

ENGLEWOOD HEALTH

Community Health Implementation Plan



2026-2028

Englewood Health

Englewood Health, one of New Jersey's leading healthcare systems, delivers nationally recognized inpatient and outpatient care through its hospital and network of physician practices, urgent care centers, and imaging centers. Englewood Hospital, founded in 1890, consistently earns high marks for clinical excellence and patient safety. It holds the Leapfrog Hospital Safety Grade 'A' (most recently received in fall 2025) and has been named a Leapfrog Top Teaching Hospital eight times since 2014. Englewood Hospital is nationally recognized for nursing excellence, earning a sixth consecutive designation by the Magnet Recognition Program in 2026.

The Englewood Health Physician Network, a coordinated network of more than 650 office-based and hospital-based providers, offers primary care and specialty care at more than 100 locations in five counties across northern New Jersey. Areas of clinical excellence offered by the health system include cardiac surgery and cardiac care, cancer care, orthopedic surgery, primary care, spine surgery, vascular surgery, and women's health, as well as bloodless medicine and surgery and minimally invasive robotic surgery. The hospital offers a vascular and breast surgery fellowship, residency programs in dentistry, internal medicine, nursing, pharmacy, and podiatry, and training programs in radiography, emergency medical services, and other disciplines.

The hospital's state-of-the-art imaging centers across the region enhance access to diagnostic imaging, breast imaging, and cardiac imaging. A single electronic health record system offers full and seamless integration of patient information among the practices, hospital, and imaging sites to support the patient experience and continuity of care.

Englewood Health's focus on health outcomes and population health encompasses outreach to underserved communities to enhance individual and public health, prevent disease, support lifelong wellness, reduce the burden of mental health challenges and substance use disorders, and meet the cultural, social, and holistic needs of specific populations. With its high-quality, culturally sensitive inpatient care, outpatient services, and community health and wellness programs, Englewood Health delivers a healthcare experience that puts patients at the center.

2025 Community Health Needs Assessment (CHNA) Background

In alignment with the Affordable Care Act (ACA), the Internal Revenue Service (IRS) and applicable federal requirements for not-for-profit hospitals, Englewood Health completed a comprehensive Community Health Needs Assessment (CHNA) approved by the Englewood Health Board of Trustees on April 23, 2026.

The Englewood Health 2025 CHNA was conducted by Professional Research Consultants, Inc. (PRC) for Englewood Health. While a specific CHNA was created for Englewood Health and tailored to its service area, Englewood Health's CHNA was conducted as part of the Community Health Improvement Partnership of Bergen County, a collaboration of all of the hospitals and the County Health Department serving Bergen County, New Jersey.

The assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey) and qualitative research, including focus groups, key informant interviews, as well as a review of secondary data, including vital statistics and other existing health indicators. Included in the assessment of health indicators was an examination of the social drivers of health (SDoH) such as food insecurity, housing, transportation, education, and other factors. The complete 2025 CHNA report can be found on the Englewood Health website.

Determining Community Health Priorities

The data from the 2025 CHNA reaffirms that the priorities identified in the 2022 assessment remain pressing needs. The focus on collaboration, strengthening partnerships, and creating opportunities to leverage teamwork among health care agencies serving Bergen County over the past three years has helped improve access to care and outcomes, but there is still work to be done. Similarly, many of the acute physical and mental health needs during the pandemic have transitioned to more on-going conditions.

On October 14, 2025, thirteen representatives from the Bergen County Community Health Improvement Partnership gathered for an in-person workshop with consultants from 35th Street Consulting. The participants included staff from 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 the Bergen County Department of Health Services. The purpose of the workshop was to analyze data collected for the 2025 CHNAs from all partners in the Bergen County Community Health Improvement Partnership and to identify priority areas for collaborative efforts in the upcoming years.



During the workshop, 35th Street Consulting facilitated a consensus-building process aligned with Affordable Care Act guidelines for non-profit hospitals and with Public Health Accreditation Board (PHAB) standards for public health accreditation.

