

# State Health Assessment

Healthy New Jersey 2020  
Final Report



# State Health Assessment: Healthy New Jersey 2020 Final Report

New Jersey Department of Health

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# Acknowledgements

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- Established over 100 SMART objectives and target values back in 2010
- Updated data points for those objectives annually for a decade
- Provided information for the 2018 State Health Assessment
- Provided the information in Appendix 1: Healthy New Jersey 2020 Objectives by Topic Area

We also acknowledge the members of our Healthy New Jersey Advisory Council, who were instrumental in arranging our community engagement project – *Community Conversations: Pandemic Perspectives, NJ's COVID-19 Storytelling Project*; and contributed diverse perspectives and critical input for this report.

To the New Jerseyans who shared their personal and profound experiences, views, and feelings during the global suffering and uncertainty of the COVID-19 pandemic, these contributions will ensure inclusivity and equitable decision-making as we develop the next five-year plan for improving the health and well-being of New Jersey residents.

*See Appendices 2 and 3 for a list of contributors and collaborating organizations.*

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# Executive Summary

*State Health Assessment: Healthy New Jersey 2020 Final Report* combines a comprehensive review and analysis of quantitative statewide health data with an extensive analysis of qualitative data collected during interviews and focus groups held during the COVID-19 pandemic. The purpose of the SHA is to provide a deeper understanding of the health of the state's residents and identify opportunities for population health improvement.

This report includes a final assessment of 136 health objectives across 20 health topics areas developed in 2010 as [Healthy New Jersey 2020](#). A target value to be achieved by 2020 was established for each objective and corresponding data were tracked throughout the decade. Of the 136 targets, 66 (48.5%) were met or exceeded, 31 (22.8%) objectives improved but did not meet their targets, 20 (14.7%) had little or no change, and 19 (14.0%) got worse. Some of the best performing topic areas were:

- [Cancer](#)
- [Environmental Health](#)
- [Heart Disease and Stroke](#)
- [HIV](#)
- [Maternal and Child Health](#)
- [Occupational Safety and Health](#)

[American Community Survey](#) data from the U.S. Census Bureau and *Healthy New Jersey 2020* data were examined by race/ethnicity to better understand health equity. Although New Jersey is healthier than the United States as a whole for most measures of population health, for nearly every measure of health and well-being as well as social determinants of health, New Jersey's Black and Hispanic residents tend to have poorer health outcomes and access to health care than its Asian and White residents. Achieving health equity is the main focus of the upcoming New Jersey State Health Improvement Plan, due to be released in 2026. Health equity is also the driving force behind other statewide initiatives such as [Nurture New Jersey](#).

The New Jersey Department of Health and other partners collaborated with the New Jersey YMCA State Alliance on [Community Conversations: Pandemic Perspectives, NJ's COVID-19 Storytelling Project](#) to gather the personal accounts of New Jersey residents – especially those who have faced increased marginalization or greater risk because of the pandemic – and transform them into the building blocks of a more resilient, compassionate, and healthy New Jersey. Three cross-cutting themes emerged from the project:

- Collective isolation and trauma
- Inequality and disparities
- Unpredictability now and into the future

The information presented in this report will be the foundation for the State Health Improvement Plan (SHIP), which will consist of New Jersey's top public health priorities to be addressed over the next five years. The SHIP will be developed in collaboration with a diverse public partnership of stakeholders across the state, and consist of goals, objectives, and strategies to improve the health of all New Jerseyans.



# Introduction

# Introduction

The *State Health Assessment: Healthy New Jersey 2020 Final Report* (SHA) is the result of a collaborative effort that brought together staff from the New Jersey Department of Health (NJDOH) and a diverse pool of partners throughout the state. The members of the partnership brought with them differing statewide perspectives on the health and well-being of the state population. Developing the SHA involved a comprehensive review and analysis of statewide health data, interpretation of results, and distribution of findings.

The SHA combines quantitative analysis of primary and secondary data sources with an extensive analysis of qualitative data collected during interviews and focus groups held during the COVID-19 pandemic. The SHA provides a deeper understanding of the health of the state's residents and identifies opportunities for population health improvement. Ultimately, the SHA informs the identification of priorities in the State Health Improvement Plan (SHIP). In New Jersey, the SHA and SHIP together are collective, systematic undertakings of the Healthy New Jersey initiative.

## Healthy New Jersey Initiative

The Healthy New Jersey (HNJ) project began in 1991 as a state-level version of the federal Healthy People 2000 initiative. Over subsequent decades, it continued to follow Healthy People 2010 and then Healthy People 2020, tracking data for objectives developed at the beginning of the decade and restarting with new objectives each decade. When NJDOH applied for accreditation by the Public Health Accreditation Board (PHAB) in 2014, it was decided that HNJ2010 would be used as the State Health Assessment and would also become the State Health Improvement Plan, both of which are required by PHAB every five years. In the

meantime, HNJ2020 had been launched with a new set of objectives which were used to inform the 2018 SHA. Now, we close out the HNJ2020 initiative using the final data for its objectives through 2020 as the basis for this report. Going forward, NJDOH will move away from the 10-year Healthy People model and instead use five-year cycles to align with PHAB requirements.

## Health Assessment Process

The SHA process was guided by the Healthy New Jersey (HNJ) Coordinating Committee — a core group of NJDOH staff — and informed by the HNJ Advisory Council — a diverse set of external stakeholders from across the state.

NJDOH employees analyzed a decade of health data (2010-2020), which were tracked for the HNJ2020 initiative, to identify health disparities, policies, assets, and challenges for 20 health-related topic areas.

For stakeholder engagement, NJDOH planned a series of Health Equity Community Conversations in early 2020 to gather feedback from communities that are historically marginalized about their key concerns for their own and community health, needs and opportunities for better health outcomes, as well as the importance and impact of social determinants of health and health equity across New Jersey.

However, the pandemic forced the cancellation of these in-person forums. Instead, the New Jersey YMCA State Alliance (Y Alliance), in collaboration with NJDOH, performed a qualitative study which captured the experiences of New Jersey residents during the early days of COVID-19 pandemic with an emphasis on those who faced increased risk of infection. The results of the data analysis and the Y Alliance study are included in this report.

### Health Equity

According to the CDC, health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.<sup>1</sup> This requires removing systemic, avoidable, and unjust policies, practices, and circumstances that create barriers to opportunity. Obstacles to health, such as poverty and discrimination, result in debilitating consequences, including lack of access to safe housing, good jobs, healthy food, and quality health care.<sup>2</sup> Unfortunately, barriers to health equity persist throughout New Jersey and the nation, with the COVID-19 pandemic highlighting longstanding health inequities experienced by communities of color, older adults, people experiencing homelessness, and people with limited English-speaking proficiency.

To ensure health equity, NJDOH must work collectively with other members of the state's public health system to examine and address the many factors that influence health. These are generally referred to as the root causes or determinants of health. According to the World Health Organization, "factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact."<sup>3</sup> With the exception of

genetics, NJDOH and its partners can correct the social, economic, and environmental (natural and built) policies and practices that create barriers to opportunity, which are often referred to as the social determinants of health.

### Social Determinants of Health

Many residents across the state die prematurely and live with a poor quality of life due to the social determinants of health. Healthy People 2030 (HP2030), which identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being,<sup>4</sup> defines the social determinants of health (SDOH) to be the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Additionally, HP2030 categorizes social determinants of health into five domains:

- Economic stability
- Educational access and quality
- Social and community context
- Health care access and quality
- Neighborhood and built environment

Data related to the first three domains are given in the Population Characteristics section. The remaining two domains are covered in the Access to Care and Environmental Health sections of Appendix 1.

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# The People of New Jersey

# The People of New Jersey

## How is New Jersey Changing?

Between 2015 and 2023:

### Increasing Population

- New Jersey gained about 420,000 residents, increasing its population density by 3.7 percent.

### More Racially & Ethnically Diverse

- The proportion of the population identifying as two or more races increased 356 percent (from 2.7% to 12.3%).
- The proportion identifying as Hispanic increased 15.2 percent (from 19.7% to 22.7%).

### Growing Older

- The proportion of the population over age 65 years increased 18 percent (from 15.0% to 17.7%).

### Better Educated

- The proportion of adults aged 25 years and older without a high school diploma decreased 14.7 percent (from 10.9% to 9.3%)
- The proportion with a bachelor's degree or higher rose 16.5 percent (from 37.6% to 43.8%).

### Declining Unemployment

- The unemployment rate increased 28.8 percent (from 6.6% to 4.7%)

### Decreasing Uninsured Population

- The proportion of the civilian noninstitutionalized population without health insurance declined 17.2 percent (8.7% to 7.2%).

### Fewer Veterans

- The proportion of veterans among the civilian population aged 18 years and older decreased 26.5 percent (4.9% to 3.6%)

### Less Potential Lead Exposure

- The proportion of housing units built before 1980 declined 7.1 percent (from 67.5% to 62.6%).

### More Internet Access

- Those without broadband internet access declined 67.4 percent (from 18.4% to 6.0%).

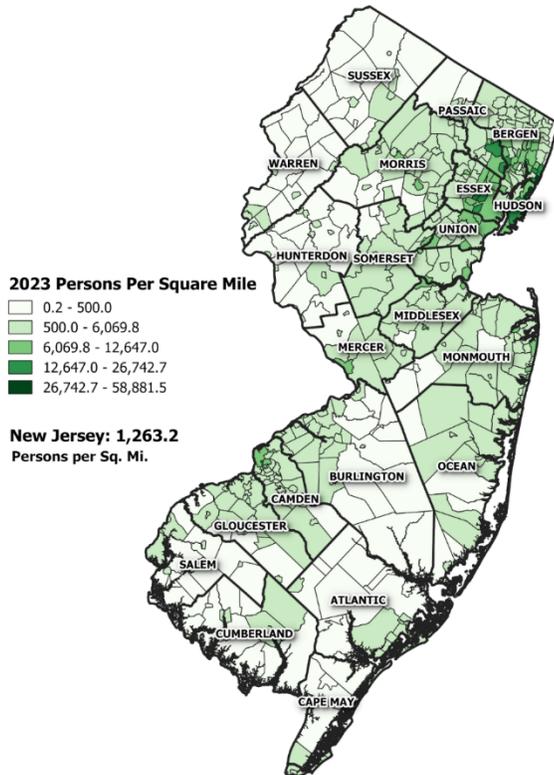
### Less long-distance commuting

- The proportion of workers traveling more than an hour to work declined 0.7 percent (from 15.2% to 15.1%).

Source: United States Census Bureau, American Community Survey, 1-Year Estimates for 2015 and 2023.

## Population Characteristics

### 2023 Population Density New Jersey Municipalities



New Jersey is home to over nine million residents and is the eleventh most populous state, despite being the fifth smallest state geographically.

We have the highest population density of any state with 1,263.2 persons per square mile, while the United States population density is only 94.8.

Our most densely populated county is Hudson with 15,272.1 persons per square mile while our least densely populated county, Salem, has 196.9 persons per square mile.

*Data Source: US Census Bureau, Population Division, May 2024*

*Map prepared by: New Jersey Department of Labor and Workforce Development, New Jersey State Data Center, June 2024*

Figure 1

Population Characteristics Summary

American Community Survey • 2023

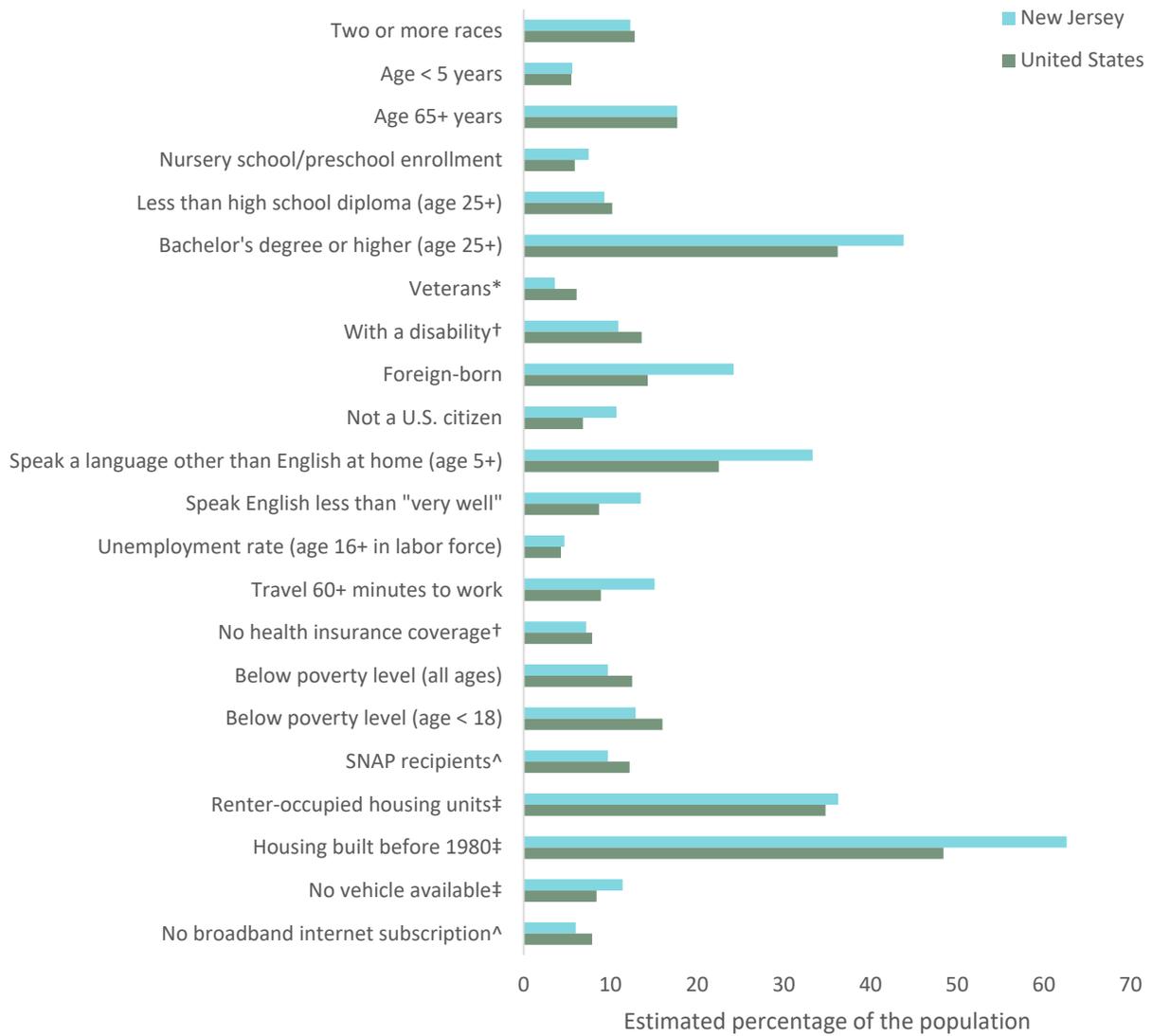


Figure 2

\* among the civilian noninstitutionalized population  
 † among the civilian populations aged 18 years and older  
 ^ percent of households  
 ‡ percent of occupied housing units

Population Distribution by Age and Sex

U.S. Census Bureau, Population Estimates Program • 2023

% of total New Jersey population that falls into each age group

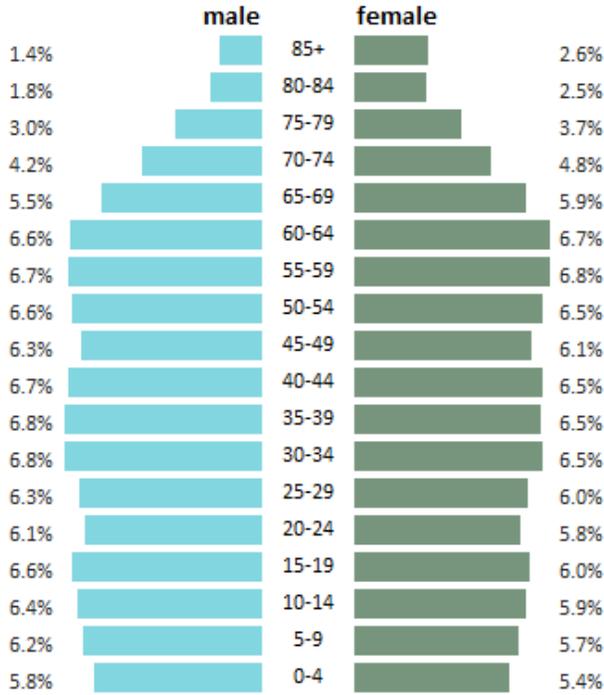


Figure 3

Compared to the U.S., the population of New Jersey is more racially and ethnically diverse.

The NJDOH Office of Minority and Multicultural Health is committed to helping people in diverse communities live longer, healthier lives and to leading the effort to reduce -- and eventually eliminate -- health disparities in New Jersey.

The proportion of the population aged 65 years and over increased 18% between 2010 and 2023. The number of New Jersey residents in that age group increased 23% in the same time period.

The proportion of the population that is aged 65 years and older (17.7%) is the same in New Jersey and nationally. However, the median age of New Jersey residents is 40.4 years compared to 39.2 years for the nation.

Population Distribution by Race/Ethnicity

U.S. Census Bureau, Population Estimates Program, 2023

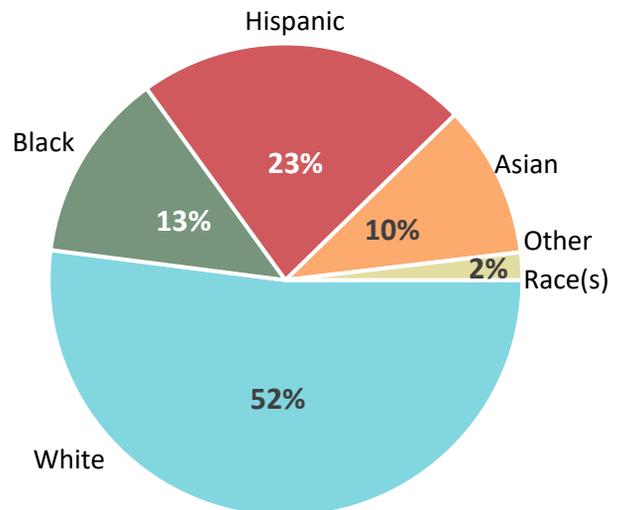


Figure 4

Immigrant populations, especially if recently resettled in the U.S., may face health disparities due to factors such as lack of health insurance, barriers to access to quality health care, language barriers, workplace conditions, lower educational attainment, and income and wealth gaps.<sup>5</sup>

The Office of New Americans (ONA) in the New Jersey Department of Human Services supports new Americans through outreach and education, and works on priorities to build trust, improve access to social services, workforce development and employment services, and legal services for immigrants.

Foreign-Born Population

American Community Survey • 2010-2023

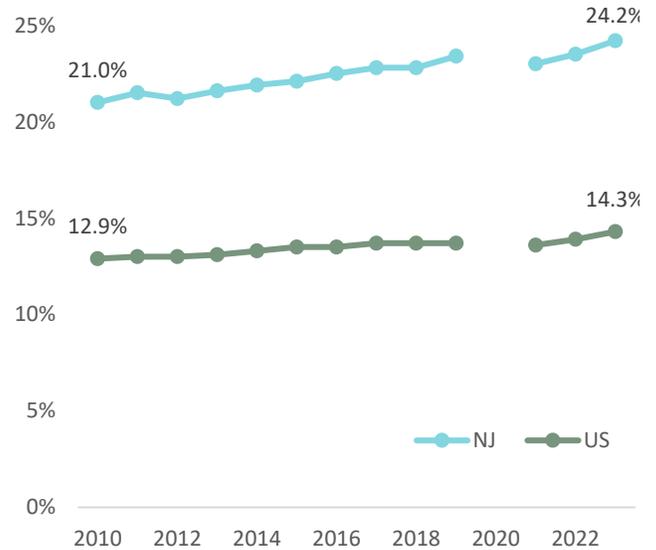


Figure 5

Population Who Speak English Less Than “Very Well”

American Community Survey • 2023

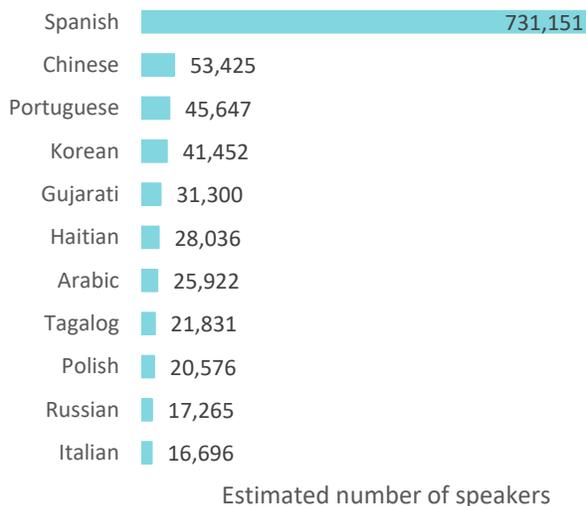


Figure 6

Among languages with more than 15,000 speakers who speak English less than “very well”

Having limited English proficiency can be a barrier to accessing health care services and understanding health information. Institutional barriers such as a lack of well-trained interpreters and culturally competent health care providers adversely affect the health of individuals with limited English proficiency. Quality of care is lowered when patients do not understand their health care providers, when patients and providers do not speak the same language, and when a provider’s approach is not linguistically competent. Trained interpreters and bilingual health care providers improve patient satisfaction, quality of care, and health outcomes for individuals with limited English proficiency.<sup>6</sup>

The population of New Jersey has a higher proportion of residents who speak English “less than very well” (7.7%), when compared to the US (4.4%).

### Sexual Orientation

New Jersey Behavioral Risk Factor Survey • 2020-2021

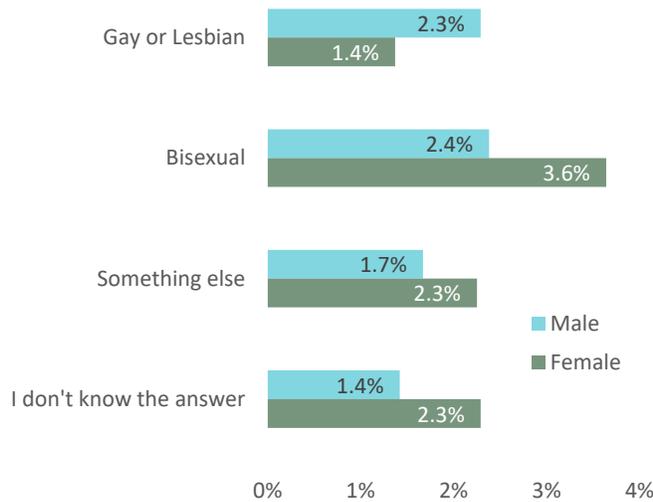


Figure 7

Lesbian, gay, bisexual, and transgender persons are more likely to experience certain health-related challenges and disparities.<sup>7</sup> However, most data systems currently do not collect information on sexual orientation and gender identity.

New Jersey Behavioral Risk Factor Survey data show that about 7% of adults identify as gay, lesbian, bisexual, or something else (other than straight) and 0.7% identify as transgender or gender non-conforming.<sup>8</sup>

About 1 in 4 people in the United States have a disability. Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. As of 2023, New Jersey had a lower proportion of noninstitutionalized residents with a disability (10.9%) when compared nationally (13.6%).

The New Jersey Department of Human Services, Division of Disability Services acts as the single point of entry for people seeking disability-related information.

### Disability Status

American Community Survey • 2023

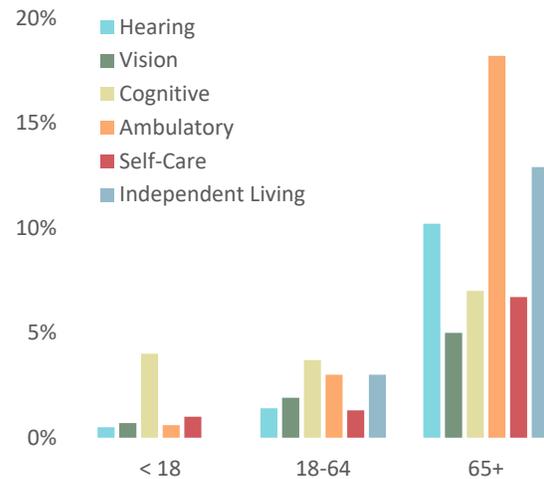


Figure 8

Health disparities by sexual orientation and by disability status are presented later in this report.

Per Capita Income\*

American Community Survey • 2023

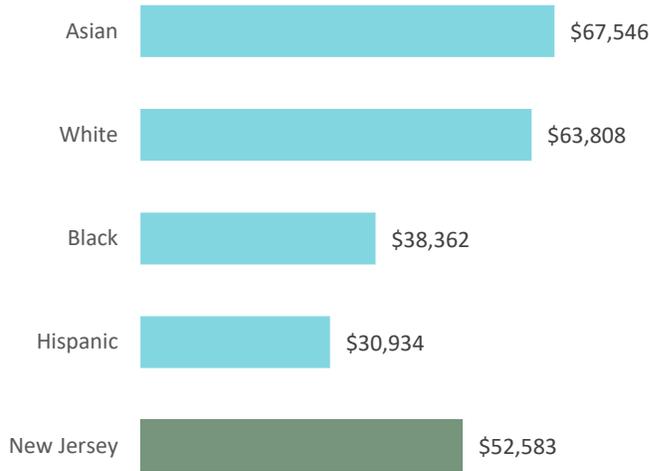


Figure 9

Income inequality harms health by increasing the prevalence of poverty, generating chronic stress due to increased social comparisons, and eroding societal cohesion and destabilizing institutions that protect health.<sup>9</sup>

The Gini Index is a measure of income inequality, which summarizes the dispersion of income across the entire income distribution. The Gini index ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income).

New Jersey's Gini index is 0.48 which is about the same as the US rate of income inequality.

Median Earnings\* for the Population Age 25 Years and Over

American Community Survey • 2021

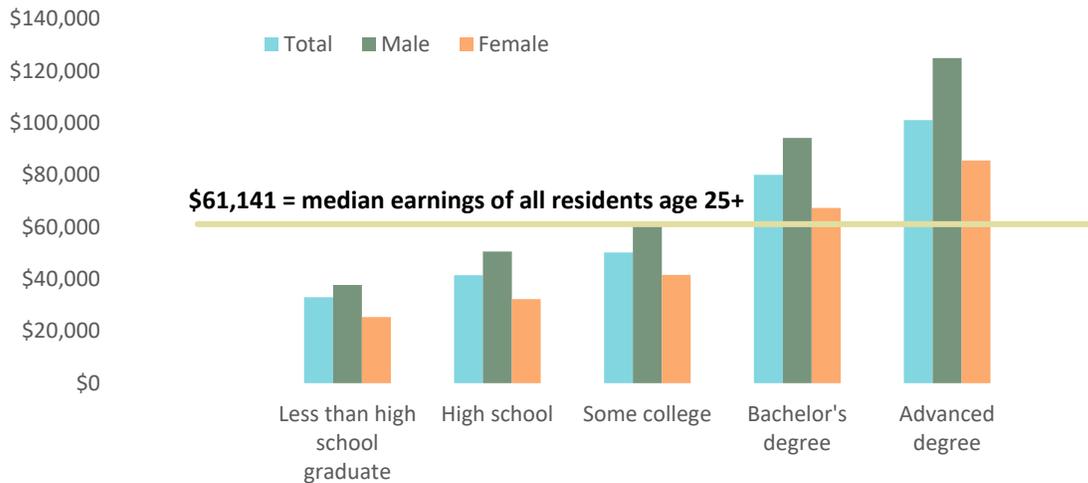


Figure 10

\*Earnings are primarily wages and salary from a job. Income includes wages and salaries from jobs (earnings), Social Security payments, pensions, child support, public assistance, annuities, money derived from rental properties, interest, dividends, and other sources. Per capita income is per person regardless of age or employment status.

### Food Insecurity

*Map the Meal Gap Report, Feeding America, U.S. Census Bureau Current Population Survey and the U.S. Department of Agriculture Economic Research Service • 2022*

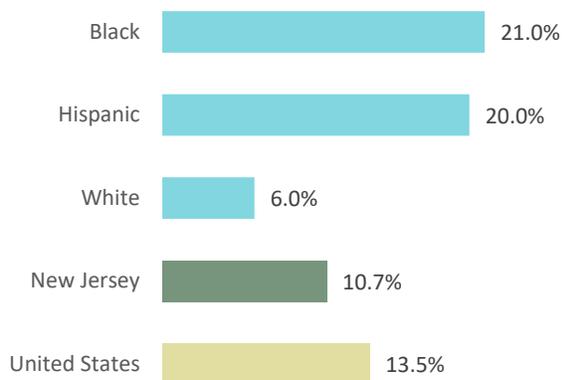


Figure 11

Food insecurity refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Inconsistent access to adequate amounts of nutritious food can have a negative impact on the health of individuals of all ages. In the US,

adults in food insecure households are much more likely than food secure adults to have hypertension, diabetes, heart disease, and other chronic health problems. Although food insecurity is harmful to any individual, it can be particularly devastating among children because they are more vulnerable to potential long-term consequences for their future physical and mental health and academic achievement.

Racial and ethnic disparities related to food insecurity exist. In 2022, New Jersey's Black and Hispanic households were nearly twice as likely to be food insecure than the state average (21% and 20% versus 10.7%, respectively).

The USDA estimates that in 2022, about 994,800 people, including 263,260 children, in New Jersey were food insecure. New Jersey had the 6th lowest overall and 2nd lowest child food insecurity rates among U.S. states in 2022.<sup>10</sup>

The Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) play a critical role in helping low-income families break out of the cycle of hunger and diet-related disease. Both programs augment households' food budgets, allowing them to purchase more healthful foods, and provide nutrition education to participants.

The New Jersey Department of Agriculture also administers several food distribution programs and child and adult nutrition programs such as the school lunch program.

3

# Health Status of New Jersey Residents

# Health Status of New Jersey Residents

## General Health Status:

Excellent, Very Good, or Good

New Jersey Behavioral Risk Factor Survey • 2020-2022

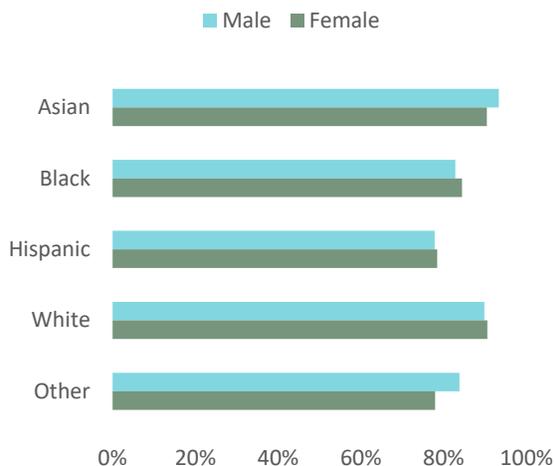


Figure 12

Self-rated health is an independent predictor of important health outcomes including mortality, morbidity, and functional status. It is considered to be a reliable indicator of a person's perceived health and is a good global assessment of a person's well-being.

In 2020-2022, 87.0% of New Jersey adults aged 18 and older reported good, very good or excellent general health status.

The COVID-19 pandemic in 2020 caused life expectancy (LE) among all New Jersey residents to decline 3 years. The impact on LE was not the same among racially and ethnically diverse communities. Between 2019 and 2020, LE declined by 7.7 years among Hispanic persons, 6.1 years among Asian persons, 4.7 years among Black persons, and 1.7 years among White persons. LE among males declined 3.3 years while the decline among females was 2.4 years.

