



HEALTHY NEW JERSEY 2010

Update 2005

Center for Health Statistics

*Office of the State
Epidemiologist*

Public Health Services

*New Jersey Department of
Health & Senior Services*



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Healthy New Jersey 2010:
Update 2005 is available
online at the New Jersey
Department of Health and
Senior Services' website at:
www.nj.gov/health/chs/hnj.htm

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Background

Healthy New Jersey 2010 is a set of health objectives that New Jersey is aiming to achieve over the first decade of the new century. These objectives can be used by government, non-profit agencies, community groups, professional organizations, and others to help develop programs to improve the health of New Jerseyans.

Healthy New Jersey 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of many state and community plans. In 1991, the New Jersey Department of Health published *Healthy New Jersey 2000: A Public Health Agenda for the 1990s*. For the first time, New Jersey not only defined a comprehensive set of goals for preventing disease and improving the health of the state's residents over the coming decade, but also identified very specific targets for improvements as well as indicators to measure progress toward these targets. Sixty-seven objectives, or targets and their associated indicators, were established in eleven major health categories, ranging from improving maternal and child health to reducing the adverse impacts of diseases such as cancer, HIV/AIDS, and cardiovascular disease. These priority areas and objectives were determined by the Department in partnership with health care providers, educators, researchers, consumer advocacy groups, and grass roots organizations.

Healthy New Jersey 2010 Goals

Like its predecessor, *Healthy New Jersey 2010* was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. *Healthy New Jersey 2010* adopts the overarching goals and much of the framework of the federal document. By 2010, New Jersey aspires to increase the length and quality of the lives of its residents, and to reduce or eliminate racial and ethnic disparities. To that end, there are several objectives which address health status and quality of life directly. Others address various health outcomes by race and ethnicity.

Healthy New Jersey 2010 provides a common tool for advancing public health in the state through health promotion and disease prevention activities. This first update and review of the *Healthy New Jersey 2010* objectives provides an opportunity to assess progress and establish priorities for the remainder of the decade.

Update Highlights

The outlook for the state's *Healthy New Jersey 2010* goals as of 2005 is mixed. Some of the targets have been met and still more are on track to achievement. However, there are also goals for which accomplishment is either unlikely or uncertain at this time.

Some of the objectives that have been met to date:

- increasing the percentage of newborns screened with state of the art tools to detect hearing loss;
- reducing the percentage of middle school students using cigarettes, alcohol, or inhalants and the percentage of high school students who smoke cigarettes;
- reducing the birth rate among females aged 10 through 17 years;
- increasing the percentage of those aged 65 and older who have ever received a pneumococcal vaccine;
- reducing the prevalence of falls among persons residing in long-term care facilities; and
- reducing mortality from HIV disease among persons 25 through 44 years old.

New Jersey is on track for reaching its objectives by 2010 in a number of other areas, most notably:

- reducing the infant mortality rate for the population as a whole;
- reducing birth rates among females in their teens aged 18 to 19, both for all races combined and for black teens;
- increasing the percentage of women who abstain from alcohol and tobacco products during pregnancy;
- increasing the number of tests performed to measure potential environmental hazards in homes and throughout the community, such as, detecting radon in homes and mitigating those that test above acceptable levels;
- increasing the percentage of adults using seatbelts in automobiles;

- reducing the incidence of traumatic brain injuries;
- reducing mortality from colorectal cancer ;
- reducing mortality from coronary heart disease;
- reducing the incidence of HIV disease among females aged 15 to 44 years and the prevalence of HIV infection among mothers of newborns;
- reducing age-adjusted mortality from HIV disease;
- reducing the incidence of lower extremity amputations and end stage renal disease due to diabetes;
- reducing the incidence of cervical and rectal cancer; and
- reducing mortality due to prostate and cervical cancers.

In a number of areas, clear trends are not evident and the likelihood of achieving the objectives by 2010 is still too uncertain to predict.

Finally, in several key areas it appears at this time that achieving the target by 2010 is unlikely, including:

- reducing the percentage of New Jerseyans without health insurance coverage;
- increasing the percentage of babies whose mothers received prenatal care and reducing the percentage of babies born with low birth weight;
- reducing the homicide rate among black males aged 15 through 19 years;
- reducing the incidence of melanoma;
- reducing late diagnosis of oral cancers;
- reducing the percentage of adults binge drinking; and
- increasing the percentage of women aged 65 years and over who have Pap tests to screen for cervical cancer.

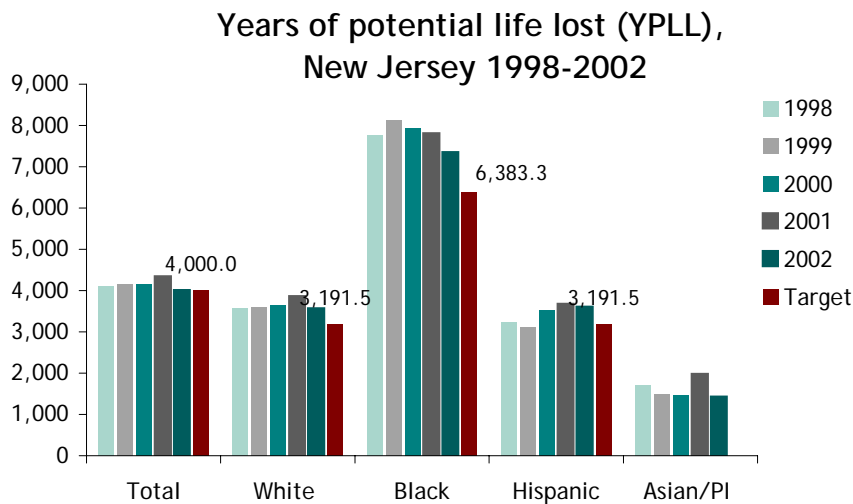
RECENT DATA

Chapter 1: Overall Health Status

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

Population	Target	Preferred Endpoint
Total	4,000.0	3,191.50
White	3,191.5	3,191.50
Black	6,383.3	3,191.50
Hispanic	3,191.5	3,191.50
Asian /Pacific Islander	*	*

Recent Data



	Total	White	Black	Hispanic	Asian/PI
1998	4,101.1	3,569.9	7,764.1	3,243.7	1,694.5
1999	4,163.0	3,601.7	8,119.6	3,109.7	1,488.5
2000	4,150.0	3,632.3	7,941.4	3,518.6	1,453.8
2001	4,338.8	3,859.3	7,804.2	3,678.0	1,975.1
2002	4,004.0	3,569.0	7,351.9	3,606.8	1,429.4

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

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

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

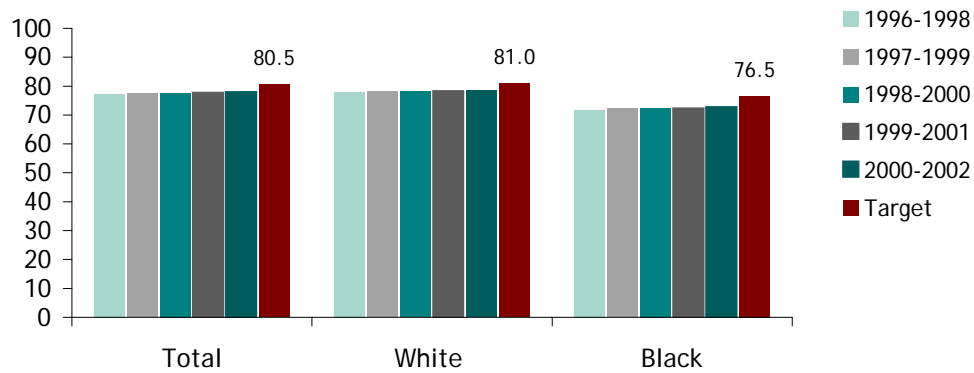
Chapter 1: Overall Health Status

Objective 2: Increase life expectancy at birth, in years

Population	Target	Preferred Endpoint
Total	80.5	81.0
White	81.0	81.0
Black	76.5	81.0
Hispanic	*	*
Asian /Pacific Islander	*	*