The 2026-2028 Implementation Plan Priorities, **Healthy Minds, Healthy Bodies, Harnessing Partnership**, were then presented, discussed, and confirmed with more than 125 community partners attending a community forum hosted by the Bergen County Community Health Improvement Partnership on December 2, 2025. There was overwhelming support for the strategy and the 2026-2028 priorities.

2026-2028 Prioritized Health Needs Summary



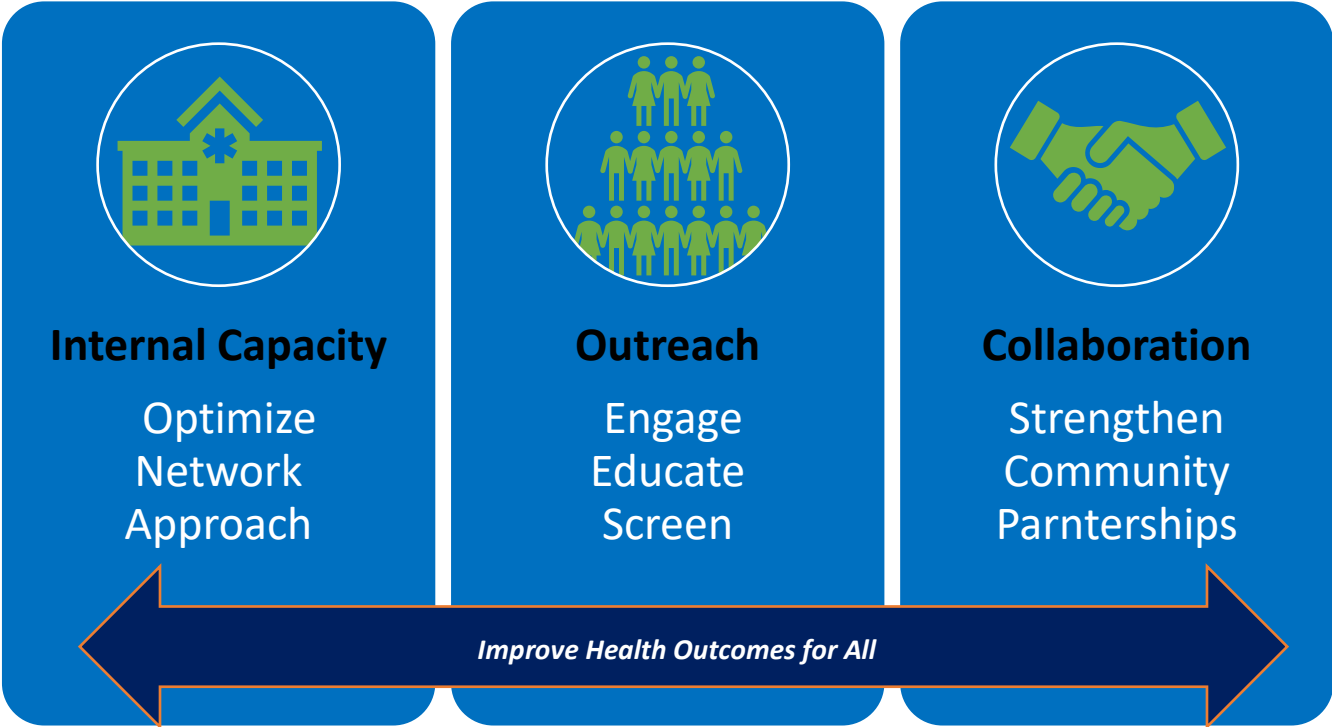
2026-2028 Englewood Health Implementation Plan

The 2026-2028 Implementation Plan details the goals, objectives, and strategies that Englewood Health, in collaboration with community partners, will address. The intent of the 2026-2028 Implementation Plan is to respond to community needs documented in the 2025 CHNA report with a plan that can be effectively executed, leveraging hospital and network resources, as well as community partners. This Implementation Plan is iterative and should be modified as internal and external factors evolve. This may include refinements to address emerging needs, changes in resource availability, evolving partnerships, and policy changes. An effective implementation plan should leverage past successes while adapting strategies to meet new challenges. The following graphic describes Englewood Health’s programmatic strategies and interventions, which guided the development of the 2026-2028 Implementation Plan.