As of 2021, LE among New Jersey residents was 79.3 years. LE among females (81.9 years) was about five years greater than among males (76.6). Among New Jersey residents, LE is highest among Asian persons (89.1 years), followed by Hispanic persons (82.7), White persons (79.4), and Black persons (74.5).

LE among New Jersey residents is slightly greater than the U.S. estimate of 76.4 years.<sup>11</sup>

## Life Expectancy

New Jersey Death Certificate Database, NJSHAD • 2021

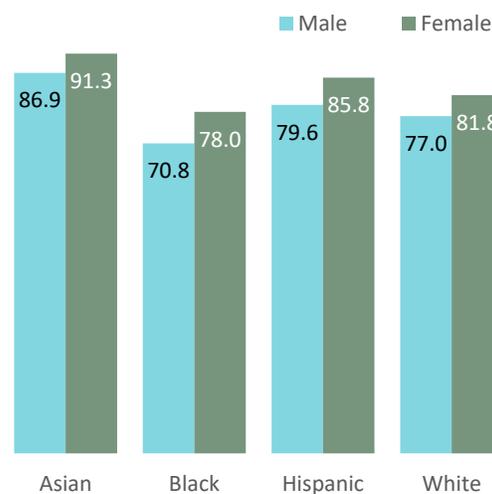


Figure 13

# HEALTH STATUS OF NEW JERSEY RESIDENTS

## Leading Causes of Death

CDC WONDER and New Jersey Death Certificate Database, NJSHAD • 2021

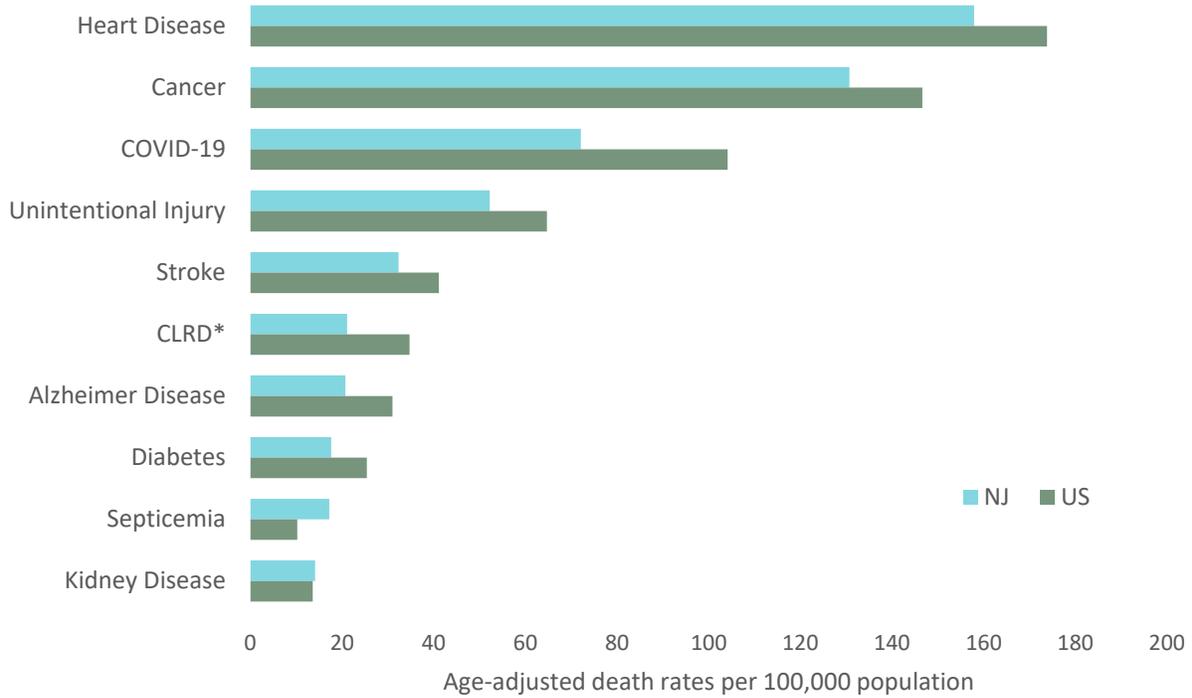


Figure 14

\*CLRD = Chronic Lower Respiratory Disease

Heart disease was the leading cause of death in New Jersey and the US in 2021. COVID-19 dropped to third and cancer rose back to second, where it was ranked before the pandemic. These three causes together accounted for half of deaths in the US and in New Jersey.

The age-adjusted death rates in 2021 for New Jersey's ten leading causes of death were lower than those of the US for each cause except septicemia and kidney disease.

## Healthy New Jersey 2020 Summary

In 2010, NJDOH established 136 measurable objectives with target values to be achieved by 2020. The objectives spanned 20 health topic areas and used more than 30 data sources (see Appendix 5). Targets were set based on baseline data available at the time, generally data from 2007-2011. Data were tracked over the course of the decade and most of the following results are based on statistics for the 2020 data year.

Nearly half of all HNJ2020 targets were met or exceeded by the total population and another quarter of objectives saw improvement although targets were not achieved.

In comparison, the federal [Healthy People 2020](#) initiative had the following results for their 985 trackable objectives:

- 33.9% target met or exceeded
- 20.7% improved
- 31.1% little or no detectable change
- 14.3% got worse.<sup>12</sup>

Final Progress Status for All HNJ2020 Objectives

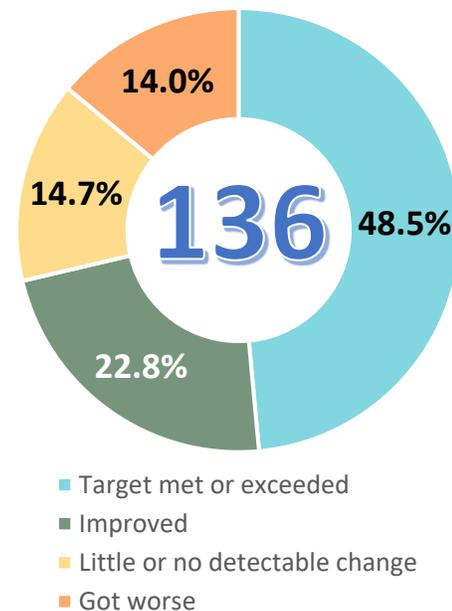


Figure 15

**Target met or exceeded:** The final value was equal to or exceeded the target.

**Improved:** Movement was toward the target and the objective achieved 10% or more of the targeted change.

**Little or no detectable change:** Movement was toward the target and the objective achieved less than 10% of the targeted change, or movement was away from the baseline and target and the objective moved less than 10% relative to the baseline, or no change was observed between the baseline and the final data point.

**Got worse:** Movement was away from the baseline and target and the objective moved 10% or more relative to the baseline.

## HEALTH STATUS OF NEW JERSEY RESIDENTS

Each measurable objective had a unique target for each of the four largest racial/ethnic groups in New Jersey: White persons (non-Hispanic), Hispanic persons (of any race), Black persons (non-Hispanic), and Asian persons (non-Hispanic, non-Pacific Islander). Targets were based on the unique baseline values for each racial/ethnic group. About half of the targets were achieved or exceeded by each of the four population groups and about one-fifth got worse in each group. The most difference between groups was seen in the proportions that improved or had little change. The target met/exceeded and improved categories combined accounted for 73.2% of objectives for Black persons, 68.3% for Asian persons, 66.7% for White persons, and 61.3% for Hispanic persons.

### Final Progress Status for Objectives by Race/Ethnicity

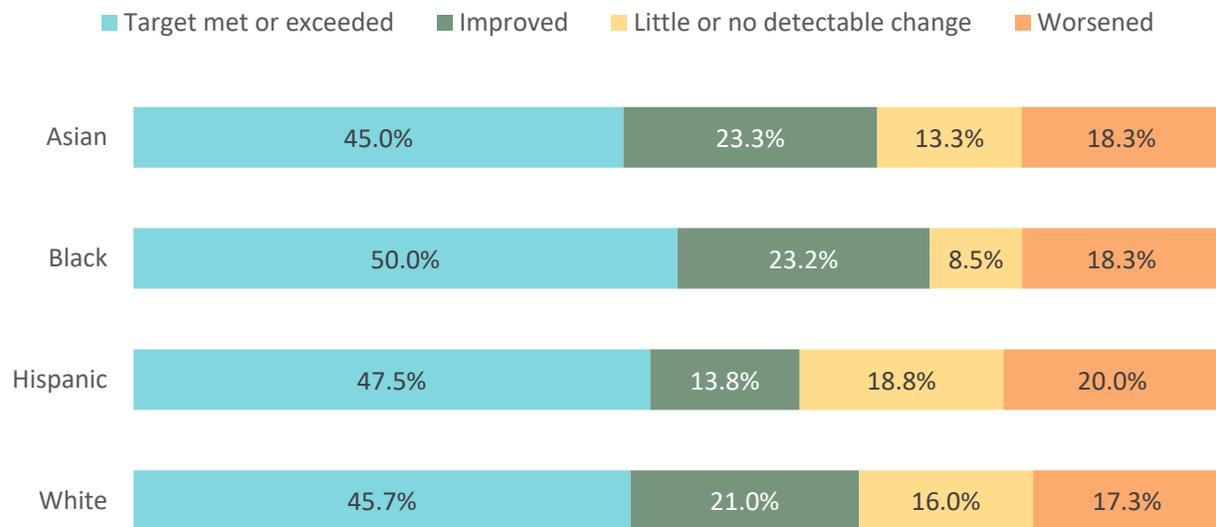


Figure 16

# HEALTH STATUS OF NEW JERSEY RESIDENTS

## Final Progress Status for Objectives by Topic Area

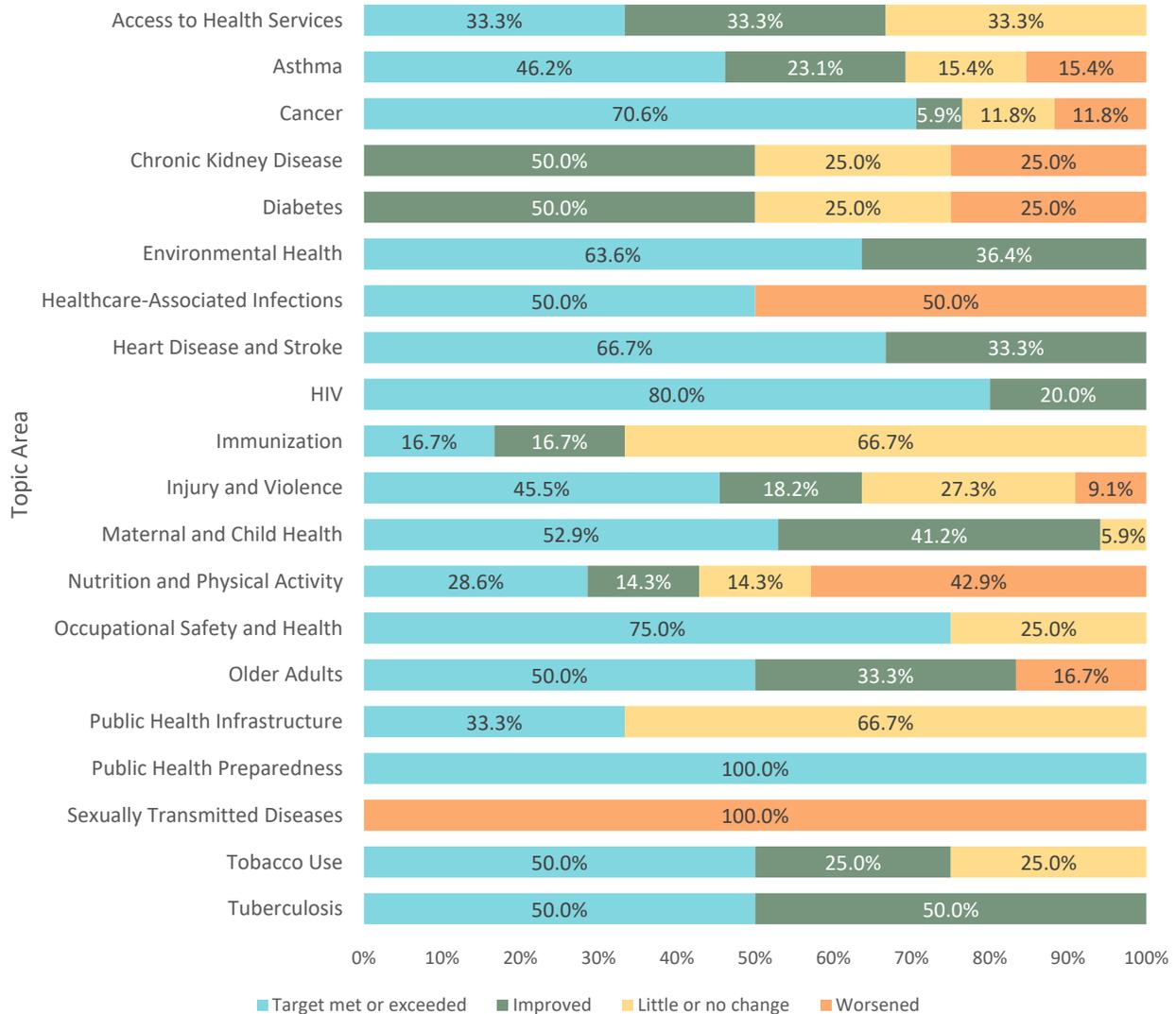


Figure 17

Success varied widely by topic area. All targets were achieved in Public Health Preparedness and at least half were achieved in Cancer, Environmental Health, Healthcare-Associated Infections, Heart Disease and Stroke, HIV, Maternal and Child Health, Occupational Safety and Health, Older Adults, Tobacco Use, and Tuberculosis. On the other hand, all Sexually Transmitted Disease objectives worsened over the decade as STD rates have risen across the country.

## HEALTH STATUS OF NEW JERSEY RESIDENTS

### Final Progress Status for Objectives by Race/Ethnicity and Topic Area

Not all objectives had data by race/ethnicity because it either wasn't available or wasn't relevant (e.g., beach closings, air quality, colleges with public health programs).

#### Asian

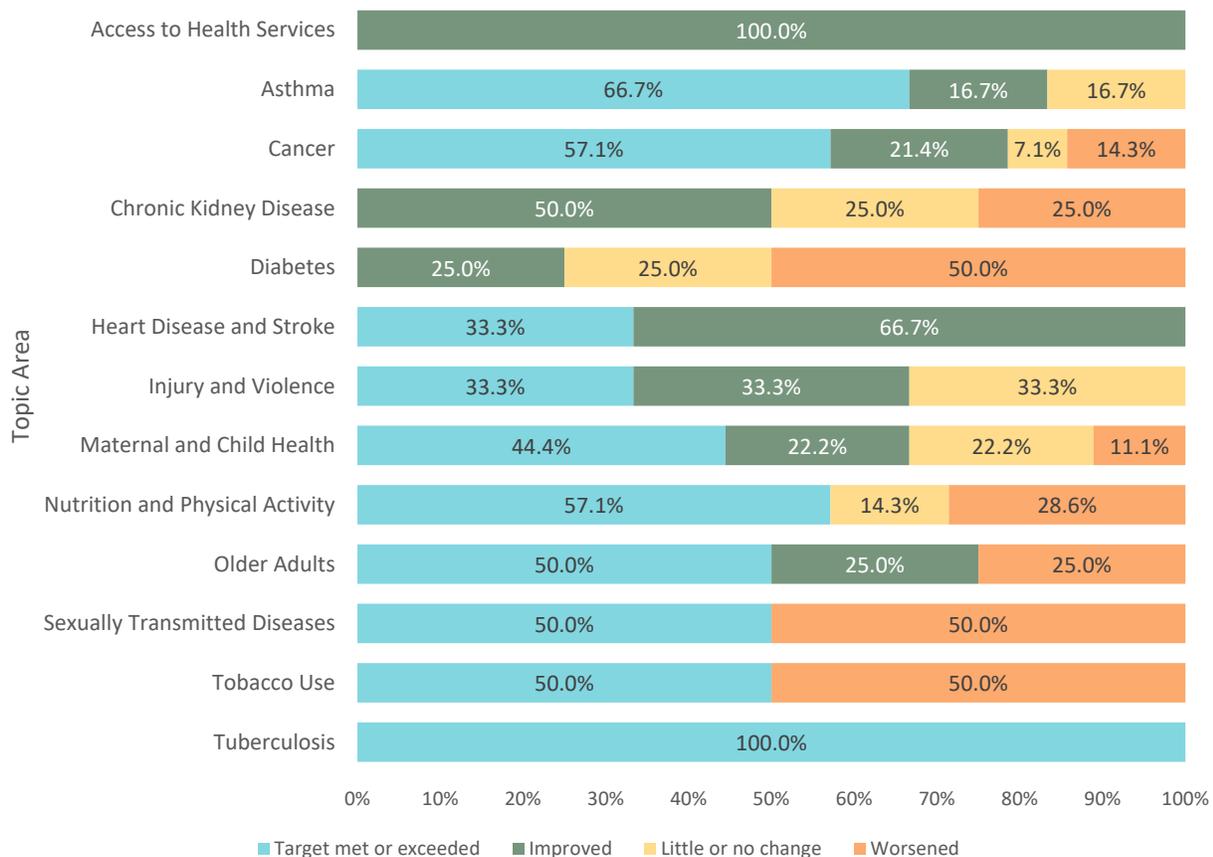


Figure 18

Data for Asian persons were not available for the HIV and Immunization topic areas due to insufficient data. Of the 60 objectives with data and targets for the Asian population, 27 targets (45%) were achieved. Areas where improvement is most needed include prostate cancer screening, sunburn, end-stage renal disease, amputations due to diabetes, glycosylated hemoglobin (A1c) testing among persons with diabetes, alcohol use during pregnancy, physical activity among high school students, fall-related deaths among older adults, primary and secondary syphilis, and secondhand smoke exposure among high school students.

# HEALTH STATUS OF NEW JERSEY RESIDENTS

## Black

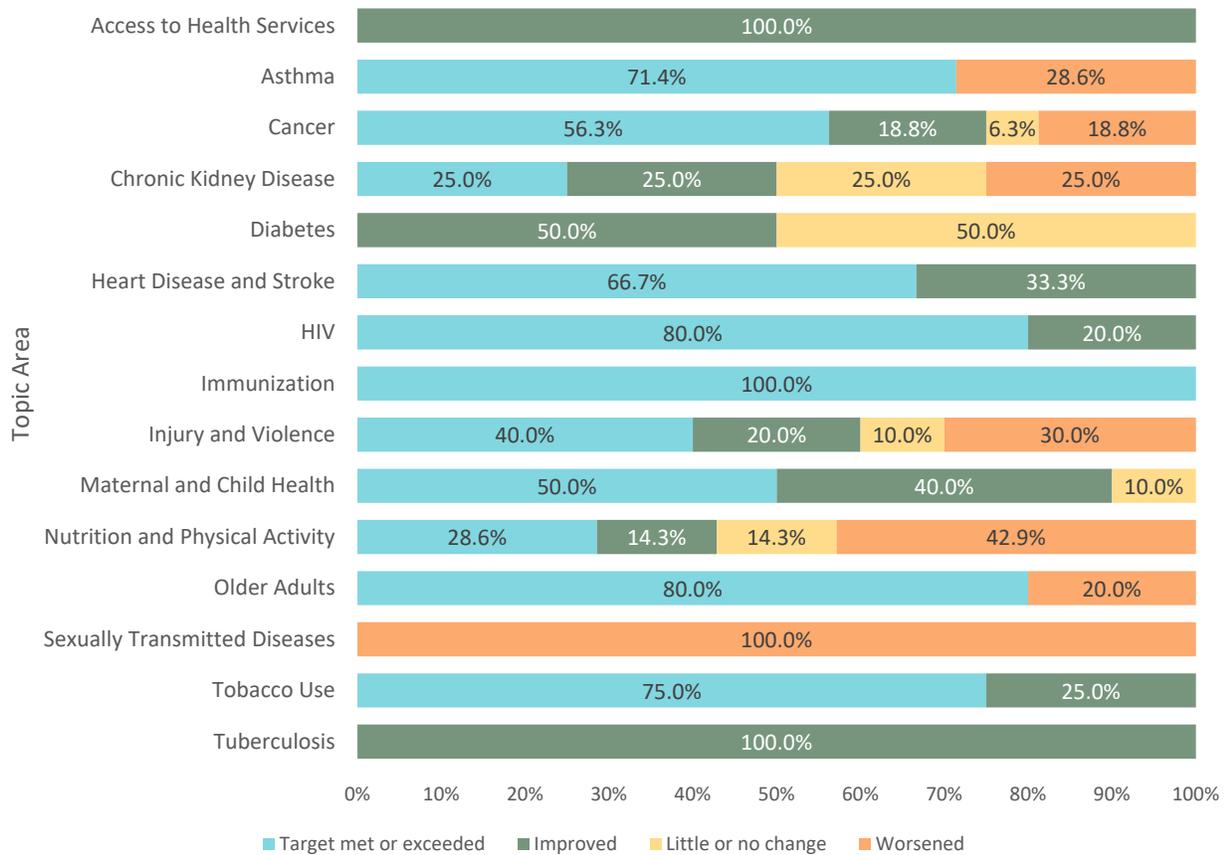


Figure 19

Of the 82 objectives with data and targets for the Black population, 41 targets (50%) were achieved. Areas with the greatest improvement include cancer incidence and mortality, coronary heart disease and cholesterol screening, HIV, pneumonia and influenza vaccination among older adults, homicide, firearm- and motor vehicle-related deaths, prenatal care and substance use during pregnancy, teen births, hip fractures and general health status among older adults, tobacco use, and tuberculosis incidence.

Areas where improvement is most needed include asthma management, cancer screening, end-stage renal disease, self-harm, unintentional drug overdose, obesity and physical activity, and STDs.

## HEALTH STATUS OF NEW JERSEY RESIDENTS

### Hispanic

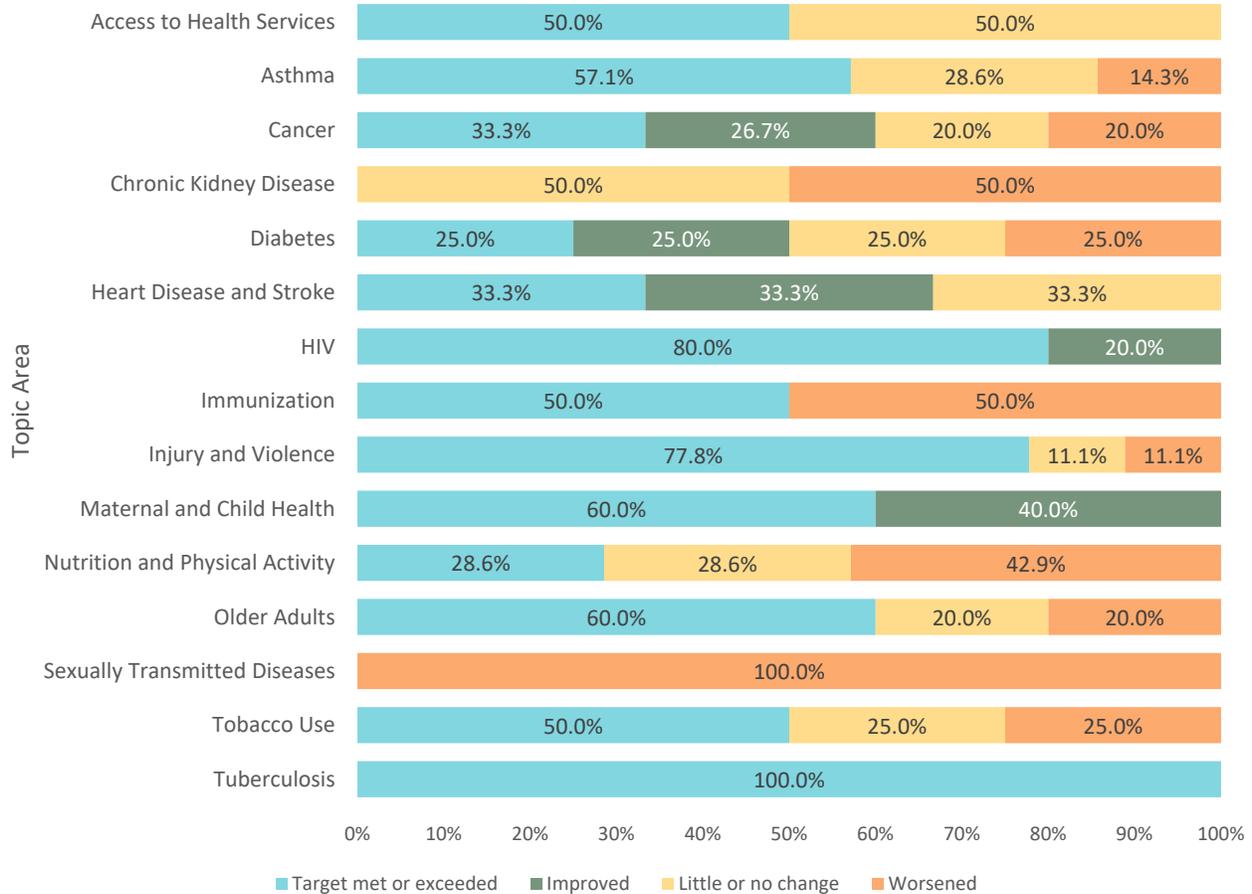


Figure 20

Of the 80 objectives with data and targets for the Hispanic population, 38 targets (48%) were achieved. Areas with the greatest improvement include health insurance coverage, incidence of and mortality due to certain cancers, A1c screening among persons with diabetes, cholesterol screening, HIV, seasonal flu vaccination among older adults, homicide, suicide, firearm- and motor vehicle-related deaths, maternal and infant health, teen births, hip fractures and general health status among older adults, cigarette smoking, and tuberculosis incidence.

Areas where improvement is most needed include prostate cancer screening, sunburn, chronic kidney disease and end-stage renal disease, pneumococcal vaccination among older adults, unintentional drug overdose, obesity and physical activity, soda consumption among high school students, fall-related deaths, STDs, and secondhand smoke exposure among high school students.

# HEALTH STATUS OF NEW JERSEY RESIDENTS

## White

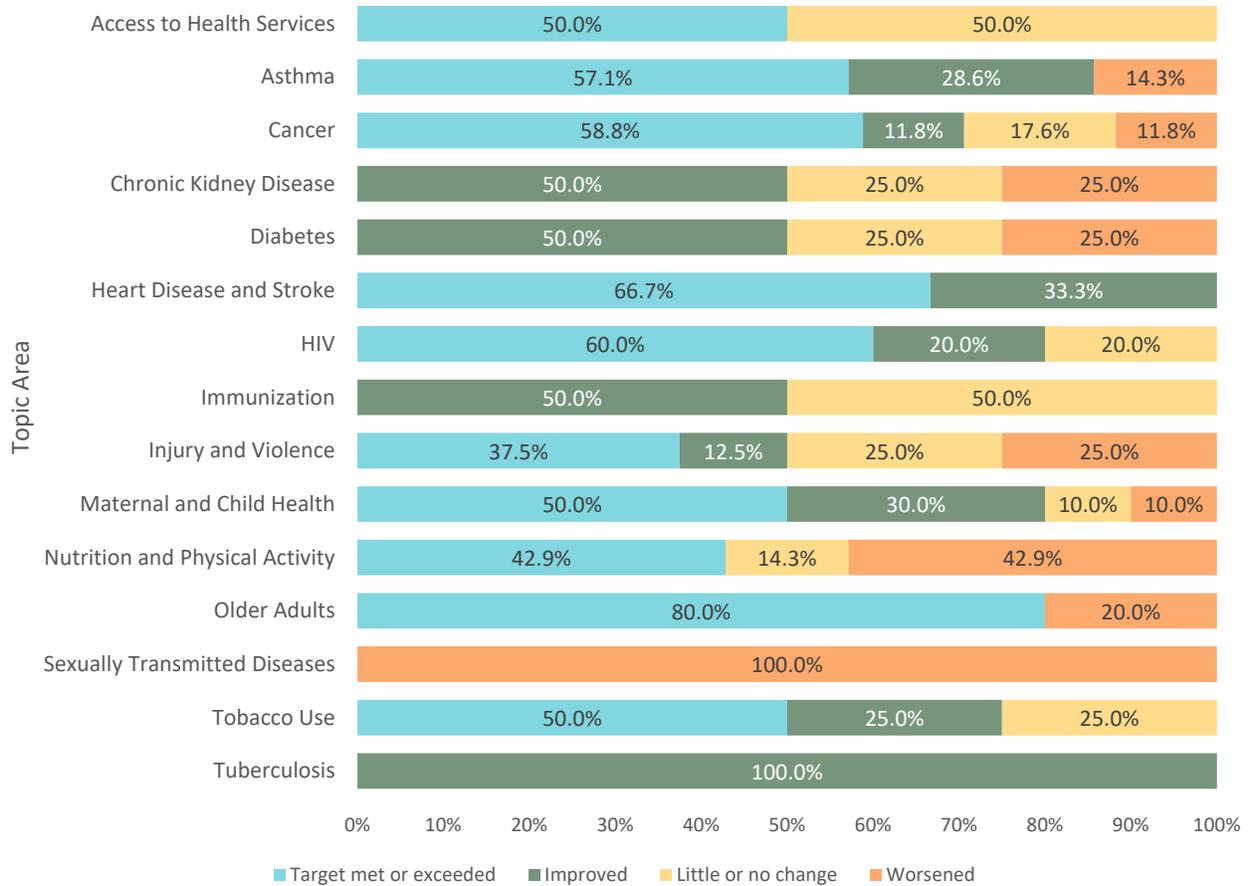


Figure 21

Of the 81 objectives with data and targets for the White population, 37 targets (46%) were achieved. Areas with the greatest improvement include health insurance coverage, incidence of and mortality due to certain cancers, heart disease and stroke mortality, cholesterol screening, HIV, homicide, maternal and infant health, teen births, hip fractures and general health status among older adults, and cigarette smoking.

Areas where improvement is most needed include prostate cancer screening, sunburn, end-stage renal disease deaths, amputations due to diabetes, suicide, unintentional drug overdose, alcohol use during pregnancy, obesity, fall-related deaths among older adults, and STDs.

