to work. Let's be honest, let's figure out solutions rather than dig our heels in."
"Partnerships with orgs like Starbucks and health insurance companies to provide food, sponsor giveaways; school district donating use of school buses to transport large groups to big events…"
"Hospitals are worried about, 'well, we don't want to partner because we can't tell how many people we're actually getting in our doors from this specific thing.'"
"Knowing who does what, and who has resources for someone in a pinch, that still feels much too ad hoc to me. It feels like it happened almost by accident as opposed to in a more structured, intentional way."
"We don't get as much funding as we used to, so either more funding for CEED or other organizations could step in and partner, specifically, more access to screening for colonoscopies. We need more partners in the community who are willing to accept our funds – there are certain facilities where screenings will occur that have additional fees that we do not cover."
"This is different now; I'm not even sure that any of the tools that we've used in the past are really helpful. I think that boots on the ground community work is all we have right now because there doesn't seem to be a lot of leadership stepping up right now."
"Trying to be creative and supportive, that if we do have to be doing layoffs, people have to have some humanity in how we're handling these things, that we're working together to help support folks; if they have a collective, is there an opportunity to share staff, and teamwork, and programs?"
"Hospitals have the potential that if they partnered with organizations like ours, strengthens our work and at the same time strengthens their work. I wish we would see more of that happening."
"The County sends someone to the office one day a week to do SNAP enrollment, but we can only enroll 10 people a day because of the time the application takes; people line up as early as 5:30 am trying to be in the first 10."
"The fantasy in [the housing field] 'if we could only make some inroads in the hospital'; hospitals think about, 'we do the work that's in the walls.'"
"Looking at models around the country; there are hospitals that are developing housing by themselves, like Kaiser Permanente."

"I think at the end of the day we become our own barriers to helping people. The role of being a gatekeeper is incredibly powerful, you're deciding who gets what and when, and I think we need to be better about that."
"We have to be part of our community in an active way; the community inviting us to things is key."
"We're working to get a kiosk from the housing department in the hospital so that people can apply for things before they leave, as well as regular presence from reps from the board of social services."
"I think hospitals have to work together; there are some of these things that are challenging enough. If we have a person, and they go to 4 hospitals, we should be working together to strategize. Let's say if we needed housing, could we work together? Coming together to solve issues instead of competing."

