NEW JERSEY State Health Assessment CHARTBOOK 2010

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

NJHealth
New Jersey Department of Health

Mary E. O'Dowd
Commissioner

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2010 State Health Assessment - Chartbook

New Jersey Department of Health

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Contents

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

Introduction

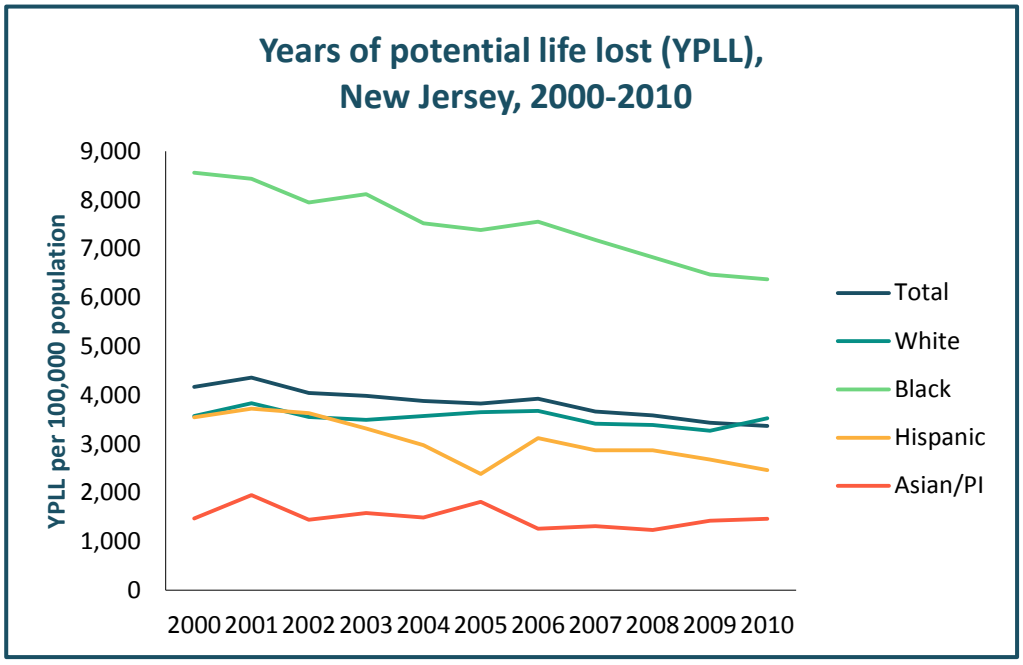
This 2010 State Health Assessment Chartbook is the companion document to New Jersey 2010 State Health Assessment providing the final update to health objectives tracked by the New Jersey Department of Health from 2000 to 2010 as part of the Healthy New Jersey 2010 (HNJ2010) initiative.

1 - Overall Health Access

Objective 1: Reduce the years of potential life lost (YPLL) per 100,000 population under 65 years of age

	Total	White	Black	Hispanic	Asian/PI
Target:	4,000.0	3,191.5	6,383.3	3,191.5	*
Met:	✓		✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	4,170.3	3,573.1	8,559.6	3,545.9	1,473.0
2001	4,361.4	3,832.8	8,438.8	3,722.9	1,954.2
2002	4,048.0	3,551.4	7,949.4	3,634.2	1,444.8
2003	3,986.3	3,495.6	8,125.7	3,319.4	1,580.8
2004	3,884.2	3,573.2	7,524.9	2,973.9	1,493.1
2005	3,829.5	3,649.9	7,386.3	2,383.0	1,812.2
2006	3,925.1	3,680.6	7,557.2	3,122.7	1,260.1
2007	3,662.3	3,412.4	7,181.3	2,872.0	1,317.3
2008	3,583.8	3,391.9	6,828.8	2,870.0	1,237.2
2009	3,437.0	3,271.9	6,473.6	2,680.0	1,429.0
2010	3,371.3	3,526.2	6,377.1	2,462.3	1,462.5

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

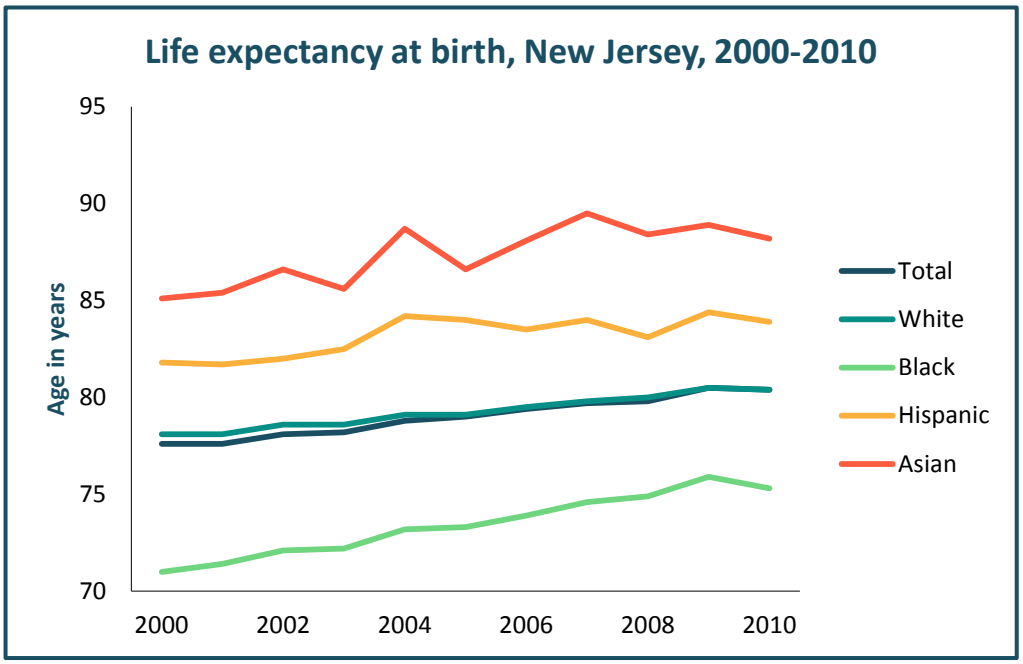
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: National Center for Injury Prevention and Control's Web-based Injury Statistics Query and Reporting System (WISQARS)

Objective 2: Increase life expectancy at birth, in years

	Total	White	Black	Hispanic	Asian
Target:	80.5	81.0	76.5	*	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000	77.6	78.1	71.0	81.8	85.1
2001	77.6	78.1	71.4	81.7	85.4
2002	78.1	78.6	72.1	82.0	86.6
2003	78.2	78.6	72.2	82.5	85.6
2004	78.8	79.1	73.2	84.2	88.7
2005	79.0	79.1	73.3	84.0	86.6
2006	79.4	79.5	73.9	83.5	88.1
2007	79.7	79.8	74.6	84.0	89.5
2008	79.8	80.0	74.9	83.1	88.4
2009	80.5	80.5	75.9	84.4	88.9
2010	80.4	80.4	75.3	83.9	88.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

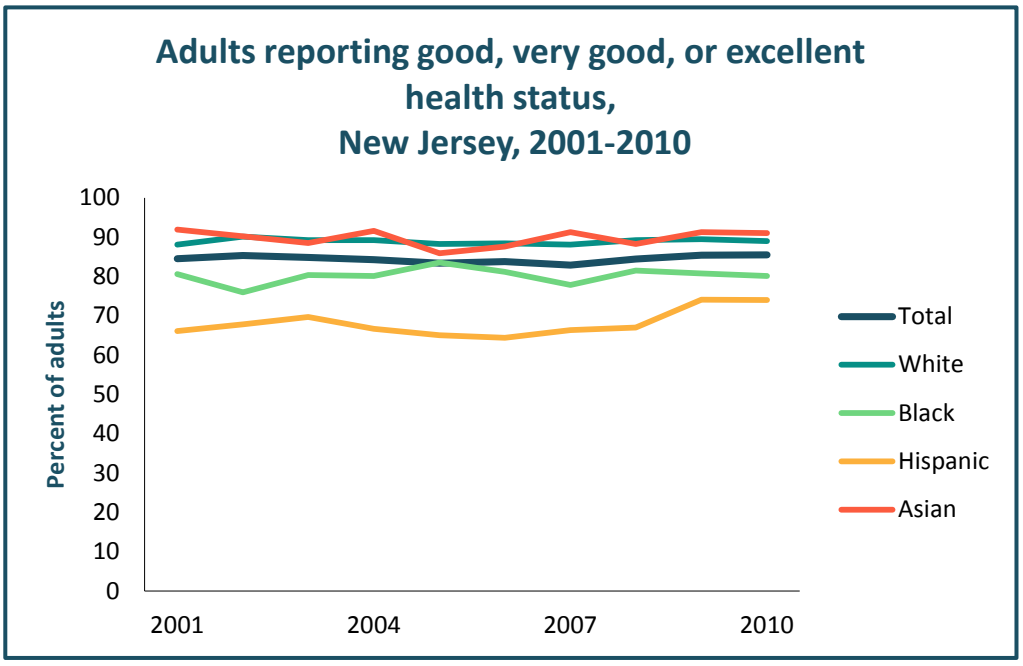
Note: Data for White, Black, and Asian do not include Hispanics.

Source: Birth Certificate Database and Death Certificate Database, Office of Vital Statistics and Registry; Linked Infant Death-Birth Database, Center for Health Statistics, New Jersey Department of Health

Objective 3: Increase the percentage of persons 18 years of age and over reporting good, very good, or excellent general health

	Total	White	Black	Hispanic	Asian*
Target:	90.0	90.0	84.7	90.0	90.0
Met:					✓

Trend Data



	Total	White	Black	Hispanic	Asian
2001	84.5	88.1	80.6	66.1	91.9
2002	85.3	90.1	76.0	67.8	90.2
2003	84.8	89.2	80.4	69.7	88.5
2004	84.3	89.2	80.1	66.7	91.6
2005	83.4	88.3	83.5	65.1	85.9
2006	83.8	88.4	81.2	64.4	87.6
2007	82.9	88.1	77.8	66.4	91.3
2008	84.4	89.2	81.5	67.0	88.3
2009	85.4	89.5	80.8	74.1	91.3
2010	85.5	89.0	80.1	74.0	91.0

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

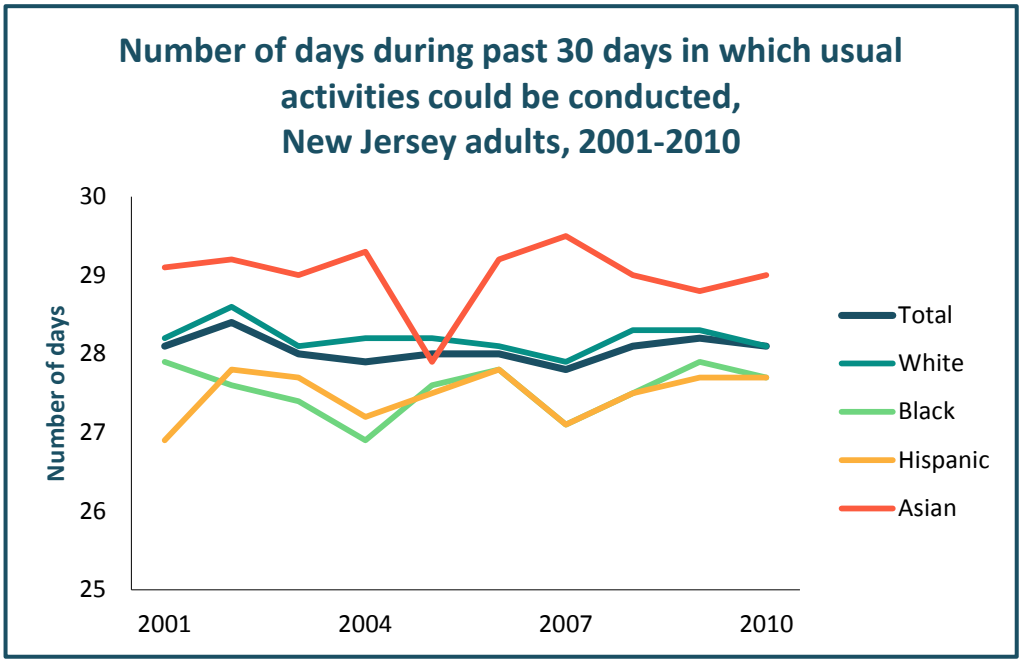
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 4: Increase days able to do usual activities during the past 30 days, due to good physical or mental health, among persons 18 and over

	Total	White	Black	Hispanic	Asian
Target:	28.7	28.7	28.7	28.7	28.7
Met:					✓

Trend Data



	Total	White	Black	Hispanic	Asian
2001	28.1	28.2	27.9	26.9	29.1
2002	28.4	28.6	27.6	27.8	29.2
2003	28.0	28.1	27.4	27.7	29.0
2004	27.9	28.2	26.9	27.2	29.3
2005	28.0	28.2	27.6	27.5	27.9
2006	28.0	28.1	27.8	27.8	29.2
2007	27.8	27.9	27.1	27.1	29.5
2008	28.1	28.3	27.5	27.5	29.0
2009	28.2	28.3	27.9	27.7	28.8
2010	28.1	28.1	27.7	27.7	29.0

Note: Data for White, Black, and Asian do not include Hispanics

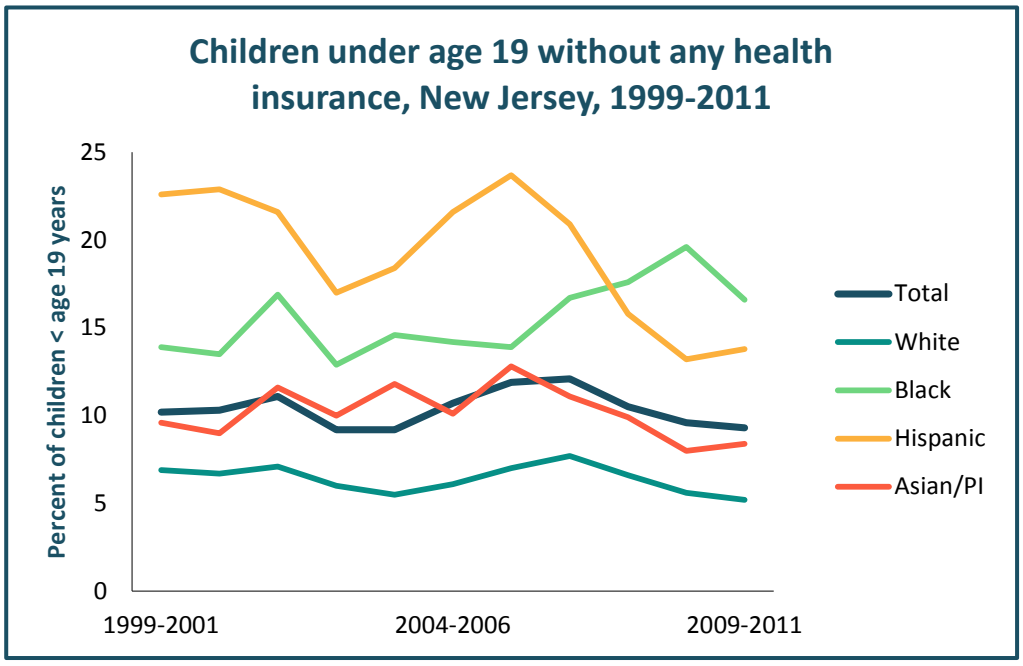
Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

2 - Access to Health Care

Objective 1: Reduce the percentage of children under age 19 without any health insurance

	Total	White	Black	Hispanic	Asian/PI
Target:	5.0	5.0	5.0	5.0	5.0
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian/PI
1999-2001	10.2	6.9	13.9	22.6	9.6
2000-2002	10.3	6.7	13.5	22.9	9.0
2001-2003	11.1	7.1	16.9	21.6	11.6
2002-2004	9.2	6.0	12.9	17.0	10.0
2003-2005	9.2	5.5	14.6	18.4	11.8
2004-2006	10.7	6.1	14.2	21.6	10.1
2005-2007	11.9	7.0	13.9	23.7	12.8
2006-2008	12.1	7.7	16.7	20.9	11.1
2007-2009	10.5	6.6	17.6	15.8	9.9
2008-2010	9.6	5.6	19.6	13.2	8.0
2009-2011	9.3	5.2	16.6	13.8	8.4

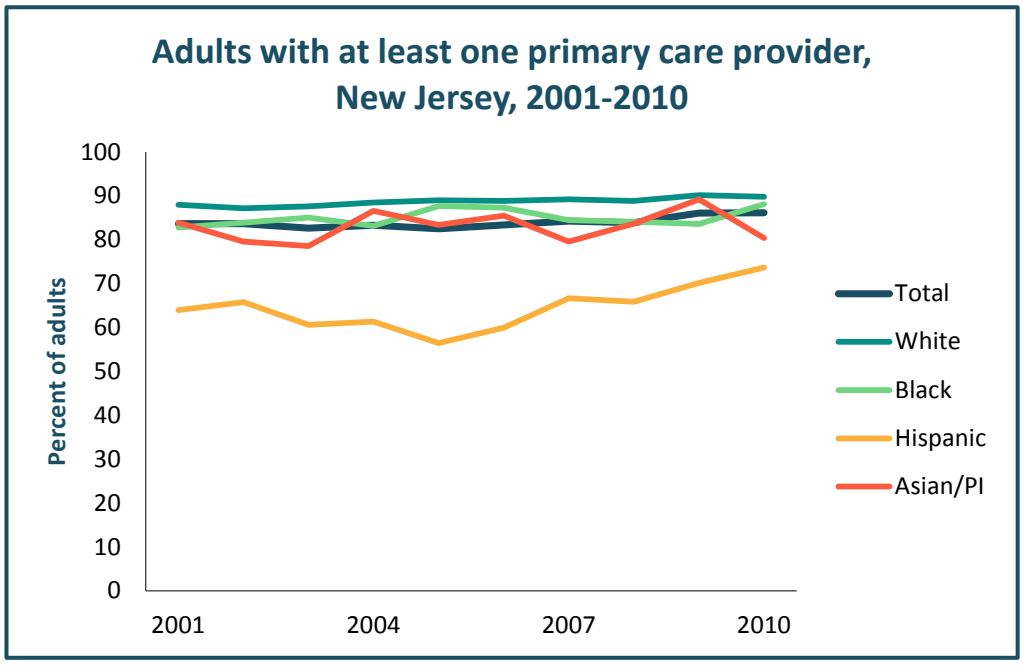
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics

Source: United States Census Bureau, Current Population Survey, Annual Social and Economic Supplement

Objective 3: Increase the percentage of adults who report they have a source of primary care

	Total	White	Black	Hispanic	Asian/PI
Target:	89.0	90.0	88.0	82.0	*
Met:			✓		

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2001	83.7	88.0	82.8	64.0	83.9
2002	83.7	87.2	83.9	65.8	79.6
2003	82.7	87.6	85.1	60.6	78.6
2004	83.3	88.5	83.2	61.4	86.6
2005	82.5	89.0	87.7	56.5	83.4
2006	83.4	88.9	87.3	60.0	85.5
2007	84.3	89.2	84.5	66.7	79.6
2008	83.9	88.9	84.1	65.9	83.7
2009	86.1	90.2	83.6	70.2	89.2
2010	86.2	89.8	88.1	73.7	80.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

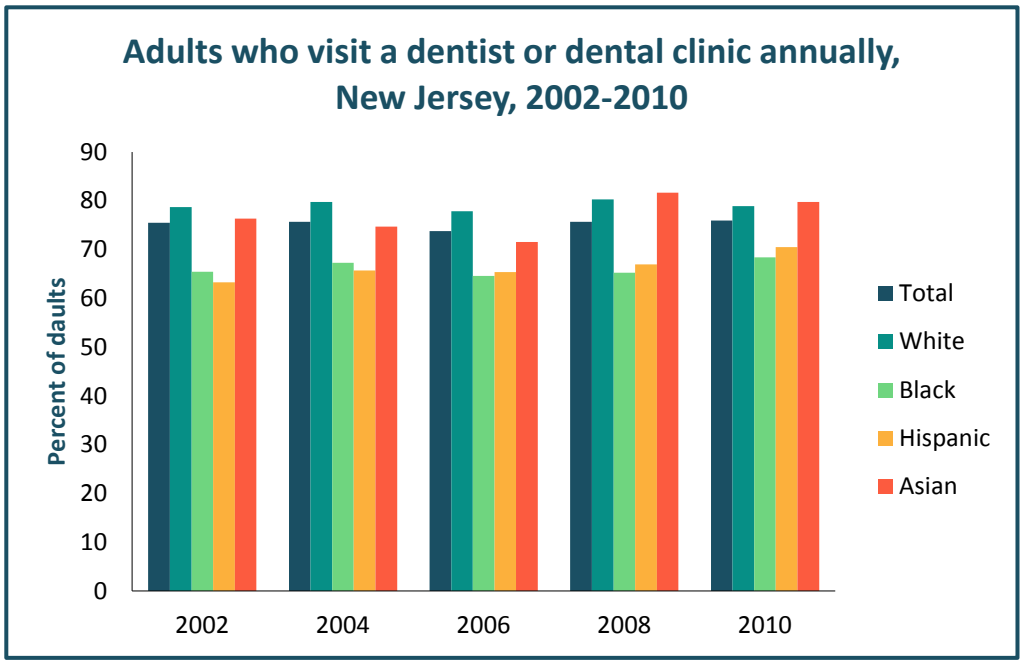
Note: The phrasing of this question was reworded over the course of the decade.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 4: Increase the proportion of adults age 18 and older who visit a dentist or dental clinic each year

	Total	White	Black	Hispanic	Asian*
Target:	80.0	80.0	80.0	80.0	80.0
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2002	75.5	78.7	65.5	63.3	76.4
2004	75.7	79.8	67.3	65.7	74.7
2006	73.8	77.9	64.6	65.4	71.6
2008	75.7	80.3	65.3	67.0	81.7
2010	76.0	78.9	68.4	70.5	79.8

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

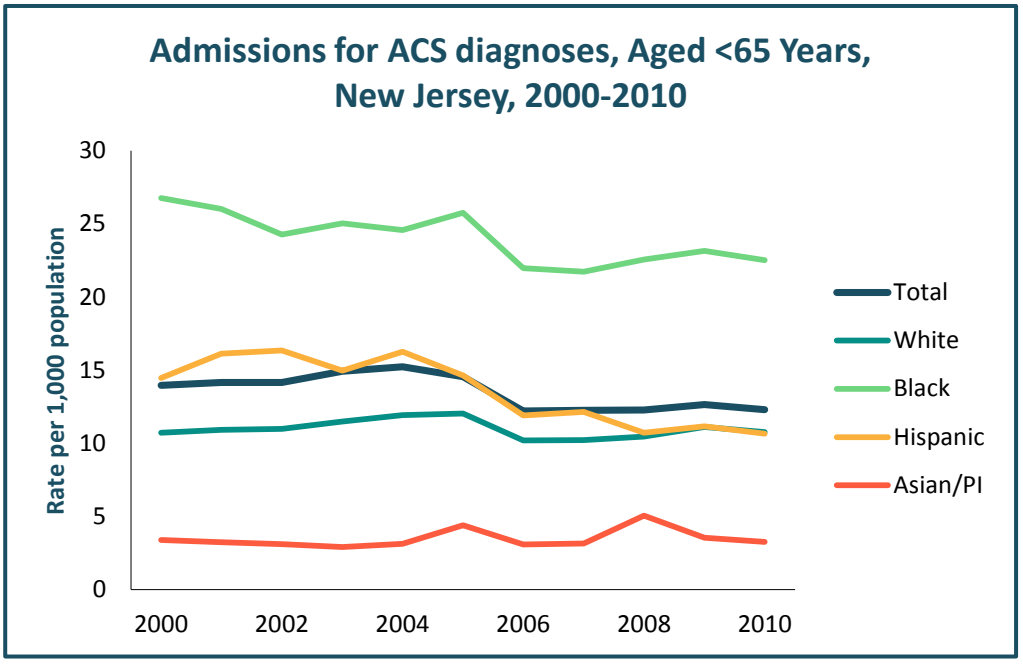
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 5a: Reduce the hospital admission rate for Ambulatory Care Sensitive diagnoses for population under 65 years old (per 1,000 population)

	Total	White	Black	Hispanic	Asian/PI
Target:	13.0	12.0	20.0	14.0	*
Met:	✓	✓		✓	

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	14.0	10.7	26.8	14.5	3.4
2001	14.2	10.9	26.0	16.1	3.3
2002	14.2	11.0	24.3	16.4	3.1
2003	14.9	11.5	25.0	15.0	2.9
2004	15.2	11.9	24.6	16.3	3.1
2005	14.6	12.0	25.8	14.6	4.4
2006	12.2	10.2	22.0	11.9	3.1
2007	12.3	10.2	21.7	12.2	3.2
2008	12.3	10.5	22.6	10.7	5.1
2009	12.7	11.1	23.1	11.2	3.6
2010	12.3	10.8	22.5	10.7	3.3

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

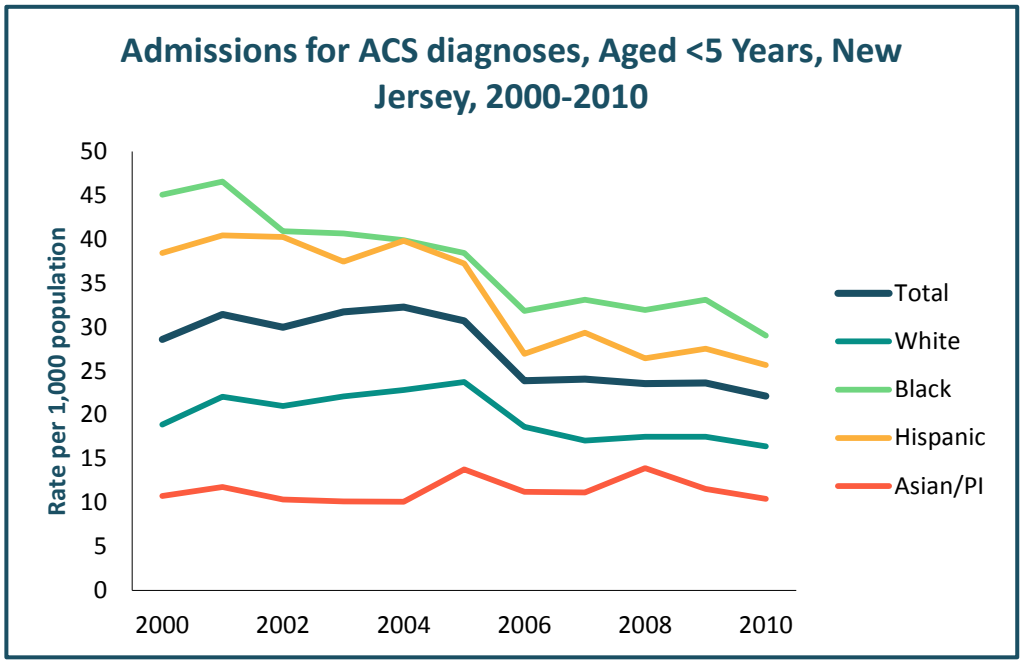
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health

Objective 5b: Reduce the hospital admission rate (per 1,000) for Ambulatory Care Sensitive diagnoses of children under five years old

	Total	White	Black	Hispanic	Asian/PI
Target:	21.0	21.0	21.0	21.0	*
Met:		✓			

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	28.6	18.9	45.1	38.5	10.8
2001	31.5	22.1	46.6	40.4	11.8
2002	30.0	21.0	40.9	40.3	10.4
2003	31.7	22.1	40.7	37.5	10.1
2004	32.3	22.9	39.9	39.8	10.1
2005	30.7	23.8	38.5	37.3	13.8
2006	23.9	18.6	31.9	27.0	11.3
2007	24.1	17.1	33.1	29.4	11.2
2008	23.6	17.5	32.0	26.5	13.9
2009	23.7	17.5	33.1	27.5	11.6
2010	22.1	16.4	29.1	25.7	10.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health

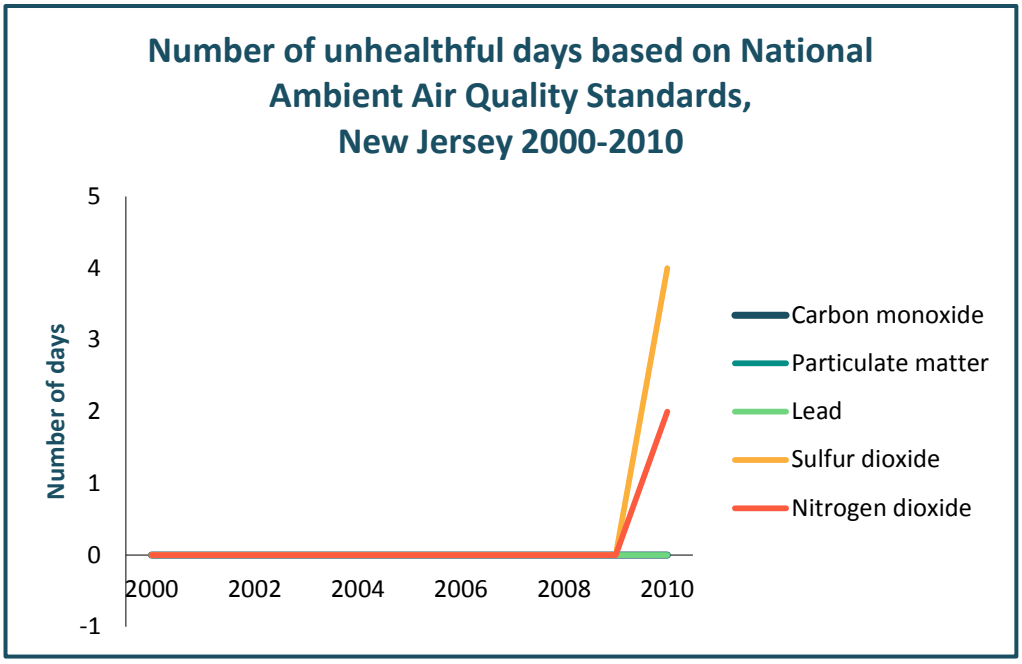
3 - Fundamentals of Good Health

3A. Environmental Health

Objective 1: Maintain at zero the number of unhealthful days throughout the state, as determined by the National Ambient Air Quality Standards, attributable to carbon monoxide, coarse particulate matter (PM-10), lead, sulfur dioxide and nitrogen dioxide

	Carbon monoxide	Particulate matter	Lead	Sulfur dioxide	Nitrogen dioxide
Target:	0	0	0	0	0
Met:	✓	✓	✓		

Trend Data



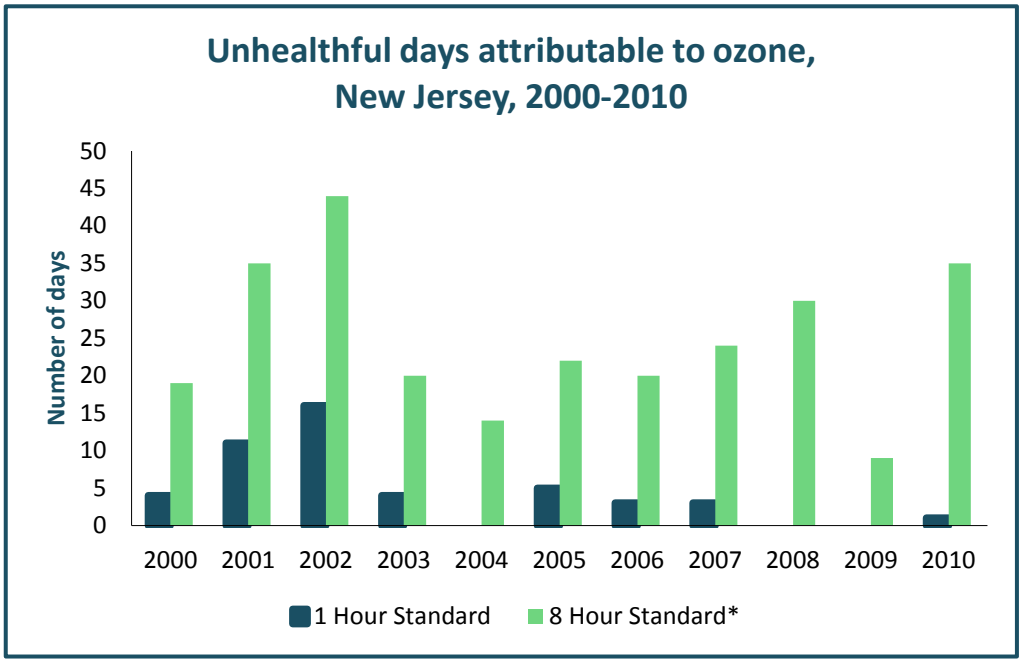
	Carbon monoxide	Particulate matter	Lead	Sulfur dioxide	Nitrogen dioxide
2000	0	0	0	0	0
2001	0	0	0	0	0
2002	0	0	0	0	0
2003	0	0	0	0	0
2004	0	0	0	0	0
2005	0	0	0	0	0
2006	0	0	0	0	0
2007	0	0	0	0	0
2008	0	0	0	0	0
2009	0	0	0	0	0
2010	0	0	0	4	2

Source: Bureau of Air Monitoring, New Jersey Department of Environmental Protection

Objective 2: Reduce the number of unhealthful days attributable to ozone

	1 Hour Standard	8 Hour Standard
Target:	0	0
Met:		

Trend Data



	1 Hour Standard	8 Hour Standard*
2000	4	19
2001	11	35
2002	16	44
2003	4	20
2004	0	14
2005	5	22
2006	3	20
2007	3	24
2008	0	30
2009	0	9
2010	1	35

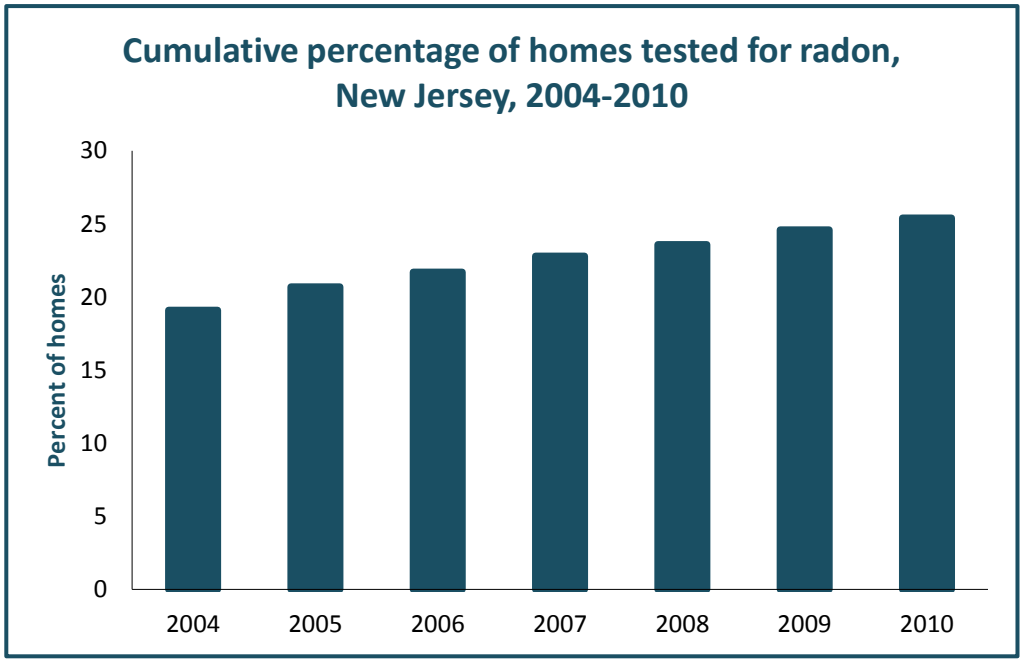
* Values for years 2000-2007 are based upon the old 8-hour ozone standard of 0.08ppm.
Values for years 2008-2010 reflect the new 8-hour ozone standard of 0.075 ppm.

Source: Bureau of Air Monitoring, New Jersey Department of Environmental Protection

Objective 3a: Increase the percentage of homes in New Jersey that have ever been tested for radon

	All homes
Target:	30%
Met:	

Trend Data



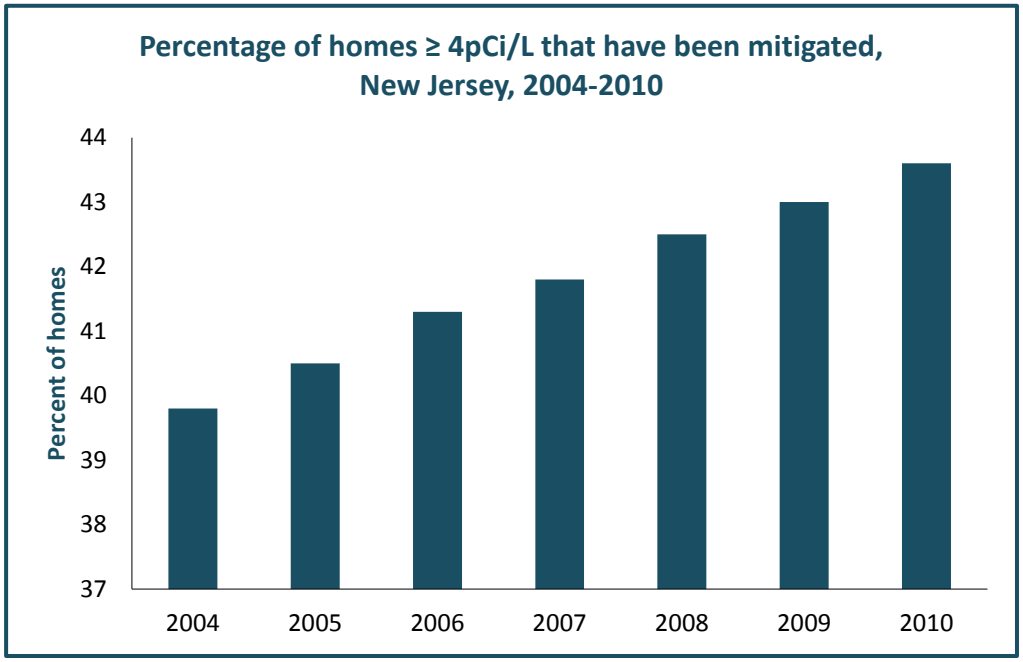
	Percentage of all homes
2004	19.1
2005	20.7
2006	21.7
2007	22.8
2008	23.6
2009	24.6
2010	25.4

Source: Radon Section, Bureau of Environmental Radiation, New Jersey Department of Environmental Protection

Objective 3b: Increase the percentage of homes testing above 4 picocuries per liter of radon that have been mitigated

	All homes
Target:	40%
Met:	✓

Trend Data



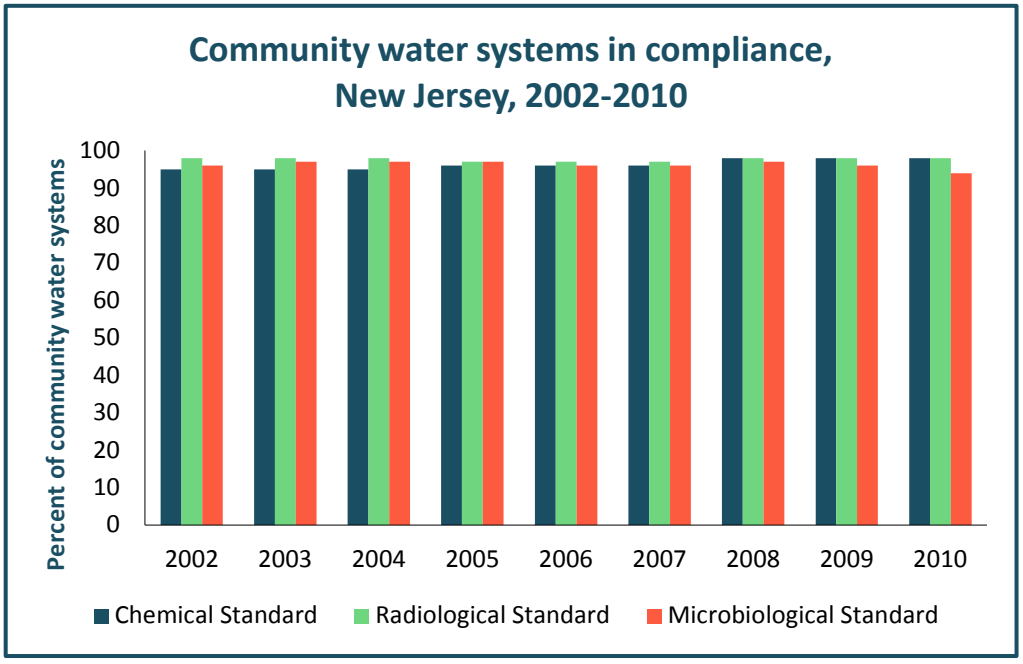
	Percentage of all homes
2004	39.8
2005	40.5
2006	41.3
2007	41.8
2008	42.5
2009	43.0
2010	43.6

Source: Radon Section, Bureau of Environmental Radiation, New Jersey Department of Environmental Protection

Objective 4: Increase the percentage of community water systems in compliance with all current state and federal drinking water requirements for water quality

	Chemical Standard	Radiological Standard	Microbiological Standard
Target:	**100%**	**100%**	**100%**
Met:			

Trend Data



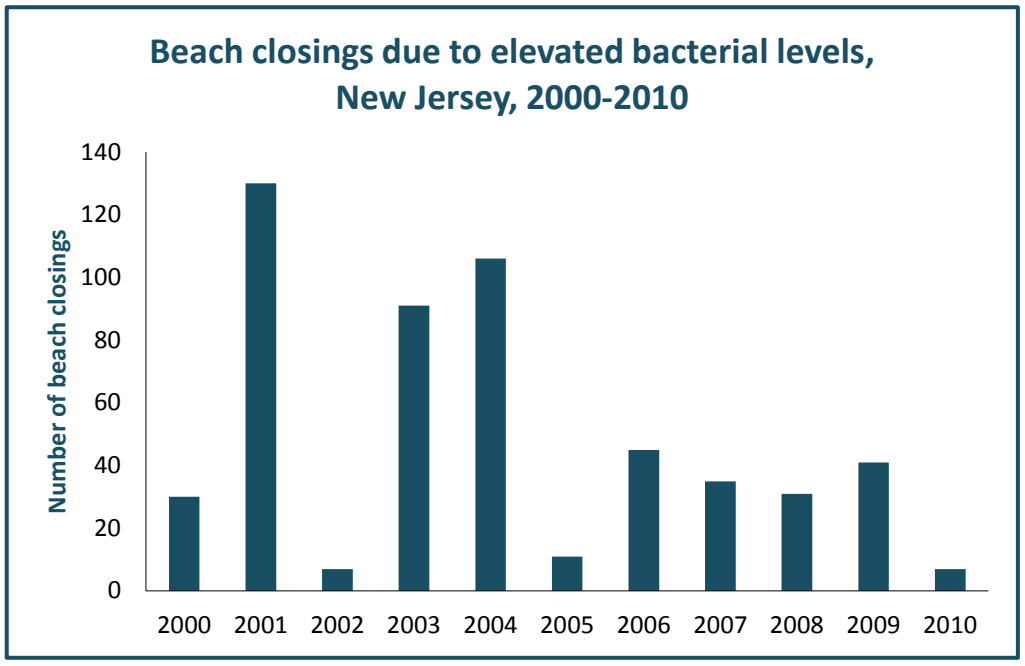
	Chemical Standard	Radiological Standard	Microbiological Standard
2002	95	98	96
2003	95	98	97
2004	95	98	97
2005	96	97	97
2006	96	97	96
2007	96	97	96
2008	98	98	97
2009	98	98	96
2010	98	98	94

Source: Bureau of Safe Drinking Water, New Jersey Department of Environmental Protection

Objective 5: Reduce the annual number of ocean and tidal water beach closings due to elevated bacteriological levels

	Beach closings
Target:	30
Met:	✓

Trend Data



	Beach closings
2000	30
2001	130
2002	7
2003	91
2004	106
2005	11
2006	45
2007	35
2008	31
2009	41
2010	7

Source: Bureau of Water Monitoring and Standards, New Jersey Department of Environmental Protection

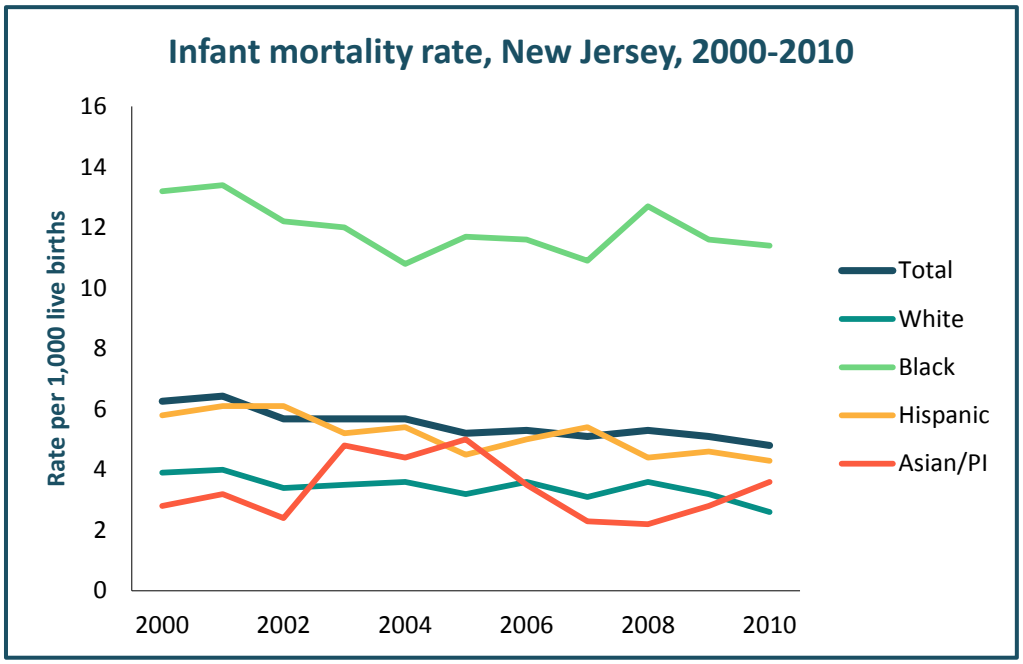
3 - Fundamentals of Good Health

3B. Healthy Mothers and Young Children

Objective 1: Reduce the rate of infant mortality per 1,000 live births

	Total	White	Black	Hispanic	Asian/PI
Target:	4.4	3.8	7.5	6.4	4.5
Met:		✓		✓	✓

Trend Data



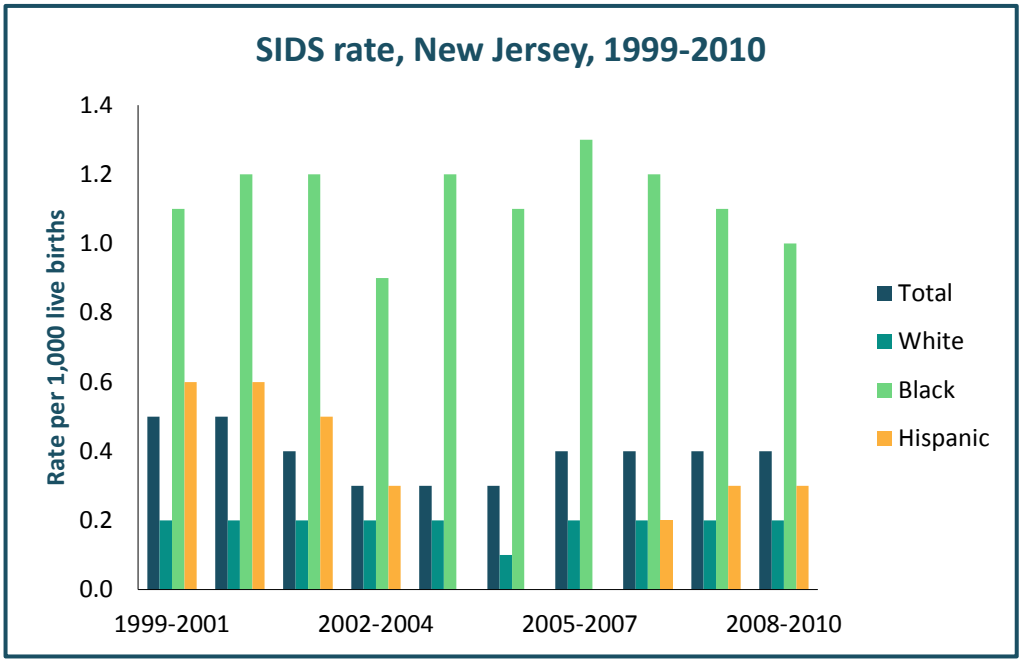
	Total	White	Black	Hispanic	Asian/PI
2000	6.3	3.9	13.2	5.8	2.8
2001	6.4	4.0	13.4	6.1	3.2
2002	5.7	3.4	12.2	6.1	2.4
2003	5.7	3.5	12.0	5.2	4.8
2004	5.7	3.6	10.8	5.4	4.4
2005	5.2	3.2	11.7	4.5	5.0
2006	5.3	3.6	11.6	5.0	3.5
2007	5.1	3.1	10.9	5.4	2.3
2008	5.3	3.6	12.7	4.4	2.2
2009	5.1	3.2	11.6	4.6	2.8
2010	4.8	2.6	11.4	4.3	3.6