## Other Health Disparity Populations

In 2023, the National Institutes of Health [designated](#) persons with disabilities as a population with health disparities.<sup>13</sup>

### Health Disparities by Disability Status

*New Jersey Behavioral Risk Factor Survey • 2022*

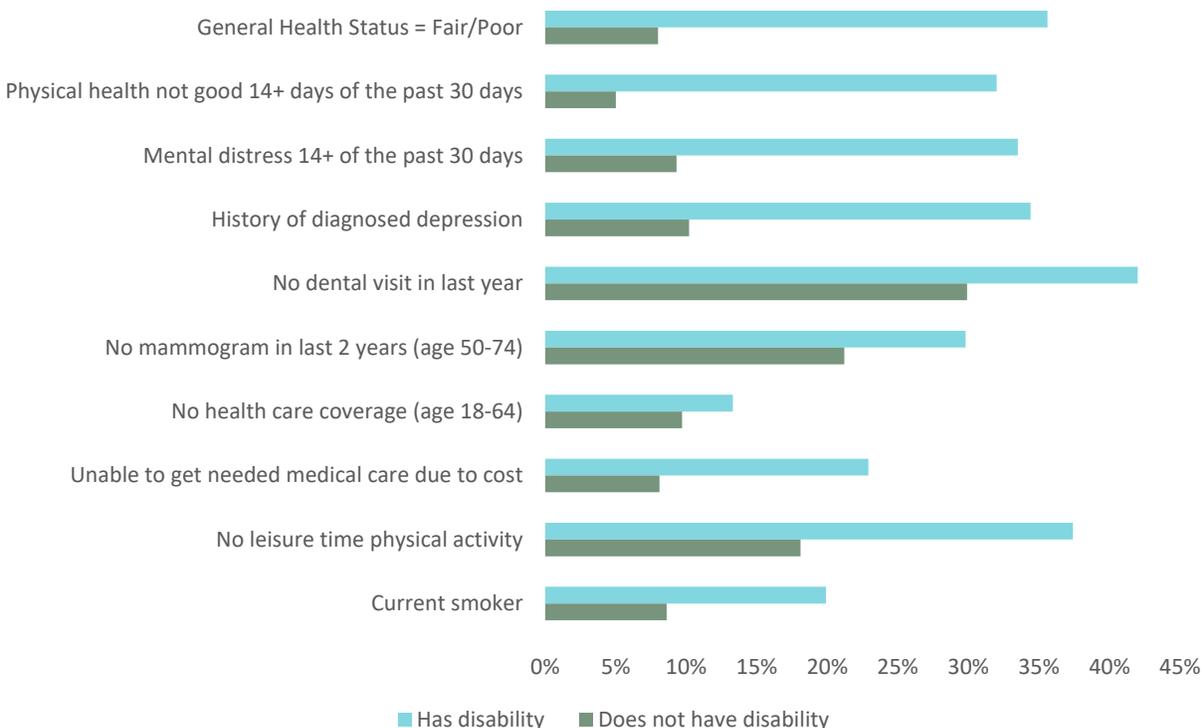


Figure 22

Respondents were defined as having any disability if they answered Yes to one or more of these questions:

- Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone. Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Do you have serious difficulty walking or climbing stairs?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

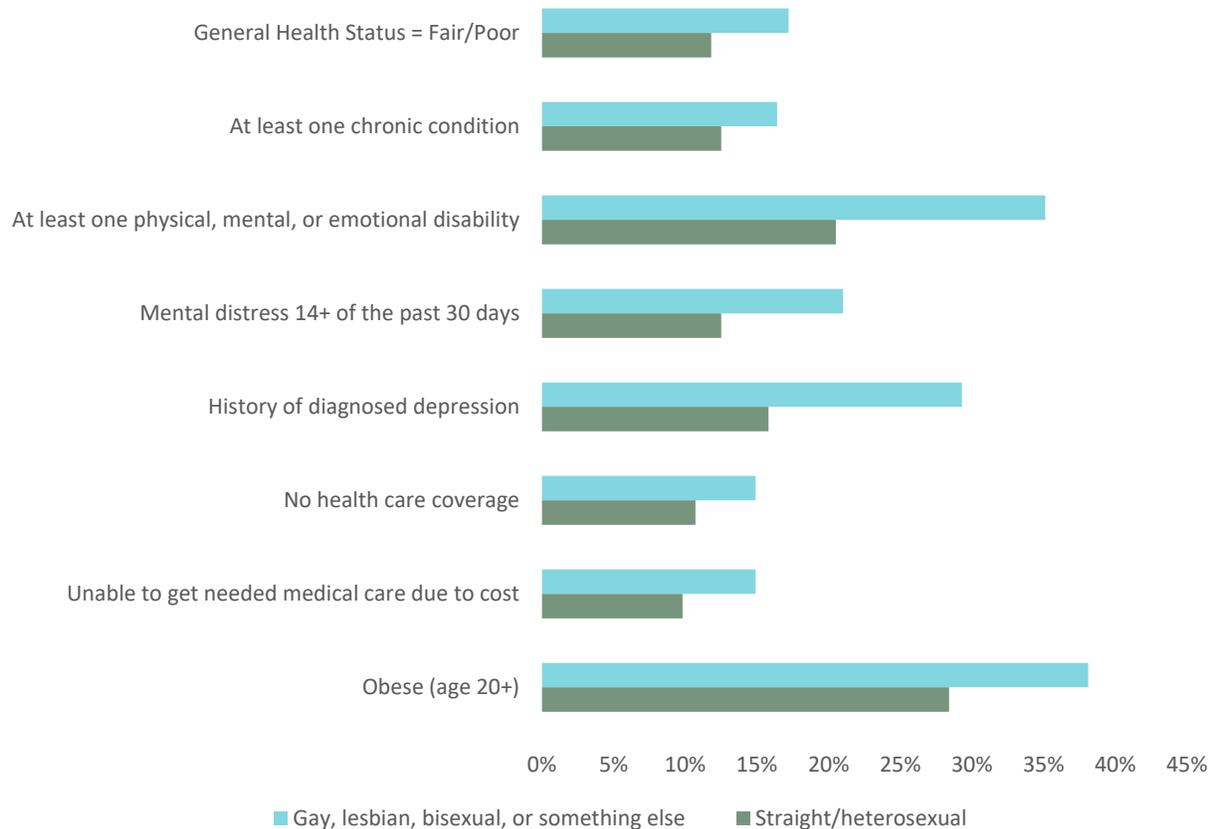
All survey responses were self-reported, and all data were age-adjusted to the 2000 standard population.

## HEALTH STATUS OF NEW JERSEY RESIDENTS

The New Jersey Behavioral Risk Factor Survey of adult residents began collecting information on respondents' sexual orientation and gender identity in 2020.

### Health Disparities by Sexual Orientation

*New Jersey Behavioral Risk Factor Survey • 2020-2021*



*Figure 23*

Respondents were asked “Which of the following best represents how you think of yourself?”

- Lesbian or Gay
- Straight, that is, not gay
- Bisexual
- Something else

A question on gender identity was also asked but the sample size was too small to analyze the results.

All survey responses were self-reported, and all data were age-adjusted to the 2000 standard population.



# State Health Challenges

### Public Health Infrastructure

Across the board, funding and staffing remain the top challenges for NJDOH, local health departments, health care organizations, and non-profit and community-based organizations.

The chronic underfunding of the United States' public health system, which affects preparedness for current and future health risks, was highlighted by the COVID-19 pandemic.<sup>14</sup> **Funding** issues limit the ability to provide services to the community, hire and train staff, create and distribute educational materials, host events, and conduct data audits to assess accuracy of disease and infection reporting. For example, the amount of investigation work that can be done given the volume of reported STDs in New Jersey is limited due to a lack of adequate funding. The New Jersey Cancer Education and Early Detection Screening Program (NJCEED) cannot provide lung cancer screening because of the high cost but are able to partner with ScreenNJ to coordinate lung cancer screening services. There are limited food dollars that can be allocated to eligible participants in the Farmer Market Nutrition Program and increased food costs mean that money given does not buy as much produce.

**Staffing** issues include a lack of knowledgeable providers and lack of training available for staff serving at-risk individuals or individuals in need of services. The COVID-19 pandemic exposed a high turnover in all health care settings, which negatively affects patient care and increases the need for time consuming training. In some settings, onboarding can take months for each person. The state's only Breastfeeding Coalition is run by volunteers. Retention of Community Health Worker staff is a primary issue based on competitive salaries.

Struggling member recruitment and sustainment among Health Care Emergency Preparedness Coalitions hampers the ability to work together to share information and provide multiagency coordination for the public health system. A lack of sufficient staffing also affects the quality of data reported to the NJDOH.

The COVID-19 pandemic was a universal challenge in 2020 as it affected availability of staff as many were tasked to COVID-related activities, time and effort spent pivoting trainings and meetings to virtual, and more. According to the Centers for Disease Control and Prevention (CDC), as of June 2020, four in 10 adults surveyed reported delaying or avoiding routine or emergent medical care because of the pandemic.<sup>15</sup> Staffing issues caused by the pandemic exacerbated existing health disparities and disproportionately affected priority populations. The COVID-19 pandemic also placed challenges on in-person case management and other services and outreach events.

### Barriers to Quality Care

**Stigma** is a persistent barrier to care. Stigma related to substance use and mental health issues, including postpartum depression, reduces patients' willingness to seek help. Chlamydia, the #1 reported STD, is largely asymptomatic and detected only due to routine screening by providers. However, many clinicians are not comfortable asking about sexual behavior and patients are embarrassed to ask for testing. Continued HIV-related stigma, even with prevention tools like Pre-Exposure Prophylaxis (PrEP), exist both within communities and among health care providers. Additionally, mental health among persons infected with HIV remains a significant barrier to medication adherence that impacts viral suppression.

New Jersey has a very diverse, multilingual population. Three out of 10 residents speak a language other than English at home and 12 percent of the population speaks English less than “very well.”<sup>16</sup> **Linguistic** barriers with populations that don’t speak English or Spanish in certain areas throughout New Jersey are a challenge for initiatives like Healthy Women, Healthy Families and Connecting NJ. It can be difficult to reach **undocumented** workers, day laborers, and temporary workers to educate them about health issues such as occupational exposures and risks. Undocumented individuals screened and diagnosed with breast, cervical, colorectal, and prostate cancers enrolled in the New Jersey Cancer Education and Early Detection (NJCEED) are unable to receive cancer treatment funded through the Medicaid 1115 Waiver due to citizenship. Country of birth continues to be the major risk factor for tuberculosis (TB) diagnosed in the United States because the risk of TB exposure varies by country.

Obtaining accurate **demographic data** can be a barrier to the analysis of health disparities. Although race and ethnicity are required on death certificates, studies have shown that there is an undercount of Hispanics, Asians, American Indian/Alaska Natives, and Native Hawaiian and other Pacific Islanders.<sup>17</sup> Race and gender are not required fields for the National Healthcare Safety Network (NHSN) database used to assess health care-associated infections. Although there have been improvements in recent years, race and ethnicity information are still missing from 18 percent of STD reports (down from 58% in 2012). A lack of adequate demographic data early in the COVID-19 pandemic prompted the passing of a bill mandating hospitals to report age, ethnicity, gender, and race of people who tested positive for COVID-19 or died from the virus.<sup>18</sup> An amendment in early 2022 expanded the mandate to include clinical laboratories and added sexual orientation

and gender identity to the list of demographic data.<sup>19</sup> However, most public health data collection systems still do not include sexual orientation and gender identity (SOGI) information.

Despite being geographically small and densely populated, **location** can be a barrier to health care, healthy food, places to be active, and other services in New Jersey. Areas that have little to no local farmers or farm markets and limited transportation to a farm or farm market are at a disadvantage when it comes to the availability of fresh foods. Time and location for physical activity presents a challenge in some urban schools, while transportation is a more frequent challenge in more rural areas where students come from a larger, more regionalized geographic area.

**Education** and awareness about vaccines is a challenge and parental concerns and vaccine hesitancy are key barriers to children being immunized. Comprehensive sexual education is necessary as many adolescents and young adults who are sexually active are uneducated regarding their risk and how to seek routine STD testing. A lack of visibility and standardized educational materials related to Fetal Alcohol Syndrome and Postpartum Depression and Mood Disorder for clinicians makes it difficult to communicate with providers and ensure information is accurately shared with clients. Tobacco industry influence and a changing product market are challenges for tobacco control education.

### Cross-sector Partnerships

**Collaboration** itself can be a challenge as cross-cutting multi-agency and multiple divisional projects are inherently unwieldy. The large number of partners is a challenge at times as preferred solutions can vary across agencies, topic areas, and for different content areas. The varying

structures of county and municipal government in New Jersey can hamper delegation of authority and responsibility. Working with school administration is a challenge for the Whole School, Whole Community, Whole Child (WSCC) School Health NJ Project as support is often required to create wellness policies, implement programs, and make improvements such as water filling stations and community gardens.

### Inequities That Contribute to Challenges

According to KFF<sup>20</sup>, health outcomes are driven by multiple factors, including underlying genetics, health behaviors, social and environmental factors, and access to health care. The conditions in the environments where people are born, live, learn, work, play, worship, and age—referred to as the social determinants of health (SDOH)—affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>21</sup> Healthy People 2030 categorizes SDOH into five domains: 1) Economic Stability; 2) Education Access and Quality; 3) Health Care Access and Quality; 4) Neighborhood and Built Environment; 5) Social and Community Context. Using the HP2030 SDOH model as a guide, the Healthy New Jersey Advisory Council cited the following social and economic inequities that are driving health disparities in New Jersey:

#### *Economic Stability*

- Adequate nutrition due to a lack of routine access to healthy food.
- Wage discrepancies and work situation inequality (e.g., lack of sick and vacation time) contribute to health challenges.

#### *Education Access and Quality*

- There is a lack of translation and interpretation resources needed to provide information to the public.
- There is a lack of cultural competency training and resources for providers and other people within the community.
- Hospitals are required by the Centers for Medicare and Medicaid Services to collect social determinants of health data, but difficulties arise when patients lack an understanding of the importance of these data and refuse to respond to demographic questions.
- Not all school systems are equal – funding disbursal.

#### *Health Care Access and Quality*

- There are not enough providers in general and some providers who won't see patients who are uninsured or underinsured leads to unnecessary or inappropriate hospital emergency department visits.
- Although data show where we need additional providers and systems, not enough is being done to fix the problem.
- Attitude is a barrier to access when systems make some populations feel even less equal.

#### *Neighborhood and Built Environment*

- Affordable housing, safe housing, and homelessness
- Inadequate childcare – some towns still don't have full day kindergarten.
- Smaller/less populated areas that don't have systems in place need more support (e.g., rural South Jersey)

### *Social and Community Context*

- Substance use and mental health issues are pervasive throughout all walks of life but there is a lack of substance use services in suburban areas.
- Youth behavioral health, Adverse Childhood Experiences (ACEs), and COVID's effect on school age kids have been noted by providers.
- Social isolation and loneliness particularly affect older adults and were exacerbated among residents of all ages during the COVID pandemic.
- Researchers need to enter communities to gather lived experience data.
- Data are not connected to or shared back to the community.
- Local governments not using equitable/inclusive community engagement approaches.
- Need more investment in public health infrastructure, safety net, programs.
- Overusing CBOs as a band-aid, safety net, bridge to meet gaps.

### *Cross-cutting*

- Racism, genderism, bigotry, ageism, all the Social Determinants of Health "isms" contribute to health challenges.
- Education, transportation, and the health care delivery system are interrelated.
- There is not enough data to track disparities for all subpopulations, such as LGBTQ+, persons with disabilities, and English language learners.

### County Health Priorities

Each county in New Jersey is [required](#) to complete a community health assessment every four years. These assessments include results of resident surveys in addition to input from public health professionals, community- and faith-based organizations, and health care providers serving each county. The priorities identified in the most recent Community Health Assessments (CHAs) from New Jersey’s 21 counties were compiled and ranked.

#### Summary of Priorities from County Health Assessments

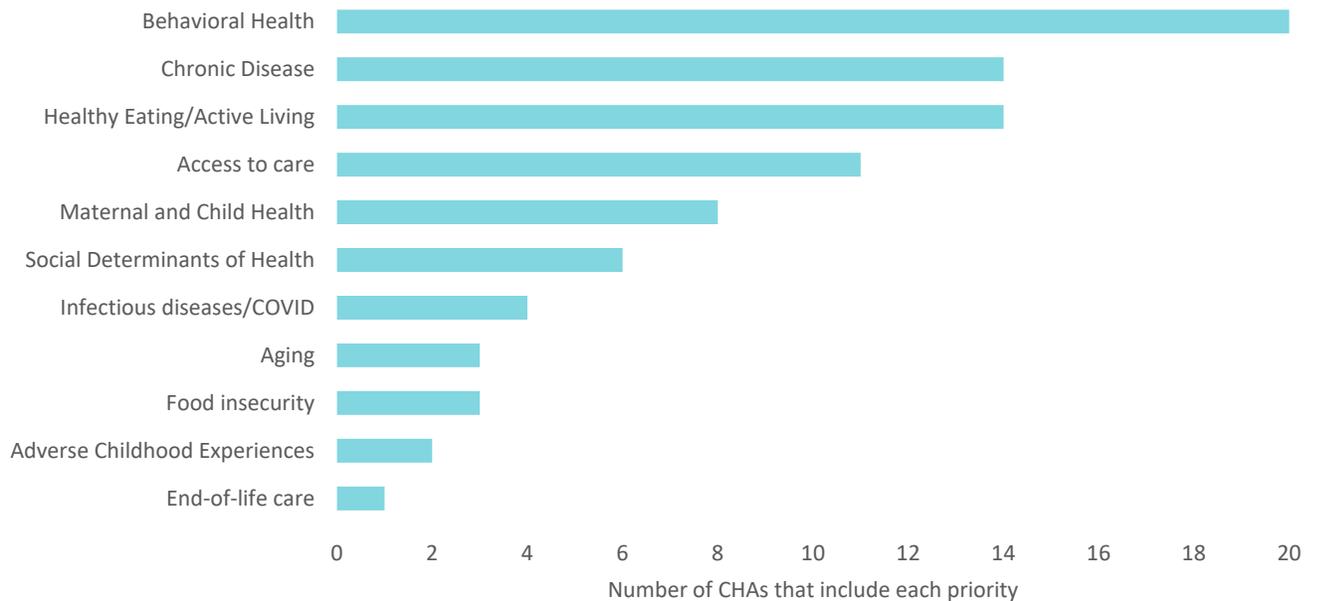


Figure 24

Four of the top five CHA priorities were the same as the [2020 State Health Improvement Plan](#) (SHIP) priorities:

1. **Behavioral Health**, which includes mental health and substance use.
2. **Chronic Disease** with diabetes, cancer, and cardiovascular/heart disease specifically mentioned in some CHNAs.
3. **Healthy Eating and Active Living** which includes nutrition, diet, healthy food, physical activity, and obesity.
4. **Maternal and Child Health**
5. **Access to Care** ranked in the top five in the CHAs while **Immunization** was the fifth priority in the 2020 SHIP.

This analysis shows consistency between local health priorities and those identified by the state’s Department of Health.

# 5

## Global Health Challenges

# Global Health Challenges

## COVID-19 Pandemic

COVID-19 hit New Jersey early and hard.

Following the initial outbreak of a previously unidentified coronavirus in December 2019, the State of New Jersey established the Coronavirus Task Force in February 2020 to bring together experts across state agencies, health officials, and federal partners and collaboratively prepare for and respond to the public health hazard posed by the virus. The Taskforce was chaired by then-State Health Commissioner Judith Persichilli and included members of the state's human services, law and public safety, education, and homeland security departments, as well as the State Police.

On March 4, 2020, the first laboratory-confirmed case of the novel coronavirus was reported by the New Jersey Department of Health. In the coming days, Governor Murphy would declare a State of Emergency and a Public Health Emergency, and by March 11, the World Health Organization declared COVID-19 a pandemic.

As one of the nation's first COVID-19 hotspots, New Jersey experienced a surge by the first week of April with 44,416 cumulative COVID-19 cases, and 1,232 COVID-19 associated deaths as of April 7, 2020.<sup>22</sup>

During the early days and months of the COVID-19 pandemic, NJDOH consistently relayed CDC guidance to the general public for protecting themselves from coronavirus, recognizing the symptoms, and slowing the spread. NJDOH also provided guidance for Public Health Strategies, such as surveillance, reporting, and infection

control to address high levels of community transmission of COVID-19 and deaths for the 99 local health departments responsible for implementing these recommendations and investigating outbreaks. During that first year, the Department setup wide-scale testing centers, built field medical stations, commandeered closed hotels to quarantine at-risk individuals who could not go home or had no place to call home. Public health staff spent days and nights delivering protective equipment, ventilators, and testing supplies throughout the state. By the summer of 2020, NJDOH partnered with the School of Public Health at Rutgers University to bring in more contact tracers and increase testing. That same year, NJDOH also helped fund the *Community Conversations: Pandemic Perspectives, NJ's COVID-19 Storytelling Project*, which was coordinated by the New Jersey YMCA State Alliance, to utilize individual interviews, focus groups, and creative artworks to assess the impact of the COVID-19 pandemic on marginalized and at-risk communities in New Jersey (see *Community Conversations* on Page 42).

### Cases

As of December 31, 2022, a total of 2,482,055 cases of COVID-19 had been reported in New Jersey. This was by far the largest infectious disease burden and response since the 1918 influenza pandemic which claimed the lives of more than 14,000 New Jerseyans over an 18-month period. In 2020-2021, COVID-19 accounted for 97% of all reported cases of infectious disease.

Incidence is the number of new cases diagnosed during a set time. In 2020 and 2021, COVID-19 had an annual incidence rate of 6,327.8 and 12,703.8 per 100,000 people, respectively. As of December 31, 2022, 6.6% of COVID-19 cases had been hospitalized and 1.2% of cases died due to the illness. Several large case increases, or waves were seen during this time period with the largest occurring the week ending January 1, 2022, when 216,847 cases were reported.

Table 1. COVID-19 Outcomes as of 12/31/22	
Lab Confirmed Cases	2,482,055
Hospitalizations	163,967
Deaths	29,869

Source for cases and hospitalizations: NJDOH, Communicable Disease Service  
 Source for deaths: NJ Death Certificate Database, NJSHAD

Confirmed Cases of COVID-19

New Jersey Communicable Disease Service • 2020-2022

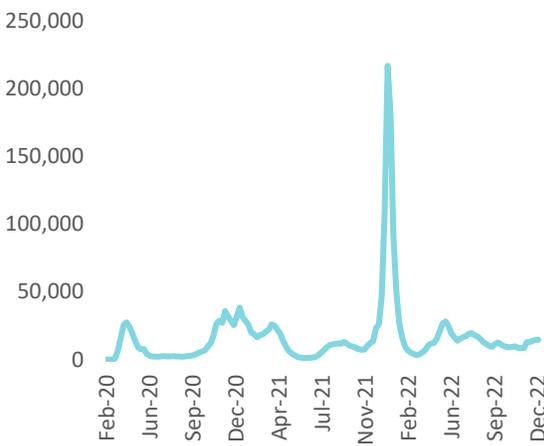


Figure 25

Hospitalizations

In New Jersey, the COVID-19 hospitalization rate through December 31, 2023, was 1,506 per 100,000 people. This amounted to 163,967 individuals hospitalized due to COVID-19. The week with the highest number of hospitalizations occurred April 4 - 11, 2020 when there were 6,198 persons hospitalized with confirmed cases of COVID-19 (Figure 26). Hospitalization rates varied by several factors, including age, comorbidities, vaccination status, race, and ethnicity. Figure 27 shows the difference among age groups.

Confirmed Cases Hospitalized

New Jersey Communicable Disease Service • 2020-2022

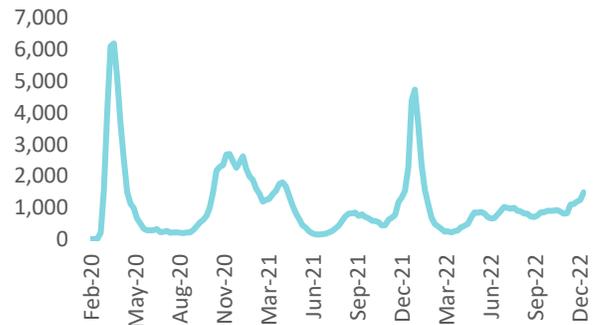


Figure 26

Total Cases and Hospitalizations as of 12/31/22

New Jersey Communicable Disease Service • 2020-2022

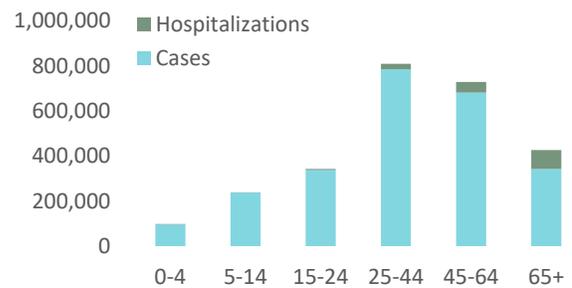


Figure 27

Deaths

During the first year of the pandemic, the COVID-19 age-adjusted death rate was 141.6 per 100,000 New Jersey residents, making it the second leading cause of death. This was significantly higher than the U.S. death rate of 85.0. In 2021, New Jersey’s age-adjusted COVID-19 death rate declined 49 percent to 72.1 while the U.S. rate increased to 104.1. COVID-19 was the third leading cause of death in New Jersey and the U.S. that year. Preliminary 2022 data show a further decline to 40.5 deaths per 100,000 persons (age-adjusted) for New Jersey and 44.5 for the U.S.<sup>23</sup>

Age-adjusted Death Rate due to COVID-19 per 100,000 Population

*NJ Death Certificate Database and CDC WONDER • 2020-2022*

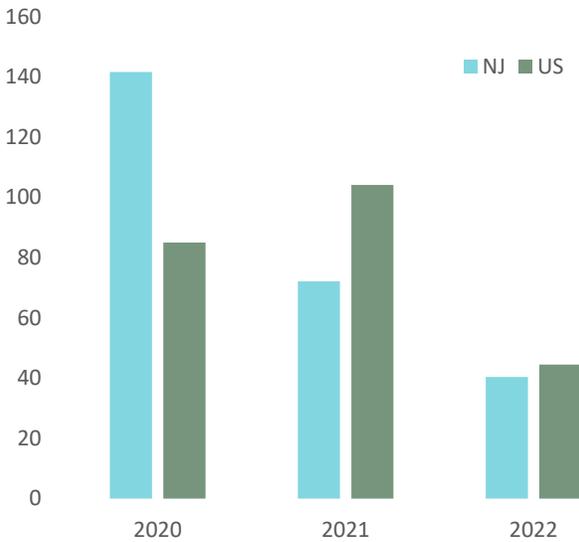


Figure 28

Disparities by Race & Ethnicity

Throughout the pandemic, historically underserved and underrepresented groups were impacted by COVID-19 infections and outcomes at a higher rate. This widened existing health disparities. As shown in Figure 29, there were large gaps in case rates between different racial and ethnic groups in New Jersey. Disparities in hospitalization and death rates by race and ethnicity also existed (Figure 30). In New Jersey, the Black community was impacted the most by COVID-19 with the highest rates of cases, hospitalizations, and deaths.

Age-adjusted Case Rate per 100,000 Population

*New Jersey Communicable Disease Service • 2020-2022*

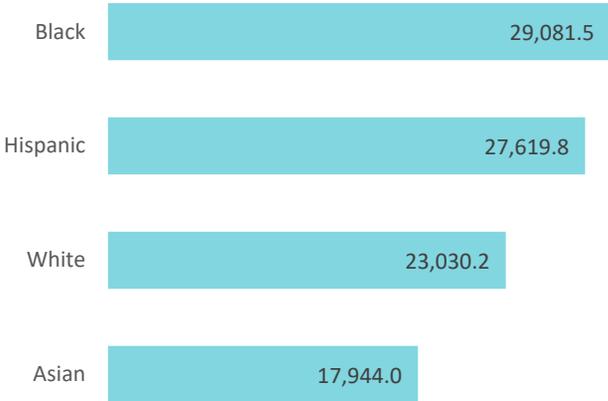


Figure 29

### Age-adjusted Hospitalization and Death Rates per 100,000 Population

New Jersey Communicable Disease Service • 2020-2022

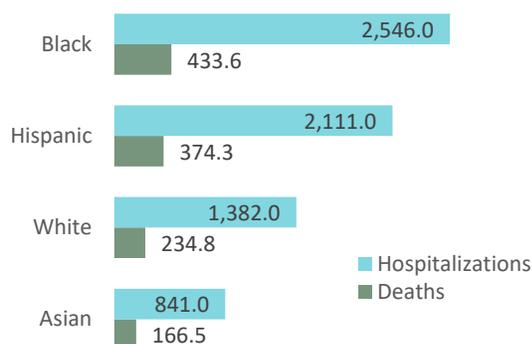


Figure 30

### Vaccines for COVID-19

Once the COVID-19 vaccination became available and was distributed in New Jersey in late December 2020, NJDOH developed plans to protect the most vulnerable and those most at risk by setting up vaccination sites throughout the state so that every resident was within a short walk or drive to a site. Even as SARS-CoV-2 variants circulated worldwide, NJDOH continuously worked with local health departments and community partners to embed a boots-on-the-ground approach to public health. We set up a call center and initiated a county ambassador program and a community corps. Many public health staff worked behind the scenes to save as many lives as possible. As of December 31, 2023, nearly 20 million vaccine doses had been administered to New Jersey residents (Figure 31).

### Vaccines Administered

New Jersey Communicable Disease Service • 2020-2022

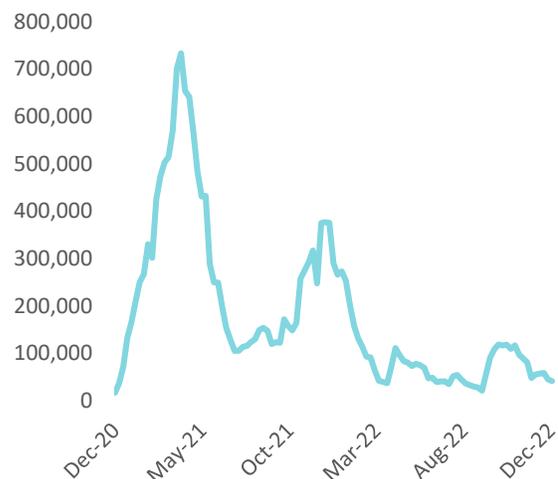


Figure 31

By October 2021, New Jersey was one of only seven states<sup>24</sup> to reach the benchmark of three-quarters of eligible residents fully vaccinated. This means they had received all recommended doses in a vaccine primary series. At that time, 83% of residents had received at least one booster dose<sup>25</sup> (Table 2).

Table 2. Population Vaccinated for COVID-19 as of 12/31/22		
Doses	Count	Percent of Population
At Least One Dose	8,386,935	94.4%
Completed Primary Series	7,013,651	79.0%
Updated (Bivalent) Booster	1,311,014	14.8%

Source: CDC COVID Data Tracker, accessed on 3/6/24 at <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-maps>

### COVID-19 Community Conversations

The New Jersey YMCA State Alliance, in collaboration with NJDOH, performed a qualitative study which captured the experiences of New Jersey residents during the early days of the COVID-19 pandemic with an emphasis on those who faced disproportionate impacts of the pandemic and increased risk of infection.

*Community Conversations: Pandemic Perspectives, NJ's COVID-19 Storytelling Project* was a statewide initiative to gather the personal accounts of residents and transform them into the building blocks of a more resilient, compassionate, and healthy New Jersey. The project's first phase of storytelling, from August 2020 through March 2021, documented and analyzed the personal accounts of more than 580 community members

across all 21 counties. Submissions included interviews, focus groups, and creative artwork, such as poetry, paintings, journals, short films, and more.

The Senator Walter Rand Institute for Public Affairs (WRI), an applied research and public service center on the Camden campus of Rutgers, The State University of New Jersey, analyzed the qualitative data to identify key themes and disparities to guide and inform actionable recommendations for improving public health.

Nine major themes and three cross-cutting findings were identified from the unfiltered and raw experiences of New Jersey community members navigating this unparalleled global pandemic:

Major Themes & Cross-Cutting Findings of *Community Conversations: Pandemic Perspectives*



Figure 32

Table 3. Nine Major Themes of *Community Conversations: Pandemic Perspectives*

**1. Mental Health**

Isolation and stressors challenged mental health and emotional well-being.

**2. Social and Economic Factors**

Challenges related to loss of income and employment, education, learning new technology, and parents/caregivers acting as teachers.

**3. Clinical Care & Health Care**

COVID-19-related health behaviors, barriers to health resources, and challenges related to timely access to care and quality of care, care coordination, and maternal and child health.

**4. Socialization**

Difficulties fostering and maintaining relationships due to COVID-19 health behaviors and factors, as well as efforts to reconnect through acts of kindness.

**5. Perceptions of Residents & Societal Views/ Responses**

Fears and frustrations regarding adherence to COVID-19 regulations and political polarization.