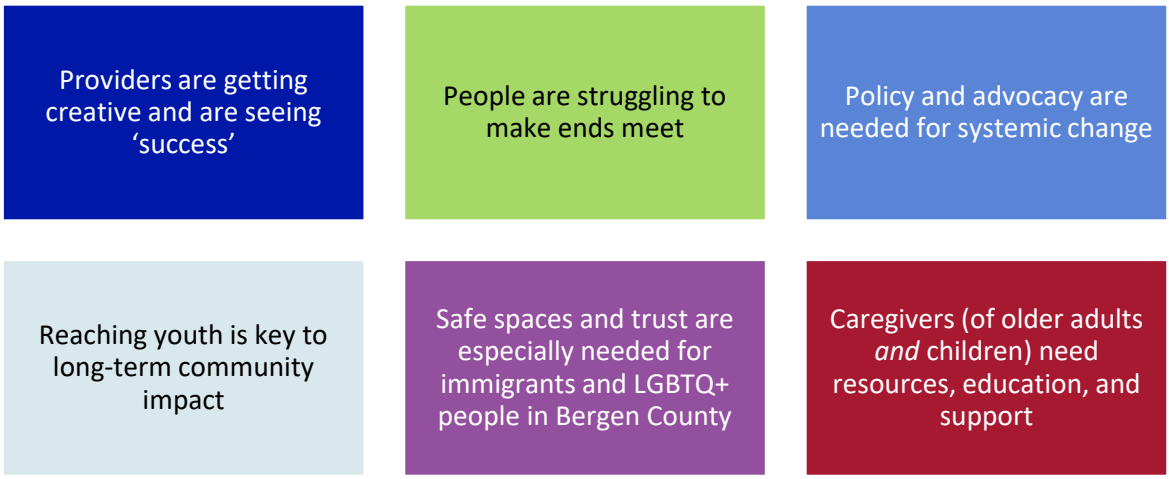
Focus Groups

Focus groups offer an opportunity to uncover the "why" behind differences revealed through quantitative data. Through in-depth discussions in small groups, facilitators gather candid feedback on participants' experiences, attitudes, awareness, and ideas regarding their experiences and quality of life living in Bergen County, New Jersey. These insights are crucial for developing relevant and actionable plans that engage the enthusiasm, resources, and interests of the community being served. From April to June 2025, 35th Street Consulting conducted nine focus groups with 48 individuals representing or directly serving populations that have historically been underrepresented in community planning and decision-making. Focus groups included people representing the following populations in Bergen County:



Focus Group Summary

The nine focus group conversations explored strengths, challenges, barriers, and useful tools that participants utilize in their lives and in their work. Participants were also asked to identify priorities that they believe would have the greatest impact on the well-being of themselves and the people they serve. Analysis of the conversations with all the groups yielded the following themes, many of which are consistent with the Key Informant Interview themes:



Providers are getting creative and seeing "success"

Many providers who participated in focus groups reported that significant progress has been made since the COVID-19 pandemic in enhancing resources, information, and coordination between agencies. This has increased access to various kinds of care and services for diverse populations throughout Bergen County. Health and social service providers in the area have successfully secured additional resources, leading to improved community outreach and education, enhanced mental health and substance use services, specialized care for members of historically excluded populations such as the LGBTQ+ communities, expanded communication resources in multiple languages, and improved transportation options.

However, this success in increasing access has also sparked both proactive and creative responses, as well as a strong sense of fear regarding potential losses. This concern arises from changes in resources, eligibility requirements, and new barriers to providing certain services or serving specific populations. It is crucial to continue reinforcing the positive energy and momentum generated by recent successes, despite the evolving social environment.

In Your Words: Provider Creativity And Success from Bergen County Focus Groups 2025
"Just finding men, and especially men of color in the community to put on the events we want to put on; when a kid sees a man who looks like him and comes from where he comes from, it hits different. The only way to get the husband there was to get him to take a friend, the same friend that you go play golf with, go to an event like this."
"We try to bring as many things as we can on site because, for instance, the dentist appointment is during the day, and then the kid has to miss school AND the parent is missing out on work."
"In the Black community, partnering with churches has been how we reach the people the best, the most receptive, and they feel safe."
"In OB, we're moving away from everyone having a 6-week postpartum towards a 'Fourth Trimester,' with more constant efforts to have individualized medical care, not one-size fits all through the first year."
"My most successful program to date has been coffee, cookies, and conversation at the libraries. It's all ages and every time we meet, there's a different health education topic and then it goes into an open forum. People have formed friendships that exist outside of it."
"I think one area where we're really well-resourced in the LGBTQ population is sex ed, and we don't do a good job of it in the general population. I actually get a lot of calls for STI testing from non 'community' members because they don't feel comfortable going to their PCP."
"Sometimes just asking a little question that doesn't really have that much to do with the reason why you're seeing them, but allows them to know that you care about them as a person. So, when I'm seeing a newborn, last week I asked, 'So tell me your baby's name. And then, tell me a little bit about how you chose that name?' People pick up on the fact that you're in a rush."
"I've actually found the most success at churches. I've done presentations at churches, and I'll get a call from someone who wasn't even in attendance because their community members are looking out for them."
"We actually have a lot of resources for Korean-speaking people now. But language is still a barrier if a Korean speaker calls and no one is able to communicate with them on the phone."
"We provide transportation now which is great, but we're worried about who will be able to see our records. So, we've been picking people up from public places like stores or libraries so we don't have to have their home address on file."

