NEW JERSEY State Health Assessment 2010

Chris Christie, *Governor*
Kim Guadagno, *Lt. Governor*

Mary E. O'Dowd
Commissioner

State of New Jersey
Chris Christie
Governor

State of New Jersey
Kim Guadagno
Lieutenant Governor

New Jersey Department of Health
Mary E. O'Dowd
Commissioner

2010 State Health Assessment

New Jersey Department of Health

Prepared by

New Jersey Department of Health
Office of Policy and Strategic Planning
Trenton, NJ
Web: www.nj.gov/health
Phone: 609-984-0157

Colette Lamothe-Galette, MPH
Maria Baron, MAS
Loretta Kelly, MS

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Acknowledgements

HNJ2020 Coordinating Committee (3 members)
Office of Policy and Strategic Planning Center for Health Statistics

HNJ2020 Action Project & Regional Meeting Steering Committee (8 members)
Office of Policy and Strategic Planning Center for Health Statistics
Chronic Disease Program Office of Local Public Health
Office of Minority and Multicultural Health

HNJ2020 Workgroup (~30 members)
Office of Policy and Strategic Planning Center for Health Statistics
Family Health Services Asthma Awareness and Education Program
Chronic Disease Program Comprehensive Tobacco Control Program
Diabetes Prevention and Control Program Heart Disease and Stroke Prevention Program
Office of Nutrition and Fitness WIC Services
Office of Local Public Health Office of Minority and Multicultural Health
Office of Health Care Quality Assessment Communicable Disease Service
Cancer Epidemiology Services HIV/AIDS, TB and STD Services
Emergency Preparedness Aging and Community Services
Maternal and Child Health Epidemiology Program
Consumer, Environmental and Occupational Health Service

Interagency Partners
NJ Department of Education NJ Department of Environmental Protection
NJ Department of Human Services NJ Department of Law and Public Safety

Non-government Partners
Violence Institute of New Jersey at UMDNJ
New Jersey Poison Information and Education System (Poison Control Center)

DOH Stakeholder and Partners
See Appendix A for a list of participating Organizations

Letter from the Commissioner

State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

April 3, 2014

Dear Colleagues:

The New Jersey Department of Health Office of Policy and Strategic Planning joined forces with our public health stakeholders and partners to produce this report, New Jersey State Health Assessment 2010. It is a comprehensive review of health data based on the benchmarks set in Healthy New Jersey 2000. The report will serve as the baseline for New Jersey's overall health status.

The report will serve as a framework: For planning, goal setting, and agenda building; to highlight Department of Health improvement priorities; to support grant or funding applications; and to measure and evaluate our progress. The data will also be part of the Department's application for public health accreditation to the Public Health Accreditation Board.

The Department of Health has been leading the development of Healthy New Jersey objectives for the past three decades. Over the past two years, we have worked on how to better integrate and implement Healthy New Jersey so it is more readily accessible to the general public and applicable at the local level to provide guidance on DOH healthy improvement priorities and inform health improvement strategies.

It is my hope that it will be widely used as an essential tool for local health agencies, health system partners, community and faith-based groups, the public and other stakeholders in strategic planning and as benchmarks for measuring long-term public health program outcomes.

Sincerely,

Mary E. O'Dowd, M.P.H.
Commissioner

Executive Summary

In collaboration with hundreds of partners, the New Jersey State Health Assessment (SHA) 2010, also referenced as Healthy New Jersey, was completed under the leadership of the New Jersey Department of Health. It provides a comprehensive summary of major health priority areas that were agreed upon in 2000. Throughout the decade since inception, repeated reviews, updates and analyses of these data have been conducted (Appendix C). The 2010 SHA represents both the completion of the decade long assessment and the baseline for New Jersey's overall health status and health improvement planning going forward.

In keeping with the mission of the Healthy New Jersey initiative, the SHA completed its goal to provide measurable objectives which could be used to inform health improvement strategies statewide. A lot of emphasis has been placed on improving its use as a tool to make it readily applicable at regional and local levels, as well as by the general public.

New Jersey's geography and population is diverse, as are the outcomes observed among differing groups throughout the state. Whenever possible, the population health measures were evaluated by race and ethnicity, age and gender.

The information herein provides a synopsis of key findings in the overarching areas summarized below.

- *Overall Health Status* includes measures such as average life expectancy and resident's perceptions of their own health that give an overview of the general health status of New Jerseyans.
- *Fundamentals of Good Health* focuses on environmental health measures as well as those relative to healthy behaviors of individuals from infancy through their senior years.
- *Preventing and Reducing Major Diseases* concentrates on some of the leading causes of death and morbidity statewide.
- *Strengthening Health Capacity* provides measures that address state and local health entities' ability to meet requirements in serving the public as per state laws and administrative rules.

Collectively, the measures provide a data-driven view of New Jerseyans' health status that is intended to inform health planning and health promotion activities throughout New Jersey's public health system.

Executive Summary

The highlights provided in this document are supported by a summary of the status of the 132 objectives which make up the entire assessment in Appendix B as well as with the companion document, *State Health Assessment 2010 Chart Book* which illustrates health trends and outcomes from 2000 to 2010 for each of the measures.

Highlights

Access to Health Care

- Most measures of access to health care remained stagnant over the decade; however, hospital admissions for Ambulatory Care Sensitive conditions declined enough for the targets to be met by the total, White, and Hispanic population under age 65 and Whites under age 5. While racial/ethnic disparities persisted, the gap between groups narrowed considerably.

Fundamentals of Good Health

Environmental Health

- Advances were made in both testing and mitigation of radon in New Jersey homes.

Healthy Mothers and Young Children

- While infant mortality continues to decline, the disparity between Blacks and other racial/ethnic group persists as does the disparity in the low birth weight rate.
- While the percentage who received no prenatal care was between 0.2% and 1.6% over the course of the decade for White, Hispanic, and Asian mothers, the percentage among Black mothers decreased from a high of 4.6% in 2001 to 2.2% at the end of the decade. Receipt of first trimester prenatal care rose among all groups other than White.
- While initiation of breastfeeding rose, exclusive breastfeeding (without formula supplementation) declined over the course of the decade.
- Enrollment in the New Jersey Immunization Information System increased to more than 90%, yet childhood vaccination coverage levels stagnated.
- Childhood lead poisoning efforts were met with success over the decade. Screening of children by age 2 years increased from 33% to 85% and the proportion of those children whose initial blood lead level was high (≥ 10 µg/dL) decreased from 5% to less than 1% between 2000 and 2010.
- In 2000, only a little more than half of newborns were being screened for hearing loss. By decade's end, virtually all newborns were being tested (99.8%). While the follow-up rate after positive screening has increased from 1/3 to 2/3 of those newborns, much still needs to be done to achieve the 90% target that was not yet met in 2010.

Healthy Behaviors - Adolescents

- Use of tobacco, alcohol, marijuana, and inhalants among middle school students decreased during the decade such that all targets were met. Smoking among high school students also decreased to levels well below the targets that were set; however, use of alcohol, marijuana, cocaine, and inhalants did not decline enough to reach the 2010 targets.
- Teen births have been on the decline nationally for many years and New Jersey has historically had one of the lowest teen birth rates in the nation. Targets were met by all racial/ethnic and age groups (10-14, 15-17, and 18-19) in New Jersey.
- Homicides of males aged 15-19 years increased through most of the decade.

Highlights

Healthy Behaviors – Adults

- Adult obesity increased over the decade among all racial/ethnic and gender groups. Exercise levels increased slightly while Five-a-Day fruit and vegetable consumption stagnated.
- At decade's end, homicides of males aged 20-34 years were above 2000 levels but the increase wasn't as dramatic as among teens.

Occupational Health and Safety

- The proportion of workers with elevated blood lead levels (≥ 25 µg/dL) in 2010 was less than half what it was in 2000. Work-related injury deaths among construction workers also halved during the decade.

Unintentional Injury

- The routine use of seat belts has increased from about ¾ of adults in 2000 to more than 90% in 2010. Deaths due to motor vehicle-related injuries declined and New Jersey continues to have one of the lowest motor vehicle-related death rates in the nation.
- During the decade, deaths due to falls among older adults and traumatic brain injury incidence increased.

Preserving Good Health for Seniors

- Pneumococcal vaccination rates increased slightly between 2000 and 2010 while that of influenza was virtually the same in 2010 as in 2000.
- Hip fracture hospitalizations declined during the decade.

Preventing and Reducing Major Diseases

Heart Disease and Stroke

- The age-adjusted death rate due to coronary heart disease decreased 35-40% among each racial/ethnic group in New Jersey.
- While the stroke death rate among younger Blacks remains much higher than that of other racial/ethnic groups, the rate among Blacks aged 65 years and older declined to a level below that of Whites by decade's end.
- Cholesterol screening increased among all racial/ethnic groups.

Diabetes

- Deaths due to diabetes declined during the decade but a disparity between Blacks and other racial/ethnic groups persists.
- Lower extremity amputations due to diabetes declined substantially. End-stage renal disease (ESRD) also declined.