Recent Data

Life expectancy at birth, in years,
New Jersey 1996-2002



	Total	White	Black	Hispanic	Asian/PI
1996-1998	77.3	78.0	71.6	**	**
1997-1999	77.5	78.2	72.3	**	**
1998-2000	77.6	78.2	72.4	**	**
1999-2001	77.6	78.2	72.2	**	**
2000-2002	77.9	78.5	72.7	**	**

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

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

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

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

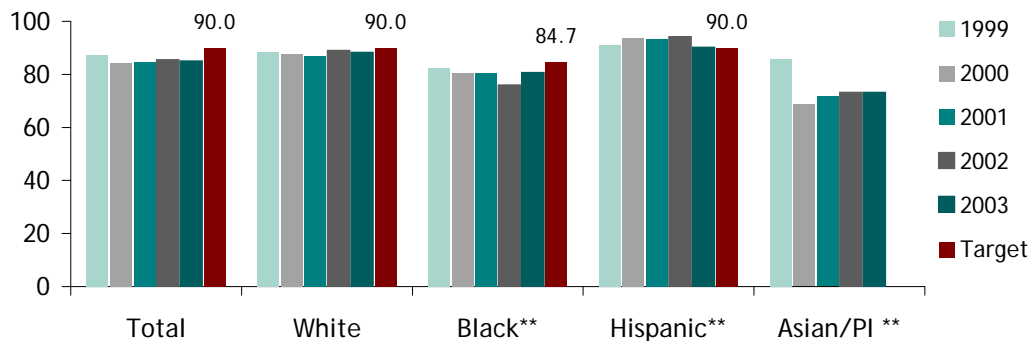
Chapter 1: Overall Health Status

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

Population	Target	Preferred Endpoint
Total	90.0	90.0
White (non-Hispanic)	90.0	90.0
Black (non-Hispanic)	84.7	90.0
Hispanic	90.0	90.0
Asian /Pacific Islander (non-Hispanic)	*	*

Recent Data

Percent of adults aged 18 years or older reporting good, very good, or excellent health status, New Jersey 1999-2003



	Total	White	Black**	Hispanic**	Asian/PI **
1999	87.3	88.3	82.3	90.9	85.6
2000	84.3	87.8	80.6	93.9	68.9
2001	84.5	86.8	80.3	93.1	71.8
2002	85.3	88.8	75.7	94.0	73.0
2003	84.8	88.0	80.4	90.0	73.0

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

**Estimate has a relatively large standard error. See Appendix C.

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

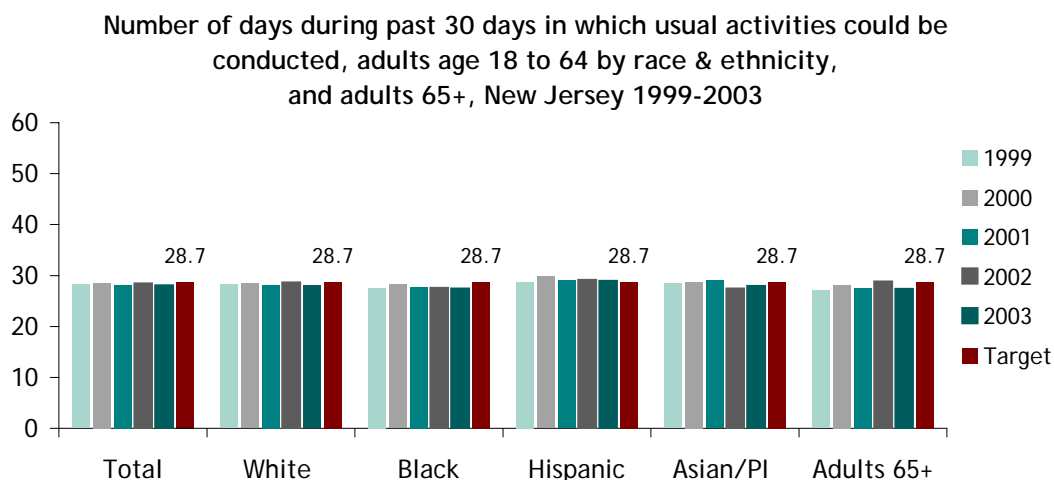
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Chapter 1: Overall Health Status

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

Population	Target	Preferred Endpoint
Total	28.7	28.7
White (non-Hispanic)	28.7	28.7
Black (non-Hispanic)	28.7	28.7
Hispanic	28.7	28.7
Adults 65+	28.7	28.7
Asian /Pacific Islander (non-Hispanic)	28.7	28.7

Recent Data



	Total	White	Black	Hispanic	Asian/PI	Adults 65+
1999	28.2	28.2	27.5	28.7	28.4	27.1
2000	28.5	28.4	28.2	29.8	28.7	28.1
2001	28.1	28.1	27.8	29.0	29.0	27.6
2002	28.4	28.6	27.5	29.1	27.4	28.8
2003	28.0	28.0	27.4	28.9	27.9	27.3

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

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

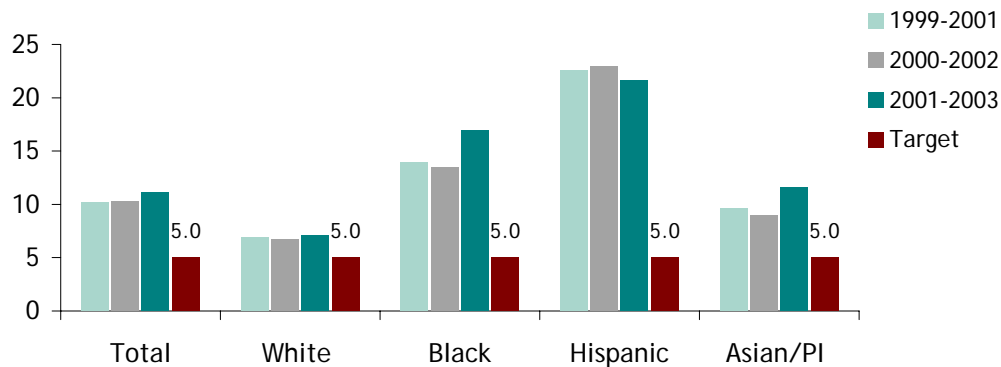
Chapter 2: Access to Health Care

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

Population	Target	Preferred Endpoint
All children under 19	5.0	4.0
White (non-Hispanic)	5.0	4.0
Black (non-Hispanic)	5.0	4.0
Hispanic	5.0	4.0
Asian/Pacific Islander (non-Hispanic)	5.0	4.0

Recent Data

Percentage of children under age 19 without any health insurance, New Jersey 1999-2003