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Linked Infant Death-Birth Database, Center for Health Statistics, New Jersey Department of Health

Objective 2: Reduce the rate of infant mortality per 1,000 live births due to Sudden Infant Death Syndrome (SIDS)

	Total	White	Black	Hispanic	Asian/PI
Target:	0.3	0.3	0.6	0.4	*
Met:		✓		✓	

Trend Data



	Total	White	Black	Hispanic	Asian/PI
1999-2001	0.5	0.2	1.1	0.6	**
2000-2002	0.5	0.2	1.2	0.6	**
2001-2003	0.4	0.2	1.2	0.5	**
2002-2004	0.3	0.2	0.9	0.3	**
2003-2005	0.3	0.2	1.2	**	**
2004-2006	0.3	0.1	1.1	**	**
2005-2007	0.4	0.2	1.3	**	**
2006-2008	0.4	0.2	1.2	0.2	**
2007-2009	0.4	0.2	1.1	0.3	**
2008-2010	0.4	0.2	1.0	0.3	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

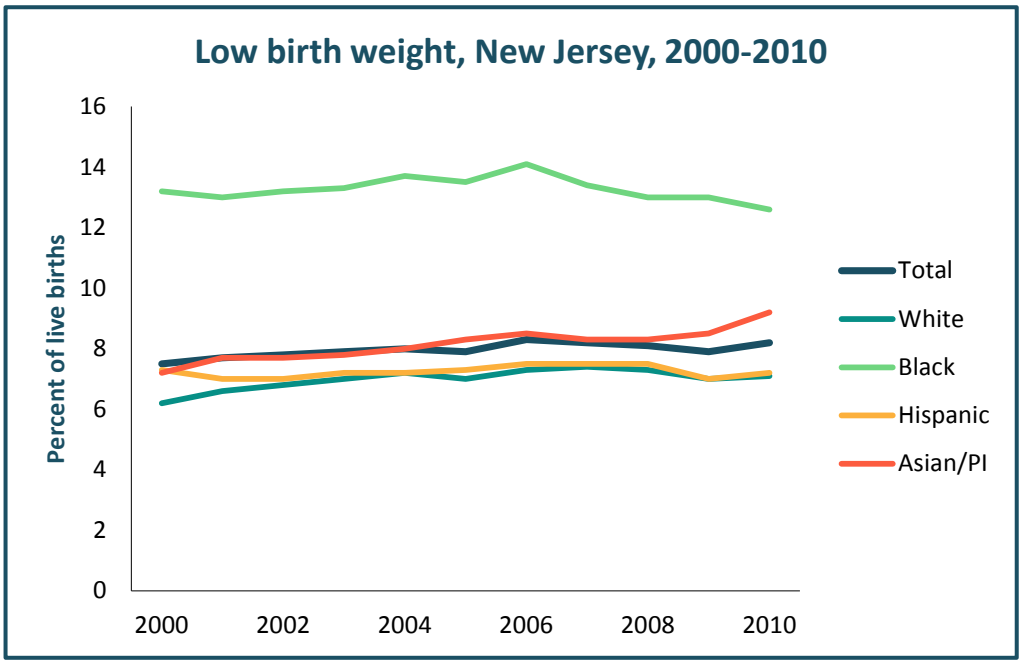
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Linked Infant Death-Birth Database, Center for Health Statistics, New Jersey Department of Health

Objective 3: Reduce the percentage of infants with birth weight less than 2,500 grams

	Total	White	Black	Hispanic	Asian/PI
Target:	6.0	6.0	7.5	6.0	6.0
Met:					

Trend Data



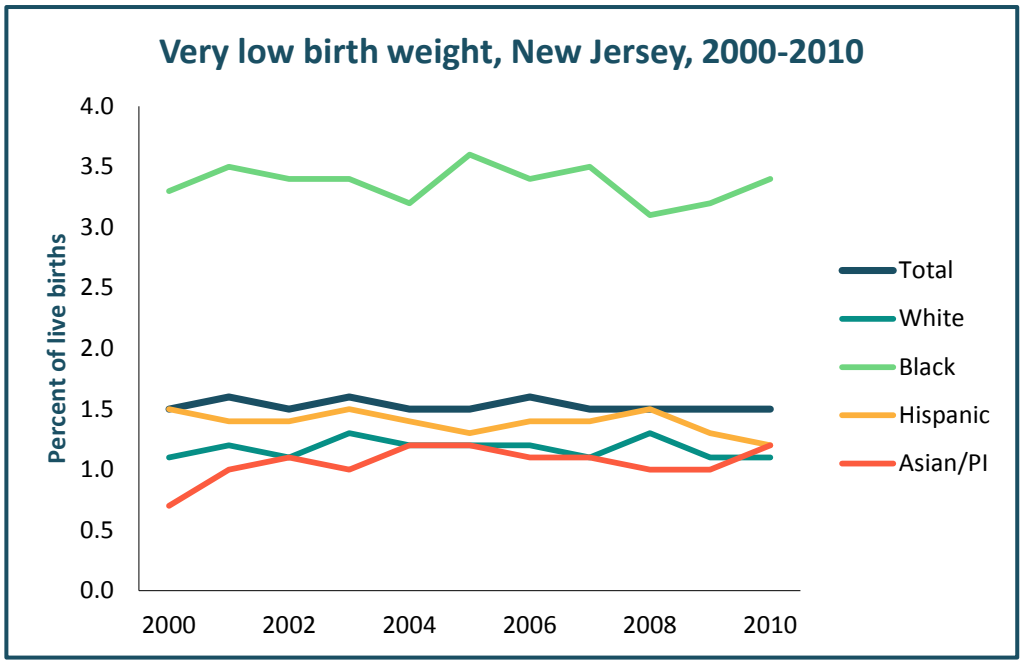
	Total	White	Black	Hispanic	Asian/PI
2000	7.5	6.2	13.2	7.3	7.2
2001	7.7	6.6	13.0	7.0	7.7
2002	7.8	6.8	13.2	7.0	7.7
2003	7.9	7.0	13.3	7.2	7.8
2004	8.0	7.2	13.7	7.2	8.0
2005	7.9	7.0	13.5	7.3	8.3
2006	8.3	7.3	14.1	7.5	8.5
2007	8.2	7.4	13.4	7.5	8.3
2008	8.1	7.3	13.0	7.5	8.3
2009	7.9	7.0	13.0	7.0	8.5
2010	8.2	7.1	12.6	7.2	9.2

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 4: Reduce the percentage of infants with birth weight less than 1,500 grams

	Total	White	Black	Hispanic	Asian/PI*
Target:	1.0	1.0	2.0	1.0	1.0
Met:					

Trend Data



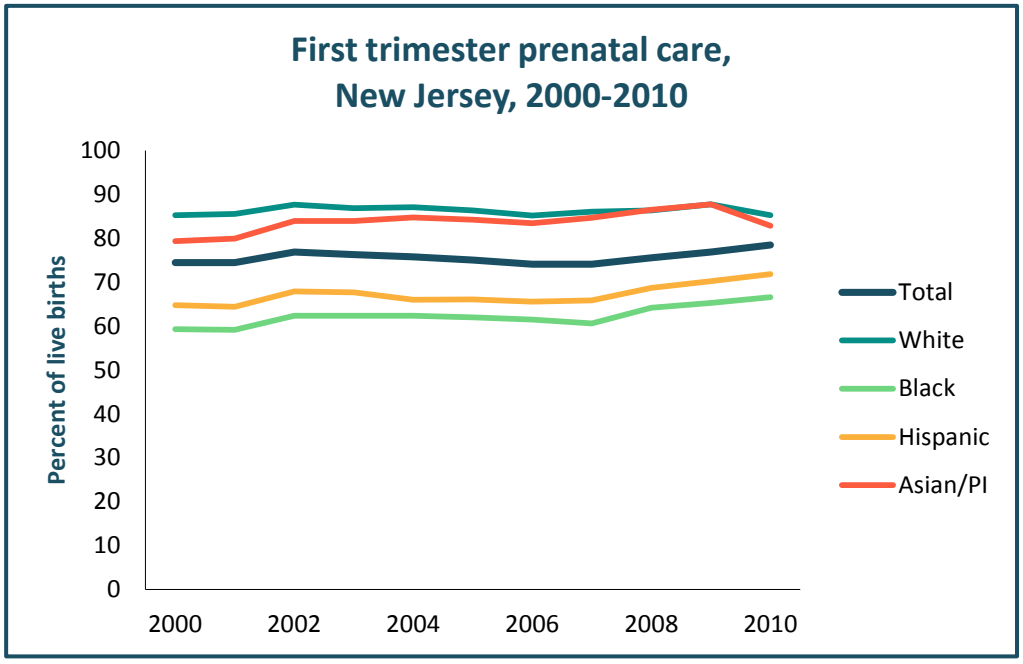
	Total	White	Black	Hispanic	Asian/PI
2000	1.5	1.1	3.3	1.5	0.7
2001	1.6	1.2	3.5	1.4	1.0
2002	1.5	1.1	3.4	1.4	1.1
2003	1.6	1.3	3.4	1.5	1.0
2004	1.5	1.2	3.2	1.4	1.2
2005	1.5	1.2	3.6	1.3	1.2
2006	1.6	1.2	3.4	1.4	1.1
2007	1.5	1.1	3.5	1.4	1.1
2008	1.5	1.3	3.1	1.5	1.0
2009	1.5	1.1	3.2	1.3	1.0
2010	1.5	1.1	3.4	1.2	1.2

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 5: Increase the percentage of live births whose mothers received prenatal care in the first trimester

	Total	White	Black	Hispanic	Asian/PI
Target:	85.0	85.0	85.0	85.0	85.0
Met:		✓			

Trend Data



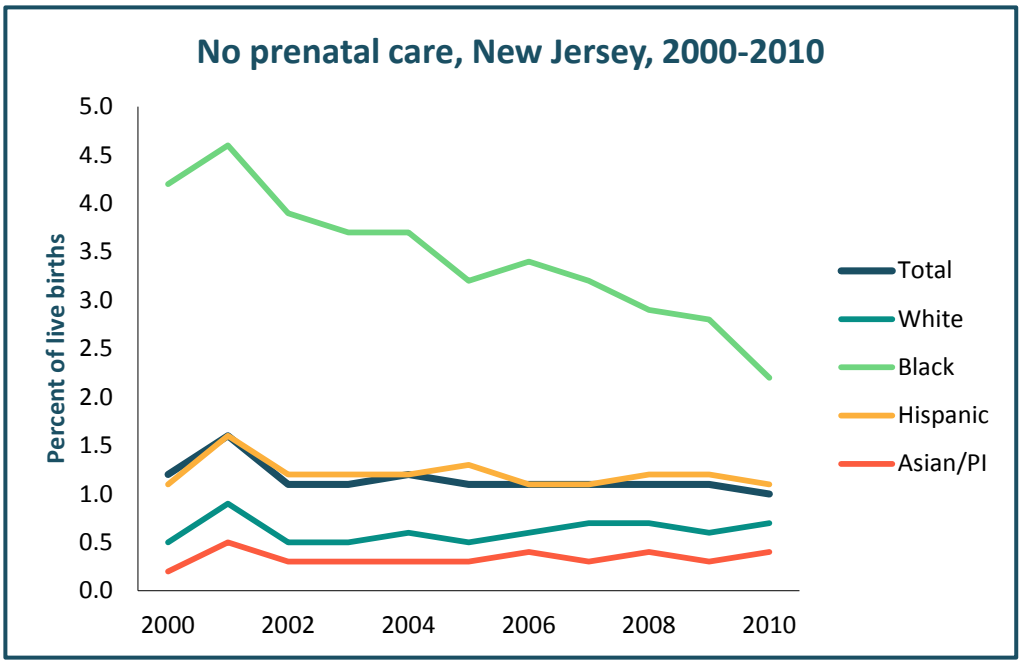
	Total	White	Black	Hispanic	Asian/PI
2000	74.5	85.3	59.3	64.8	79.4
2001	74.5	85.6	59.2	64.4	80.0
2002	76.9	87.7	62.4	67.9	84.0
2003	76.3	86.9	62.4	67.7	84.0
2004	75.8	87.1	62.4	66.0	84.8
2005	75.1	86.4	62.0	66.1	84.3
2006	74.1	85.2	61.5	65.6	83.5
2007	74.1	86.1	60.6	65.9	84.7
2008	75.6	86.4	64.2	68.7	86.5
2009	76.9	87.8	65.3	70.3	87.8
2010	78.5	85.3	66.6	71.9	82.9

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 6: Decrease the percentage of live births whose mothers receive no prenatal care

	Total	White	Black	Hispanic	Asian/PI
Target:	0.8	0.3	2.8	0.8	*
Met:			✓		

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	1.2	0.5	4.2	1.1	0.2
2001	1.6	0.9	4.6	1.6	0.5
2002	1.1	0.5	3.9	1.2	0.3
2003	1.1	0.5	3.7	1.2	0.3
2004	1.2	0.6	3.7	1.2	0.3
2005	1.1	0.5	3.2	1.3	0.3
2006	1.1	0.6	3.4	1.1	0.4
2007	1.1	0.7	3.2	1.1	0.3
2008	1.1	0.7	2.9	1.2	0.4
2009	1.1	0.6	2.8	1.2	0.3
2010	1.0	0.7	2.2	1.1	0.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

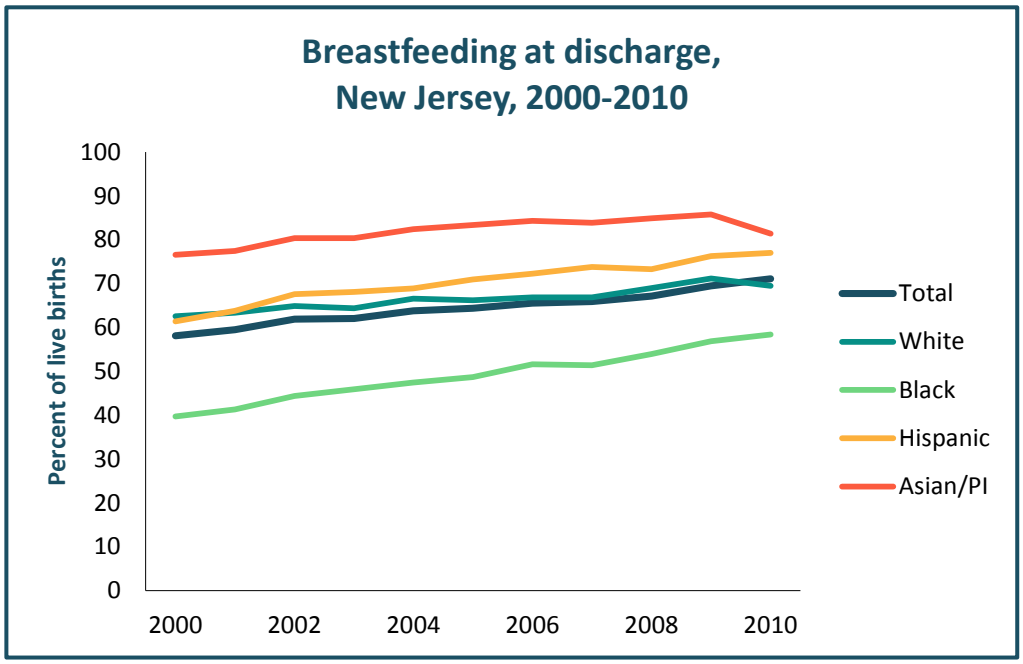
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 7: Increase the proportion of infants who were breastfed (alone or in combination with formula) at hospital discharge

	Total	White	Black	Hispanic	Asian/PI
Target:	75.0	75.0	75.0	75.0	75.0
Met:				✓	✓

Trend Data



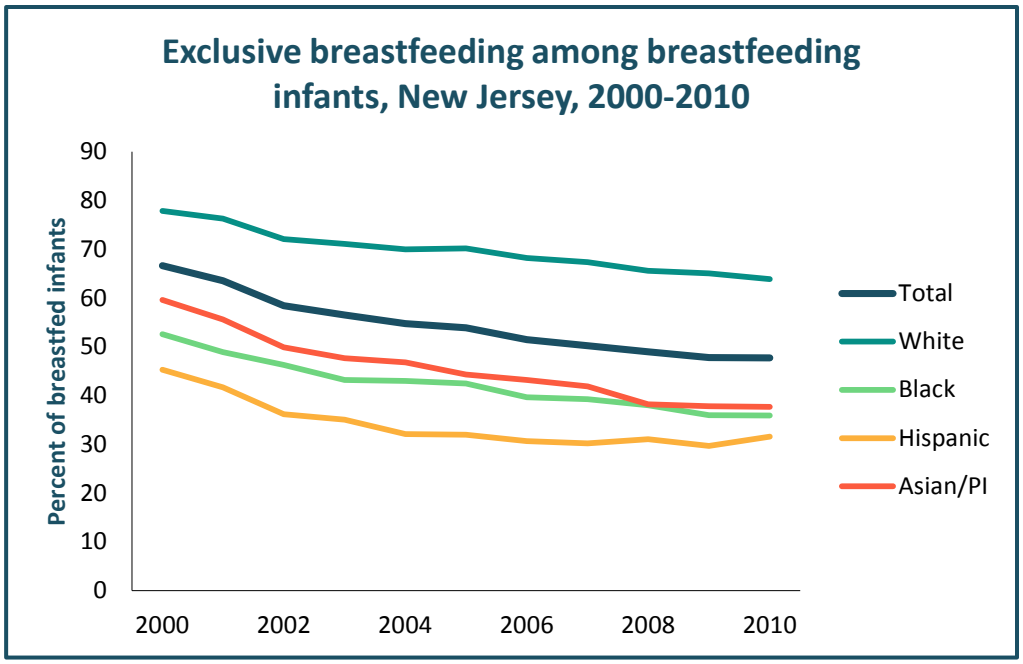
	Total	White	Black	Hispanic	Asian/PI
2000	58.1	62.6	39.7	61.4	76.6
2001	59.5	63.4	41.3	63.8	77.5
2002	61.9	64.9	44.4	67.6	80.4
2003	62.1	64.4	45.9	68.1	80.4
2004	63.8	66.6	47.5	68.9	82.4
2005	64.4	66.2	48.7	71.0	83.4
2006	65.6	66.9	51.6	72.3	84.3
2007	65.9	66.9	51.4	73.8	83.9
2008	67.2	69.0	54.0	73.3	84.9
2009	69.5	71.2	56.9	76.3	85.8
2010	71.1	69.5	58.4	77.0	81.4

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 8: Increase the proportion of breastfeeding women whose infants are breastfed exclusively at hospital discharge

	Total	White	Black	Hispanic	Asian/PI
Target:	90.0	90.0	90.0	90.0	90.0
Met:					

Trend Data



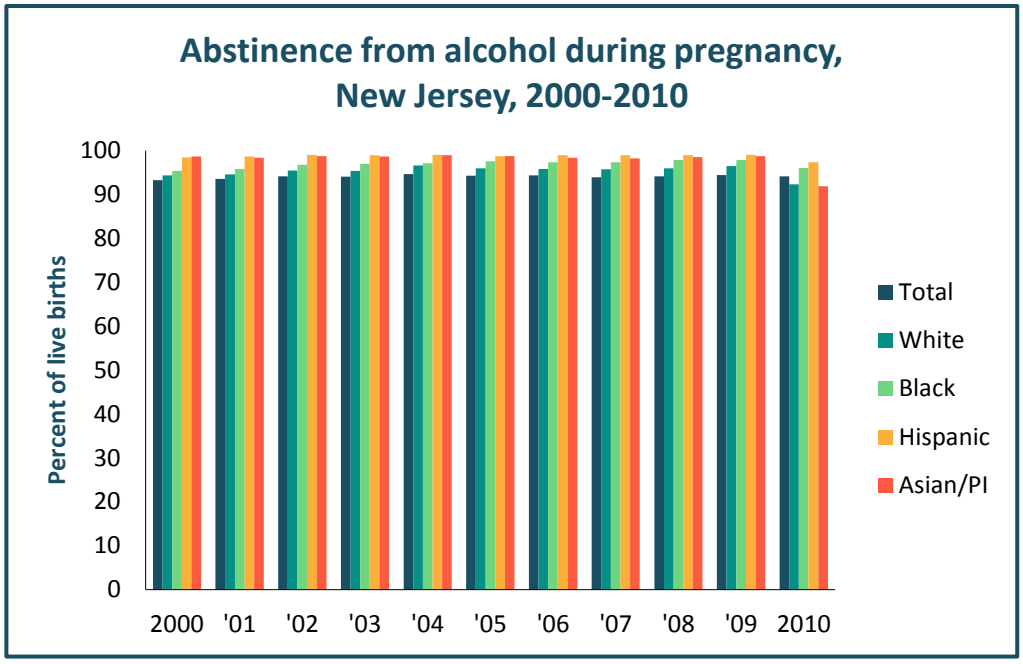
	Total	White	Black	Hispanic	Asian/PI
2000	66.6	77.9	52.6	45.3	59.6
2001	63.6	76.3	48.9	41.7	55.6
2002	58.4	72.1	46.3	36.2	49.9
2003	56.6	71.1	43.2	35.1	47.7
2004	54.8	70.0	43.0	32.1	46.8
2005	53.9	70.2	42.5	32.0	44.3
2006	51.5	68.2	39.7	30.7	43.2
2007	50.2	67.4	39.3	30.2	41.9
2008	49.0	65.6	38.0	31.1	38.2
2009	47.8	65.1	36.0	29.7	37.8
2010	47.8	63.9	35.9	31.6	37.7

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 9a: Increase the percentage of women who abstain from alcohol during pregnancy

	Total	White	Black	Hispanic	Asian/PI
Target:	95.0	95.0	95.0	99.0	*
Met:			✓		

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	93.3	94.4	95.4	98.5	98.7
2001	93.6	94.6	95.9	98.7	98.4
2002	94.2	95.5	96.8	99.1	98.8
2003	94.1	95.4	97.0	99.0	98.7
2004	94.7	96.7	97.2	99.1	99.0
2005	94.3	96.0	97.6	98.8	98.8
2006	94.4	95.9	97.4	99.0	98.4
2007	94.0	95.8	97.4	99.0	98.3
2008	94.2	96.0	97.9	99.0	98.6
2009	94.5	96.5	97.9	99.1	98.8
2010**	94.2	92.4	96.1	97.4	91.9

* A target was not set because the baseline data were statistically unreliable.

**New York City did not report race and ethnicity for births to New Jersey residents that occurred in NYC prior to 2010 and still does not report alcohol use during pregnancy. Therefore, data by race/ethnicity for 2000-2009 is not directly comparable to data for 2010.

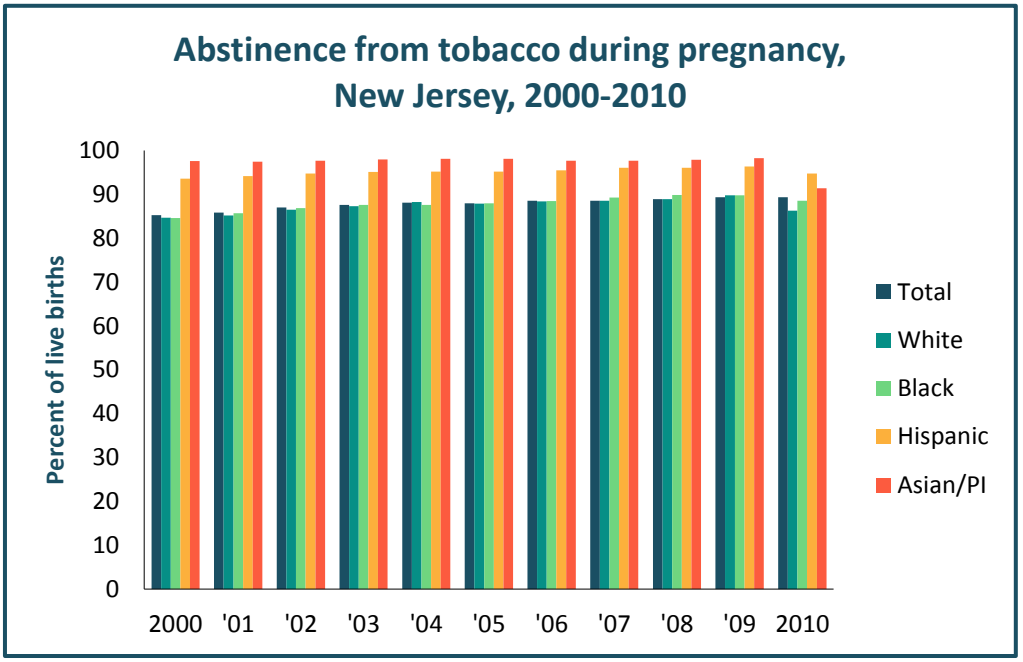
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 9b: Increase the percentage of women who abstain from any tobacco product during pregnancy

	Total	White	Black	Hispanic	Asian/PI
Target:	89.0	89.0	89.0	95.0	*
Met:	✓				

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	85.3	84.7	84.6	93.6	97.6
2001	85.9	85.2	85.7	94.2	97.5
2002	87.0	86.5	86.9	94.8	97.7
2003	87.6	87.3	87.6	95.1	98.0
2004	88.1	88.3	87.6	95.2	98.1
2005	88.0	87.9	88.0	95.2	98.1
2006	88.6	88.4	88.5	95.5	97.7
2007	88.6	88.6	89.3	96.1	97.7
2008	88.9	88.9	89.9	96.1	97.9
2009	89.4	89.8	89.8	96.4	98.3
2010**	89.4	86.3	88.6	94.8	91.4

* A target was not set because the baseline data were statistically unreliable.

**New York City did not report race and ethnicity for births to New Jersey residents that occurred in NYC prior to 2010 and still does not report alcohol use during pregnancy. Therefore, data by race/ethnicity for 2000-2009 is not directly comparable to data for 2010.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

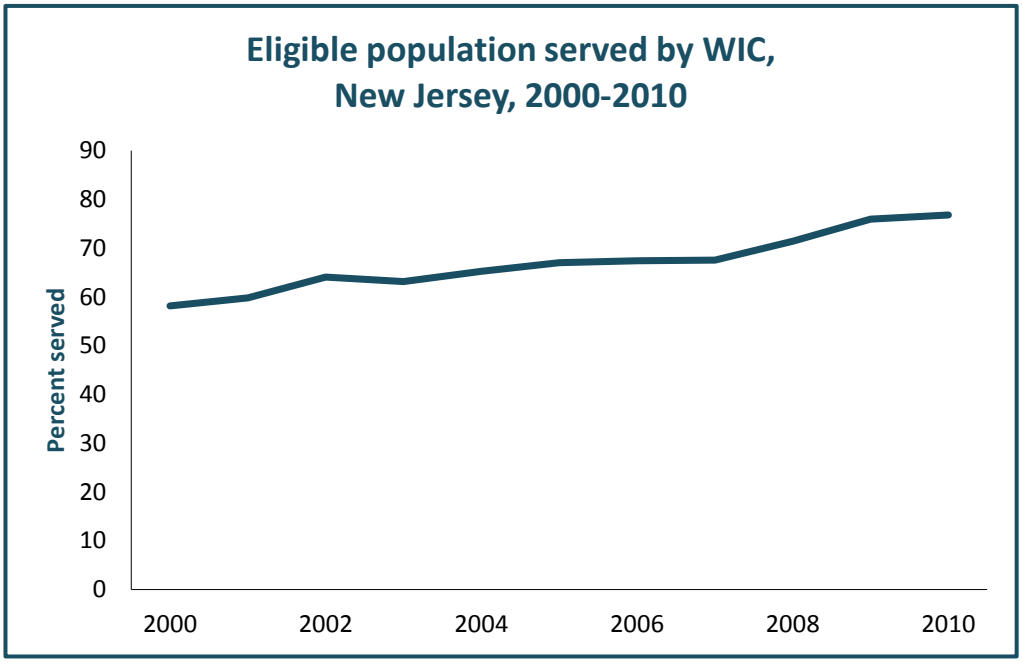
Source: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 10: Increase the percentage of the eligible population served by the Women, Infants, and Children Program (WIC)

Eligible WIC population served

Target:	**83.0**
Met:	

Trend Data



Eligible WIC population served

2000	58.2
2001	59.8
2002	64.1
2003	63.2
2004	65.3
2005	67.1
2006	67.5
2007	67.6
2008	71.5
2009	76.0
2010	76.8

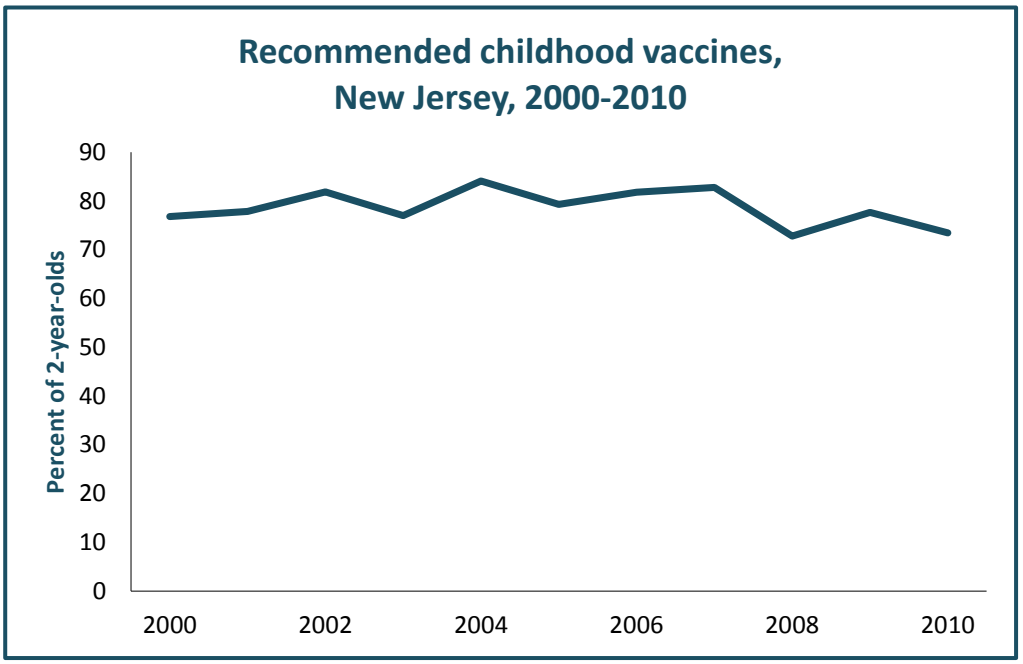
Source: Women, Infants and Children (WIC) Program, Family Health Services, New Jersey Department of Health

Objective 11: Increase the percentage of two year old children receiving DTaP, polio, MMR, Hib and hepatitis B vaccines, separately and as part of the 4-3-1 series

All children < 2

Target:	**90.0**
Met:	

Trend Data



All children < 2

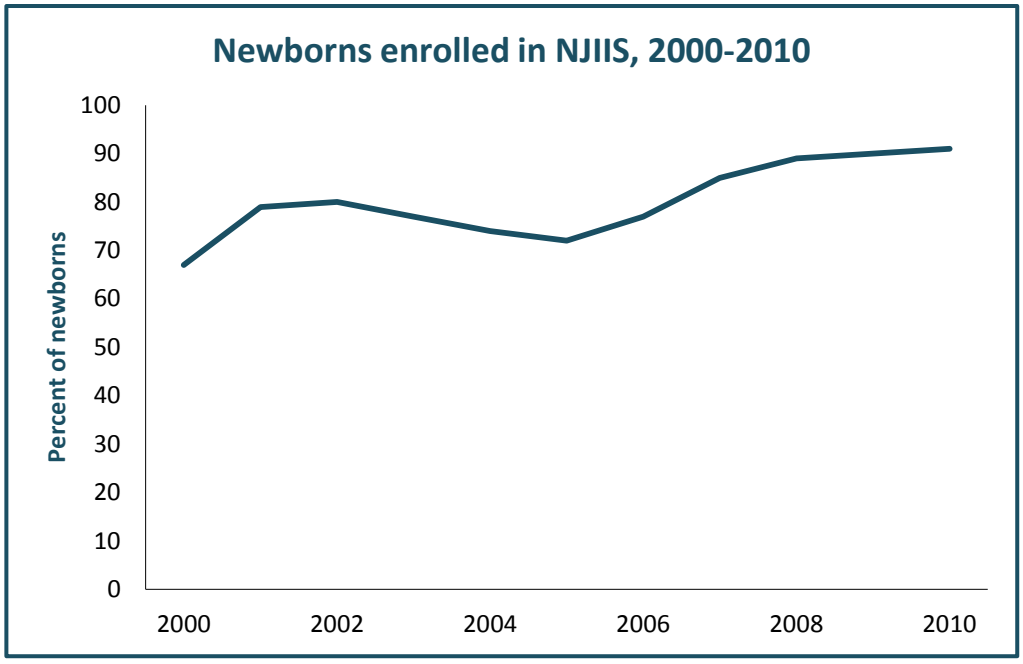
2000 *	76.8	* 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine and 1 or more doses of MMR vaccine
2001 *	77.9	
2002 *	81.9	
2003 *	77.0	** 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of MMR vaccine and 3 or more doses of Hib vaccine
2004 *	84.1	
2005 *	79.3	
2006 *	81.8	
2007 **	82.8	
2008 ***	72.8	*** 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of MMR vaccine, 3 or more doses of Hib vaccine and 3 or more doses of Hep B vaccine
2009 *	77.7	
2010 *	73.5	

Source: National Immunization Survey, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

Objective 12: Increase the percentage of newborns enrolled in the New Jersey Immunization Information System

	Newborns
Target:	**95.0**
Met:	

Trend Data



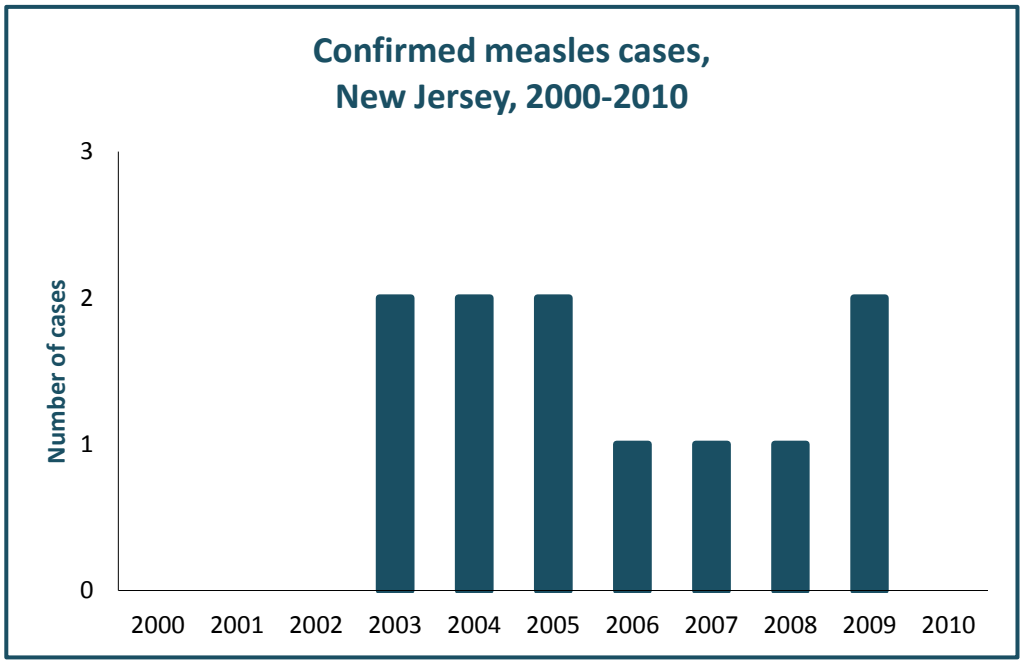
	Newborns
2000	67
2001	79
2002	80
2003	77
2004	74
2005	72
2006	77
2007	85
2008	89
2009	90
2010	91

Source: Vaccine-Preventable Diseases Program, Communicable Disease Services, New Jersey Department of Health

Objective 13: Reduce the number of cases of indigenous measles to zero

	Total
Target:	0
Met:	†

Trend Data



	Total
2000	0
2001	0
2002	0
2003	2
2004	2
2005	2
2006	1
2007	1
2008	1
2009	2
2010	0

† The HNJ2010 target of zero cases was met if one only considers the case count in 2010. However, the intention of this objective was a sustained zero count, which has not occurred.

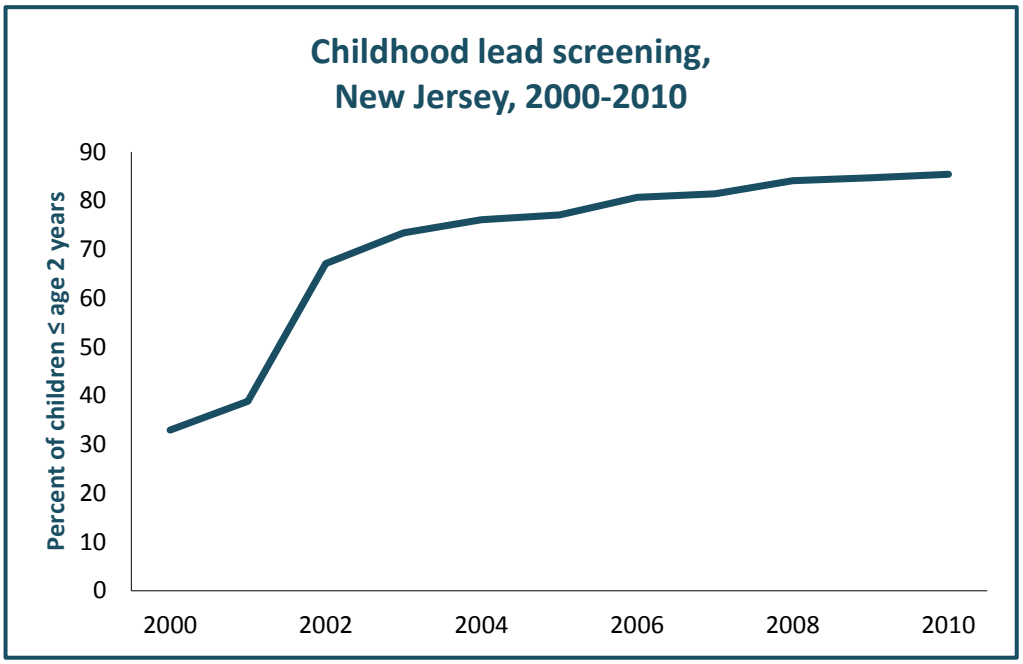
These are counts of NJDOH-approved confirmed measles cases that were reported to the CDC annually.

Source: Vaccine-Preventable Diseases Program, Communicable Disease Services, New Jersey Department of Health

Objective 14: Increase the percentage of children 2 years old or younger who are screened for lead poisoning

	All children < 2
Target:	85.0
Met:	✓

Trend Data



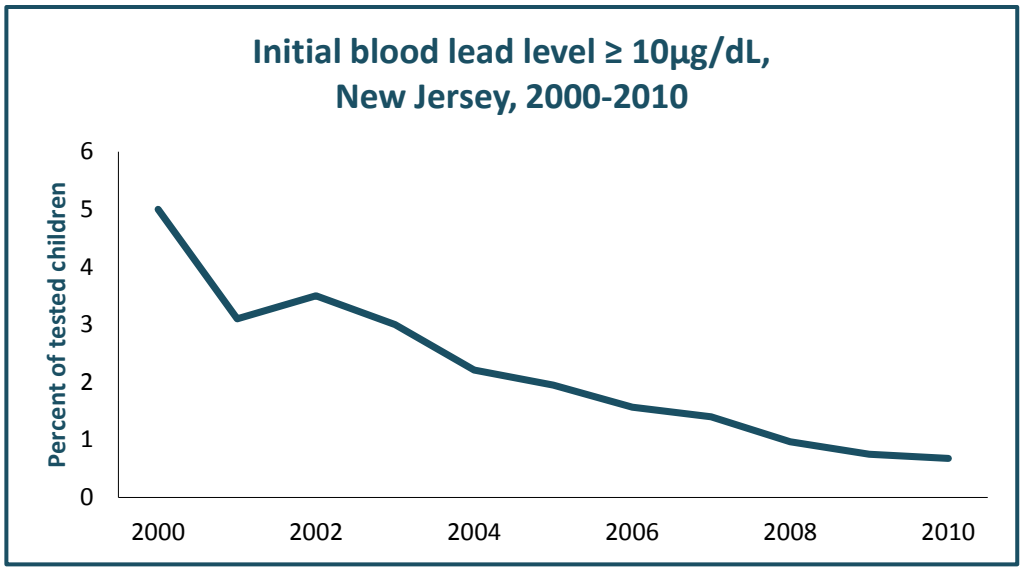
	All children < 2
2000	33.0
2001	38.9
2002	67.1
2003	73.4
2004	76.1
2005	77.1
2006	80.7
2007	81.4
2008	84.1
2009	84.7
2010	85.4

Source: Childhood Lead Poisoning Prevention Program, Family Health Services, New Jersey Department of Health

Objective 15: Reduce the percentage of tested children 2 years old or younger whose initial blood lead level ≥ 10µg/dL

	Children tested
Target:	2.5
Met:	✓

Trend Data



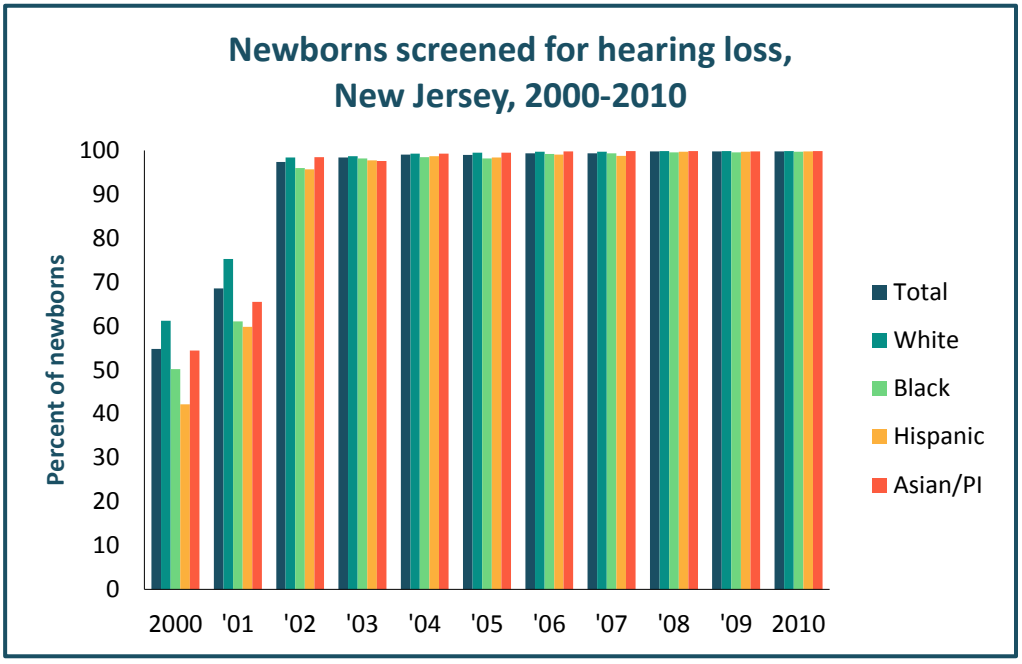
	Children Tested
2000	5.00
2001	3.10
2002	3.50
2003	3.00
2004	2.21
2005	1.95
2006	1.57
2007	1.40
2008	0.97
2009	0.75
2010	0.68

Source: Childhood Lead Poisoning Prevention Program, Family Health Services, New Jersey Department of Health

Objective 16: Increase the percentage of newborns screened with state of the art tools to detect hearing loss prior to discharge from birthing facility or by one month of age

	Total	White	Black	Hispanic	Asian/PI
Target:	90.0	90.0	90.0	90.0	90.0
Met:	✓	✓	✓	✓	✓

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	54.8	61.2	50.2	42.2	54.4
2001	68.6	75.3	61.1	59.8	65.5
2002	97.4	98.4	96.0	95.7	98.5
2003	98.4	98.7	98.2	97.8	97.6
2004	99.1	99.3	98.5	98.7	99.3
2005	99.0	99.5	98.2	98.4	99.5
2006	99.4	99.7	99.2	99.1	99.8
2007	99.4	99.7	99.4	98.8	99.9
2008	99.8	99.9	99.6	99.7	99.9
2009	99.8	99.9	99.6	99.7	99.8
2010	99.8	99.9	99.7	99.8	99.9

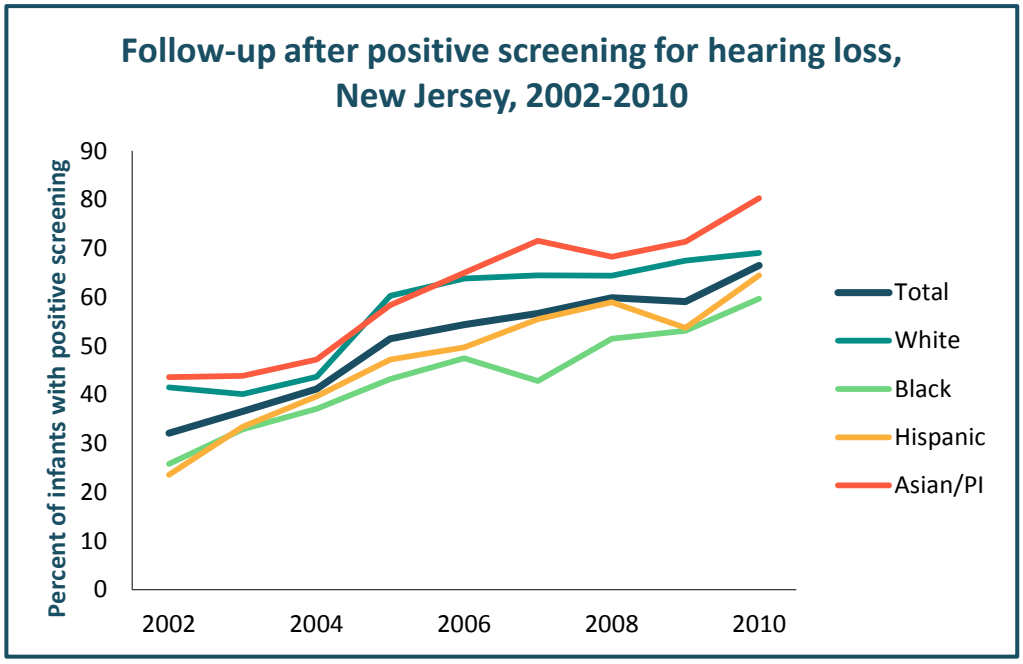
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Early Hearing Detection and Intervention Program, Division of Family Health Services, New Jersey Department of Health

Objective 17: Increase the percentage of infants receiving diagnostic follow-up after a positive screening for hearing loss by 3 months of age

	Total	White	Black	Hispanic	Asian/PI
Target:	90.0	90.0	90.0	90.0	90.0
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2002	32.1	41.5	25.8	23.6	43.6
2003	36.6	40.1	32.9	33.4	43.9
2004	41.2	43.7	37.1	39.7	47.2
2005	51.5	60.3	43.2	47.2	58.4
2006	54.4	63.8	47.5	49.7	65.0
2007	56.7	64.5	42.8	55.5	71.6
2008	59.9	64.4	51.5	59.0	68.3
2009	59.1	67.5	53.1	53.7	71.4
2010	66.5	69.1	59.7	64.5	80.3

Note: Diagnotic follow-up includes pass results on outpatient rescreening exams.