Highlights

Cancer

- Although breast cancer death rates declined, targets were not met except among women aged 50-64 years. Mammography rates remained unchanged yet more breast cancers were diagnosed early (in situ/local).
- Cervical cancer death rates declined most notably among Black women, nearly eliminating the racial disparity that existed in the past. Pap test rates remained unchanged but the incidence of invasive cervical cancer declined.
- Prostate cancer death rates declined but a large racial/ethnic disparity remains between Blacks and all other groups.
- Targets for colorectal cancer death and incidence rates were met by all groups for whom a target was set and sigmoidoscopy rates increased for all groups.
- Lung cancer death rates declined while melanoma incidence rates rose.

HIV/AIDS

- One of the greatest public health triumphs of the decade was the increase in HIV testing and the decrease in HIV and AIDS incidence and HIV disease deaths.
- Nearly all persons tested at publicly funded sites now receive their HIV test results compared to only about 2/3 in 2000.
- While Blacks continue to have the highest incidence rate, the disparity among those aged 15-44 narrowed substantially for males and even more so for females. HIV incidence among males aged 50 and older halved between 2000 and 2010.
- The percentage of mothers of newborns who have HIV-positive readings dropped to less than 1/100th of a percent by the end of the decade.
- The incidence of AIDS in 2010 was half what is was in 2000 for every racial/ethnic group and the death rate due to HIV disease among persons aged 25-44 years was about ¼ its 2000 rate for every racial/ethnic group with the most progress seen among Blacks who continue to have the highest rate.

Mental Health

- The average number of monthly good mental health days and the suicide rate among high-risk groups were unchanged during the decade.

Addictions

- Cigarette smoking among adults declined while binge drinking remained the same or increased among the racial/ethnic groups of New Jersey. Alcohol-related motor vehicle injury deaths decreased but drug-related deaths increased slightly.

Asthma

- The asthma death rate decreased, most notably among Blacks, however the hospitalization rate increased indicating poor management of asthma.

Highlights

Infectious Diseases

- Tuberculosis incidence declined but the rate among Asians remained more than double that of every other racial/ethnic group. More patients are completing curative therapy.
- Lyme disease incidence peaked in 2009 at 53 cases per 100,000 population.

Sexually Transmitted Diseases

- Chlamydia incidence and prevalence continues to rise, particularly among adolescent females.
- Gonorrhea incidence declined while primary and secondary syphilis incidence increased.
- The incidence of congenital syphilis decreased 85% between 2000 and 2010.

Introduction

The New Jersey State Health Assessment is a comprehensive review of health data that informs on New Jerseyans' overall health status. It summarizes the work conducted to collect and analyze the data. These data are continuously used and updated to educate and mobilize communities, develop priorities, and plan actions to improve public health.

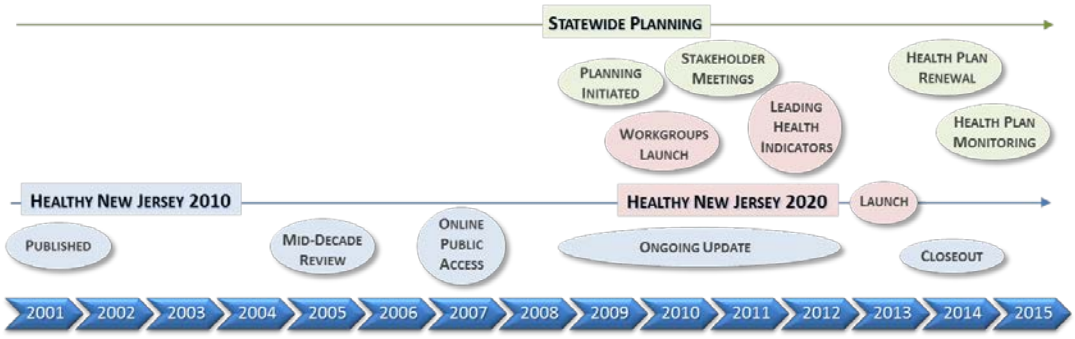
Healthy New Jersey is administered by the New Jersey Department of Health (DOH), in collaboration with a host of partners, internal as well as external to the agency. It is compiled primarily using the Healthy People framework. Healthy People is an on-going initiative of the US Department of Health and Human Services' Office of Disease Prevention and Health Promotion that establishes, at the beginning of each new decade, a 10-year agenda for improving the nation's health.

The Healthy New Jersey challenge is to provide the most current information and evidence, in the form of data, available on population health status. At the start of a decade, the DOH identifies and prioritizes public health goals in collaboration with statewide partners. To achieve these goals, detailed public health objectives are developed with numeric targets to be met by the end of the decade based on baseline data across population categories. DOH is responsible for tracking and publicly reporting the progress made towards achieving all health improvement goals on an annual basis for the duration of each decade.

For *Healthy New Jersey 2010: A Health Agenda for the First Decade of the New Millennium* (HNJ2010), the DOH established a set of health objectives in 2000 for the State to achieve over the first decade of the 21st century. DOH adopted the vision, mission, and overarching goals of Healthy People 2010 but tailored objectives to the health issues facing residents of New Jersey. A mid-decade review, *Healthy New Jersey 2010: Update 2005* was completed in May 2005. The update provided government, nonprofit agencies, community groups, professional organizations, and others with data to inform and continue targeted health improvement initiatives statewide.

In 2009, DOH began planning for *Healthy New Jersey 2020*. As with the federal initiative, the planning, implementation, execution, and assessment phases of HNJ overlap between the HNJ2010 and HNJ2020 initiatives. (See Figure 1). Thus, while the final assessment of HNJ2010 is the basis of this publication, HNJ2020 will serve as the foundation of the State Health Improvement Plan.

Figure 1. Healthy New Jersey Planning & Implementation Timeline



New Jersey State Demographic Profile

Geography and Population

New Jersey is a geographically small state, ranking 46th in the nation in land area; yet it is the 11th most populous state, with 8.7 million residents.[1] New Jersey has the distinction of being the country's most densely populated state for more than 40 years, with over 1,195 residents per square mile.

New Jersey is an integral part of two of the most populous urbanized areas in the eastern United States: the New York, Newark and Philadelphia areas. New Jersey has 94.7% of its population residing in urban areas, making it the second most heavily urbanized state in the US, behind California[2]

Race/Ethnicity and Nativity

New Jersey is one of the most racially and ethnically diverse states in the country. According to the 2010 US Census, 59% of the population of New Jersey was White, 18% was Hispanic, 13% was Black or African American, 8% was Asian, 0.1% was American Indian and Alaska Native, and 1.5% reported two or more races.[3]

Like the nation, New Jersey's Hispanic population increased substantially in the past decade, led by a more than 100% increase in the number of persons of Mexican origin. New Jersey's Cuban population increased 7.8% between 2000 and 2010, reversing the declining trend in previous decades. Puerto Ricans remained the largest Hispanic group in the state and accounted for 27.9% of the state's total Hispanic population in 2010.

The Asian Indian population is the state's largest Asian group and increased 72.7% between 2000 and 2010.[4] Chinese, Filipino, and Korean were New Jersey's second, third, and fourth largest Asian groups, respectively, as of 2010. Japanese was the only Asian group to experience a decline, 10%, during the past decade. These trends are similar to the national trend. The number of non-Hispanic Blacks or African Americans increased 2.7% over the decade; however the proportion of non-Hispanic Blacks in the state decreased 1% during the same time period. The proportion of non-Hispanic Whites

decreased in New Jersey to 59.3% in 2010 from 66.0% in 2000 and 74.0% in 1990. This declining trend in the non-Hispanic White population was similar to the nation's decline of over 5%, or in 2010, 63.7% of the nation's total population.[5]

Approximately 1.5% (134,844 persons) of New Jersey's non-Hispanic population reported two or more races in the 2010 Census, similar to the 1.6% reported in 2000. More than 20% of the state's residents are foreign-born, and the proportion is likely to increase over the next decade.[6]

Age

The New Jersey median age increased to 39.0 years in 2010, an increase of 2.3 years from 2000, a reflection of the aging of the baby boomer generation and increasing life expectancy after age 65. In line with a national trend, the 6.5% growth of the population aged 65+ between 2000 and 2010 was faster than the total population growth of 4.5% in New Jersey. Nationally, the elderly and total population grew by 15.1% and 9.7%, respectively, between 2000 and 2010. The number of children (under 18 years) declined slightly, a drop of 1.1% in New Jersey during the past decade. Conversely, the nation's under-18 population had a moderate growth of 2.6% between 2000 and 2010.

Economic Landscape

WORKFORCE

In 2000, retail trade (14.9%) and professional, scientific, and technical services (12.9%), and construction (9.9%) were the top industries accounting for over 37% of establishments in New Jersey.