	Total	White	Black	Hispanic	Asian/PI
1999-2001	10.2	6.9	13.9	22.6	9.6
2000-2002	10.3	6.7	13.5	22.9	9.0
2001-2003	11.1	7.1	16.9	21.6	11.6

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

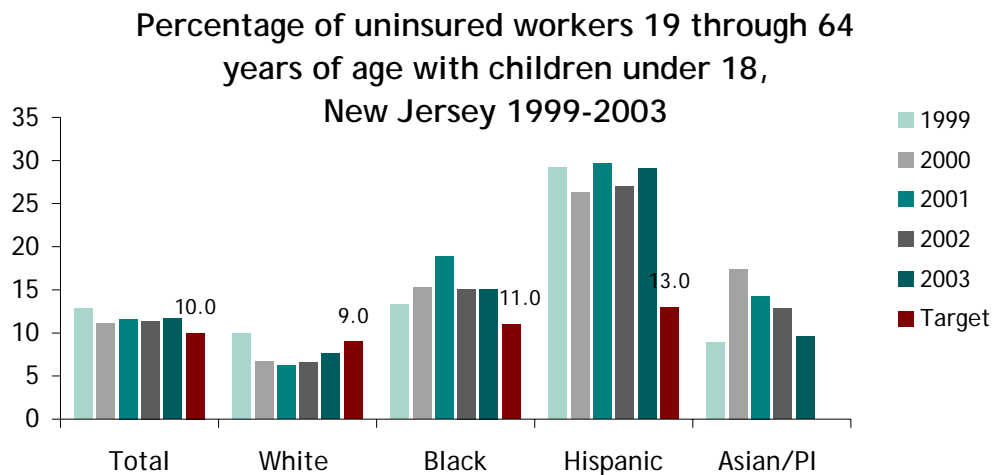
Source: United States Department of Commerce, Bureau of the Census, Current Population Survey

Chapter 2: Access to Health Care

Objective 2: Reduce the percentage of uninsured workers 19 through 64 years of age with children under 18

Population	Target	Preferred Endpoint
Total	10.0	2.0
White (non-Hispanic)	9.0	2.0
Black (non-Hispanic)	11.0	2.0
Hispanic	13.0	2.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data



	Total	White	Black	Hispanic	Asian/PI
1999	12.8	10.0	13.3	29.2	8.9
2000	11.1	6.7	15.3	26.3	17.4
2001	11.6	6.2	18.9	29.7	14.3
2002	11.4	6.6	15.1	27.0	12.8
2003	11.7	7.6	15.1	29.1	9.6

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

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

Source: United States Department of Commerce, Bureau of the Census, Current Population Survey

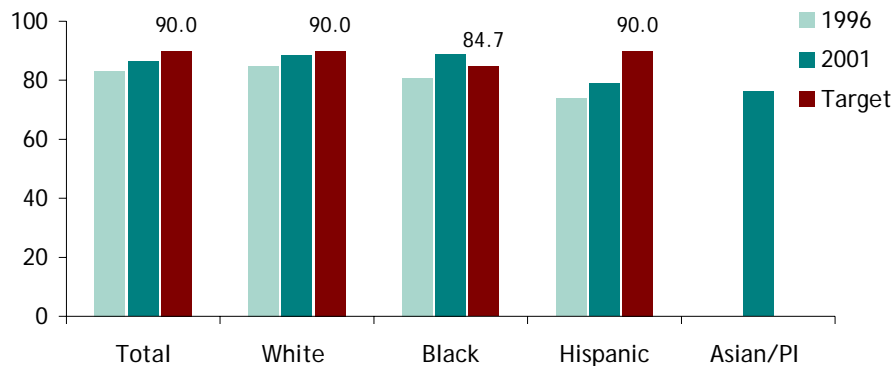
Chapter 2: Access to Health Care

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

Population	Target	Preferred Endpoint
Total	89.0	95.0
White (non-Hispanic)	90.0	95.0
Black (non-Hispanic)	88.0	95.0
Hispanic	82.0	95.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Percentage of adults reporting that they have a source of primary care, New Jersey 1996 & 2001



	Total	White	Black	Hispanic	Asian/PI
1996	83.2	84.9	80.8	73.9	**
2001	86.3	88.5	88.9	78.9	76.3

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

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

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

Note: The phrasing of this question was reworded in the years 1998-2000 and 2002-2003 and are not shown above.

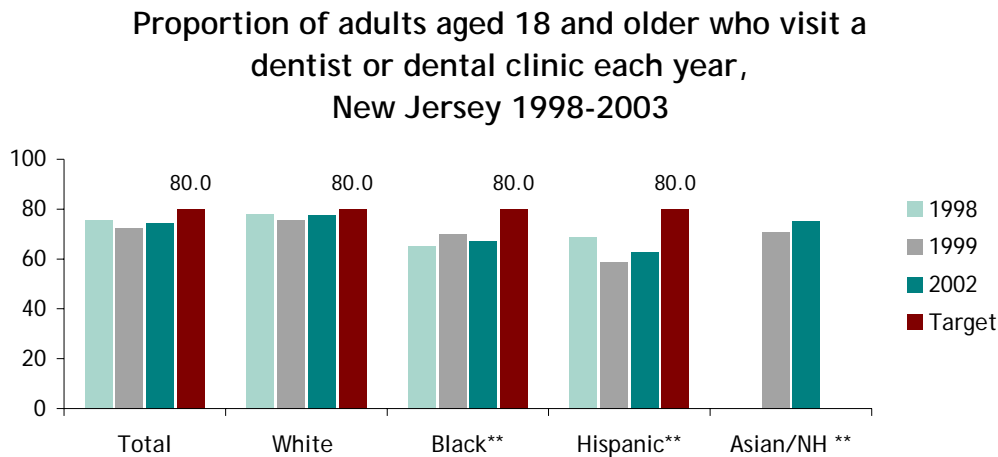
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Survey

Chapter 2: Access to Health Care

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

Population	Target	Preferred Endpoint
Total	80.0	80.0
White (non-Hispanic)	80.0	80.0
Black (non-Hispanic)	80.0	80.0
Hispanic	80.0	80.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data



	Total	White	Black**	Hispanic**	Asian/NH **
1998	75.8	78.2	65.2	68.7	65.7**
1999	72.3	75.7	70.1	58.9	70.8
2000	***	***	***	***	***
2001	***	***	***	***	***
2002	74.3	77.7	67.1	62.9	75.3
2003	***	***	***	***	***

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

** Estimate has a relatively large standard error. See Appendix C.

***The question was not asked of Behavioral Risk Factor Survey respondents this year.

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

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

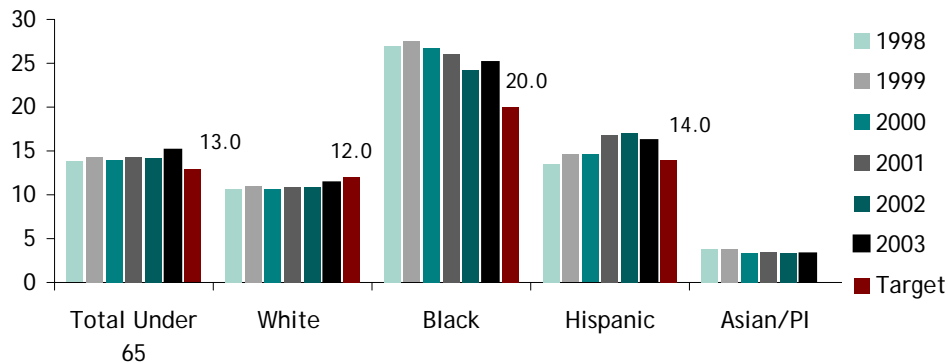
Chapter 2: Access to Health Care

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

Population	Target	Preferred Endpoint
Total under 65	13.0	12.0
White (non-Hispanic)	12.0	12.0
Black (non-Hispanic)	20.0	12.0
Hispanic	14.0	12.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Hospital admission rate for Ambulatory Care Sensitive diagnoses of persons under age 65 per 1,000 population, New Jersey 1998-2003