**6. Those Left Out of The Virus Response**

Various groups and communities experienced heightened risks and vulnerabilities during the pandemic, grappling with COVID-19-related health behaviors, barriers to accessing health resources, and challenges related to timely and quality care, care coordination, and maternal and child health.

**7. Resources Needed & Recommendations**

Resident insights on community resources needed and recommendations to address mental health, social isolation, food access, housing assistance, health care, other critical services.

**8. Vaccine for COVID-19**

The spectrum of perspectives among residents about confidence in the COVID-19 vaccine, accessibility, and trusted information sources both pre- and post-vaccine rollout.

**9. Physical Environment**

Challenges in finding or maintaining safe, stable, and supportive housing or living arrangements; accessing transportation for public transit riders and rural residents; and accessing health care and food due to transportation barriers.

Table 4. Three Cross-Cutting Findings of *Community Conversations: Pandemic Perspectives*

Collective Isolation and Trauma

Lock-down factors of working remotely, attending school virtually, staying away from restaurants, movies, and other public spaces, and the reduced capacity to travel were factors that contributed to isolation.

Death of loved ones due to COVID-19 and the constant reporting of COVID-19 mortality by the media brought on feelings of helplessness. Residents experienced persistent stress, grief, and fear, as well as social and economic uncertainty.

Fewer in-person interactions with family, friends, coworkers, and even the public resulted in depression, anxiety, and feelings of sadness.

Inequalities and Disparities

Historically marginalized or vulnerable groups were less likely to be able to work from home, have access to health insurance, receive paid time off or sick leave, rely on savings, or have access to secure and stable sources of income, housing, food, and other necessities.

The increased risk of COVID-19 infection and death was higher for communities of color, and many participants called on leaders to make a concerted effort to address structural and health inequities.

For many participants, the pandemic both created new inequalities and exacerbated preexisting ones. Numerous stories highlighted issues of racism, discrimination, and various forms of injustice encountered during the pandemic.

Unpredictability Now and Into the Future

Numerous unknowns related to the COVID-19 pandemic brought about much uncertainty, fear, and concern as participants grappled with new and evolving situations.

Participants expressed uncertainty about the duration and restrictions on social gatherings, impacts on financial resources, and what information should be trusted.

Participants had to endure the emotional, medical, and financial burdens of the pandemic, which for some led to feelings of hopelessness and defeat.

## Climate Change

According to the New Jersey Department of Environmental Protection's *Climate Change Impacts on Human Health and Communities*<sup>26</sup>, climate change currently influences human health and disease in numerous ways and is projected to increase health risks in the years to come. A warmer climate combined with increases in the global population is resulting in more and more people being exposed to severe heat waves, forest fires, severe storms, droughts, and infectious disease vectors.<sup>27</sup> New Jersey has witnessed the impacts of climate change in its increasingly mild winters, more frequent heavy rains, flooding along inland streams and rivers, and more "sunny day" tidal flooding along areas of the coast.<sup>28</sup>

Climate change is also projected to increase health risks of New Jerseyans in the years to come, most likely from extreme weather events, poorer air quality, and increases in infectious disease transmission patterns.<sup>29</sup> Extremes in temperature can worsen chronic health conditions, including cardiovascular and respiratory diseases, diabetes, and kidney disease<sup>30</sup>, pest-related diseases like Lyme disease and West Nile Virus, water- and food-related illnesses, and can lead to increases in injuries and deaths.<sup>31</sup> Heat-related hospital admissions in the state during the warm season (May to September) increased approximately 156% from 2004 to 2013.<sup>32</sup> People who are the most vulnerable to extreme temperatures include children, elderly, and individuals in low-income communities and communities of color.<sup>33</sup>

As is the case with excessive heat, increased air pollution—especially in the form of particulate smaller than 2.5 microns in diameter (PM<sub>2.5</sub>)—can aggravate chronic conditions, such as asthma, COPD, and cardiovascular diseases, and increase the incidence of lung cancer.<sup>34</sup> In New Jersey, for example, from 2011-2021, the Black population

had higher prevalence of COPD compared to White, Hispanic, and Asian populations.<sup>35</sup> Climate change will likely worsen air pollution, which may lead to greater instances of respiratory illnesses in vulnerable populations, including people of color, people experiencing poverty, children, elderly, and communities regionally located near sources of pollution (e.g., urban areas), wildfire vulnerable woodlands, and areas prone to heavy storms and flooding.<sup>36</sup>

Since arthropod and insect vectors, which include ticks, mosquitoes, and fleas, do better in warmer environments, warming and other manifestations of climate change may have significant long-term implications for the prevention and control of vector-borne diseases.<sup>37</sup> Changes in geographical distribution and expansion of these diseases could result in strong effects on the human and/or animal populations that are vulnerable to the disease.<sup>38</sup> While not all changes in vector-borne disease dynamics can be attributable to climate change, certain vector-borne diseases, such as Lyme Disease, West Nile, and Zika, as well as foodborne and waterborne diseases, are a growing public health concern in New Jersey.

The New Jersey Department of Health is currently a member of the Interagency Council (Interagency Council) on Climate Resilience, established in October 2019 by Governor Murphy. In 2024, the Interagency Council released the [New Jersey Extreme Heat Resilience Action Plan](#), which is the first in a series of topic-specific Resilience Action Plans that outline how state agencies will incorporate climate resilience into their policies, programs, and regulations to address critical climate threats to New Jersey.

## Mental Health and Substance Use

Mental health and substance use were not included in the original Healthy New Jersey 2020 topic areas and objectives, so targets were not set. However, by the end of the decade, mental health and substance abuse had become priority health issues for New Jersey and the [2020 State Health Improvement Plan](#) included seven strategies to address them:

1. Strengthen and support community prevention.
2. Increase opportunities for early intervention.
3. Expand access to evidence-based, integrative, trauma-informed behavioral health services.
4. Ensure availability of detox and enhance detox services to treatment and recovery programs.
5. Increase and improve behavioral health support for children in schools and the community.
6. Increase data capacity and coordination to enable surveillance and identify emergent threats.
7. Provide evidence-based quality improvement in varying aspects of clinical care delivered across the State’s psychiatric health care system.

New Jersey rates for several [Healthy People 2030](#) objectives are given in the following tables.

Table 5a. Healthy People 2030 Mental Health and Substance Use Objectives New Jersey, 2020		
Healthy People Objective		Proportion
MHMD-02	Reduce suicide attempts by adolescents <sup>†</sup>	9.5%
MICH-09	Increase abstinence from alcohol among pregnant women	90.8%
SU-04	Reduce the proportion of adolescents who drank alcohol in the past month <sup>†</sup>	26.0%
SU-06	Reduce the proportion of adolescents who used marijuana in the past month <sup>†</sup>	17.3%
SU-11	Reduce the proportion of motor vehicle crash deaths that involve a drunk driver	31%

<sup>†</sup> 2021 data for high school students in grades 9-12.

Table 5b. Healthy People 2030 Mental Health and Substance Use Objectives New Jersey, 2020		
Healthy People Objective		Rate
IID-12	Reduce the rate of acute hepatitis C*	1.3
IVP-19	Reduce emergency department visits for nonfatal intentional self-harm injuries	39.9
IVP-20	Reduce overdose deaths involving opioids	29.0
IVP-21	Reduce overdose deaths involving natural and semisynthetic opioids	6.1
IVP-22	Reduce overdose deaths involving synthetic opioids other than methadone	25.0
IVP-23	Reduce overdose deaths involving heroin	8.4
IVP-24	Reduce overdose deaths involving methadone	1.6
MHMD-01	Reduce the suicide rate	6.8
SU-02	Reduce cirrhosis deaths	8.7
SU-03	Reduce drug overdose deaths	32.2
SU-D04	Reduce the rate of opioid-related emergency department visits	69.7

Rates are per 100,000 population, age-adjusted to the 2000 US standard population, except \* which is a crude rate per 100,000 population.

Data sources:

- *New Jersey Department of Health:*
  - *Communicable Disease Reporting and Surveillance System*
  - *Hospital Discharge Data Collection System*
  - *Death Certificate Database*
  - *NJ Violent Death Reporting System*
  - *NJ State Unintentional Drug Overdose Reporting System*
  - *Pregnancy Risk Assessment Monitoring System*
- *New Jersey Department of Education; NJ Student Health Survey*
- *National Highway Traffic Safety Administration; Fatality Analysis Reporting System*



# 6

## Community Assets and Resources

# Community Assets and Resources

In addition to including health-related issues or themes to be addressed, New Jersey's SHA also presents the following list of assets and resources that were identified by members of the Healthy New Jersey Advisory Council and considered during the assessment process. Assets and resources are anything that the state could utilize to improve the health of its residents, including skills of residents, service/professional associations, faith-based organizations, foundations, institutions of higher learning, as well as community elements, such as parks, social capital, community resilience, a strong business community, etc.

The goal is to utilize and build upon these existing assets when developing interventions needed to address the state's priority health issues. The following assets and resources are grouped below into major categories.

## *Skills & Capacities*

- Diversity of people, of small businesses, of thought
- Community pride and engagement: residents are vocal when needs are not being met
- Community acceptance
- Multi-generational homes provide family-based support networks
- Cultural competency training and resources are available to providers
- Community Health Workers utilize authentic community engagement to link to the community's voice, resources, and information

## *Partnerships & Collaborations*

- Five regional Health Care Emergency Preparedness Coalitions and Medical Coordination Centers, and several Governmental Public Health Partnerships work together to share information and provide multiagency coordination for the public health system.
- Community-based organizations are available as a safety net when gaps in the system are discovered.

- Community partnerships with health care systems, cultural groups, and faith-based organizations to provide mobile grocery stores, mobile farmer's markets, mobile food pantries, and mobile health screening
- Linkage between school system, community-based providers, and police
- Collaborations between schools, higher education, public libraries, and faith-based organizations
- Active civic programs
- Strong community partnerships that accept the outlook and attitude of town members
- Regional health collaboratives that engage health care providers, local authorities, and community-based representatives in region-specific health improvement initiatives and health information exchanges
- Healthy community networks that promote systems-level changes making healthier choices easier
- Patient and consumer advocacy groups

## COMMUNITY ASSETS AND RESOURCES

### *Institutions*

- Thirteen New Jersey health care facilities have achieved Baby-Friendly status
- School systems provide behavioral health support and resources to children
- New Jersey's universities and colleges work in and with communities to gain lived experience data from community members, which informs research.
- Area Health Education Center (AHEC) – The Rowan University-Virtua partnership facilitates medical students, scholars, and researchers entering the community to improve quality of care.
- Rutgers School of Public Health rapidly trained contact tracers at the start of the COVID-19 response
- School districts' connections to their communities
- Medicaid expansion and Federally Qualified Health Centers (FQHCs)
- Expansion of Harm Reduction Centers to provide access to harm reduction supplies and integrated care for people who use drugs (50 authorized sites statewide).
- Comprehensive naloxone distribution programs, including a free pharmacy initiative, free naloxone for eligible agencies, and a state hotline to request naloxone via the mail.

### *Community Programs & Resources*

- Through the federal [340B Drug Pricing Program](#), NJDOH provides free medications to qualifying clinics and local health departments to treat sexually transmitted infections in patients who are underinsured or uninsured.

- Programs that provide routine access to healthy foods
- Social engagement programs to counteract isolation and loneliness
- Investments in children and families, such as subsidized meal programs operating in schools, trauma-informed care to children, youth, and families grounded in the CDC's Adverse Childhood Experiences (ACE), early childhood/school-based healthy lifestyle learning, and the Supplemental Nutrition Assistance Program (SNAP).
- Statewide grant programs supporting evidence-based interventions targeting vulnerable populations and coordinated and integrated health care models that address social needs
- NJ211 [website](#) and phone number to connect people in need with a variety of health and human service programs 24 hours a day, 365 days a year
- The national Healthy Corner Store Initiative, which increases healthy food access by linking community partners with corner store owners to help them profitably stock, market, and sell nutritious, affordable foods in communities that are underserved by supermarkets
- Health data availability and research, such as the [New Jersey State Health Assessment Data](#) (NJSHAD) online data access tool and Rutgers Center for State Health Policy's [Integrated Population Health Data Project](#) (iPHD)

### *Built Environment*

- Open space and parks provide places to walk, run, and bike

## COMMUNITY ASSETS AND RESOURCES

- Walkability and pedestrian and bicycle friendly routes.
- Other recreation and activities, such as the Delaware and Raritan Canal tow path, lakes, zoos, etc.
- Community activities such as a town center with art shows, concerts, other events, farmers markets, etc.; diverse opportunities for new artists to perform
- The New Jersey constitution requires every town to provide its fair share of affordable housing
- New Jersey has a multitude of restaurants from different cultures and cuisines
- New Jersey's size and location provide easy access to New York City, Philadelphia, and all areas within the state



# Conclusion and Next Steps

# Conclusion and Next Steps

The State Health Assessment (SHA) reviews and summarizes a broad range of health indicators, which were tracked during the 10-year, Healthy New Jersey 2020 (HNJ2020) initiative, to better understand the health status of and the health disparities facing the communities and residents we serve. Other purposes of the SHA include fostering discussions on health improvements, supporting data analysis, and aiding local health interventions. These combined efforts create a comprehensive approach to enhancing state health outcomes.

In 2019-2020, the Healthy New Jersey Advisory Council (HNJAC) was tasked with transitioning the Healthy New Jersey model, which for decades used a disease-focused approach, to one which targeted the upstream causes of health disparities and poor health outcomes. This new structure became the basis for the next State Health Improvement Plan (SHIP). The group reviewed the types and number of HNJ2020 topic areas, the progress of the HNJ2020 objectives, and the findings of county-level assessments and improvement plans. From this evaluation, the HNJAC recommended four broad priority topics areas that the SHIP should focus on: 1) Access to Quality Care, 2) Healthy Communities, 3) Healthy Families, and 4) Healthy Living.

In 2022, action teams representing various stakeholders across the state met on a regular basis to establish strategies to achieve the goals of each of the four topic areas. Additionally, the teams identified several data gaps in the previous HNJ model that the next iteration should fill to adequately meet the current health needs of New Jerseyans:

- Behavioral health
- Brain health
- Domestic violence
- Sexual orientation and gender identity (SOGI) as a demographic variable in public health datasets
- The effect of “place” on health (neighborhood, built environment, etc.)

Our next step in the process is for the HNJAC to establish measurable objectives and select the strategies that will be used in the upcoming SHIP.

The state health assessment and subsequent improvement plan aim to guide targeted actions to improve health equity in New Jersey. By focusing on system-level interventions, the revised Healthy New Jersey initiative aims to address disparities in health conditions and outcomes across the state. This strategic approach will help create a more equitable public health environment for all New Jerseyans, ultimately improving the overall health and well-being of the population.

# 8

## Appendices

## Appendix 1: Final Assessment of Healthy New Jersey 2020 Objectives

In 2010, the New Jersey Department of Health established over 100 specific, measurable, achievable, relevant, and time-bound (SMART) objectives to measure the success of the Healthy New Jersey 2020 initiative. Baseline values were established for each objective and targets were set to be achieved by the year 2020. The final status of each objective is classified into one of four categories as defined below.

<b>Target met or exceeded</b>	The final value was equal to or exceeded the target.
<b>Improved</b>	Movement was toward the target and the objective achieved 10% or more of the targeted change.
<b>Little or no detectable change</b>	Movement was toward the target and the objective achieved less than 10% of the targeted change, or movement was away from the baseline and target and the objective moved less than 10% relative to the baseline, or no change was observed between the baseline and the final data point.
<b>Got worse</b>	Movement was away from the baseline and target and the objective moved 10% or more relative to the baseline.
	Not applicable: Data were not available from the data source or the number of events each year was too small to calculate reliable rates.

The following pages show the final status of each objective for New Jersey as a whole and, when applicable, for each of the four largest racial/ethnic groups in the state.

Additionally, relevant projects, policies, legislation, outreach, grants, assets, resources, challenges, and disparities and inequities are discussed for each topic area.

### Access to Health Services

Access to health services is about more than just health insurance. Understanding the public health care system and having a primary care provider are key components of the access to health services story. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.<sup>39</sup>

	Objective	Total	Asian	Black	Hispanic	White
AHS-1a	Increase health insurance coverage among persons under age 65	Improved		Improved	Target met or exceeded	Target met or exceeded
AHS-1b	Increase health insurance coverage among persons under age 19	Target met or exceeded				
AHS-2	Increase proportion of adults with a primary care provider	Little or no change	Improved	Improved	Little or no change	Little or no change

#### Recent Policies and Legislation

- The **New Jersey Health Insurance Market Preservation Act** ([P.L.2018, c.31](#)) requires most state residents to maintain health coverage.
- The **Palliative Care Act** ([P.L.2019, c.227](#)) requires certain health care facilities to provide information concerning palliative care and hospice care services.
- **Cover All Kids** ([P.L.2021, c.132](#)) is a state initiative that aims to provide health insurance coverage to all children in New Jersey, regardless of their immigration status or family income. The initiative began in 2023, and it has already made a significant impact on access to care for New Jersey children by
  - Eliminating premiums and waiting periods.
  - Expanding Medicaid eligibility to 16,000 children who were not previously eligible.
  - Providing outreach and enrollment assistance in multiple languages to help to understand their options and enroll their children in the right plan.
- The **New Jersey Supplemental Prenatal and Contraceptive Program** (NJSPCP) is a state-funded program that provides free or low-cost prenatal and contraceptive care to uninsured and underinsured women in New Jersey.
  - The program was expanded in 2017 to include coverage for primary care services, such as well-child exams, sick visits, and preventive care. It was expanded again in 2018 to ensure undocumented women could access services. The expansion of NJSPCP is a significant step forward in improving access to health care for undocumented women in New Jersey.
  - As of March 2023, over 10,000 women have enrolled in NJSPCP through the expansion.

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### Outreach by NJDOH's Office of Primary Care and Rural Health

- Helps to coordinate enrollment in **Cover All Kids**.
- Works with Horizon Blue Cross Blue Shield and 211 to coordinate and expand access to Medicaid enrollment events for adults and children.
- Works with Federally Qualified Health Centers (FQHCs) and community partners in select cities -- Trenton and Camden -- to increase access to immunization for children and link uninsured children to respective FQHCs.

### Grants given by NJDOH

- Each year through the **Uncompensated Care Fund**, up to \$32 million is allocated to the FQHCs for the provision of primary, dental, and mental health services. During FY2022, reimbursements through Uncompensated Care Fund enabled over 260,000 individuals to receive these services.

### Grants received by NJDOH

- [Federal Office of Rural Health Policy](#) (FORHP) in the Health Resources and Services Administration (HRSA)

### Assets/resources

- Federally Qualified Health Centers make improving access to care for the underserved populations in New Jersey possible.
- The **Rural Health Action Plan** and **Primary Care Needs Assessment** were developed by the Office of Primary Care and Rural Health to identify access to care issues and recommend solutions to these issues.

### Challenges

- There is a lack of administrative resources to track the impact of the Uncompensated Care Fund adequately and efficiently.

### Disparities/inequities

- The Uncompensated Care Fund is designed to address inequitable access to care for uninsured and underinsured populations. Although health care expenditures increase annually, and patient needs increase and change regularly, the FQHCs have continued to provide consistent care to their patients.
- The uninsured rate among Hispanic persons under age 65 years is more than double that of other racial/ethnic groups.
- About two-thirds of Hispanic adults have a primary care provider compared to more than 83% for other racial/ethnic groups.

### Asthma

Asthma is a chronic respiratory disease that causes repeated episodes of wheezing, breathlessness, chest tightness, and coughing.<sup>40</sup> According to the Asthma and Allergy Foundation of America, the burden of asthma in the United States, as in New Jersey, falls disproportionately on Black, Hispanic, and American Indian/Alaska Native people. These groups have the highest asthma rates, deaths, and hospitalizations. The costs in lost productivity, health care related expenditures, and educational interruption are significant. Asthma cannot be cured, but it can be controlled so that people are able to lead active and healthy lives.

	Objective	Total	Asian	Black	Hispanic	White
AS-1	Reduce asthma deaths	Got worse		Got worse	Got worse	Got worse
AS-2a	Reduce asthma hospitalizations among children under 5 years old	Target met or exceeded				
AS-2b	Reduce asthma hospitalizations among persons 5 to 64 years old	Target met or exceeded				
AS-2c	Reduce asthma hospitalizations among persons 65 years and older	Little or no change	Target met or exceeded	Got worse	Little or no change	Improved
AS-3a	Reduce asthma emergency department visits among children under 5 years old	Target met or exceeded	Improved	Target met or exceeded	Target met or exceeded	Target met or exceeded
AS-3b	Reduce asthma emergency department visits among persons 5 to 64 years old	Target met or exceeded				
AS-3c	Reduce asthma emergency department visits among persons 65 years and older	Improved	Little or no change	Target met or exceeded	Little or no change	Improved
AS-4a	Reduce asthma-related school absenteeism among children	Target met or exceeded				
AS-4b	Reduce asthma-related work absenteeism among adults	Target met or exceeded				
AS-5a	Increase children with an asthma action plan	Improved				
AS-5b	Increase adults with an asthma action plan	Little or no change				
AS-6a	Increase children with asthma advised to make changes in indoor environment	Improved				
AS-6b	Increase adults with asthma advised to make changes to indoor environment	Got worse				

New Jersey has adopted a broad, multi-disciplinary approach to addressing asthma. The complex nature of this epidemic requires partnerships with State as well as non-governmental organizations. These partnerships have included:

- New Jersey Department of Health (NJDOH) Divisions of Community Health Services, Family Health Services, and Epidemiology, Environmental and Occupational Health; Office of Minority and Multicultural Health; Comprehensive Tobacco Control Program; and Center for Health Statistics
- New Jersey Department of Environmental Protection
- New Jersey Department of Education
- New Jersey Department Human Services
- Pediatric/Adult Asthma Coalition of New Jersey
- Community-based/faith-based organizations

In the past, the NJDOH [Asthma Program](#) and the State Asthma Committee partnered to create the New Jersey Asthma Strategic Plan, which serves as a guidance document for state government, health care providers, community organizations, public health advocates, and others in the awareness, management, and treatment of asthma in New Jersey. The NJDOH actively supported the [American Lung Association of New Jersey](#) and the [New Jersey Thoracic Society](#) in the founding of the Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) to act as a statewide clearinghouse for pediatric asthma programs and services.

The NJDOH's comprehensive report describes the effects of asthma on the health of New Jersey residents and surveillance efforts within the state. Surveillance updates are being conducted to help achieve the Healthy New Jersey 2020 goals of reducing asthma hospitalizations and reduced deaths.

### Projects

- The [Nicholson Foundation](#) funded the ***New Jersey In-home Asthma Intervention Pilot Project***. The project began in late 2017 and the purpose of the Project was to improve asthma outcomes and reduce health care costs among children aged 2-17 years enrolled in NJ FamilyCare by:
  - Funding the implementation of a specific evidence-based, home-based asthma intervention
  - Supporting technical assistance and training for Project staff
  - Funding an evaluation of post-intervention changes in pediatric patients' asthma control
  - Partnering with NJDOH to evaluate the cost and effectiveness of the Project in order to promote its long-term sustainability.
- Key findings from the Pilot Project showed that:
  - Key indicators of asthma trigger exposure and control improved for the enrolled children and families.
  - The number of children with a confirmed written asthma action plan increased significantly (30.4% at visit 1 to 69.6% at visit 3,  $p < 0.001$ ).
- The New Jersey Department of Health is funding an **economic-focused evaluation** of the project through [Rutgers Center for State Health Policy](#) (CSHP). The evaluation reviewed post-intervention changes in pediatric patients' asthma control and evaluated the cost-effectiveness of the intervention to determine its long-term sustainability.

### Outreach

- The Nicholson Foundation funded four New Jersey-based organizations to implement the home-visiting model: Health Coalition of Passaic County, Rutgers School of Nursing, Rutgers NJ Medical School Department of Pediatrics (delivered by the Newark Community Health Center), Jersey Shore University Medical Center, and Henry J. Austin Health Center. The Nicholson Foundation provided outreach in the form of training support and technical assistance to the organizations in the pilot project.

### Recent Policies and Legislation

- [P.L.2023, c.105](#) Requires health insurance carriers to provide coverage for epinephrine auto-injector devices and asthma inhalers

### Grants and funding given by NJDOH

- From the [Preventive Health and Health Services Block Grant](#), \$100,000 was given annually between 2017 and 2020 to Rutgers University's Center for State Health Policy to support the evaluation of the Nicholson Project.

### Grants received by NJDOH

- Funding assigned from the Preventive Health and Health Services Block Grant

### Assets/resources

- The home environment can be a major source of asthma triggers. Leveraging resources from housing repair programs such as weatherization and lead remediation to reduce asthma triggers in the home.

### Challenges

- People with untreated or under-treated asthma can face many challenges. These challenges include:
  - Sleep disturbance
  - Poor concentration
  - Missed school
  - Missed work
  - Financial Burden

### Disparities/inequities

- There is some variation in asthma prevalence by county.
- The number of women with asthma is almost double the number of men with asthma; however, asthma occurs more frequently in boys than girls.
- Anyone can develop asthma; however, children, Black, Hispanic, and urban residents are most likely to be affected.
- Although the number of asthma deaths each year is relatively small and the rates are low, a large disparity exists between Black persons and other racial/ethnic groups.

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### Cancer

Many cancers are preventable by reducing risk factors or getting appropriate vaccinations. Screening is effective in identifying some types of cancers in early, often highly treatable stages.<sup>41</sup> Although the number of cancer deaths has experienced a significant decline over the years, cancer remains the second leading cause of death in New Jersey and the United States. Among some subpopulations, it is the leading cause of death.

	Objective	Total	Asian	Black	Hispanic	White
CA-1	Reduce cancer death rate	Target met or exceeded	Improved	Target met or exceeded	Target met or exceeded	Target met or exceeded
CA-2	Reduce lung cancer death rate	Target met or exceeded				
CA-3	Reduce breast cancer death rate among women	Target met or exceeded	Target met or exceeded	Target met or exceeded	Little or no change	Target met or exceeded
CA-4	Reduce uterine cervix cancer death rate	Target met or exceeded		Improved		Target met or exceeded
CA-5	Reduce colorectal cancer death rate	Target met or exceeded	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded
CA-6	Reduce oropharyngeal cancer death rate	Target met or exceeded	Target met or exceeded	Target met or exceeded	Got worse	Little or no change
CA-7	Reduce prostate cancer death rate	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
CA-8	Reduce melanoma cancer death rate	Target met or exceeded				Target met or exceeded
CA-9	Reduce invasive colorectal cancer cases	Target met or exceeded	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded
CA-10	Reduce invasive cervical cancer cases	Target met or exceeded	Improved	Improved	Target met or exceeded	Target met or exceeded
CA-11	Reduce late-stage breast cancer cases among women	Target met or exceeded	Improved	Target met or exceeded	Target met or exceeded	Target met or exceeded
CA-13	Increase cancer five-year survival	Improved	Target met or exceeded	Improved	Improved	Improved

## APPENDICES

CA-14	Increase cervical cancer screening	Little or no change	Little or no change	Got worse	Little or no change	Little or no change
CA-15	Increase colorectal cancer screening	Target met or exceeded	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded
CA-16	Increase breast cancer screening	Little or no change	Target met or exceeded	Little or no change	Little or no change	Little or no change
CA-17	Increase prostate cancer screening	Got worse	Got worse	Got worse	Got worse	Got worse
CA-18	Reduce sunburn	Got worse	Got worse	Got worse	Got worse	Got worse

Four cancers - lung, breast, prostate, and colorectal - represent almost half of all new cancer diagnoses and 40 percent of all cancer deaths in the state. Lung cancer is the leading cause of death due to cancer in New Jersey and in the nation as a whole. This is true for both males and females and for each racial/ethnic group. In the United States, 80%-90% of lung cancer deaths are due to smoking.<sup>42</sup> Breast cancer is the second leading cause of deaths due to cancer among women in New Jersey. Prostate cancer is the most common cancer among men and, in New Jersey, is the third leading cause of death due to cancer among men, following colorectal cancer.

### Projects and Outreach

- The ***New Jersey Comprehensive Cancer Control Plan, 2021-2025*** was developed collaboratively with the New Jersey Department of Health; the Governor’s Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey; statewide cancer coalitions; community partners; and cancer researchers. The Plan is a five-year roadmap to reducing the burden of cancer and improving the quality of life for cancer survivors by outlining objectives and strategic actions across the cancer continuum -- primary prevention, early detection and treatment, and survivorship -- with cross-cutting priorities of health equity, policy systems and environmental change, and surveillance and evaluation.
- The **New Jersey Cancer Education and Early Detection (NJCEED) Program** provides funding to 19 Lead Agencies for statewide comprehensive breast, cervical, colorectal, and prostate cancer education, outreach, screening, and patient navigation for low-income, uninsured, and underinsured NJ residents at or below 250% of the Federal Poverty Level (FPL). The program’s goal is to engage communities to increase the awareness of each person’s risk for these cancers, decrease the morbidity and mortality due to cancer by encouraging the use of screening services for early detection and diagnosis, and bring awareness to cancer screening services, linkage to primary care services, and community resources. The NJCEED Program received Gold Standard recognition by the [CDC National Breast and Cervical Cancer Early Detection Program](#) (NBCCEDP) for increasing breast and cervical cancer screenings. The program increased the total number of breast, cervical, colorectal, and prostate cancer screening by 15% from July 1, 2022-June 30, 2023.
- [ScreenNJ](#) is a statewide partnership between the [Rutgers Cancer Institute of New Jersey](#), New Jersey Department of Health, and health care and community organizations. It was established in 2021 to

implement and expand the reach of evidence-based cancer prevention and screening services, directly address barriers that prevent people from receiving timely cancer screenings and reduce the cancer burden experienced by New Jerseyans. ScreenNJ focuses on colorectal, lung, breast, skin, and prostate cancer; cancers related to family and genetic risk factors; and HPV (human papillomavirus)-related cancers. Services include free access to lung and skin cancer screenings; free cancer genetic counseling; breast, cervical, and colorectal screenings for insured individuals; and patient navigation to help individuals gain access to vital screenings. The program aims to reduce cancer mortality rates, reduce disparities, and educate New Jersey residents about the importance of cancer screening, early detection, and prevention.

- The **Regional Chronic Disease Coalitions** (RCDCs) conduct focus groups throughout the state to discuss barriers to care related to cancer screening. The RCDCs have also facilitated Cancer Thriving and Surviving (CTS) workshops targeted towards cancer survivors and their caregivers. The objective of the CTS workshops is to promote an active and healthy lifestyle and provide support for cancer survivors.
- In March 2023, NJCEED collaborated with ScreenNJ and Regional Chronic Disease Coalitions in the launch of the **YouPlusTwo Campaign** to promote breast, cervical, colorectal, lung, and prostate cancer screening.

### Recent Policies and Legislation

- [P.L.2023, c.008](#) expands access to colorectal cancer screening in New Jersey by requiring that health insurers cover the cost of screening procedures as recommended by the United States Preventive Services Task Force. This law removes financial barriers such as copayments, deductibles, coinsurance, or other cost-sharing requirements for colonoscopies and other colorectal cancer screening services.