People are struggling to make ends meet

Although the percentage of people living in poverty in Bergen County is relatively low, it still translates to a significant number of individuals and families facing hardship, especially given the high cost of living. The small proportion of low-income households, combined with the county's large geographic size, creates barriers for those struggling financially to access the support and information that could assist them in meeting their needs. Driven in part by the high cost of housing, many individuals working in professions that typically afford a middle-class lifestyle in other parts of the country find it difficult to make ends meet in

Bergen County. This situation affects the availability and stability of supportive and healthcare services, as many frontline healthcare and social service workers do not earn a living wage relative to the local cost of living.

In Your Words: People Are Struggling To Make Ends Meet from Bergen County Focus Groups 2025
"Especially in Englewood, 70% of our kids are on free or reduced lunch. It's not the Bergen County that everyone thinks of. It's expensive to be poor. They can't learn when they're hungry."
"A lot of our Black families are in the financial in-between place; we're trying to meet them, and give them enough to get them across the finish line."
"Income limits come into play, liquid assets and stuff like that; a lot of our towns are mostly high income but there's always people who fall through the cracks."
"We try to do a really good job taking care of the patient when they're directly in front of us but when it comes to their other things that impact their health, like housing, transportation, that's a big thing that impacts people's health. The housing one is a really big one, there are some good resources within the county but they're limited."
"A stronger public transit infrastructure would be a benefit to a lot of people. It's really impossible to get around if you don't have a car. It's like a whole day to get here. The people most dependent on the bus system are the closest to the poverty line, and you're asking them to essentially take a whole day off of work to receive care."
"Going back to the cost of living and housing, definitely more affordable, well, there really isn't any affordable housing. What they call affordable isn't affordable. Food, housing, basic necessities that we all need."
"It depends on how you define 'poverty.' We have middle-class people in Bergen but that's not what's usually looked at."
"I would think about the Bergen Volunteer Medical Initiative – they offer healthcare to the working class that are uninsured, they just have to live in Bergen County to qualify. I think of programs like that that increase access to medical care for people. Providing access because sites like that, allows for working families to get the care that they deserve for them and their children, and I think that would move the needle."
"Affordability of medications is a thing to be mindful of; because we're with network, I can see everyone but not every specialist accepts Medicaid patients and so access is difficult for financial reasons."
"There's not enough supportive housing in Bergen County – two things that affect the seniors are transportation, and where are they going to live? Section 8 vouchers open, and then they close immediately because they're overwhelmed."
"Benefits to get more people to get more people riding ambulances and being paramedics, pensions, discounts on taxes, salaries to increase staff."
"My wish list would be a more affordable option for some people. We can either care for the very wealthy or the very poor and that in-between has very limited resources, if any."
"Even if someone is indicated for residential [behavioral health treatment] a lot of them can't because they will lose their job or apartment and don't have alternatives."

Policy and advocacy are needed for systemic change

Providers from various disciplines who participated in the focus groups all attested to improvements in referrals and coordination of care since the COVID-19 pandemic. Most providers also described facing barriers created by policies – institutional, public, insurance, etc. – that impeded their ability to meet needs they commonly see. These perceptions regarding insurance barriers, transportation limitations, and the like are generally consistent with similar sentiments that were heard in past years. What is new in 2025 is the deep sense of fear evoked by new policy changes. Providers expressed fear both on behalf of themselves as well as the people they serve. Community leaders and others reported that many of the people they represent and serve are not seeking care, resources, and other essentials out of fear of persecution, retribution, deportation, or other harm. Providers, particularly those who are community-based or who serve

populations who no longer qualify for care or services, also report fear of harm and retribution for doing their jobs, as well as concern regarding the longevity of their positions or programs altogether.