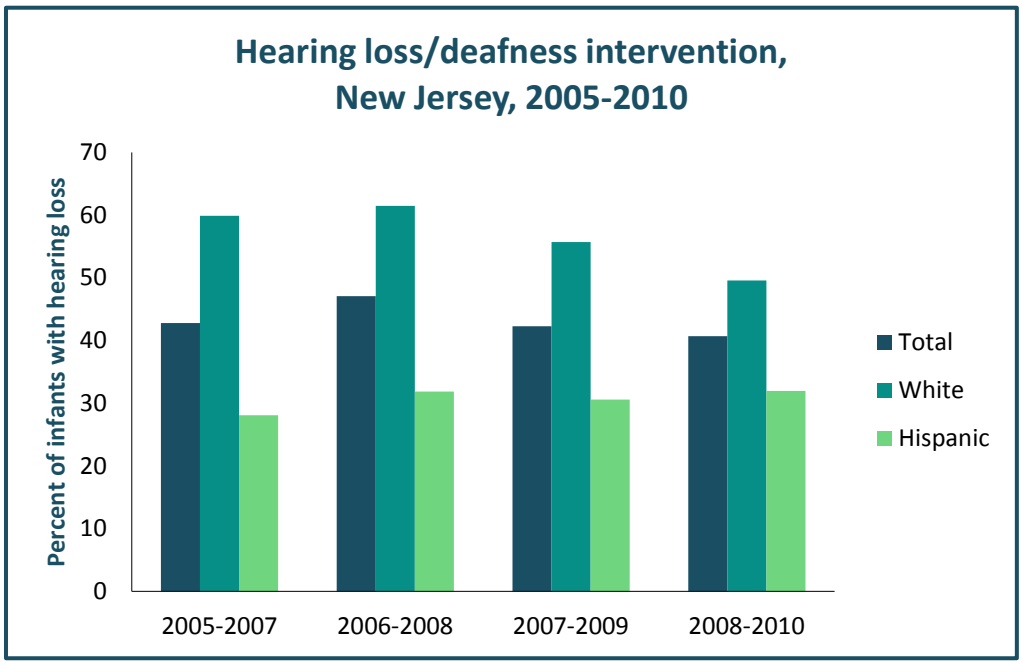
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Early Hearing Detection and Intervention Program, Division of Family Health Services, New Jersey Department of Health

Objective 18: Increase the enrollment of infants diagnosed with hearing loss/deafness in appropriate intervention services by six months of age

	Total	White	Black	Hispanic	Asian/PI
Target:	90.0	90.0	90.0	90.0	90.0
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2005-2007	42.8	59.9	**	28.1	**
2006-2008	47.1	61.5	**	31.9	**
2007-2009	42.3	55.7	**	30.6	**
2008-2010	40.7	49.6	**	32.0	**

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Early Hearing Detection and Intervention Program, Division of Family Health Services, New Jersey Department of Health

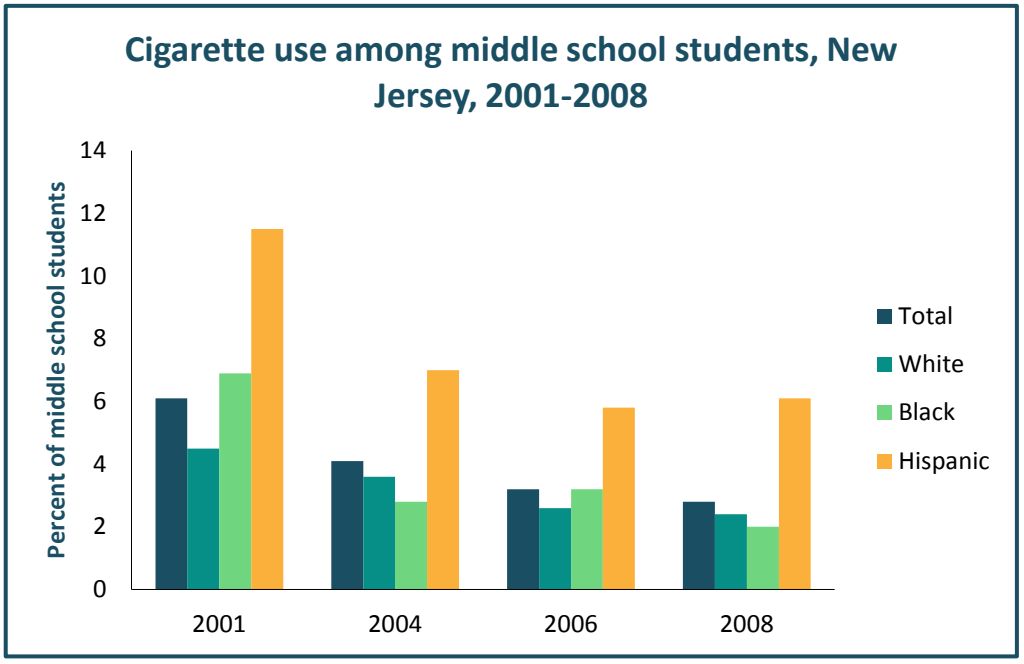
3 - Fundamentals of Good Health

3C. Healthy Behaviors - Adolescents

Objective 3: Reduce the percentage of middle school students who have used cigarettes in the past 30 days

	Total	White	Black	Hispanic	Asian
Target:	10.0	10.0	7.0	13.0	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2001	6.1	4.5	6.9	11.5	**
2004	4.1	3.6	2.8	7.0	**
2006	3.2	2.6	3.2	5.8	**
2008	2.8	2.4	2.0	6.1	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data for Asians is not included in the survey.

The survey is conducted once every two or three years.

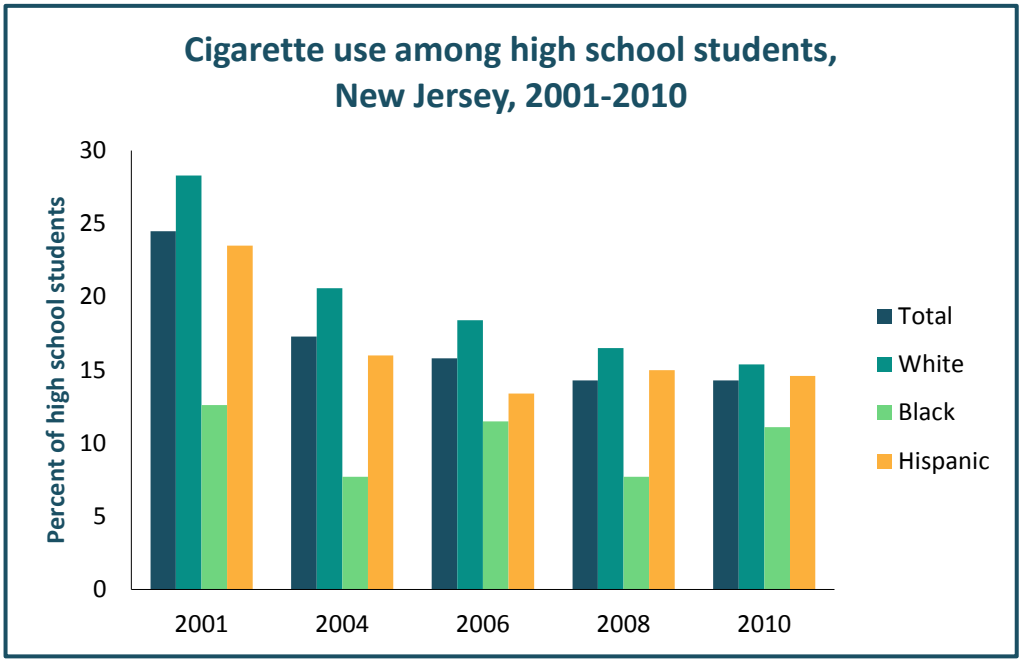
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Youth Tobacco Survey, Comprehensive Tobacco Control Program, New Jersey Department of Health

Objective 4: Reduce the percentage of high school students who say they are currently smoking

	Total	White	Black	Hispanic	Asian
Target:	26.0	26.0	15.0	32.3	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2001	24.5	28.3	12.6	23.5	**
2004	17.3	20.6	7.7	16.0	**
2006	15.8	18.4	11.5	13.4	**
2008	14.3	16.5	7.7	15.0	**
2010	14.3	15.4	11.1	14.6	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data for Asians is not included in the survey.

The survey is conducted once every two or three years.

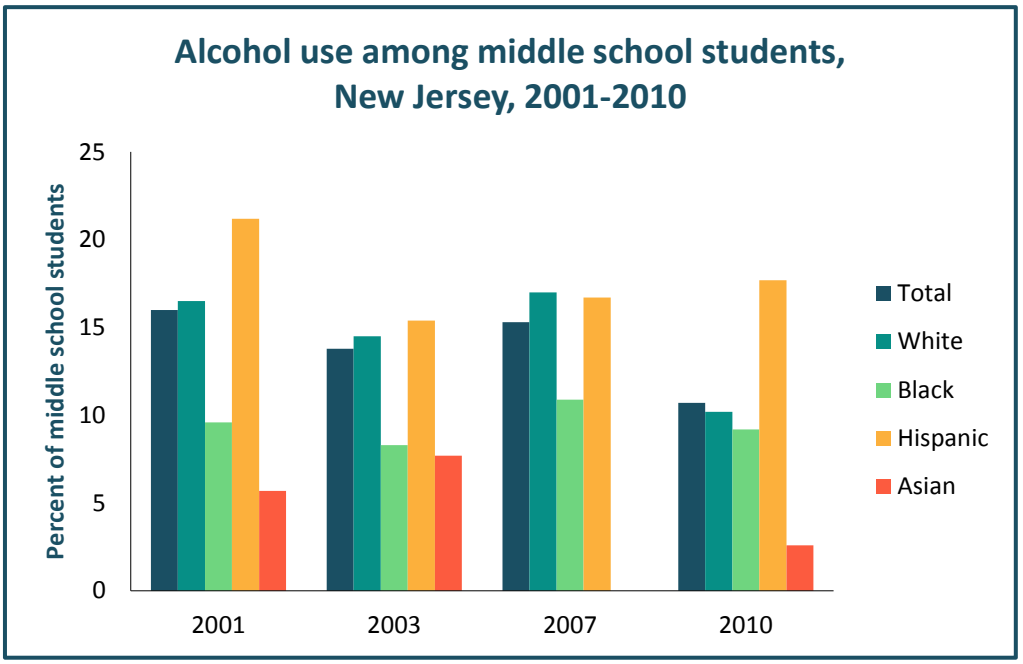
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: Youth Tobacco Survey, Comprehensive Tobacco Control Program, New Jersey Department of Health

Objective 5: Decrease the percentage of middle school students who have used alcohol in the past 30-days

	Total	White	Black	Hispanic	Asian
Target:	20.0	20.0	15.0	20.0	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2001	16.0	16.5	9.6	21.2	5.7
2003	13.8	14.5	8.3	15.4	7.7
2007	15.3	17.0	10.9	16.7	**
2010	10.7	10.2	9.2	17.7	2.6

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

The survey is conducted once every two or three years.

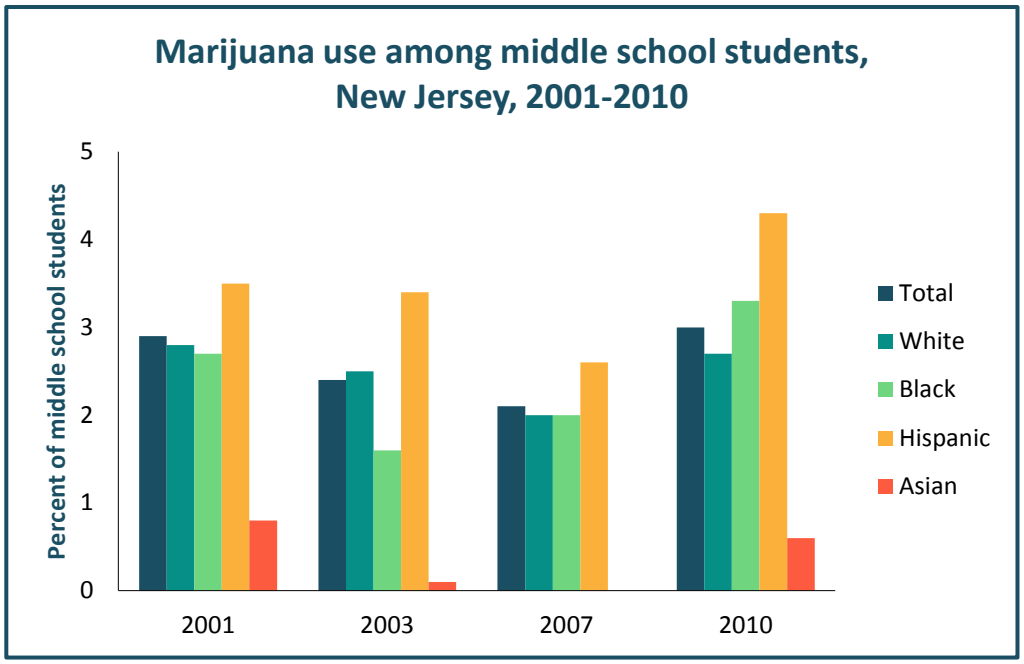
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Middle School Risk and Protective Factor Survey, Division of Mental Health and Addiction Services, New Jersey Department of Human Services

Objective 6: Decrease the percentage of middle school students who have used marijuana in the past 30 days

	Total	White	Black	Hispanic	Asian*
Target:	5.0	5.0	5.0	5.0	5.0
Met:	✓	✓	✓	✓	✓

Trend Data



	Total	White	Black	Hispanic	Asian
2001	2.9	2.8	2.7	3.5	0.8
2003	2.4	2.5	1.6	3.4	0.1
2007	2.1	2.0	2.0	2.6	**
2010	3.0	2.7	3.3	4.3	0.6

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

The survey is conducted once every two or three years.

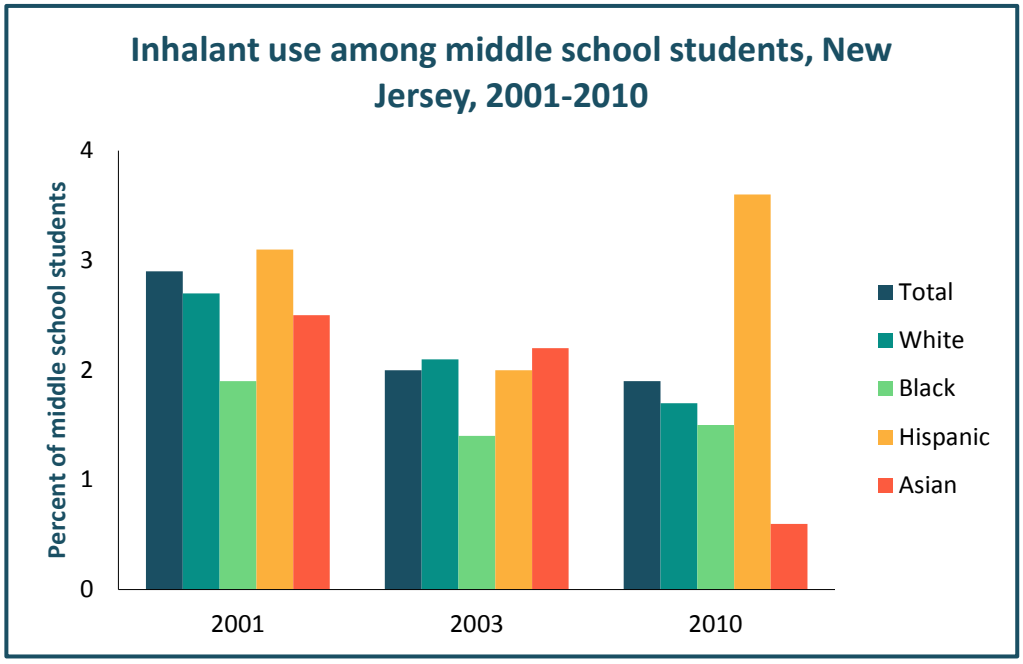
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Middle School Risk and Protective Factor Survey, Division of Mental Health and Addiction Services, New Jersey Department of Human Services

Objective 7: Decrease the percentage of middle school students who have used inhalants in the past 30 days

	Total	White	Black	Hispanic	Asian*
Target:	2.0	2.0	1.5	2.0	2.0
Met:	✓	✓	✓		✓

Trend Data



	Total	White	Black	Hispanic	Asian
2001	2.9	2.7	1.9	3.1	2.5
2003	2.0	2.1	1.4	2.0	2.2
2010	1.9	1.7	1.5	3.6	0.6

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

The survey is conducted once every two or three years.

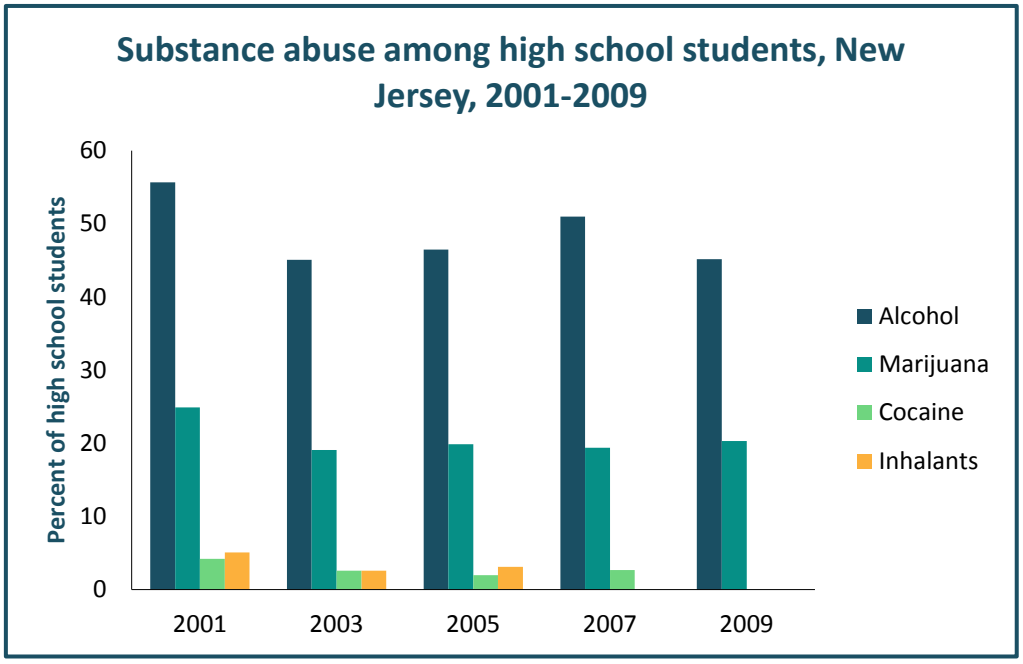
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Middle School Risk and Protective Factor Survey, Division of Mental Health and Addiction Services, New Jersey Department of Human Services

Objective 8: Decrease the percentage of public high school students who have used alcohol, marijuana, cocaine, or inhalants in the past 30 days

	Alcohol	Marijuana	Cocaine	Inhalants
Target:	37.0	11.0	2.0	3.8
Met:				

Trend Data



	Alcohol	Marijuana	Cocaine	Inhalants
2001	55.7	24.9	4.2	5.1
2003	45.1	19.1	2.6	2.6
2005	46.5	19.9	2.0	3.1
2007	51.0	19.4	2.7	**
2009	45.2	20.3	**	**

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

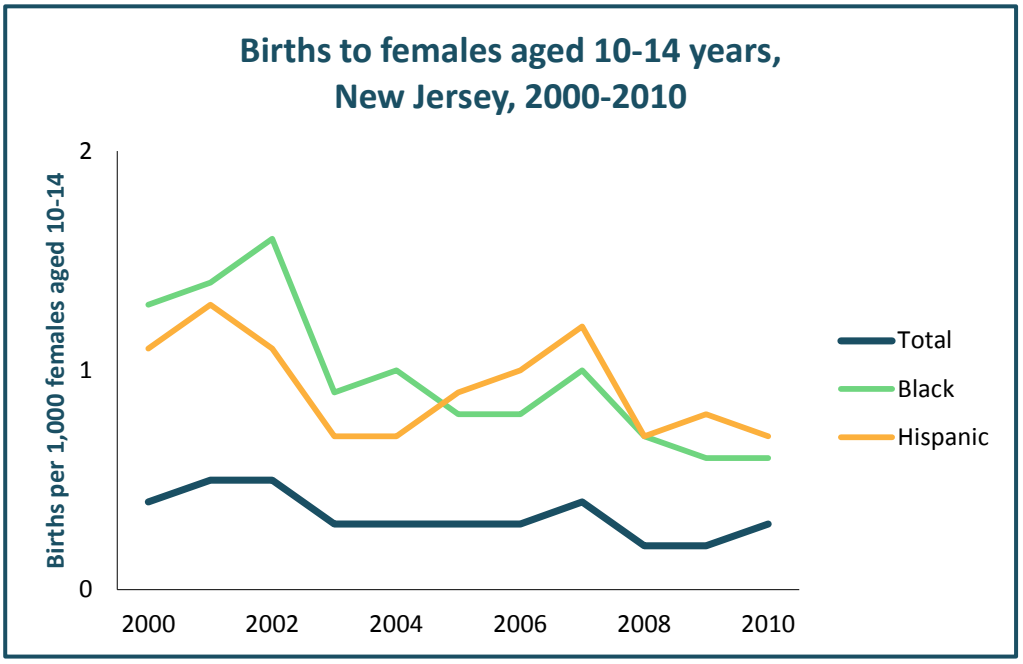
The survey is conducted only in odd-numbered years.

Source: New Jersey Student Health Survey, Office of Student Support Services, Division of Student Services and Career Readiness, New Jersey Department of Education

Objective 9a: Reduce the total number of births per 1,000 females aged 10 through 14 years

	Total	White	Black	Hispanic	Asian/PI
Target:	0.5	*	1.5	1.0	*
Met:	✓		✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	0.4	**	1.3	1.1	**
2001	0.5	**	1.4	1.3	**
2002	0.5	**	1.6	1.1	**
2003	0.3	**	0.9	0.7	**
2004	0.3	**	1.0	0.7	**
2005	0.3	**	0.8	0.9	**
2006	0.3	**	0.8	1.0	**
2007	0.4	**	1.0	1.2	**
2008	0.2	**	0.7	0.7	**
2009	0.2	**	0.6	0.8	**
2010	0.3	**	0.6	0.7	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

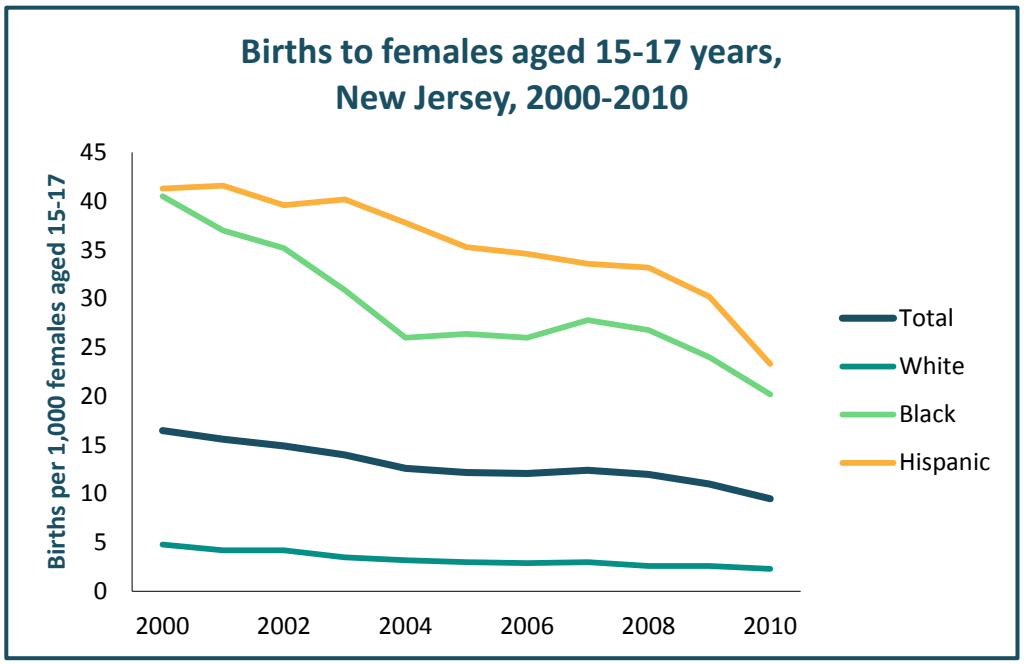
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Sources: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Bridged-race intercensal population estimates (2000-2009) and Vintage 2013 Bridged-Race postcensal population estimates (2010), National Center for Health Statistics

Objective 9b: Reduce the total number of births per 1,000 females aged 15 through 17 years

	Total	White	Black	Hispanic	Asian/PI
Target:	18.2	5.5	35.0	30.0	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	16.5	4.8	40.5	41.3	**
2001	15.6	4.2	37.0	41.6	**
2002	14.9	4.2	35.2	39.6	**
2003	14.0	3.5	30.9	40.2	**
2004	12.6	3.2	26.0	37.8	**
2005	12.2	3.0	26.4	35.3	**
2006	12.1	2.9	26.0	34.6	**
2007	12.4	3.0	27.8	33.6	**
2008	12.0	2.6	26.8	33.2	**
2009	11.0	2.6	24.0	30.2	**
2010	9.5	2.3	20.2	23.3	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

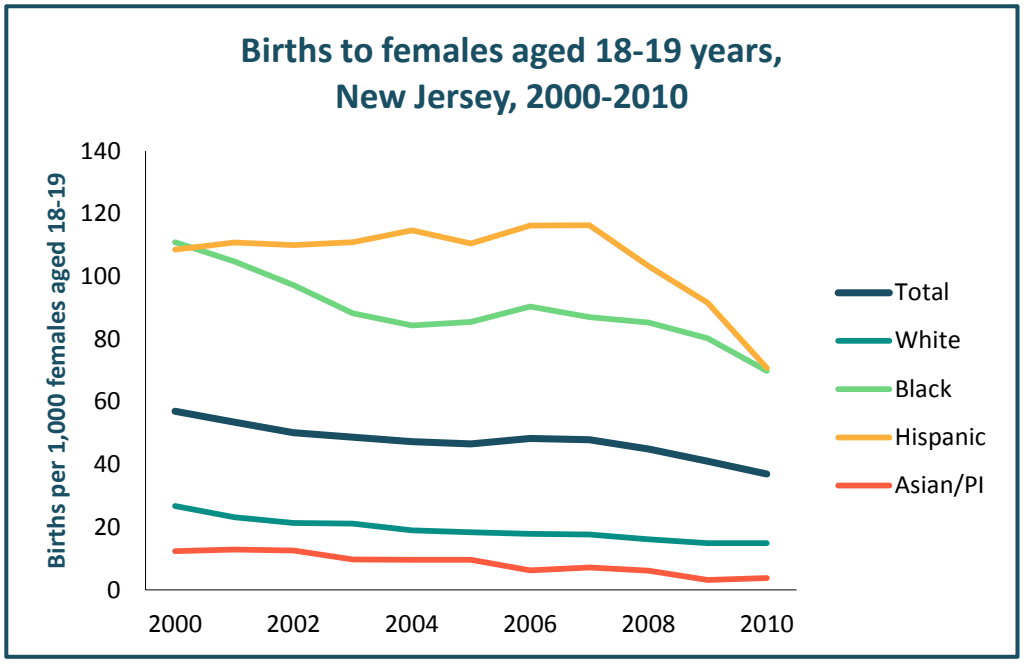
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Sources: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Bridged-race intercensal population estimates (2000-2009) and Vintage 2013 Bridged-Race postcensal population estimates (2010), National Center for Health Statistics

Objective 9c: Reduce the total number of births per 1,000 females aged 18 through 19 years

	Total	White	Black	Hispanic	Asian/PI
Target:	40.0	20.0	75.0	75.0	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	57.0	26.8	110.9	108.6	12.4
2001	53.5	23.2	104.8	110.8	12.9
2002	50.2	21.4	97.2	110.0	12.6
2003	48.7	21.2	88.3	110.9	9.7
2004	47.3	19.0	84.4	114.7	9.6
2005	46.6	18.4	85.5	110.5	9.6
2006	48.3	17.9	90.4	116.2	6.3
2007	47.9	17.7	87.0	116.3	7.2
2008	45.0	16.2	85.3	103.3	6.2
2009	41.1	14.9	80.3	91.6	3.2
2010	37.0	14.9	69.9	70.8	3.8

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

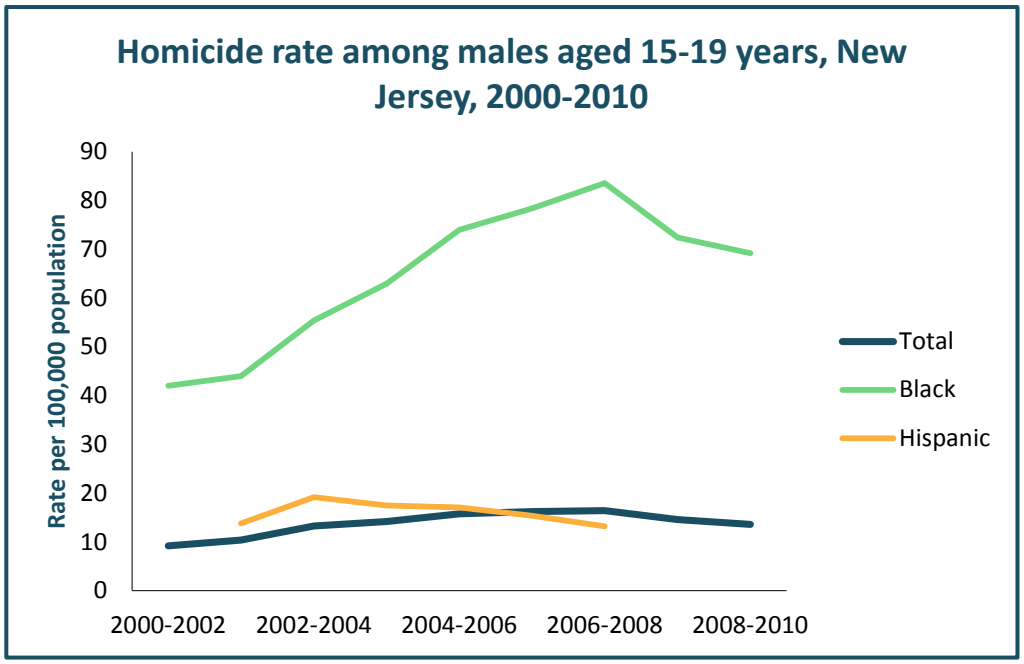
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Sources: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Bridged-race intercensal population estimates (2000-2009) and Vintage 2013 Bridged-Race postcensal population estimates (2010), National Center for Health Statistics

Objective 10: Reduce the mortality rate from homicide among males aged 15 through 19 years per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	7.4	4.0	28.2	12.0	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000-2002	9.2	**	42.0	**	**
2001-2003	10.4	**	44.0	13.8	**
2002-2004	13.3	**	55.4	19.2	**
2003-2005	14.2	**	63.0	17.5	**
2004-2006	15.8	**	74.0	17.1	**
2005-2007	16.2	**	78.4	15.4	**
2006-2008	16.4	**	83.6	13.2	**
2007-2009	14.6	**	72.4	**	**
2008-2010	13.6	**	69.2	**	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

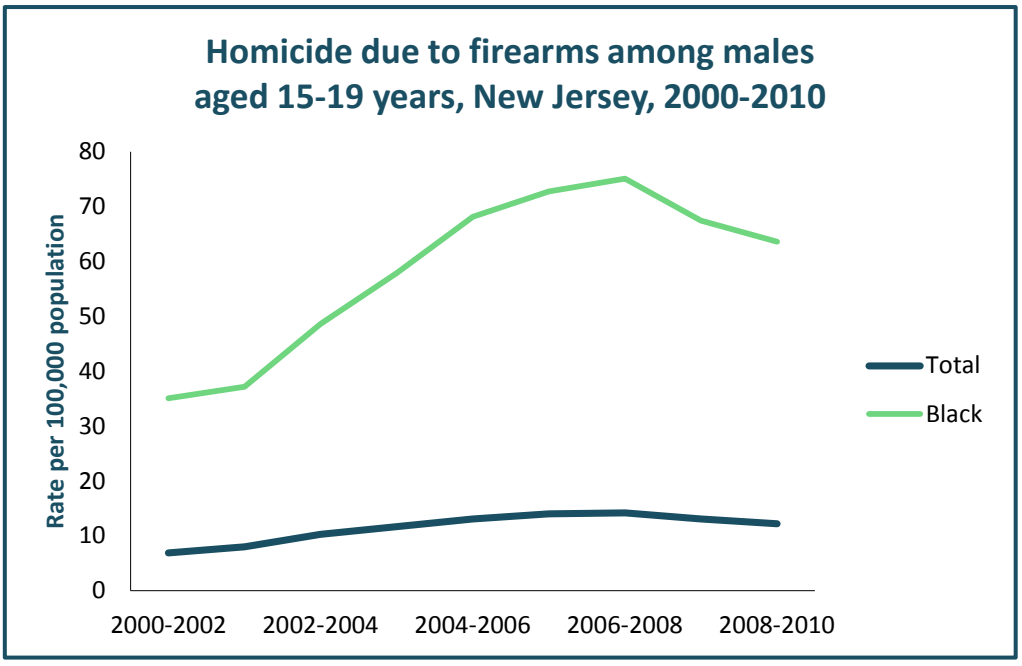
Note: Data for Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 11: Reduce the mortality rate from homicide due to firearms among males aged 15 through 19 years per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	4.8	*	21.3	*	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000-2002	6.9	**	35.1	**	**
2001-2003	8.0	**	37.2	**	**
2002-2004	10.3	**	48.6	**	**
2003-2005	11.7	**	57.9	**	**
2004-2006	13.1	**	68.2	**	**
2005-2007	14.0	**	72.8	**	**
2006-2008	14.2	**	75.1	**	**
2007-2009	13.1	**	67.5	**	**
2008-2010	12.2	**	63.6	**	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

Note: Data for Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

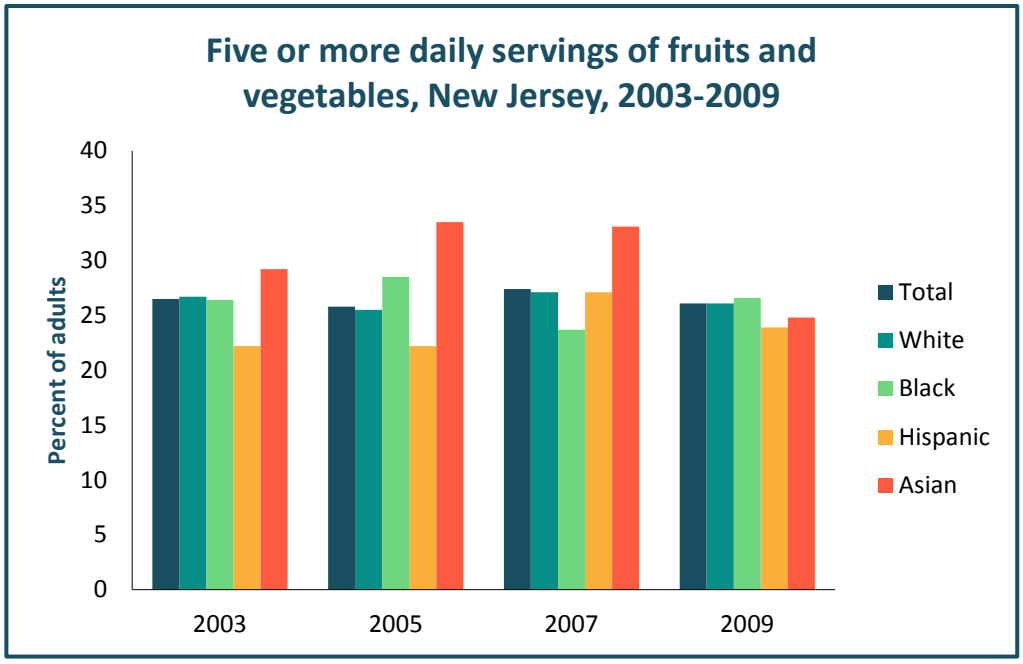
3 - Fundamentals of Good Health

3D. Healthy Behaviors - Adults

Objective 1: Increase percentage of persons aged 18 and over eating at least five daily servings of fruits and vegetables (including legumes)

	Total	White	Black	Hispanic	Asian
Target:	35.0	35.0	35.0	35.0	35.0
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2003	26.5	26.7	26.4	22.2	29.2
2005	25.8	25.5	28.5	22.2	33.5
2007	27.4	27.1	23.7	27.1	33.1
2009	26.1	26.1	26.6	23.9	24.8

This survey question is asked only in odd-numbered years.

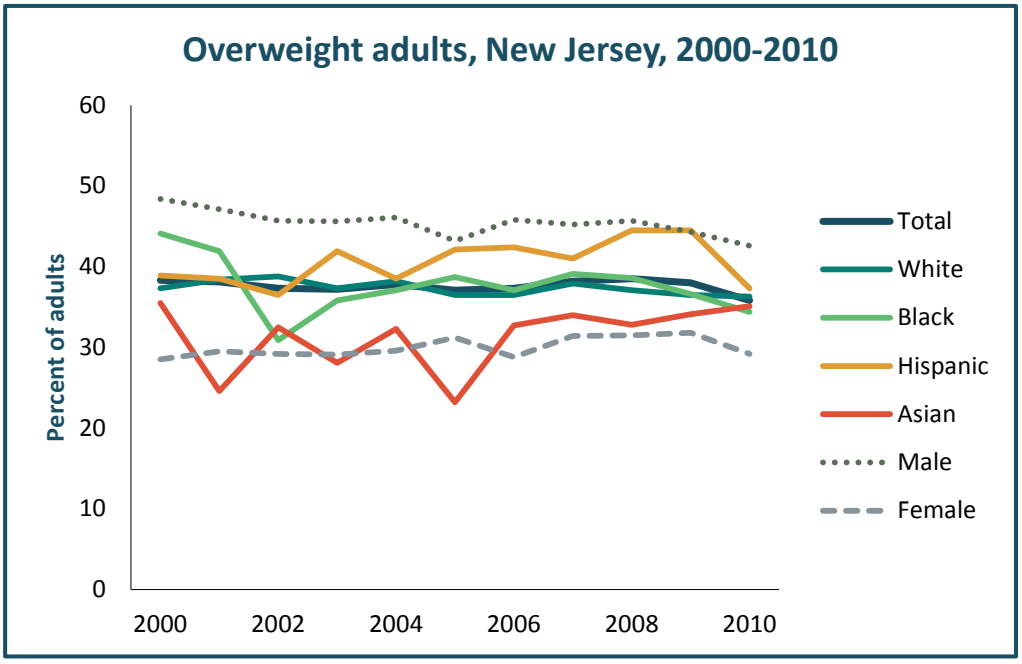
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 2: Reduce percentage of persons aged 18 and who are overweight but not obese

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	27.6	28.1	28.4	32.4	*	36.6	25.1
Met:							

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000	38.3	37.3	44.1	38.9	35.5	48.4	28.5
2001	38.1	38.4	41.9	38.5	24.6	47.1	29.5
2002	37.3	38.8	30.9	36.5	32.5	45.7	29.2
2003	37.2	37.3	35.8	41.9	28.1	45.6	29.1
2004	37.8	38.2	37.1	38.5	32.3	46.1	29.6
2005	37.1	36.5	38.7	42.1	23.2	43.2	31.2
2006	37.3	36.5	37.1	42.4	32.7	45.8	28.8
2007	38.2	37.9	39.1	41.0	34.0	45.2	31.4
2008	38.5	37.1	38.6	44.5	32.8	45.7	31.5
2009	38.0	36.5	36.6	44.5	34.1	44.3	31.8
2010	35.8	36.3	34.4	37.3	35.1	42.6	29.2

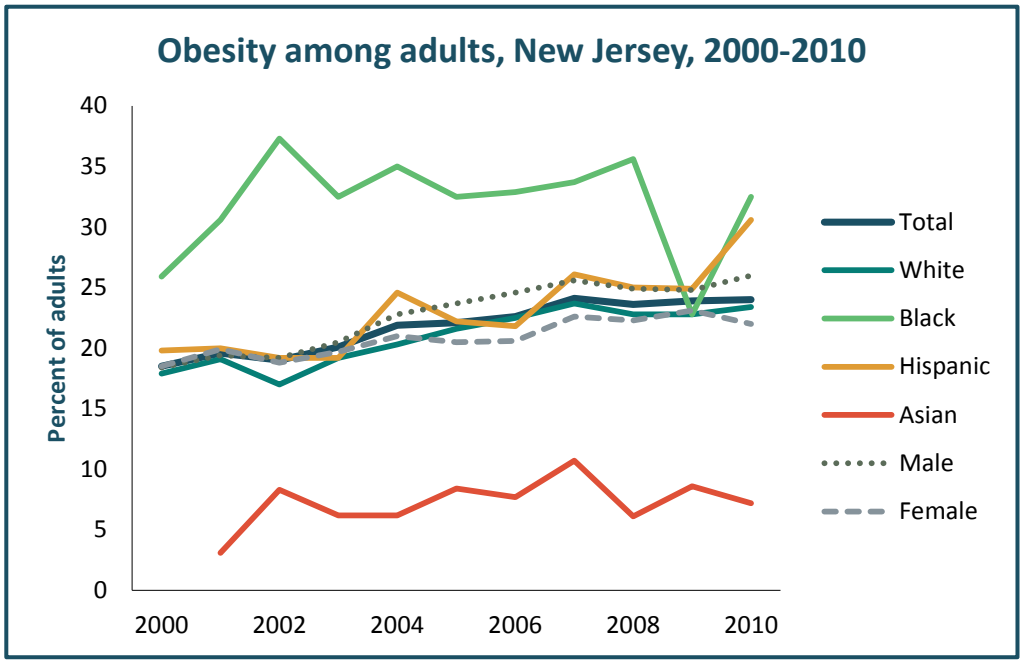
* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 3: Reduce percentage of persons aged 18+ who are obese

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	12.0	12.0	15.0	12.0	*	14.0	12.0
Met:							

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000	18.5	17.9	25.9	19.8	**	18.4	18.5
2001	19.6	19.1	30.6	20.0	3.1	19.4	19.9
2002	19.0	17.0	37.3	19.2	8.3	19.2	18.8
2003	20.1	19.2	32.5	19.2	6.2	20.5	19.7
2004	21.9	20.3	35.0	24.6	6.2	22.8	21.0
2005	22.1	21.6	32.5	22.2	8.4	23.7	20.5
2006	22.6	22.5	32.9	21.8	7.7	24.6	20.6
2007	24.1	23.7	33.7	26.1	10.7	25.6	22.6
2008	23.6	22.8	35.6	25.0	6.1	24.9	22.3
2009	23.9	22.8	22.8	24.9	8.6	24.8	23.1
2010	24.0	23.4	32.5	30.6	7.2	26.0	22.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

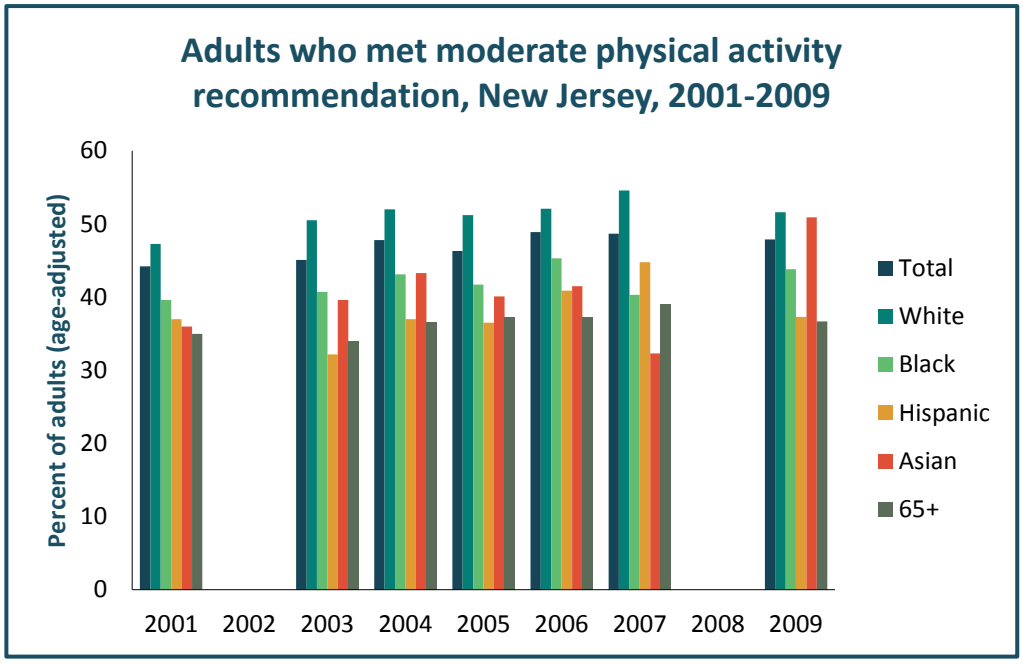
** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 4: Increase the percentage of persons aged 18 or older who regularly** engage in moderate or vigorous physical activity

	Total	White	Black	Hispanic	Asian	65+
Target:	42.5	42.5	42.5	42.5	*	42.5
Met:	✓	✓	✓		✓	

Trend Data



	Total	White	Black	Hispanic	Asian	65+
2001	44.2	47.3	39.6	37.0	36.0	35.0
2002	***	***	***	***	***	***
2003	45.1	50.5	40.7	32.2	39.6	34.0
2004	47.8	52.0	43.1	37.0	43.3	36.6
2005	46.3	51.2	41.7	36.5	40.1	37.2
2006	48.9	52.1	45.3	40.9	41.5	37.2
2007	48.7	54.6	40.3	44.8	32.3	39.0
2008	***	***	***	***	***	***
2009	47.9	51.6	43.8	37.3	50.9	36.7
2010	***	***	***	***	***	***

Rates are age-adjusted to the 2000 U.S. standard population.

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

** "Regularly" is moderate physical activity for at least 30 minutes per day, 5 or more days per week or vigorous physical activity for at least 20 minutes per day, 3 or more days per week.