A decade later, health care and other service industries outpaced construction in New Jersey. From 1990 to 2010, the health care industry added nearly 160,000 new jobs in New Jersey, growing at an annual rate of 2.4%; accounting for 3 of every 5 new jobs statewide since 1990. Combined annual growth for all other industries was about 0.2%.[7]

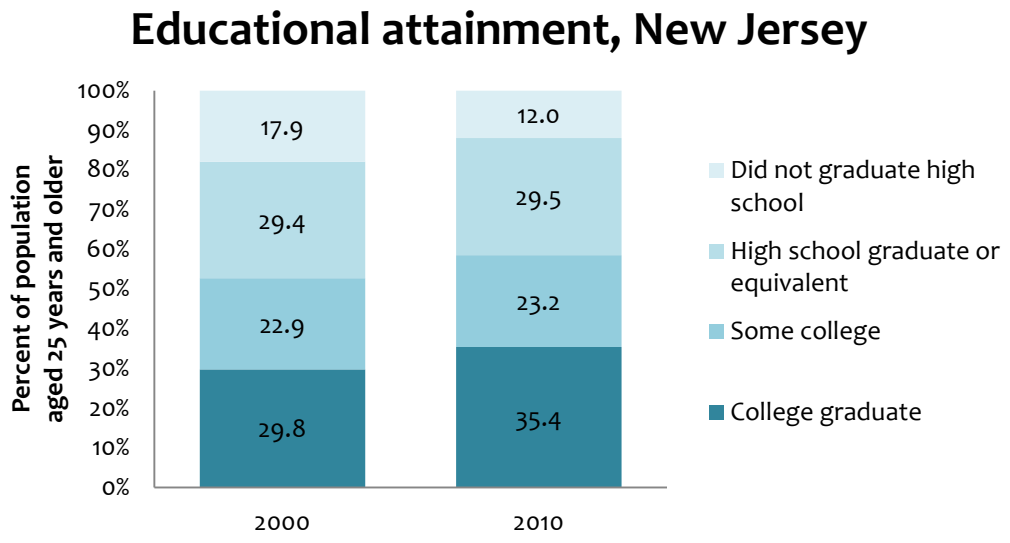
New Jersey State Demographic Profile

As of 2012, bio/pharmaceuticals and life science supports 3.6% of the state's private sector workforce, and has seen a 6.3% growth in the last six years. Meanwhile transportation, logistics, and distribution employed 11.2% of the state's private sector workers, a higher percentage than for the nation (8.9%). Financial services and advanced manufacturing accounts for approximately 54% of employment, the top areas are chemical, computer and electronics, fabricated metal and manufacturing. Technology supports over 11% of the work force, while leisure, hospitality, and retail support the state's tourism industry and employs over 24% of the workforce.[8]

EDUCATION, EMPLOYMENT, AND INCOME

Adult New Jerseyans exceed national estimates for average educational attainment. Nationally, 86% of persons age 25 and older had graduated high school or higher and 28% had a bachelor's degree or higher. Between 2000 and 2010, the proportion of state residents ages 25 and older who had graduated high school rose from 82% to 88%, and the proportion who earned a bachelor's degree or higher rose from 30% to 35%.[9] (Figure 2)

Figure 2.



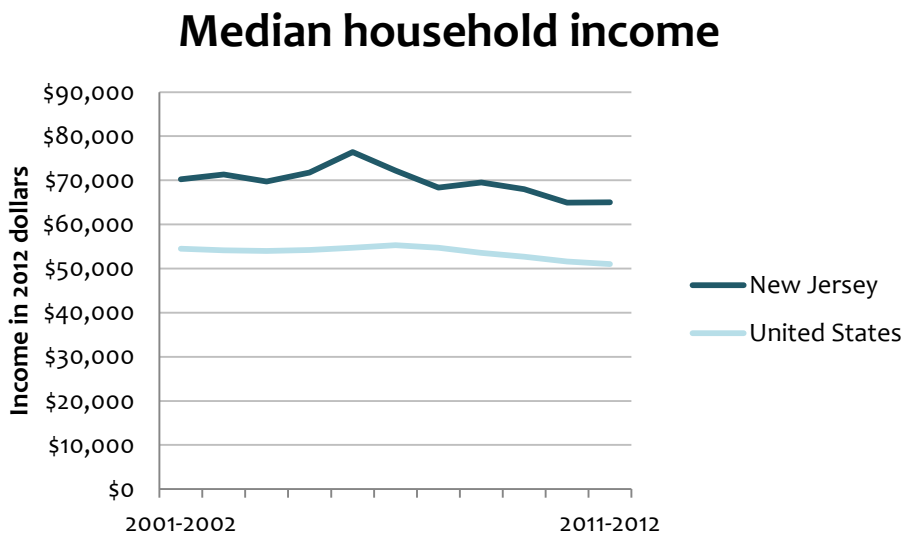
Source: US Census Bureau, 2012

For the majority of the past decade (2000 to 2008) the average monthly unemployment rate was 4.8%, but jumped to over 9% from 2009-2012, after the nation experienced the recession of 2008.[10] Since 2010, the state's unemployment rate has remained steady (9.4% to 9.6%).

New Jersey's average household (2.7 persons) and family (3.2 persons) size did not change between 2000 and 2010. Of the more than 3.2 million occupied housing units in 2010, over 65% had owner as occupants, and the remainder renters. The median value of owner-occupied units doubled between 2000 and 2010, increasing over $170,000.[11]

Based on 2012 inflation-adjusted dollars, New Jersey median household income was 25% to 40% higher than that of the US each year of the decade, fluctuating between $68,000 and $76,000.

Figure 3.



Source: US Census Bureau, 2012

The New Jersey median household incomes (primary householder) differ across levels of educational attainment as shown in the table below.

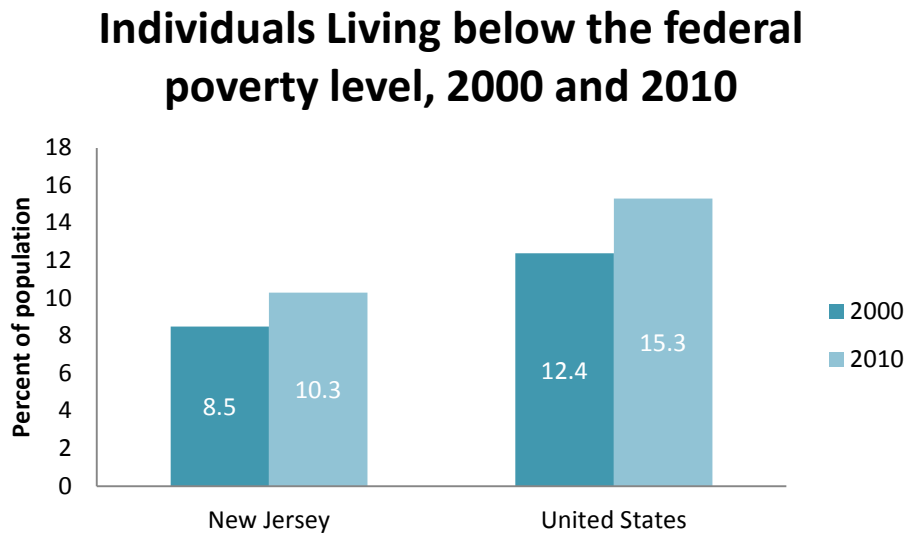
Educational Attainment Level of the Householder	Median Household Income, 2009-2010 (in 2012 Dollars)
Less than High School	$28,182
High School Diploma	$47,529
Some College	$65,487
Bachelor's Degree or Higher	$110,286

Source: US Census Bureau, 2012

Poverty

The percentage of New Jersey's population living in poverty is much lower than in the nation as a whole. In 2010, 10.3% of New Jerseyans were living below the federal poverty level, compared to 15.3% nationally.[12] Also, between 2000 and 2010, the percentage of people in poverty nationally increased from 12.4% to 15.3%, an increase of over 15 million people.

Figure 4.



Source: US Census Bureau, 2012

State Health Overview

New Jersey ranks tenth among the healthiest states in the nation.[13] In recent years, the state has made significant accomplishments in reducing the incidence of HIV/AIDS, improving child lead and hearing screening test rates, as well as in reducing the rate of deaths due to alcohol related motor vehicle injuries. Analysis of health trends have also revealed some areas where limited progress had been achieved for example in obesity prevalence rates among adults and sexually transmitted disease infection rates. Reviewing and disseminating these information, provides an opportunity for building on the successes and adjusting existing strategies to achieve set health improvement goals statewide.

The Healthy New Jersey framework includes key health promotion and disease prevention categories: Overall Health Status, Access to Health Care, Fundamentals of Good Health, Preventing and Reducing Major Diseases, and Strengthening Public Health Capacity, which are the focus of the discussion about the state's health.

This report provides essential information about these overarching health areas. Greater details on the one hundred thirty eight objectives which comprise the health assessment are summarized in the 2010 State Health Assessment Chart Book (SHA Chart Book). In addition, public access to the data, analysis, and resources supporting the HNJ2010 objectives is provided on the DOH State Health Assessment Data website (nj.gov/health/shad).