In Your Words: Policy Advocacy Quotes from Bergen County Focus Groups 2025
"With charity care, we're only allowed to distribute 30 days, even for a long-term medication. They have to come to the pharmacy every 30 days to pick up more pills. And they may not be on the same cycle, like one med on the 2nd and one on the 15th, so do we really think people are going to stay on their meds? And then bigger problems come up. That feels like a really reasonable policy change."
"[We need] the equivalent of a navigator outside of a medical center. The office of LGBTQ services is really poised to do some of that work; it's easier to hold somebody's hand and walk them through the system than to change the whole system (even though changing the whole system is the long-term goal)."
"Credentialing has been a huge problem for us, and it seems like it's gotten even more complicated for us. We have a therapist who we think is credentialed with Aetna, but they're only credentialed through one Aetna plan, and it just slows everything down."
"We're seeing a lot of concern around policies around reproductive rights; the governor's race in New Jersey is so important right now."
"There's so much that we feel is on the chopping block right now, you know, vaccines, gun research and regulation, and firearm safety regulation. A lot of the things that we understand in the pediatrics community that we know are in place to help our families are all being questioned."
"Policies that affect funding, policies around DEI – our medical school is now having to re-word everything on publicly facing websites to not lose funding."
"[We need] mental health professionals for the EMTs, to prevent PTSD and other stress. We used to have the Phoenix Team come and had a recent incident where we wanted someone to talk to crew after a traumatic call but it was more than a week before they could come support the team to process the call."
EMTs report different standards and protocols across residential facilities, making it difficult to do their jobs safely and well, especially in emergencies.
"It's very scary right now, no one knows what programs are going to be cut or going to be preserved. People are losing apartments. You have individuals who can function in the community, but they can't afford to live in the community, and they get pushed into facilities. For business, that's great for me, but is that the best place for them to be?"
"More grants, more staffing, more streamlined and more consistent paperwork amongst all of us. Advocate, no advocate, getting through that paperwork is a lot. If we could coordinate amongst each other, it'd be so great. One system, give your consent, and that information goes to wherever it needs to go."
"At a macro level in general we can do better; there's so much focus on treatment, think we could do better on prevention."
"[We need to do a] better job of educating elected officials and government professionals to let them know what we're seeing in the file and how it impacts their populations so they can refer back to us. They think they don't have problems, but really don't know they exist."
"We can share a clear message about how to use it [Opioid Settlement dollars] and where to go for ideas or help."
"It's my first time dealing with local politicians in my job. I'll have an idea for something, and I'll do this work for it, and I can't get them [Board of Health] to even look at it. (they're volunteers) They'll have questions on something that I answered three meetings ago, but they weren't there."

Reaching youth is key to long-term community impact

Providers have reported that their interactions with parents have changed noticeably since the COVID-19 pandemic. Parents are less involved in school and programs for youth, and providers report increased misunderstandings between parents, providers, and kids when communication does happen. Additionally, the gap in experience between parents and children regarding social media is growing as parents are relying more on screentime to care for their children. Meanwhile, youth themselves are struggling to find opportunities to connect with others and desire "trusted adults" who take the time to listen and engage with

them. Providers have also expressed concern for the stigma and lack of knowledge of the signs, symptoms, and impact of treatment for mental health and substance use for children among parents and caregivers who are refusing care for their children. Many respondents in multiple focus groups discussed the combination of financial strain, the pressure of caregiving for both children and older adults at the same time, the growing fear of losing jobs or resources, and increased stress and decreased time, especially for working parents. Strengthening support for both young people and their caregivers arose frequently as a growing need with significant short and long-term consequences.