Englewood Health is dedicated to working with community partners to address important factors that are beyond its expertise and scope. The organization is eager to explore new partnerships across its service area to collaboratively create healthier communities for all.

***Key Factors Englewood Health Defers to Community Leadership**

Englewood Health recognizes the wide range of issues identified through the 2025 Community Health Needs Assessment (CHNA) process and has determined it can most effectively focus on those health needs that are the most pressing, under-addressed, and within its ability to influence. Through this Implementation Plan, Englewood Health is dedicated to leading initiatives across three prioritized areas: Healthy Bodies, Healthy Minds, and Harnessing Partnerships. While Englewood Health will continue to lead efforts aligned with these priorities, it will also collaborate with community partners to address key contributing factors that extend beyond its clinical expertise and organizational scope. Specific examples of these factors, marked with an asterisk, include unintentional injury, housing insecurity, financial strain and access, food insecurity, reliance on food pantries or free meals, difficulty accessing fresh produce, and the cost of prescriptions. Englewood Health remains committed to exploring opportunities and strengthening partnerships across its service area to address broader issues impacting community health and well-being.



Key Findings 2025 CHNA

■ Gray boxes represent Bergen County 2025 Random Household Community Health Survey ^
 Note: Yellow-highlighted values are worse than the overall Service Area

	Asian	Black AA	Latinx	White	LGBTQ +	Very Low Inc.	Low Inc.	Mid/ High Inc.	Service Area	Bergen County	NJ	US
Access to Care												
Population 65 years or older^	14%	4%	11%	72%						18%	17%	17%
No health insurance (age 18-64)	5%	12%	10%	2%	9%	14%	9%	5%	7%	7%	11%	8%
Stretched Prescriptions due to cost									18%	14%		19%
Difficulty or delays accessing health care in the past year	50%	47%	61%	49%	66%	67%	50%	52%	54%	51%		53%
Unable to get mental health services in the past year	4%	13%	11%	8%	23%	23%	11%	7%	9%	9%		13%
Social Drivers of Health												
“Seldom/Never” understand SPOKEN Health Information	5%	7%	10%	4%	10%	13%	9%	10%	6%	6%		7%
“Seldom/Never” understand WRITTEN Health Information	10%	12%	12%	10%	12%	17%	10%	10%	11%	8%		10%
Food insecure	29%	54%	48%	26%	46%	77%	68%	26%	38%	26%		43%
Unable to Pay for a \$400 Emergency Expense	9%	33%	34%	14%	36%	60%	46%	12%	24%	19%		34%
Worry/Stress over rent/mortgage in the last year	36%	49%	49%	33%	43%	73%	64%	34%	41%	38%		46%
Prevention												
Met physical activity guidelines	26%	33%	25%	32%	24%	20%	25%	32%	29%	31%	31%	30%
No Routine Check Up in the past year	23%	25%	27%	21%	20%	23%	27%	25%	24%	24%	21%	35%
No Prenatal Care in 1 st Trimester^	8%	16%	10%	4%						15%	24%	22%
Chronic Conditions												
“Fair/Poor” Overall Health	14%	14%	19%	11%	19%	22%	23%	11%	15%	15%	17%	16%
3+ Chronic Conditions	16%	33%	35%	37%	47%	43%	36%	31%	34%	32%		38%
Overweight or Obese	40%	66%	73%	63%	70%	63%	73%	65%	65%	65%	65%	63%
Diagnosed Heart Disease									9%	8%	5%	10%
Diagnosed High Blood Pressure	27%	41%	37%	45%	43%	42%	41%	39%	40%	38%	33%	40%
1+ Cardiovascular Risk Factor	78%	87%	92%	87%	93%	92%	92%	86%	88%	86%		88%
Diabetes/High Blood Sugar	14%	11%	16%	13%	12%	25%	11%	12%	14%	11%	11%	13%
Borderline/Pre-Diabetes	16%	12%	22%	16%	24%	12%	14%	18%	17%	20%		15%
Currently taking GLP-1									11%	11%		
Behavioral Health												
“Fair/Poor” Mental Health									19%	21%		24%
Symptoms of Chronic Depression	32%	47%	50%	34%	67%	61%	51%	36%	42%	37%		46%
Receiving MH Treatment									17%	20%		22%
Caregiver to Friend/Family									22%	22%		23%
Life negatively affected by own or someone else’s substance use	14%	39%	33%	39%	44%	40%	40%	32%	35%	33%		45%
Adults who smoke cigarettes	9%	24%	20%	17%	25%	37%	26%	15%	19%	9%	9%	24%
Adults who use vaping products	10%	14%	19%	13%	28%	26%	22%	13%	15%	11%	6%	19%
Adults heavy/binge drinking	16%	21%	19%	25%	29%	20%	26%	23%	21%	19%	16%	34%
Adults who use THC products	13%	33%	23%	18%	50%	25%	27%	19%	21%	20%		n/a