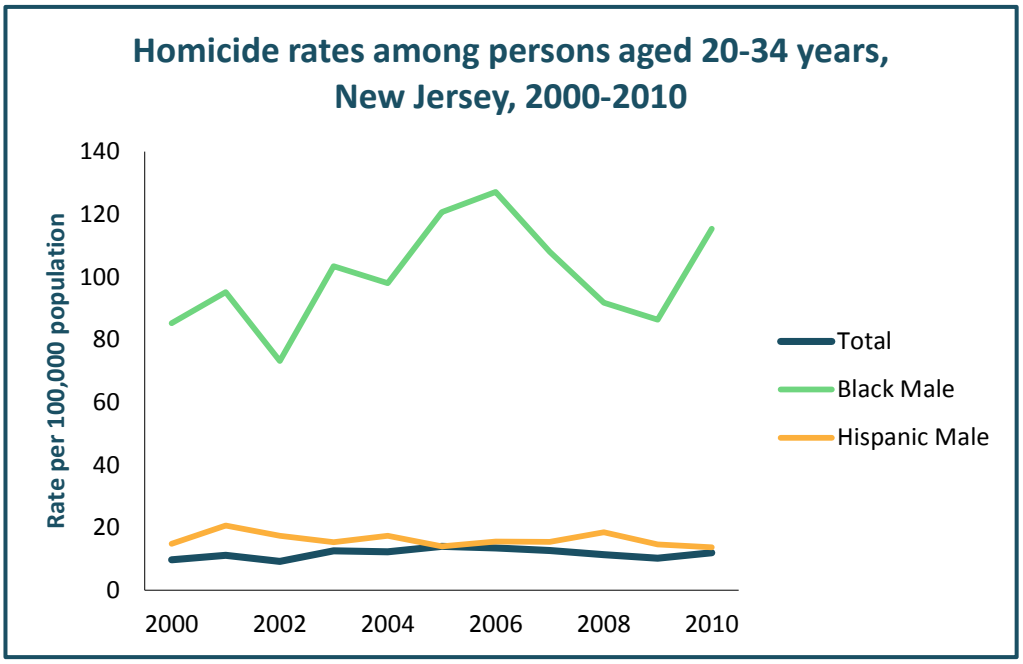
*** Survey question was not asked this year.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 5: Reduce homicide deaths among 20 through 34 year olds per 100,000 population

	Total	Black Male	Black Female	White Male	Hispanic Male	Asian
Target:	6.0	33.2	*	3.6	*	*
Met:						

Trend Data



	Total	Black Male	Black Female	White Male	Hispanic Male	Asian
2000	9.7	85.3	**	**	14.8	**
2001	11.2	95.2	**	**	20.7	**
2002	9.2	73.2	**	**	17.4	**
2003	12.6	103.5	**	**	15.4	**
2004	12.3	98.0	**	**	17.4	**
2005	14.0	120.7	**	6.4	14.0	**
2006	13.5	127.2	**	**	15.6	**
2007	12.7	108.0	**	**	15.5	**
2008	11.4	91.8	**	**	18.5	**
2009	10.2	86.4	**	**	14.6	**
2010	12.0	115.4	**	**	13.7	**

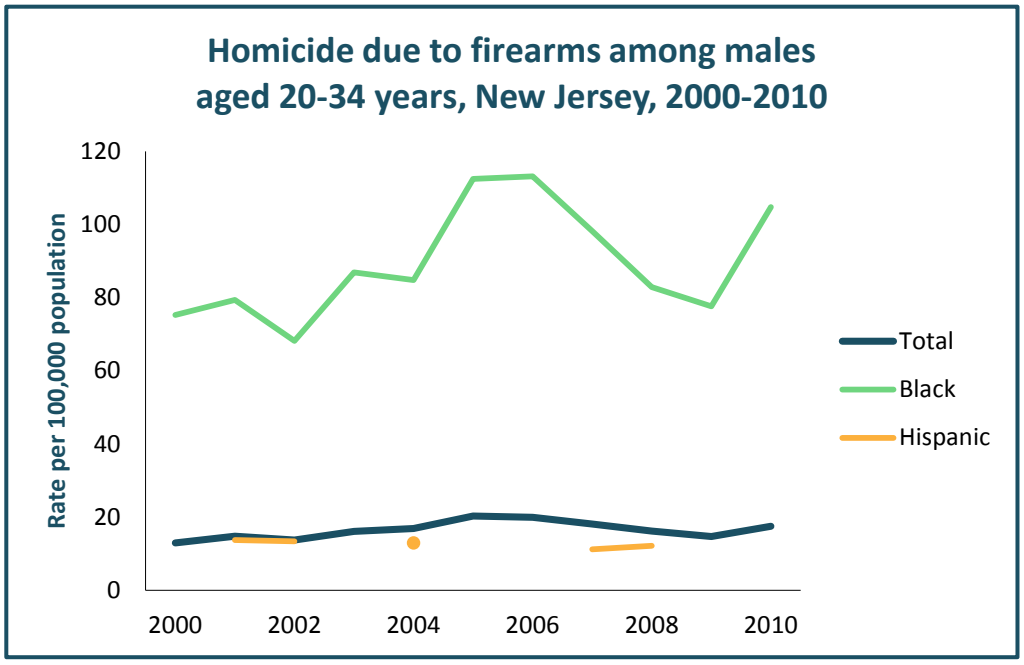
The homicides that occurred as a result of the events of September 11, 2001, have been excluded.
* A target was not set because the baseline data for this subpopulation were statistically unreliable.
** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.
Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 6: Reduce the mortality rate from homicide due to firearms among 20 through 34 year old males per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	7.4	*	28.8	*	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000	13.0	**	75.3	**	**
2001	14.8	**	79.4	13.8	**
2002	13.8	**	68.2	13.4	**
2003	16.1	**	86.9	**	**
2004	16.9	**	84.8	13.0	**
2005	20.3	**	112.5	**	**
2006	20.0	**	113.2	**	**
2007	18.1	**	98.2	11.2	**
2008	16.2	**	82.9	12.2	**
2009	14.7	**	77.7	**	**
2010	17.5	**	104.8	**	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

Note: Data for Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

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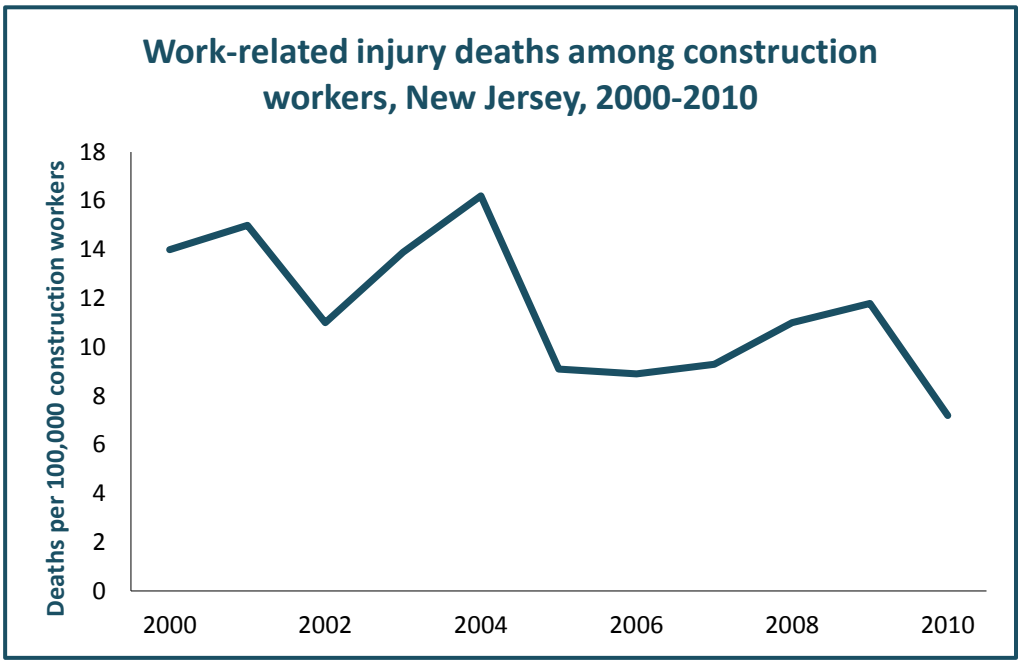
3E. Occupational Health and Safety

Objective 1: Reduce the death rate from work-related injuries in the construction industry per 100,000 construction workers

	All construction workers
Target:	9.7
Met:	✓

Trend Data



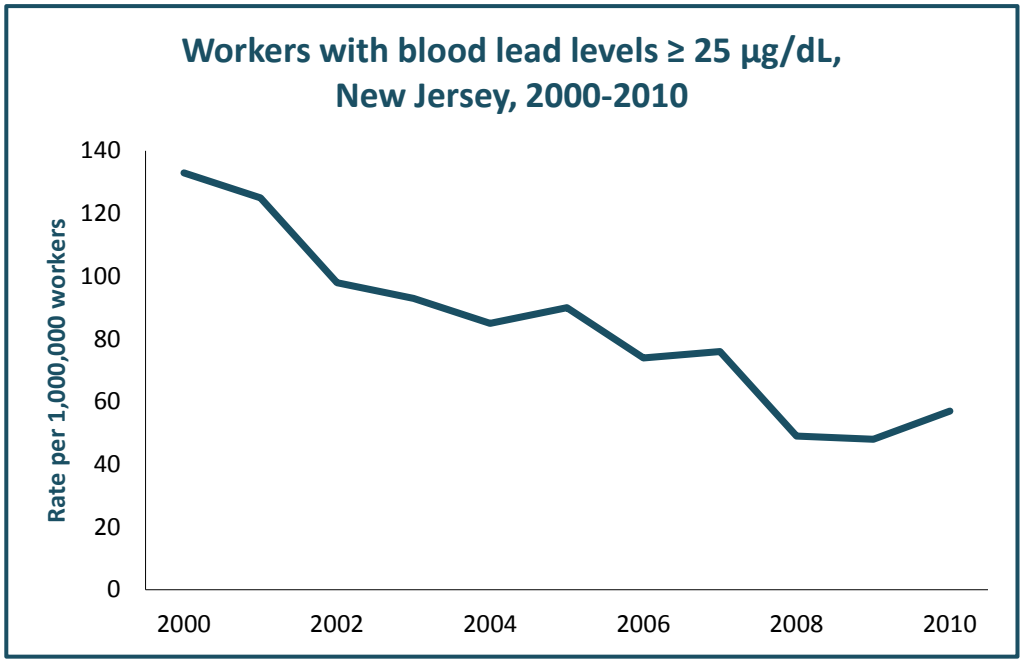
	All construction workers
2000	14.0
2001	15.0
2002	11.0
2003	13.9
2004	16.2
2005	9.1
2006	8.9
2007	9.3
2008	11.0
2009	11.8
2010	7.2

Industry data from 2003 to 2008 are classified using the 2002 North American Industry Classification System (NAICS).
Industry data after 2008 are classified using the 2007 NAICS.
Sources: Occupational Health Surveillance Unit, New Jersey Department of Health and U.S. Department of Labor, Bureau of Labor Statistics

Objective 2: Reduce the rate of workers per million with lead exposure causing blood lead level concentrations ≥ 25 µg/dL of whole blood

	All workers
Target:	70
Met:	✓

Trend Data



	All workers
2000	133
2001	125
2002	98
2003	93
2004	85
2005	90
2006	74
2007	76
2008	49
2009	48
2010	57

Source: Occupational Health Surveillance Unit, New Jersey Department of Health and U.S. Department of Labor, Bureau of Labor Statistics

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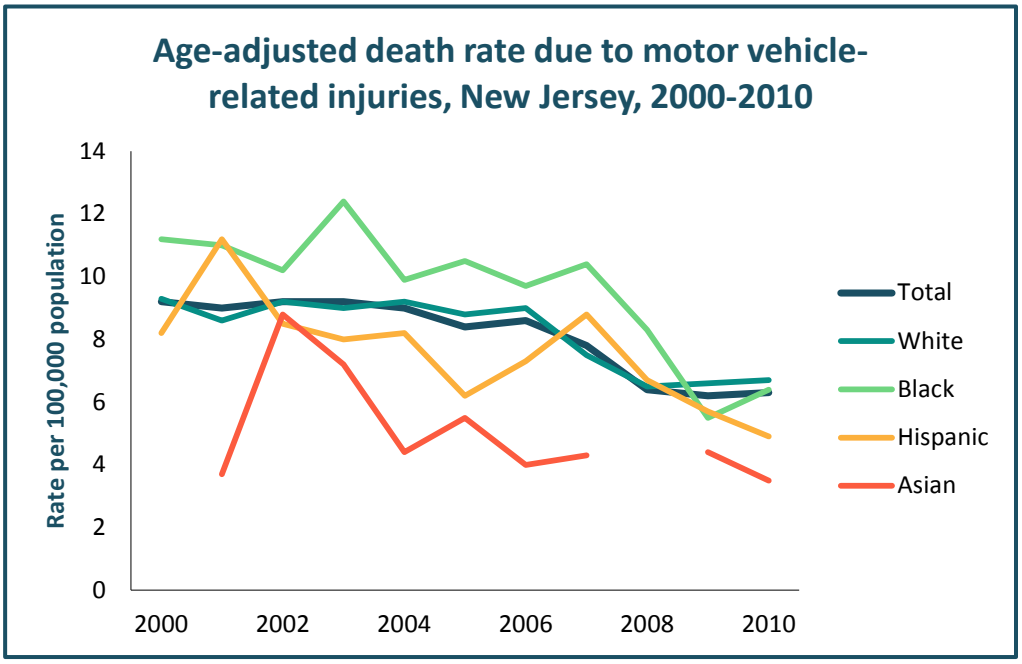
3F. Unintentional Injury

Objective 1a: Reduce the age-adjusted mortality rate from motor vehicle-related injuries per 100,000 standard population

	Total	White	Black	Hispanic	Asian
Target:	7.8	8.0	6.9	*	*
Met:	✓	✓	✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000	9.2	9.3	11.2	8.2	**
2001	9.0	8.6	11.0	11.2	3.7
2002	9.2	9.2	10.2	8.5	8.8
2003	9.2	9.0	12.4	8.0	7.2
2004	9.0	9.2	9.9	8.2	4.4
2005	8.4	8.8	10.5	6.2	5.5
2006	8.6	9.0	9.7	7.3	4.0
2007	7.8	7.5	10.4	8.8	4.3
2008	6.4	6.5	8.3	6.7	**
2009	6.2	6.6	5.5	5.7	4.4
2010	6.3	6.7	6.4	4.9	3.5

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.

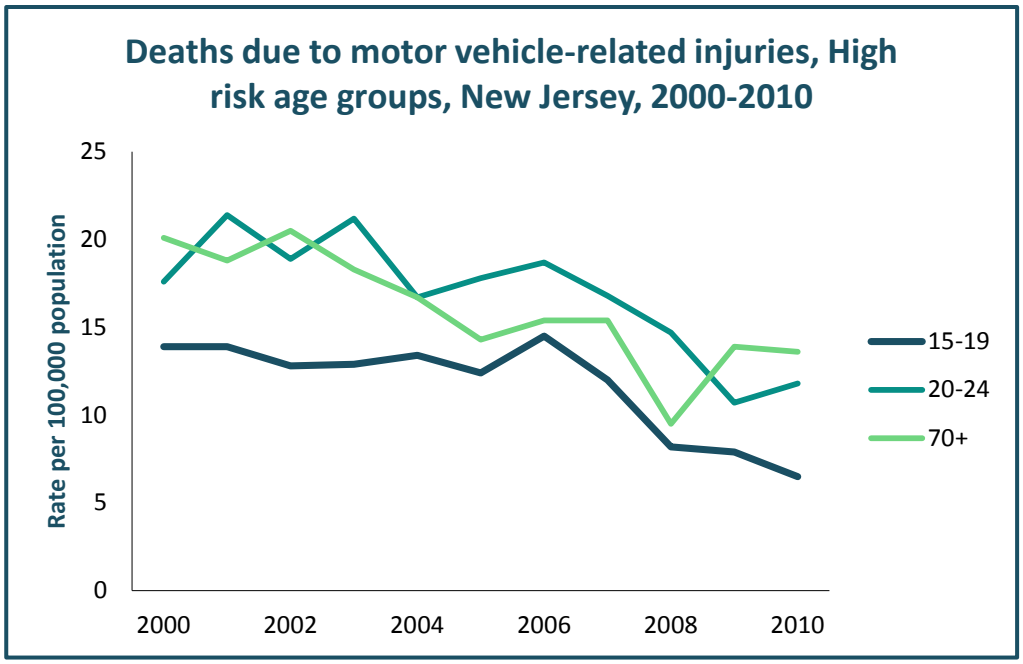
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 1b: Reduce mortality from motor vehicle-related injuries per 100,000 population among high risk age groups

Ages:	15-19	20-24	70+
Target:	11.2	11.2	11.2
Met:	✓		

Trend Data



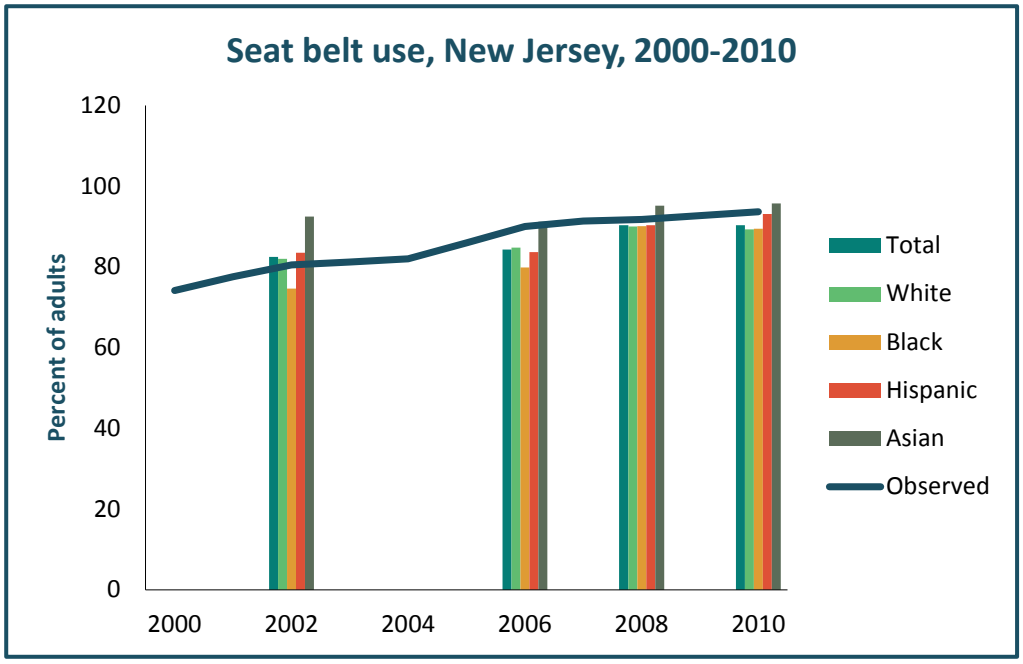
Ages:	15-19	20-24	70+
2000	13.9	17.6	20.1
2001	13.9	21.4	18.8
2002	12.8	18.9	20.5
2003	12.9	21.2	18.3
2004	13.4	16.7	16.7
2005	12.4	17.8	14.3
2006	14.5	18.7	15.4
2007	12.0	16.8	15.4
2008	8.2	14.7	9.5
2009	7.9	10.7	13.9
2010	6.5	11.8	13.6

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2: Increase the percentage of persons aged 18 years and older who always use seat belts in automobiles

	Observed	Self-Reported				
	Total	Total	White	Black	Hispanic	Asian
Target:	85.0	85.0	85.0	85.0	85.0	85.0
Met:	✓	✓	✓	✓	✓	✓

Trend Data



	Observed	Self-Reported				
	Total	Total	White	Black	Hispanic	Asian
2000	74.2	*	*	*	*	*
2001	77.6	*	*	*	*	*
2002	80.5	82.5	82.0	74.6	83.5	92.5
2003	81.2	*	*	*	*	*
2004	82.0	*	*	*	*	*
2005	86.0	*	*	*	*	*
2006	90.0	84.3	84.8	79.9	83.7	91.2
2007	91.4	*	*	*	*	*
2008	91.8	90.3	90.0	90.1	90.3	95.2
2009	92.7	*	*	*	*	*
2010	93.7	90.3	89.3	89.5	93.1	95.7

*Some data years are not available due to small sample size.

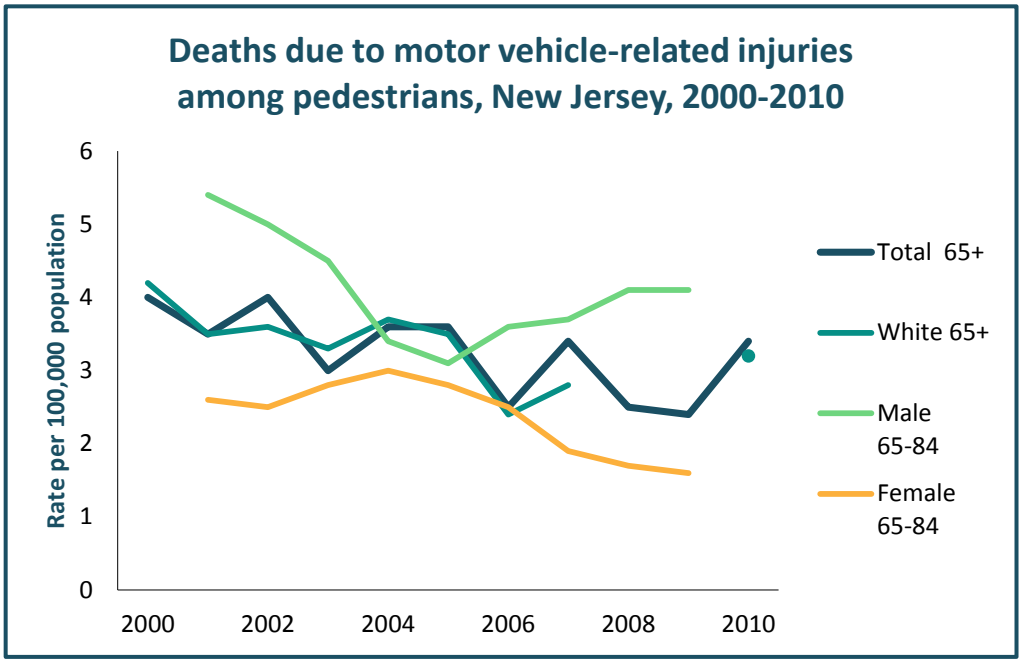
Data for Whites, Blacks, and Asians do not include Hispanics.

Source: Observed: National Occupant Protection Use Survey, National Highway Traffic Safety Administration, U.S. Department of Transportation. Self-Reported: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 3: Reduce the motor vehicle traffic-related mortality rate per 100,000 population among high risk groups of pedestrians

	Total 65+	White 65+	Black 65+	Asian 65+	Male 65-84	Female 65-84	Male 85+	Female 85+
Target:	3.3	3.3	*	*	4.2	*	*	*
Met:		✓			✓			

Trend Data



	Total 65+	White 65+
2000	4.0	4.2
2001	3.5	3.5
2002	4.0	3.6
2003	3.0	3.3
2004	3.6	3.7
2005	3.6	3.5
2006	2.5	2.4
2007	3.4	2.8
2008	2.5	**
2009	2.4	**
2010	3.4	3.2

	Male 65-84	Female 65-84
2000-2002	5.4	2.6
2001-2003	5.0	2.5
2002-2004	4.5	2.8
2003-2005	3.4	3.0
2004-2006	3.1	2.8
2005-2007	3.6	2.5
2006-2008	3.7	1.9
2007-2009	4.1	1.7
2008-2010	4.1	1.6

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

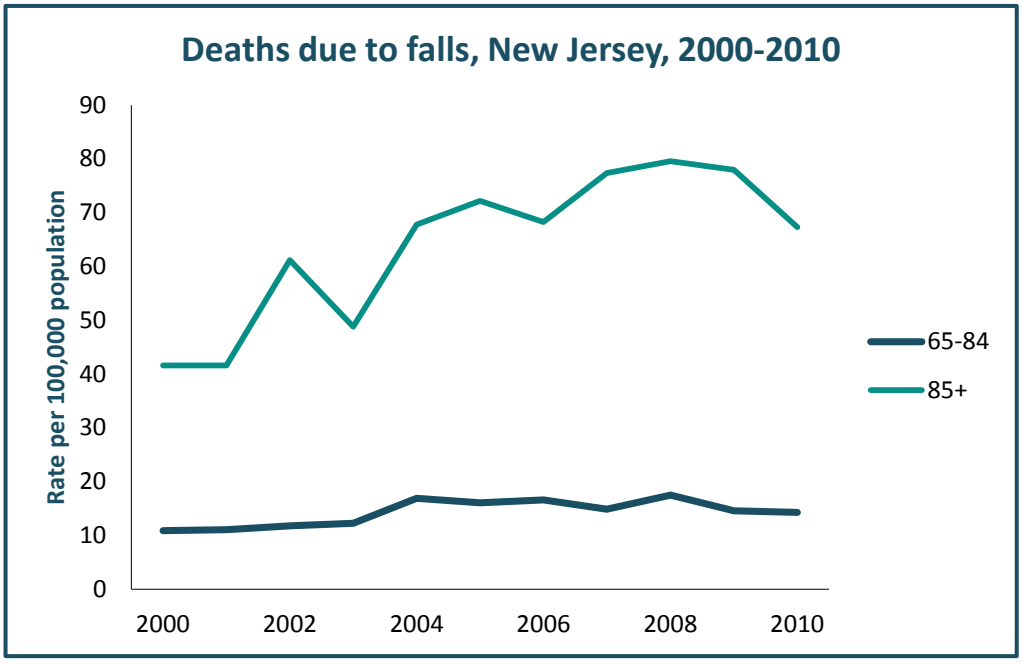
Note: Data for White do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 4: Reduce mortality per 100,000 population from falls of persons aged 65 years and over

Ages:	65-84	85+
Target:	9.0	52.0
Met:		

Trend Data



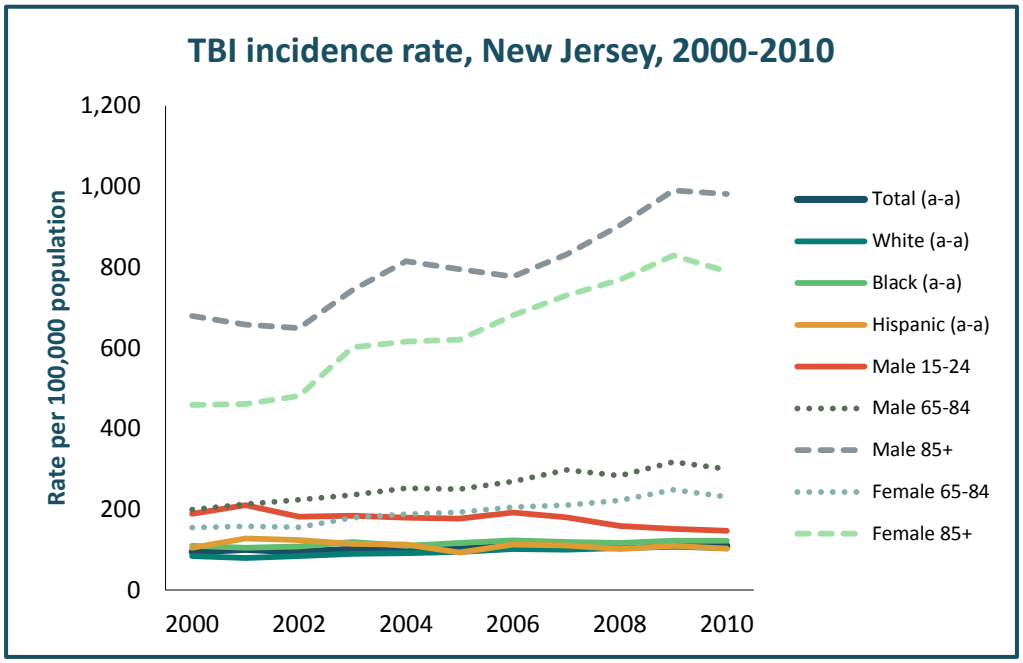
Ages:	65-84	85+
2000	10.9	41.6
2001	11.1	41.6
2002	11.8	61.2
2003	12.3	48.8
2004	16.9	67.8
2005	16.1	72.2
2006	16.6	68.3
2007	14.9	77.4
2008	17.5	79.6
2009	14.6	78.0
2010	14.3	67.3

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 5: Reduce the incidence rate of traumatic brain injuries per 100,000 population

	Age-adjusted				Male			Female	
	Total	White	Black	Hispanic	15-24	65-84	85+	65-84	85+
Target:	110.2	96.3	146.8	*	236.6	213.1	718.9	151.5	489.9
Met:	✓		✓		✓				

Trend Data



	Age-adjusted				Male			Female	
	Total	White	Black	Hispanic	15-24	65-84	85+	65-84	85+
2000	94.5	84.6	109.6	105.3	188.7	199.0	679.0	155.0	458.5
2001	101.0	79.2	104.9	127.9	210.8	212.6	658.2	157.9	461.0
2002	95.0	84.5	108.0	123.6	182.1	224.1	648.9	155.4	481.2
2003	101.3	89.5	119.5	114.5	184.6	236.0	744.0	179.2	601.5
2004	100.4	91.1	110.0	113.1	179.3	252.6	815.1	188.4	615.8
2005	101.4	94.8	116.5	92.8	177.3	250.1	795.2	193.0	620.5
2006	108.6	101.5	122.9	112.5	192.5	269.0	777.4	206.0	680.9
2007	108.3	100.0	119.6	110.1	180.2	297.8	832.0	210.3	730.3
2008	108.8	104.0	116.6	102.1	159.1	283.2	904.0	222.2	768.8
2009	112.0	107.1	122.6	109.6	151.8	317.3	990.4	248.2	829.0
2010	109.4	104.3	122.5	102.5	146.6	300.2	981.6	231.3	790.1

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: Data for White, Black, and Asian do not include Hispanics.

Source: Central Nervous System Injury Surveillance Data (Linked Inpatient Hospital Discharge-Death Certificate Database), Center for Health Statistics, New Jersey Department of Health

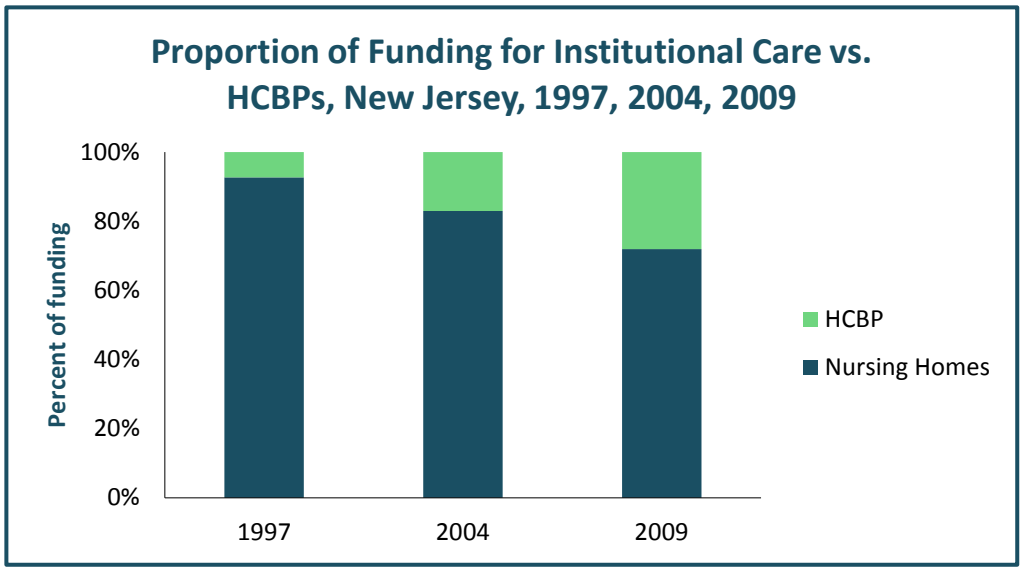
3 - Fundamentals of Good Health

3G. Preserving Good Health for Seniors

Objective 1: Reduce the percentage of funds allocated to nursing homes as compared to funds allocated to Home and Community Based Programs (HCBP)

	Nursing Homes	HCBP
Target:	*	*
Met:	✓	✓

Trend Data



	Nursing Homes	HCBP
1997	92.7	7.3
2004	83.0	17.0
2009	72.0	28.0

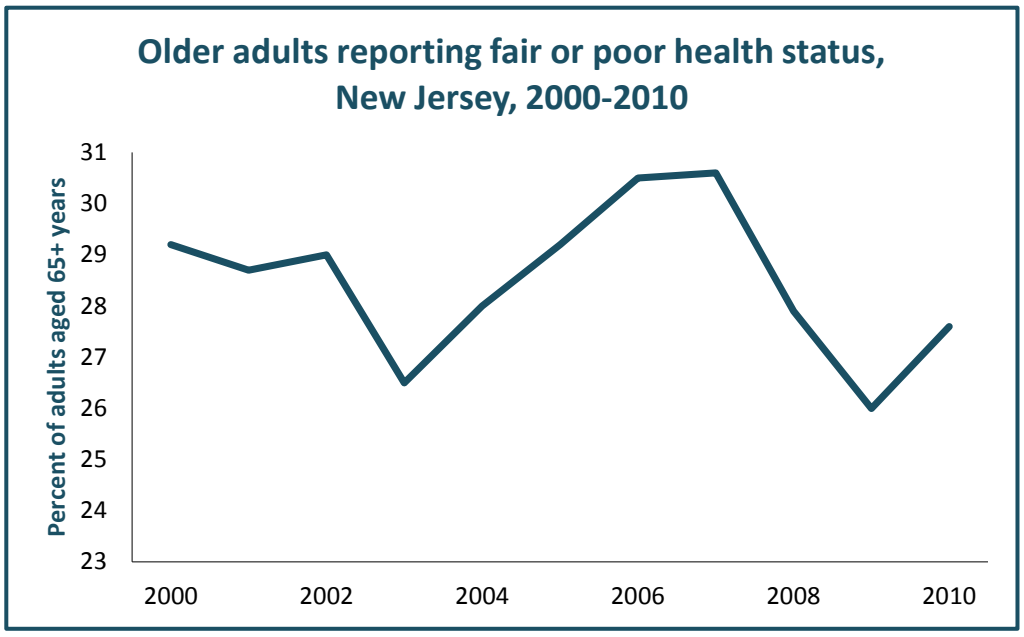
* Target values were not set at the time that the original Healthy New Jersey 2010 goals were published.

Source: Division of Aging Services, New Jersey Department of Human Services

Objective 2: Reduce the percentage of non-institutionalized persons aged 65 years and over reporting fair or poor health status

	Adults 65+
Target:	26.8
Met:	

Trend Data



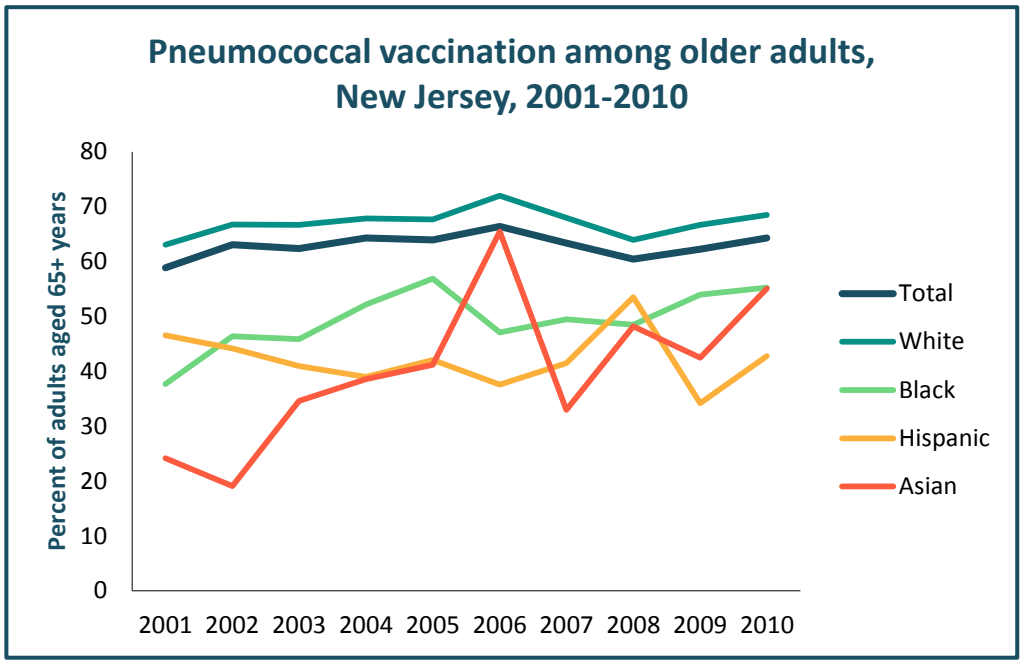
	Adults 65+
2000	29.2
2001	28.7
2002	29.0
2003	26.5
2004	28.0
2005	29.2
2006	30.5
2007	30.6
2008	27.9
2009	26.0
2010	27.6

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 3: Increase the percentage of persons aged 65 and older who have ever received a pneumococcal vaccine

	Total	White	Black	Hispanic	Asian
Target:	60.0	60.0	60.0	70.0	*
Met:	✓	✓			

Trend Data



	Total	White	Black	Hispanic	Asian
2001	58.9	63.1	37.7	46.6	24.2
2002	63.1	66.8	46.4	44.2	19.1
2003	62.4	66.7	45.9	41.0	34.6
2004	64.3	67.9	52.2	39.0	38.6
2005	64.0	67.7	56.9	42.1	41.2
2006	66.4	72.0	47.1	37.6	65.5
2007	63.4	68.0	49.5	41.5	33.0
2008	60.5	64.0	48.5	53.5	48.2
2009	62.3	66.7	54.0	34.2	42.5
2010	64.3	68.5	55.3	42.8	55.1

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

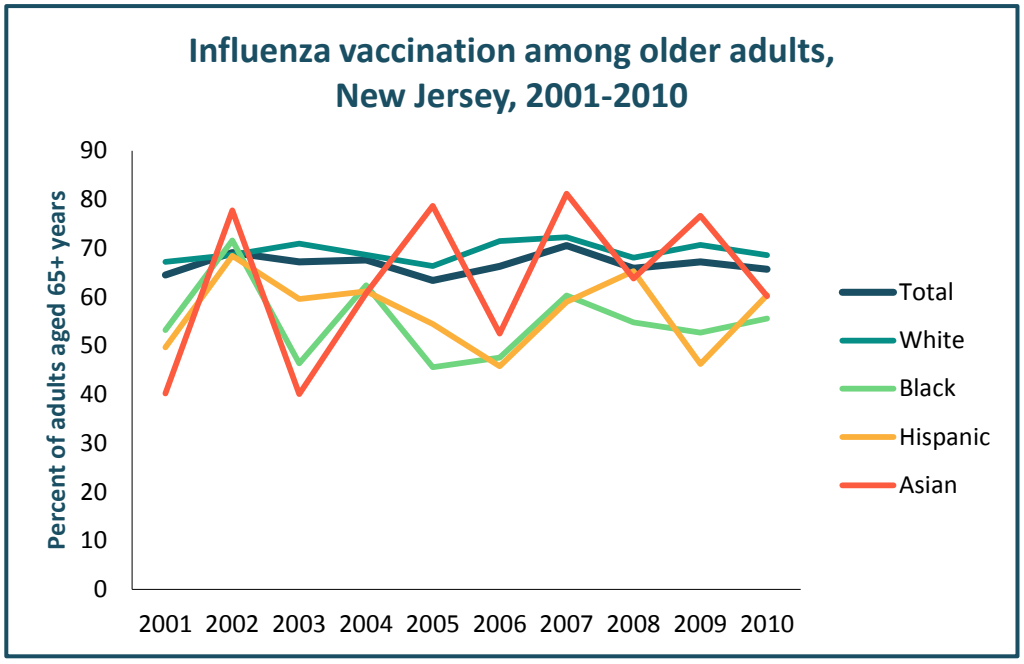
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 4: Increase the percentage of persons 65 and older who have received influenza vaccinations in the previous 12 months

	Total	White	Black	Hispanic	Asian
Target:	70.0	70.0	70.0	70.0	70.0
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2001	64.5	67.2	53.2	49.7	40.2
2002	69.1	68.7	71.6	68.5	77.8
2003	67.2	71.0	46.4	59.6	40.1
2004	67.6	68.7	62.4	61.2	60.8
2005	63.4	66.4	45.6	54.5	78.7
2006	66.3	71.5	47.6	45.8	52.5
2007	70.6	72.3	60.3	59.0	81.2
2008	65.9	68.1	54.8	65.3	63.8
2009	67.2	70.7	52.7	46.3	76.7
2010	65.7	68.6	55.6	60.4	60.2

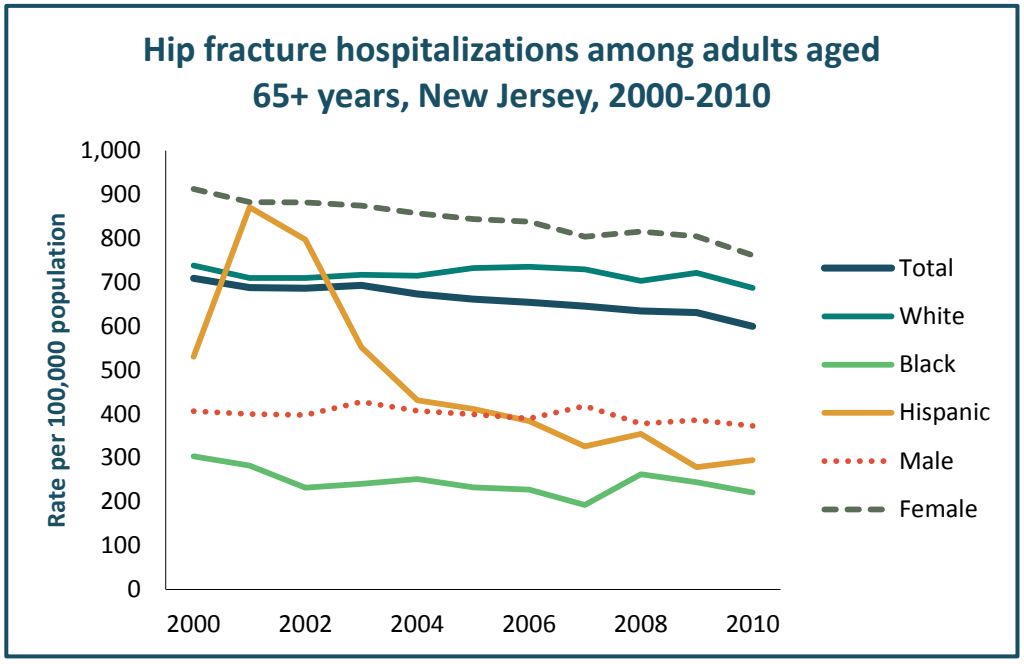
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 8a: Reduce the annual hospitalization rate for hip fractures among adults aged 65 years and over per 100,000 population

	Total	White	Black	Hispanic	Male	Female
Target:	555.5	747.6	286.6	263.2	380.3	908.9
Met:		✓	✓		✓	✓

Trend Data



	Total	White	Black	Hispanic	Male	Female
2000	709.3	738.2	303.6	530.6	406.2	912.8
2001	687.9	710.1	282.3	871.4	399.7	882.6
2002	686.4	710.1	232.3	797.3	398.0	882.0
2003	693.4	717.3	240.7	552.6	427.6	874.8
2004	673.8	715.0	252.2	431.4	407.0	857.2
2005	662.0	732.2	233.0	411.8	398.8	843.8
2006	654.4	735.2	228.1	383.7	389.4	838.3
2007	645.6	729.6	193.0	326.1	418.5	804.1
2008	634.9	703.1	262.7	354.7	378.2	815.9
2009	630.9	721.5	244.5	278.6	385.9	804.4
2010	599.6	687.5	221.0	295.1	372.6	761.6

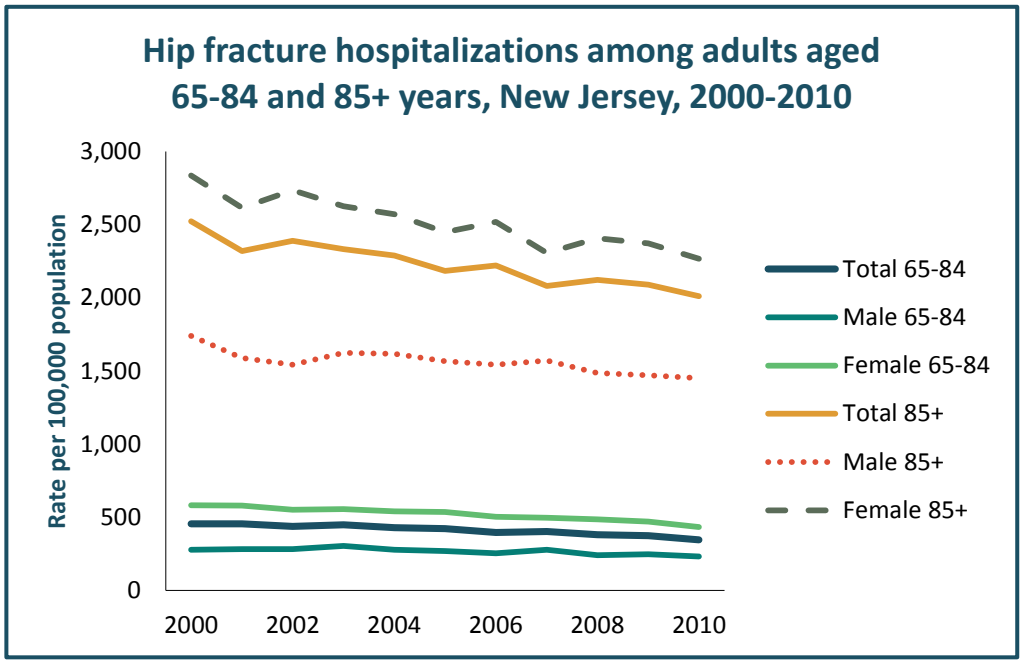
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health

Objective 8b: Reduce the annual hospitalization rate for hip fractures among adults aged 65 years and over per 100,000 population

	65-84 years			85 years and over		
	Total	Male	Female	Total	Male	Female
Target:	368.0	278.0	593.3	1,980.0	1,513.9	2,863.4
Met:	✓	✓	✓		✓	✓

Trend Data



	65-84 years			85 years and over		
	Total	Male	Female	Total	Male	Female
2000	455.5	278.8	582.4	2,524.3	1,740.8	2,837.1
2001	455.4	283.6	579.5	2,319.2	1,590.4	2,616.4
2002	438.8	283.8	551.5	2,391.1	1,543.1	2,735.9
2003	449.1	303.8	555.4	2,332.5	1,625.0	2,625.9
2004	429.8	279.1	540.9	2,289.6	1,618.8	2,572.4
2005	423.2	269.7	537.0	2,185.1	1,568.4	2,449.1
2006	397.3	254.9	503.5	2,222.2	1,542.3	2,518.9
2007	403.7	278.9	497.3	2,081.4	1,572.6	2,307.4
2008	381.0	242.2	486.2	2,122.4	1,486.9	2,407.7
2009	374.8	248.8	470.8	2,091.0	1,470.1	2,372.4
2010	346.6	232.8	434.2	2,010.9	1,451.8	2,267.2

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health

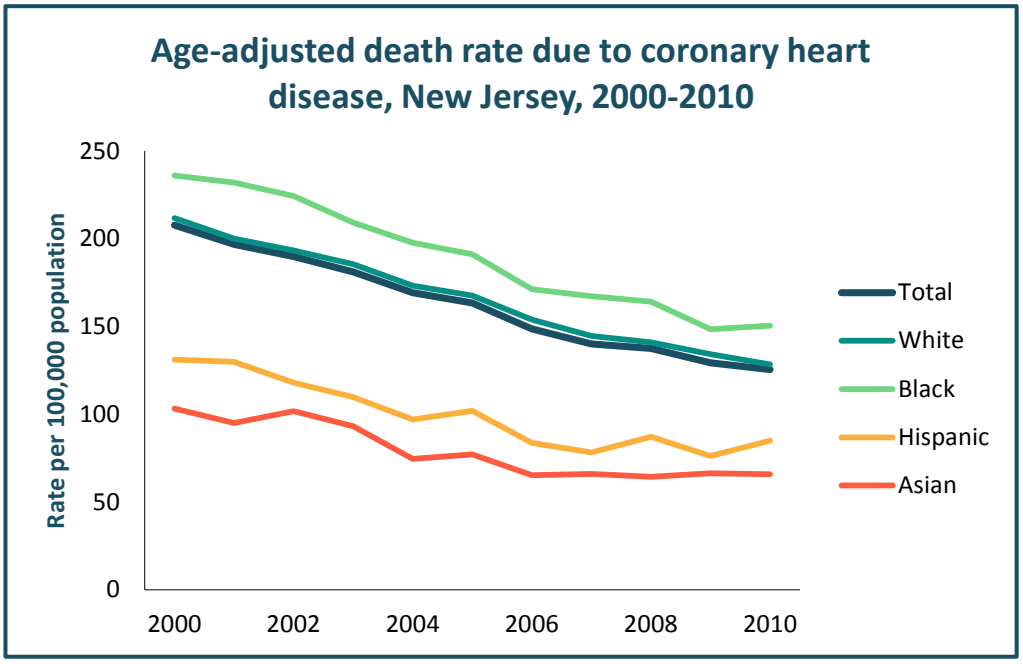
4 - Preventing and Reducing Major Diseases

4A. Heart Disease and Stroke

Objective 1a: Reduce the age-adjusted mortality rate from coronary heart disease per 100,000 standard population

	Total	White	Black	Hispanic	Asian
Target:	165.6	165.6	165.6	*	*
Met:	✓	✓	✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000	207.7	211.7	236.0	131.2	103.2
2001	196.8	200.1	232.0	129.9	95.1
2002	189.8	193.4	224.3	118.0	101.8
2003	181.2	185.5	209.3	109.9	93.2
2004	169.3	173.2	197.7	97.1	74.7
2005	163.4	167.6	191.2	102.0	77.2
2006	148.6	153.9	171.3	83.7	65.4
2007	140.1	144.6	167.3	78.2	66.1
2008	137.5	141.0	164.2	87.3	64.4
2009	129.4	134.2	148.5	76.3	66.4
2010	125.5	128.4	150.5	85.1	65.9

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

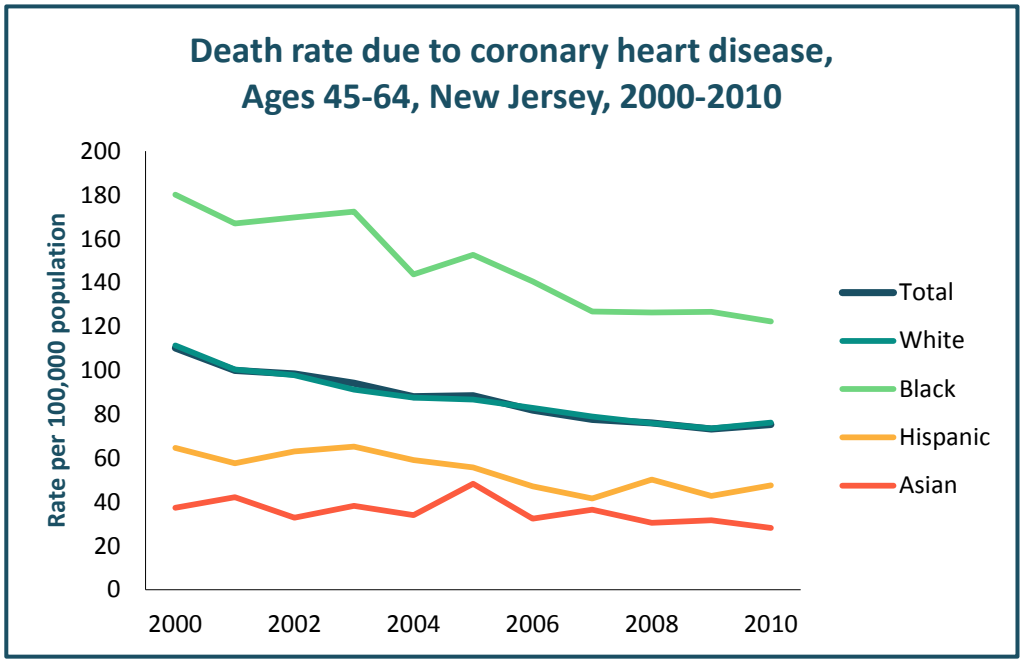
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 1b: Reduce the mortality rate from coronary heart disease among persons 45-64 years of age per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	92.6	92.6	92.6	*	*
Met:	✓	✓			