In Your Words: Reaching Youth from Bergen County Focus Groups 2025
"Mentoring is a big piece that's missing for our kids these days. They're hopping on the internet and responding to influencers and things. We're trying to provide new apps and websites that can be more healthy alternatives for the kids to access since they're already online anyway. Also providing parent education groups."
"The thing I've encountered going throughout the schools in Bergen County, more since the pandemic, is absenteeism. School avoidance, anxiety, depression, or outside of a busing area, or they have to get their younger brother or sister to school first, and then they're late/ When we go in, there are different reasons for school avoidance. In high resource districts, it's executive functioning, or they're taking kids on vacation for 2 weeks in January."
"We have a health club at school. What can the kids make that's healthy with what they might already have at home? School lunches are also not palatable. Kids come into my office and say, 'I didn't eat lunch, I didn't like it."
"Pretty much what they really thrive on is that they feel heard because they don't all feel that way, and life is quite busy for parents and staff are just rushing; just sitting and listen to the students is a big help."
"The biggest barrier with young gambling is that there are not enough responsibilities to stop them because they don't have any financial or social responsibility. We used to have a teen 12-step outlet, but we need a support group that has people and tone that teens can relate to. Parents are part of the problem and think it's cute. It doesn't have the same stigma as drugs or alcohol."
"Video games are a stepping stone to gambling."
"Isolation has become comfortable for kids."
"Parents are refusing to have their kids labeled [with autism or ADHD] and their kids are suffering."

Safe spaces and trust are especially needed for immigrants and LGBTQ+ people

COVID-19 revealed and highlighted existing inequities, which, combined with fear and widespread misinformation during the pandemic, exacerbated mistrust. Focus group participants indicated that the progress that has been made to restore that trust has been negatively impacted by recent policy changes that have eliminated DEI priorities, transgender and gender inclusive care, and initiated broad-scale deportation initiatives aimed at immigrants. Providers and community members alike expressed fear for themselves, the people they serve, and for unintentionally putting others they care about at risk by providing care. Safe spaces and safe sources of information have become a growing need.

In Your Words: Safe Spaces And Trust from Bergen County Focus Groups 2025
"We see a lot of people who are undocumented, and they'll ask where to go for things, but it can be limited."
"We used our patient navigators to reach out to them in their language, printed out the red card with your rights on them, putting it out on our check-in desk so that people see that this is really a safe space for me, I think really goes a long way."
"Doubling down on our CBO partnerships, places where our patients historically feel safe, so meeting them there. And that builds our reputation as well, that they trust us enough to come into their space, mainly with LGBTQ centers, like Edge of NJ, Buddies, bringing people here [to Bergen County] as a destination for care."