Overall Health Status

Preventing disease is one of the most effective strategies for helping people live longer, healthier lives.[14] Making lifestyle or behavioral changes and becoming educated about symptoms and signs of illness reduces a person's risk for disease and improves his or her ability to function independently in later life. Establishing health improvement goals and applying the data to develop health promotion and disease prevention strategies may help improve the overall health of New Jersey. Surveillance of some key statewide health indicators through this assessment reveals the following:

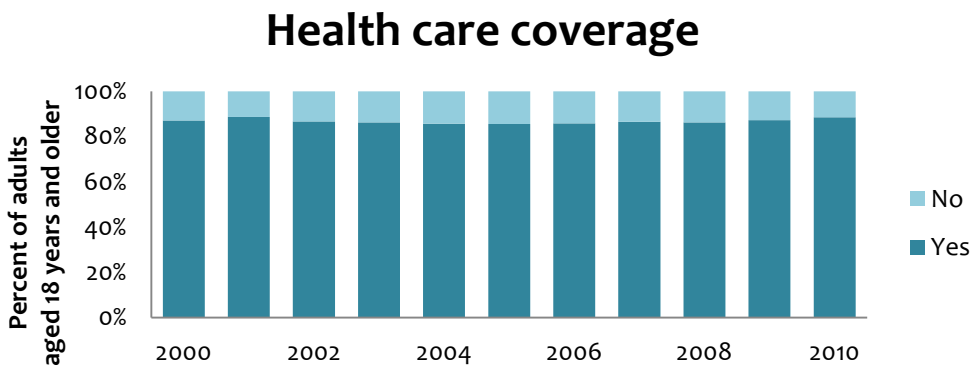
State Health Overview

- Life expectancy of New Jerseyans at birth is at an all-time high of over 80 years. Life expectancy among females is higher than among males and Asians have the highest life expectancy (89 years), followed by Hispanics (84 years), Whites (81 years), and Blacks (76 years).
- In 2010, 85% of New Jersey adults aged 18 years and older reported good, very good, or excellent **general health status**.
- Overall, New Jersey adults reported an average of 28.1 days able to conduct usual activities (**ability days**) within the past 30 days.

Access to Health Care

Lack of health insurance is strongly associated with lack of access to health care services, particularly preventive and primary care. The uninsured are significantly more likely to be in fair or poor health, to have unmet medical needs or surgical care, not to have had a physician or other health professional visit, and to lack satisfaction in quality of care received. In 2010, the percentage of persons over the age of 18 years old (and under 65 year old) who were uninsured in New Jersey, was 11.5%, down from 12.5% in 2000.(Figure 5). Among children 18 years old and younger, 6.3% were without health insurance in 2010, and 12.2% were uninsured in 2006—the earliest data year available from this data source. The percent of New Jersey children ages 0-18 at or below 200% of the federal poverty level that did not have health coverage was 22.5% in 2006, but showed marked improvement by 2010 (11.0%).[15]

Figure 5.



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2000-2010

Fundamentals of Good Health

ENVIRONMENTAL HEALTH

The environment in which we live can have adverse effects on our health. Since 2006, DOH and NJ Department of Environmental Protection have participated in the National Environmental Public Health Tracking (EPHT) Network, which is the ongoing collection, integration, analysis, and interpretation of data about environmental hazards, exposures, and potentially related adverse health outcomes. The goal of EPHT is to protect the health of communities by providing information for use in planning and evaluating public health and environmental actions.

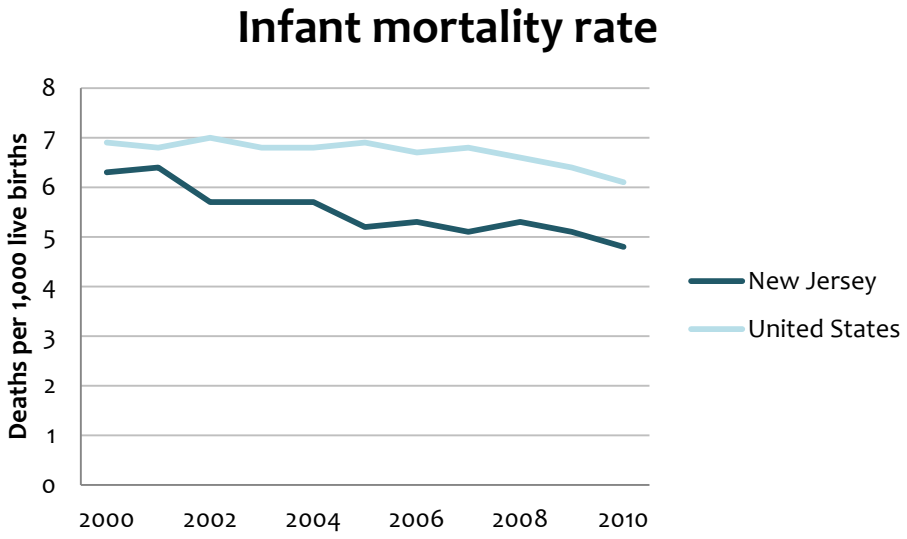
- By 2010, more than a quarter of New Jersey homes had been tested for **radon** and 44% of those testing above 4 pCi/L of radon had been mitigated.
- **Beach closings** due to elevated bacteriological levels are dependent on weather conditions and vary by year. There was an average of 48 closings during 2000-2010.
- As of 2010, 298 public health assessments of **hazardous waste** sites had been performed.

HEALTHY MOTHERS AND YOUNG CHILDREN

Healthy mothers, infants, and children are an essential first step in improving the health of future generations. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enhance quality of life and life expectancy.

- For decades, New Jersey's **infant mortality rate** has been lower than that of the nation as a whole. The rate has steadily declined, decreasing 24% from 6.3 in 2000 to 4.8 deaths per 1,000 live births in 2010. Meanwhile, the US rate only declined 12% from 6.9 to 6.1 (Figure 6).
- While the overall rates declined in the past decade, significant differences in rates when comparing across racial/ethnic groups persist. Black infant mortality rates (12.1 per 1,000 live births) are significantly higher compared to Whites (3.5), and Hispanics (4.7).

Figure 6.

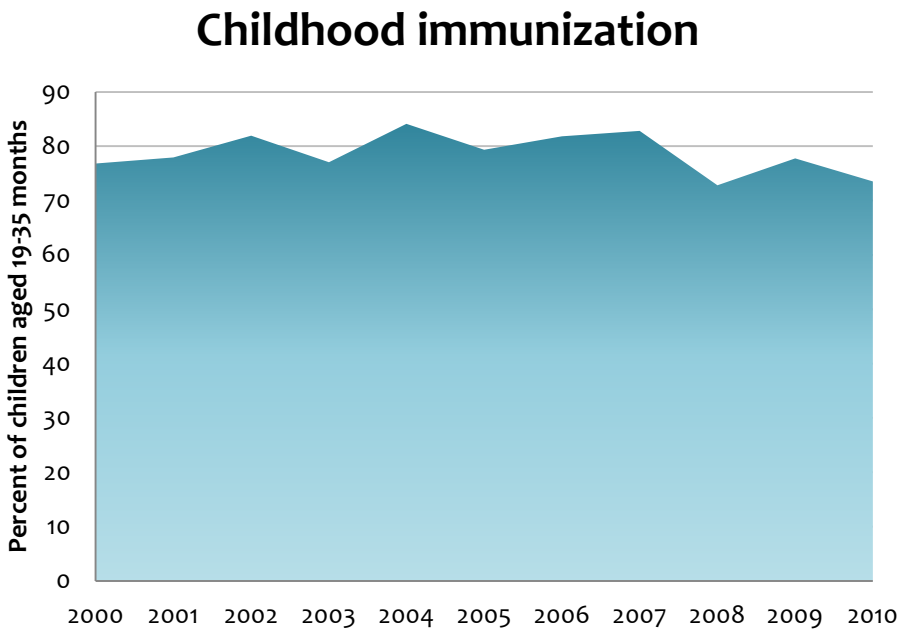


Source: New Jersey Department of Health, Center for Health Statistics and United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), WONDER 2007-2009

- **Low birth weight** (< 2,500 g) has been steadily increasing both in New Jersey and nationwide. Currently, the rate stands at about 8% for the state as well as the nation. Very low birth weight (< 1,500 g) has remained constant since the 1990s in New Jersey and nationally at around 1.5% of live births.
- Early and adequate **prenatal care** is essential to healthy pregnancies and birth outcomes. For many years, about three-quarters of New Jersey mothers received first trimester prenatal care until the proportion began to increase in 2007. In 2010, 78.5% of mothers received prenatal care in the first trimester. The proportion of mothers not receiving any prenatal care has been around 1.0-1.2% for the last two decades.
- In 2010, 94% of mothers **abstained from alcohol** and 89% **abstained from tobacco** products during **pregnancy.**

- Key vaccination initiatives introduced by the DOH during the past decade include "On Time Every Time" which required health care providers to vaccinate a child with all of the **childhood immunizations** by 12 months of age, and the New Jersey Immunization Information System (NJIIS) which provides a mechanism for providers to keep track of patient immunizations for both children and adults. The percentage of newborns enrolled in NJIIS more than doubled from 41% in the Healthy New Jersey baseline year (1998) to 91% in 2010.

Figure 7.



Source: National Immunization Survey, National Center for Health Statistics, US Centers for Disease Control and Prevention, 2000-2010

- The proportion of children 2 years old and younger who were screened for lead poisoning rose from 33% in 2000 to 85% in 2010 and the percentage whose initial blood lead level was ≥ 10 µg/dL decreased from 5% in 2000 to 0.7% in 2010.
- In 1998, 30% of newborns were screened with state of the art technology to detect hearing loss. By 2010, the proportion had risen to virtually universal screening (99.8%) and of those with positive results, two-thirds had received diagnostic follow-up by 3 months of age.