Trend Data



	Total	White	Black	Hispanic	Asian
2000	110.2	111.4	180.2	64.7	37.4
2001	100.1	100.5	167.1	57.7	42.2
2002	98.5	97.8	169.9	63.1	32.9
2003	94.2	91.3	172.5	65.3	38.3
2004	88.0	87.6	143.8	59.1	34.1
2005	88.5	86.7	152.7	55.8	48.4
2006	82.0	82.9	140.6	47.2	32.5
2007	77.7	79.0	126.9	41.6	36.6
2008	76.1	75.9	126.5	50.2	30.6
2009	73.3	73.6	126.8	42.8	31.7
2010	75.3	76.2	122.4	47.6	28.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

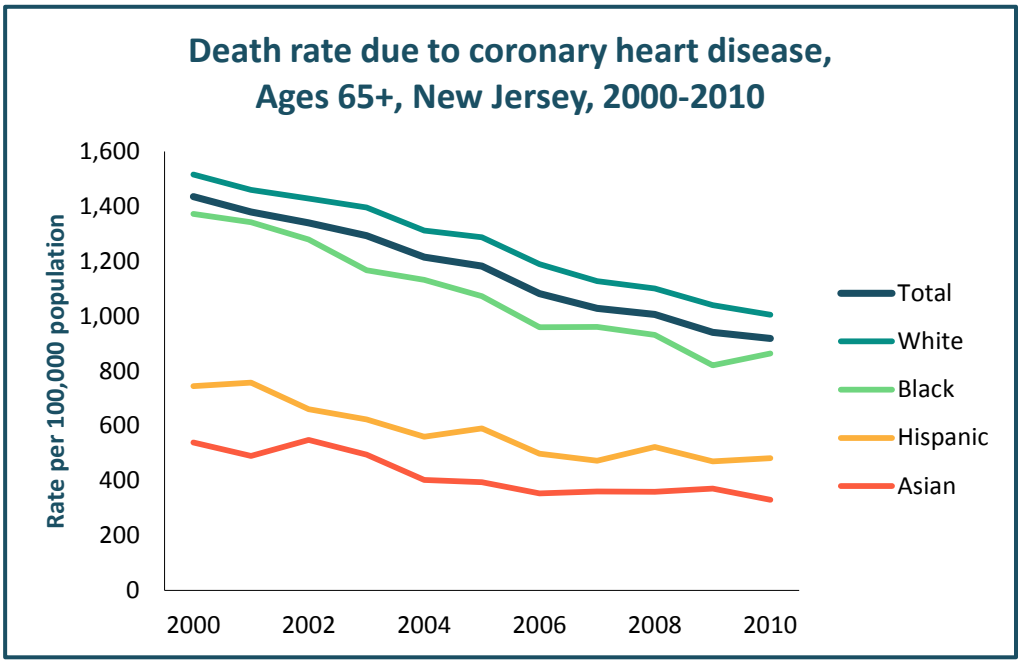
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 1c: Reduce the mortality rate from coronary heart disease among persons 65 years of age and over per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	1,065.3	1,065.3	1,065.3	*	*
Met:	✓	✓	✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000	1,435.3	1,516.8	1,372.3	745.3	539.4
2001	1,379.4	1,459.8	1,342.1	757.8	490.1
2002	1,340.2	1,429.4	1,279.9	661.4	549.0
2003	1,293.8	1,396.1	1,166.9	623.1	495.1
2004	1,215.8	1,312.5	1,132.1	560.2	402.5
2005	1,183.1	1,288.0	1,072.6	590.3	394.5
2006	1,082.3	1,189.8	959.8	498.2	353.9
2007	1,028.2	1,127.8	961.2	473.3	360.5
2008	1,006.9	1,101.2	931.2	523.3	360.1
2009	941.1	1,040.4	821.0	470.7	371.4
2010	918.6	1,005.2	864.1	482.6	331.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

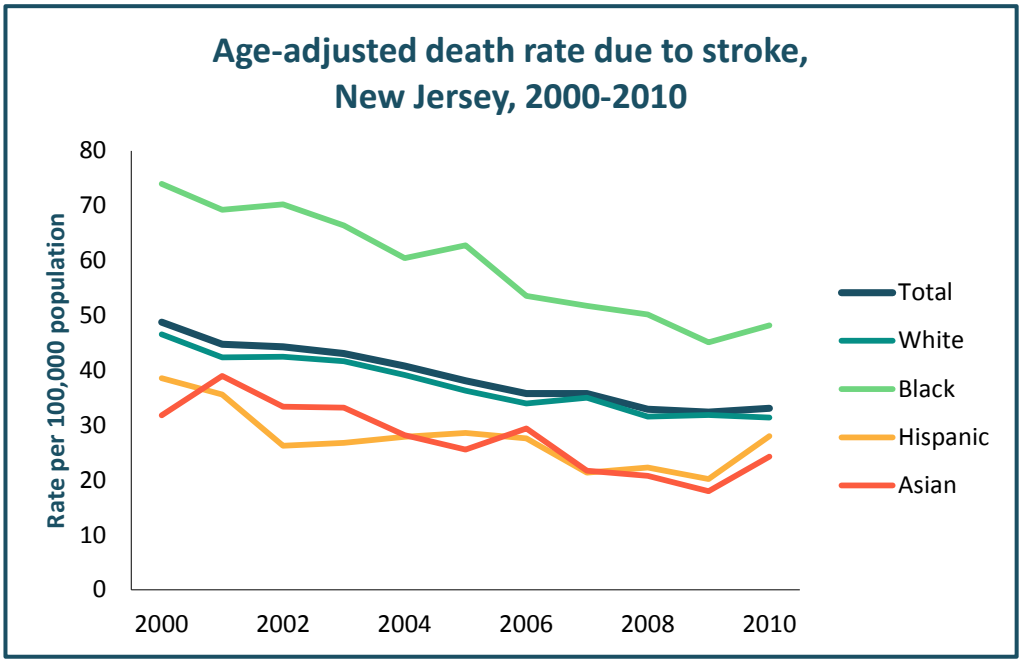
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2a: Reduce the age-adjusted mortality rate from cerebrovascular diseases per 100,000 standard population

	Total	White	Black	Hispanic	Asian
Target:	38.6	38.6	38.6	*	*
Met:	✓	✓			

Trend Data



	Total	White	Black	Hispanic	Asian
2000	48.8	46.6	74.0	38.6	31.8
2001	44.8	42.4	69.3	35.6	39.0
2002	44.3	42.5	70.3	26.3	33.4
2003	43.1	41.7	66.4	26.8	33.2
2004	40.8	39.2	60.5	27.9	28.2
2005	38.1	36.3	62.8	28.6	25.6
2006	35.8	34.0	53.6	27.6	29.4
2007	35.8	35.0	51.8	21.4	21.7
2008	32.9	31.6	50.2	22.3	20.8
2009	32.4	31.9	45.1	20.2	18.0
2010	33.1	31.4	48.2	28.0	24.3

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

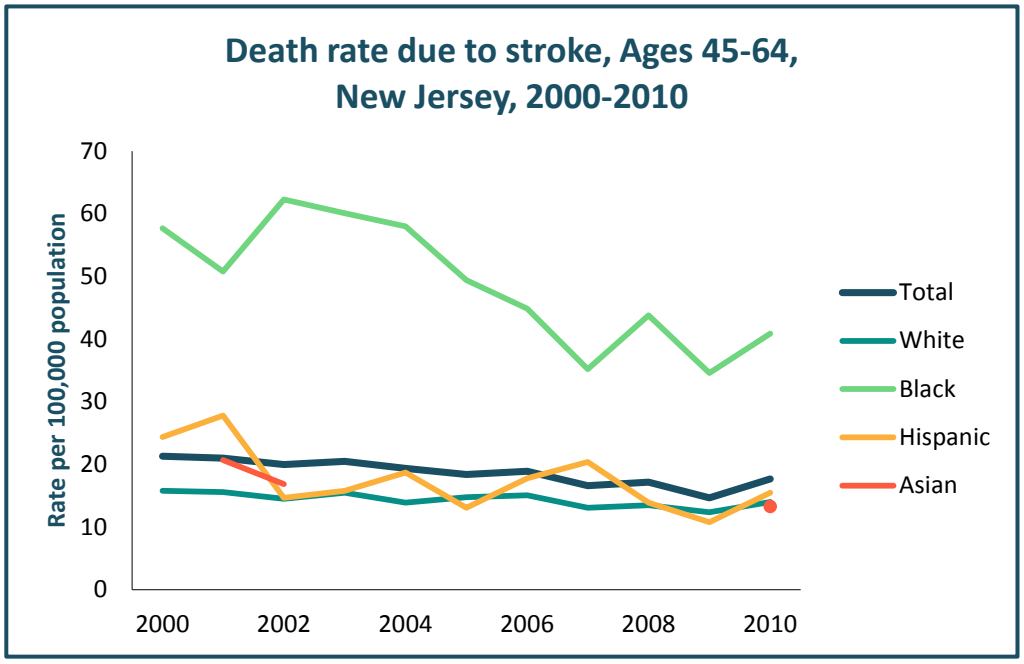
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2b: Reduce the mortality rate from cerebrovascular diseases among persons 45-64 years of age per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	17.4	15.8	20.0	*	*
Met:		✓			

Trend Data



	Total	White	Black	Hispanic	Asian
2000	21.3	15.8	57.7	24.4	**
2001	21.0	15.6	50.8	27.8	20.7
2002	20.0	14.5	62.3	14.7	16.9
2003	20.5	15.5	60.1	15.8	**
2004	19.4	13.9	58.0	18.7	**
2005	18.4	14.8	49.4	13.1	**
2006	18.9	15.1	44.9	17.8	**
2007	16.6	13.1	35.2	20.4	**
2008	17.2	13.5	43.8	13.9	**
2009	14.7	12.4	34.6	10.8	**
2010	17.7	14.0	40.9	15.5	13.3

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

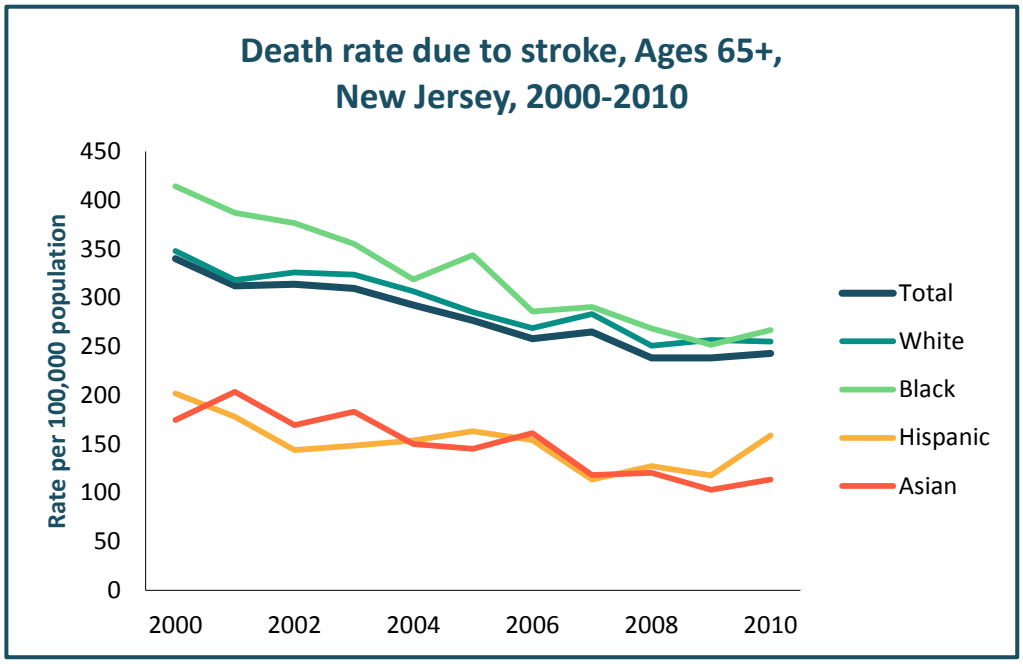
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2c: Reduce the mortality rate from cerebrovascular diseases among persons 65 years of age and over per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	303.2	303.2	303.2	*	*
Met:	✓	✓	✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000	340.3	347.9	414.3	202.0	174.7
2001	312.1	318.0	387.2	178.0	203.6
2002	314.0	325.9	376.6	143.9	169.4
2003	309.7	323.6	355.3	148.6	183.2
2004	292.6	306.6	318.7	153.6	150.0
2005	276.9	285.4	343.7	163.3	145.2
2006	258.1	269.0	286.0	153.9	161.3
2007	264.9	283.5	290.5	113.7	118.1
2008	238.3	250.9	268.7	127.5	120.7
2009	238.5	256.8	251.9	117.9	103.3
2010	242.9	255.0	266.9	159.1	113.8

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

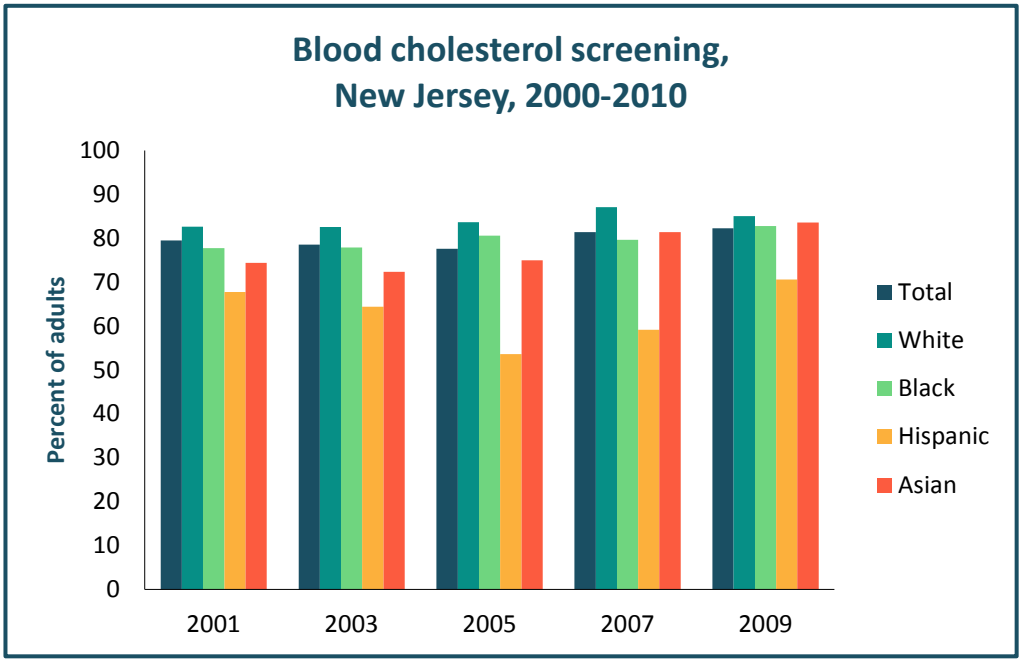
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 3: Increase the percentage of persons aged 18 and over who have had their blood cholesterol checked by a health professional within the past five years

	Total	White	Black	Hispanic	Asian*
Target:	82.0	82.0	82.0	82.0	82.0
Met:	✓	✓	✓		✓

Trend Data



	Total	White	Black	Hispanic	Asian
2001	79.5	82.7	77.8	67.8	74.4
2003	78.6	82.6	77.9	64.4	72.4
2005	77.6	83.7	80.6	53.6	75.0
2007	81.4	87.1	79.7	59.2	81.4
2009	82.3	85.1	82.8	70.6	83.6

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

This survey question is asked only in odd-numbered years.

Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

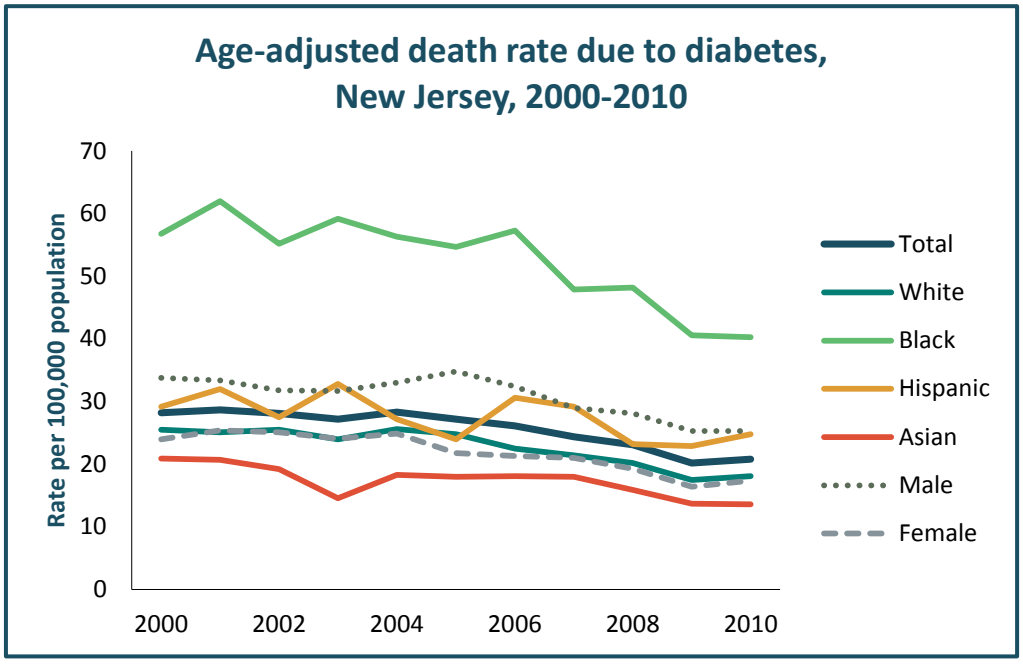
4 - Preventing and Reducing Major Diseases

4B. Diabetes

Objective 1: Reduce the age-adjusted mortality rate from diabetes per 100,000 standard population

	Total	White	Black	Hispanic	Asian*	Male	Female
Target:	18.4	18.4	24.5	18.4	18.4	18.4	18.4
Met:		✓			✓		✓

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000	28.2	25.5	56.8	29.2	20.9	33.8	24.0
2001	28.7	25.1	62.0	32.0	20.7	33.4	25.4
2002	28.1	25.5	55.2	27.5	19.2	31.8	25.1
2003	27.2	24.0	59.2	32.8	14.6	31.7	24.1
2004	28.3	25.6	56.3	27.2	18.3	33.0	24.9
2005	27.2	24.8	54.7	24.0	18.0	34.8	21.8
2006	26.1	22.5	57.3	30.6	18.1	32.4	21.3
2007	24.4	21.4	47.9	29.2	18.0	29.0	21.0
2008	23.1	20.2	48.2	23.2	15.9	28.1	19.3
2009	20.2	17.5	40.6	22.9	13.7	25.3	16.4
2010	20.8	18.1	40.3	24.8	13.6	25.3	17.4

* A target was not set because the baseline data were statistically unreliable. The target for the Total population is used here.

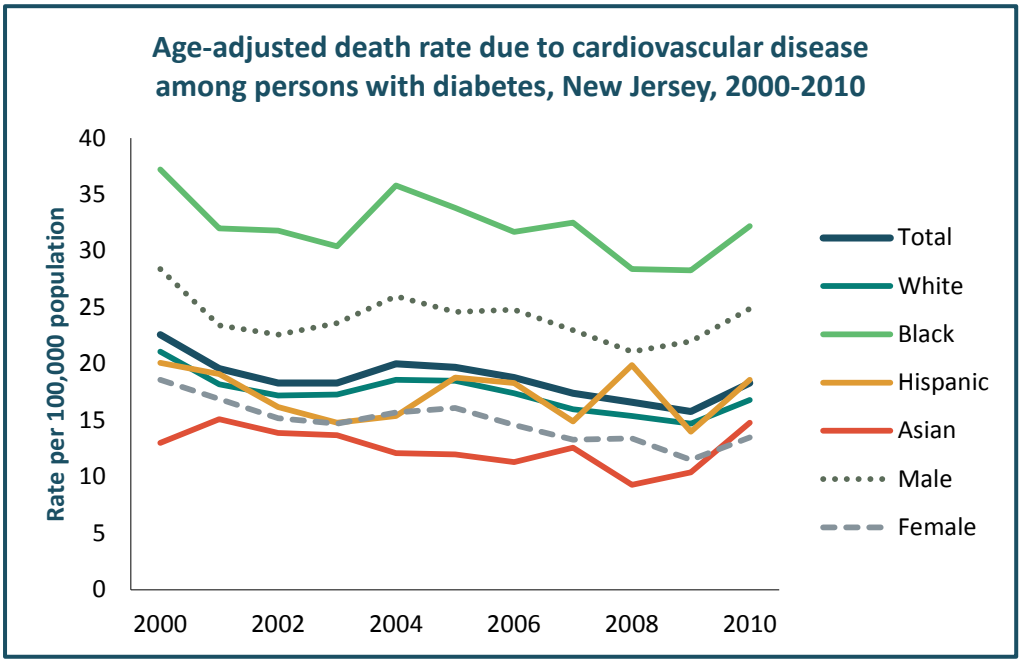
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2: Reduce the age-adjusted mortality rate from cardiovascular disease in people with diabetes per 100,000 standard population

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	15.2	15.2	18.0	15.2	*	15.2	15.2
Met:							✓

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000	22.6	21.1	37.2	20.1	13.0	28.4	18.6
2001	19.6	18.2	32.0	19.1	15.1	23.4	16.9
2002	18.3	17.2	31.8	16.2	13.9	22.6	15.2
2003	18.3	17.3	30.4	14.8	13.7	23.6	14.7
2004	20.0	18.6	35.8	15.4	12.1	26.0	15.7
2005	19.7	18.5	33.8	18.8	12.0	24.6	16.1
2006	18.8	17.4	31.7	18.3	11.3	24.8	14.6
2007	17.4	16.0	32.5	14.9	12.6	23.0	13.3
2008	16.6	15.4	28.4	19.9	9.3	21.1	13.4
2009	15.8	14.7	28.3	14.0	10.4	22.0	11.5
2010	18.3	16.8	32.2	18.6	14.8	24.9	13.5

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

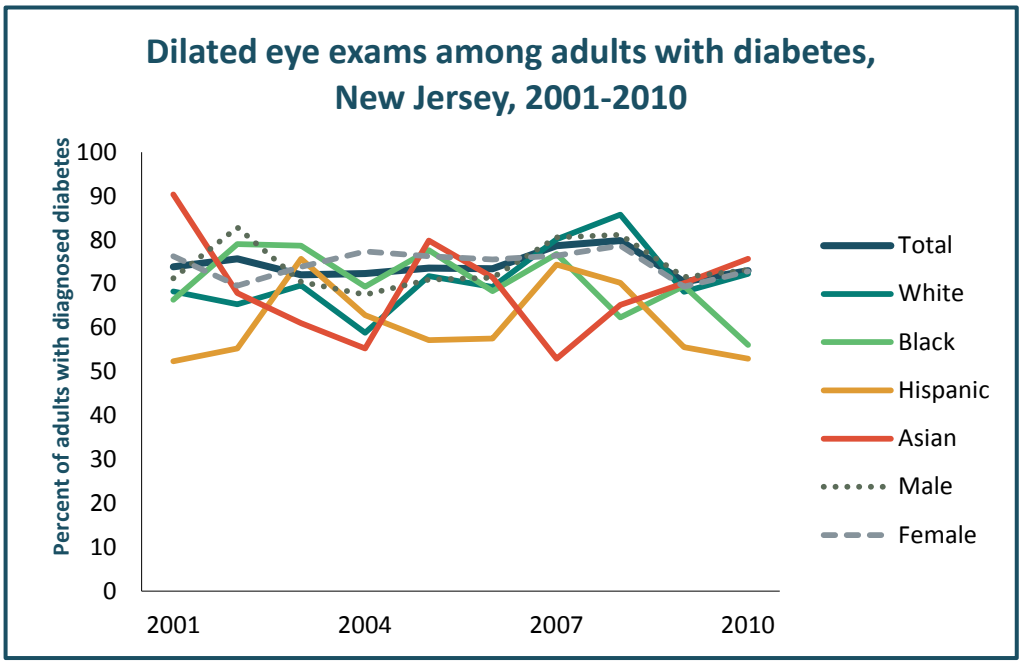
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Multiple Cause of Death on CDC WONDER Online Database, http://wonder.cdc.gov/mcd-icd10.html, National Center for Health Statistics, Centers for Disease Control and Prevention

Objective 5: Increase the percentage of persons 18 and over with diagnosed diabetes who have had a dilated eye exam within the past year

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	87.0	87.0	87.0	87.0	*	87.0	87.0
Met:							

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2001	73.9	68.3	66.4	52.4	90.4	71.3	76.3
2002	75.7	65.4	79.1	55.3	67.9	82.9	69.6
2003	72.1	69.7	78.7	75.7	61.1	70.5	73.9
2004	72.4	58.9	69.4	62.9	55.3	67.6	77.4
2005	73.6	71.8	77.7	57.2	79.9	71.0	76.3
2006	73.5	69.3	68.4	57.6	71.5	71.4	75.6
2007	78.7	80.2	76.8	74.4	53.0	80.6	76.5
2008	79.9	85.8	62.4	70.3	65.2	81.2	78.7
2009	70.5	68.2	69.5	55.6	70.2	71.6	69.4
2010	73.0	72.3	56.1	53.0	75.7	73.2	72.9

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

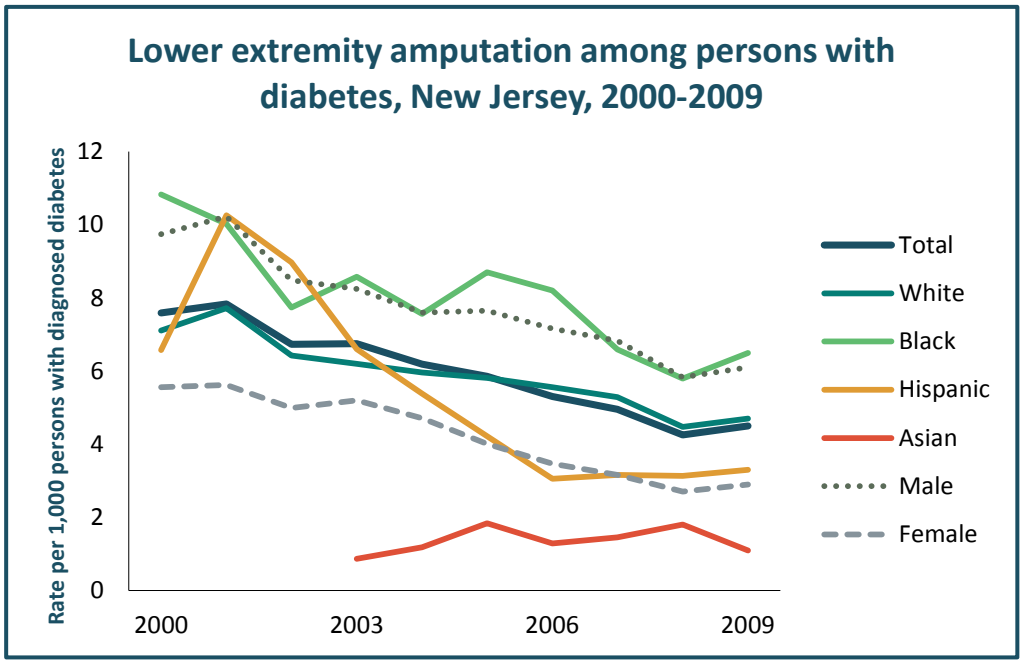
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 6: Reduce the incidence of lower extremity amputations per 1,000 persons with diagnosed diabetes

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	6.0	6.0	6.0	6.0	*	6.0	6.0
Met:	✓	✓		✓			✓

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000	7.6	7.1	10.8	6.6	**	9.7	5.6
2001	7.8	7.7	10.0	10.3	**	10.2	5.6
2002	6.7	6.4	7.7	9.0	**	8.5	5.0
2003	6.7	6.2	8.6	6.6	0.9	8.2	5.2
2004	6.2	6.0	7.6	5.4	1.2	7.6	4.7
2005	5.9	5.8	8.7	4.2	1.8	7.7	4.0
2006	5.3	5.6	8.2	3.1	1.3	7.2	3.5
2007	5.0	5.3	6.6	3.2	1.5	6.8	3.2
2008	4.3	4.5	5.8	3.1	1.8	5.8	2.7
2009	4.5	4.7	6.5	3.3	1.1	6.1	2.9

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

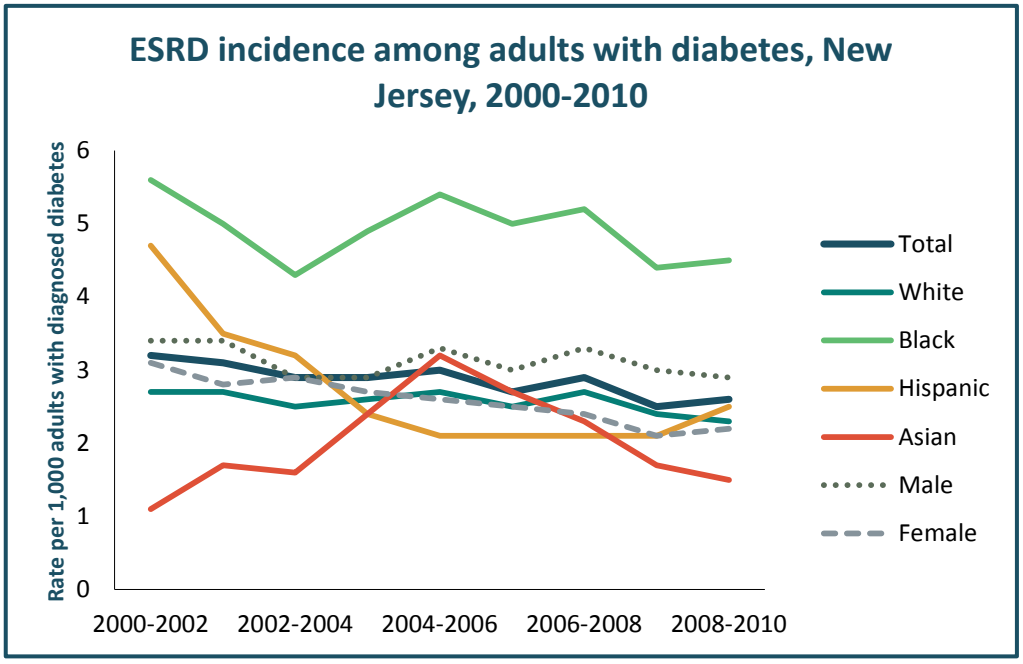
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health and New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 7: Decrease the incidence of end-stage renal disease due to diabetes per 1,000 persons aged 18 and over with diagnosed diabetes

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	2.7	2.4	3.7	3.0	*	2.6	2.7
Met:	✓	✓		✓			✓

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000-2002	3.2	2.7	5.6	4.7	1.1	3.4	3.1
2001-2003	3.1	2.7	5.0	3.5	1.7	3.4	2.8
2002-2004	2.9	2.5	4.3	3.2	1.6	2.9	2.9
2003-2005	2.9	2.6	4.9	2.4	2.4	2.9	2.7
2004-2006	3.0	2.7	5.4	2.1	3.2	3.3	2.6
2005-2007	2.7	2.5	5.0	2.1	2.7	3.0	2.5
2006-2008	2.9	2.7	5.2	2.1	2.3	3.3	2.4
2007-2009	2.5	2.4	4.4	2.1	1.7	3.0	2.1
2008-2010	2.6	2.3	4.5	2.5	1.5	2.9	2.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

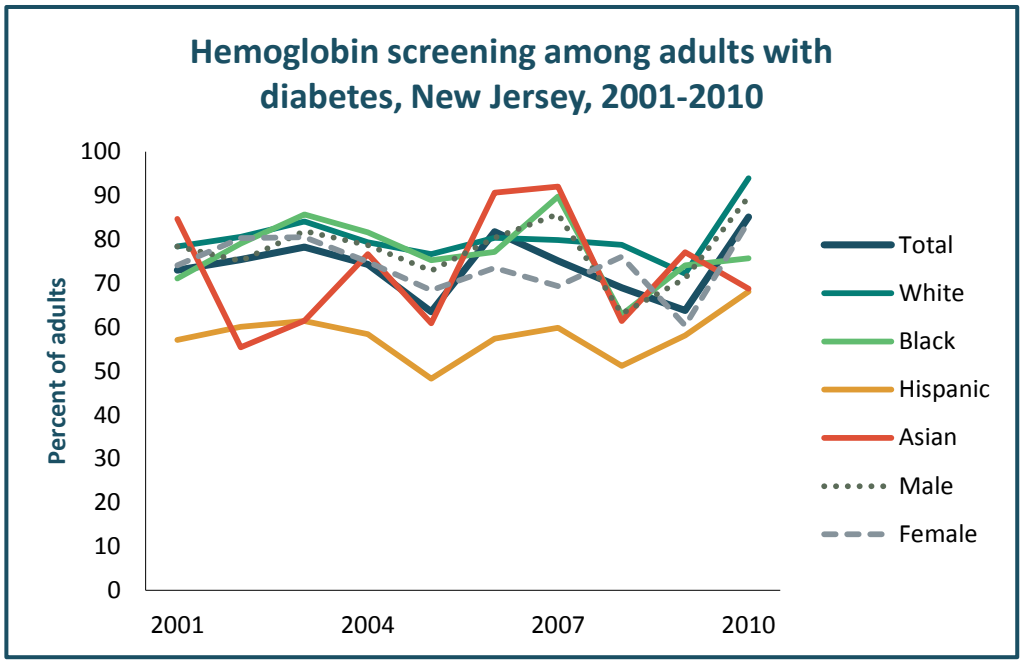
Note: Data for White, Black, and Asian do not include Hispanics.

Source: Quality Insights Renal Network; Trans-Atlantic Renal Council; and New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 8: Increase the percentage of persons 18 and over with diagnosed diabetes who reported having a glycosylated hemoglobin measurement at least once a year

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	90.0	90.0	90.0	90.0	*	90.0	90.0
Met:		✓					

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2001	73.0	78.4	71.1	57.1	84.7	78.4	74.1
2002	75.4	80.6	79.1	60.1	55.4	75.1	80.3
2003	78.3	84.1	85.7	61.4	61.5	81.9	80.5
2004	74.3	79.4	81.6	58.4	76.7	78.7	74.9
2005	63.5	76.7	75.3	48.3	60.9	72.9	68.4
2006	81.8	80.4	77.2	57.4	90.7	80.4	73.5
2007	75.1	79.9	89.8	59.9	92.1	85.8	69.4
2008	69.0	78.8	62.9	51.2	61.4	63.1	76.1
2009	63.8	72.2	74.1	58.1	77.1	71.1	60.4
2010	85.1	94.0	75.7	68.1	68.8	89.7	84.1

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: Data for White, Black, and Asian do not include Hispanics.

Source: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

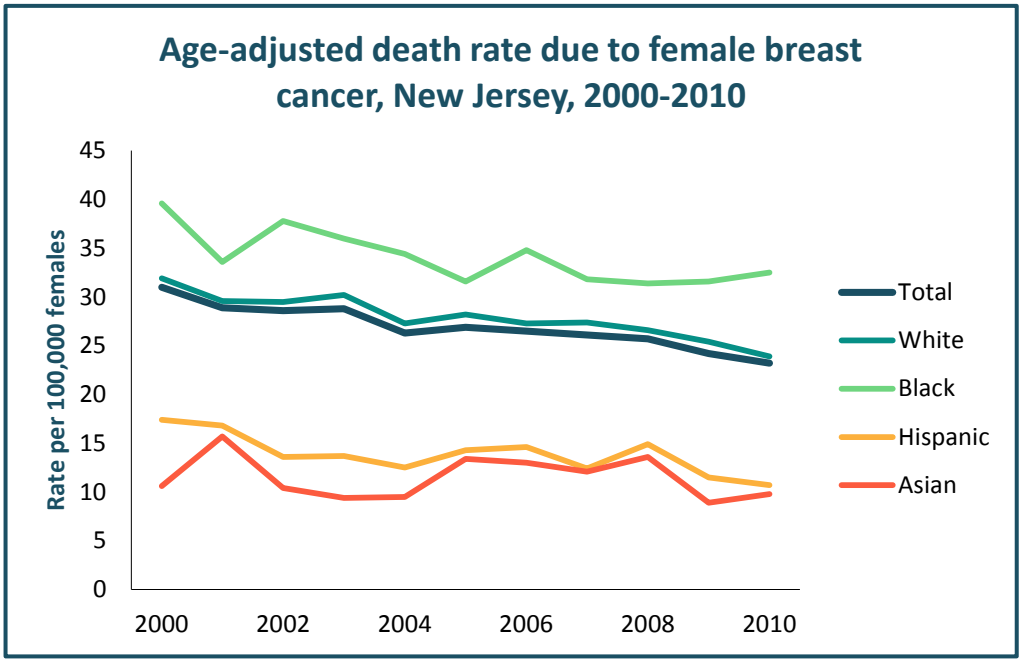
4 - Preventing and Reducing Major Diseases

4C. Cancer

Objective 1a: Reduce the age-adjusted mortality rate from female breast cancer per 100,000 standard female population

	Total	White	Black	Hispanic	Asian
Target:	20.0	20.0	25.0	*	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000	31.0	31.9	39.6	17.4	10.6
2001	28.9	29.6	33.6	16.8	15.7
2002	28.6	29.5	37.8	13.6	10.4
2003	28.8	30.2	36.0	13.7	9.4
2004	26.3	27.3	34.4	12.5	9.5
2005	26.9	28.2	31.6	14.3	13.4
2006	26.5	27.3	34.8	14.6	13.0
2007	26.1	27.4	31.8	12.4	12.1
2008	25.7	26.6	31.4	14.9	13.6
2009	24.2	25.4	31.6	11.5	8.9
2010	23.2	23.9	32.5	10.7	9.8

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

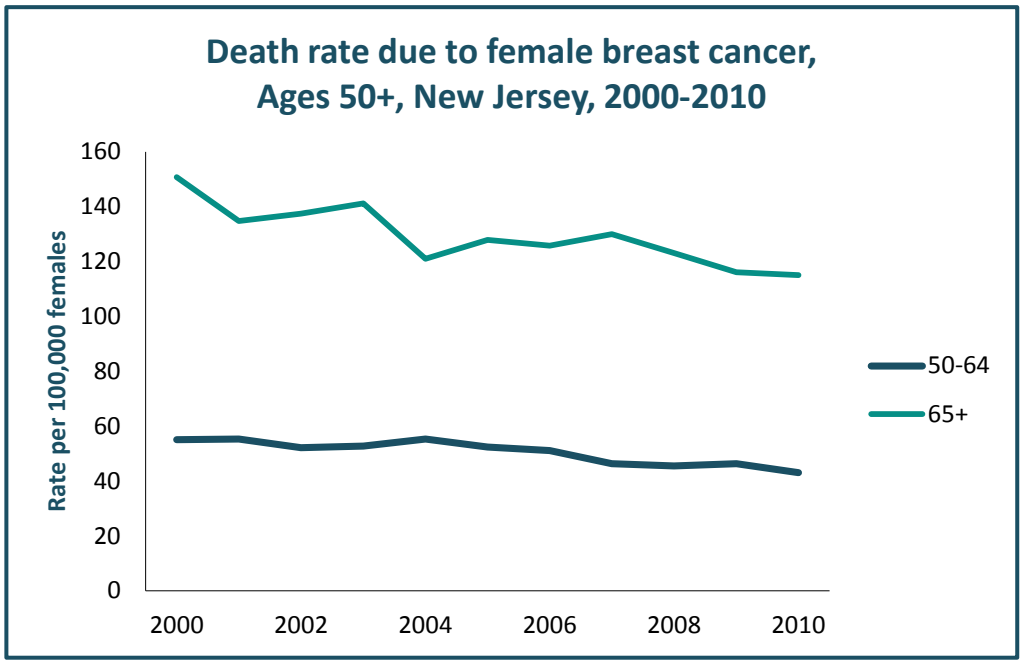
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 1b: Reduce the mortality rate from female breast cancer among women 50 years of age and over per 100,000 female population

Ages:	50-64	65+
Target:	45.0	115.0
Met:	✓	

Trend Data



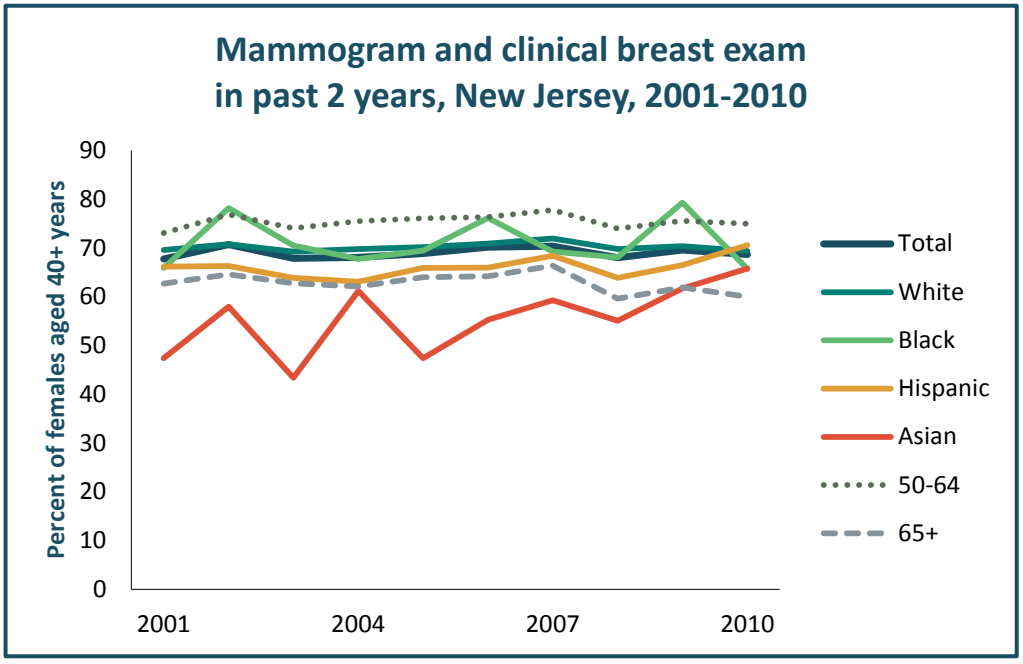
	Ages:	50-64	65+
2000		55.1	150.8
2001		55.4	134.8
2002		52.2	137.5
2003		52.8	141.2
2004		55.3	121.1
2005		52.4	128.0
2006		51.2	125.9
2007		46.4	130.0
2008		45.6	123.2
2009		46.4	116.1
2010		43.1	115.1

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2: Increase the percentage of females aged 40 and over who received a clinical breast examination and a mammogram within the past two years

	Total	White	Black	Hispanic	Asian	50-64	65+
Target:	75.0	75.0	75.0	75.0	*	85.0	75.0
Met:							

Trend Data



	Total	White	Black	Hispanic	Asian	50-64	65+
2001	67.8	69.6	65.9	66.2	47.4	73.1	62.7
2002	70.7	70.8	78.2	66.3	58.0	76.9	64.6
2003	67.9	69.3	70.5	63.9	43.4	74.1	62.8
2004	68.1	69.8	67.8	63.1	61.2	75.5	62.1
2005	68.9	70.2	69.5	65.9	47.4	76.1	64.0
2006	70.2	70.9	76.2	66.0	55.3	76.4	64.2
2007	70.4	72.0	69.3	68.4	59.3	77.8	66.4
2008	68.0	69.8	68.1	63.9	55.1	74.0	59.6
2009	69.6	70.4	79.3	66.5	61.7	75.6	61.9
2010	68.7	69.4	65.7	70.6	65.8	75.0	60.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

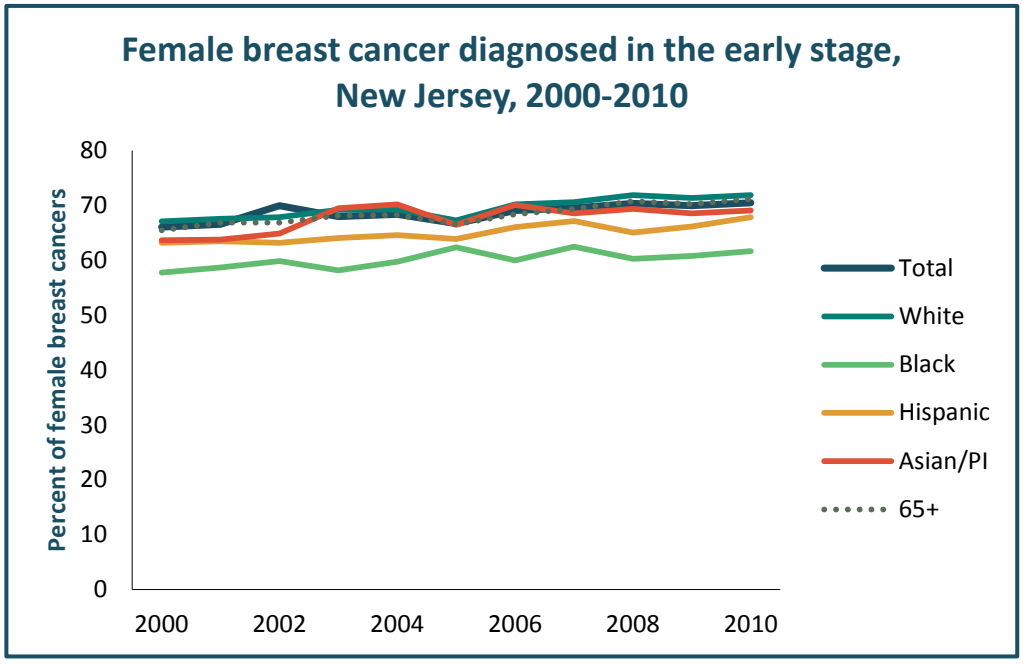
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 3: Increase the percentage of female breast cancers diagnosed in early (in situ/local) stage of disease

	Total	White	Black	Hispanic	Asian/PI	65+
Target:	75.0	75.0	75.0	75.0	*	75.0
Met:						

Trend Data



	Total	White	Black	Hispanic	Asian/PI	65+
2000	66.1	67.1	57.8	63.2	63.7	65.5
2001	66.6	67.6	58.7	63.5	63.8	66.9
2002	70.0	67.9	59.9	63.2	64.9	66.9
2003	68.0	69.2	58.2	64.1	69.5	68.2
2004	68.4	69.3	59.8	64.6	70.2	68.3
2005	66.7	67.3	62.4	63.9	66.5	66.6
2006	69.1	70.2	60.0	66.1	70.1	68.4
2007	69.6	70.6	62.5	67.2	68.6	69.4
2008	70.4	71.9	60.3	65.1	69.4	70.8
2009	70.0	71.4	60.8	66.2	68.6	70.3
2010	70.5	71.9	61.7	67.9	69.1	71.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Race misclassification could result in an underestimate of Asian and Pacific Islander incidence and should be interpreted with caution.