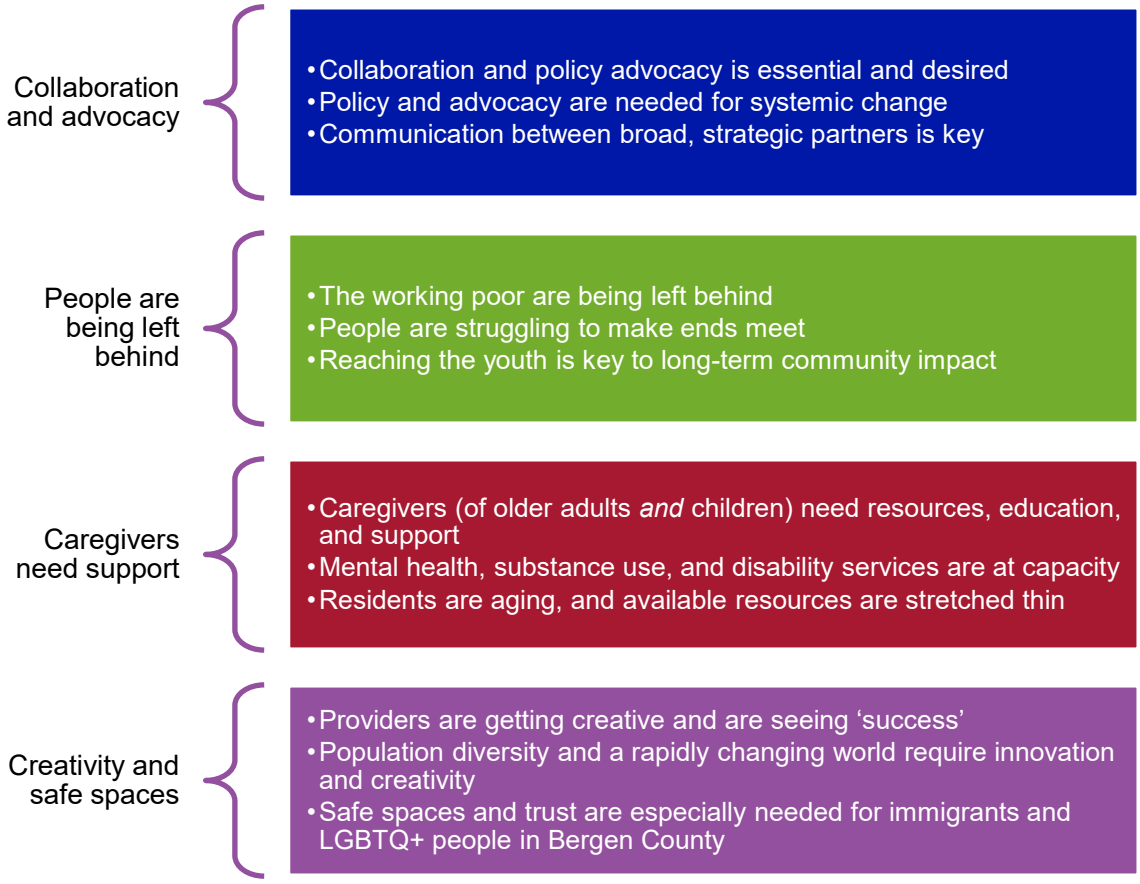
"We have fears of students in certain high schools, their parents are undocumented or do not speak English, and feeling like they'll have to be the ones sort of answering."
"For our trans or nonbinary community, you know the system was built with a very binary structure; they're not necessarily affirming spaces [housing] to send people to."
"As a nurse leader, I round in units or in the ER. I find it really helpful when I'm able to connect with them in Spanish. The moment they realize I can speak the language, there's like a sigh of relief."
"I've asked patients, 'Would you have felt comfortable sharing this with me if I were speaking to you in English, using a translator?' And they straight up tell me, 'No. I would've just focused on the medical details and maybe not told you all the backstory. It's just too much to tell to another person, and then be sure if they're picking up everything.'"
"People are frightened right now. I don't want to go there but, I think it needs to said that people are afraid. They're scared of being deported. I believe it impacts people's ability to get healthcare. I understand that sometimes the media does what the media does best, but these are not fabricated perceptions. It's palpable."
"We have a number of active-duty military deployment who are not naturalized who are in danger of being deported when they're returned from duty."
"You don't see a lot of regulars at food pantries you used to see. At Catholic Charities, there's after and before care and you're seeing a lot of the kids not coming to after care, and those who are, are being picked up by someone who's not the parent. Someone who I provide monthly period products to, who now has a neighbor coming to me to pick those things up."
"I'm finding that it doesn't matter what country people are from, people are scared if they weren't born here."
"Right now, I think the practice of empathy is something people really need to go into."
"Latinos are not big on therapy. My mom was very church first. I've had those people come to me and say, could you help me find a Latino practitioner or is there a Latino group that could maybe help me? I don't think we have enough, especially within Bergen County."
"Outside of Korean organizations, the language barrier is a significant deterrent."
"Bergen County is providing over 60 minivans, but no Koreans are using the free [transportation] service because there is no Korean working there to talk to them on the phone or in person."
"Bergen County gives translated brochures, but when people call to access the services, then they can't communicate so they still can't get the service they need."
"Tone is very important to Korean American audiences."
"I think that people will drive further to access a Korean provider; I think it's valuable that when they see people who look like them that's a plus."
Providers note a greater acuity in people who do eventually seek care because they are afraid to seek care until 'absolutely necessary.'