	Total Under 65	White	Black	Hispanic	Asian/PI
1998	13.8	10.7	27.0	13.5	3.8
1999	14.3	11.0	27.5	14.6	3.8
2000	14.0	10.7	26.8	14.6	3.4
2001	14.3	10.9	26.1	16.8	3.5
2002	14.2	10.9	24.2	17.0	3.4
2003	15.1	11.4	25.1	16.2	3.3

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

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

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

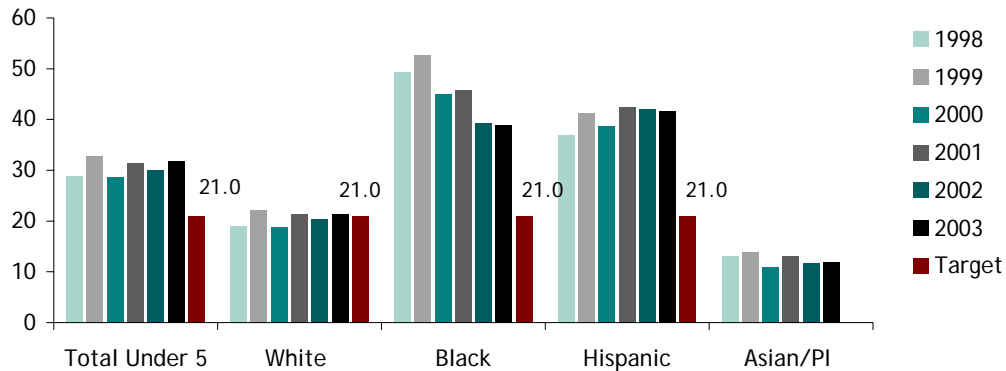
Chapter 2: Access to Health Care

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

Population	Target	Preferred Endpoint
Total	21.0	21.0
White (non-Hispanic)	21.0	21.0
Black (non-Hispanic)	21.0	21.0
Hispanic	21.0	21.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Hospital admission rate for ambulatory care sensitive diagnosis of children under age five per 1,000 population, New Jersey 1998-2003



	Total Under 5	White	Black	Hispanic	Asian/PI
1998	28.9	19.1	49.4	36.9	13.1
1999	32.7	22.1	52.7	41.3	13.8
2000	28.6	18.8	45.0	38.7	10.9
2001	31.3	21.4	45.9	42.4	13.1
2002	30.0	20.5	39.2	42.1	11.8
2003	31.9	21.3	38.9	41.7	11.9

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

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

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Chapter 3: Fundamentals of Good Health

Data for the following objectives within this chapter have not been updated. Explanations are provided below. These objectives are excluded from the body of this report.

Chapter Objective

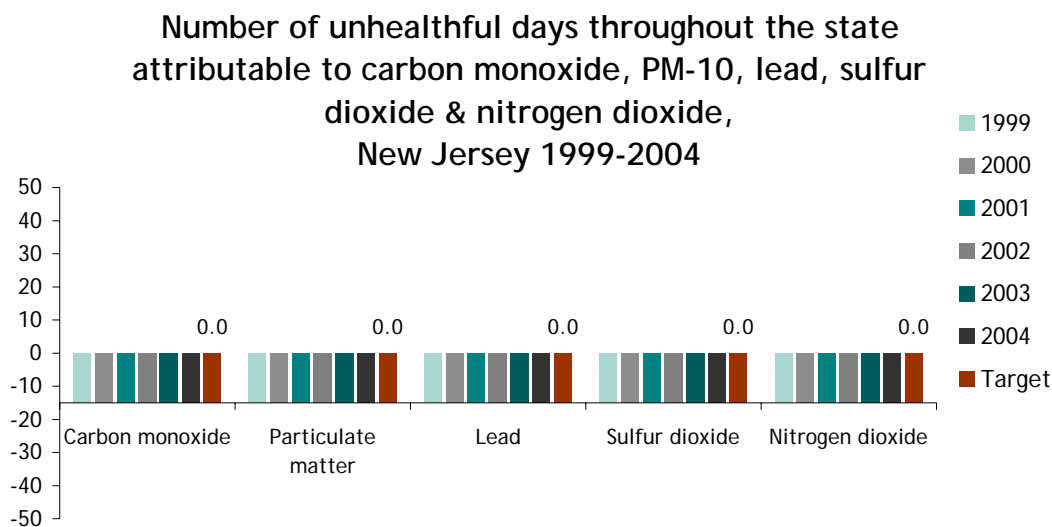
Explanation

3A	7 (Developmental): Increase the percentage of residential lead evaluation/risk assessments conducted that meet performance standards to 90 percent	Amendments necessary to measure this objective have not been implemented. Future regulatory changes are not certain.
3A	8: Reduce the percentage of initial inspections of retail food establishments where deficiencies are noted	Planned database and pilot program were not achieved because a rule repeal and new rule for retail food was not proposed.
3B	19 (Developmental): Increase the percentage of fourth grade public school students who pass the comprehensive health and physical education portion of the Elementary School Proficiency Assessment (ESPA) to 90 percent	Tests have been eliminated.
3C	1 (Developmental): Increase the percentage of public school students who pass the comprehensive health and physical education portion of the Grade Eight proficiency assessment (GEPA)	Tests have been eliminated.
3C	2 (Developmental): Increase the percentage of public school students who pass the comprehensive health and physical education portion of the High School Proficiency assessment (HSPA)	Tests have been eliminated.
3E	5 (Developmental): Reduce the incidence of work-related musculoskeletal injuries experienced by employed older workers diagnosed with osteoporosis by 50 percent	Data required to update this objective are not currently available. The Division of Environmental and Occupational Safety is coordinating with the Department of Labor to establish a data source for this information.