### Grants and funding given by NJDOH

- NJDOH provides grant funding to ten Regional Chronic Disease Coalitions (RCDCs) and the NJCEED 19 lead agencies.
- The New Jersey Cancer Education and Early Detection (NJCEED) Program, with funding from the Centers for Disease Control and Prevention (CDC) and the State of New Jersey, provides funding to all twenty-one (21) counties in the State for comprehensive breast, cervical, colorectal, and prostate cancer education and outreach, screening, and diagnostic services. NJCEED provides statewide coverage through screening providers known as Lead Agencies. Screening services for women include screening mammograms, clinical breast examinations, instruction on breast self-examinations, Pap tests, pelvic examinations, and colorectal cancer screenings. Men receive Prostate-Specific Antigen (PSA) tests for prostate cancer and colorectal cancer screenings. If symptomatic, men can also receive breast cancer diagnostic tests. Diagnostic testing is performed, if needed and case management, tracking and follow-up services are provided.
- In collaboration with the [Office of Primary Care and Rural Health](#) (OPCRH), the NJCEED program funds all cancer screenings at Federally Qualified Health Centers (FQHC). This collaboration also ensures that FQHC patients diagnosed with breast or cervical cancer will receive coverage in accordance with the Medicaid Breast and Cervical Cancer Treatment Waiver Program.

- The New Jersey Cancer Education and Early Detection (NJCEED) program and [New Jersey Office of Cancer Control and Prevention](#) - Regional Chronic Disease Coalitions (NJOCCP RCDCs) implemented a transportation program in January 2022 after health disparities among certain racial and ethnic groups were highlighted by the onset of the Coronavirus (COVID-19) pandemic. NJCEED Lead Agencies were tasked to provide NJCEED patients with no-cost transportation services to breast and cervical cancer screening and diagnostic follow-up appointments. NJCEED and RCDCs collaborated with UberHealth, Lyft, and New Jersey Access Link to offer no-cost transportation services for patients to attend cancer screening appointments. NJCEED's 19 lead agencies and NJOCCP Regional Chronic Disease Coalitions combined provided 3,830 rides for program recipients during the first year of implementation. With this success rate, a higher reach is anticipated for upcoming years.

### Grants received by NJDOH

- New Jersey was awarded a [CDC Cancer Prevention and Control grant](#) for 2022-2025 that funds the New Jersey State Cancer Registry, New Jersey Comprehensive Cancer Control Program, and New Jersey Cancer Education and Early Detection Program working synergically to reduce cancer incidence and mortality.

### Assets/resources

- The [NJ State Cancer Registry](#) (NJSCR) is a high-quality cancer registry funded by both the [Surveillance, Epidemiology, and End Results \(SEER\) Program](#) of the National Cancer Institute (NCI) and the [National Program of Cancer Registries](#). NJSCR's high quality rating by the [North American Association of Central Cancer Registries](#) (NAACCR) and large case counts make New Jersey a prime location for cancer research and surveillance.
- NJDOH helps to promote and facilitate important research in New Jersey through its partnership with the [Rutgers Cancer Institute](#) and [Rutgers School of Public Health](#).
- The NJDOH Office of Cancer Control and Prevention coordinates 10 **Regional Chronic Disease Coalitions** (RCDCs), which are volunteer groups of over 2,000 individuals and organizations including regional health providers and hospitals, non-profit organizations, faith-based organizations, local health departments, and corporate partners.
- The **Choose Your Cover** initiative is a free, state-wide skin cancer screening and education program coordinated by RCDCs and the Melanoma Workgroup of the Task Force on Cancer Prevention, Early Detection, and Treatment in New Jersey.

### Challenges

- Undocumented individuals screened and diagnosed with breast cancer enrolled in the NJCEED program are unable to receive cancer treatment funded through the Medicaid 1115 Waiver due to citizenship. NJDOH leadership and program staff have met with the Office of Legislative Services and NJ Medicaid to explore pathways for undocumented patients diagnosed with cancer to receive treatment through NJ Family Care.
- According to the Center for Disease Control and Prevention (CDC), as of June 2020, 4 in 10 adults surveyed reported delaying or avoiding routine or emergent medical care because of the pandemic. This phenomenon exacerbated existing health disparities disproportionately affecting priority populations.

- The New Jersey Cancer Education and Early Detection Screening Program (NJCEED) cannot provide lung cancer screening because of the high cost, but they partner with ScreenNJ to coordinate lung cancer screening services.

### Disparities/inequities

- In the total New Jersey population and among each racial/ethnic group, males have higher cancer incidence and death rates than females, with the exception of Asian and Pacific Islander (API) persons. API females have slightly higher cancer incidence rates than males but have lower cancer mortality rates.
- The age-adjusted incidence rate due to invasive cancer, which had been highest among Black males in New Jersey for many years, has recently been surpassed by White males.
- The age-adjusted death rate due to cancer is highest among Black persons in New Jersey, but the gap is narrowing.
- Lung cancer death rates among White and Black persons are more than double those of Hispanic and Asian persons.
- While breast cancer incidence rates are highest among White women in New Jersey, breast cancer mortality rates are highest among Black women.
- Black men have the highest prostate cancer incidence and mortality rates in New Jersey, with 48% higher incidence rates than White men (221.4 vs. 135.6 in 2017-2021) and 77% higher mortality rates (35.7 vs. 15.8 in 2017-2021).
- NJCEED places a special focus on racially and ethnically diverse populations who are disproportionately impacted by a late-stage cancer diagnosis, low cancer screening rates, cancer incidence and mortality, and unmet health-related social needs. These populations consist of non-Hispanic Black, Hispanic, seasonal migrant workers, foreign-born populations, undocumented populations, recognized urban residents, Tribal, and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) populations.

## Chronic Kidney Disease

Early detection and treatment are critical to managing any chronic disease and it is especially vital to preventing chronic kidney disease (CKD) from progressing to end-stage renal disease. Early screening is important with this condition because many people with CKD may not have any severe symptoms until their kidney disease is advanced. If CKD goes untreated, kidneys can stop working and kidney failure is imminent. Kidney failure is also known as end-stage renal disease (ESRD) which requires dialysis or a kidney transplant to survive. Diabetes is the most common cause of kidney failure.<sup>43</sup>

Objective		Total	Asian	Black	Hispanic	White
CKD-1	Reduce kidney disease deaths	Improved	Improved	Improved	Little or no change	Improved
CKD-2	Reduce end-stage renal disease cases	Little or no change	Little or no change	Little or no change	Got worse	Little or no change
CKD-3	Reduce end-stage renal disease due to diabetes	Improved	Improved	Target met or exceeded	Little or no change	Improved
CKD-4	Reduce end-stage renal disease deaths	Got worse	Got worse	Got worse	Got worse	Got worse

The overarching goal of NJDOH’s Chronic Renal Disease Program is to assist in the development of statewide programs for the care and treatment of persons suffering from chronic renal diseases, including medical procedures and techniques which will have a lifesaving effect in the care and treatment of persons suffering from the diseases. Funds are awarded to provide care for eligible patients with End Stage Renal Disease (ESRD) on renal dialysis through medication and nutritional supplement assistance. The grantee plans and conducts annual organized outreach efforts to licensed dialysis centers, with special emphasis on assuring medication and nutritional supplements assistance for the uninsured, minority, and/or low-income populations as defined in the eligibility criteria as well as reaching disadvantaged racial and ethnic minority groups. Our main objectives are to:

- Provide New Jersey residents with End Stage Renal Disease (ESRD) primary and tertiary services
- Increase accessibility to renal medications and nutritional supplements
- Reduce the incidence of ESRD
- Reduce death due to ESRD

To persons who meet the following eligibility criteria:

- No health insurance coverage or limited health insurance coverage
- Income at or below the most recent Federal Poverty Level Guideline

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### Projects

- The NJDOH [End Stage Renal Disease \(ESRD\) Patient Assistance Program](#) provides financial reimbursement for formulary-based medications and nutritional supplements for people with ESRD receiving renal dialysis at a facility enrolled in the Renal Disease Patient Assistance Program who have an income at or below 300% of the federal poverty guideline.
- The five-year (2023-2028) CDC cooperative agreement “[A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes](#)” will support grantees to improve early detection of chronic kidney disease (CKD) in priority populations with diabetes.

### Recent Proposed Legislation

- [S1028/A2020](#) establishes the Kidney Disease Prevention and Education Task Force

### Grants and funding given by NJDOH

- NJDOH partnered with the [National Kidney Foundation](#) to assess current testing rates and increase testing for chronic kidney disease for people diagnosed with diabetes.
- In 2021, NJDOH funded the [Transatlantic Renal Council](#) (TARC), Inc to provide renal medication and/or nutritional supplements to 50 facilities in New Jersey. In fiscal year 2021, over 512 patients were served.

### Grants received by NJDOH

- [CDC Cooperative Agreement DP23-0020](#): Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes (2023-2028)
- [CDC Preventive Health and Health Services Block Grant](#)

### Assets/resources

- The National Kidney Foundation offers education and support to individuals and professionals.
- The state-funded Kidney Renal Program provides kidney dialysis to individuals with no insurance or Medicaid.

### Challenges

- An estimated 37 million Americans have chronic kidney disease (CKD). Nearly 90% do not know about their condition because of low awareness about the importance of CKD testing and diagnosis among practitioners and people at risk for CKD.<sup>44</sup>
- The number of individuals needing free dialysis services is increasing, therefore more funding is needed.

### Disparities/inequities

- Chronic kidney disease is disproportionately distributed across the population. There are significant disparities in prevalence, treatment, and mortality based on race/ethnicity, socioeconomic status, and weight status.
- For all four Healthy New Jersey 2020 objectives, the rate among Black persons was more than double that of other racial/ethnic groups throughout the decade.

## Diabetes

Diabetes is among the leading causes of death in the U.S. and New Jersey, the number one cause of kidney failure, lower extremity amputations, and adult-onset blindness. It is also a leading cause of heart disease and stroke. According to the CDC, 38 million Americans, about 1 in every 10 people, have diabetes and 1 in 5 people are not aware of their condition. In addition, it is estimated that 98 million American adults, more than 1 in 3, have prediabetes, and of these, more than 8 in 10 are not aware of their condition.<sup>45</sup>

	Objective	Total	Asian	Black	Hispanic	White
DM-1	Reduce diabetes deaths	Improved	Improved	Improved	Improved	Improved
DM-2	Reduce lower extremity amputations among persons with diabetes	Got worse	Got worse	Little or no change	Got worse	Got worse
DM-3	Increase dilated eye exams among adults with diabetes	Little or no change	Little or no change			
DM-4	Increase glycosylated hemoglobin (A1C) testing among adults with diabetes	Improved	Got worse	Improved	Target met or exceeded	Improved

### Projects

- The CDC cooperative agreement [\*Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke\*](#) (2018-2023) supported state investments in the implementation and evaluation of evidence-based strategies to prevent and manage diabetes and cardiovascular disease in high-burden populations and communities, thereby contributing to improved health outcomes. Half of these funds were allocated to diabetes interventions. Specific diabetes strategies included:
  - Improved access to and participation in [American Diabetes Association](#) (ADA)-recognized and/or [Association of Diabetes Care & Education Specialists](#) (ADCES)-accredited Diabetes Self-Management Education and Support (DSMES) programs in underserved areas working with health care organizations to better identify and refer patients with prediabetes and diabetes.
  - Increased the engagement of pharmacists in the provision of medication management therapy (MTM) and DSMES for people with diabetes.
  - Collaborated with payers and relevant public and private sector organizations within the state to expand availability of [National Diabetes Prevention Program](#) (DPP) as a covered health benefit.
- The CDC cooperative agreement DP23-0020, [\*A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes\*](#), a 5-year (2023-2028) cooperative agreement to support the prevention or delay onset of type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes will support grantees implementing strategies including:
  - Strengthen self-care practices by improving access, appropriateness, and feasibility of Diabetes Self-Management Education and Support (DSMES) services for priority populations.

- Increase access to and participation in the American Diabetes Association (ADA)-recognized and Association of Diabetes Care and Education Specialists (ADCES)-accredited DSMES services among priority populations with diabetes.
    - Increase access to and participation in complementary diabetes support programs and services.
  - Support the development of multi-directional e-referral systems that support the electronic exchange of information between health care providers and Community-Based Organizations (CBOs).
  - Improve the sustainability of Community Health Workers (CHWs) by building or strengthening a supportive infrastructure to expand their involvement in evidence-based diabetes prevention and management programs and services.
  - Improve the capacity of the diabetes workforce to address factors related to the social determinants of health (SDOH) that impact health outcomes for priority populations with and at risk for diabetes.
  - Prevent diabetes complications for priority populations through early detection.
    - Increase diabetic retinopathy screening in priority populations with diabetes.
    - Improve early detection of chronic kidney disease (CKD) in priority populations with diabetes.
  - Expand availability of the National Diabetes Prevention Program (DPP) lifestyle program as a covered benefit for Medicaid beneficiaries at high risk for diabetes.
- In accordance with statute, [N.J.S.A. §26:2-142.1](#), the New Jersey Department of Health (NJDOH), in consultation with the New Jersey Department of Children and Families ([DCF](#)) and the New Jersey Department of Human Services ([DHS](#)), is required to develop a Diabetes Action Plan, that details the impact of diabetes in the State of New Jersey. The plan includes a set of actionable items for consideration by the Legislature, to reduce the incidence of diabetes in New Jersey, improve diabetes care, and control complications associated with the disease.
  - The NJDOH [Diabetes Prevention and Control Program](#) (DPCP) partners with the [NJ FamilyCare Office of Medicaid](#) to expand access to the National DPP to Medicaid beneficiaries.

### Recent Policies and Legislation

- [P.L.2023, c. 105](#) limits cost sharing for health insurance coverage of insulin.

### Outreach

- Outreach is done through Diabetes Prevention and Control Program grantees listed below.

### Grants given by NJDOH

- To increase awareness, access to, and utilization of American Diabetes Association-accredited Diabetes Self-Management Education and Support (DSMES): Diabetes Foundation Inc., Zufall Health Center, Visiting Homemaker Services of Passaic County, Ocean County Board of Health, and Middlesex County

- To increase enrollment and participation in the National Diabetes Prevention Program (DPP): Shore Memorial Hospital, YMCA of Montclair, New Jersey YMCA State Alliance, and Ocean County Board of Health
- To increase the engagement of pharmacists in the provision of medication management therapy or DSMES for people with diabetes: Zufall Health Center, Ocean Health Initiatives, and Pharmacist Institute of New Jersey
- To assist health care organizations in implementing a system to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs: New Jersey Academy of Family Physicians
- To increase access to free eye examinations for uninsured or underinsured residents with diabetes by deploying mobile vision services to hard-to-reach areas: New Jersey Department of Human Services' Diabetic Eye Disease Detection Program
- To provide telephone-based screening and referrals to diabetes programming: NJ 211
- To increase access to and utilization of DSMES and DPP: Rutgers University, CentraState Healthcare System, and New Jersey Academy of Family Physicians

### Grants received by NJDOH

- [CDC Cooperative Agreement DP18-1815](#): Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke (2018-2023)
- [CDC Cooperative Agreement DP23-0020](#): Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes (2023-2028)
- [CDC Preventive Health and Health Services Block Grant](#)

### Assets/resources

- Diabetes Self-Management Education and Support (DSMES) is a critical element of care for all people with diabetes. DSMES offers participants the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist in implementing and sustaining the behaviors needed to manage the condition on an ongoing basis. [NJ211](#) offers a list of recognized DSMES programs across New Jersey.
- The [Diabetes Foundation](#) offers free lifestyle education, emergency insulin, diabetes supplies, self-management education and social support.
- The National Diabetes Prevention Program (NDPP) is a research-based program that focuses on healthy eating and physical activity for people with prediabetes. The NDPP offers a [list of providers](#) across New Jersey.

### Challenges

- According to the CDC, overall incidence of type 1 and type 2 diabetes have significantly increased among children and adolescents.

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- Social determinants of health, including income, education, housing, and access to healthy foods contribute to the development and progression of type 2 diabetes.
- The most common complications for people with diabetes include cardiovascular disease, chronic kidney disease, diabetic retinopathy and neuropathy, and teeth and gum disease.

### Disparities/inequities

- Diabetes prevalence is highest among Hispanic and Black persons and the mortality rate among Blacks is about double that of other racial/ethnic groups. The lower extremity amputation rate is highest among Black persons with diagnosed diabetes, followed by Whites.
- Hemoglobin screening and eye exams are least common among Hispanic persons with diagnosed diabetes.

## Environmental Health

The environment plays a key role in public health. Environmental exposures such as lead, radon, air pollution, and poor water quality can adversely impact our health. Air quality in New Jersey has been improving as the State continues to exceed the health benchmarks for many toxic emissions. Community water systems provide drinking water to more than 85% of the state’s population. The [USEPA](#) and [NJDEP](#) require mandatory, regular monitoring of treated water delivered to the public.

	Objective	Total
EH-1a	Reduce the number of unhealthy outdoor air days due to carbon monoxide	Target met or exceeded
EH-1b	Reduce the number of unhealthy outdoor air days due to particulate matter	Target met or exceeded
EH-1c	Reduce the number of unhealthy outdoor air days due to lead	Target met or exceeded
EH-1d	Reduce the number of unhealthy outdoor air days due to sulfur dioxide	Target met or exceeded
EH-1e	Reduce the number of unhealthy outdoor air days due to nitrogen dioxide	Target met or exceeded
EH-2	Increase homes tested for radon	Improved
EH-3	Increase radon mitigation in homes with high levels of radon	Improved
EH-4a	Increase the percentage of community water systems meeting chemical standards	Improved
EH-4b	Increase the percentage of community water systems meeting radiological standard	Improved
EH-4c	Increase the percentage of community water systems meeting microbiological standards	Improved
EH-5	Reduce the number of beach closings due to elevated bacteriological levels	Target met or exceeded

### Projects

- **New Jersey Environmental Public Health Tracking ([EPHT](#))**
- U.S. Agency for Toxic Substances and Disease Registry ([ATSDR](#))’s **Partnership to Promote Local Efforts to Reduce Environmental Exposure ([APPLETREE](#))/Hazardous Sites Project**
- New Jersey Drinking Water and Public Health, [Private Well Outreach Project](#)

### Outreach

#### *Environmental Public Health Tracking (EPHT)*

- Numerous **social media** posts during the last five years via NJDOH and NJDEP Facebook, X (formerly Twitter), and Instagram. For example, between August 1, 2023, and July 31, 2024, we posted 71 times on

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Facebook, 47 times on Twitter, and 6 times on Instagram. Our 2023 social media received 988 likes, 146 shares, 49,262 Twitter views, and 485 Bit.ly clicks.

- Multiple **press releases** regarding the launch and expansion of new public-facing websites/data tools, including:
  - Potential Lead Exposure Mapping (PLEM) [Tool](#), January 2022 expansion and October 2021 [launch](#)
  - Healthy Community Planning – NJ (HCP-NJ) [website](#), June 2022 launch
  - Environmental Justice Mapping, Assessment and Protection (EJMAP) [tool](#), April 2023 launch
  - [Heat Hub video](#), April 2024 launch
- **Training** of the public health workforce in the use of online NJDOH and NJDEP environmental health tools and resources. EPHT staff annually provide a demonstration of EPHT’s online tools for graduate students at the Rutgers School of Public Health; and give a presentation at the New Jersey Environmental Health Association annual conference and the New Jersey League of Municipalities annual conference.
- Outreach to local, regional, and county health departments to increase awareness and usage of the HCP-NJ website data and resources.

### *Hazardous Sites: ATSDR’s Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE)/Hazardous Sites Project*

- NJDOH staff addressed health concerns for an elementary school with elevated levels of lead and polyaromatic hydrocarbons detected in surface soil by presenting findings to the Board of Education of Ridgewood school district in April 2020.
- NJDOH staff hosted a community meeting in June 2022 to present the findings of the public health assessment for the Former Kil-Tone Company NPL site in Vineland, New Jersey. The meeting was held to solicit public comments on the health assessment document.
- NJDOH staff attended a press conference in May 2022 with school officials and elected officials to discuss results from a health consultation which was completed for Colonia High School evaluating radioactive material that was detected in the school.
- At the request of the USEPA, NJDOH and ATSDR regional staff attended an availability session and a public meeting in February 2024 to provide educational materials and address health concerns from parents and teachers at a school found to contain elevated levels of lead in soil due to historic pottery manufacturing operations in the area. NJDOH staff provided [fact sheets](#) to school staff and parents on reducing exposures to lead in soil. These fact sheets were provided in both English and Spanish.
- NJDOH staff developed and provided time-critical information related to exposures to indoor air levels of Trichloroethylene for two different impacted communities. Staff coordinated with the NJDEP to provide training to Licensed State Remediation Professionals to ensure that the NJDOH [fact sheet on Trichloroethylene](#) is distributed whenever there is an exceedance of the contaminant in indoor air above the health guideline value.

- NJDOH assisted the New Jersey Department of Environmental Protection (NJDEP) for establishing a level of Trichloroethylene (TCE) in indoor air that would prompt immediate actions to protect pregnant women or women of childbearing age from exposures to TCE. The NJDEP will consider modifying their current remedial timeframes for TCE based on ATSDR's threshold of concern for fetal heart effects and develop a mechanism for temporary relocation for women who may be pregnant until TCE levels can be reduced to below ATSDR's threshold with the ultimate goal of reducing TCE levels to below NJDEP's indoor air remediation standard.
- NJDOH staff developed and disseminated [Safe Gardening](#) fact sheets to residents living near two Superfund sites discussing how to [reduce exposures to contaminated soil](#). These are available in English and Spanish.
- NJDOH APPLETREE staff prepared a pica behaviors and exposures to contaminated soil [fact sheet](#) for people with pica behaviors living in communities with soil contamination. This issue is particularly important in residential areas where soil may be contaminated with lead, arsenic, or other hazardous substances.
- NJDOH staff developed [guidance](#) for school districts and their environmental consultants to evaluate mercury-containing flooring systems which may emit mercury vapors in excess of NJDOH guidance levels. A [factsheet](#) addressing parental concerns and explaining the guidance for floor evaluation was also developed and NJDOH collaborated with the regional Pediatric Environmental Health Specialty Unit (PEHSU) at Mount Sinai who developed fact sheets for [clinicians](#) in addition to [parents](#).
- NJDOH staff presented newly developed resources for local health officials at the [New Jersey Environmental Health Association's](#) (NJEHA) annual conference. Staff explained how ATSDR helps communities reduce exposures to hazardous substances and how local health officials can use ATSDR/NJDOH as a resource in their communities.
- NJDOH staff prepared 43 letters which provided technical evaluation to NJ residents on inquiries related to cancer, indoor air analyses, air cleaning devices, exposures to contaminated soil and spills.
- NJDOH developed the following fact sheets to address specific issues related to the COVID-19 pandemic:
  - [Disinfectant Use](#) – Do It Right! Guidance for New Jersey Schools During the COVID-19 Pandemic
  - [Air Cleaning Devices and Ozone](#) – What Schools Need to Know
  - [Tips to Improve Indoor Ventilation in Indoor Spaces](#): Sustainable Solutions for COVID-19 and Beyond
  - [Tips to Improve Ventilation in Childcare Centers](#)
  - [Guidance on Air Cleaning Devices for Indoor Spaces](#)
  - [Disinfectant Use in Indoor Spaces](#): Guidance for New Jersey Businesses During the COVID-19 Pandemic

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These fact sheets are consolidated in a [central location](#) for educational materials on reducing exposures to hazardous substances in homes, schools, childcare centers and businesses. The weblinks have also been provided to the NJ Department of Education to include in their monthly distribution to school superintendents.

- NJDOH staff developed a [fact sheet](#) providing information for schools and parents on Polychlorinated Biphenyls (PCBs) in School Buildings which is a state-wide and a national issue. Staff distributed this widely by using stakeholder contacts at the NJ Department of Education for distribution to NJ school superintendents.
- NJDOH APPLETREE staff assisted in the development of a [fact sheet](#) that discusses preventing heat-related illness for the general population. Climate change and the increase in extreme weather events pose a threat to public health and cases of heat-related illness have increased with rising temperatures, and storm frequency and intensity have grown. This fact sheet was developed to raise awareness and provide resources to several populations including workers, health-care providers, and youth camps.
- NJDOH APPLETREE staff assisted in the development of a [fact sheet](#) which details actions to protect health on poor air quality days. This fact sheet was prepared in response to the smoke from the Canadian wildfires impacting the northeastern region in June and was disseminated to the local health departments via a LISTSERV and shared via social media. NJ Department of Environmental Protection also posted this fact sheet on their homepage for community awareness.
- NJDOH's [Office of Minority and Multicultural Health](#) requested assistance in developing a hazard alert to health providers on the cultural uses of mercury. This [fact sheet](#), developed by NJDOH APPLETREE staff, was disseminated to physicians raising awareness about potential exposures to mercury through cultural practices.
- The [State Agriculture Development Committee](#) requested NJDOH APPLETREE staff to attend a Farm Preservation meeting to support the preservation of a farm to support safe and sustainable farming in Millville. The committee was concerned about the potential health threats from exposures to farm products grown using irrigation well water with detectable levels of tetrachlorethylene. NJDOH APPLETREE staff attended this meeting and answered questions from the committee on the letter health consultation.
- As part of ATSDR's **Choose Safe Places for Early Care and Education** initiative, APPLETREE NJDOH staff in New Jersey developed a [toolkit](#) educating childcare center operators on safer cleaning, disinfecting, and pest control methods to keep children and staff safe from exposures to hazardous chemicals. In order to conduct outreach and offer training on the toolkit to the thousands of New Jersey childcare centers, staff contacted the Childcare Resource and Referral (CCR&R) Agencies serving each New Jersey county. Since February 2020, staff have completed eight trainings of the toolkit covering 12 counties and 160 childcare center operators. This includes operators in both licensed and home-based centers.

### Grants given by NJDOH

- New Jersey's [Private Well Outreach Project](#) gives small grants to communities to test private well water.

### Grants received by NJDOH

- CDC-funded New Jersey Environmental Public Health Tracking Cooperative Agreement
- ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Cooperative Agreement

### Assets/resources

- NJ EPHT has successfully partnered with data stewards, subject matter experts, and web staff across NJDOH and NJDEP to analyze, visualize and publish environmental health data on public-facing websites. The goal of these activities is to improve awareness and utilization of environmental health data for public health action and decision making.

### Disparities/inequities

- NJ EPHT provides staff to support the NJDEP [Environmental Justice Advisory Council](#) and is responsible for partially funding the development of NJDEP's Environmental Justice Mapping, Assessment and Protection ([EJMAP](#)) tool, as well as the NJDEP [Overburdened Communities](#) website. The EJMAP tool allows users to view overburdened communities in accordance with the New Jersey [Environmental Justice Law](#), N.J.S.A. 13:1D-157. The EJMAP tool shows major sources of air pollution; large sewage treatment plants; landfills; sludge processing, scrap metal and resource recovery facilities; and a combined environmental justice stressor index.

## Healthcare-Associated Infections

Healthcare-Associated Infections (HAIs) are among the top causes of unnecessary illnesses and deaths in the United States. HAIs are infections that patients get while staying in a hospital or other health care facility – infections that the patients did not have before being admitted.<sup>46</sup> Reducing preventable HAIs is a priority for the Department of Health and under state law, New Jersey hospitals are required to submit data on health care-associated infections to the Department. The Department is required to review and analyze the data and report the results in New Jersey's annual [Hospital Performance Report](#).<sup>47</sup>

	Objective	Total
HAI-1	Reduce central line blood related infections	Got worse
HAI-2	Reduce catheter associated urinary tract infections	Target met or exceeded
HAI-3	Reduce colon surgical site infections	Target met or exceeded
HAI-4	Reduce coronary artery bypass graft surgical site infections	Got worse
HAI-5	Reduce abdominal hysterectomy surgical site infections	Target met or exceeded
HAI-6	Reduce knee arthroplasty surgical site infections	Got worse

### Projects

- Project Firstline:** CDC's national training collaborative for health care infection prevention and control for all health care workers. The NJDOH Communicable Disease Service's (CDS) [Project Firstline](#) Team is part of the Infection Control, Healthcare, & Environmental Epidemiology Program, which has developed and implemented culturally competent and inclusive novel and interactive trainings and health education tools for our diverse frontline health care workforce. Examples include, but are not limited to, an "Escape Room" challenge for infection prevention, a college tour for prospective health care workers, and a suite of "micro-learn" handouts encompassing a diverse array of infection control topics. From October 2021 through September 2024, the NJDOH Project Firstline team conducted 121 trainings statewide at various health care setting types, local health departments, and academic institutions, training a total of 5,100 participants.
- Infection Control Assessment & Response (ICAR):** The [ICAR Unit](#), established in 2015, is part of the Infection Control, Healthcare, & Environmental Epidemiology Program within the NJDOH CDS. The team comprises subject matter experts specializing in preventing and containing health care-associated infections emphasizing patient/resident and health care personnel safety and quality improvement. The ICAR Unit collaborates with health care facilities to provide focused consultation (e.g., COVID-19 containment, HAI prevention, multidrug-resistant organism) using structured infection prevention tools. ICAR consultations include an educational component focused on hand hygiene and environmental cleaning. Relationships with each facility are maintained through a listserv where facilities receive infection prevention and control-related communication.

### Recent Policies and Legislation

- NJ Rev Stat §26:2H-46.3 ([P.L.2021, c.457](#)) called for a review, standardization, and consolidation of infection reporting requirements for long-term care facilities in the state.
- NJ Rev Stat § 26:2H-12.87 ([P.L.2021, c.190](#)) requires certain long-term care facilities to develop and maintain an outbreak response plans

### Outreach

- NJDOH's [Office of Health Care Quality Assessment](#) publishes annual [Hospital Performance Reports](#) for public consumption, including HAI data for New Jersey hospitals.
  - The report can provide consumers with a picture of how well individual hospitals deliver quality health care so that they can make informed decisions about choosing a hospital.
  - The goal is to improve the quality of care delivered in New Jersey by promoting healthy competition among hospitals to improve their performance in health care delivery.
  - The report promotes self-awareness among hospitals on how they are performing compared to their New Jersey peers and the rest of the nation so that they can identify areas that need improvement to deliver the best care to their patients.
- NJDOH's [Communicable Disease Service](#) (CDS) conducts HAI prevention outreach through social media messages on Instagram, LinkedIn, Facebook, Threads, and X (formerly Twitter) to promote infection prevention and control (IPC) best practices. The campaign is called **IPC Tips of the Week** and focuses on a new subject area each month. Outreach via social media has reached over 1.5 million individuals, with 135,416 individuals engaging (e.g., post reactions, shares, comments) with the campaign.

### Grants given by NJDOH

- As part of COVID-19 supplemental funding, CDS has awarded a total of eight health service grants to bolster infection prevention and the reduction of HAIs.
  - The grants were intended to train frontline health care staff on the basics of infection prevention. Grantees were required to attend monthly grantee meetings, provide quarterly programmatic and fiscal reports, participate in quarterly site visits, provide required CDC performance measures biannually, and provide final performance reports.
  - Grant recipients included the New Jersey Association of County and City Health Officials ([NJACCHO](#)), New Jersey Hospital Association ([NJHA](#)), and Health Care Association of New Jersey ([HCANJ](#)).
  - Total grant funds awarded from 2021 through 2023 = \$1.8 million
  - As a result, a total of 14,565 health care workers received infection prevention and control training from our grant recipients between 2021 and 2024.

### Grants and funding received by NJDOH

- [Epidemiology and Laboratory Capacity \(ELC\) Cooperative Agreement](#): Annual competitive grant received by Communicable Disease Service (CDS) funds the base HAI response and prevention activities within the

Infection Control, Healthcare, & Environmental Epidemiology Program. Activities include National Healthcare Safety Network (NHSN) surveillance, infection prevention assessments, HAI response, and antimicrobial stewardship.