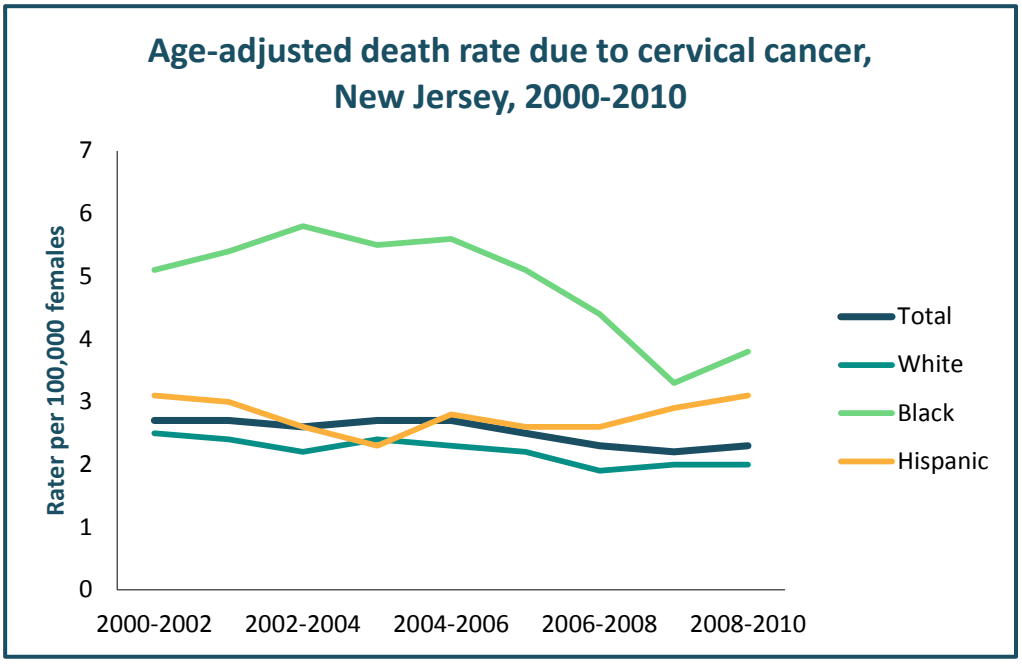
Note: Data for White, Black, and Asian/Pacific Islander include Hispanics and non-Hispanics.

Source: New Jersey State Cancer Registry, based on data released April 2013, Cancer Epidemiology Services, New Jersey Department of Health

Objective 4a: Reduce the age-adjusted mortality rate from cervical cancer per 100,000 standard female population

	Total	White	Black	Hispanic	Asian
Target:	1.6	1.6	6.0	*	*
Met:			✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000-2002	2.7	2.5	5.1	3.1	**
2001-2003	2.7	2.4	5.4	3.0	**
2002-2004	2.6	2.2	5.8	2.6	**
2003-2005	2.7	2.4	5.5	2.3	**
2004-2006	2.7	2.3	5.6	2.8	**
2005-2007	2.5	2.2	5.1	2.6	**
2006-2008	2.3	1.9	4.4	2.6	**
2007-2009	2.2	2.0	3.3	2.9	**
2008-2010	2.3	2.0	3.8	3.1	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

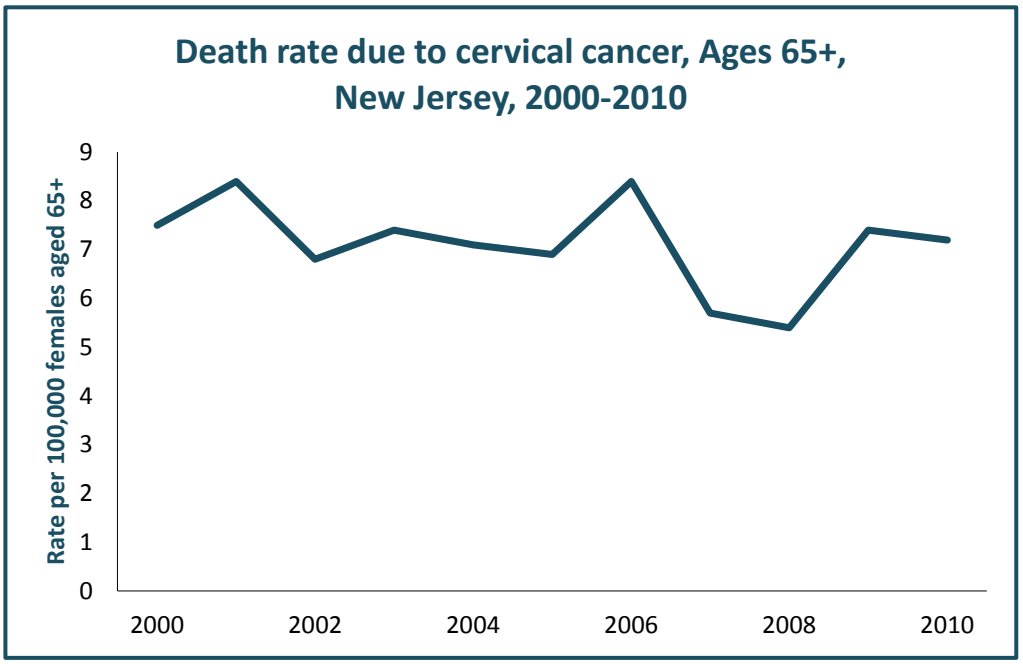
Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 4b: Reduce the mortality rate from cervical cancer among women 65 years of age and over per 100,000 female population

	Age: 65+
Target:	6.5
Met:	

Trend Data



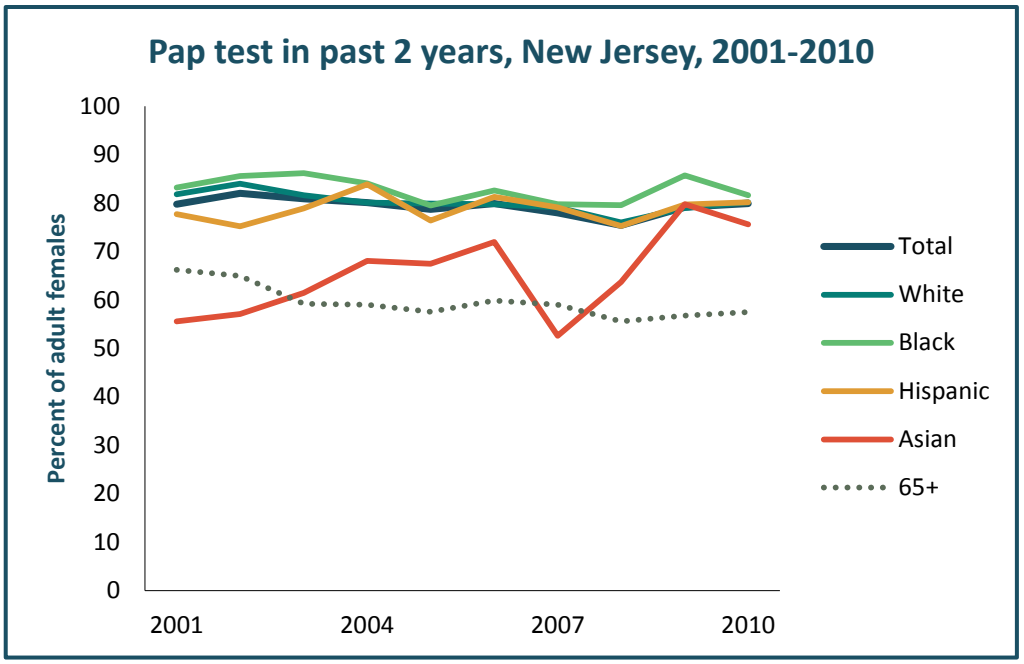
	Age: 65+
2000	7.5
2001	8.4
2002	6.8
2003	7.4
2004	7.1
2005	6.9
2006	8.4
2007	5.7
2008	5.4
2009	7.4
2010	7.2

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 5: Increase the percentage of women aged 18 and over with intact cervix who had a Pap test within the past two years

	Total	White	Black	Hispanic	Asian	65+
Target:	85.0	85.0	85.0	85.0	*	75.0
Met:						

Trend Data



	Total	White	Black	Hispanic	Asian	65+
2001	79.8	81.8	83.2	77.7	55.6	66.2
2002	82.0	84.0	85.6	75.2	57.1	65.0
2003	80.9	81.6	86.2	78.9	61.5	59.2
2004	80.1	80.1	84.1	83.9	68.1	59.0
2005	78.7	79.9	79.5	76.4	67.5	57.6
2006	79.9	79.8	82.6	81.3	72.0	59.9
2007	78.0	79.1	79.8	79.1	52.6	59.0
2008	75.4	76.0	79.6	75.3	63.7	55.6
2009	79.2	79.0	85.7	79.7	79.8	56.8
2010	79.9	80.2	81.6	80.2	75.6	57.5

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

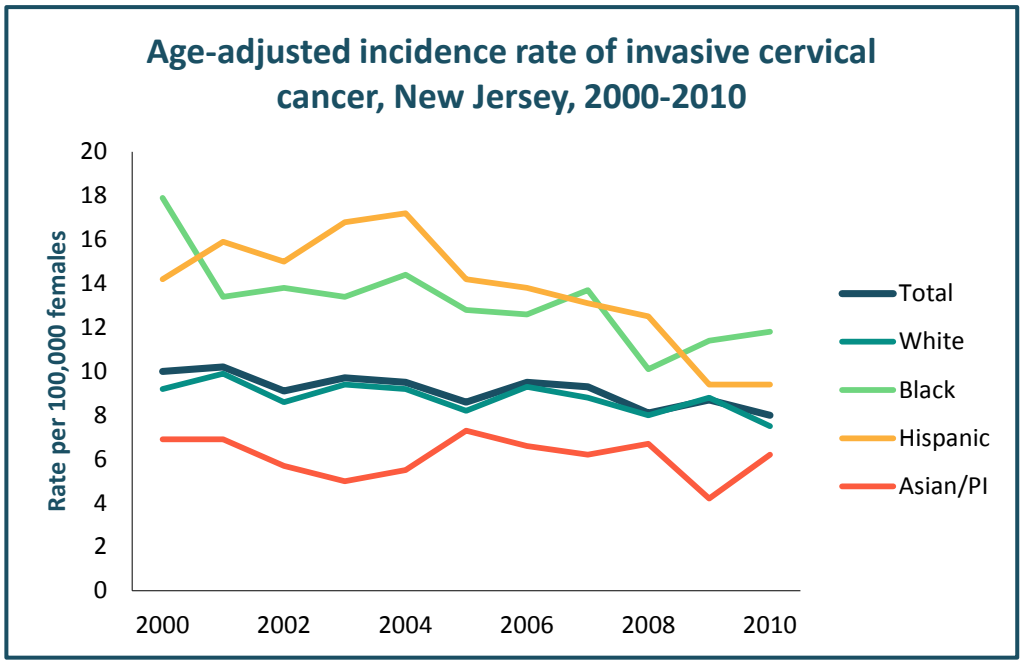
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 6: Reduce the age-adjusted incidence rate of invasive cervical cancer in females per 100,000 standard population

	Total	White	Black	Hispanic	Asian/PI
Target:	6.8	6.8	6.8	*	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	10.0	9.2	17.9	14.2	6.9
2001	10.2	9.9	13.4	15.9	6.9
2002	9.1	8.6	13.8	15.0	5.7
2003	9.7	9.4	13.4	16.8	5.0
2004	9.5	9.2	14.4	17.2	5.5
2005	8.6	8.2	12.8	14.2	7.3
2006	9.5	9.3	12.6	13.8	6.6
2007	9.3	8.8	13.7	13.1	6.2
2008	8.1	8.0	10.1	12.5	6.7
2009	8.7	8.8	11.4	9.4	4.2
2010	8.0	7.5	11.8	9.4	6.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Race misclassification could result in an underestimate of Asian and Pacific Islander incidence and should be interpreted with caution.

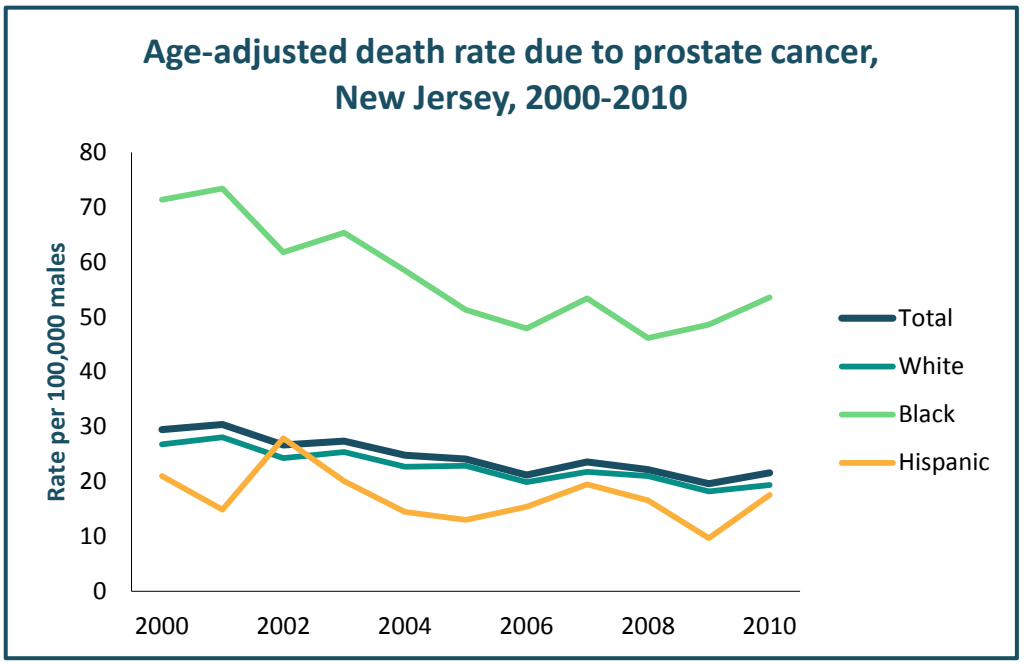
Note: Data for White, Black, and Asian/Pacific Islander include Hispanics and non-Hispanics.

Source: New Jersey State Cancer Registry, based on data released April 2013, Cancer Epidemiology Services, New Jersey Department of Health

Objective 7: Reduce the age-adjusted mortality rate from prostate cancer per 100,000 standard male population

	Total	White	Black	Hispanic	Asian
Target:	23.0	23.0	46.0	*	*
Met:	✓	✓			

Trend Data



	Total	White	Black	Hispanic	Asian
2000	29.5	26.8	71.4	21.0	**
2001	30.4	28.1	73.4	14.9	**
2002	26.7	24.3	61.8	27.9	**
2003	27.4	25.4	65.4	20.1	**
2004	24.8	22.7	58.5	14.5	**
2005	24.1	22.9	51.3	13.0	**
2006	21.2	19.9	47.9	15.4	**
2007	23.6	21.8	53.4	19.5	**
2008	22.2	21.0	46.2	16.6	**
2009	19.6	18.2	48.6	9.7	**
2010	21.6	19.4	53.6	17.6	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

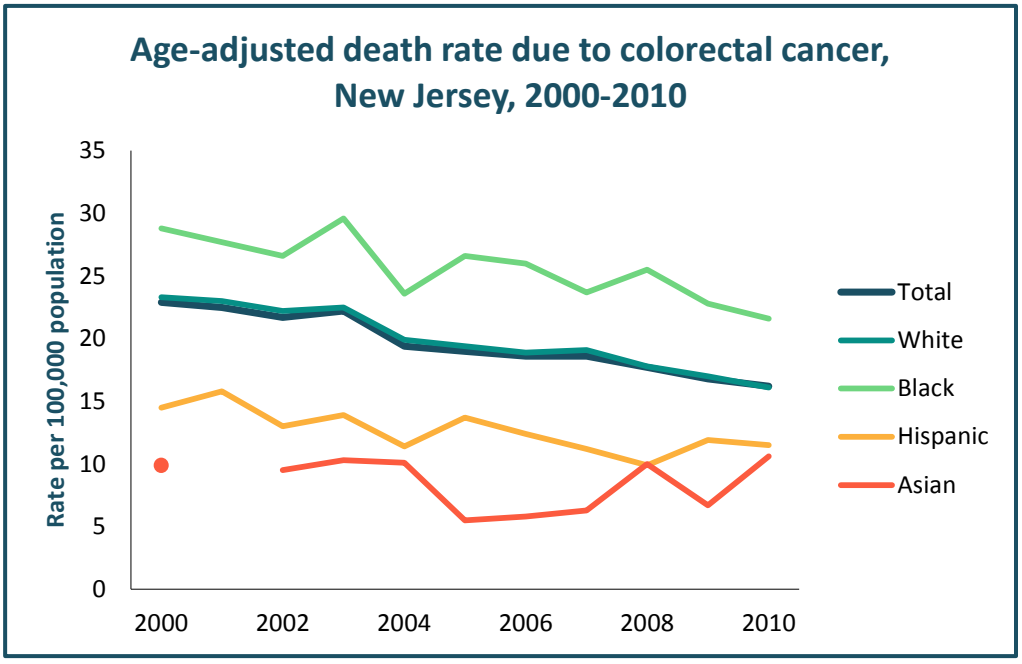
Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 8a: Reduce the age-adjusted mortality rate from colorectal cancer per 100,000 standard population

	Total	White	Black	Hispanic	Asian
Target:	19.0	19.0	22.0	*	*
Met:	✓	✓	✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000	22.9	23.3	28.8	14.5	9.9
2001	22.5	23.0	27.7	15.8	**
2002	21.7	22.2	26.6	13.0	9.5
2003	22.2	22.5	29.6	13.9	10.3
2004	19.4	19.9	23.6	11.4	10.1
2005	19.0	19.4	26.6	13.7	5.5
2006	18.6	18.9	26.0	12.4	5.8
2007	18.6	19.1	23.7	11.2	6.3
2008	17.7	17.8	25.5	9.9	10.0
2009	16.8	17.0	22.8	11.9	6.7
2010	16.2	16.1	21.6	11.5	10.6

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

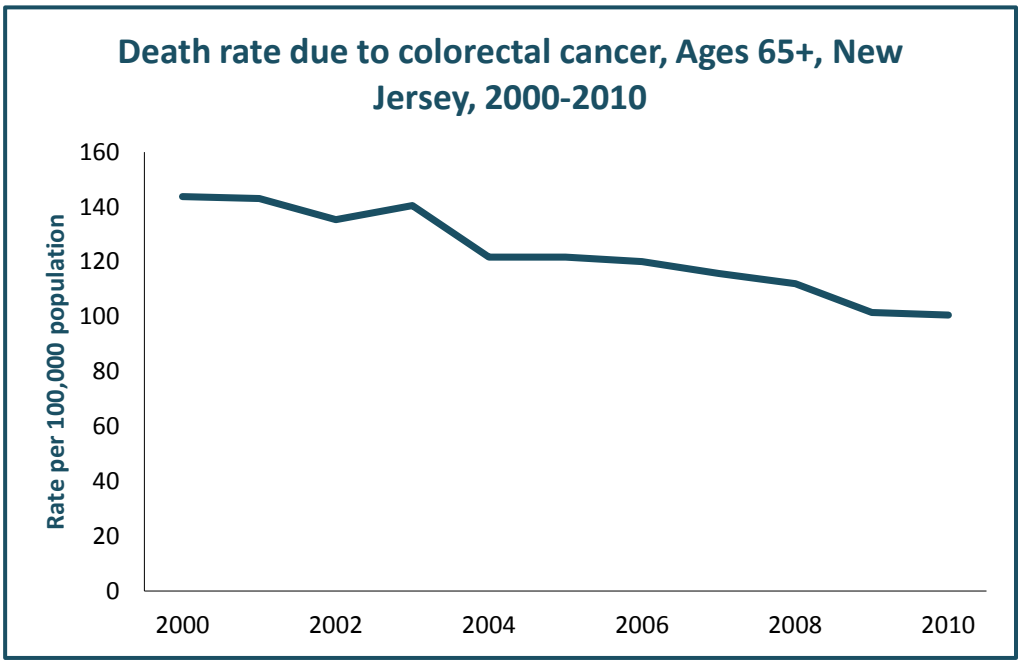
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 8b: Reduce the mortality rate from colorectal cancer among persons 65 years of age and over per 100,000 population

	Age: 65+
Target:	124.0
Met:	✓

Trend Data



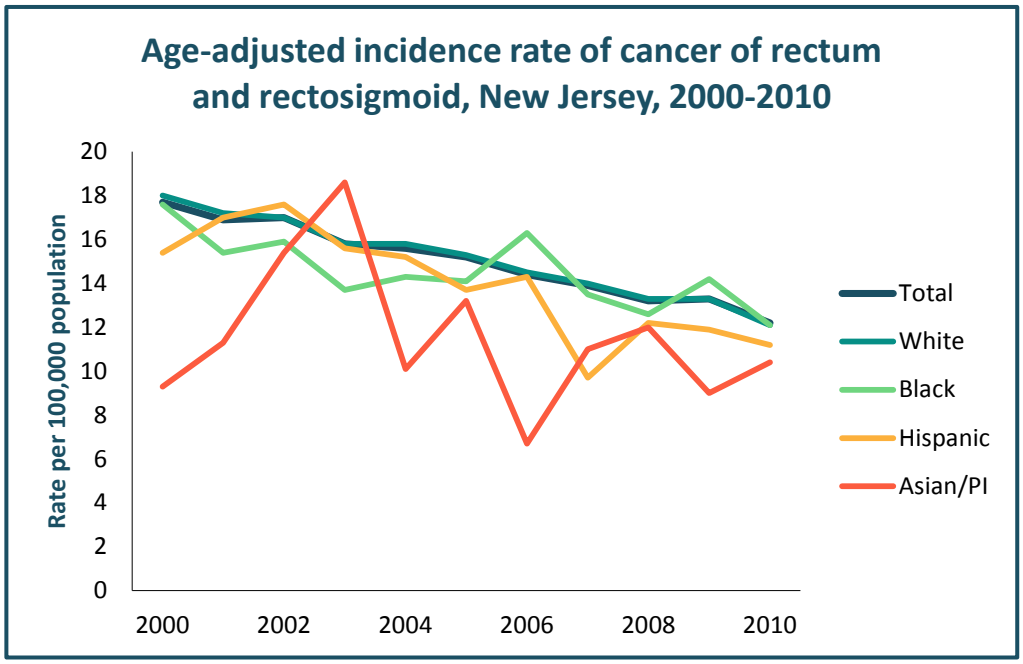
	Age: 65+
2000	143.8
2001	143.1
2002	135.4
2003	140.6
2004	121.8
2005	121.8
2006	120.1
2007	115.8
2008	112.1
2009	101.6
2010	100.6

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 9: Reduce the age-adjusted incidence rate of cancer of the rectum and rectosigmoid per 100,000 standard population

	Total	White	Black	Hispanic	Asian/PI
Target:	16.3	16.6	12.1	*	*
Met:	✓	✓	✓		

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	17.7	18.0	17.6	15.4	9.3
2001	16.9	17.2	15.4	17.0	11.3
2002	17.0	17.0	15.9	17.6	15.4
2003	15.8	15.8	13.7	15.6	18.6
2004	15.6	15.8	14.3	15.2	10.1
2005	15.2	15.3	14.1	13.7	13.2
2006	14.4	14.5	16.3	14.3	6.7
2007	13.9	14.0	13.5	9.7	11.0
2008	13.2	13.3	12.6	12.2	12.0
2009	13.3	13.3	14.2	11.9	9.0
2010	12.2	12.1	12.1	11.2	10.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Race misclassification could result in an underestimate of Asian and Pacific Islander incidence and should be interpreted with caution.

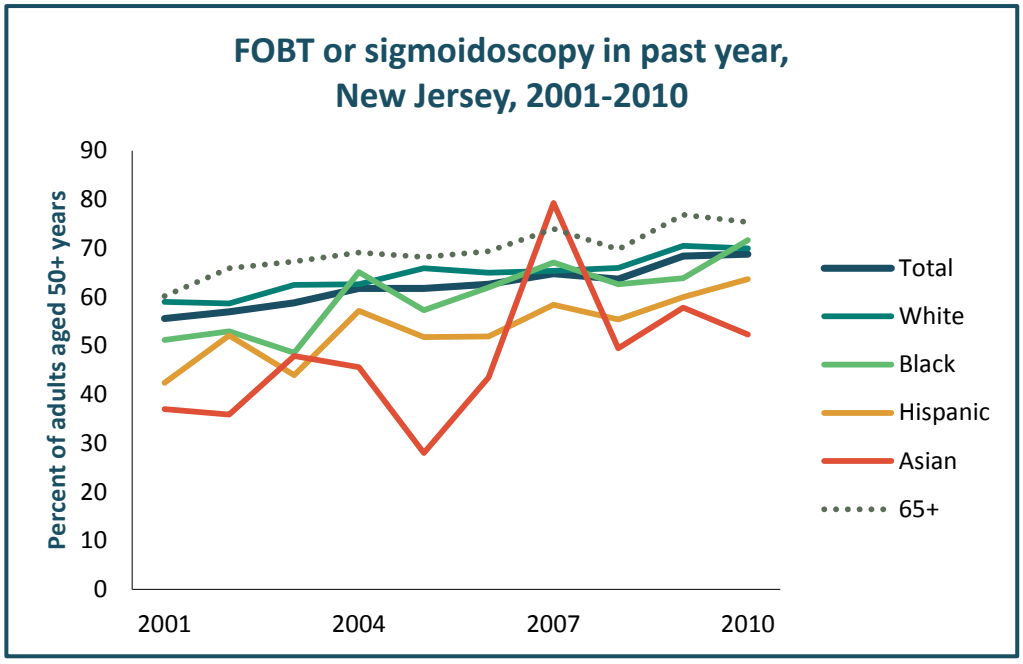
Note: Data for White, Black, and Asian/Pacific Islander include Hispanics and non-Hispanics.

Source: New Jersey State Cancer Registry, based on data released April 2013, Cancer Epidemiology Services, New Jersey Department of Health

Objective 10: Increase the percentage of people aged 50 and over who have received a fecal occult blood test within the past year and/or have ever undergone sigmoidoscopy

	Total	White	Black	Hispanic	Asian	65+
Target:	65.0	65.0	65.0	65.0	*	65.0
Met:	✓	✓	✓			✓

Trend Data



	Total	White	Black	Hispanic	Asian	65+
2001	55.6	59.0	51.2	42.4	37.0	60.2
2002	57.0	58.7	53.0	52.1	35.9	65.9
2003	58.8	62.5	48.6	44.0	47.9	67.3
2004	61.8	62.6	65.1	57.2	45.6	69.1
2005	61.8	65.9	57.3	51.8	28.0	68.2
2006	62.6	65.0	62.0	51.9	43.5	69.4
2007	64.8	65.4	67.1	58.4	79.3	74.0
2008	63.7	66.0	62.6	55.4	49.5	69.8
2009	68.4	70.5	63.9	60.0	57.8	76.9
2010	68.8	70.0	71.7	63.7	52.3	75.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

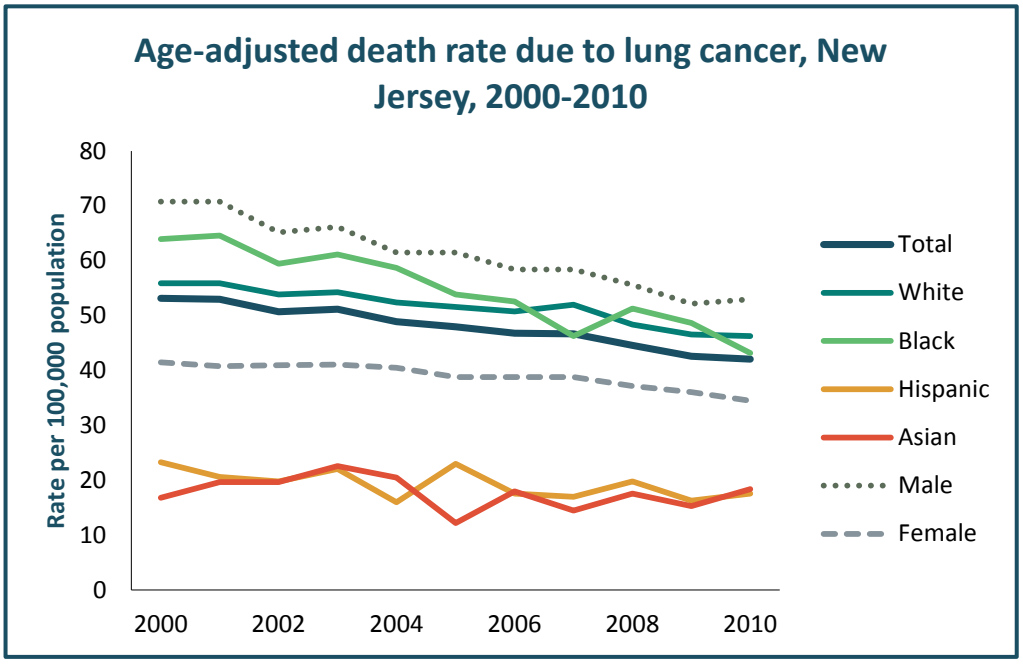
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 11a: Reduce the age-adjusted mortality rate from lung cancer per 100,000 standard population

	Total	White	Black	Hispanic	Asian	Male	Female
Target:	43.0	43.0	43.0	*	*	45.0	38.0
Met:	✓						✓

Trend Data



	Total	White	Black	Hispanic	Asian	Male	Female
2000	53.2	55.9	64.0	23.3	16.8	70.8	41.5
2001	53.0	55.9	64.6	20.6	19.7	70.8	40.8
2002	50.7	53.9	59.5	19.8	19.7	65.2	41.0
2003	51.2	54.3	61.2	22.1	22.6	66.2	41.1
2004	48.9	52.4	58.7	16.0	20.5	61.5	40.5
2005	48.0	51.6	53.9	23.0	12.2	61.5	38.8
2006	46.8	50.8	52.6	17.6	18.0	58.4	38.8
2007	46.7	52.0	46.3	17.0	14.5	58.4	38.8
2008	44.6	48.4	51.3	19.8	17.6	55.6	37.2
2009	42.6	46.6	48.7	16.3	15.3	52.2	36.1
2010	42.1	46.3	43.2	17.6	18.4	53.0	34.5

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

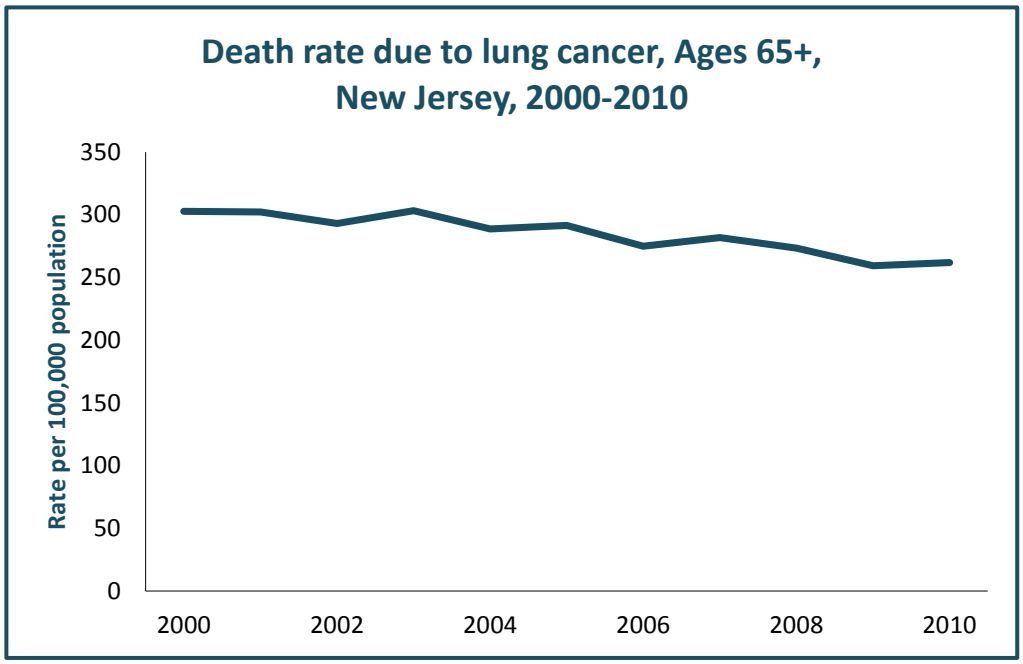
Note: Data for White, Black, and Asian do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 11b: Reduce the mortality rate from lung cancer among persons 65 years of age and over per 100,000 population

	Age: 65+
Target:	276.0
Met:	✓

Trend Data



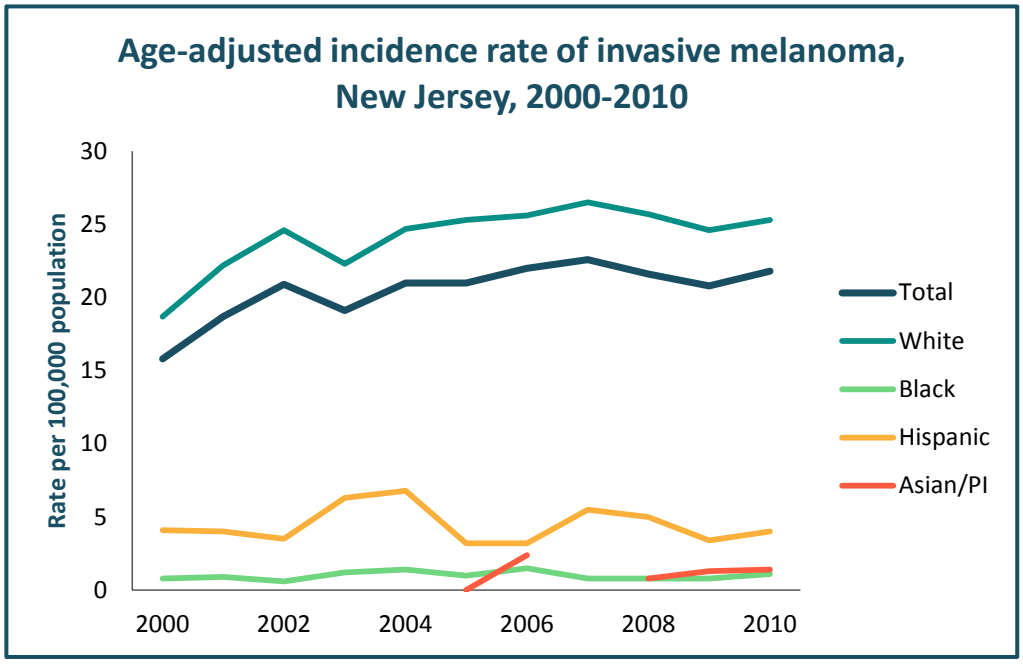
	Age: 65+
2000	302.9
2001	302.4
2002	293.2
2003	303.4
2004	288.8
2005	291.5
2006	275.1
2007	281.8
2008	273.4
2009	259.5
2010	262.0

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 12: Reduce the age-adjusted incidence rate of invasive melanoma per 100,000 standard population

	Total	White	Black	Hispanic	Asian/PI
Target:	12.0	14.0	0.4	*	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian/PI
2000	15.8	18.7	0.8	4.1	**
2001	18.7	22.2	0.9	4.0	**
2002	20.9	24.6	0.6	3.5	**
2003	19.1	22.3	1.2	6.3	1.1
2004	21.0	24.7	1.4	6.8	2.7
2005	21.0	25.3	1.0	3.2	**
2006	22.0	25.6	1.5	3.2	2.4
2007	22.6	26.5	0.8	5.5	2.1
2008	21.6	25.7	0.8	5.0	0.8
2009	20.8	24.6	0.8	3.4	1.3
2010	21.8	25.3	1.1	4.0	1.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 5 cases in the numerator.

Race misclassification could result in an underestimate of Asian and Pacific Islander incidence and should be interpreted with caution.

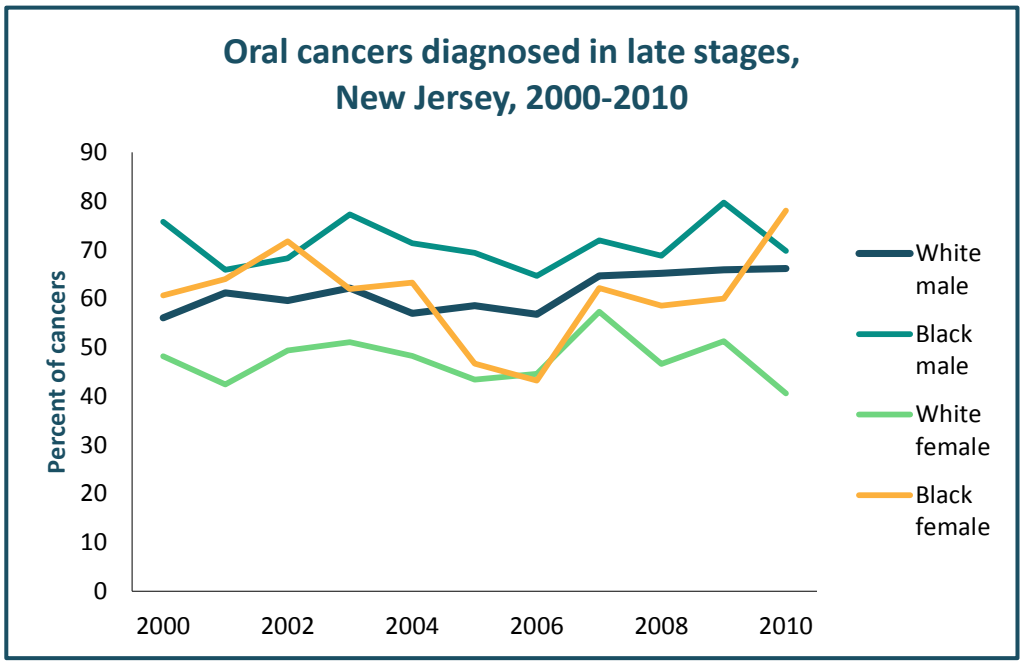
Note: Data for White, Black, and Asian/Pacific Islander include Hispanics and non-Hispanics.

Source: New Jersey State Cancer Registry, based on data released April 2013, Cancer Epidemiology Services, New Jersey Department of Health

Objective 13: Reduce the percentage of oral cancers diagnosed in the late (regional and distant) stages of disease

	White male	Black male	White female	Black female
Target:	**40.0**	**40.0**	**35.0**	**35.0**
Met:				

Trend Data



	White male	Black male	White female	Black female
2000	56.1	75.8	48.2	60.7
2001	61.2	65.9	42.4	64.0
2002	59.6	68.3	49.4	71.8
2003	62.2	77.3	51.1	62.0
2004	57.0	71.4	48.3	63.3
2005	58.6	69.4	43.4	46.7
2006	56.8	64.7	44.6	43.2
2007	64.7	72.0	57.3	62.2
2008	65.2	68.8	46.6	58.6
2009	65.9	79.7	51.3	60.0
2010	66.2	69.8	40.6	78.1

Source: New Jersey State Cancer Registry, based on data released April 2013, Cancer Epidemiology Services, New Jersey Department of Health

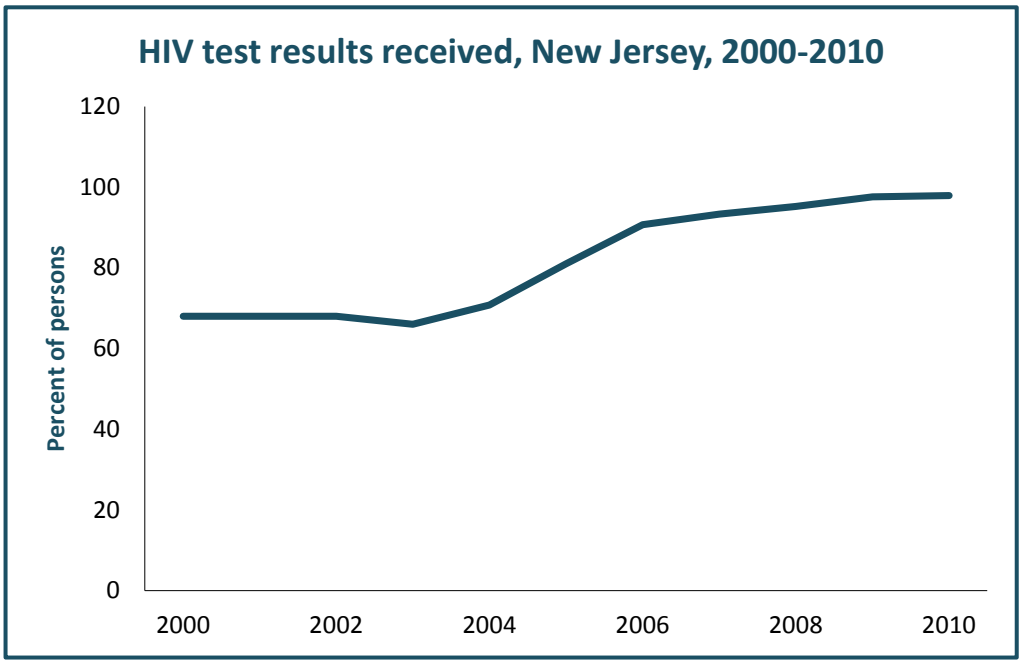
4 - Preventing and Reducing Major Diseases

4D. HIV/AIDS

Objective 1: Increase the percentage of persons tested for HIV at publicly funded sites who receive their test result

	Total tested
Target:	90.0
Met:	✓

Trend Data



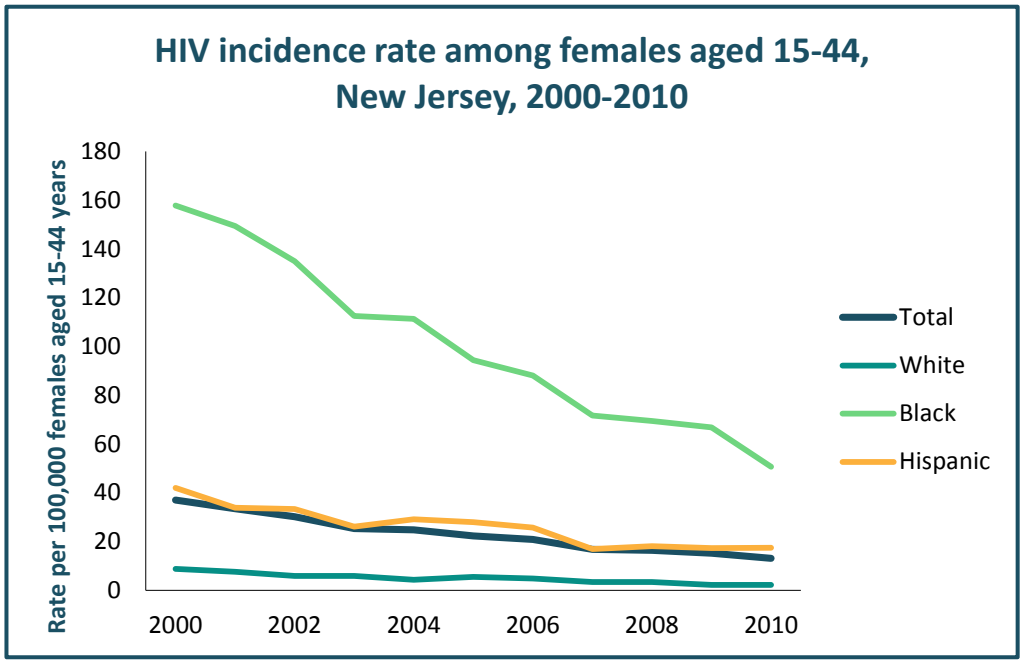
	Total tested
2000	68.0
2001	68.0
2002	68.0
2003	66.0
2004	70.8
2005	81.0
2006	90.7
2007	93.3
2008	95.2
2009	97.6
2010	97.9

Source: HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 2: Reduce the incidence of HIV disease among females aged 15-44 years per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	20.1	5.5	49.9	27.3	*
Met:	✓	✓		✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2000	37.0	8.8	157.8	42.0	**
2001	33.5	7.6	149.5	33.9	**
2002	30.2	5.9	135.0	33.4	**
2003	25.4	6.0	112.5	26.1	**
2004	24.9	4.4	111.4	29.2	**
2005	22.3	5.6	94.5	28.0	**
2006	20.9	4.9	88.1	25.8	**
2007	16.9	3.5	71.7	17.0	**
2008	16.4	3.5	69.5	18.2	**
2009	15.3	2.2	66.9	17.4	**
2010	13.1	2.3	50.7	17.5	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

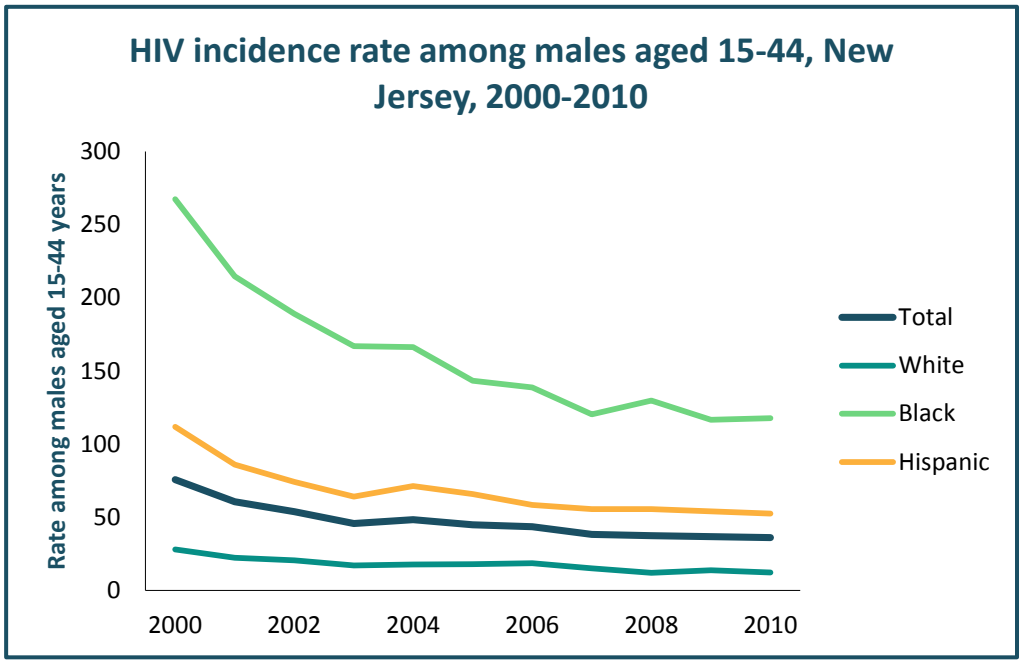
Note: Data for White, Black, and Asian do not include Hispanics.

Source: eHARS data as of 6/30/13, Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 3: Reduce the incidence of HIV disease among males aged 15-44 years per 100,000 population

	Total	White	Black	Hispanic	Asian/PI
Target:	45.7	13.7	94.0	77.8	*
Met:	✓	✓		✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2000	75.8	28.0	267.5	111.8	**
2001	60.6	22.4	214.7	86.0	**
2002	53.9	20.6	189.2	74.2	**
2003	45.7	17.2	167.0	64.2	**
2004	48.4	17.8	166.3	71.5	**
2005	44.9	17.9	143.3	66.0	**
2006	43.5	18.6	138.8	58.5	**
2007	38.3	15.2	120.5	55.6	**
2008	37.5	12.0	129.9	55.6	**
2009	36.9	13.8	116.7	54.0	**
2010	36.1	12.2	117.7	52.5	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

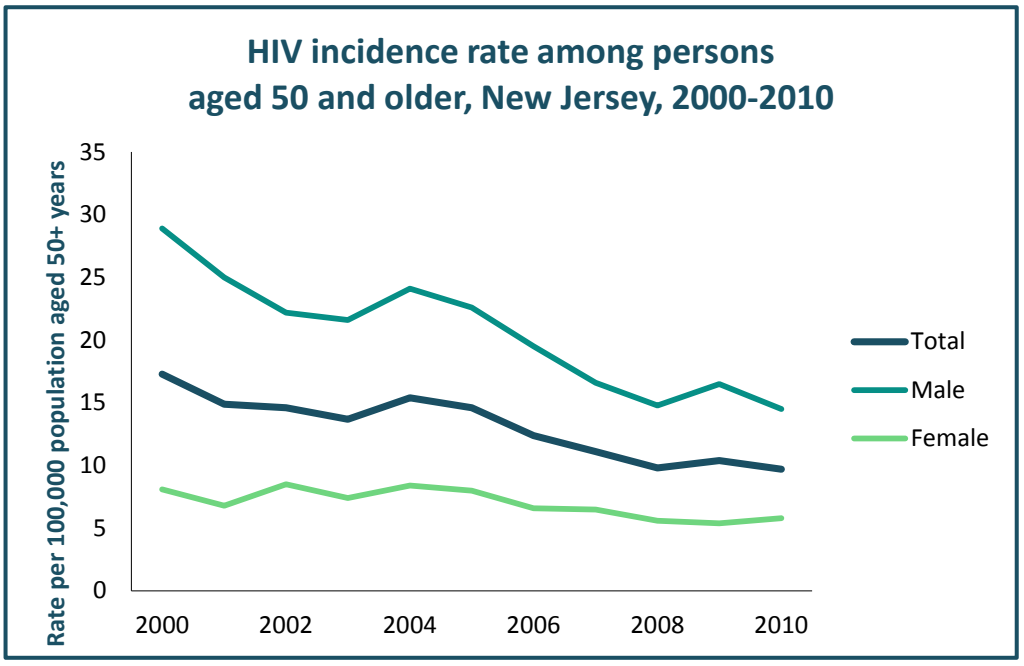
Note: Data for White, Black, and Asian do not include Hispanics.