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

Chemicals	Target	Preferred Endpoint
Carbon Monoxide	0.0	0.0
Particulate Matter	0.0	0.0
Lead	0.0	0.0
Sulfur Dioxide	0.0	0.0
Nitrogen dioxide	0.0	0.0

Recent Data



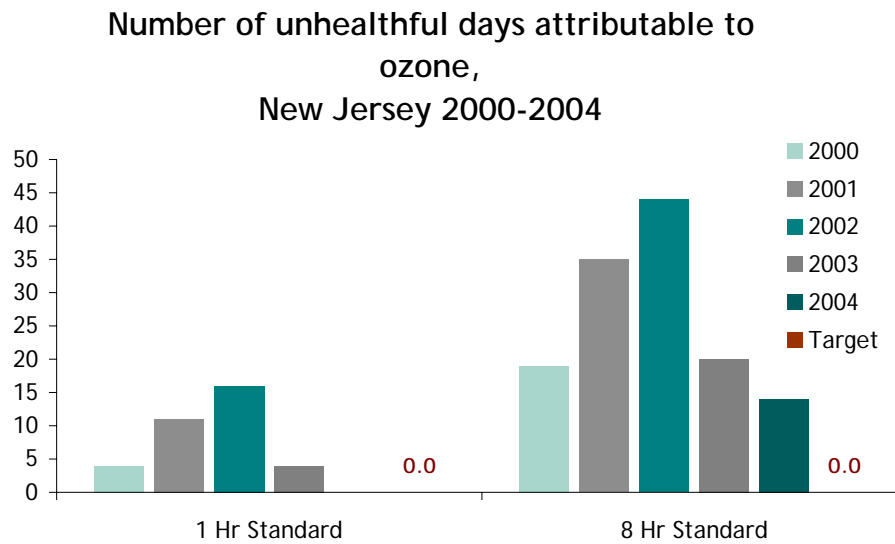
	Carbon monoxide	Particulate matter	Lead	Sulfur dioxide	Nitrogen dioxide
1999	0.0	0.0	0.0	0.0	0.0
2000	0.0	0.0	0.0	0.0	0.0
2001	0.0	0.0	0.0	0.0	0.0
2002	0.0	0.0	0.0	0.0	0.0
2003	0.0	0.0	0.0	0.0	0.0
2004	0.0	0.0	0.0	0.0	0.0

Source: New Jersey Department of Environmental Protection

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

Standard	Target	Preferred Endpoint
1 Hour Standard	0.0	0.0
8 Hour Standard	0.0	0.0

Recent Data



	1 Hr Standard	8 Hr Standard
2000	4.0	19.0
2001	11.0	35.0
2002	16.0	44.0
2003	4.0	20.0
2004	0.0	14.0

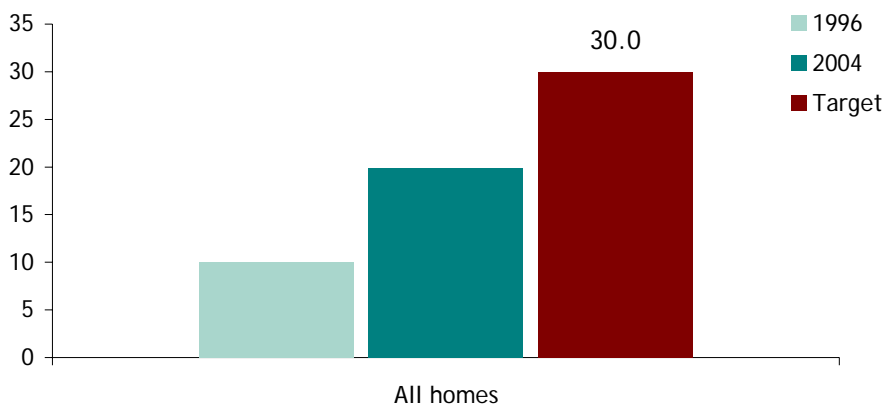
Source: New Jersey Department of Environmental Protection

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

Population	Target	Preferred Endpoint
All homes	30.0	30.0

Recent Data

Percentage of New Jersey homes that have ever been tested for radon, New Jersey 1996-2004



All homes	
1996	10.0
2004	19.9

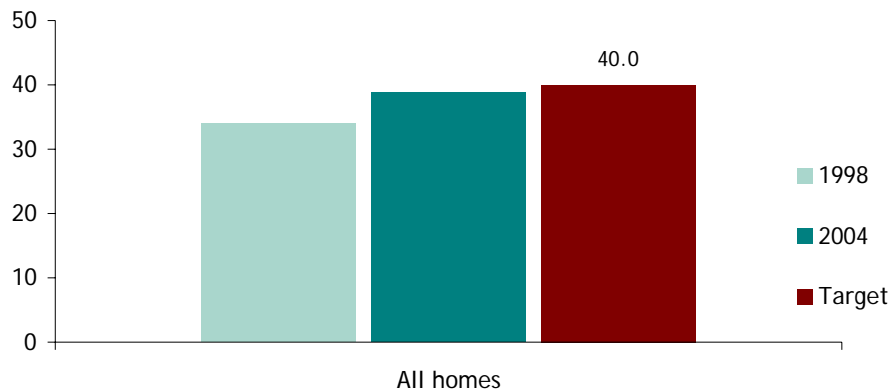
Source: New Jersey Department of Environmental Protection

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

Population	Target	Preferred Endpoint
Homes tested at greater than 4 picocuries and mitigated	40.0	40.0

Recent Data

Percentage of homes testing above 4 picocuries per liter of radon that have been mitigated, New Jersey 1998-2004



All homes	
1998	34.0
2004	38.8

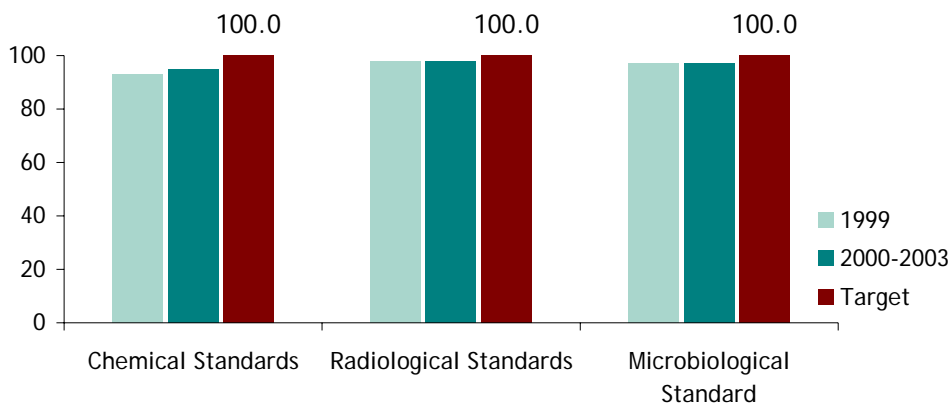
Source: New Jersey Department of Environmental Protection

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

Sub-objectives	Target	Preferred Endpoint
Chemical Standards	100.0	100.0
Radiological Standards	100.0	100.0
Microbiological Standard	100.0	100.0

Recent Data

Percentage of community water systems that are in compliance with all current state and federal drinking water requirements for water quality, New Jersey 1999-2003



	Chemical Standards	Radiological Standards	Microbiological Standard
1999	93.0	98.0	97.0
2000-2003	95.0	98.0	97.0

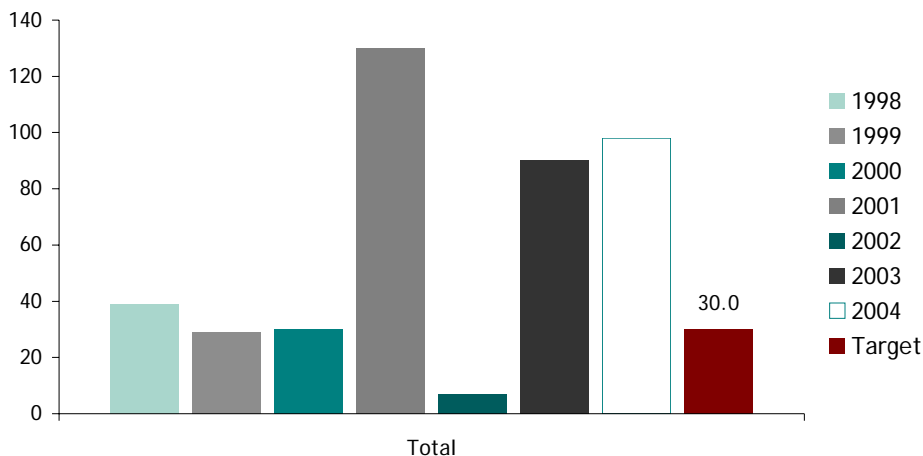
Source: New Jersey Department of Environmental Protection