- **American Rescue Plan Act of 2021 – Project E: Emerging Issues (COVID-19 Supplemental Funding):**
  - **Strengthening Healthcare Associated Infection Response and Prevention (SHARP) Capacity:** Received in 2021 and extended through July 2026, the SHARP grant was meant to bolster and expand HAI programs in each state because of the COVID-19 pandemic. Funded areas include HAI prevention and response, multi-drug-resistant organism surveillance, NHSN surveillance, antimicrobial stewardship, and Project Firstline.
  - **Nursing Home & Long-Term Care Facility STRIKE Team and Infrastructure Project:**
    - CDS contracted with APIC Consulting Services, LLC., a subsidiary of the Association for Professionals in Infection Control and Epidemiology (APIC), to provide day-to-day leadership and oversight of infection prevention practices, education of staff, auditing staff, and creation and revision of policies and procedures in long-term care facilities experiencing a recent outbreak of COVID-19 or other emerging pathogens. The initiative was named “Enhanced Infection Control Support” (EICS).
    - Forty-six skilled and non-skilled long-term care facilities (LTCFs) participated in the EICS project for infection prevention placement across 16 of 21 (76%) New Jersey counties.
    - Among the 46 LTCFs, the project impacted 5,181 facility residents, with facilities having an average census of 162 residents.
    - Consultants were on-site at facilities for a range of 2 to 6 weeks during both normal working hours and nights/weekends. In total, consultants spent 7,588 hours working with skilled facilities and 2,089 hours working with non-skilled facilities.
    - During this time, consultants performed a total of 6,146 staff audits and provided 7,493 staff trainings and on the spot education.
- **Infection Control Assessment & Response (ICAR):** Annual state funding supports the ICAR Unit’s provision of remote and on-site infection prevention and control-focused assessments and consultation to various health care facilities, including acute care, long-term care, hemodialysis, and other outpatient settings.

### Assets/resources

- NJDOH applies a non-punitive approach when providing HAI prevention and infection control technical assistance to facilities or investigating outbreaks. This encourages reporting and leaves facilities more open to suggestions and prevention strategies.
- New Jersey is one of only six states that collect and publicly report HAIs related to Coronary Artery Bypass Graft (CABG) procedures and is one of only eight states that collect and publicly report HAIs related to knee arthroplasty procedures.
- The [CDC National Healthcare Safety Network](#) (NHSN) is the nation’s most widely used HAI tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate HAIs.

### Challenges

- Patient demographics are not required fields when reporting in the National Healthcare Safety Network (NHSN) database, thus limiting the utility of these data to identify health disparities.
- NHSN data is self-reported and verified by hospitals, but there is a lack of staffing and funding to conduct data audits to assess accuracy.
- The COVID-19 pandemic exposed high staff turnover in all health care settings, which negatively affects patient care and the reporting of infections through NHSN. Training for NHSN is time-consuming, and every new staff member who onboards needs to receive CDC clearance, which can take months for each person.

### Disparities/inequities

- Immunocompromised and elderly individuals are most often affected by HAIs because of their opportunistic nature.
- Because COVID-19 exposed health inequities, CDC is now asking states to collect and analyze demographic information for HAIs moving forward.
- In 2023, the Infection Control, Healthcare, and Environmental Epidemiology (ICHEE) Program started a Health Equity Taskforce representing staff among each of the Program's four units. The mission of the health equity taskforce is to enhance the well-being of all individuals by implementing comprehensive strategies that effectively prevent and reduce the burden of health care-associated infections in the state of New Jersey. Through targeted education, innovative interventions, and inclusive community engagement, we aim to reduce disparities in health care outcomes and create a safe and equitable environment for patient, health care providers, and the community at large.

## Heart Disease and Stroke

Together, heart disease and stroke, along with other cardiovascular disease, are among the most widespread and costly health problems facing the nation today. They result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. They are also among the most preventable health problems.<sup>48</sup> Hypertension is an established risk factor for heart disease and stroke. Lifestyle choices including eating healthy, maintaining a healthy weight, and exercising regularly can help prevent hypertension.

	Objective	Total	Asian	Black	Hispanic	White
HDS-1	Reduce coronary heart disease deaths	Target met or exceeded	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded
HDS-2	Reduce stroke deaths	Improved	Improved	Improved	Little or no change	Improved
HDS-3	Increase blood cholesterol screening	Target met or exceeded	Improved	Target met or exceeded	Target met or exceeded	Target met or exceeded

### Projects

- The role of the New Jersey [Heart Disease and Stroke Prevention Program](#) (HDSPP) is to implement population-based strategies (including, but not limited to policy, systems, and environmental interventions) to prevent, detect, and control high blood pressure, through community and clinical partnerships, program development, and surveillance activities, to reduce heart disease and stroke.

### Recent Legislation

- [P.L.2019, c. 476](#) provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency medical services stroke care protocols.
- [P.L.2021, c.18](#) requires NJDOH to license certain qualifying hospitals to provide full-service adult diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services.

### Outreach

- Outreach is done through HDSPP grantees listed below.

### Grants given by NJDOH

- To promote the adoption and use of electronic health records and health information technology to improve provider and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension: Zufall Health Center
- To promote the adoption of evidence-based quality measurement at the provider level for both hypertension and hypercholesterolemia (e.g., use dashboard measures to monitor health care disparities and implement activities to eliminate health care disparities): Zufall Health Center

- To support engagement of non-physician team members (e.g., nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings: Zufall Health Center and Ocean County Health Initiatives
- To promote the adoption of Medication Therapy Management (MTM) between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modifications: New Jersey Academy of Family Physicians, Pharmacy Institute of New Jersey, and Ocean County Health Initiatives.
- To increase self-measured blood pressure monitoring (SMBP) for patients with hypertension: New Jersey State YMCA Alliance, Gateway YMCA, YMCA of Montclair, CentraState, and Ocean County Health Initiatives.
- To implement cardiovascular disease risk reduction programs through CDC's Well-Integrated Screening and Evaluation for Women Across the Nation ([WISEWOMAN](#)) program: Zufall Health Center, Virtua Health System, Cooper University Hospital, Trenton Health Team, Visiting Nurse Association of Central New Jersey.

### Grants received by NJDOH

- [CDC Cooperative Agreement DP18-1815](#): Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke (2018-2023)
- [CDC Cooperative Agreement DP23-0003](#): [WISEWOMAN](#): Well-Integrated Screening and Evaluation for Women Across the Nation (2020-2028)
- [CDC Cooperative Agreement DP23-0004](#): The National Cardiovascular Health Program (2023-2028)
- [CDC Preventive Health and Health Services Block Grant](#)

### Assets/resources

- The New Jersey YMCA State Alliance's [Healthy Heart Program](#) helps participants take control of their blood pressure with support from a trained Healthy Heart Coach.

### Challenges

- Modifiable risk factors for heart disease and stroke, such as avoiding smoking, eating healthy, being physical active, and reducing sodium and stress, remain a challenge.
- It is estimated that among adults, prevalence of hypertension will increase from 51.2% in 2020 to 61.0% in 2050.<sup>49</sup>
- Social determinants of health (SDOH) have a significant impact on cardiovascular disease risk and outcomes.

### Disparities/inequities

- The age-adjusted coronary heart disease death rate in New Jersey is highest among Black persons, followed in order by White, Hispanic, and Asian persons.

- The age-adjusted stroke death rate among Black persons is 1.7 times the rate among Whites and more than double the rates among Hispanic and Asian persons.

HIV

Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. Recent scientific advances have demonstrated that early initiation of antiretroviral therapy (ART) not only preserves the health of people living with HIV but also reduces their risk of transmitting HIV to others.<sup>50</sup>

Objective		Total	Asian	Black	Hispanic	White
HIV-1	Reduce HIV/AIDS transmission	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
HIV-2	Increase HIV-infected adolescents and adults receiving care and treatment	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
HIV-3	Reduce HIV deaths	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
HIV-4	Increase the proportion of HIV+ persons in care achieving a suppressed viral load	Improved		Improved	Improved	Little or no change
HIV-5	Reduce HIV and AIDS concurrent diagnoses	Target met or exceeded		Target met or exceeded	Target met or exceeded	Improved

HIV continues to be an epidemic in New Jersey. New Jersey has one of the highest estimated proportions of women living with HIV in the United States. Of new cases diagnosed in 2021 with a documented exposure category, over 90% of cases reported sexual contact as the mode of exposure to the HIV infection. The proportion of persons exposed through injection drug use (IDU) is lower than in the past.

Projects

- The mission of the Department's [Division of HIV, STD, and TB Services](#) (DHSTS) is to prevent and reduce the spread of HIV, STDs, and TB and to ensure that those infected and at risk of infection have access to the care they need. The DHSTS provides [HIV counseling at local testing sites](#), administers the [Rapid HIV Testing Program](#) which is used to diagnose patients, and administers the [AIDS Drug Distribution Program](#) (ADDP) which provides life supporting and life sustaining medications. Free, confidential [testing and treatment for STDs](#) is made available throughout the state as well.
- The Department has implemented a [harm reduction program](#) with the goal of stopping the spread of injection-related diseases through prevention programs including increasing access to supplies and providing necessary referrals to support services.

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### Recent Policies

- N.J.A.C. 8:65 **HIV Infection Reporting** requires health care providers, counseling and testing sites, and clinical laboratories to report HIV infection diagnoses and HIV-related laboratory test results and specifies the reporting procedures and mandatory content of laboratory order and specimen submission forms.
- N.J.A.C. 8:61 **AIDS Drug Distribution Program (ADDP)** gives the clinical and financial criteria which individuals must meet in order to become enrolled in the ADDP.
- N.J.A.C. 8:63 **Harm Reduction Services** gives the process by which the Department is able to authorize agencies to provide harm reduction services within New Jersey.
- In 2021, NJDOH released [New Jersey's Strategic Plan to End the HIV Epidemic by 2025](#) which aims to:
  - Reduce the number of new HIV infections by 75%.
  - Promote access to testing so 100% of individuals living with HIV/AIDS know their status.
  - Promote access/linkage to care so 90% of those diagnosed with HIV/AIDS are virally suppressed.

### Recent Legislation

On January 18, 2022, several important legislation bills were passed and signed into law, including:

- [P.L.2021, c.409](#) repeals the statute that criminalizes sexual penetration while infected with a venereal disease or HIV under certain circumstances. Additionally, the bill requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, the name of the defendant and other individual be kept confidential.
- [P.L.2021, c.396](#) authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously.
- [P.L.2021, c.403](#) permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe.

### Outreach

- NJDOH's Division of HIV, STD, and TB Services (DHSTS), in conjunction with [Rutgers University – Robert Wood Johnson Medical School](#) maintains a **readily accessible statewide network of 100 HIV test sites**, at which individuals may obtain free and confidential rapid HIV testing to both decrease the estimated percentage of New Jerseyans unaware of their HIV status and increase the proportion of persons living with HIV (PLWH) linked to HIV care. Each year, the program tests approximately 60,000 persons. Test site locations are continuously monitored to ensure significant yields of positive test results and are geographically situated based on HIV prevalence data supplied by the DHSTS HIV Surveillance Program. HIV Testing is available in a variety of venues, including opt-out testing in health care settings such as emergency departments, primary care clinics, STD clinics, federally qualified health centers, local health departments, and even a dental clinic.
- New Jersey **Pre-Exposure Prophylaxis (PrEP) Navigator Program** is an initiative designed to provide status-neutral support to individuals seeking access to PrEP for HIV prevention. The state actively funds 38 agencies that can house one to four navigators depending on the needs of the community. Navigators

assist individuals seeking PrEP in navigating the health care system, overcoming barriers, and connecting them with appropriate resources to ensure that they can successfully initiate and adhere to PrEP.

- A **Community Health Worker (CHW)** is a frontline public health worker who is a trusted member of and/or has an in-depth understanding of the community served in providing emotional, informational, instrumental, and social (affiliation) support. Currently, DHSTS supports 24 positions. CHWs facilitate communication with medical staff for their client's needs and share personal experiences that they have encountered along the way to empower their clients.
- The [Housing Opportunities for People with AIDS \(HOPWA\) Program](#) is supported by funding from the U.S. Department of Housing and Urban Development. This funding allows NJDOH to assist persons living with HIV with access to safe and sanitary housing in the private rental market. [Hyacinth](#) was approved and funded through a RFA process for both HOPWA programs (general housing assistance and the post-incarceration housing assistance) in April 2024 and have begun the process of providing housing assistance to PLWH.
- The [AIDS Drug Distribution Program \(ADDP\)](#) provides free, life-sustaining, and life-prolonging HIV medications to low-income individuals who have no other means to pay for medicines. ADDP customers also receive other therapeutics that treat coinfections and other co-occurring conditions and illnesses. ADDP funds also provide premium assistance to enable ADDP customers to obtain health insurance coverage. Customers can purchase Marketplace policies and apply for ADDP-funded [Health Insurance Premium Payment \(HIPP\)](#) program for assistance. HIPP will then pay the premium on behalf of the customer. ADDP is supported by grant funds through the federal Ryan White Part B program.
  - To be eligible to participate in ADDP/HIPP a person must be New Jersey resident, have an HIV diagnosis, have a household income that does not exceed 500% of the federal poverty level, and have no other payment source for these services.
  - As of April 30, 2023, ADDP enrolled 7,627 individuals, 904 of whom also receive premium assistance.

#### Grants given by NJDOH

- In 2023, 107 grants totaling nearly \$42.5 million were given to hospitals, FQHCs, research institutions, local governments, and other organizations in New Jersey.

#### Grants received by NJDOH

- [PS22-2201: National HIV Behavioral Surveillance \(NHBS\)](#) supports ongoing national bio-behavioral surveillance to monitor HIV-related behaviors, detect changes over time in HIV risk behaviors among populations overburdened by HIV infections, and to inform and evaluate HIV prevention activities. It also aims to fill gaps in knowledge regarding HIV prevention priorities among populations in geographic areas where current data are limited. (January 1, 2022 – December 31, 2027)
- [PS20-2005: Medical Monitoring Program \(MMP\)](#) is a surveillance system designed to learn more about the experiences and needs of people who are living with HIV. MMP is unique in that it describes comprehensive clinical and behavioral information from persons carefully sampled to represent everyone diagnosed with HIV in the U.S. The data are collected through in-person or telephone interviews with

participants as well as a two-year medical chart abstraction for all persons who have been in care. Because MMP's estimates are designed to be locally and nationally representative, the information gathered from MMP may be used by prevention planning groups, policy leaders, health care providers, and people living with HIV to highlight disparities in care and services and to advocate for needed resources. (June 1, 2020 – May 31, 2025)

- [PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States](#) supports the development and implementation of programs tailored to ending the HIV epidemic in the U.S. Its purpose is to implement comprehensive HIV programs, that complement programs, such as the Ryan White program and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools, and resources to reduce new HIV infections by 75% in 5 years.
- [PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States](#) supports strategic partnerships, communication, peer-to-peer technical assistance (TA), and jurisdictional planning efforts to address emerging needs of targeted jurisdictions through CDC-funded state and local health departments and their ability to end the HIV epidemic in the U.S. (September 30, 2019 – September 29, 2020)
- [PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments](#) to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV. (January 1, 2018 – July 31, 2024)
- [HRSA-22-033: Ryan White HIV/AIDS Program HIV Care Grant Program – Part B States/Territories Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental Awards](#) to assist states in developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income people with HIV (April 1, 2022 – March 31, 2027) and to supplement formula-based funding provided through the HIV Care Grant Program (September 2020 – September 2029)

### Other actions

- New Jersey [signed](#) on to the **Undetectable = Untransmittable (U=U)** campaign in 2018.

### Challenges

- Continued HIV-related stigma, even with prevention tools like PrEP, exist both within communities and among health care providers.
- Mental health among persons infected with HIV remains a significant barrier to medication adherence that impacts viral suppression.

### Disparities/inequities

- HIV diagnoses among gay and bisexual men rose from 53 percent of all reported cases in 2010 to 64 percent of cases in 2020.
- HIV diagnoses continue to disproportionately affect minority communities in New Jersey with 80 percent of new infections in 2021 being reported among persons who identify as Black or Hispanic.

- Between 2010 and 2020, HIV infections reported among persons who inject drugs dropped from 8 percent to 4 percent in New Jersey.

## APPENDICES

### Immunizations

Vaccines play an important role in keeping us healthy. They protect us from serious and sometimes deadly diseases.<sup>51</sup> The increase in child life expectancy is largely due to reductions of mortality by infectious diseases through the administration of vaccines. Early childhood immunization has been proven to be a safe and cost-effective means of controlling vaccine-preventable diseases.

	Objective	Total	Asian	Black	Hispanic	White
IMM-1a	Increase children aged 19-35 months receiving 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccines	Little or no change				
IMM-1b	Increase infants aged 0-3 days receiving birth dose of hepatitis B vaccine	Target met or exceeded				
IMM-1c	Increase children aged 19-35 months receiving 4 doses of pneumococcal conjugate vaccine (PCV)	Little or no change				
IMM-2	Increase children aged 19-35 months receiving 4:3:1:4:3:1:4 vaccination series	Little or no change				
IMM-3	Increase adults 65+ who ever received pneumonia vaccination	Little or no change		Target met or exceeded	Got worse	Little or no change
IMM-4	Increase adults 65+ who receive seasonal flu vaccination	Improved		Target met or exceeded	Target met or exceeded	Improved

The New Jersey Department of Health (NJDOH), [Vaccine-Preventable Disease Program](#) (VPDP) works to reduce and eliminate the incidence of vaccine-preventable diseases affecting children, adolescents, and adults by raising the immunization coverage rates of New Jersey's citizens. The VPDP promotes timely vaccination through education and collaboration with private and public health care stakeholders such as: the NJ [Department of Education](#), NJ [Department of Children and Families](#), Health Service Grantees (HSG), private practitioners, local health departments (LHD), [Federally Qualified Health Centers](#) (FQHC) and through collaboration and funding of our statewide immunization coalitions, the [New Jersey Immunization Network](#) (NJIN) and the [Essex Metro Immunization Coalition](#) (EMIC).

The VPDP is funded with a combination of Federal and State funding, with most of the funding deriving from a Cooperative Agreement with the Centers for Disease Control and Prevention. The program's annual operational budget is approximately \$10 million which funds the program's staff of 40 as well as activities carried out by our HSGs. The Centers for Disease Control and Prevention also provided annual funding assistance with approximately \$90 million in vaccine support. In addition, in 2020 the Program received a COVID-19 supplemental funding opportunity for approximately \$181 million to prioritize the COVID-19 pandemic response.

In New Jersey, with the exception of  $\geq 2$  doses of influenza vaccine,  $\geq 2$  doses of Hep A, and the combined seven-vaccine series (all of which were between 59-69%), coverage exceeded 70% for  $\geq 1$  MMR (97.0%),  $\geq 1$  Varicella (96.3%), Rotavirus (72.7%),  $\geq 4$  DTaP (80.9%),  $\geq 3$  Hep B (81.6%), Hib (full series--80.0%),  $\geq 4$  PCV (77.7%),  $\geq 3$  Polio (96.8%). New Jersey reached the Healthy People 2020 targets of 90% for children by age 35 months for the following vaccines:  $\geq 3$  Polio (96.8%),  $\geq 1$  MMR (97.0%), and  $\geq 1$  Varicella (96.3%).

#### NJDOH Projects

- Maintained and promoted health equity through the [Vaccines for Children](#) (VFC) Program, a federally funded, state-operated vaccine supply program that provides pediatric vaccines at no cost to doctors who serve children who might not otherwise be vaccinated because of inability to pay.
- Promoted pediatric and adolescent immunization standards to health care providers through the creation and distribution of educational tools used to provide information and tips on how to improve vaccination practice including assessment, recommendation, administration, referral, and documentation.
- Supported health service grantees through various immunization activities including:
  - Implemented childhood immunization tracking programs.
  - Increased access and resources (e.g., translation services) to assist with back-to-school immunizations.
  - Promoted community-based immunization services in underserved areas.
  - Promoted vaccine-specific educational offerings.
- Collaborated and offered annual immunization education to health care providers, stakeholders (e.g., local health departments), and community partners (e.g., faith-based organizations) through webinars, in-person trainings, and conferences (e.g., New Jersey Immunization Conference).
- Annually collected, maintained, and analyzed the immunization status of students attending public and non-public schools, including licensed childcare and preschool facilities, via the [Annual Immunization Status Report](#) (ASR) and local health department school immunization audits.
  - Students must be vaccinated in accordance with N.J.A.C. 8:57-4, **Immunizations of Pupils in School** regulations. The mandatory ASR is a self-reported survey that is used to assess immunization coverage with mandated vaccines among students enrolled in childcare/preschool, Kindergarten/Grade 1 (entry level), Grade 6, and Transfer students in any grade. These data also assist NJDOH and local health departments in identifying areas of low vaccination coverage.
  - Local health departments must conduct immunization audits of school, preschool, and childcare facilities in accordance with N.J.A.C. 8:52, **Public Health Practice Standards of Performance**. Annual auditing is considered a best practice to capture accurate, current, and relevant data for assessing immunization status of a community and vulnerability during a potential outbreak. These public health audits serve to validate the self-reported ASR data submitted by facilities and assist with portraying a more accurate snapshot of immunization rates among New Jersey children attending schools, childcare, and preschool facilities.
  - NJDOH continued to enhance its data collection reports to ensure comprehensive reporting and improve ease of use.

- Annually hosted the [Hot Shots for Tots \(HSFT\) Immunization Campaign](#) for childcare facilities to encourage childhood vaccination. The campaign is a voluntary, point-based incentive program for childcare facilities. Participating facilities select from qualifying immunization-related activities (which include flu-related activities) to earn points toward reaching one of the three award levels: Gold, Silver, or Bronze. The campaign encourages and facilitates a collaboration with immunization stakeholders to promote best practices and improve immunization coverage.
- Continued to collaborate with the Partnership for Maternal and Child Health of Northern New Jersey for the annual [Protect Me With 3+ \(PMW3<sup>+</sup>\)](#) poster and video campaign. The campaign was rebranded for the 2022-23 cycle with a newly designed website, logo, and a new tagline of “Create. Educate. Vaccinate.” The contest challenges New Jersey middle and high school students in grades 5 through 12 to raise awareness about the importance of adolescent immunizations: tetanus, diphtheria, acellular pertussis (Tdap), human papillomavirus (HPV), meningococcal (MenACWY), flu, and COVID-19 vaccines.
- Trained health care providers to utilize the **New Jersey Immunization Information System (NJIS)**, statewide immunization registry, to track immunization coverage rates and utilize reminder/recall for children who are due or overdue for vaccinations.
- Provided consultation and technical assistance to schools, physicians, local health agencies, and others regarding compliance with school-based immunization regulations/policies and reporting through the development and/or creation of educational webinars, frequently asked questions, toolkits, checklists, brochures, NJLINC messages, E-Blasts, etc.
- Used **national immunization awareness events** (National Influenza Vaccination Week, National Infant Immunization Week, and National Immunization Awareness Month) as opportunities to promote routine immunizations through press releases and social media campaigns.
- Continued its collaboration with the [Partnership for Maternal and Child Health of Northern New Jersey](#) for its [Power to Protect NJ statewide flu campaign](#) to encourage residents to get vaccinated and take steps to protect themselves and others. This campaign features social media shareables, posters, and frequently asked questions that can be shared with various audiences.
- Developed two initiatives to help promote flu prevention among our partners, the [New Jersey Influenza Honor Roll](#) and the [NJ College & University Flu Challenge](#). The Honor Roll recognizes institutions that encourage and promote flu prevention within their communities across the state. There are four eligible categories to participate: businesses, community-based organizations, institutions of education, and health care facilities. The Flu Challenge is a separate initiative designed to engage college students in a friendly competition to improve flu vaccination coverage on their campuses.
- Developed the **Capture/Recapture Hepatitis B project**. This project matches records in the Communicable Disease Reporting Surveillance System ([CDRSS](#)) of cases of hepatitis B virus (HBV) with New Jersey’s electronic birth registry to identify any live births to hepatitis B positive mothers that may have been missed from birth cohorts 2021 and 2022. Additionally, analysis will be conducted on the hepatitis B vaccine birth dose for all live births in hospitals in New Jersey. All infants are recommended to receive

their first dose of hepatitis B vaccine within 24 hours of birth. This recommendation is regardless of mother's hepatitis B infection status at time of birth.

- Promoted catch-up on routine immunizations and COVID-19 vaccine through public service announcements, Facebook Live events, and statewide advertising campaigns.

#### Recent Policies and Legislation

- New Jersey's **influenza vaccination law** enacted in January 2020, N.J.S.A. § 26:2H-18.79-18.81 ([P.L.2019, c. 330](#)) requires all employees of hospitals, nursing homes, and home health agencies to get an annual flu vaccine. The only exception is if an employee is medically contraindicated from receiving the flu vaccine.
- [P.L.2019, c.332](#) requires students at institutions of higher education to receive **immunization for meningitis** in accordance with recommendations of the [Advisory Committee on Immunization Practices](#) (ACIP).

#### Outreach

- All outreach conducted by VPDP or grantees are included in the projects listed above.

#### Grants given by NJDOH

- **CDC Cooperative Agreement:** Health service grants, provided by federal funds, were given to Health Service Grantee agencies to reduce and eliminate the incidence of vaccine-preventable diseases affecting children, adolescents, and older adults by raising immunization coverage rates.
- **COVID-19 Supplemental Grant**
  - New Jersey Department of State: Support COVID-19 vaccine outreach, education, and administration and monitoring for New Jersey's three state-recognized tribes and inter-tribal people.
  - NJDOH Office of Local Public Health: Coordination of local health departments (LHD) to increase COVID vaccinations across New Jersey including high risk and underserved areas.
  - NJDOH Division of Family Health Services: Collaborate with community and faith-based organizations to deliver COVID-19 vaccine education in multiple languages, outreach, and administration to vulnerable populations.
  - NJDOH Office of Primary Care, Rural and Public Health: Expansion of COVID-19 vaccination for at-risk and vulnerable populations through a competitive grant opportunity open to FQHCs, urgent care centers, pharmacies, and community-based providers.
  - NJDOH Office of Population Health: Conduct key informant surveys to inform vaccine planning and implement best practices to improve vaccine equity.
  - NJDOH Division of HIV, STD, and TB Services: Collaborate with community-based networks to deliver comprehensive COVID-19 vaccine education, outreach, and administration to the people they service.

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- Partnership for Maternal and Child Health of Northern New Jersey: Expand on **Protect Me With 3+ (PMW3+), Adolescent Immunization Initiative** to include COVID-19 vaccine along with implementing the COVID-19 College Initiative.
- NJDOH Office of Communications (COMMS) implemented several COVID-19 public health communications campaigns in various languages using trusted health professionals and community members in public service announcements, Facebook Live events, statewide advertising campaigns, webinars, etc., to highlight the importance of receiving the COVID-19 primary series and booster shots. COMMS also promoted the national **We Can Do This** media campaign, which provided health education, and encouraged COVID-19 vaccination.

### Grants received by NJDOH

- **CDC Cooperative Agreement:** Through this application, the Vaccine Preventable Disease Program (VPDP) will continue work on the Vaccine for Children Program, Population Assessment, Epidemiology and Surveillance, and Acute Flaccid Myelitis Surveillance.
- **COVID-19 Supplemental Grant:** In 2020, VPDP received a funding opportunity for approximately \$181 million to prioritize the COVID-19 pandemic response.

### Assets/resources

- The CDC launched the [Routine Immunizations on Schedule for Everyone](#) (RISE) initiative in 2022 to provide actionable strategies, resources, and data to support getting all Americans back on-schedule with their routine immunizations to protect everyone from vaccine-preventable disease and disability.
  - CDC is encouraging health care professionals, schools, and partners to promote vaccinations and communicate why being up to date on routine vaccinations is critical for staying healthy so that families and adults can make informed decisions.
- [Vaccinate with Confidence](#) is CDC's strategic framework to strengthen vaccine confidence and prevent outbreaks of vaccine-preventable diseases in the United States. The [Vaccine Misinformation Management Guide](#) was created by [UNICEF](#) to aid organizations through the development of strategic and well-coordinated national action plans to rapidly counter vaccine misinformation and build demand for vaccination that are informed by social listening. The NJDOH VPDP supplemented these tools to create [state-specific toolkits](#) for New Jersey parents, guardians, and health care providers.

### Challenges

- The COVID-19 pandemic caused disruptions in routine health services including vaccinations for adults and children. Routine vaccine orders and administration are rebounding but unevenly. The rebound may be insufficient to catch up everyone that missed a vaccine dose in 2020 and 2021.
- Unvaccinated and under-vaccinated children continue to contribute to a growing pool of susceptible individuals, thus the risk for new infectious disease outbreaks increases. Over nearly three decades, **non-medical exemption** rates have continued to increase, particularly in states with more lenient exemption criteria. Public health officials and health care providers worry that non-medical exemptions can

compromise herd immunity leaving schools and communities vulnerable to outbreaks of vaccine preventable diseases.

- The elimination of non-medical exemptions may improve immunization coverage rates. High childhood vaccination coverage has reduced the morbidity and mortality due to vaccine-preventable diseases.
- Currently, six states have enacted legislation to eliminate non-medical exemptions: California, Connecticut, Maine, Mississippi, New York, and West Virginia. States with a less convenient process to attain an immunization exemption, or with disincentives for noncompliance with vaccination policies (e.g., exclusion from attendance in public schools), often have lower overall rates of vaccine exemptions among their kindergarten populations and, in turn, an overall greater rate of vaccine compliance.
- Although the removal of non-medical exemptions has reduced the non-medical exemption rate, some states saw increase in medical exemptions, which may mitigate efforts to improve vaccine coverage. Therefore, ensuring that medical exemptions are evaluated using Advisory Committee on Immunization Practices (ACIP) guidelines is critical to improving overall vaccination rates.
- **Parental concerns and vaccine hesitancy** are key barriers to children being immunized. The COVID-19 pandemic disrupted access to routine care, including routine childhood vaccination. Vaccine misinformation and disinformation during the pandemic may have further contributed to a decline vaccine confidence.

#### Disparities/inequities

- Data collected through the CDC's [National Immunization Survey](#) illustrate coverage rate variation by age and socioeconomic status. Data are available on [ChildVaxView](#) and [TeenVaxView](#).
- According to the vaccination coverage estimates for survey year 2022 obtained through the CDC [National Immunization Survey-Child](#) (NIS-Child), vaccination coverage by age 35 months remains high, but disparities by race and ethnicity, poverty status, health insurance status, and urbanicity persist and are widening for some subgroups both nationally and in New Jersey. A significant widening of the gap in vaccination coverage was seen for children living at or above the poverty level compared to those living below poverty.
- Non-Hispanic Black children and those below the federal poverty level of <133%, had lower coverage with ≥4 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), ≥4 doses of pneumococcal conjugate vaccine (PCV), and the combined seven-vaccine series compared with non-Hispanic White children.
- Non-Hispanic White children had the lowest coverage for the hepatitis B birth dose.

### Injury and Violence

Injuries and violence affect everyone and are a leading cause of disability for persons of all ages, regardless of sex, race/ethnicity, or socioeconomic status. Injuries are the leading cause of death for Americans ages 1 to 44 and are among the top 15 causes of death for Americans of all ages. Unintentional injuries result from a variety of events including motor vehicle crashes and falls, but in recent years the numbers have been driven up by drug overdoses. Injuries are generally not random and uncontrollable events, and they can often be predicted and prevented.<sup>52</sup>

Objective	Total	Asian	Black	Hispanic	White
IVP-1a Reduce homicide rate	Improved		Improved	Target met or exceeded	Target met or exceeded
IVP-1b Reduce homicide rate among 15-19 year old males	Target met or exceeded		Target met or exceeded	Target met or exceeded	
IVP-1c Reduce homicide rate among persons 20-34 years old	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
IVP-2a Reduce firearm-related deaths	Improved		Improved	Target met or exceeded	Little or no change
IVP-2b Reduce firearm-related deaths among 15-19 year old males	Target met or exceeded		Target met or exceeded		
IVP-3 Reduce suicide rate	Little or no change	Improved	Got worse	Target met or exceeded	Got worse
IVP-4 Reduce suicide attempts by high school students	Target met or exceeded		Got worse	Target met or exceeded	Little or no change
IVP-5 Reduce motor vehicle-related deaths	Target met or exceeded				
IVP-6 Reduce unintentional poisoning deaths	Got worse		Got worse	Got worse	Got worse
IVP-7a Increase self-reported seat belt use	Little or no change	Improved			
IVP-7c Increase observed seat belt use	Little or no change				

Unintentional poisoning (overdose) has overtaken motor vehicle crashes as the leading cause of injury death in New Jersey. Violence is another leading cause of injury and death, and a major public health problem in the United States and in New Jersey.