Source: eHARS data as of 6/30/13, Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 4: Reduce the rate per 100,000 population of newly diagnosed HIV infections among persons at least 50 years of age

	Total	Male	Female
Target:	7.8	13.3	3.6
Met:			

Trend Data



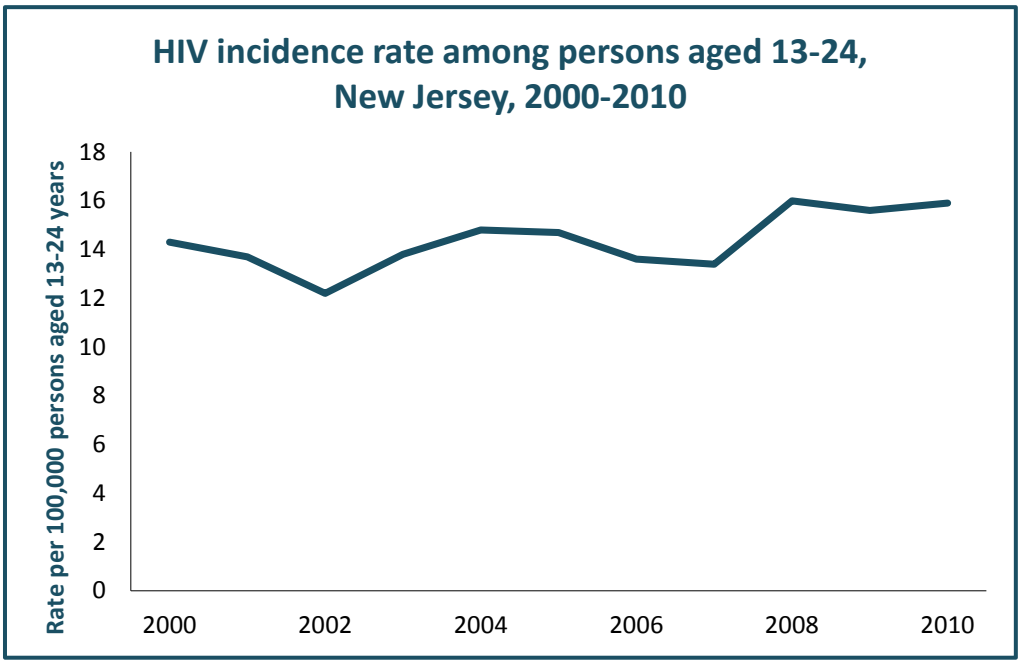
	Total	Male	Female
2000	17.3	28.9	8.1
2001	14.9	25.0	6.8
2002	14.6	22.2	8.5
2003	13.7	21.6	7.4
2004	15.4	24.1	8.4
2005	14.6	22.6	8.0
2006	12.4	19.5	6.6
2007	11.1	16.6	6.5
2008	9.8	14.8	5.6
2009	10.4	16.5	5.4
2010	9.7	14.5	5.8

Source: eHARS data as of 6/30/13, Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 5: Reduce the incidence of HIV disease among adolescents/young adults aged 13-24 years per 100,000 population

Age:	13-24
Target:	6.6
Met:	

Trend Data



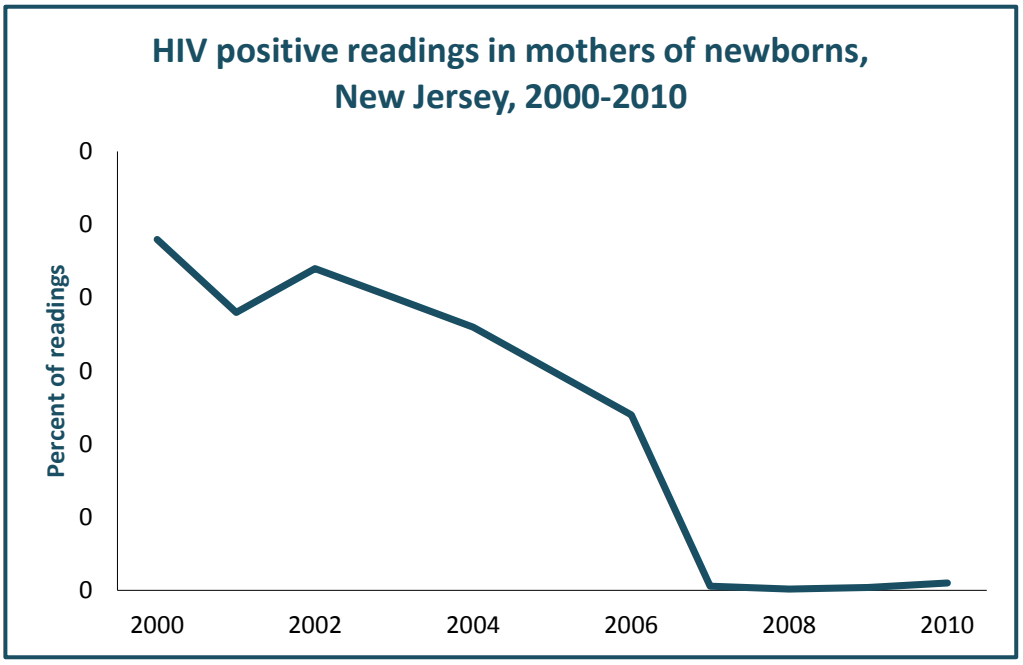
	Age: 13-24
2000	14.3
2001	13.7
2002	12.2
2003	13.8
2004	14.8
2005	14.7
2006	13.6
2007	13.4
2008	16.0
2009	15.6
2010	15.9

Source: eHARS data as of 6/30/13, Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 6: Reduce the percentage of mothers of newborns who have HIV-positive readings

	Mothers of newborns
Target:	0.1
Met:	✓

Trend Data



	Mothers of newborns
2000	0.24
2001	0.19
2002	0.22
2003	0.20
2004	0.18
2005	0.15
2006	0.12
2007	0.003
2008	0.001
2009	0.002
2010	0.005

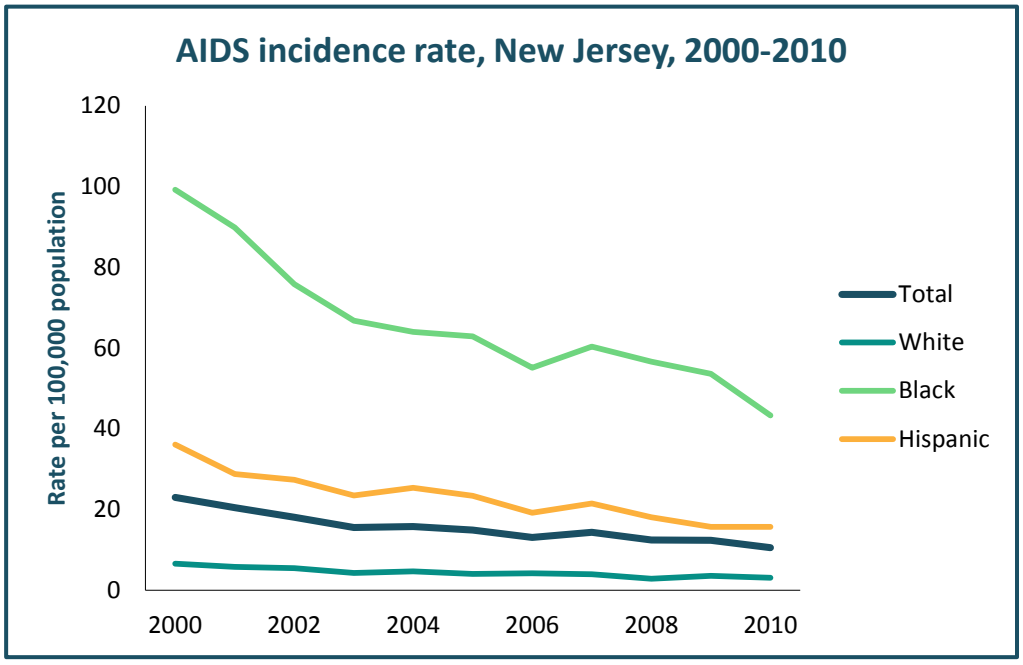
Source (1999-2006): NJ annual survey of HIV seroprevalence among childbearing women

Source (2007-2010): Numerator from NJ EHARS as of January 2014, Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health; Denominator: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Objective 7: Reduce the incidence of AIDS per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	14.6	4.3	31.1	21.3	*
Met:	✓	✓		✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2000	23.0	6.6	99.2	36.1	**
2001	20.5	5.8	89.9	28.8	**
2002	18.1	5.5	75.8	27.4	**
2003	15.6	4.3	66.8	23.5	**
2004	15.8	4.7	64.0	25.4	**
2005	14.9	4.1	62.9	23.4	**
2006	13.1	4.2	55.1	19.2	**
2007	14.4	4.0	60.4	21.5	**
2008	12.5	2.9	56.6	18.1	**
2009	12.4	3.6	53.6	15.7	**
2010	10.6	3.1	43.3	15.7	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

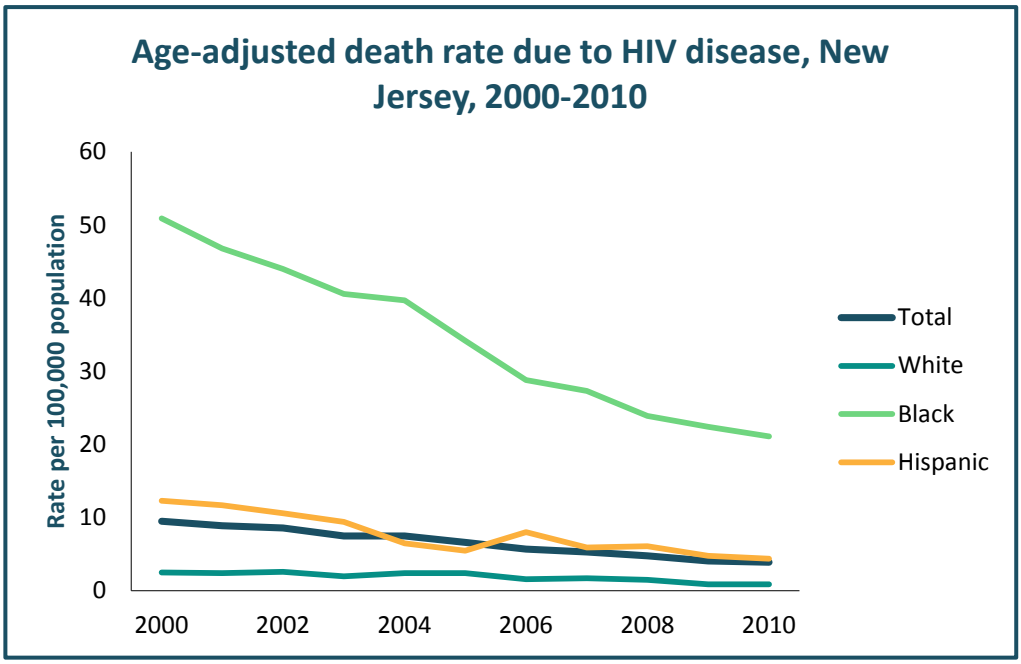
Note: Data for White and Black do not include Hispanics.

Source: eHARS data as of 6/30/13, Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 8a: Reduce the age-adjusted mortality rate from HIV disease per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	6.4	2.5	43.8	10.6	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2000	9.5	2.5	50.9	12.3	**
2001	8.9	2.4	46.8	11.7	**
2002	8.6	2.6	44.0	10.6	**
2003	7.5	2.0	40.6	9.4	**
2004	7.5	2.4	39.7	6.5	**
2005	6.6	2.4	34.2	5.5	**
2006	5.7	1.6	28.8	8.0	**
2007	5.3	1.7	27.3	5.9	**
2008	4.8	1.5	23.9	6.1	**
2009	4.1	0.9	22.4	4.8	**
2010	3.9	0.9	21.1	4.4	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

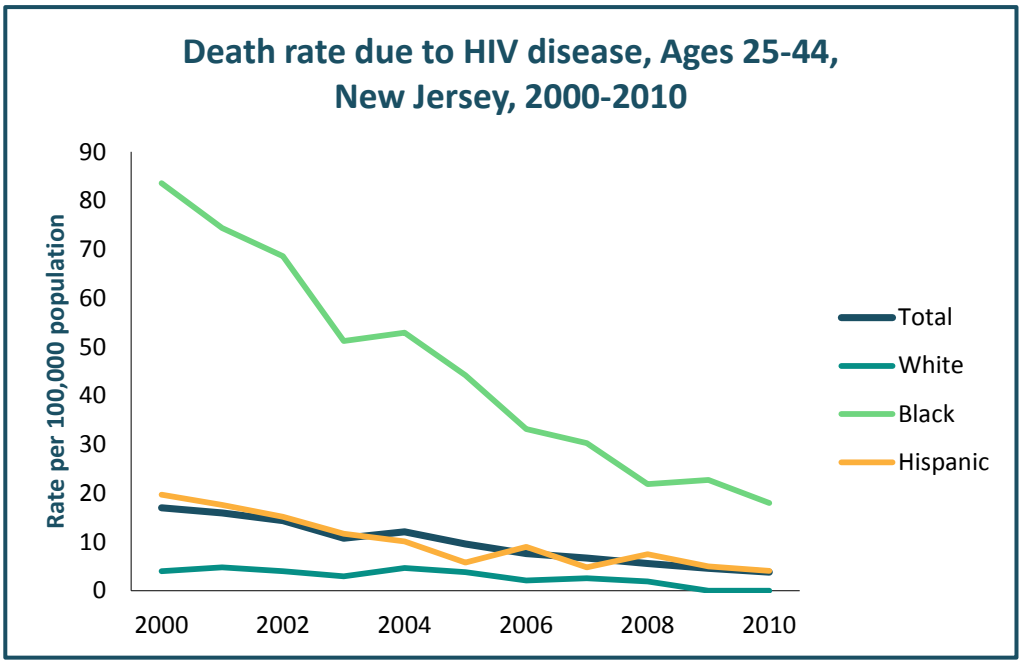
Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 8b: Reduce the mortality rate from HIV disease among persons aged 25-44 years per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	15.8	4.8	86.5	16.6	*
Met:	✓	✓	✓	✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2000	17.0	4.0	83.6	19.7	**
2001	16.0	4.8	74.4	17.6	**
2002	14.4	4.0	68.6	15.2	**
2003	10.8	3.0	51.2	11.7	**
2004	12.1	4.7	52.9	10.1	**
2005	9.6	3.8	44.2	5.8	**
2006	7.6	2.1	33.2	9.0	**
2007	6.7	2.6	30.3	4.8	**
2008	5.6	1.9	21.9	7.5	**
2009	4.6	**	22.7	5.0	**
2010	3.8	**	18.0	4.1	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

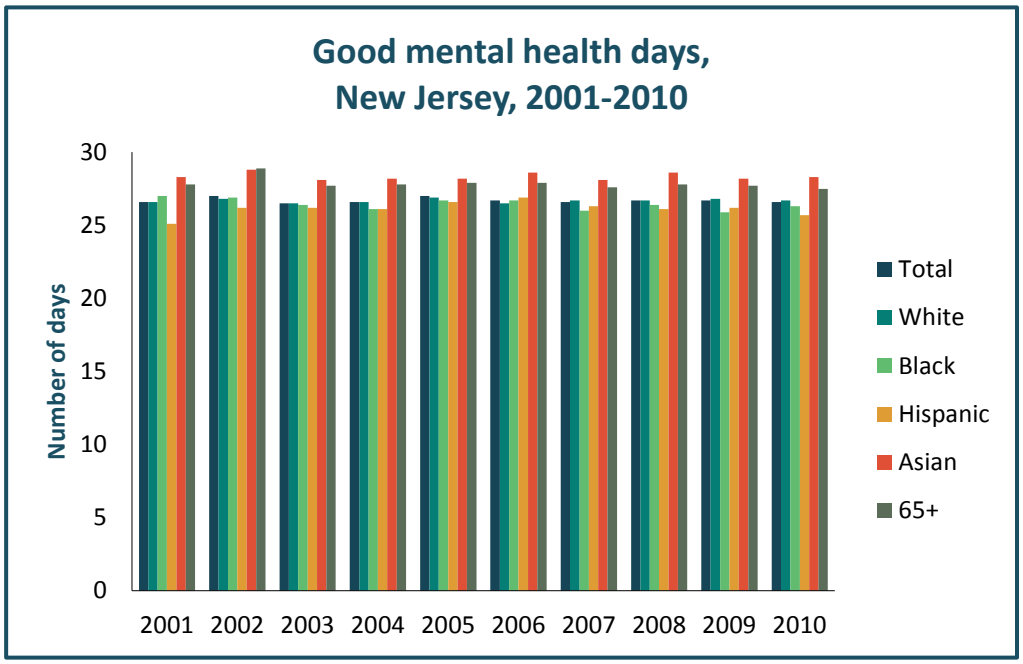
4 - Preventing and Reducing Major Diseases

4E. Mental Health

Objective 1: Increase the average number of days during the past thirty days when mental health was reported to be good

	Total	White	Black	Hispanic	Asian	65+
Target:	28.0	28.0	28.0	28.0	28.0	28.5
Met:					✓	

Trend Data



	Total	White	Black	Hispanic	Asian	65+
2001	26.6	26.6	27.0	25.1	28.3	27.8
2002	27.0	26.8	26.9	26.2	28.8	28.9
2003	26.5	26.5	26.4	26.2	28.1	27.7
2004	26.6	26.6	26.1	26.1	28.2	27.8
2005	27.0	26.9	26.7	26.6	28.2	27.9
2006	26.7	26.5	26.7	26.9	28.6	27.9
2007	26.6	26.7	26.0	26.3	28.1	27.6
2008	26.7	26.7	26.4	26.1	28.6	27.8
2009	26.7	26.8	25.9	26.2	28.2	27.7
2010	26.6	26.7	26.3	25.7	28.3	27.5

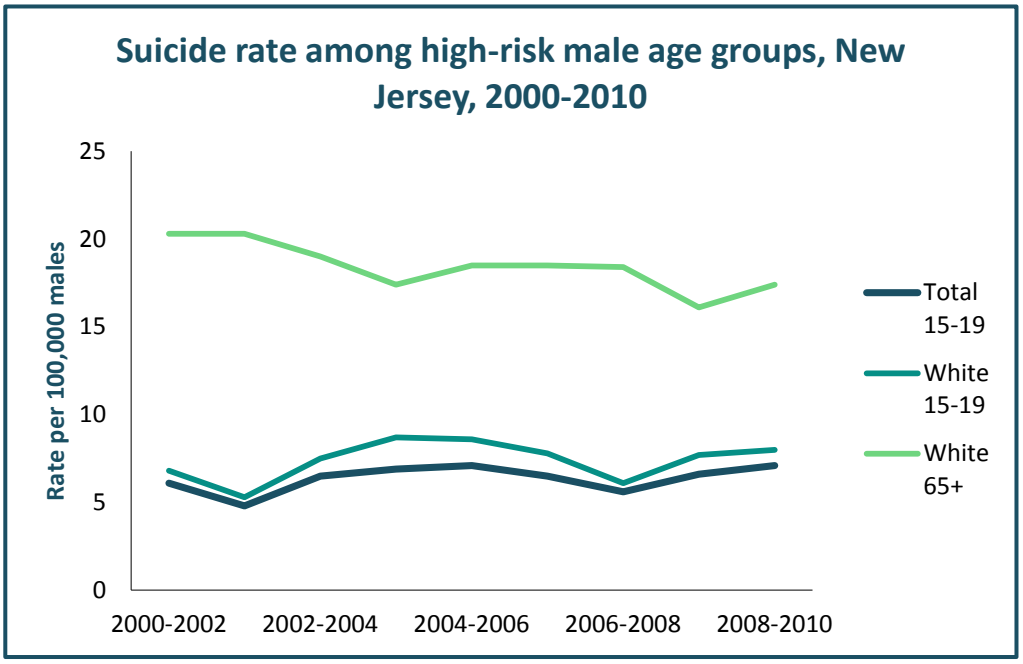
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 2: Reduce the mortality rate from suicide per 100,000 male population in high-risk age groups

	Aged 15-19 years					Age 65+
	Total	White	Black	Hispanic	Asian	White
Target:	4.8	4.8	*	*	*	14.1
Met:						

Trend Data



	Total 15-19	White 15-19	Black 15-19	Hispanic 15-19	Asian 15-19	White 65+
2000-2002	6.1	6.8	**	**	**	20.3
2001-2003	4.8	5.3	**	**	**	20.3
2002-2004	6.5	7.5	**	**	**	19.0
2003-2005	6.9	8.7	**	**	**	17.4
2004-2006	7.1	8.6	**	**	**	18.5
2005-2007	6.5	7.8	**	**	**	18.5
2006-2008	5.6	6.1	**	**	**	18.4
2007-2009	6.6	7.7	**	**	**	16.1
2008-2010	7.1	8.0	**	**	**	17.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

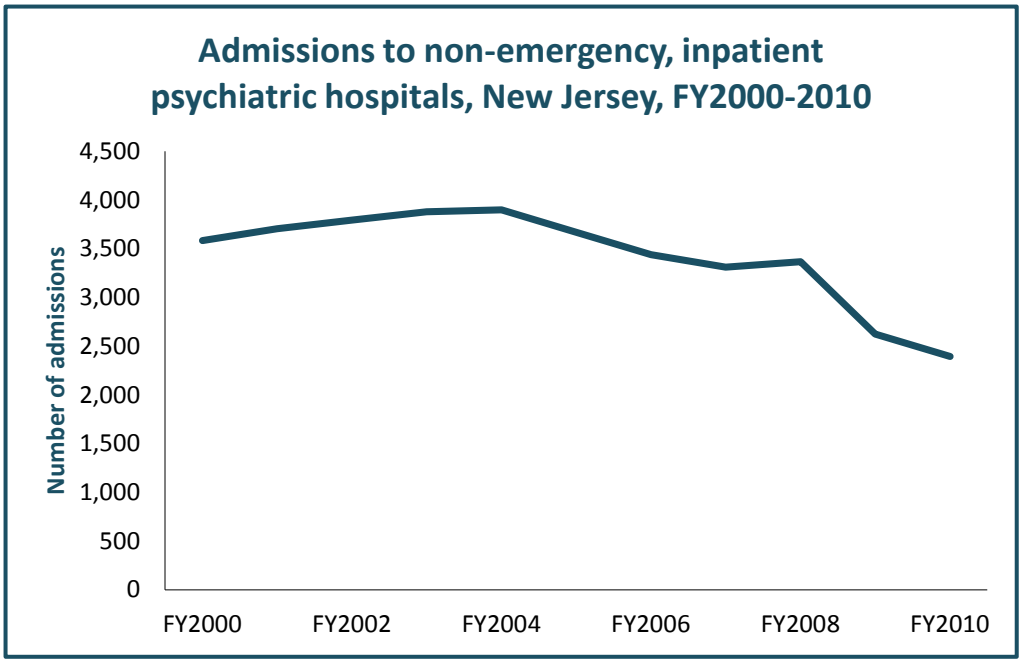
Note: Data for White do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 3: Reduce the number of admissions to non-emergency, inpatient psychiatric hospitals

	Admissions
Target:	2,966.0
Met:	✓

Trend Data



	Admissions
FY2000	3,586
FY2001	3,707
FY2002	3,794
FY2003	3,880
FY2004	3,899
FY2005	3,670
FY2006	3,440
FY2007	3,312
FY2008	3,369
FY2009	2,627
FY2010	2,396

Source: Hospital Census Database, Division of Mental Health and Addiction Services, New Jersey Department of Human Services

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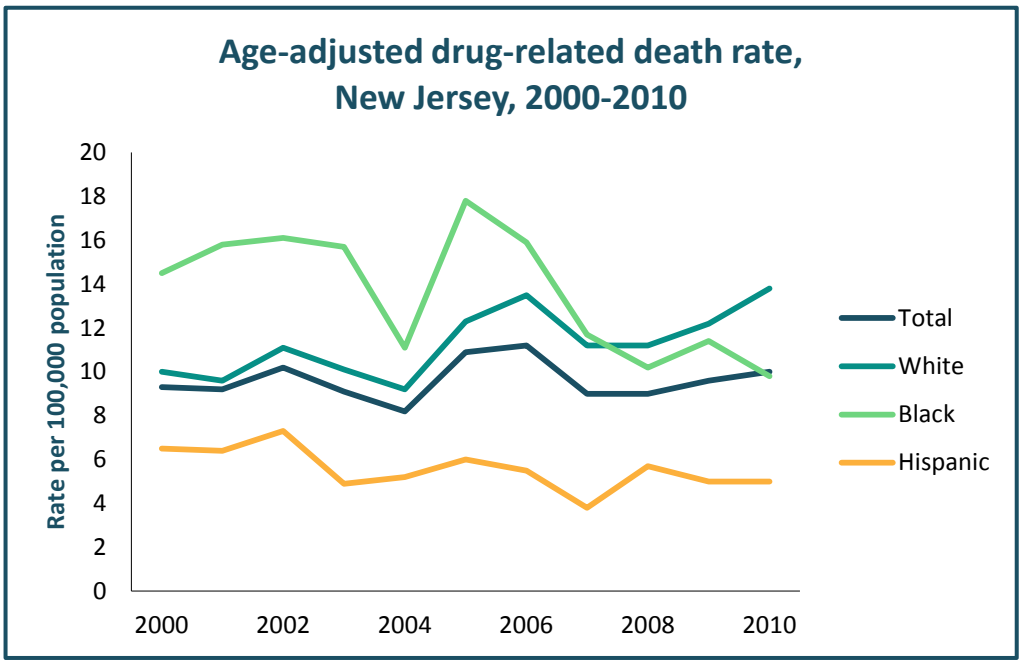
4F. Addictions

Objective 1: Reduce the age-adjusted mortality rate from drug-related causes per 100,000 standard population

	Total	White	Black	Hispanic	Asian
Target:	8.4	7.4	13.3	*	*
Met:			✓		

Trend Data



	Total	White	Black	Hispanic	Asian
2000	9.3	10.0	14.5	6.5	**
2001	9.2	9.6	15.8	6.4	**
2002	10.2	11.1	16.1	7.3	**
2003	9.1	10.1	15.7	4.9	**
2004	8.2	9.2	11.1	5.2	**
2005	10.9	12.3	17.8	6.0	**
2006	11.2	13.5	15.9	5.5	**
2007	9.0	11.2	11.7	3.8	**
2008	9.0	11.2	10.2	5.7	**
2009	9.6	12.2	11.4	5.0	**
2010	10.0	13.8	9.8	5.0	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

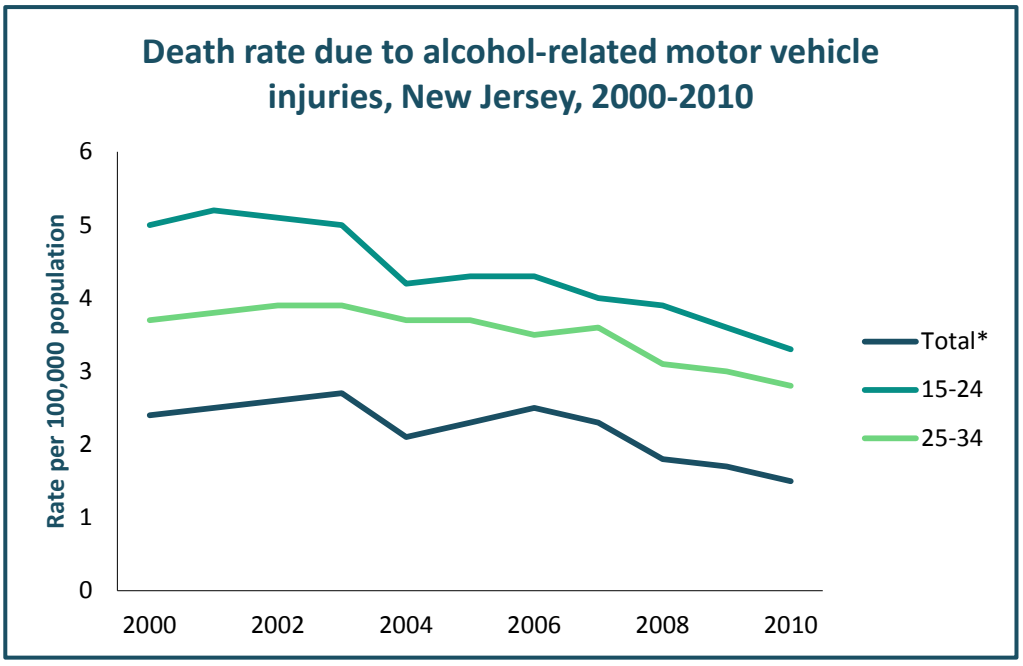
Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 4: Reduce the mortality rate due to alcohol-related motor vehicle injuries per 100,000 population

	Total*	15-24	25-34
Target:	1.7	3.4	2.6
Met:	✓	✓	

Trend Data



	Total*	15-24	25-34
2000	2.4	5.0	3.7
2001	2.5	5.2	3.8
2002	2.6	5.1	3.9
2003	2.7	5.0	3.9
2004	2.1	4.2	3.7
2005	2.3	4.3	3.7
2006	2.5	4.3	3.5
2007	2.3	4.0	3.6
2008	1.8	3.9	3.1
2009	1.7	3.6	3.0
2010	1.5	3.3	2.8

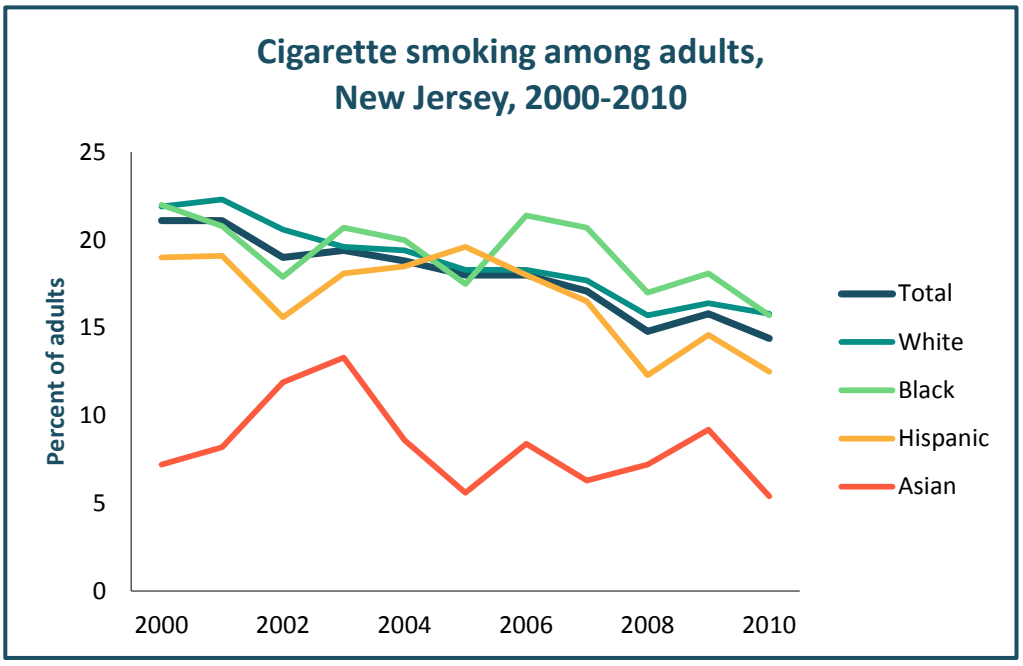
* Rate for all ages (total) is age-adjusted.

Source: Division of Highway Traffic Safety, New Jersey Department of Law and Public Safety

Objective 5a: Reduce the prevalence of cigarette smoking among the population aged 18 and over

	Total	White	Black	Hispanic	Asian
Target:	15.0	15.0	15.0	15.0	*
Met:	✓			✓	

Trend Data



	Total	White	Black	Hispanic	Asian
2000	21.1	21.9	22.0	19.0	7.2
2001	21.1	22.3	20.8	19.1	8.2
2002	19.0	20.6	17.9	15.6	11.9
2003	19.4	19.6	20.7	18.1	13.3
2004	18.8	19.4	20.0	18.5	8.6
2005	18.0	18.3	17.5	19.6	5.6
2006	18.0	18.3	21.4	18.0	8.4
2007	17.1	17.7	20.7	16.5	6.3
2008	14.8	15.7	17.0	12.3	7.2
2009	15.8	16.4	18.1	14.6	9.2
2010	14.4	15.8	15.7	12.5	5.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

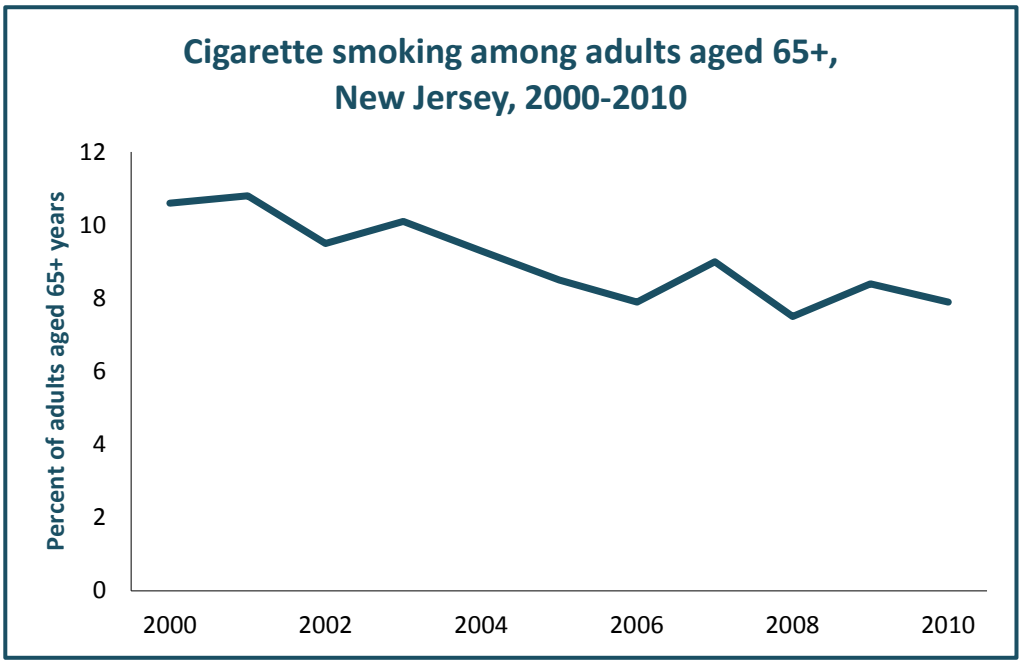
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 5b: Reduce the prevalence of cigarette smoking among the population aged 65 and over

	Age: 65+
Target:	8.0
Met:	✓

Trend Data



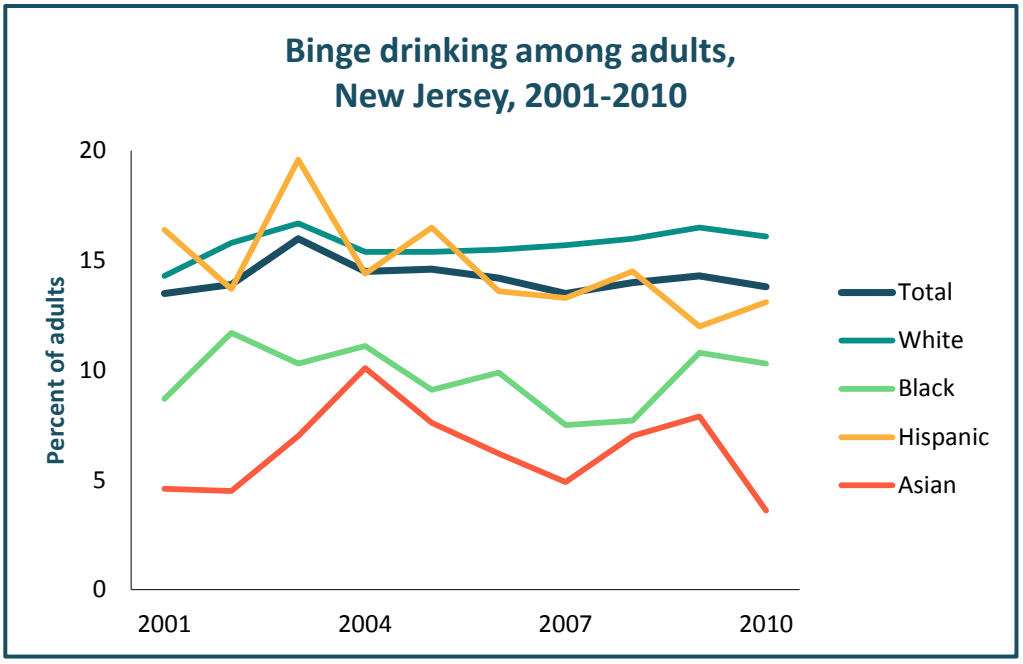
	Age: 65+
2000	10.6
2001	10.8
2002	9.5
2003	10.1
2004	9.3
2005	8.5
2006	7.9
2007	9.0
2008	7.5
2009	8.4
2010	7.9

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

Objective 6: Decrease the percentage of persons aged 18 years and over who consumed five** or more alcoholic drinks per occasion, one or more times during the past month

	Total	White	Black	Hispanic	Asian
Target:	10.6	11.0	5.0	8.0	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2001	13.5	14.3	8.7	16.4	4.6
2002	13.9	15.8	11.7	13.7	4.5
2003	16.0	16.7	10.3	19.6	7.0
2004	14.5	15.4	11.1	14.4	10.1
2005	14.6	15.4	9.1	16.5	7.6
2006	14.2	15.5	9.9	13.6	6.2
2007	13.5	15.7	7.5	13.3	4.9
2008	14.0	16.0	7.7	14.5	7.0
2009	14.3	16.5	10.8	12.0	7.9
2010	13.8	16.1	10.3	13.1	3.6

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** 2001-2004 data are for 5+ drinks for both men and women. 2005-2010 data are for 5+ drinks for men and 4+ drinks for women.

Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

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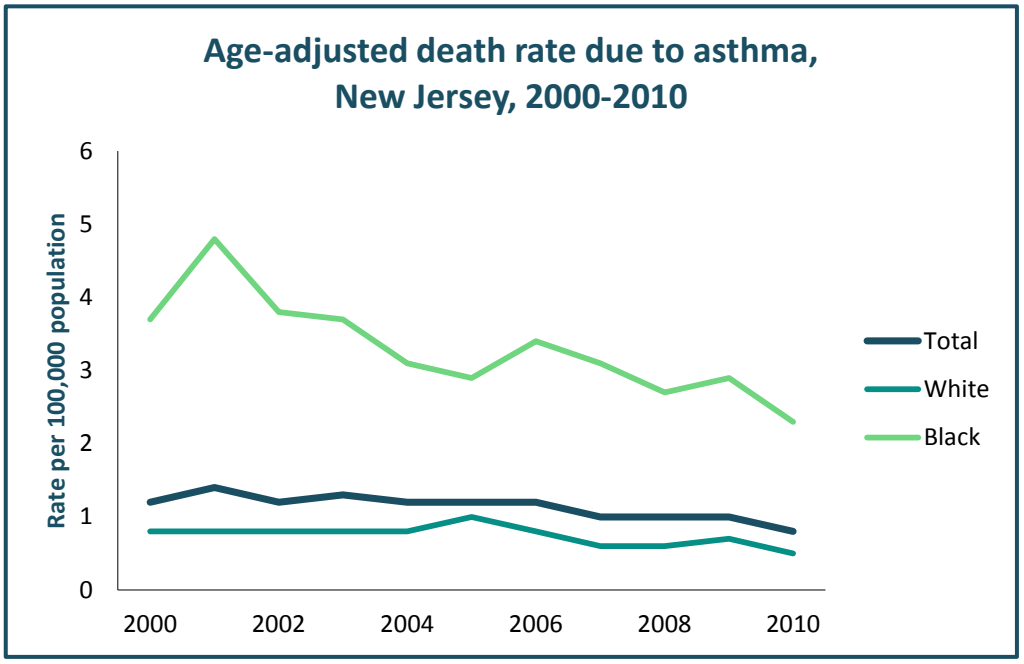
4G. Asthma

Objective 1: Reduce the age-adjusted mortality rate from asthma per 100,000 standard population

	Total	White	Black	Hispanic	Asian
Target:	1.0	0.6	1.9	*	*
Met:	✓	✓			

Trend Data



	Total	White	Black	Hispanic	Asian
2000	1.2	0.8	3.7	**	**
2001	1.4	0.8	4.8	**	**
2002	1.2	0.8	3.8	**	**
2003	1.3	0.8	3.7	**	**
2004	1.2	0.8	3.1	**	**
2005	1.2	1.0	2.9	**	**
2006	1.2	0.8	3.4	**	**
2007	1.0	0.6	3.1	**	**
2008	1.0	0.6	2.7	**	**
2009	1.0	0.7	2.9	**	**
2010	0.8	0.5	2.3	**	**

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Data are not shown for subpopulations with fewer than 20 cases in the numerator.

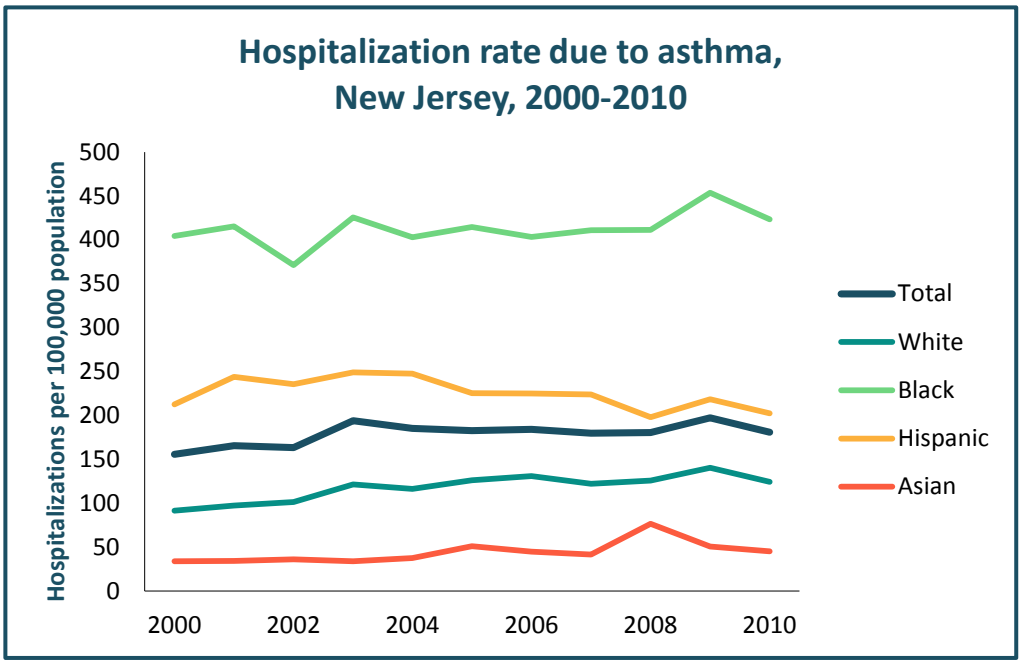
Note: Data for White and Black do not include Hispanics.

Sources: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Intercensal population estimates (2000-2009) and Vintage 2013 postcensal population estimates (2010), State Data Center, New Jersey Department of Labor and Workforce Development

Objective 2: Reduce the annual hospital admission rate due to asthma per 100,000 population

	Total	White	Black	Hispanic	Asian
Target:	150.0	100.0	250.0	150.0	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000	155.7	91.5	404.6	212.7	34.2
2001	165.8	97.5	415.7	244.3	34.5
2002	163.6	101.5	371.3	235.8	36.2
2003	194.2	121.5	425.7	249.1	34.0
2004	185.3	116.5	403.3	247.9	37.8
2005	182.9	126.5	414.8	225.6	51.1
2006	184.4	131.1	403.3	225.2	45.1
2007	180.0	122.3	411.1	224.0	41.6
2008	180.7	125.8	411.4	198.2	76.8
2009	197.5	140.5	453.7	218.4	50.8
2010	181.1	124.4	423.4	202.3	45.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

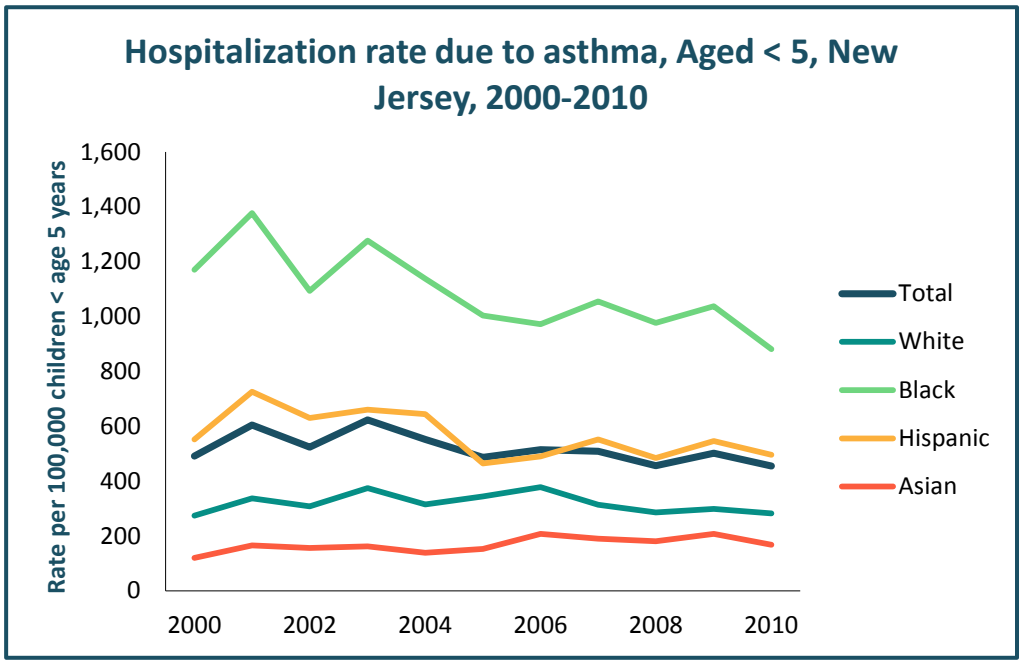
Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health

Objective 3: Reduce the annual hospital admission rate due to asthma per 100,000 children under age five years

	Total	White	Black	Hispanic	Asian
Target:	340.0	250.0	800.0	340.0	*
Met:					

Trend Data



	Total	White	Black	Hispanic	Asian
2000	491.1	274.3	1,171.1	552.3	120.2
2001	605.2	337.3	1,377.9	725.8	166.1
2002	524.5	308.4	1,094.1	630.5	157.2
2003	623.0	375.2	1,276.6	660.6	162.8
2004	552.7	315.0	1,138.0	644.6	139.2
2005	486.5	344.5	1,004.3	464.8	153.3
2006	514.9	378.9	973.0	490.2	208.2
2007	509.2	314.7	1,055.8	551.9	190.3
2008	457.1	286.2	976.9	484.8	181.6
2009	501.6	298.6	1,037.3	546.7	207.9
2010	455.7	283.0	881.6	496.3	167.8

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: Data for White, Black, and Asian do not include Hispanics.