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

Beach Closings Target
30

Recent Data

**Beach closings due to elevated bacterial levels,
New Jersey 1998-2004**



	Total
1998	39.0
1999	29.0
2000	30.0
2001	130.0
2002	7.0
2003	90.0
2004	98.0

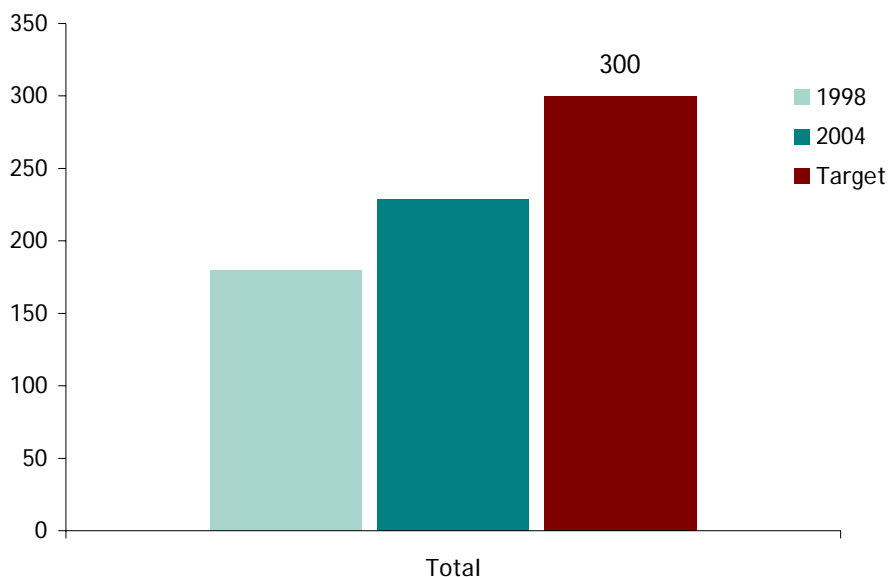
Source: New Jersey Department of Health and Senior Services, Division of Environmental and Occupational Health Services

Objective 6: Increase the cumulative number of public health assessments of hazardous waste sites

Sites Evaluated **Target**
 300

Recent Data

Cumulative public health assessments of hazardous waste sites, New Jersey 1999-2004



	Total
1998	180
2004	229

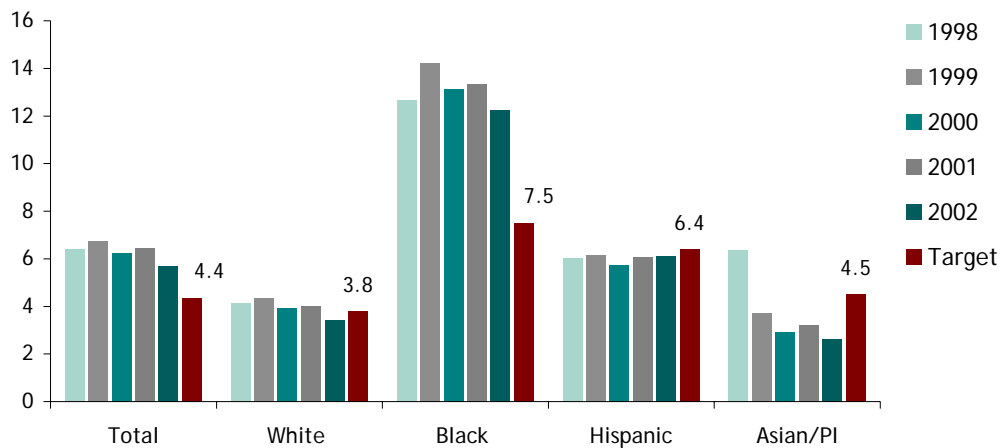
Source: New Jersey Department of Health and Senior Services, Division of Environmental and Occupational Health Services

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

Population	Target	Preferred Endpoint
Total	4.4	3.8
White (non-Hispanic)	3.8	3.8
Black (non-Hispanic)	7.5	3.8
Hispanic	6.4	3.8
Asian/Pacific Islander (non-Hispanic)	4.5	3.8

Recent Data

Infant mortality per 1,000 live births, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	6.4	4.1	12.7	6.0	6.4
1999	6.8	4.4	14.2	6.1	3.7
2000	6.3	3.9	13.2	5.8	2.9
2001	6.4	4.0	13.3	6.1	3.2
2002	5.7	3.4	12.2	6.1	2.6

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

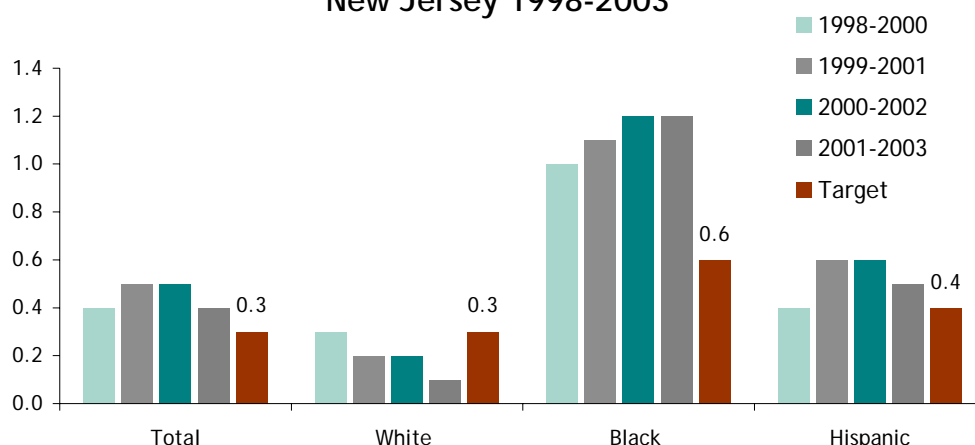
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	0.3	0.2
White (non-Hispanic)	0.3	0.2
Black (non-Hispanic)	0.6	0.2
Hispanic	0.4	0.2

Recent Data

Three-year average infant mortality rate due to Sudden Infant Death Syndrome, New Jersey 1998-2003



	Total	White	Black	Asian/PI	Hispanic
1998-2000	0.4	0.3	1.0	**	0.4
1999-2001	0.5	0.2	1.1	**	0.6
2000-2002	0.5	0.2	1.2	**	0.6
2001-2003	0.4	0.1	1.2	**	0.5

* A target was not set at baseline.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