#### Projects and grants received by NJDOH

- The **New Jersey Violent Death Reporting System (NJVDRS)**, established in 2002, is maintained through a cooperative agreement with CDC and is housed in the NJDOH [Center for Health Statistics](#). NJVDRS is a violence surveillance system that links data from death certificates, medical examiners, and police reports to create a rich dataset that is timelier than traditional death certificate data alone. NJVDRS data have been used by NJDOH, other State Departments, local health and community groups, and researchers at academic institutions in New Jersey to support intervention and prevention programs, grant proposals, and state and collaborative initiatives to reduce the number of deaths due to violence. An example of this inter-departmental approach comes from collaboration with the Department of Children and Families and the New Jersey Youth Suicide Prevention Advisory Council to develop a Youth Suicide Prevention Plan, and again used NJVDRS data to assess progress toward their objectives.
- In 2023, the NJDOH, Center for Health Statistics received funds from CDC for the optional firearm safety module for the **Behavioral Risk Factor Surveillance System (BRFSS)**.
- In 2020, NJDOH was awarded nearly \$4 million in Garrett Lee Smith Act (GLS) grant funds ([SAMHSA:GLS, 2020-2025](#)) through the Substance Abuse and Mental Health Services Administration (SAMHSA) to work with sister agencies and community-based organizations to strengthen services to youth at risk of suicide. The project, **Readiness to Stand United Against Youth Suicide: A New Jersey Public Health Community Initiative (NJ R2S Challenge)** led by the Child and Adolescent Health Unit of the Division of Family Health Services of NJDOH is a collaborative grant with the Department of Human Services, Department of Children and Families (DCF), Office of the Secretary of Higher Education, and multiple community-based organizations. The State also partnered with the NJ American Academy of Pediatrics, Rutgers University, and Monmouth University. New Jersey's R2S Challenge promotes education and resiliency to assist young adults who are transitioning from a health care facility to home after a suicide attempt to prevent further attempts and death by suicide among 10-24-year-old youth.
- Since 2019, the Child and Adolescent Health Unit of the Division of [Family Health Services](#) was awarded funds through the CDC's **Rape Prevention and Education** program to collaborate with the DCF, Division on Women, Office on the Prevention of Violence Against Women, on programs that promote the implementation and evaluation of evidence-based programs to address sexual assault prevention and education. This 5-year award has been renewed for another funding cycle ([CDC:RPE, 2024-2029](#)).
- New Jersey Department of Health has also been awarded funds from CDC to aid in responding to the opioid overdose crisis. Under NJDOH Healthcare Quality and Informatics, **Prevention for States: Data-Driven Prevention Initiative (Pfs:DDPI, 2016-2019)** sought to identify programs and policies that will support efforts to prevent and reduce opioid overdose, misuse, and abuse through the effective use of data, including the launch of the Department's State Overdose Data Dashboard.

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- NJDOH’s Center for Health Statistics has been funded to conduct surveillance on fatal and non-fatal opioid overdoses through a series of cooperative agreements with the CDC: **Enhanced State Opioid-Involved Overdose Surveillance** ([ESOOS](#), 2017-2019), **Overdose Data to Action** ([OD2A](#), 2019-2023), and **Overdose Data to Action in States** ([OD2A-S](#), 2023-2028). These interdisciplinary projects, overseen by the Office of Opioid Response and Policy, leverage the existing NJVDRS, [ESSENCE/EpiCenter](#), and other Department infrastructure and staff to gain further insights for drug-involved overdose deaths, initially focused on opioids but expanded to all drugs including stimulants and emerging drug threats. OD2A projects go further than surveillance because the goal is to couple surveillance *data* and prevention *action*.

### Recent Legislation

#### *Suicide Prevention*

- [P.L.2019, c.167](#) requires the State Attorney General and the Commissioner of Health to establish a suicide prevention training course and informational materials for firearm retail dealers.
- [P.L.2019, c.368](#) establishes a training program to prevent suicide by law enforcement officers; requires reporting of law enforcement officer suicides to the Attorney General.
- [P.L.2021, c.261](#) requires certain student identification cards to contain the telephone number for the suicide prevention hotline.
- [P.L.2023, c.168](#) requires institutions of higher education to implement suicide prevention programs and raise awareness of mental health services.

#### *Overdose Prevention*

- [P.L.2018, c.106](#) requires certain schools to maintain a supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.
- [P.L.2021, c.152](#) **Overdose Prevention Act** Naloxone “Standing Orders” – Revises and expands authorization for any person or entity to obtain, distribute, and administer opioid antidotes.
- [P.L.2021, c.153](#) permits certain paramedics to administer buprenorphine.
- [P.L.2021, c.396](#) authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously.
- [P.L.2021, c.430](#) establishes local drug overdose fatality review teams.
- [P.L.2023, c.25](#) establishes **Opioid Recovery and Remediation Fund**; establishes requirements for proceeds from opioid settlements to support substance use disorder prevention and treatment programs.

#### *Assets/resources*

- [Traumatic Loss Coalitions for Youth](#) at Rutgers University provides support to communities affected by traumatic events such as homicide, illness, and suicide.
- [2NDFLOOR Youth Helpline](#) is a confidential and anonymous helpline for New Jersey’s youth and young adults.
- [New Jersey Cop-2-Cop](#) is a 24/7 confidential peer support program for New Jersey law enforcement officers and their families.

- [New Jersey Vet-2-Vet](#) provides 24/7 peer support to New Jersey National Guard members, active military personnel, veterans, their families, and caregivers, statewide.
- [American Foundation for Suicide Prevention \(AFSP\), New Jersey Chapter](#) is dedicated to preventing suicide by providing education and support in New Jersey.
- [New Jersey Harm Reduction Coalition](#) works to create a New Jersey that values the safety and dignity of all people who use drugs, and to make evidence-informed harm reduction public health resources widely available to everyone in the state.
- County Prosecutor's Offices send out alerts for emerging substances in communities, to both professionals and the public.
- EMS agencies (County EMS Coordinators) ensure naloxone supplies, substance alerts, and coordinate efforts during spikes.
- Emergency Rooms provide naloxone administrations, report suspected overdoses in EpiCenter, and care for incoming patients.
- [Harm Reduction Centers](#) provide testing supplies, syringe supplies, substance alerts, connection to treatment, anti-HIV and Hepatitis initiatives, wound care, and more.
- [Federally Qualified Health Centers](#) (FQHCs) provide direct health care and are often the only source of medical treatment to which someone at risk for overdose may have access.
- Opioid Treatment Programs (OTPs)
- [County Alcohol and Drug Abuse Directors & County Mental Health Administrators](#)
- [Peer Recovery Organizations](#)
- Medication-Assisted Treatment (MAT) Centers of Excellence

### Challenges

- Very often victims of violence and injuries, even unintentional injuries, face stigma and discrimination - either due to what is perceived to be the cause of their injury, or due to disability (particularly related to traumatic brain injuries) and other long-term effects of traumatic experiences on mental health and well-being. This results in declines in mental and physical health status, and increased risk for re-injury by repeated or new mechanisms.

### Disparities/inequities

- While some of the health disparities observed in other sections of this report hold true for injuries and violence, the health challenges facing those who live with the aftereffects or ultimately succumb to their injuries are highly complicated by the presence or absence of individual circumstances, resources, and support systems. Those most at risk for suicide are white, middle-aged, and male; those most at risk for overdose are white and black male populations, depending upon where in the state they are located. Those most at risk for homicide are young men of color in urban areas and women in intimate partner violence situations across state and sociodemographic strata. The role that societal and peer stigma plays in being able to request help, accessing services, and asking for another chance cannot be understated.

### Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the United States, as well as a priority for New Jersey. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.<sup>53</sup> With a focus on improving equity, New Jersey focuses on many aspects of maternal and child health, including prenatal, perinatal, and postpartum care and innovative resources; intraconception care; special child health; breastfeeding; and more.

Objective		Total	Asian	Black	Hispanic	White
MCH-1	Reduce infant deaths	Target met or exceeded	Little or no change	Improved	Target met or exceeded	Improved
MCH-2a	Reduce low birth weight	Target met or exceeded	Little or no change	Little or no change	Improved	Target met or exceeded
MCH-2b	Reduce very low birth weight	Target met or exceeded				
MCH-3	Increase first trimester prenatal care	Improved	Target met or exceeded	Target met or exceeded	Improved	Improved
MCH-4	Reduce alcohol use among pregnant women	Little or no change	Got worse	Target met or exceeded	Target met or exceeded	Got worse
MCH-5	Reduce tobacco use among pregnant women	Target met or exceeded				
MCH-6	Increase infants put to sleep on their backs	Improved	Improved	Target met or exceeded	Improved	Target met or exceeded
MCH-7a	Increase infants ever breastfed	Target met or exceeded				
MCH-7b	Increase infants breastfed exclusively through 3 months	Improved				
MCH-7c	Increase infants breastfed exclusively through 6 months	Improved				
MCH-8	Reduce formula supplementation before two days of age	Improved				
MCH-9	Increase births at Baby-Friendly Hospitals	Improved				

MCH-10	Reduce births to teens	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
MCH-11	Reduce the blood lead level that 97.5% of children aged 1 to 5 years are below	Target met or exceeded				
MCH-12	Reduce mean blood lead levels in children aged 1 to 5 years	Target met or exceeded				
MCH-13	Increase newborn hearing screening follow-up	Improved	Improved	Improved	Improved	Little or no change
MCH-14	Reduce low-risk c-sections	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded	Target met or exceeded

Projects

- **Healthy Women Healthy Families (HWHF)** works toward improving maternal and infant health outcomes for women of childbearing age and their families, while reducing racial, ethnic, and economic disparities in those outcomes through a collaborative, coordinated, community-driven approach using case management. Community Health Workers targeted initiatives such as post-partum doula care and breastfeeding supports.
- **Connecting NJ**, formerly known as **Central Intake**, is a statewide, county-based single point of entry system for pregnant women, fathers, and families with young children, to access programs, services and supports such as HWHF; Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program; Family Connects (i.e., universal home visiting); community resources; medical care; doula programs; and social support agencies, through referrals.
- **Expanded Alma Program** aims to support pregnant persons who may be experiencing mental health issues and/or substance use issues through a peer mentoring model. It is in alignment with the First Lady’s [Nurture NJ](#) Initiative, which is a statewide strategic plan committed to reducing maternal and infant mortality and ensuring equitable care among women and children of all races and ethnicities.
  - Specific recommendations for **maternal mental health** include: “Scale successful models to provide behavioral health care to pregnant individuals and their infants, including Perinatal Mood and Anxiety Disorders.”
- **Maternal Health Innovation Program:** In September of 2019, New Jersey was one of only nine states to receive funding through the Health Resources & Services Administration (HRSA) to establish a [State Maternal Health Innovation Program](#) (SMHIP). This competitive cooperative agreement, totaling \$10,000,000 over five years, was awarded to fund entities such as public health departments and universities to improve maternal health in the U.S. by:
  - Establishing a Maternal Health Task Force.

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- Improving the collection and use of state-level data on maternal mortality and severe maternal morbidity (SMM).
- Launching new maternal health service delivery activities (e.g., improving access to services during pregnancy and the postpartum period and equipping the maternal and child health workforce with new training and resources).

The Maternal Health Innovation team manages a variety of Maternal Health Improvement Innovations including:

- New Jersey [Maternal Care Quality Collaborative](#), launched June 2021
  - [Maternal Mortality Review Committee](#), relaunched August 2020
  - [Maternal Data Center](#)
  - [Hospital Report Card](#) (annually)
  - [Reproductive Justice Project for Equitable Maternal Health](#) (explicit and implicit bias training) launched in August 2023
  - Shared Decision-Making Hospital Pilot Program, launched 2022
  - Maternal Levels of Care
  - Perinatal Risk Assessment Enhancements (PRA) (annually)
  - Long-Acting Reversible Contraception (LARC)
  - Project ECHO (Extension for Community Health Outreach), launched 2022
- **Premature Birth Prevention Program (PBPP)** aims to reduce preterm birth and infant death rates among non-Hispanic Black and Hispanic mothers in select counties and municipalities. The funding that supports the PBPP is a selected portion of dollars allocated from the larger Preventative Health and Services Block Grant awarded to NJDOH Integrated Health Services.
  - **Maternal Feedback Database Project** to develop a robust Maternal Feedback Database Survey tool that assesses birthing persons' perceptions of care during the full pregnancy spectrum. State appropriated funds were allocated to support the development of this feedback survey in the amount of \$600,000.
  - [New Jersey Breastfeeding Strategic Plan](#) was published September 22, 2022, and is currently being implemented in collaboration with the Central Jersey Family Health Consortia and led by a statewide Breastfeeding Coordinator.
  - **Early Hearing Detection and Intervention (EHDI) Program:** In 2022, the EHDI program updated its brochure titled "Can My Baby Hear?" and translated it into multiple languages to make it accessible to more people. The brochures are available to print from the [EHDI website](#) and contain QR codes for quick access to the site.

### Recent Policies and Legislation

- [P.L.2019, c.75](#) established the **Maternal Care Quality Collaborative** to annually review and report on rates and causes of maternal mortality and morbidity in New Jersey, and to recommend improvements in maternal care.

- [P.L.2019, c.133](#) established a **Maternal Health Care Pilot Program** (Shared Decision-Making Hospital Pilot) to evaluate a shared decision-making tool developed by NJDOH and used by hospitals providing maternity services, and by birthing centers.
- [P.L.2023, c.109](#) established the **New Jersey Maternal and Infant Health Innovation Center Act** and appropriated \$2,220,000.
- On November 1, 2021, N.J. Statute 26:2H-12.108 was adopted requiring every New Jersey hospital that provides inpatient maternity services and every birthing center licensed in the State, pursuant to P.L. 1971, c.136 (C.26:2H-1 et seq.) to implement an evidence-based **explicit and implicit bias training program**.
- N.J. Rev. Stat § 10:5-12 (2018) ([P.L. 2017, c.263](#)) adds “**breastfeeding**” as a **protected class** under the Law +Against Discrimination and requires workplace accommodations for breastfeeding employees.
- N.J. Rev. Stat § 54:32B-8.63 (2018) exempts **breast pumps**, breast pump repair, and replacement parts, breast pump collection and storage supplies and certain breast-pump kits from sales tax.
  - All five NJ Family Care health insurance plans provide breast pumps to pregnant and postpartum participants at no cost.
- N.J. Rev. Stat. §§ §17:48-6ss, 17:48A-7pp, 17:48E-35.43,17B:26-2.1ll, 17B:27-46.1ss, 17B:27A7.25, 17B:27A-19.29, 26:2J-4.44, 52:14-17.29cc, 52:14-17.46.6n, 30:4D-6o ([P.L.2019, c.343](#))(2020) requires health insurers and the State Medicaid Program to provide **coverage without requiring any cost sharing, for comprehensive lactation support, counseling, and consultation**, and the costs for renting or purchasing electric or manual breastfeeding equipment.
- N.J. Rev. Stat. § 26:4C-2, -3, -7 (2019) [P.L.2019, c.242](#) requires certain public facilities and offices to provide an on-site **lactation room**; Department of Health to provide information about lactation room availability; and Department of Education to provide information annually on lactation policies in New Jersey schools, colleges and universities.

### Outreach

- **Connecting NJ Referral Specialist** assesses families for needed resources and links them to services and programs that aim to reduce maternal and infant mortality and improve health outcomes for high-risk women and infants.
- Individuals and families can also be referred to Community Health Workers to provide case management and services to women and families in the community.
- Methods of referral include:
  - Pregnancy Risk Assessments (PRA)
  - Community Health Screen (CHS)
  - Initial Referral Form (IRF)
  - Self-Referral Form (online at <https://www.nj.gov/connectingnj/>)

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- In 2022, NJDOH's **Early Hearing Detection and Intervention** (EHDI) program collaborated with Montclair State University's (MSU) graduate audiology program to pilot screenings for children enrolled in Head Start and Early Head Start to help the sites achieve their mandated screening of children within 45 days of enrollment. EHDI and MSU are currently planning for additional screenings to take place in the fall of 2023, with possible expansion to sites statewide (seeking to partner with other college programs in New Jersey) in 2024 and beyond.
- **Childhood lead poisoning prevention** outreach is done through three regional coalitions and local health departments.

### Grants given by NJDOH

- **Healthy Women Healthy Families Grant** awarded to The Partnership for Maternal & Child Health of Northern NJ, Central Jersey Family Health Consortium, and Southern NJ Perinatal Cooperative (Connecting NJ only grantees: The Children's Home Society of NJ and Project Self-Sufficiency of Sussex County). The goals are to implement new activities focused on the postpartum period, including community health worker funding, non-traditional group breastfeeding education (partners, grandparents, teens, etc.) and postpartum doula care.
- **Shared Decision-Making** (SDM) with the New Jersey Health Care Quality Collaborative (2022-2024) – Also known as [TeamBirth NJ](#), SDM is a process in which providers partner with their patients and work together to make decisions regarding the patient's care in order to improve birthing experiences and outcomes.
- **New Jersey Postpartum Resources and Support Network (NJPRSN)** provides grants to improve knowledge and access to perinatal and anxiety disorder screening, treatment, and support services.
- The Early Hearing Detection and Intervention (EHDI) program provides subgrants from its Health Resources and Services Administration (HRSA) newborn hearing screening grant, **Universal Newborn Hearing Screening and Intervention Program**. The subgrants fund newborn hearing follow up, a [Deaf Mentor program](#) for families, and a [community-based early intervention program](#).
- NJDOH [Newborn Blood Spot Screening Program](#) provides a complement of health services grants to partially support the infrastructure for care and treatment for babies identified through the newborn blood spot program.
- The [Childhood Lead Program](#) provides grants to local health departments for nurse case management and environmental investigation of children with elevated blood lead levels.
- The Childhood Lead Program provides grants to three regional coalitions for education and primary prevention of lead burden.

### Grants received by NJDOH

- State Maternal Health Innovation Program (SMHIP) through HRSA awarded in 2019 (\$10 million in funding from 2019-2024)
- CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality ([ERASE MM](#)) Expanded Authority Grant awarded in 2019 (\$2,250,000 in funding from 2019-2024)

- [HRSA Title V MCH Block Grant](#): \$11.7M grant that funds various MCH programs at NJDOH, including Healthy Women Healthy Families. \$100,000 of the MCH Title V Block grant provides supplementary support to the Maternal Mortality Review Committee annually.
- Four-year HRSA grant: *Universal Newborn Hearing Screening and Intervention Program*, [HRSA-20-047](#)
- Four-year CDC grant: *Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data through Optimization of EHDI Surveillance Practices and Information Systems*, [CDC-RFA-DD20-2006](#), 2020-2024
- CDC: *Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET)*: Zika, congenital syphilis, perinatal hepatitis C, COVID-19, congenital cytomegalovirus infection (cCMV).
- CDC: *A Comprehensive Approach to Reducing Childhood Blood Lead Levels Through Evidence Based Interventions and Surveillance*

### Other actions

- FY24 Connecting NJ continuous funding awarded to non-competitive NJ agencies.
- Maternal Health Innovation Team drafts an annual Maternal Mortality Report for dissemination on top causes of pregnancy-related and pregnancy-associated but not related maternal deaths.

### Assets/resources

- Healthy Women Healthy Families (HWHF) and Connecting NJ (CNJ) collaborate with many NJDOH programs including WIC, SNAP-Ed, Child and Adolescent Health Services, Lead, Chronic Disease, and Family Planning, as well as the New Jersey Department of Children and Families, the First Lady's Office and the Governor's Office through Nurture NJ, and the New Jersey Department of Human Services for the integration of the Connecting NJ system.
- Connecting NJ is a partnership between NJDOH and the New Jersey Department of Children & Families that consists of Connecting NJ hubs operated by seven community-based organizations: Southern NJ Perinatal Cooperative, Central Jersey Family Health Consortium, Partnership for Maternal & Child Health of Northern NJ, Acenda Integrated Health, Prevent Child Abuse NJ, Children's Home Society, and Project Self-Sufficiency.
- NJDOH partners with [Family Health Initiatives](#) to manage Connecting NJ databases and process systems and data.
- New Jersey WIC is staffed with two Lactation Consultants and local WIC agencies now offer both individual breastfeeding counseling and support groups using a variety of communication and social media platforms such as texting, telephone, and/or videoconferencing.
- New Jersey currently has 13 maternity hospitals that are designated as Baby Friendly.
- The New Jersey EHDI Program has a legislated [Hearing Evaluation Council](#) (HEC) to advise the program on its activities.

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- The NJDOH Newborn Blood Spot Screening Program has a legislated [Newborn Screening Advisory Review Committee](#) (NSARC) to ensure the program is up to date on screening technologies, follow up processes, and keeping pace with the number of disorders screened.

### Challenges

- The [Maternal Mortality 2016-2018 Report](#) identified access to services in certain geographic regions as a challenge.
- The COVID-19 pandemic placed challenges on in-person case management services and outreach events. Identification and coordination of virtual services is a challenge for some NJ residents post-COVID.
- The [New Jersey Breastfeeding Coalition](#) is run by and solely relies on volunteers.

### Disparities/inequities

- Women of color experience postpartum depression at higher rates—in some studies double that of all women. Suicide and overdose are the leading causes of death among all women in the first year postpartum, with 100% of these deaths deemed preventable.
- Black women experience almost seven times the rate of pregnancy-related mortality compared to their White counterparts in New Jersey.
- New Jersey's Severe Maternal Morbidity (SMM) rates among Black women are among the highest in the U.S.
- In 2019, SMM rates among Black women were nearly three times greater than those of White women.
- The 2020 Black infant mortality rate in New Jersey was 3.5 times higher than the infant mortality rate for White infants. The Hispanic infant mortality rate was 1.4 times higher than the rate among White babies.
- Racial and ethnic disparities continue to persist in preterm birth rates, necessitating the need to address these disparities and reduce the preterm birth rate.
- There is a large racial disparity in breastfeeding rates. In 2019 in New Jersey,
  - the breastfeeding initiation rates were 81.0% for White women and 70.9% for Black women.
  - the exclusive breastfeeding rates (for 3-month-old infants) were 41.9% for White women and 24.4% for Black women.
- Out-of-state providers like the Children's Hospital of Philadelphia and Nemours Children's Health do not accept patients with New Jersey Medicaid which negatively impacts access to pediatric specialty care, especially in South Jersey.
- Race and ethnicity data are not complete in the childhood lead poisoning database, making it difficult to draw conclusions about disparities.

### Inequities That Contribute to Challenges

- In addition to safe infant sleep, antecedent risk factors such as poverty, preterm birth, poor access to care, and implicit bias represent the complex social and health issues that result in the birth of an infant more vulnerable to sudden unexpected infant death (SUID), which is the leading cause of postneonatal mortality in New Jersey.
- There is a lack of diversity among breastfeeding support providers in the state.

### Nutrition and Physical Activity

There has been a dramatic increase in adults, teens, and children who are either overweight or obese in New Jersey and the U.S. People who are physically active and eat nutritious foods are at a decreased risk of being overweight and obese. Proper nutrition promotes the optimal growth and development of children. A healthy diet also helps reduce the risks for many health conditions.<sup>54</sup> Regular physical activity helps improve a person's overall health and fitness and reduces the risk for many chronic diseases.<sup>55</sup>

Objective	Total	Asian	Black	Hispanic	White
NF-1a Prevent an increase in adult obesity	Got worse	Little or no change	Got worse	Got worse	Got worse
NF-1b Reduce high school student obesity	Got worse	Target met or exceeded	Got worse	Little or no change	Got worse
NF-3a Increase adult physical activity	Little or no change	Target met or exceeded	Got worse	Little or no change	Little or no change
NF-3b Increase high school student physical activity	Improved	Got worse	Target met or exceeded	Got worse	Target met or exceeded
NF-4a Reduce high school student TV time to 3 hours a day maximum	Target met or exceeded				
NF-4b Reduce high school student computer time to 3 hours a day maximum	Got worse	Got worse	Little or no change	Got worse	Got worse
NF-5 Reduce high school student soda consumption	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded	Target met or exceeded

#### Projects

- The [Farmers' Market Nutrition Program \(FMNP\)](#) provides fresh and locally grown produce to 34,000 seniors and 50,000 WIC participants throughout New Jersey. Participant are issued benefits beginning May 1 have until November 30 to redeem at any participating farmer/farm markets in the state.
- The purpose of the [Whole School, Whole Community, Whole Child \(WSCC\) School Health NJ Project](#) is to build and sustain healthy schools for all students, faculty/staff, and the surrounding community utilizing CDC's WSCC model and the social and emotional learning (SEL) framework. Funding is used to promote a positive school climate and culture of health which is inclusive of increasing physical activity and promoting good nutrition, including water consumption. Examples include:
  - Union City High School formed a hiking club. It started with 40 students and grew to over 200 students due to internal promotion from the school's website, social media accounts, and flyers.
  - Union City Middle School collaborated with Kids360 to create a yoga club for its students where they learn information about meditation and mindfulness as well as yoga poses.

- PS34 President Barack Obama Community School implemented a project called, “Party Cart” where administrators and teachers walk into different classrooms with a party cart that brought safe drinking water to the classroom. Staff would play music so the students could dance, take a brain break, and have a drink of water.
- Veterans Memorial Middle School purchased hydration stations for students to encourage them to use refillable water bottles.

### Outreach

- NJDOH, in collaboration with the New Jersey Department of Agriculture, recruits new farmers to the FMNP by attending farmers’ market conventions and meetings to promote the [WIC and Senior Farmers' Market Nutrition Programs](#) (FMNP/SFMNP).
- FMNP/SFMNP benefits are issued through 16 local WIC agencies for WIC participants and through nutrition centers, senior housing, libraries, and SFMNP agencies for senior participants. Seniors receive \$50 per person and eligible WIC participants are issued \$30. The program has transitioned from paper voucher to an electronic solution (QR code) which will allow the participant flexibility to spend as much or as little of their benefits in each shopping trip as they wish.
- New Jersey has five authorized farmers’ markets, 158 individual authorized farmers, and 142 farm stands.

### Grants given by NJDOH

- [School Health NJ](#) funds three regional school health grantees (AtlantiCare - Southern Region, Empower Somerset - Central Region, and Center for Prevention & Counseling - Northern NJ) and one statewide parent engagement grantee (Statewide Parent Advocacy Network). The total allocation of grants provided is \$1.1 million per year from FY19-FY23.
- Through FY23 School Health NJ worked primarily with schools that had at least a 50% free and reduced lunch population. Starting in FY24, School Health NJ will use the [NJ Municipal Revitalization Index](#) (MRI) which includes additional factors beyond free and reduced lunch.

### Grants received by NJDOH

- USDA annual award (food dollars and administrative cost):
  - For WIC participants - \$1.5 million
  - For Senior participants - \$1 million
- [Maternal and Child Health Block Grant](#): \$1.1 million for WSCC

### Other actions

- Some markets offer nutrition incentives for FMNP/SFMNP by using their general operating budget. FMNP/SFMNP incentives are offered as a dollar-for-dollar match.
- Farmers collaborate with local WIC and Senior Agencies to provide produce bags for participants coming to agency to pick up benefits.

### Challenges

- There are limited food dollars that can be allocated to participants.

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- Increasing food costs mean that money given does not buy as much as it used to.
- There are areas in New Jersey that have little to no local farmers' markets.
- Some FMNP/SMNP participants have limited transportation to the farmers' market locations.
- Time and location for physical activity components presents a challenge in some of the more urban schools while transportation is a more frequent challenge in more rural areas where students come from a larger more regionalized geographic area.

### Disparities/inequities

- There are food deserts with limited or no access to fresh, locally grown produce or farmers' markets.
- Black and Hispanic adults and teens are more likely to be obese than Asians and Whites.

### Occupational Safety and Health

Although occupational injuries, illnesses, and fatalities are largely preventable through efforts such as occupational health surveillance, enforcement, outreach, training, and education, they continue to be significant public health issues. There have been over 950 fatal work-related injuries in New Jersey from 2010-2020 and represent a fraction of the total work-related injuries over time. Using multiple data sources to track workplace injury and illness, the NJDOH [Occupational Health Surveillance Unit](#) develops intervention strategies and practical solutions in an effort to reduce hazards in New Jersey workplaces. There has been a decrease in asbestosis hospitalizations and deaths resulting in a slight decrease in total pneumoconiosis deaths. Also, with a decrease in manufacturing, the closing of a large lead acid battery manufacturing facility, and the implementation of more efficient electronic reporting there has been a downward trend in elevated adult blood lead level cases. It should be noted that 2020 data were likely influenced by the COVID-19 pandemic as businesses were closed, essential workers may have been ill, or individuals lost their jobs.

Objective		Total
OSH-1a	Reduce work-related injury deaths	Little or no change
OSH-1b	Reduce construction-related injury deaths	Target met or exceeded
OSH-2	Reduce pneumoconiosis deaths	Target met or exceeded
OSH-3	Reduce blood lead level concentrations from work exposures	Target met or exceeded

#### Recent Policies

- [N.J.A.C. 8:58-1.4, 1.6, 1.7](#): The administrator of any hospital in which any person has been diagnosed with reportable occupational diseases, injuries, or poisonings shall report such disease or poisoning to NJDOH.
- [N.J.A.C. 8:58-1.5, 1.6, 1.7](#): The health care provider attending any person who is ill or diagnosed with any reportable occupational diseases, injuries, or poisonings shall, within 30 days after diagnosis or treatment, report such conditions to NJDOH.
- [N.J.A.C. 8:44-2.11](#): Laboratory supervisors shall report the results of laboratory examinations for hazardous substances (lead, mercury, arsenic, and cadmium) in blood and urine to NJDOH within 48 hours of the completion of the analysis.

#### Outreach

- *Infographic: “[Health Alert! Stone Countertop Fabrication Workers at Risk for an Incurable Lung Disease](#)”*  
In 2019, some states had started to see an increase in silicosis cases among younger workers involved in stone countertop fabrication, which initiated a larger campaign for education and outreach in this industry. Therefore, an infographic was published and distributed in response.

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- *Infographic: “[Lead Poisoning in New Jersey Firing Ranges](#)”* This infographic was published after over 30 indoor firing range workers presented with blood lead levels considered unsafe for adults.
- *Infographic: “[Tree Work is Dangerous: Don’t get hurt, get trained!](#)”* Work-related fatalities that occur because of natural and man-made disasters are a serious public health concern. As a direct result of the effects of Hurricane Sandy, three tree care workers were fatally injured, which resulted in increased surveillance and outreach to this occupation group.
- *Infographic: “[Don’t Take Lead Dust Home From Work](#)”* This infographic aims to raise awareness about exposing family members at home to lead dust brought from the workplace and provides information on how to get family members tested for lead. This can be found on the NJDOH Occupational Health Surveillance page in both [English](#) and [Spanish](#).