Source: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health

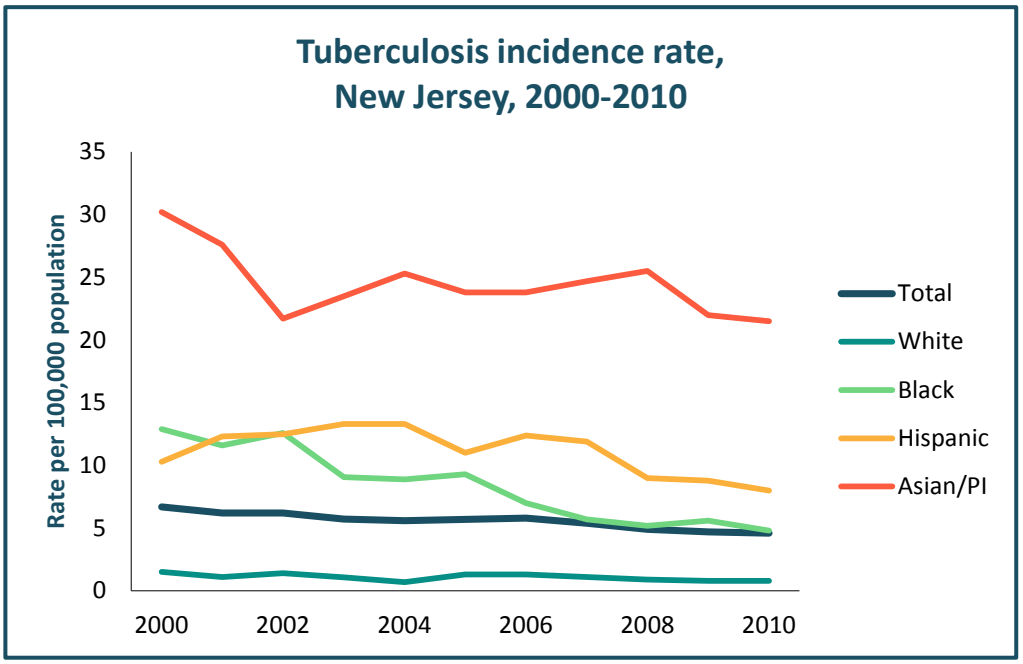
4 - Preventing and Reducing Major Diseases

4H. Infectious Diseases

Objective 1: Reduce the tuberculosis incidence rate per 100,000 population

	Total	White	Black	Hispanic	Asian/PI
Target:	2.4	1.3	5.3	4.5	10.5
Met:		✓	✓		

Trend Data



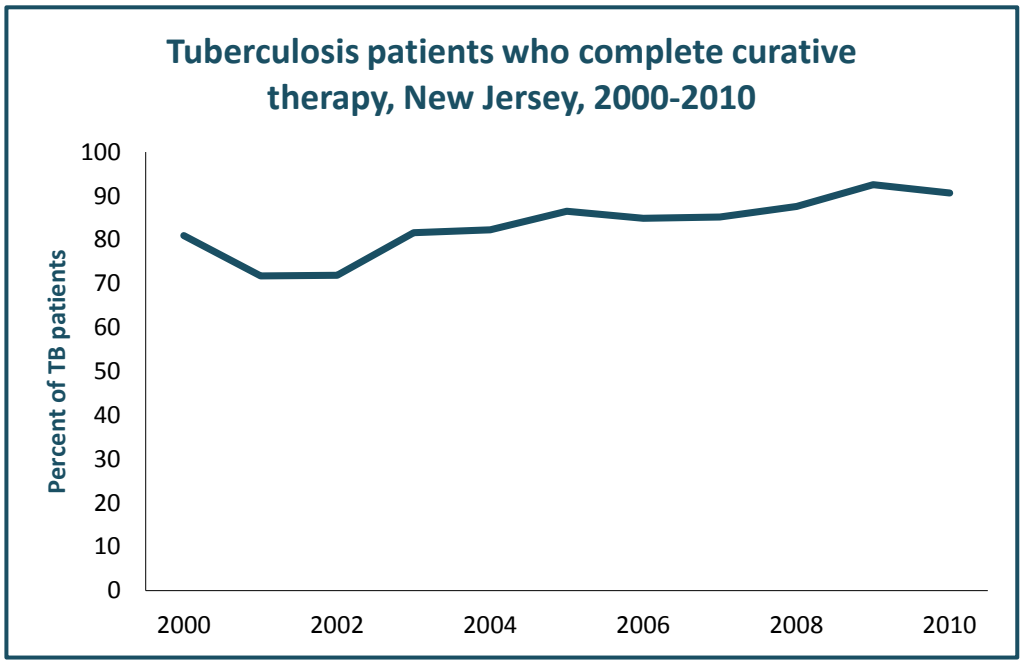
	Total	White	Black	Hispanic	Asian/PI
2000	6.7	1.5	12.9	10.3	30.2
2001	6.2	1.1	11.6	12.3	27.6
2002	6.2	1.4	12.6	12.5	21.7
2003	5.7	1.1	9.1	13.3	23.5
2004	5.6	0.7	8.9	13.3	25.3
2005	5.7	1.3	9.3	11.0	23.8
2006	5.8	1.3	7.0	12.4	23.8
2007	5.4	1.1	5.7	11.9	24.7
2008	4.9	0.9	5.2	9.0	25.5
2009	4.7	0.8	5.6	8.8	22.0
2010	4.6	0.8	4.8	8.0	21.5

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 2: Increase the percentage of tuberculosis patients who complete curative therapy within 12 months

	Total
Target:	90.0
Met:	✓

Trend Data



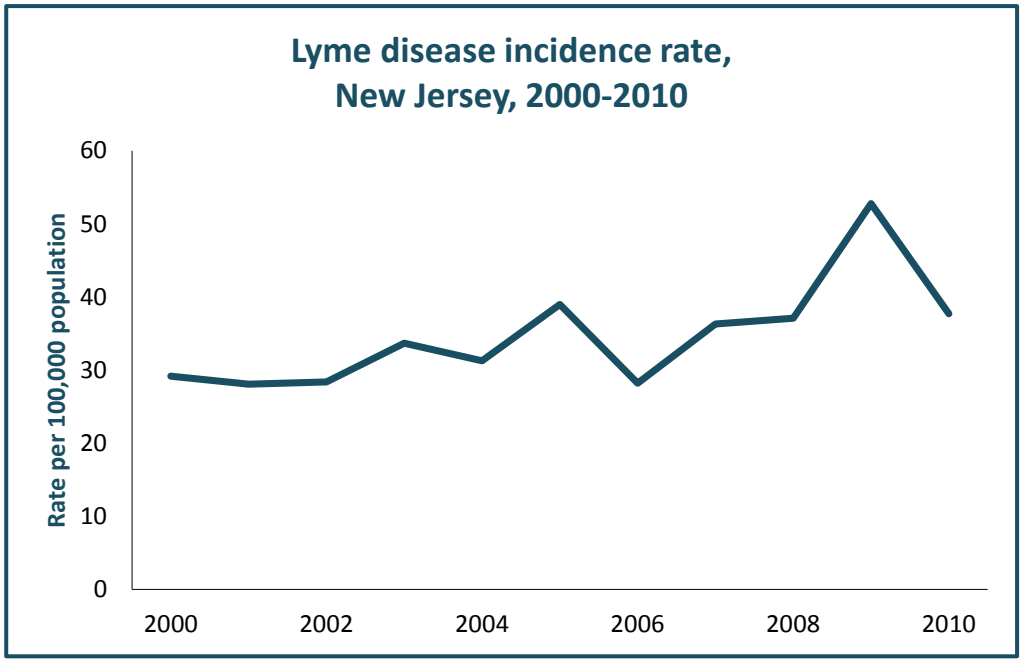
	Total
2000	81.0
2001	71.8
2002	71.9
2003	81.6
2004	82.3
2005	86.5
2006	84.9
2007	85.2
2008	87.6
2009	92.6
2010	90.7

Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 3: Reduce the incidence of Lyme disease per 100,000 population

	Total
Target:	6.5
Met:	

Trend Data



	Total
2000	29.2
2001	28.1
2002	28.4
2003	33.7
2004	31.3
2005	39.0
2006	28.2
2007	36.3
2008	37.1
2009	52.8
2010	37.7

Source: Communicable Disease Service, New Jersey Department of Health

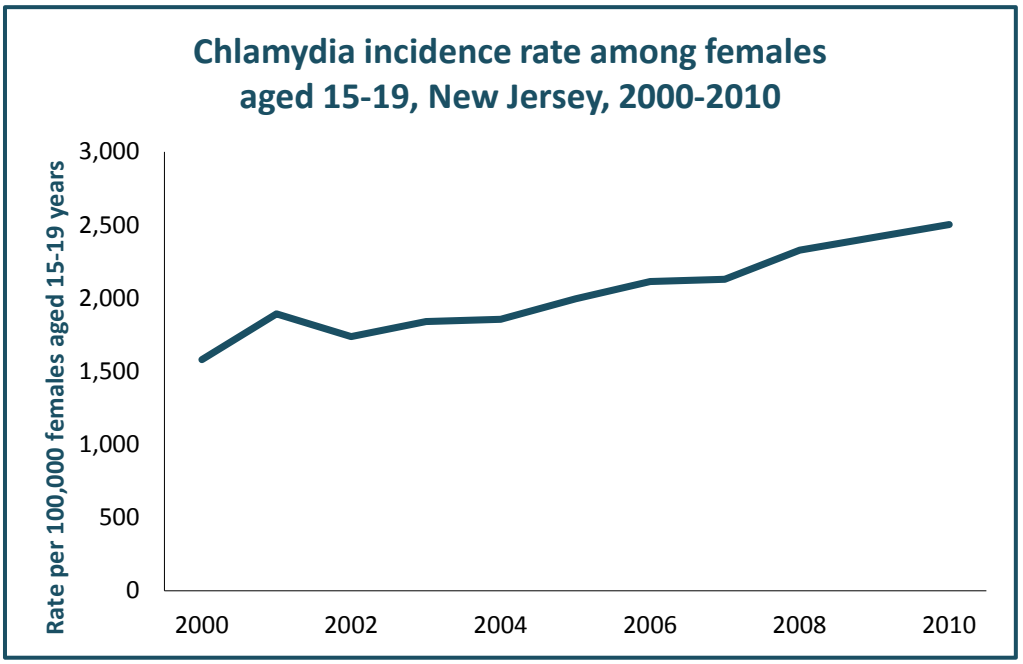
4 - Preventing and Reducing Major Diseases

4I. Sexually Transmitted Diseases

Objective 1: Reduce the incidence of chlamydia trachomatis infections among females aged 15-19 years per 100,000 population

	Females aged 15-19
Target:	**950.0**
Met:	

Trend Data



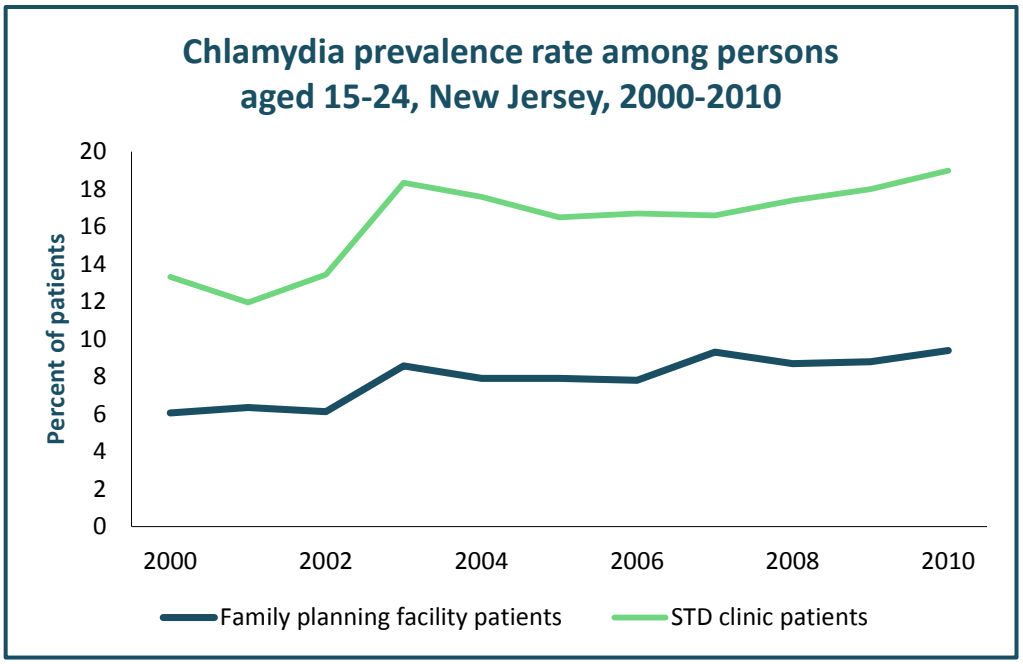
	Females aged 15-19
2000	1,580.7
2001	1,892.8
2002	1,738.9
2003	1,841.3
2004	1,855.8
2005	1,995.5
2006	2,113.5
2007	2,130.6
2008	2,328.3
2009	2,416.2
2010	2,504.5

Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 2: Reduce the prevalence of chlamydia trachomatis infections among persons aged 15-24 years

	Family planning facility patients	STD clinic patients
Target:	3.0	12.0
Met:		

Trend Data



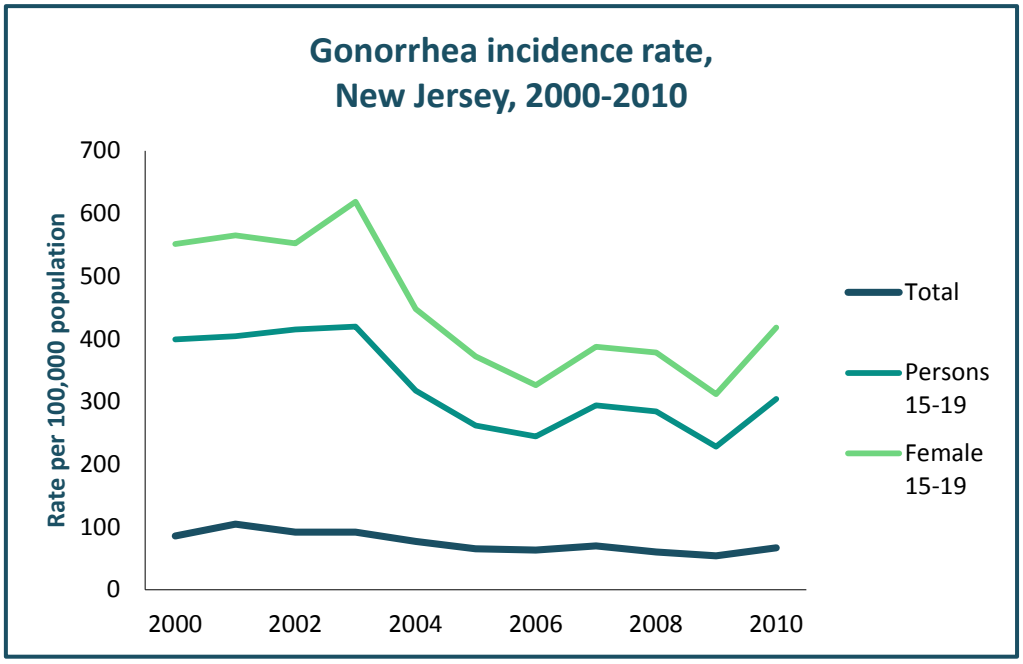
	Family planning facility patients	STD clinic patients
2000	6.1	13.3
2001	6.3	11.9
2002	6.1	13.5
2003	8.6	18.4
2004	7.9	17.6
2005	7.9	16.5
2006	7.8	16.7
2007	9.3	16.6
2008	8.7	17.4
2009	8.8	18.0
2010	9.4	19.0

Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 3: Reduce the incidence of gonorrhea per 100,000 population

	Total	Persons 15-19	Female 15-19
Target:	30.0	325.0	325.0
Met:		✓	

Trend Data



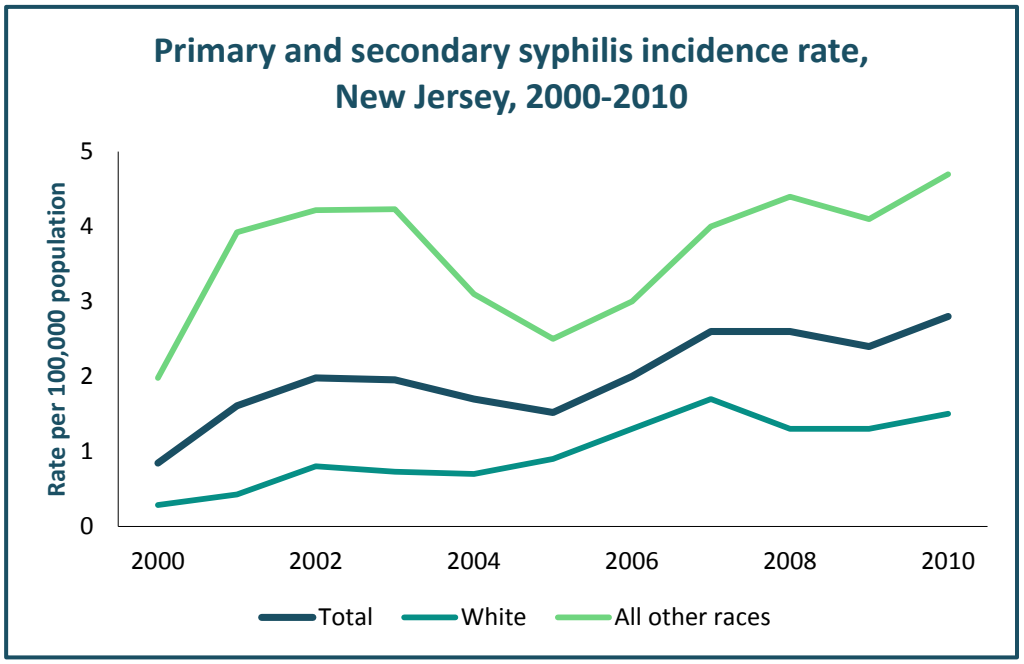
	Total	Persons 15-19	Female 15-19
2000	85.9	399.5	551.5
2001	104.8	404.4	565.1
2002	91.9	415.2	552.8
2003	92.0	419.8	619.0
2004	77.0	317.6	447.9
2005	65.7	262.2	372.3
2006	63.4	244.7	326.4
2007	70.0	294.3	387.7
2008	60.3	284.4	378.5
2009	54.2	228.2	312.0
2010	66.8	304.5	418.3

Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 4: Reduce the incidence of primary and secondary syphilis per 100,000 population

	Total	White	All other races
Target:	0.5	0.2	1.2
Met:			

Trend Data



	Total	White	All other races
2000	0.8	0.3	2.0
2001	1.6	0.4	3.9
2002	2.0	0.8	4.2
2003	2.0	0.7	4.2
2004	1.7	0.7	3.1
2005	1.5	0.9	2.5
2006	2.0	1.3	3.0
2007	2.6	1.7	4.0
2008	2.6	1.3	4.4
2009	2.4	1.3	4.1
2010	2.8	1.5	4.7

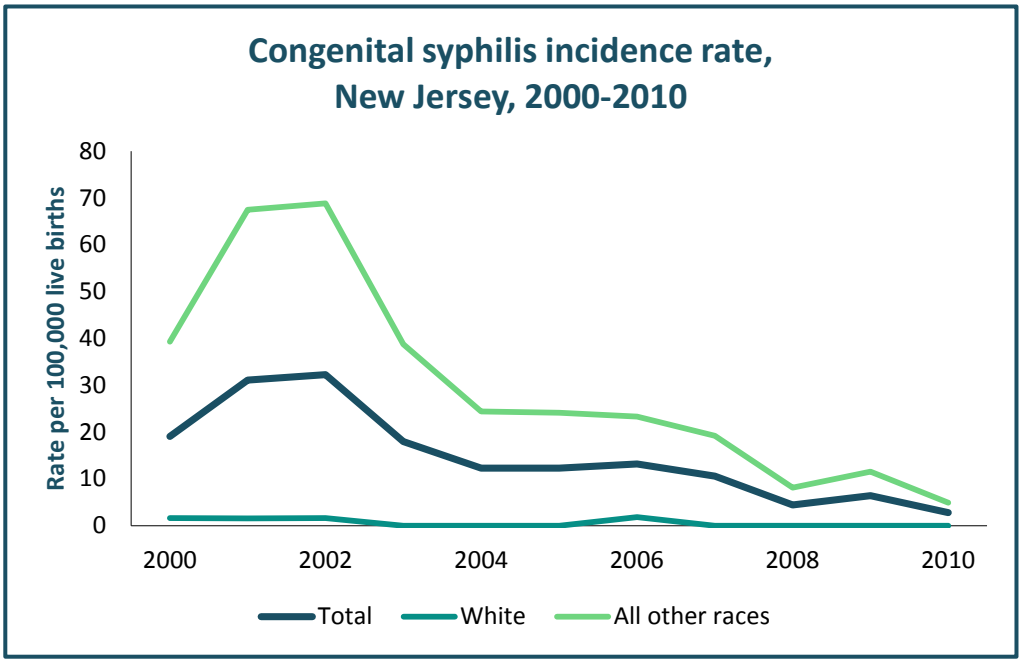
Data for All Other Races includes Blacks, Asians/Pacific Islanders, Hispanics, and all other races. Syphilis data prior to 2010 are not available separately for races other than White.

Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

Objective 5: Reduce the incidence of congenital syphilis per 100,000 live births

	Total	White	All other races
Target:	25.0	10.9	69.6
Met:	✓	✓	✓

Trend Data



	Total	White	All other races
2000	19.0	1.6	39.3
2001	31.1	1.6	67.5
2002	32.3	1.6	68.9
2003	18.0	0.0	38.8
2004	12.3	0.0	24.4
2005	12.3	0.0	24.1
2006	13.2	1.8	23.3
2007	10.6	0.0	19.2
2008	4.4	0.0	8.1
2009	6.4	0.0	11.5
2010	2.8	0.0	4.9

Data for All Other Races includes Blacks, Asians/Pacific Islanders, Hispanics, and all other races. Syphilis data prior to 2010 are not available separately for races other than White.

Source: Division of HIV/AIDS, STD, and TB Services, New Jersey Department of Health

5 - Strengthening Public Health Capacity

Objective 7a: Increase the percentage of local health departments that have workplace access to the internet

Objective 7b: Increase the percentage of local health departments that participate in the Local Information Network and Communications System (LINCS) public health information system in their respective counties

Objective 9: Increase the percentage of local health departments that satisfy NJDHSS public health performance standards for public health and laboratory services

Objective 10: Increase the percentage of local health departments that satisfy NJDHSS public health performance standards for epidemiology services to support core functions and essential public health services

Objective:	#7a	#7b	#9	#10
Target:	100.0	100.0	90.0	90.0
Met:	✓	✓	✓	✓

Source: Office of Local Public Health, New Jersey Department of Health

Appendices

A: 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

B: Technical Notes

Definitions

Active Case of Tuberculosis -- also referred to as a new verified case of tuberculosis. These cases are characterized by: (1) any bacteriological confirmation of the presence of Mycobacterium tuberculosis, or, (2) in the absence of bacteriological confirmation, for a diagnosis of active pulmonary tuberculosis the patient must present a positive purified protein derivative (PPD), or must exhibit a positive chest x-ray, or in the case of children, must be epidemiologically linked to another active case of tuberculosis. In the case of extra pulmonary tuberculosis, the patient must show signs of clinical improvement while taking tuberculosis medication.

Ambulatory Care Sensitive (ACS) Conditions -- those for which timely and effective primary care could have reduced the risk of hospitalization. In some cases, this care could prevent the onset of an illness or condition; in others, it could help control an acute episode or manage a chronic condition.

Birth Weight -- the first weight of the newborn obtained after delivery.

Cause of Death Classification -- a system of specification of the diseases and/or injuries, which led to death, and the sequential order of their occurrence. The version of the system in use since 1999 is the *International Classification of Diseases and Related Health Problems, Tenth Revision* (ICD-10), sponsored by the World Health Organization

ICD-10 -- *International Classification of Diseases and Related Health Problems, Tenth Revision*. See Appendix F for more information about ICD-10.

Infant Death -- a death within the first year of life.

Life Expectancy -- the expected number of years to be lived on average, by persons born in the year analyzed.

Live Birth -- the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Low Birth Weight -- birth weight of less than 2,500 grams or approximately 5 pounds, 8ounces.

Motor Vehicle-Related Injuries -- Motor vehicle-related injury is a broad term encompassing a number of different types of motorized vehicles and a variety of circumstances covering an encounter of an individual with a motorized vehicle. A motor vehicle as defined in *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, Volume 1* as “any mechanically or electrically powered device, not operated on rails, upon which any person or property may be transported or drawn upon a highway. Any object such as a trailer, coaster, sled, or wagon being towed by a motor vehicle is considered a part of the motor vehicle.” The Manual includes automobile; bus; construction, industrial, or farm machinery; fire engine; motorcycle; moped; motorized scooter; trolley bus not operating on rails; truck; and van in its definition of motor vehicle. Persons killed or injured by a motor vehicle can be drivers, passengers, bicyclists, or

pedestrians. Injuries and fatalities related to the use of motor vehicles are not currently labeled “accidents” by public health professionals; these events are considered preventable.

Stages of Syphilis (Larsen and Kraus, 1990): Primary Syphilis -- begins within approximately 30hours after infection; a primary chancre usually forms within two through six weeks of infection. Both treponemal and nontreponemal antibodies appear one through four weeks after the lesion has formed. Even without treatment, the lesion usually resolves within two months.

Secondary Syphilis -- occurs within six weeks of healing of the primary lesion. Disseminated lesions appear that are attributable to systemic infection. Virtually every organ and tissue of the body is affected. Whether treated or untreated, the lesions of secondary syphilis usually resolve within two through ten weeks.

State of the Art Tools to Detect Newborn Hearing Loss -- The current state of the art is the use of electrophysiologic screening measures, which are the electrical result of the application of physiologic agents and includes, but is not limited to, the procedures currently known as Auditory Brainstem Response testing (ABR) and Otoacoustic Emissions testing (OAE). Auditory Brainstem Response (ABR) means a physiologic measure used for detecting unilateral or bilateral hearing loss by measuring the activity of the cochlea, auditory nerve, and auditory brainstem pathways. Otoacoustic Emission (OAE) means a physiologic measure used for detecting unilateral or bilateral hearing loss by measuring the responses generated within the cochlea by the outer hair cells. Either Distortion Product Otoacoustic Emissions (DPOAE) or Transient Evoked Otoacoustic Emissions (TEOAE) may be used. OAE evaluation does not detect neural dysfunction.

Trimester of Pregnancy -- the first trimester includes the first 12 weeks of pregnancy, the second trimester encompasses the thirteenth through twenty-fourth weeks, and the third trimester is the period after the twenty-fourth week through delivery.

Underlying Cause of Death -- the disease or injury that initiated the train of events leading directly to death, or the circumstances of the unintentional injury or violence that produced the fatal injury.

Rates and Ratios

The definitions of rates and ratios used in this report follows. Please note, alternative forms exist for some of these statistics. Some other states and the federal government may employ different formulae for the computation of selected rates.

Age-Adjusted Incidence or Death Rate -- the application of age-specific rates to a standard population to calculate a theoretical number of events, which would occur in the standard population at the rates prevailing in the actual population. The adjusted rate is the number of events divided by the total number of persons in the standard population. The resulting age-adjusted rate is an index number. To compare the index to other age-adjusted rates use the same standard population, do not compare to crude or other actual rates. The standard population used in this report for age-adjustment of rates is the United States 2000 standard million, derived from projected 2000 decennial census counts.

Age-Specific Birth Rate -- the number of resident live births to females in a specific age group per 1,000 females in the age group.

Cause-Specific Death Rate -- the number of resident deaths from a specific cause per 100,000 population.

Crude Death Rate -- the number of resident deaths per 100,000 population.

Crude Incidence Rate -- the number of newly diagnosed cases per 100,000 population within a given time span, usually one year.

Infant Mortality Rate -- the ratio of the number of deaths to children less than one year of age in a given year per 1,000 births in the same year.

Years of Potential Life Lost (YPLL) Rate -- a measure used to reflect the trends in premature mortality. YPLL represents the summation of all of the years of life not lived to a defined upper limit. For this document, the YPLL age limit is set at 65. Deaths at younger ages receive a greater weight in computing YPLL than do deaths at older ages, e.g., one death at age 20 adds 45 years to YPLL, while a death at age 64 adds only one year to YPLL. Thus, the death of one 20 year old is equivalent to the deaths of 45 persons aged 64 in the computation of years of potential life lost. The YPLL rate is the total YPLL in years, divided by the appropriate population under the age of 65.

Exercise caution in the interpretation of rates and ratios based on small numbers. Mortality rates based on fewer than 20 deaths do not meet National Center for Health Statistics (NCHS) standards for reliability and precision, and therefore, are omitted in this document.

ICD-10 Codes for Cause-Specific Mortality Objectives

Objective Number	Cause of Death	ICD-10 Codes
3B-2	SIDS (Sudden Infant Death Syndrome)	R95
3C-5	Homicide	*U01-*U02, X85-Y09, Y87.1
3C-6	Homicide by Firearms	*U01.4, X93-X95
3F-1	Motor Vehicle-Related Injuries	V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
3F-3	Motor Vehicle-Related Pedestrian Deaths	V02.1, V02.9, V03.1, V03.9, V04.1,V04.9, V09.2
3F-4	Falls	W00-W19
4A-1	Coronary Heart Disease	I11, I20-I25
4A-2	Cerebrovascular Disease	I60-I69
4B-1	Diabetes	E10-E14
4B-2	Cardiovascular Disease in the presence of diabetes	Underlying cause: I00-I78 Contributing cause: E10-E14
4C-1	Female Breast Cancer	C50 (female only)
4C-4	Cervical Cancer	C53
4C-7	Prostate Cancer	C61
4C-8	Colorectal Cancer	C18-C21
4C-11	Lung Cancer	C33-C34
4D-8	HIV Infection	B20-B24
4E-2	Suicide	*U03, X60-X84, Y87.0
4F-1	Drug-Related	F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14
4G-1	Asthma	J45-J46

Population Data Used in the Calculation of Rates

Population estimates used to calculate various rates in this report were derived from the files of bridged-race intercensal and postcensal population estimates prepared by the National Center for Health Statistics (NCHS) in collaboration with the US Bureau of the Census. These estimates result from bridging the 31 race categories used in the 2000 Census, as specified in the 1997 federal OMB standards for the collection of data on race and ethnicity, to the four race categories specified under the 1977 standards. Many data systems are continuing to use the 1977 standards during the transition to full implementation of the 1997 standards. Intercensal estimates were used with 1996-1999 data, estimates as of April 1, 2000 were used with 2000 data, and Vintage 2002 estimates were used with 2001 and 2002 data. For more information about the bridged-race population estimates: http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm

The estimates presented below have not been rounded. However, it should not be presumed that they have the degree of accuracy which such precise figures might imply.

Race and Ethnicity

In accordance with the federal OMB-15 Standards for Data on Race and Ethnicity, race (American Indian or Alaska Native, Asian, Black, Native Hawaiian or Other Pacific Islander, and White) and ethnicity (Hispanic or Non-Hispanic) are collected as separate characteristics for most of the datasets used in this document. Whenever possible, targets were set for Whites (non-Hispanic), Blacks (non-Hispanic), Hispanics (of any race), and Asians (non-Hispanic).

Some deviations that occur in racial/ethnic categories reported throughout HNJ2010 are summarized below:

- For some datasets, Asian and Pacific Islander (Asian/PI) races were grouped together at the beginning of the decade and could not be separated in the older data. As a result, these groupings were maintained through the decade.
- Until recently, Hispanic ethnicity and Asian and Pacific Islander race were under-reported in health data collection systems, thus for many objectives, targets were not set for those two groups at the outset of the Healthy New Jersey 2010 (HNJ2010) process.
- Small numbers of events or small population size prevent the calculation of reliable rates. The population of American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders in New Jersey is so small that reliable rates cannot be calculated for any Healthy New Jersey objectives. Therefore, targets were not set and data was not tracked for any of these groups.
- The number of occupational injuries and illnesses are so small that reliable rates cannot be calculated for any racial/ethnic group.

A few datasets are not OMB-15 compliant and HNJ2010 objectives based on those are missing data for some racial/ethnic groups:

- The New Jersey Department of Education's Student Health Survey of high school students only provides data for Whites, Blacks, and Hispanics.
- Race and ethnicity information collection is optional in the New Jersey Immunization Information System, thus aggregate data by race/ethnicity are incomplete.
- CDC's Breastfeeding Report Card does not include data by race or ethnicity.
- The Sexually Transmitted Disease Program does receive race and ethnicity data from reporting laboratories.

Data Sources

Data from birth and death certificates provide the measurement of achievement for a number of the objectives encompassed by *Healthy New Jersey 2010*. Birth certificates are usually completed by hospital personnel, while death certificates are prepared by hospital personnel, physicians, medical examiners, and funeral directors. New Jersey law requires that certificates of all births and deaths which occur in the state must be filed with the Local Registrar within a specified time period after occurrence. The certificates are then submitted to the office of the State Registrar, where they are recorded and filed permanently.

For public health planning and policy determination, the most useful population to study is usually the resident population of an area. For the objectives comprising *Healthy New Jersey 2010* which use birth and death data to measure progress, the data presented are for New Jersey residents. The National Center for Health Statistics sponsors a program of resident certificate exchange among the registration areas in the country, which fosters transfer of information on events occurring to out-of-state residents to the state of residence. This is particularly important to New Jersey, as a number of births to female residents of this state and deaths of New Jersey residents occur in New York and Pennsylvania.

Data on morbidity and disease incidence contained in this report come from a number of sources. Within the New Jersey Department of Health and Senior Services (New Jersey Department of Health), these include the New Jersey cancer registry, the AIDS registry, and the Office of Communicable Disease Service in the Department's Division of Epidemiology, Environmental, and Occupational Health. Reporting of data from these systems is residence-based and includes data on New Jersey residents diagnosed in other states. Discharges from New Jersey acute care hospitals are reported through the Uniform Billing (UB-92) data system. The resulting data files serve as the source of information on the diagnoses and demographic characteristics of persons hospitalized in the state. For objectives which employ hospitalization rates as measures, the UB-92 file was used to provide occurrence-based baseline data.

Survey data from several sources were used to provide data for measurement of selected objectives: various health behaviors (the New Jersey Behavioral Risk Factor Survey); smoking and drug use among middle school public and private school students (The New Jersey Middle School Survey on Substance Use); and health insurance coverage (the Current Population Survey). Many of the Divisions within New Jersey Department of Health collect and analyze data specific to objectives contained in *Healthy New Jersey 2010*. These include environmental and occupational health data provided by the Division of Environmental and Occupational Health Services; core functions of local health departments provided by the Office of Local Health; data from the Women, Infants, and Children Program collected by the Division of Family Health Services; data on funds expended for nursing home and home or community-based long-term care services supplied by the Divisions of Consumer Support and Senior Affairs; and selected health indicators on managed care enrollees from the Health Plan Employer Data and Information Set (HEDIS) provided through the Division of Health Care Quality & Oversight.

Several other departments within New Jersey state government with health-related responsibilities participated in the development of *Healthy New Jersey 2010* and have provided objectives with baseline data related to these areas of responsibility. Among the source files for data from other departments are three from the Division of Mental Health Services of the New Jersey Department of Human Services: the Unified Services Transaction Form, Crisis Intervention Service Reports, and Bureau of Licensing Reports of the Office of Children's Services Designation Reports. The Department of Law and Public Safety provides data on alcohol-

related motor vehicle fatalities from the Fatal Accident Reporting System and data on drug, alcohol, and tobacco use among public high school students from the report, "Drug and Alcohol Use Among New Jersey High School Students." In addition to other state government departments, outside agencies provided data for objectives in this document: the Trans- Atlantic Renal Council provided data on characteristics of persons with newly diagnosed End Stage Renal Disease, and the New Jersey Institute of Technology is the source of information on local health department LINCS participation.

Included in the set of objectives which comprise *Healthy New Jersey 2010* are a number which have been labeled as developmental. These objectives have no existing baseline data. To be included in this document, these objectives had to have data currently in the process of being collected or have a collection system planned for implementation early in this decade.

Among the developmental data sets which are expected to provide data for this process are the Elementary School, Grade Eight, and High School Proficiency Assessments from the Office of Standards and Professional Development in the Division of Academic Programs and Standards of the New Jersey Department of Education and the Minimum Data Set being collected by the Division of Senior Affairs of New Jersey Department of Health. In addition, the Office of Local Health of New Jersey Department of Health is planning extensive data collection efforts among local health departments to provide measurement on progress toward meeting objectives related to the functioning of local health departments.

Healthy NJ 2010 Objectives by Data Source

Objective	Health Measure	Data Source
1. Overall Health Status		
1	Years of Potential Life Lost	National Center for Injury Prevention and Control's Web-based Injury Statistics Query and Reporting System (WISQARS)
2	Life Expectancy at Birth	Birth Certificate Database and Death Certificate Database, Office of Vital Statistics and Registry; Linked Infant Death-Birth Database, Center for Health Statistics, New Jersey Department of Health National Vital Statistics Reports, NCHS, CDC Population Estimates, State Data Center, New Jersey Department of Labor and Workforce Development
3	Self-Reported Health Status	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
4	Days Able To Do Usual Activities	
2. Access to Health Care		
1	Health Insurance	U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement
3	Source of Primary Care	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, New Jersey Department of Health
4	Dental Visits	Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health; National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)
5	Hospital Admissions for Ambulatory Care Sensitive Conditions	Uniform Billing Patient Summary, Health Care Quality and Assessment, New Jersey Department of Health
3A. Environmental Health		
1, 2	Air Quality	Bureau of Air Monitoring, New Jersey Department of Environmental Protection
3	Radon	Bureau of Environmental Radiation, Radon Section, New Jersey Department of Environmental Protection
4	Drinking Water	Bureau of Safe Drinking Water, New Jersey Department of Environmental Protection
5	Beach Closings	Bureau of Water Monitoring and Standards, New Jersey Department of Environmental Protection
3B. Healthy Mothers and Young Children		
1, 2	Infant Mortality	Birth Certificate Database, Office of Vital Statistics and Registry; Linked Infant Death-Birth Database, Center for Health Statistics, New Jersey Department of Health

Objective	Health Measure	Data Source
3, 4	Birth Weight	Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health National Center for Health Statistics
5, 6	Prenatal Care	
7, 8	Breastfeeding	Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health
9	Alcohol and Tobacco Use During Pregnancy	
10	WIC Program	Women, Infants and Children (WIC) Program, Family Health Services, New Jersey Department of Health
11	Childhood Vaccines	National Immunization Survey, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention
12	NJ Immunization Registry	Vaccine-Preventable Diseases Program, Communicable Disease Services, New Jersey Department of Health
13	Measles Incidence	
14, 15	Lead Screening	Childhood Lead Poisoning Prevention Program, Family Health Services, New Jersey Department of Health
16	Newborn Hearing Screening	Family Health Services, New Jersey Department of Health
17, 18	Newborn Hearing Screening Follow-up	
3C. Healthy Behaviors - Adolescents		
3	Cigarettes Use Middle School Students	Youth Tobacco Survey, Comprehensive Tobacco Control Program, New Jersey Department of Health
4	Cigarettes Use High School Students	Centers for Disease Control and Prevention, National Center for Health Statistics. DATA2010. CDC WONDER On-line; Youth Tobacco Survey, Comprehensive Tobacco Control Program, New Jersey Department of Health
5	Alcohol Use Middle School Students	New Jersey Middle School Risk and Protective Factor Survey, Division of Mental Health and Addiction Services, New Jersey Department of Human Services
6	Marijuana Use Among Middle School Students	
7	Inhalants Use Among Middle School Students	
8	Substance Abuse High School Students	New Jersey Student Health Survey, Office of Educational Support Services, Division of Student Services, New Jersey Department of Education
9	Teen Births	Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics and U.S. Census Bureau.
10	Homicides 15-19	Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics and U.S. Census Bureau
11	Homicides – Firearms 15-19	Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics and U.S. Census Bureau; State Data Center, New Jersey Department of Labor and Workforce Development
3D. Healthy Behaviors – Adults		
1	Daily Consumption of Fruits and Vegetables	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
2	Overweight 18+	
3	Obesity 18+	
4	Participation in Physical Activity 18+	
5	Homicides – 20-34	Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
6	Homicides – Firearms 20-34	Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics and U.S. Census Bureau; State Data Center, New Jersey Department of Labor and Workforce Development
3E. Occupational Health and Safety		
1	Construction Industry Deaths	Occupational Health Surveillance Unit, New Jersey Department of Health; U.S. Department of Labor, Bureau of Labor Statistics
2	Blood Lead Exposure	
F. Unintentional Injury		
1	Motor-Vehicle Related Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics and U.S. Census Bureau
2	Seat Belt Usage	New Jersey Department of Law and Public Safety, Division of Highway and Traffic Safety New Jersey Behavioral Risk Factor Survey Center for Health Statistics, New Jersey Department of Health
3	Motor-Vehicle Related Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
4	Fall-Related Deaths	Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
5	Traumatic Brain Injuries	Traumatic Brain Injury Surveillance System Center for Health Statistics, New Jersey Department of Health
3G. Preserving Good Health for Seniors		
1	Nursing Home/Home and Community Based	Division of Aging Services, New Jersey Department of Human Services
3-4	Vaccinations of Non-Institutionalized Seniors	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey

Objective	Health Measure	Data Source
		Department of Health
8	Hip Fractures	Uniform Billing Patient Summary, Health Care Quality & Assessment, New Jersey Department of Health
4A. Heart Disease and Stroke		
1	Coronary Heart Disease Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
2	Cerebrovascular Disease Deaths	
3	Blood Cholesterol Checks	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
4B. Diabetes		
1, 2	Diabetes Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
5	Dilated Eye Exam	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
6	Lower Extremity Amputations	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health; Uniform Billing Patient Summary, Health Care Quality & Assessment, New Jersey Department of Health
7	End-Stage Renal Disease	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health; Quality Insights Renal Network; Trans-Atlantic Renal Council
8	Glycosylated Hemoglobin Measurement	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
4C. Cancer		
1, 4, 7, 8, 11	Cancer Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
2	Clinical Breast Exam and Mammogram	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, New Jersey Department of Health and Health Plan Employer Data and Information Set Division of Health Care Quality & Oversight, New Jersey Department of Health
3	Early Diagnosis of Breast Cancer	State Cancer Registry, Cancer Epidemiology Services, New Jersey Department of Health
5	Pap Test	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
6, 9, 12	Cancer Incidence	State Cancer Registry, Cancer Epidemiology Services, New Jersey Department of Health
10	Fecal Occult Blood Test/Sigmoidoscopy	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
13	Late Diagnosis of Oral Cancer	State Cancer Registry, Cancer Epidemiology Services, New Jersey Department of Health
4D. HIV/AIDS		
1	Receive Test Results	HIV/AIDS, STD, and TB Services, New Jersey Department of Health
2-5, 7	HIV Incidence	
6	HIV Positive Readings in Mothers of Newborns	Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; HIV/AIDS, STD, and TB Services, New Jersey Department of Health
8	HIV Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics and U.S. Census Bureau
4E. Mental Health		
1	Good Mental Health Days	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
2	Suicides	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
3	Admissions, Inpatient Psychiatric	New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Oracle Hospital Census Database
4F. Addictions		
1	Drug-Related Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File; Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; National Center for Health Statistics; State Data Center, New Jersey Department of Labor and Workforce Development
4	Alcohol-Related Motor Vehicle Injury Deaths	Division of Highway Traffic Safety, New Jersey Department of Law and Public Safety
5	Cigarette Smoking Prevalence	New Jersey Data: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

Objective	Health Measure	Data Source
6	Alcohol Consumption	New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health
4G. Asthma		
1	Asthma Deaths	Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; State Data Center, New Jersey Department of Labor and Workforce Development
2-3	Asthma Hospitalizations	Health Care Quality and Assessment, New Jersey Department of Health; United States Census Bureau
4H. Infectious Diseases		
1	Tuberculosis Incidence	HIV/AIDS, STD, and TB Services, New Jersey Department of Health
2	Tuberculosis Curative Therapy	
3	Lyme Disease Incidence	Communicable Disease Service, New Jersey Department of Health
4I. Sexually Transmitted Diseases		
1	Chlamydia Trachomatis Incidence	HIV/AIDS, STD, and TB Services, New Jersey Department of Health
2	Gonorrhea Incidence	
3	Syphilis Incidence	
5. Strengthening Public Health Capacity		
7a	Local Health Department Internet Access	Local Health, New Jersey Department of Health
7b	LINCS Participation	
9	Public Health and Environmental Laboratory Standards	
10	Epidemiology Services Standards	

C: Discontinued Objectives

Several HNJ2010 objectives did not have data updates available, explanations follow.

Obj. #	Objective	Explanation
2	**2:** Uninsured Workers with Children Under 18	Data no longer available
3A	**6:** Increase the cumulative number of public health assessments of hazardous waste sites.	Data no longer available
	7 (Developmental): Increase the percentage of residential lead evaluation/risk assessments conducted that meet performance standards to 90 percent	Required regulatory amendments not implemented; future regulatory changes are not certain.
	8 (Developmental): Reduce the percentage of initial inspections of retail food establishments where deficiencies are noted	Introduction of rule repeal and/or new rule for retail food not proposed as planned.
3B	**19 (Developmental):** Increase the percentage of fourth grade public school students who pass the comprehensive health and physical education portion of the Elementary School Proficiency Assessment (ESPA) to 90 percent	Tests eliminated.
3C	**1 (Developmental):** Increase the percentage of public school students who pass the comprehensive health and physical education portion of the Grade Eight proficiency assessment (GEPA)	Tests eliminated.
	2 (Developmental): Increase the percentage of public school students who pass the comprehensive health and physical education portion of the High School Proficiency assessment (HSPA)	Tests eliminated.
3E	**3 (Developmental):** Increase the percentage of health care facilities protecting workers by instituting effective latex-sensitization prevention practices	One-time survey, never repeated.
	4 (Developmental): Increase hepatitis B vaccination levels among New Jersey public employees at occupational risk of infection through exposure to blood	One-time survey, never repeated.
	5 (Developmental): Reduce the incidence of work-related musculoskeletal injuries experienced by employed older workers diagnosed with osteoporosis by 50 percent	Data required to update this objective are not currently available. The Division of Environmental and Occupational Safety is coordinating with the Department of Labor to establish a data source for this information.
3G	**5:** Reduce the statewide incidence of falls per 100 person years in long-term care facilities	Data no longer available
	6 (Developmental): Reduce the statewide average prevalence of decubitus ulcers (excluding Stage I) in long-term care facilities	Data source changed and comparable data are no longer available.
	7 (Developmental): Reduce the statewide average percentage of residents in long-term care facilities using nine or more different medications	Data source changed and comparable data are no longer available.
4B	**3 (Developmental):** Increase the percentage of persons 18 and over who have been screened for diabetes during the past three years	Baseline data for this objective were not yet available when this update was prepared
	4 (Developmental): Increase the percentage of persons 18 and over with diagnosed diabetes who have been told they have high blood pressure and are currently taking medication for high blood pressure	This objective has been withdrawn. The New Jersey Diabetes Council indicated that the measure of "persons currently taking medication for high blood pressure" was not an adequate proxy for "blood pressure controlled."
4E	**4:** Short-tern Readmissions of Youth in Children's Crisis Services	Data no longer available – ended as of 2004
	5: Site Reviews of Youth Programs with Parent Participation	Data no longer available – ended as of 2004
	6 (Developmental): Increase the number of persons who are in the criminal justice system and have serious mental illness (as defined by the Diagnostic and Statistical Manual, Edition IV) who are provided with appropriate services	There is no data source for this objective, therefore it will not be included in future updates

Obj. #	Objective	Explanation
4F	**2:** Death due to Tobacco-Related Causes	Data no longer available
	3: Death due to Alcohol-Related Causes	Data no longer available
4G	**4 (Developmental):** Reduce the rate of emergency department visits due to asthma per 100,000 population	2004 baseline data for this objective were not available when this update was prepared. Baseline data and targets will be included in future updates
5	**1 (Developmental):** Increase the proportion of Healthy New Jersey 2010 objectives for which state data are released within one year of the end of data collection by 100 percent	No baseline data reported for this developmental objective. Data collection strategy not implemented.
	2 (Developmental): Increase the use of standardized geocoding in all major New Jersey Department of Health health data systems to promote the development of geographical information system (GIS) capability by 100 percent	No baseline data reported for this developmental objective. Data collection strategy not implemented.
	3 (Developmental): Increase the proportion of New Jersey Department of Health Healthy New Jersey 2010 objectives for which racial/ethnic sub-objectives are appropriate that can be tracked for all population groups to 100 percent	No baseline data reported for this developmental objective. Data collection strategy not implemented.
	4 (Developmental): Increase the proportion of non-confidential New Jersey Department of Health health data that is made readily available to the public	No baseline data reported for this developmental objective. Data collection strategy not implemented.
	5 (Developmental): Increase the percentage of local health departments that perform the following core public health function	Baseline data obtained from a survey performed in 1998; survey never replicated. A survey will be performed in 2005 to collect current data
	6a (Developmental): Increase the percentage of local health departments that have actively participated in developing a county-wide community health plan that identifies improved health outcomes to 80 percent	The community public health plan or Community Health Improvement Plan (CHIP) as referred to in Practice Standards is not due until 2007. However, the majority of local health departments have begun the process of developing the plan by aligning themselves in regional partnerships that have the ultimate goal of producing the CHIP by the required.
	6b (Developmental): Increase the percentage of county-wide public health partnerships which produce one initial health plan and two updates by 2010 to 100 percent	See 6a, the majority of local health departments have organized regional partnerships, which now cover eighteen of the state's twenty-one counties. The initial Community Health Improvement Plan is not due until 2007.
	8 (Developmental): Increase the percentage of local health departments that satisfy staff expertise/competencies defined in New Jersey Department of Health Public Health Performance Standards to 90 percent	New Jersey DOH requires the licensure of all Health Officers and Registered Environmental Health Specialists (REHSs) in New Jersey. Through the annual licensure renewal process, DOH is able to ensure that 100 percent of Health Officers and Registered Environmental Health Specialists meet the expertise/ competencies defined in the Public Health Performance Standards. While 100 percent of Health Officers and REHSs meet the DOH practice standard requirements, data on the rest of the positions covered by the practice standards are not yet available.