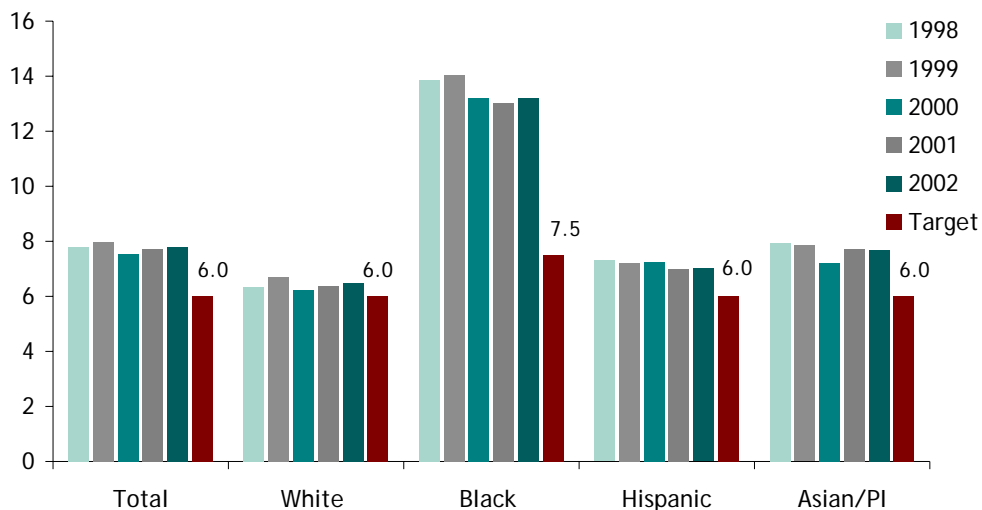
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	6.0	5.0
White (non-Hispanic)	6.0	5.0
Black (non-Hispanic)	7.5	5.0
Hispanic	6.0	5.0
Asian/Pacific Islander (non-Hispanic)	6.0	5.0

Recent Data

Percentage of infants weighing less than 2,500 grams at birth, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	7.8	6.3	13.9	7.3	7.9
1999	8.0	6.7	14.0	7.2	7.9
2000	7.5	6.2	13.2	7.3	7.2
2001	7.7	6.4	13.0	7.0	7.7
2002	7.8	6.5	13.2	7.0	7.7

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

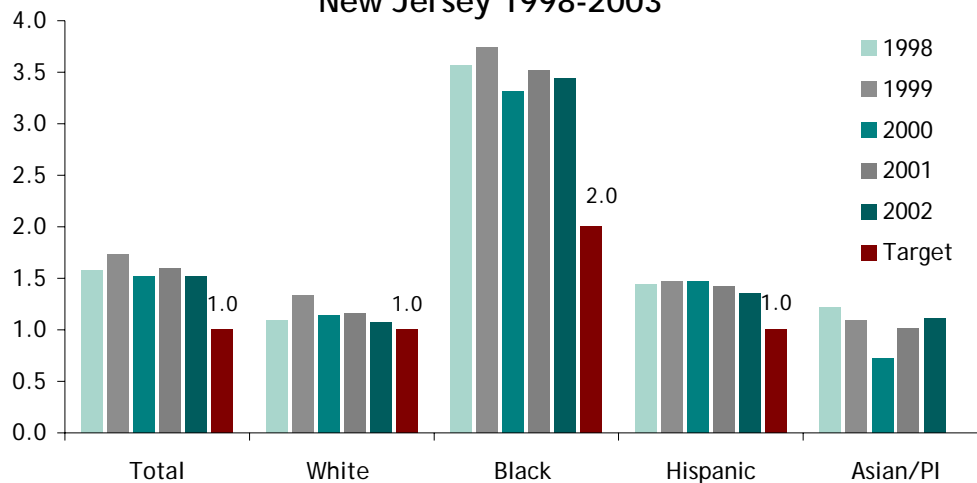
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	1.0	0.7
White (non-Hispanic)	1.0	0.7
Black (non-Hispanic)	2.0	0.7
Hispanic	1.0	0.7
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Percentage of infants weighing less than 1,500 grams at birth, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	1.6	1.1	3.6	1.4	1.2
1999	1.7	1.3	3.7	1.5	1.1
2000	1.5	1.1	3.3	1.5	0.7
2001	1.6	1.2	3.5	1.4	1.0
2002	1.5	1.1	3.4	1.4	1.1

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

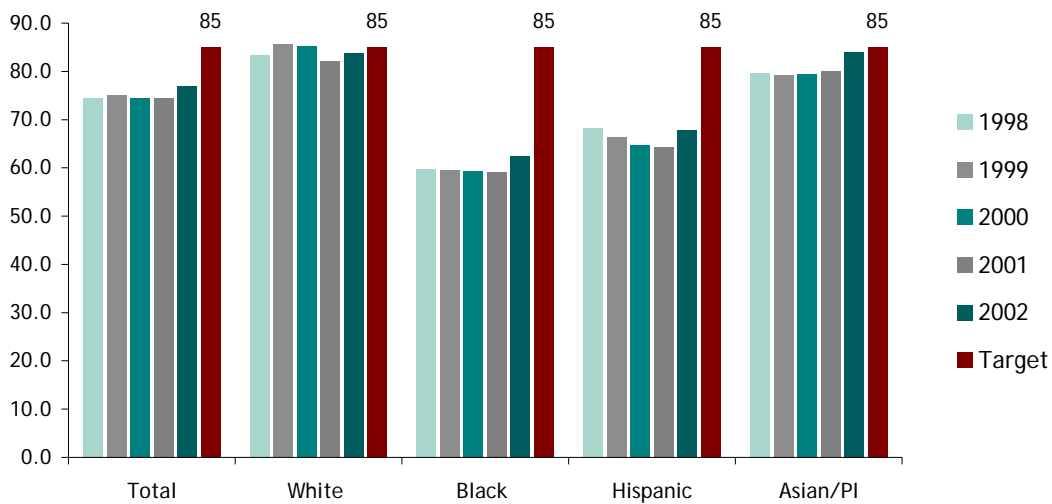
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	85.0	100.0
White (non-Hispanic)	85.0	100.0
Black (non-Hispanic)	85.0	100.0
Hispanic	85.0	100.0
Asian/Pacific Islander (non-Hispanic)	85.0	100.0

Recent Data

Percentage of live births whose mothers received prenatal care in the first trimester, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	74.4	83.3	59.8	68.2	79.7
1999	75.1	85.5	59.6	66.5	79.3
2000	74.5	85.3	59.3	64.8	79.4
2001	74.5	82.0	59.1	64.4	80.0
2002	76.9	83.7	62.3	67.9	84.0

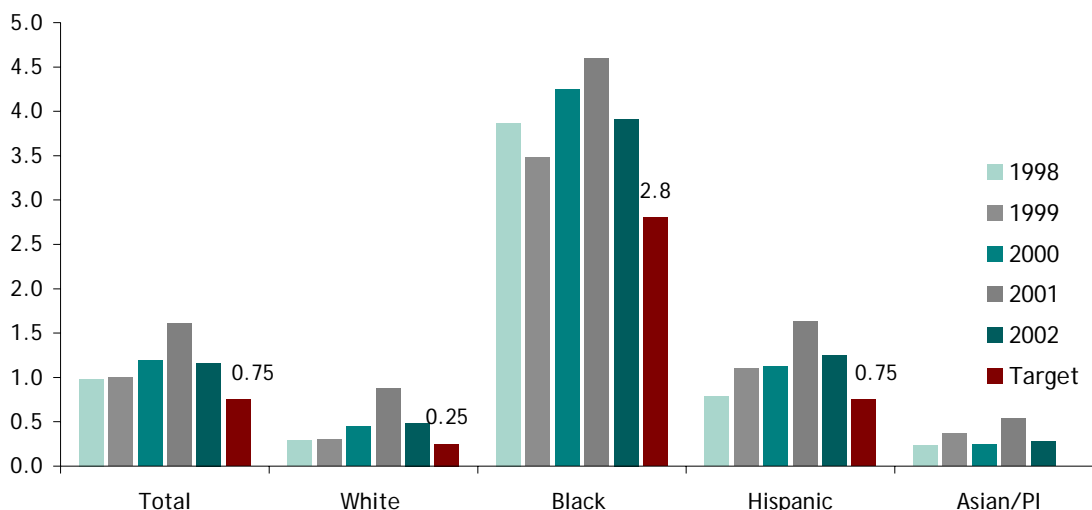
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
 Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	0.75	0.25
White (non-Hispanic)	0.25	0.25
Black (non-Hispanic)	2.8	0.25
Hispanic	0.75	0.25
Asian/Pacific Islanders (non-Hispanic)	*	*