State Health Overview

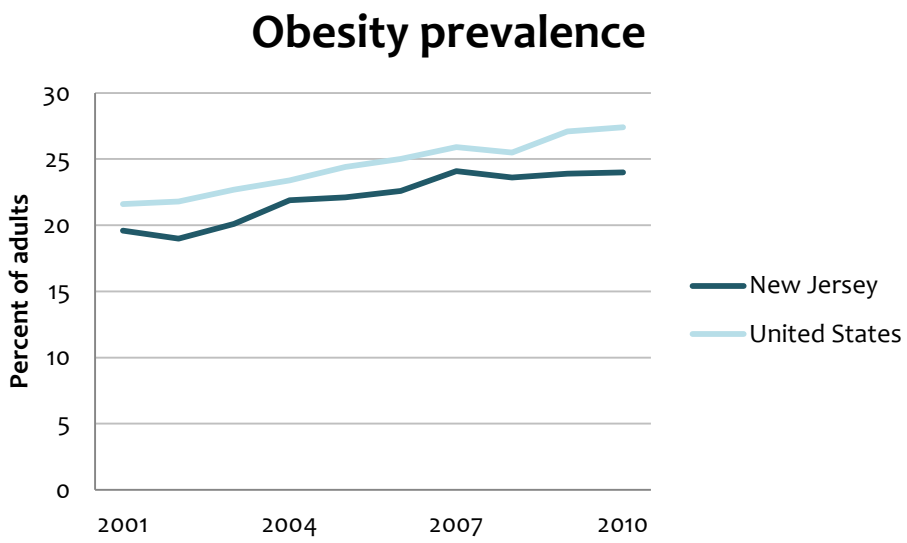
HEALTHY BEHAVIORS - ADOLESCENTS

- During the 2000-2010 decade, the proportion of middle school students reported using **substances** in the past 30 days declined from
  - 13% to 3% for cigarettes[16]
  - 25% to 11% for alcohol
  - 7% to 3% for marijuana
  - 3% to 2% for inhalants[17]
- The **smoking** rate among New Jersey high school students is routinely below the US rate and is decreasing. In 2010, 14.3%[18] of students in grades 9-12 were current smokers. Nearly half (45%) of high school students reported consuming **alcohol** in the previous 30 days.[19]
- The rate of **births to teens** is lower in New Jersey than in the nation as a whole. The rate is highest among Hispanics, followed by Blacks, Whites, and Asians. The rate per 100,000 females declined over the decade for all three age groups:
  - 0.4 to 0.3 among those 10-14 years old
  - 16.5 to 10.0 among those 15-17 years old
  - 57.0 to 38.2 among those 18-19 years old

HEALTHY BEHAVIORS – ADULTS

- In 2009, one out of three (33.9%) New Jersey adults ate fruits, and one out of five (22.2%) ate vegetables less than once a day. Yet, 26.4% of adults reported consuming five or more servings of **fruits and vegetables** per day.
- Over the last decade, the prevalence of **obesity** among New Jersey adults increased from 18.5% in 2000 to 24.8% in 2010. The proportion **overweight** (but not obese) remained around 37%.
- New Jersey **physical activity** levels are slightly lower than nationwide statistics. Less than half (47.9%) of New Jersey adults report regularly engaging in moderate physical activity.

Figure 8.



Source: New Jersey Department of Health, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey and Centers for Disease Control and Prevention (CDC), 2000-2010

OCCUPATIONAL HEALTH AND SAFETY

The mortality rate from **work-related injuries** in the construction industry was almost reduced by half between 2000 and 2010, from 14.0 to 7.2 deaths per 100,000 construction workers.[20] The number of workers per 1,000,000 with blood **lead** concentrations ≥ 25 µg/dL decreased nearly 60%, from 133 to 57.[21]

UNINTENTIONAL INJURY

New Jersey's laws to protect motor vehicle drivers, passengers, bicyclists, and pedestrians are among the most stringent in the nation. More than 90% of New Jersey adults always utilize **seat belts**[22] while driving or riding in a car, compared to the national median 85%. New Jersey also has among the strictest laws for child safety seats, driving age, drunk driving, driver cell phone use, and motorcycle and bicycle helmets.[23] Thus, New Jersey consistently has significantly lower (40-50% lower) age-adjusted death rates for **motor vehicle-related injuries** than the nation.[24]

Preserving Good Health for Seniors

Similar to national results, about three-quarters of New Jersey adults aged 65 years and older report good, very good, or excellent health status.

- Nationally and in New Jersey, about two-thirds of older adults aged 65 years and older receive an annual influenza **immunization**. About two-thirds have also had at least one pneumococcal vaccination.[25]
- Supporting independence for older Americans and people with disabilities by providing affordable aging services for individuals and their families becomes more crucial as our population ages. In 1997, only 7.3% of public funds were allocated to **Home and Community Based Programs** (HCBP) as compared to nursing homes. By 2009, the ratio had shifted to 28% for HCBP and 72% for nursing homes.[26]

Preventing and Reducing Major Diseases

Chronic diseases such as heart disease, cancer, stroke, and diabetes significantly and often detrimentally impact the quality of life and well-being of the US population, including New Jerseyans. Complications from chronic disease, such as high blood pressure, diabetes, obesity can pose severe challenges to the maintenance of a healthy lifestyle.

Heart disease, cancer, stroke, and diabetes together account for nearly 60% of deaths annually in both New Jersey and the nation, but New Jersey's age-adjusted mortality rates are equal to or lower than the national rates for all four causes. (Table 1).

Table 1.

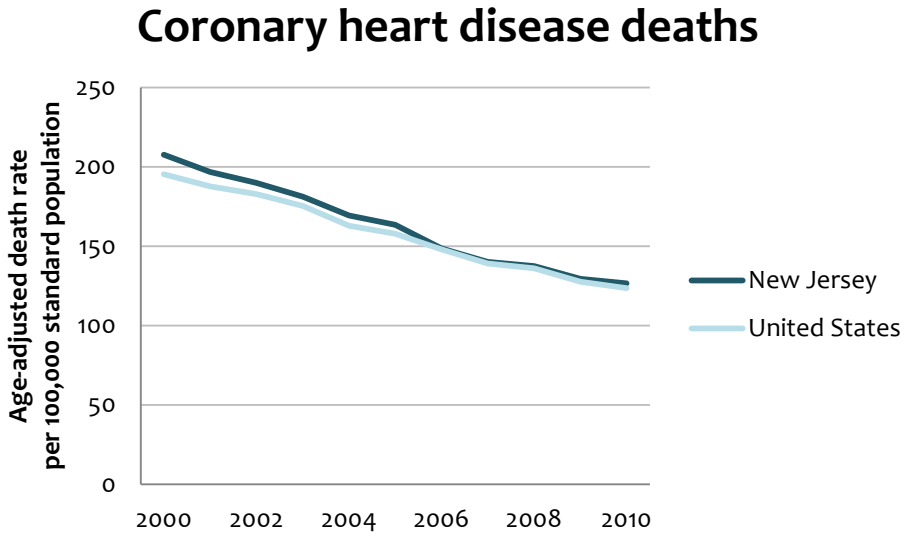
Cause of death	New Jersey		United States	
	Total	Percent of total	Total	Percent of total
All causes	69,500	100	2,468,400	100
Heart disease	18,700	27	597,700	24
Cancer	16,800	24	574,700	23
Stroke	3,400	5	129,500	5
Diabetes	2,100	3	69,100	3

Source: NJ Department of Health, Center for Health Statistics, Vitals Data, and National Center for Health Statistics, CDC, 2009

HEART DISEASE AND STROKE

- In the 10 years from 2000 to 2010, the age-adjusted death rate due to **coronary heart disease** among New Jersey residents decreased from 207.7 to 126.7 deaths per 100,000 standard population. The New Jersey age-adjusted death rate due to heart disease is only slightly above the nationwide rate of 123.6.

Figure 9.



Source: New Jersey Department of Health, Center for Health Statistics and Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER, 2000-2010

- There are over 3,000 deaths each year due to **stroke** among New Jersey residents. The age-adjusted death rate due to stroke is steadily declining both in the US and in New Jersey but the rate among New Jerseyans is consistently about 20% lower than the US rate.
- In 2011, 81% of New Jersey adults, aged 18 years and older, had had a **cholesterol** screening in the last 5 years; this is above the nation's median rate of 76%.

DIABETES

Between 2000 and 2010, the estimated **prevalence** of diabetes increased from 5.8% to 9.2% of adults; this means nearly 620,000 adults have diabetes in the state.

- From 1996 to 2010, the estimated rate of **new adult diabetes cases** more than doubled in New Jersey.[27]
- Diabetes is the sixth leading cause of **death** in New Jersey and seventh in the nation, down from fifth and sixth, respectively, in 2000.