^US Census Bureau American Community Survey, 5-year estimates 2. Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER
 Small sample size limits the availability of data at all levels of analysis for certain indicators.

Priority Areas:

Key factors used to define Englewood Health’s priority areas were derived from analysis of the data from the 2025 CHNA. The key factors were identified because they were below the national benchmark, the magnitude of people impacted was significant, key informants identified the issue as very important, or a combination of all of these criteria.

Priority Area: Healthy Minds

Key Factors:

- ▶ Appropriate Mental Health for All
- ▶ Caregivers and Caregiving
- ▶ Family Treated for Prescription Drug Addiction
- ▶ Marijuana/ THC Use
- ▶ Stress, Worry, Fear
- ▶ Alcohol and Unintentional Drug-Induced Deaths
- ▶ Diagnoses and Symptoms of Depression
- ▶ Fair/Poor Mental Health
- ▶ Personally Impacted by Substance Use
- ▶ Substance Use

Goal: Increase access to mental and behavioral health support at the appropriate level of care for all people

Objectives	Strategies
<ol style="list-style-type: none">1. Expand access to behavioral health information, services, education, resources, and screenings2. Expand connections to an appropriate level of care for substance use and mental wellness skill-building programming initiatives for people of all ages	<ul style="list-style-type: none">• Further implement behavioral health screenings and expand connections to resources for patients and the community• Leverage data to identify and address needs and gaps in care• Provide group emotional well-being skills, tools, and education sessions to patients, their caregivers, and the community• Collaborate with community partners to increase access to mental wellness information, education, treatment, prevention programming, and support.• Provide evidence-based education and programming regarding substance use and addiction, responsive to changes in local needs

Priority Area: Healthy Bodies

Key Factors:

- ▶ Access to Health Care
- ▶ Cancer
- ▶ Diabetes
- ▶ Emergency Room Use
- ▶ Healthy Weight
- ▶ Infant Death
- ▶ Reaching People Left Behind
- ▶ Social Determinants of Health
- ▶ Tobacco Use
- ▶ Adult Asthma
- ▶ Chronic Conditions
- ▶ Disabling Conditions
- ▶ Healthy Living for all Ages
- ▶ Heart Disease
- ▶ Nutrition and Physical Activity
- ▶ Skipping/Stretching Prescriptions
- ▶ Supporting Caregivers
- ▶ Unintentional Injury Death*

Goal: Increase access, coordination, and connection to care and resources for all people