Caregivers (of older adults *and* of children) need resources, education, and support

Financial strain, the responsibilities of caring for children or older adults (or both), and concerns about public policy changes leading to job losses, higher costs, reduced services, and negative impacts on immigrant families are all contributing to increased stress and a greater need for social support. Many respondents indicated that there are insufficient senior living and assisted living resources to meet the growing demand, even among high-income individuals in Bergen County. They described older adults who have been lifelong residents of Bergen County facing health risks, including homelessness, due to the high costs of housing and care, as well as difficulties accessing necessary resources to maintain their quality of life. Additionally, respondents noted that family members of all ages are stepping in to provide care or take on extra jobs to support others with childcare, elder care, or care for disabled loved ones because they cannot find or access resources to better meet the needs of their loved ones.

In Your Words: Caregivers from Bergen County Focus Groups 2025
"Work-life balance or the choices that people make when they have to work – employers being flexible, childcare available, time off that doesn't make you feel guilty or cost you, mental health, ability to make healthier choices. We don't have enough time."
"We have to take into account the audience. Why are we missing school? Do we need to get parent involvement? Does the parent need support? Do we need to bring in the teachers to give them a heads-up to extend grace?"
"A single-parent household is hard because the parent has to be present for psychiatry treatment and it has to be during the workday."
"Even when parents know there is a diagnosis, they don't always understand what has to be done, like they think it's a phase or don't realize it might be lifelong."
"Coming together and advocacy for funding for mental health services for youth, that is really where we need support right now; social supports for families like early childhood education and childcare."
"The stress of everyday life, everything on the go, commuting. Working families, their kids are in all these different sports and other activities…what about family time? And then do it again the next day. It's exhausting."
"A good number of the patient population I see have autism. They do require a lot of resources in terms of different therapies. Sometimes it's difficult even for our social work personnel to help us connect us to services out in the community. Overall, we have a very long waiting list of 18 months+ to wait for a visit, so we're seeing that there's a desire to have this evaluated from all socioeconomic backgrounds. I think it's because families experience barriers if they don't have a diagnosis, and at the end of the day, they just want to help their kid."
"We get a lot of dementia patients and families don't know what to do when Jane Doe or John Doe arrives or wanders away."
"It's difficult with dementia and having a home health aide but it's hard to get information to the family and don't want to put them in a facility and they are trying to keep them with them at home but it gets dangerous or maybe don't know where to go to get help
"Once we're actually in the home and with the family, we do a lot to help them figure out what County grants are available to them. It's easy to go present to senior centers, but the people who are driving those decisions are often adult children, and they can be really hard to pin down."
"Most households need two people working right now, and if they're both working, who's home with mom?"
"With support groups, the more specific, the better. E.g. – a group for people who are taking care of a spouse under the age of 65 with dementia."
"We see a lot of 'the parent lives in Bergen County but the adult child lives elsewhere and is trying to figure it out.' What we do for those people who don't have someone local, we tell them that you should hire a geriatric care manager, at least on a retainer"
"People are afraid you're going to sell at them, as soon as they see a company's name on an 'educational' program, especially when you're the caregiver charged with protecting this vulnerable person."
"Once they hear the pricing [for assisted living], they're annoyed with us, and hanging up on us before we can even help provide them with additional resources that they might be able to access."

Aligning Qualitative Themes

Overarching themes: Bergen County CHIP Key Informant Interviews and Focus Groups, 2025

Two key qualitative research methods – one-on-one interviews and focus groups - were used to gather insights and ideas about the strengths, needs and barriers, and solutions experienced by diverse people throughout Bergen County. Sixty-two individuals from Bergen County, representing a wide range of perspectives, participated in the Key Informant Interviews and Focus Groups between January and June 2025. While details and nuances varied, several common themes emerged from the discussions. The following concepts reflect the consistent sentiments revealed in all the conversations.