CANCER

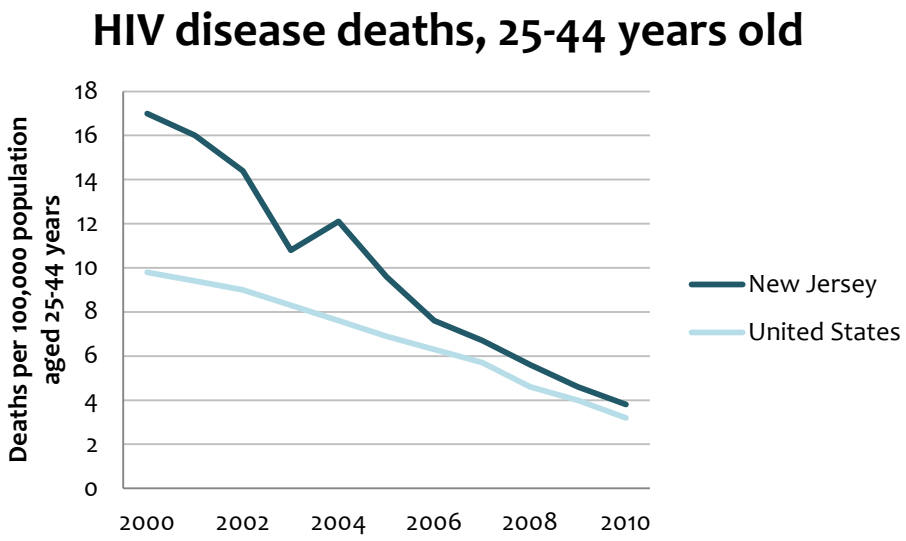
- In New Jersey, primary cancers with the three highest age-adjusted **incidence** rates from 2006 to 2010 for men were prostate, lung, and colon and rectum. For women these were breast, lung, and colon and rectum. These cancers accounted for 79% of the total cancers in New Jersey.[28]
- Lung cancer accounts for the most **deaths** due to cancer among both men and women (about 4,000 deaths annually), followed by prostate cancer for men (800) and breast cancer for women (1,300), and then colorectal cancer (1,600). Death rates for all four of these cancer types declined during the 2000-2010 decade.
- In 2010, more than two-thirds of New Jersey adults aged 50 years and older reported ever having a **sigmoidoscopy** and/or a fecal occult blood test in the past year to screen for colorectal cancer, up from 56% in 2001. More than three-quarters of New Jersey women aged 40 years and older reported having a **mammogram** in the previous two years and 80% of adult women (18 years and older) reported having a **Pap** test in the previous two years. Only 58% of New Jersey men aged 40 and older report having received a **PSA** test for prostate cancer in the previous two years.

HIV/AIDS

- The **incidence** of HIV disease among males and females aged 15-44 years in New Jersey declined steadily between 2000 and 2010, from 75.8 cases per 100,000 in 2000 to 36.1 in 2010 for males and 37.7 to 13.1 for females.

- The age-adjusted **death rate** due to HIV disease among New Jerseyans (3.9 per 100,000 standard population in 2010) remains above that of the nation as a whole (2.8), but the New Jersey rate declined more rapidly (60% decrease) than the US rate (50% decrease) between 2000 and 2010.
- The HIV/AIDS death rate among New Jerseyans aged 25-44 years is also above that of the nation as a whole, but the gap has narrowed substantially. If the trend continues, the New Jersey rate will soon be equal to or below the U.S. rate.

Figure 10.



Source: New Jersey Department of Health, Center for Health Statistics and Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER, 2000-2010

MENTAL HEALTH

Nationally and in New Jersey, adults aged 18 years and older reported that an average of about 25.5 days out of the previous 30 were good days in terms of mental health.

- Highest number of good mental health days was reported by Asian (28.3 out of 30), followed by Whites (26.7), Blacks (26.3), and Hispanics (25.7[29]).
- New Jersey's suicide rate (6.7 per 100,000 population) is among the lowest in the nation and is consistently well below the national rate (11.6).[30]
- Healthy New Jersey 2010 targets were met for the following objectives:
    - Reduce short-term readmissions of **youth** with serious emotional disturbance to inpatient hospitalization in Children's Crisis Intervention Services.
    - Increase site reviews of youth programs which include parent participation.

ADDICTIONS

- New Jersey has one of the lowest **smoking** rates among adults in the US (14.4% vs. 17.3%, respectively[31]); nonetheless, that still translates to nearly 1 million New Jersey adults who smoke.
- In 2010, more than half (56.2%) of New Jersey adults consumed **alcohol**, defined as having had a drink in the past 30 days, which is slightly above the national median rate of 54.6%; however 13.8% of New Jersey adults indicated they were **binge drinkers** (males having five or more drinks on one occasion, females having four or more drinks on one occasion) compared to 15.1% nationwide.
- The age-adjusted death rate due to **alcohol-related motor vehicle injuries** decreased 37.5% between 2000 and 2010 to 1.5 per 100,000 population.

State Health Overview

ASTHMA

- **Deaths** due to asthma are rare with about 100 deaths occurring annually in New Jersey. However asthma deaths are disproportionately higher among Blacks compared to other racial/ethnic groups. The age-adjusted asthma death among Black residents in 2010 was more than four times the rate among Whites (2.2 and 0.5 per 100,000 standard population, respectively).

INFECTIOUS DISEASES

Fighting communicable and infectious disease provides the foundation for public health activity nationwide. Preventing avoidable transmission of these diseases and promoting the knowledge and use of healthy lifestyles is essential to maximizing the health and well-being of New Jerseyans.

- **Tuberculosis** (TB) incidence is declining rapidly both in New Jersey and in the nation as a whole. Between 2000 and 2010, New Jersey's rate per 100,000 population decreased 31% to 4.6 and the US rate decreased 38% to 3.6.
- The TB incidence rate is highest among Asians and Pacific Islanders (21.5), followed far behind by Hispanics (8.0), Blacks (4.8), and Whites (0.8).
- By 2010, 91% of TB patients were completing **curative therapy** within 12 months.
- **Lyme disease** incidence rose from 29.2 per 100,000 population to a peak of 58.2 in 2009 before declining to 30.6 in 2012.

SEXUALLY TRANSMITTED DISEASES

New Jersey's sexually transmitted disease incidence rates are much lower than national rates. However, chlamydia and syphilis rates have increased throughout the decade.

- **Chlamydia** rates are rising in New Jersey and the nation, (297 and 423 per 100,000 population, respectively, in 2010).
- In 2010, the New Jersey incidence rate for **gonorrhea** was 67 per 100,000 population; lower than the national rate of 100.
- The primary and secondary **syphilis** incidence rate more than doubled from 1.3 cases per 100,000 population in 2000 to 2.8 in 2010 among New Jersey residents; however, this is still lower than 4.5 for the US as a whole.[32]
- The **congenital syphilis** rate declined from 77.2 in 1998 to 2.8 in 2010.[33]

Strengthening Public Health Capacity

In New Jersey, every municipality is required to be served by a local health department (LHD) that meets the requirements of State public health laws and administrative rules. Currently, there are 95 LHDs serving New Jersey residents.[34]

The NJLINCS Health Alert Network is a system of public health professionals and electronic public health information that enhances the identification and containment of diseases and hazardous conditions that threaten the public's health. Built on personal computer and Internet technologies, NJLINCS is a network of 21 strategically positioned LHDs located throughout the state, the New Jersey Department of Health, all other LHDs and public/private organizations working at the community level to protect the public's health. In 2000, only 60% of LHDs had LINCS access.

- To ensure the highest level of LHD practice and performance, standards are in place to guide public health performance. Among LHDs:
    - 100% satisfy the standards for epidemiology services to support core functions and essential public health services.
    - 90% satisfy the standards for public health and laboratory services, based on a 50% sample of LHDs.

Health Disparities

Health disparities are differences in the presence of disease, health outcomes, or access to health care between specific groups of people within a community. For a population to be healthy, it must minimize health inequalities among segments of the population, including differences that occur by gender, race or ethnicity, age, education, income, disability, geographic location, or sexual orientation.

One of the overarching goals of HNJ2010 was to eliminate racial and ethnic health disparities. The DOH *Eliminating Health Disparities Initiative* was established through legislation (NJSA 26:2-167) in 2004. A major component of the Initiative was to develop the *Strategic Plan to Eliminate Health Disparities in New Jersey* (Disparities Plan), which was released in March 2007 and updated in 2010. In keeping with the overarching HNJ goal as well as adherence to the law, the Disparity Plan outlined the DOH's current activities in addressing racial and ethnic health disparities in New Jersey and established goals and measures to accomplish health improvement outcomes among multicultural New Jersey populations.

The New Jersey health disparity priority areas are:

- Asthma
- Diabetes
- Hepatitis B/Hepatitis C
- Infant Mortality
- Kidney Disease
- Unintentional Injuries
- Cancer (breast, cervical, prostate)
- Heart Disease
- HIV/AIDS
- Immunization
- Obesity
- Violence

Disparities in these selected health areas rank among the greatest compared to other health problems statewide. Much work is required and is in progress to close the gaps. Several DOH published reports, *The Health of the Newest New Jerseyans: A Resource Guide*; *Cancers with Population-Based Screening Methods – Incidence, Stage at Diagnosis and Screening Prevalence, New Jersey*; and *Healthy New Jersey 2010: Assessing Progress by Race and Ethnicity* provide a wealth

of information on health disparities and the overall status of health among New Jersey's multicultural population. These reports highlight problems with access and health outcomes that impact subsets of the population and are examined by nativity, income, insurance coverage, and race and ethnicity. Based largely on HNJ2010 objectives, these reports serve as integral components of New Jersey State health assessment.