Objectives	Strategies
<ol style="list-style-type: none">1. Expand the reach of education and interventions addressing wellness, health promotion, prevention efforts, risk factors, and healthy behaviors2. Strengthen opportunities to participate in programs promoting education and awareness of chronic and complex conditions3. Leverage digital tools to improve patient outcomes and experience	<ul style="list-style-type: none">• Utilize partnership to increase lives touched by healthy living and health promotion messages• Participate in community-based events addressing issues of wellness, prevention, and risk factors• Increase awareness of and access to chronic disease education and support programs• Increase participation in Englewood evidence-based healthy eating and healthy living programs• Strengthen linkages to care and care navigation within the physician network• Expand use of Find Help and other tools to increase connections to Social Drivers of Health and other supports to improve wellness and quality of life• Use digital tools to increase access to health screening and maintenance

Priority Area: Harnessing Partnership

Key Factors:

- ▶ Appointment Availability
- ▶ Collaborative Impact
- ▶ Creativity and Safe Spaces
- ▶ Difficulty Finding a Physician
- ▶ Food Insecurity*
- ▶ Inconvenient Office Hours
- ▶ Link to Existing Services
- ▶ Strengthen Partnership
- ▶ Build Local Capacity
- ▶ Cost of Prescriptions*
- ▶ Difficulty Accessing Produce*
- ▶ Financial Strain and Access*
- ▶ Housing Insecurity*
- ▶ Lack of Transportation
- ▶ Social Drivers of Health
- ▶ Use of Food Pantries*

Goal: Foster cross-sector collaboration, advocacy, and innovation to address complex community health needs and reduce gaps in services

Objectives

1. Further collaboration among healthcare, public health, education, and social service partners
2. Invite new partners to participate in and expand the scope of Englewood Health care and support services
3. Consistently review and assess efforts to connect patients to resources, tools, and navigation services that reduce barriers to care

Strategies

- Continue to expand opportunities for joint activities and messaging with community partners
- Promote awareness of health care and social service support and resources
- Increase referral connections with community partners
- Review data from current initiatives regularly to identify emerging needs and respond to gaps in service
- Seek input and feedback from patients, caregivers, and the community to identify areas of need and opportunities to enhance referral partnership and navigation

Alignment with Healthy New Jersey Statewide Priority Topics

The health needs identified in the 2025 CHNA were confirmed by community stakeholders and refined through collaborative discussions. Local concerns were then aligned with the statewide health priorities outlined in the Healthy New Jersey 2030 Statewide Plan. These priorities, including Access to Quality Care, Healthy Communities, Healthy Families, and Healthy Living, help guide the 2026 to 2028 Implementation Plan. This approach ensures that priority areas are grounded in local issues and community informed strategies for action, while maintaining a clear connection to statewide initiatives.

Approval of Implementation Strategy

After reviewing the 2026-2028 Implementation Plan addressing the priority needs identified in the 2025 CHNA, the Englewood Hospital Board of Trustees voted to approve the 2026-2028 Englewood Health Implementation Plan on April 23, 2026.

Next Steps

Community health improvement requires collaboration among community-based organizations, policy makers, funders, and many other partners. Englewood Health's Implementation Plan is an active document, designed to serve as a guide to coordinate community resources and to measure progress. Englewood Health invites opportunities for partnership and collaboration as we seek to serve all people. For more information about Englewood Health's 2026-2028 Implementation Plan and community benefit activities, or to get involved, please visit the Englewood Health website.

Our Research Partners



At the intersection of health and community development
www.35thStreetConsulting.com

35th Street Consulting is a certified Small Business Enterprise (SBE) and Women-Owned Business Enterprise (WBE) based in New Jersey. We specialize in transforming data into actionable insights that enhance the health and well-being of individuals, communities, and institutions through practical, localized strategies. Our expertise lies in turning research findings into action through strategic planning, policy change, and collective impact initiatives.



www.PRCustomResearch.com

Professional Research Consultants (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.