### Grants received by NJDOH

- CDC [National Institute for Occupational Safety and Health](#) (NIOSH) Occupational Health Surveillance Fundamental Plus 5-year grant

### Assets/resources

- NJDOH partners with the [New Jersey Poison and Information System](#) (NJPIES) to increase surveillance of work-related chemical exposures in the state.
- NJDOH partners with The [Committee for the Advancement of Arboriculture](#) to promote and facilitate education and outreach to tree care workers in New Jersey.
- New Jersey regional [Occupational Safety and Health Administration](#) (OSHA) offices and the NJDOH [Public Employees Occupational Health and Safety](#) (PEOSH) are able to investigate and provide enforcement in workplaces when occupational health events are identified through surveillance of occupational illnesses and injuries.
- NJDOH helps to promote and facilitate important occupational health surveillance and education and outreach through its partnerships with [Rutgers School of Public Health](#).
- The [NJLINC](#) Health Alert Network has proven to be an efficient and effective way to quickly disseminate emergency and routine information to members of the New Jersey public health community.

### Challenges

- New Jersey has a very diverse, multi-lingual working population. It can be difficult to reach undocumented workers, day laborers, and temporary workers to educate them about occupational exposures and risks.

### Disparities/inequities

- Over 90 percent of fatal occupational injuries are among men because they are more likely to work in high-risk occupations.

- Hispanics are at higher risk of occupational injury and illness due to:
  - Disproportionate employment in higher risk occupations
  - Higher proportionate work in hazardous industries
  - Language and cultural barriers which may result in lack of training and sometimes personal protective equipment or being unaware of safety regulations.

### Older Adults

Older adults experience a higher risk of chronic conditions which can lower quality of life and contribute to the leading causes of death among this population.

Objective	Total	Asian	Black	Hispanic	White
OA-1a Reduce hip fractures among females aged 65 years and older	Target met or exceeded				
OA-1b Reduce hip fractures among males aged 65 years and older	Target met or exceeded				
OA-2 Reduce fall-related deaths among persons aged 65 years and older	Got worse				
OA-3 Increase physical activity among adults aged 65 years and older	Improved	Improved	Target met or exceeded	Little or no change	Target met or exceeded
OA-4 Reduce nursing home funding compared to Home and Community Based Program funding	Improved				
OA-5 Reduce persons aged 65 years and older reporting fair or poor health	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded

Projects:

- [Move Today](#) is a non-aerobic exercise class designed to improve flexibility, balance, and stamina using a Thera band.
- [Project Healthy Bones](#) is a popular state created program that combines both exercise/education and is best for people with osteoporosis or low bone density.
- [HealthEASE](#) education curriculum training is 3-hour training designed to increase the number of older adults who participate in health education and mental health services. There are 8 modules in the curriculum that can be delivered as 1-hour sessions separately or part of a series. The modules include Keeping Up the Beat (heart health), Keeping Your Mind Sharp, Be Wise About Your Medications, Serving Up Good Nutrition, Move to Get F.I.T., Bone Up On Your Health (osteoporosis), Standing Tall Against Falls, and The Big Three (women’s health).
- [GetSetUp](#) is an on-line platform offering more than 500 live classes led by seniors in a wide range of topics, many focused on physical and mental health.
- In November 2022, the New Jersey Department of Human Services, [Division of Aging Services](#) (DoAS) released the [Caregivers Taskforce Report](#), which was the result of the work of the Caregivers Taskforce members from March 2020 through March 2022. The Department is working towards implementing some

of the recommendations in that report, such as the creation of an online Caregiver Hub coming in early 2025.

- In May 2024, DoAS released the [NJ Age-Friendly Blue Print](#), full of recommendations that came from work with the Age-Friendly Advisory Committee, public listening sessions, and other information gathering. The Blue Print provides strategies and best practices to improve New Jersey's communities for older adults and enable people to remain in their homes and communities as they age. In an effort to implement recommendations from the report, DoAS also released a Request for Proposals (RFP) for \$5M in funding for communities and organizations to implement age-friendly practices.
- The NJDOH **Mission Critical Team** has been up and running since November 2022 starting with the Veterans Memorial Home at Menlo Park once a week in-person visit, Deptford Care Center four days per week in person visits, Spring Hills Matawan, assisted living, supported virtually, and New Vista Nursing & Rehabilitation Center 4 days per week in person visits to support and strengthen the facility's administrative staff to improve sustainable practices for quality and safety of the residents.

#### Recent Legislation

- [P.L.2021, c.131](#), raised the income limits of New Jersey's two state prescription assistance programs – [Pharmaceutical Assistance to the Aged and Disabled](#) (PAAD) and [Senior Gold](#) – by \$10,000 each, effective Jan. 1, 2022. When the SFY25 budget was signed, legislation was also signed ([P.L.2023, c.79](#)) raising the income limits again by \$10,000 effective Jan. 1, 2024. About 140,000 seniors and adults with disabilities are currently enrolled in these programs.
- The 2022 bill [S2894/A4335](#) establishes **Mission Critical Long-Term Care Teams** and provides for identification of and intervention at long-term care facilities at risk of operational and financial distress.

#### Outreach

- In 2018, DoAS created an on-line application, [NJSave](#), for PAAD, Senior Gold, and other important services. A promotional effort focused on mailings and presentations was launched and, prior to COVID, DHS/DoAS staff spoke at more than 140 senior centers, subsidized housing, and retirement community clubhouses.
- To promote the availability of free, unbiased **Medicare counseling** and programs that help seniors pay for Medicare (i.e., Medicare Savings Programs and the Part D Low-Income Subsidy), DHS/DoAS contracted with an ad agency that ran radio ads and digital ads – including on roadside billboards – for several months in 2022 and the beginning of 2023.
- DoAS, in June 2023, entered into a \$2M contract with an advertising agency to promote all of its programs, including those that help seniors maintain their health in the community.
- In 2023 and again in 2024, DoAS staff facilitated a **Move Today** workshop, two **Project Healthy Bones** trainings, and a Northern and Southern regional **HealthEASE** training.
- DoAS entered into a partnership with **GetSetUp** in November 2022. Through August 2024, more than 103,000 classes were attended free-of-charge by New Jersey older adults.

- DoAS also distributed over 500 **tablets** to homebound seniors to help them stay connected with family, friends, and health care professionals. The tablet also came preloaded with the Get Set Up platform to promote use of this free service as well.

### Grants received by NJDHS

- DoAS has been awarded a federal [Alzheimer's and Dementia Programs Initiative](#) (ADPI) grant, **Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care**. This grant is in the first of three years to develop a training for professionals on how to respond to caregivers' inquiries regarding Alzheimer's and dementia and to expand stress busting classes for caregivers to learn how to cope with caring for loved ones living with dementia.

### Disparities/inequities

- Hip fractures among persons 65 years and older are more common among women than among men.
- Hip fractures are two to four times more likely among White persons aged 65 and over than among persons of other races/ethnicities.
- Similarly, fall-related deaths among persons 65 years and older are two to three times more likely among White persons compared to persons of other races/ethnicities.
- However, men aged 65 and over are more likely than women to die from fall-related injuries.
- Fair or poor health status among persons aged 65 years and older is most commonly reported among Hispanic persons (39% in 2020) compared to Black (24%), White (16%), and Asian (7%) persons.

## Public Health Infrastructure

Public health infrastructure provides the capacity to prevent disease, promote health, and prepare for and respond to both acute threats and chronic challenges to health. Infrastructure is the foundation for planning, delivering, evaluating, and improving public health.<sup>56</sup> As of 2023, NJ has 102 local health departments (LHDs) throughout the state, which comprise any municipal local health department, contracting local health department, regional health commission, or county health department, administered by a full-time licensed health officer. Each local health department is responsible for the administration of public health services to the municipalities it serves, as described in N.J.A.C. 8:52, [Public Health Practice Standards of Performance for Local Boards of Health in New Jersey](#).

	Objective	Total
PHI-1	Increase public health degree and certificate programs at community colleges	Target met or exceeded
PHI-2	Increase community public health partnerships	Little or no change
PHI-4	Increase accreditation among local health departments	Little or no change

### Projects

- NJDOH’s [Office of Local Public Health](#) (OLPH) collaborated with local health departments (LHDs) and the [New Jersey Association of City and County Health Officials](#) (NJACCHO) on the Public Health Accreditation Board’s (PHAB) Public Health National Center for Innovations’ (PHNCI) **Foundational Public Health Services Public Health Transformation** work.
- NJDOH created the Office of **Workforce Planning and Professional Development** to establish both NJDOH and LHDs in New Jersey as destinations for top public health talent across the state. OLPH is creating a Workforce Planning and Professional Development Unit that will further support local public health workforce training, continuing education opportunities, and develop a Health Officer mentoring program.
- OLPH is developing a **Local Health Liaison Program** in conjunction with LHDs to foster trust and collaboration with the local public health workforce and increase bidirectional communication between NJDOH and LHDs.
- Annual data are collected on LHD participation in county-wide **community public health partnerships** to assess compliance with [N.J.A.C. 8:52](#), Public Health Practice Standards of Performance for Local Boards of Health in New Jersey. LHD on-site visits are conducted to confirm LHD participation in community public health partnerships. If warranted, OLPH provides technical assistance to improve deficiencies identified during the on-site visit.

### Outreach

- Through the OLPH **Strengthening Local Public Health Capacity Program**, outreach via multiple platforms to all local health departments took place to make them aware of their eligibility to apply for funding to support PHAB accreditation, reaccreditation, or pathways recognition.

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### Grants given by NJDOH

- Many of the OLPH grants that are awarded to the LHDs support public health infrastructure and county and local health department collaboration to serve at-risk populations.
- **Enhancing Local Public Health Infrastructure Partner Organization Grant Program** funding supports the development and/or expansion of public health infrastructure at local health departments to increase health equity for disproportionately affected populations.
- OLPH's **Strengthening Local Public Health Capacity** grant includes funding for LHDs seeking voluntary national accreditation/reaccreditation through PHAB. It also funds workforce positions that provide support to at-risk populations in preparing for and mitigating the effects of COVID-19 and other infectious diseases.
- OLPH **COVID-19 Vaccination Supplemental Funding** program provides funding to LHDs to support COVID-19 vaccination with an emphasis on populations disproportionately affected by COVID-19 and other infectious diseases.
- OLPH **County Health Infrastructure Funding** grant provides funding to support programs, public health infrastructure, staffing, and services in each county, with a focus on ensuring health equity among residents.

### Grants received by NJDOH

- CDC [Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant](#) funding to improve critical public health infrastructure needs. Key outcomes include increased hiring of diverse public health staff, improving organizational systems and processes, and increased availability and use of public health data.
- CDC [Public Health Infrastructure Grant](#) funding to OLPH was sub-awarded to LHDs to support public health accreditation, reaccreditation, or pathways recognition activities.

### Challenges

- Difficulty hiring positions and identifying sustainable funding to support the extensive [PHAB](#) accreditation process. NJDOH addressed this challenge by offering accreditation funding to LHDs.

### Assets/resources

- Post-COVID-19 federal funding received by NJDOH supports the development and/or expansion of public health infrastructure at local health departments to increase health equity for disproportionately affected populations.

### Disparities/inequities

- The [currently accredited local health departments](#) do not serve New Jersey's highest priority municipalities in terms of social vulnerability because those in high need areas generally do not have the resources necessary to go through the accreditation process.

### Public Health Preparedness

Public Health Preparedness helps health departments strengthen abilities to effectively respond to health consequences of deliberate attacks, natural disasters, and threats, including infectious diseases like the COVID-19 pandemic that impact communities everywhere. Information should be shared in a public health emergency and communities should comprehensively prepare for these incidents.

	Objective	Total
PHP-1	Reduce time to publicly issue information in public health emergency	Target met or exceeded
PHP-2	Reduce time to activate response personnel in a public health emergency	Target met or exceeded
PHP-3	Reduce time to implement corrective action items after a public health emergency	Target met or exceeded

#### Projects

- The **New Jersey Health Alert Network Modernization** project has given NJDOH partners the ability to sign up directly to receive messages. County partners can use a modern tool to disseminate public health information. As a result, NJ was able to decrease the amount of time to disseminate public health messages.

#### Recent Policies

- **Public Health Emergency Notification System (PHENS) Operation Manual** is currently being updated due to lessons learned from COVID 19.
- **Health Alert Network Standard Operating Procedure (HAN SOP)** describes the policies and procedures for the management and operations of the Public Health Messaging (PHM), a means for disseminating public health emergency notifications locally, regionally, and statewide to key partners on a 24/7/365 basis.
- **New Jersey State Emergency Operations Plan** guides the coordination of all emergency responses through the NJ Office of Emergency Management.
- **New Jersey Emergency Support Function 8 (NJESF#8)** involves supplemental assistance to local governments in identifying and meeting the public health and medical services needs to victims of a major emergency or disaster.
- **County Coordinators** are responsible for coordinating the distribution and exchange of public health information between the State and local partners via the Public Health Emergency Notification System called the [New Jersey Local Information Network and Communications System \(NJLINCS\) Health Alert Network](#).

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### Recent Legislation

- N.J.S.A., Appendix A:9-30 et al. [New Jersey Civil Defense and Disaster Control Act](#) centralizes control of all civilian activities having to do with an emergency under the Governor and gives the Governor control over state, county, and local government resources necessary to cope with any condition that shall arise out of such emergency.

### Outreach

- The State PHENS Coordinator conducts quarterly meetings with County Coordinators to share information and update policies and requirements as it relates to the Notification System. Depending on the county, the actual notification system is tested throughout the year.

### Grants received by NJDOH

- CDC [Public Health Emergency Preparedness \(PHEP\) Cooperative Agreement](#)

### Grants given by NJDOH

- NJDOH issues Emergency Preparedness funding, from the above Cooperative Agreement to all NJ Local Information Network and Communications System (LINCS) agencies yearly. LINCS is a network of 22 strategically positioned local health departments located throughout the state, the New Jersey Department of Health, all other local health departments, and public/private organizations.

### Other actions

- Call down drills are conducted for public health leadership in each county. These are held multiple times during the year and allow the State to make communication improvements identified.
- Response exercises are conducted yearly, with information sharing and communication being one of the capabilities that are being tested.

### Assets/resources

- The [NJLINCS](#) Health Alert Network has proven to be an efficient and effective way to quickly disseminate emergency and routine information to members of the New Jersey public health community.
- There are five regional **Health Care Emergency Preparedness Coalitions** and **Medical Coordination Centers**, and a number of **Governmental Public Health Partnerships** that work together to share information and provide multiagency coordination for the public health system.

### Challenges

- As New Jersey is decentralized, various structures of county and municipal government can hamper delegation of authority and responsibility as it relates to public health preparedness.
- The State can provide guidance, but does not necessarily have authority to implement when not in a declared emergency.
- New Jersey has a diverse population, making it difficult to translate messages to all languages.

## Sexually Transmitted Diseases

Regular sexually transmitted disease (STD) screening, early detection, and consistent treatment are all essential to maintaining sexual and reproductive health. Many STDs are asymptomatic, but when left untreated, can cause serious health problems including infertility in both men and women, life-threatening congenital problems in newborns, and STD-related cancers. STDs also increase a person's risk for HIV.

	Objective	Total	Asian	Black	Hispanic	White
STD-1	Reduce Chlamydia cases among females aged 15-24 years	Got worse				
STD-3a	Reduce gonorrhea cases among males aged under 30 years	Got worse				
STD-3b	Reduce gonorrhea cases among females aged under 30 years	Got worse				
STD-4	Reduce domestic transmission of primary and secondary syphilis	Got worse	Got worse	Got worse	Got worse	Got worse
STD-5	Reduce congenital syphilis cases	Got worse	Target met or exceeded	Got worse	Got worse	Got worse

### Recent Policies

- N.J.A.C 8:67 implemented **Expedited Partner Therapy**, effective January 17, 2023, in accordance with [P.L. 2019, c. 336](#).
- NJDOH [STD Program](#) recommends CDC policies and guidelines for [screening](#) and [treatment](#) of STDs
- As of 2022, NJDOH STD Program [recommends](#) additional syphilis screening in the third trimester for all pregnant patients in New Jersey.

### Recent Legislation

- N.J.S.A. 26:4-48.2, et seq. The **Expedited Partner Therapy (EPT)** Statute authorizes a health care professional to give patients, whom the professional diagnoses as having one or more STDs, medication or prescriptions to give to their sex partners to treat the STD without conducting a medical evaluation or clinical assessment of the patient’s sex partners.
- [P.L.2021, c.413](#) repeals the statute that criminalizes sexual penetration while infected with a venereal disease or HIV under certain circumstances. Additionally, the bill requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, the name of the defendant and other individual be kept confidential.

### Outreach

- NJDOH’s STD Program **Disease Intervention Specialists (DIS)** reach out to patients throughout the state who are infected with syphilis to ensure treatment, notification of sexual partners for testing and treatment, ensure HIV testing, linkage to care, or referral to Pre-exposure prophylaxis (PrEP). Local health departments also provide DIS services within their jurisdictions.

- Since 2017, the number of **congenital syphilis** cases reported to NJDOH has increased. Education, via Grand Round presentations, has been done with many of the delivery hospitals in New Jersey to ensure testing is being done according to the law at first prenatal visit and at delivery as well as to promote CDC and [American College of Obstetrics and Gynecology](#) recommendations for testing early in the third trimester due to increased rates of syphilis throughout New Jersey. Many of the cases being seen today are among women with little to no prenatal care who are polysubstance users making case investigation and contact tracing difficult to prevent syphilis transmission to their child.
- Since 2021, congenital syphilis cases have been presented to the [Fetal Infant Mortality Review](#) Board for case review by practitioners in the field. The emerging themes are presented to a community action board to develop an action plan to intervene and prevent transmission.
- Specialized outreach is conducted by Disease Intervention Specialists (DIS) to pregnant patients diagnosed or at-risk for syphilis to ensure timely testing and treatment in an effort to prevent congenital syphilis.
- Starting in 2021, services were expanded to conduct enhanced interviews with persons diagnosed with **gonorrhea**. These interviews are conducted in Essex, Camden, and Hudson counties to learn more about patient's risk profiles and treatment. This has allowed for DIS to link persons to treatment and educate providers on the updated treatment guidelines that were released in 2021.
- NJDOH's STD Program works with and provides support to local health department STD programs for community outreach, free/low-cost testing in higher prevalence communities. The STD Program also works with the [New Jersey Family Planning League](#) to provide free testing to persons within their network which covers every county in New Jersey.

### Grants given by NJDOH

- Health Service Grants to support Disease Intervention Specialists (DIS) activities:
  - Burlington County Health Department
  - Camden County Health Department
  - Monmouth County Health Department
  - City of Newark Health Department
  - City of Paterson Health Department
  - CAPCO (Community AIDS Alliance of Passaic County)
  - Henry J Austin Health Center
  - Rutgers University
  - Gloucester County Health Department
  - Jersey City Health Department
- Health Service Grants to support STD clinical services:
  - Burlington County Health Department
  - Camden County Health Department
  - City of Elizabeth Health Department
  - Henry J Austin Health Center

- Health Service Grant to support STD safety net screening among females under age 30 who are uninsured or underinsured:
  - New Jersey Family Planning League

### Grants received by NJDOH

- CDC's **Strengthening STD Prevention and Control for Health Departments** ([PS 19-1901](#))
- CDC's [DIS Workforce Development Funding](#) provides funds to strengthen DIS workforce for contact tracing for STDs, HIV, COVID-19, and other communicable diseases.

### Other actions:

- Work is underway to update our laws, many of which were last updated in 1938 to update the language from “venereal disease” to “sexually transmitted infections” and review some laws which predate effective treatment for syphilis.

### Assets/resources:

- Through the Health Resources and Services Administration's (HRSA) [340B Drug Pricing Program](#), NJDOH provides free medications to qualifying clinics, including local health departments, to treat STDs in patients who are underinsured or uninsured
- Through CDC TRAIN's [Passport to Partner Services Modules](#), followed by a week-long face-to-face component, NJDOH has been able to provide in-house training on the development of skills and techniques for interviewing STD and HIV patients in order to identify sex partners and social contacts for referral to medical evaluation. Specifically, communication skills, problem-solving capabilities, and motivational techniques are honed. Investigation and notification tools, including texting and the internet, are discussed, and feedback on mock interviews (role plays) is provided to each participant.

### Challenges:

- STDs continue to increase nationwide and in New Jersey. Overall, there has been an increase of 35% in reported STDs between 2012 and 2021. This includes a 300% increase in syphilis cases.
- Comprehensive sexual education is necessary as many adolescents and young adults who are sexually active are uneducated regarding their risk and how to seek routine STD testing.
- Many clinicians are not comfortable asking about sexual behavior and patients are embarrassed to ask for testing.

### Disparities/inequities:

- Men who have sex with men (MSM) are disproportionately affected by primary and secondary syphilis.
- Black New Jerseyans account for a majority of reported STD cases.
- The majority of STD cases are among those aged 15-24 years.
- Among mothers whose children are born with congenital syphilis, polysubstance use is common.

## Tobacco Use

Tobacco use is the leading cause of preventable death in the United States and is associated with higher rates of disease onset, illness, and mortality, particularly lung cancer.

Objective		Total	Asian	Black	Hispanic	White
TU-1a	Reduce cigarette smoking among adults	Target met or exceeded				
TU-1b	Reduce cigarette smoking among high school students	Target met or exceeded		Target met or exceeded	Target met or exceeded	Target met or exceeded
TU-2	Reduce tobacco use among high school students	Improved		Target met or exceeded	Little or no change	Improved
TU-3	Reduce secondhand smoke exposure among high school student nonsmokers	Little or no change	Got worse	Improved	Got worse	Little or no change

### Recent Policies

- [P.L.2019, c.425 Flavor Ban](#) was signed in 2020 and prohibits the sale and distribution of flavored vape products, including menthol.
- [P.L.2019, c.473](#) provides coverage of comprehensive tobacco cessation benefits in Medicaid.
- [P.L.2019, c.496](#) revises the New Jersey Smoke-Free Air Act to prohibit smoking at certain outdoor public places, including within the outdoor passenger pick-up and drop-off area of an airport that is not owned or operated by a federal or military authority.
- [P.L.2021, c.475](#) establishes requirements for certain tobacco product retailers to stock and sell nicotine replacement therapy products.

### Outreach

- Outreach is done through NJDOH’s [Office of Tobacco Control and Prevention](#) (OTCP) grantees listed below.

### Grants given by NJDOH

- NJDOH provides funding to qualified agencies to provide prevention and/or treatment services as part of the State’s ongoing efforts to address tobacco use, treatment, exposure to secondhand smoke, to assist disparate populations, and to ensure that professional skills in the field are maintained at the highest level. Grantees include:
  - Southern NJ Perinatal Cooperative (SNJPC) for Mom’s Quit Connection (MQC)
  - New Jersey Prevention Network (NJPN) awarded two grants
  - Garden State Equality awarded one grant
  - Center for Supportive Schools (CSS)

- State of New Jersey Funding Quit Centers (11 centers)

### Grants and funding received by NJDOH

- State of New Jersey Tobacco Tax Revenue
- State of New Jersey Retailer Tobacco License Revenue
- State of New Jersey Appropriations Special Funds
- Centers for Disease Control and Prevention (CDC)
  - National State-Based Tobacco Control Program
  - Public Health Approaches for Ensuring Quitline Capacity
- US Food and Drug Administration (FDA)

### Assets/resources

- [Tobacco Free for a Healthy New Jersey](#) (TFHNJ) regional coordinators facilitated the adoption of over 300 smoke-free outdoor recreational ordinances through community-based tobacco control coalitions called Integrated Municipal Advisory Councils. TFHNJ and its partners helped to reduce youth access to cigarettes, electronic nicotine delivery systems, and hookah by implementing point-of sale strategies in establishments that sell these products, particularly within municipalities where retailers are in close proximity to schools.

### Challenges

- Tobacco industry influence
- Changing product market

### Disparities/inequities

- New Jersey's cigarette smoking prevalence is lower than the national average, but differences are seen by race/ethnicity, age, and geographic location.
- Black/African American and Hispanic residents currently (2020) have the highest prevalence of cigarette smoking compared to other racial/ethnic groups.
- New Jersey has higher prevalence of cigarette smoking in Southern counties.

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### Tuberculosis

The NJDOH [Tuberculosis Control Program](#) supports TB ambulatory care activities (clinical evaluation, treatment, prevention, and epidemiology) at the county, municipal, and institutional level through the provision of health service grant funds, staff, medication, consultation, and education.

Objective	Total	Asian	Black	Hispanic	White
TB-1 Reduce tuberculosis cases	Target met or exceeded	Target met or exceeded	Improved	Target met or exceeded	Improved
TB-2 Increase 12-month tuberculosis treatment completion	Improved				
TB-3 Increase treatment completion among contacts with latent tuberculosis	Target met or exceeded				
TB-4 Increase tuberculosis cases with known HIV status	Improved				

### Projects

- Diagnosis/treatment of persons with TB Disease
- Conduct contact investigations for infectious TB cases
- Examination of immigrants and refugees with TB or LTBI
- Targeted testing and treatment of LTBI in high-risk populations
- Program planning, evaluation, and improvement
- Epidemiologic surveillance and response
- Human resource development and partnerships
  - Statewide TB webinars
  - Web-based TB Grand Rounds
  - Biannual TB Nurse Consultant Conferences
  - On-Site Mentoring
  - TB Medical Advisory Board
  - TB Nursing Advisory Board
- Provide TB testing supplies, medication, personnel, technical assistance, education, and training to local health departments.
- Collaborations with other programs and organizations, including:
  - State and local HIV prevention programs
  - NJDOH Division of HIV, STD, and TB Services
  - CDC Division of Global Migration and Quarantine

- The Global TB Institute/CDC TB Center of Excellence located in Newark, New Jersey
  - New Jersey Department of Corrections
  - U.S. Immigration and Customs Enforcement officials stationed in New Jersey
  - Hyacinth AIDS Foundation
- Promote and strengthen relationships between county TB control units, local substance abuse treatment programs, and agencies that provide services to homeless or marginally housed individuals.

### Grants awarded by NJDOH

- Health Service Grant subgrants provided to local health departments to provide regional TB clinical and outreach services
  - 8 grants given totaling \$2.45 million in state funds
  - 8 grants given totaling \$1.4 million in federal funds

### Grants received by NJDOH

- CDC's [Tuberculosis Elimination and Laboratory Cooperative Agreement](#) to maintain essential TB prevention and control infrastructure in New Jersey and to provide expert technical support to county TB Programs, medical providers, and policy makers. Funds are also used to provide language interpreter services for 21 county health departments in New Jersey.

### Challenges

- Country of birth continues to be a major risk factor for TB diagnosed in the U.S. because the risk of TB exposure varies by country.

### Disparities/inequities

- Over the five-year period 2018-2022, 86 percent of TB cases in New Jersey occurred among non-U.S. born persons.
- The geographic distribution of the foreign-born population of New Jersey is more heavily concentrated in the northeast region of the state.
- Funding to sub-grantee programs in northeast New Jersey partially supports the cost of TB nurses and outreach workers that speak multiple languages and dialects.
- Since June 2004, the [Northeast TB Center of Excellence](#) (Global TB Institute) has published 17 cultural competency newsletters for statewide distribution.

### Appendix 2: Healthy New Jersey Advisory Council Membership, 2019-2024

Alycia Bayne	NORC at the University of Chicago
Alysia Mastrangelo	Stockton University
Arthur Horn	Educational Opportunity Fund at Rowan College of South Jersey
Bageshree Cheulkar	Community Based Services at Virtua Health
Camilla Comer-Carruthers	Robert Wood Johnson University Hospital
Diane Hagerman	New Jersey Health Initiatives
Diane Hagerman	Rutgers Equity Alliance for Community Health
Elizabeth Schedl	Hudson Pride Center
Eva Mancheno	Community Food Bank of New Jersey
Jeanne Herb	Bloustein School of Planning and Public Policy at Rutgers University
John Sarno	Employers Association of New Jersey
Kwaku Gyekye	RWJBarnabas Health - Jersey City Medical Center
Laura O'Reilly Stanzilis	The North Jersey Health Collaborative
Lynne Algrant	Greater Bergen Community Action
Marissa Davis	New Jersey YMCA State Alliance
Megan Avallone	New Jersey Association of County and City Health Officials
Melissa Fox	Acenda Integrated Health
Peri L. Nearon	NJDHS Division of Disability Services
Regina Riccioni	Saint Elizabeth University
Sherry Dolan	Community and Urban Health at Capital Health
Tyree Oredein	Montclair State University
Victoria Brogan	New Jersey Hospital Association

## Appendix 3: Healthy New Jersey 2020 Workgroup

### New Jersey Department of Health

- [Office of Population Health](#)
  - Health Care Quality and Informatics
    - [Center for Health Statistics and Informatics](#)
    - [Health Care Quality Assurance](#)
  - Health Improvement Planning
- Public Health Services
  - Epidemiology, Environmental, and Occupational Health Services
    - [Cancer Epidemiology Services](#)
    - [Consumer, Environmental, and Occupational Health Service](#)
    - [Vaccine-Preventable Disease Program](#)
  - [Family Health Services](#)
    - [Maternal and Child Health Epidemiology](#)
    - [Special Child Health and Early Intervention Services](#)
  - [HIV, STD, and TB Services](#)
    - [HIV Services](#)
    - [Sexually Transmitted Disease \(STD\) Program](#)
    - [Tuberculosis Control Program](#)
  - [Office of Local Public Health](#)
    - [Childhood Lead Poisoning Prevention Program](#)
  - [Public Health Infrastructure, Laboratories, and Emergency Preparedness](#)
    - [Office of Disaster Resilience](#)
    - [Office of Emergency Preparedness](#)
- [Integrated Health Services](#)
  - Community Health Division
    - [Chronic Disease Program](#)
    - [Nutrition and Fitness](#)
    - [Office of Tobacco Control & Prevention](#)

### New Jersey Department of Human Services

- [Division of Aging Services](#)

## Appendix 4: Data Sources

- Centers for Disease Control and Prevention
  - Breastfeeding Report Card
  - National Healthcare Safety Network
  - National Immunization Survey
  - National Tuberculosis Surveillance System
- New Jersey Department of Education
  - New Jersey Student Health Survey of High School Students
- New Jersey Department of Environmental Protection
  - Bureau of Air Monitoring
  - Bureau of Environmental Radiation, Radon Section
  - Bureau of Safe Drinking Water
  - Cooperative Coastal Monitoring Program
- New Jersey Department of Health
  - Asthma Call-Back Survey
  - Birth Certificate Database
  - Communicable Disease Reporting and Surveillance System
  - Death Certificate Database
  - Early Hearing Detection and Intervention Database
  - Enhanced HIV/AIDS Reporting System
  - LeadTrax
  - Matched Infant Death-Birth Certificate Database
  - New Jersey Behavioral Risk Factor Survey
  - New Jersey Hospital Discharge Data Collection System
  - New Jersey Local Information Network and Communications System
  - New Jersey State Cancer Registry
  - New Jersey Youth Tobacco Survey
  - Office of Local Public Health's Health Education and Promotion Survey
  - Pregnancy Risk Assessment Monitoring System
  - Situational Awareness Network
- New Jersey Department of Human Services
  - Division of Medical Assistance and Health Services
- New Jersey Department of Labor
  - State Data Center, Population and Household Estimates, 2023
- New Jersey Office of the Secretary of Higher Education
  - Inventory of Degree and Certificate Program Offerings
- Public Health Accreditation Board
- United States Bureau of Labor Statistics
  - Census of Fatal Occupational Injuries
- United States Census Bureau
  - Population Estimates Program, 2023

- American Community Survey, 1-Year Estimates, 2023
  - Small Area Health Insurance Estimates
- United States Department of Transportation
  - National Occupant Protection Use Survey
- United States Renal Data System
- United Way of Northern New Jersey
  - United for ALICE, 2021 report

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