As shown below, disparities persist (Figure 11) across racial/ethnic groups statewide as well as across various health areas. In addition:

- Heart disease deaths are significantly higher among Blacks (205.5 per 100,000 population) compared to Whites (189.3), Hispanic (101.6) and Asians (87.6) statewide.
- Homicide rates are 15 times higher among Blacks (16.1 PER 100,000), and 4 times higher among Hispanics (4.0) compared to Whites (1.0) in New Jersey.
- Mortality from kidney disease is significantly higher among Blacks (31.4 per 100,000) compared to Whites (16.3), Hispanics (11.8), and Asians (8.9).

Additional data on the health disparity priority areas is available online on the New Jersey State Health Assessment Data system at nj.gov/health/shad.

Figure 11.

COMPARED TO NON-HISPANIC WHITES:		
ASIANS	**BLACKS**	**HISPANICS**
Lower breast cancer screening rates	2x higher diabetes prevalence	Higher asthma hospitalization and death rates
Lower cervical cancer screening rates	Nearly 3x higher infant mortality rates	45% higher cervical cancer incidence rates
Similar diabetes prevalence rates	Significantly higher HIV disease death and prevalence rates	74% higher death rates from hepatitis C
Higher incidence of hepatitis B	42% higher stroke death rates.	Higher obesity prevalence among adults and children

Sources: Vital Statistics data, NJ Behavioral Risk Factor Survey, Diabetes Control & Prevention Program, HIV/AIDS Epidemiological data, Uniform Billing Data, 2008-2010.

Conclusion

The NJ Department of Health has collected, analyzed, and used the 2010 State Health Assessment (SHA) data to inform as well as advance its priorities in development of the State Health Improvement Plan. The SHA has been used as a tool for guiding targeted health programming and interventions in problem health areas, and ultimately continuing health improvements statewide through collaborative efforts between and among all participants, providers, and users within the public health delivery system. Further, it has been a central instrument for strengthening and expanding key partnerships statewide.

The SHA was disseminated and shared with stakeholders at a series of regional meetings in 2011 (See Appendix A for a list of participants). The DOH hosted these meetings to obtain feedback on the State Health Improvement Plan objectives, and to provide an overview and update on the status of New Jerseyans' health.

Healthy New Jersey is continuously refreshed, and published for all stakeholders to review at healthy.nj.gov. Key publications which have

been developed with Healthy New Jersey as a foundation are referenced in Appendix B. A summary of the achievements from the 2000 to 2010 SHA is also provided in Appendix C. A more detailed summary of the results is provided State Health Assessment chart book has been created and is available online.

The completed assessment report is a result of the Departments commitment to achieving its mission, *Improving Health through innovation,* as well as advancing activities to meet the agency's central challenge *to lead proactive efforts to drive measurable improvements in the health of all the people in New Jersey.*

Appendices

Key DOH Stakeholders and Partners

American Dairy Association and Dairy Council
American Diabetes Association
American Heart Association
Amerigroup
Barnabas Health, Institute for Prevention
Boston Medical Center
CAMcare Health Corporation
Camden County
City of Englewood
County Sussex Department of Environmental & Public Health
Department of Veterans Affairs
DHS Division of Medical Assistance & Health Services
Edison Department of Health & Human Services
George Street Playhouse
HiTOPS Adolescent Health & Education Center
Horizon NJ Health
Juvenile Justice Commission
Komen North Jersey Affiliate
Latino Health Institute
Leche de Mama
Madison Health Department
Middlesex County
Monmouth County Regional Health Commission
Montville Health Department
Morris County Office of Health Management
Morris County Park Commission
National Kidney Foundation
NJ Department of Education
NJ Prevention Network
NJ Association of Mental Health & Addiction Agencies
NJ Partnership for Healthy Kids-Camden
NJDHS, Diabetic Eye Disease Detection Program
New Jersey School-Age Care Coalition
Ocean County Health Department
Passaic County
Programs for Parents
Robin Fein, LCSW
Rutgers University - School of Nursing
Rutgers University – Camden
Saint Peter's University Hospital
Senior Citizens United Community Services
Sisters Network Newark
Southern NJ Perinatal Cooperative
The Family Resource Network
The Valley Hospital
Township of South Orange
Rutgers School of Dental Medicine
Eric B. Chandler Health Center
Vineland City Department of Health

American Cancer Society
American Stroke Association
American Lung Association in New Jersey
Atlanticare
Bergen County Department of Health Services
Borough of Paramus
Camden Area Health Education Center (AHEC)
Center for Independent Living of South Jersey
City of Hackensack
Creighton University

E Morristown Medical Center
Friends of Grace Seniors Korean Community Center
Hispanic Family Center
Holy Redeemer Homecare
Hudson Perinatal Consortium
Kennedy Health System
Lactation Education of Princeton
Latino Information Network at Rutgers
Linden Health Department
Middle-Brook Regional Health Commission
Middlesex County College
Montclair State University
Morris County
Morristown Medical Center
Morris Regional Public Health Partnership, Inc.
NJ Catholic Conference
NJ Health Literacy Coalition
Newark Beth Israel Medical Center
NJ Global Advisors on Smokefree Policy
NJ Society for Public Health Education
New Jersey Medical School
North West Bergen Regional Health Commission
Our Wellness Group
Passaic County Department of Health
Rescue Mission of Trenton
Rose Health Coaching
Rutgers University
Saint Peter's Healthcare System
Sanofi, Inc.
Shri Krishna Nidhi (SKN) Foundation
SNJ Perinatal Cooperative
Sussex County
The Healthcare Foundation of New Jersey
Township of Edison
Rutgers New Jersey Medical
Rutgers- School of Public Health
United Way
Woodbridge Township Board of Education

Healthy New Jersey 2010 Assessment Summary

A final review of Healthy New Jersey 2010 showed that 52% of the HNJ2010 objective targets were met. The tables on the following pages offer a quick "at-a-glance" view of the final achievement status of each objective. For the purpose of this Appendix, achievement status is based on whether or not the state's total population met the health improvement target for each objective. Refer to the 2010 State Health Assessment Chart Book for sub-population (by race/ethnicity or age group) target achievement status.

Healthy New Jersey 2010 objectives with targets that were achieved are denoted with a dark blue checkmark. Objectives where progress was made toward the target, but not enough to meet it are denoted by a light green checkmark. No checkmark indicates that the target was not met and no progress was made.

Key:

✓ Target achieved
✓ Target not achieved but progress was made
Target not achieved and no progress made

Healthy New Jersey 2010 Assessment Summary

Status	Obj. #	Health Measure
		Overall Health Status
✓	1.1	Years of Potential Life Lost
	1.2	Life Expectancy
	1.3	General Health Status
	1.4	Days Able To Do Usual Activities
		Access to Care
	2.1	Health Insurance Coverage, Aged < 19
	2.3	Source of Primary Care
	2.4	Dental Visits
✓	2.5a	Ambulatory Care Sensitive Diagnoses, Aged < 65
✓	2.5b	Ambulatory Care Sensitive Diagnoses, Aged < 5
		Fundamentals of Good Health
		Environmental Health
✓	3A.1	Unhealthful Days From Carbon Monoxide, PM-10
✓	3A.2	Unhealthful Days Attributable to Ozone
✓	3A.3a	Radon Testing
✓	3A.3b	Radon Mitigation
	3A.4	Community Water Systems Compliance
✓	3A.5	Beach Closings Due to Bacteriological Levels
✓	3A.6	Public Health Assessments of Hazardous Waste Sites
		Healthy Mothers and Young Children
✓	3B.1	Infant Mortality Rate
✓	3B.2	SIDS Rate
	3B.3	Low Birth Weight
	3B.4	Very Low Birth Weight
✓	3B.5	First Trimester Prenatal Care
	3B.6	No Prenatal Care

Healthy New Jersey 2010 Assessment Summary

Status	Obj. #	Health Measure
	Healthy Mothers and Young Children, continued	
	3B.7	Breastfeeding at Hospital Discharge
	3B.8	Breastfeeding Exclusively at Hospital Discharge
✓	3B.9a	Abstain From Alcohol During Pregnancy
✓	3B.9b	Abstain From Tobacco During Pregnancy
✓	3B.10	Women, Infants, and Children Program (WIC)
	3B.11	Immunizations - 4:3:1 Series, Children aged <= 2
✓	3B.12	New Jersey Immunization Information System
✓	3B.13	Indigenous Measles
✓	3B.14	Lead Poisoning Screening
✓	3B.15	High Lead Levels in Children
✓	3B.16	Hearing Loss Screening of Newborns
✓	3B.17	Hearing Loss Screening Follow-up
	3B.18	Hearing Loss/Deafness Intervention
	Healthy Behaviors among Adolescents	
✓	3C.3	Cigarette Use, Middle School Students
✓	3C.4	Cigarette Use, High School Students
✓	3C.5	Alcohol Use, Middle School Students
✓	3C.6	Marijuana Use, Middle School Students
✓	3C.7	Inhalant Use, Middle School Students
✓	3C.8	Substance Abuse, High School Students
✓	3C.9a	Teen Births, Aged 10-14
✓	3C.9b	Teen Births, Aged 15-17
✓	3C.9c	Teen Births, Aged 18-19
	3C.10	Homicide, Males aged 15-19
	3C.11	Firearms Homicide, Males aged 15-19

Healthy New Jersey 2010 Assessment Summary

Status	Obj. #	Health Measure
	Healthy Behaviors among Adults	
	3D.1	Fruits and Vegetable Consumption
	3D.2	Overweight
	3D.3	Obesity
	3D.4	Physical Activity
	3D.5	Homicide, Aged 20-34
	3D.6	Firearms Homicide, Males aged 20-34
	Occupational Health and Safety	
✓	3E.1	Work-Related Deaths in Construction Industry
✓	3E.2	Lead Exposure in Workers
	Unintentional Injury	
✓	3F.1a	Motor Vehicle-related Injury Deaths, Age-adjusted
✓	3F.1b	Motor Vehicle-related Injury Deaths, Aged 15-19, 20-24, 70+
✓	3F.2	Seat Belt Usage
✓	3F.3	Pedestrian Deaths
	3F.4	Fall Deaths
✓	3F.5	Traumatic Brain Injury Incidence
	Preserving Good Health for Seniors	
✓	3G.1	Funds for Home and Community Based Programs (HCBP)
✓	3G.2	General Health Status
✓	3G.3	Pneumococcal Vaccination
✓	3G.4	Influenza Vaccination
✓	3G.8	Hip Fractures Hospitalizations

Healthy New Jersey 2010 Assessment Summary

Status	Obj. #	Health Measure
	Preventing and Reducing Major Diseases	
	Heart Disease and Stroke	
✓	4A.1a	Coronary Heart Disease Deaths, Age-adjusted
✓	4A.1b	Coronary Heart Disease Deaths, Aged 45-64
✓	4A.1c	Coronary Heart Disease Deaths, Aged 65+
✓	4A.2a	Stroke Deaths, Age-adjusted
✓	4A.2b	Stroke Deaths, Aged 45-64
✓	4A.2c	Stroke Deaths, Aged 65+
✓	4A.3	Blood Cholesterol Checks
	Diabetes	
✓	4B.1	Diabetes Deaths
✓	4B.2	Cardiovascular Disease Deaths among Diabetics
	4B.5	Dilated Eye Exams
✓	4B.6	Lower Extremity Amputations
✓	4B.7	End-stage Renal Disease
✓	4B.8	Glycosylated Hemoglobin Measurement
	Cancer	
✓	4C.1a	Female Breast Cancer Deaths, Age-adjusted
✓	4C.1b	Female Breast Cancer Deaths, Aged 50+
	4C.2	Clinical Breast Exam and Mammogram
✓	4C.3	Female Breast Cancer Early Diagnosis
✓	4C.4a	Cervical Cancer Deaths, Age-adjusted
	4C.4b	Cervical Cancer Deaths, Aged 65+
	4C.5	Pap Test
✓	4C.6	Cervical Cancer Incidence
✓	4C.7	Prostate Cancer Deaths
✓	4C.8a	Colorectal Cancer Deaths, Age-adjusted
✓	4C.8b	Colorectal Cancer Deaths, Aged 65+
✓	4C.9	Rectum and Rectosigmoid Cancer Incidence
✓	4C.10	Fecal Occult Blood Test/Sigmoidoscopy

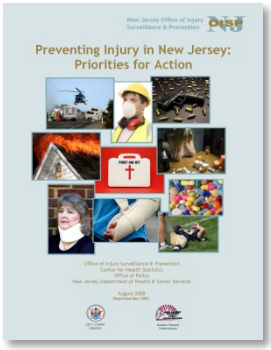
Healthy New Jersey 2010 Assessment Summary

Status	Obj. #	Health Measure
	Cancer	
✓	4C.11a	Lung Cancer Deaths, Age-adjusted
✓	4C.11b	Lung Cancer Deaths, Aged 65+
	4C.12	Melanoma Incidence
	4C.13	Oral Cancers Diagnosed in Late Stages
	HIV/AIDS	
✓	4D.1	HIV Testing Results Received
✓	4D.2	HIV Incidence, Females aged 15-44
✓	4D.3	HIV Incidence, Males aged 15-44
✓	4D.4	HIV Incidence, Aged 50+
	4D.5	HIV Incidence, Aged 13-24
✓	4D.6	HIV Positive Readings in Mothers of Newborns
✓	4D.7	AIDS Incidence
✓	4D.8a	HIV Deaths, Age-adjusted
✓	4D.8b	HIV Deaths, Aged 25-44
	Mental Health	
	4E.1	Good Mental Health Days
	4E.2	Suicide
✓	4E.4	Short-tern Readmissions of Youth in Children's Crisis Services
✓	4E.5	Site Reviews of Youth Programs with Parent Participation
	Addictions	
	4F.1	Drug-related Deaths
✓	4F.4	Alcohol-Related Motor Vehicle Deaths
✓	4F.5a	Cigarette Smoking, Aged 18+
✓	4F.5b	Cigarette Smoking, Aged 65+
✓	4F.6/7	Binge Drinking
	Asthma	
✓	4G.1	Asthma Deaths
	4G.2	Asthma Hospitalization Rates, All ages
✓	4G.3	Asthma Hospitalization Rates, Aged < 5

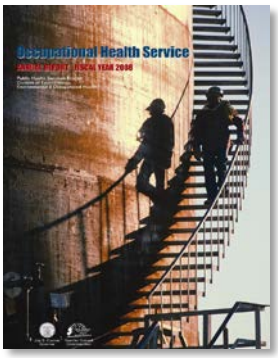
Healthy New Jersey 2010 Assessment Summary

Status	Obj. #	Health Measure
	Infectious Diseases	
✓	4H.1	Tuberculosis Incidence
✓	4H.2	Tuberculosis Curative Therapy Completion
	4H.3	Lyme Disease Incidence
	Sexually Transmitted Diseases	
	4I.1	Chlamydia Cases, Females aged 15-19
	4I.2	Chlamydia Cases, Aged 15-24
✓	4I.3	Gonorrhea Incidence
	4I.4	Primary and Secondary Syphilis Incidence
✓	4I.5	Congenital Syphilis Incidence
	Strengthening Public Health Capacity	
✓	5.7a	Local Health Departments with Internet Access
✓	5.7b	Local Health Departments Participating in LINCS
✓	5.9	Local Health Departments Meeting NJDOH Public Health and Lab Services Standards
✓	5.10	Local Health Departments Meeting NJDOH Epidemiology Standards

Key Publications



Preventing Injury in New Jersey: Priorities for Action, Reprinted 2009



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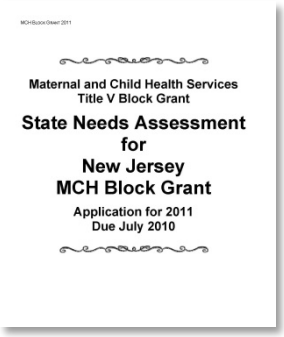

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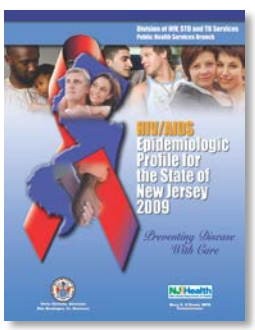

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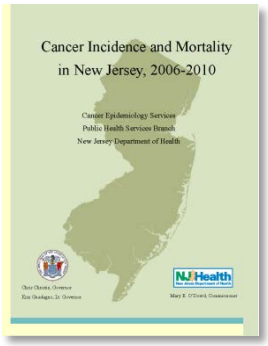
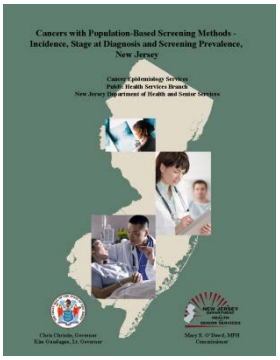


Cancers with Population-Based Screening Methods – Incidence, Stage at Diagnosis and Screening Prevalence, New Jersey, 2011



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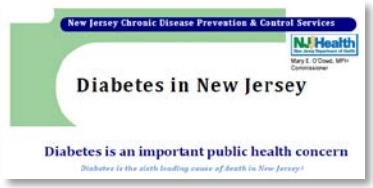

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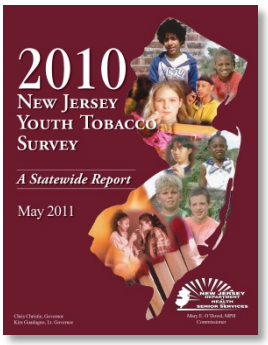

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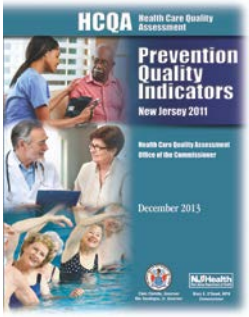

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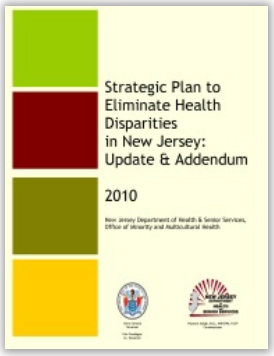

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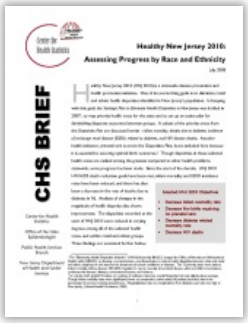

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