Recent Data

Percent live births whose mothers did not receive prenatal care, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	1.0	0.3	3.9	0.8	0.2
1999	1.0	0.3	3.5	1.1	0.4
2000	1.2	0.5	4.2	1.1	0.2
2001	1.6	0.9	4.6	1.6	0.5
2002	1.2	0.5	3.9	1.2	0.3

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

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

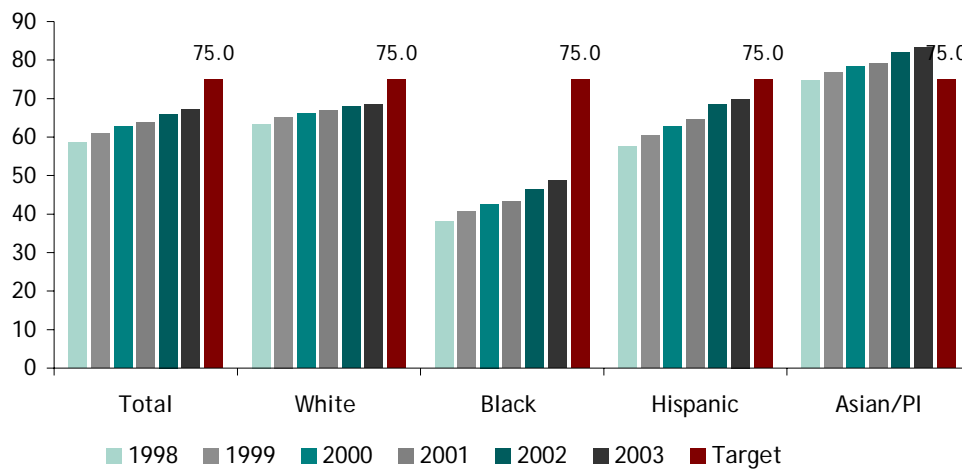
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Objective 7: Increase the proportion of infants who were breastfed at hospital discharge

Population	Target	Preferred Endpoint
Total	75.0	75.0
White (non-Hispanic)	75.0	75.0
Black (non-Hispanic)	75.0	75.0
Hispanic	75.0	75.0
Asian/Pacific Islanders (non-Hispanic)	75.0	75.0

Recent Data

Proportion of infants breastfed at hospital discharge, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	58.6	63.4	38.0	57.5	74.6
1999	61.0	65.2	40.6	60.4	76.9
2000	62.7	66.1	42.6	62.8	78.3
2001	63.7	66.8	43.3	64.5	79.1
2002	66.0	67.9	46.3	68.5	81.9
2003	67.2	68.4	48.7	69.9	83.2

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

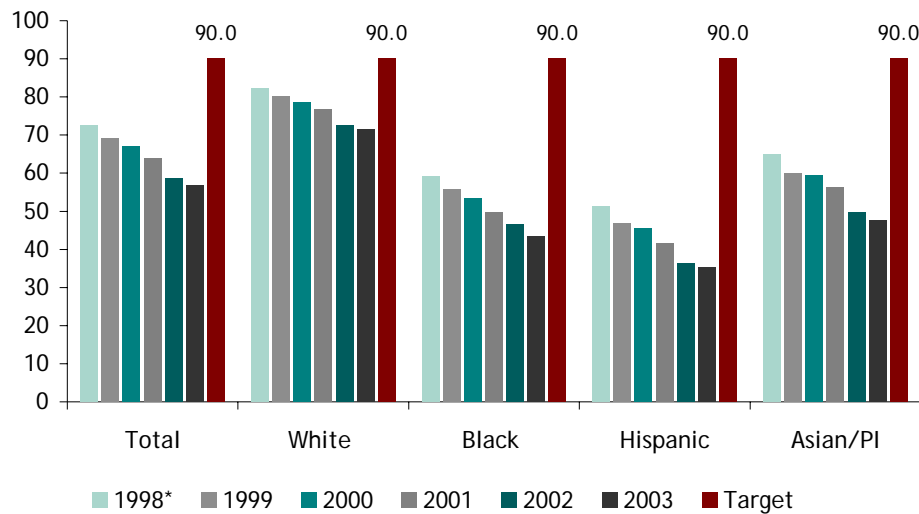
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
Total	90.0	90.0
White (non-Hispanic)	90.0	90.0
Black (non-Hispanic)	90.0	90.0
Hispanic	90.0	90.0
Asian/Pacific Islanders (non-Hispanic)	90.0	90.0

Recent Data

Percent of infants breastfed exclusively at hospital discharge, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998*	72.5	82.3	59.2	51.2	65.0
1999	69.1	80.1	55.8	46.8	60.0
2000	67.1	78.6	53.5	45.4	59.5
2001	63.8	76.7	49.6	41.6	56.2
2002	58.7	72.5	46.7	36.3	49.8
2003	56.8	71.5	43.3	35.3	47.7

* The baseline data have been changed due to a previous calculation error.

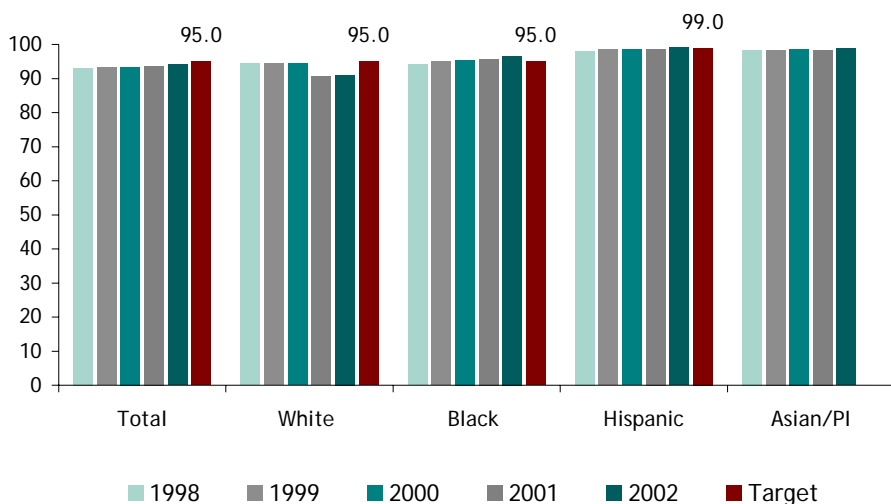
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
Total	95.0	99.0
White (non-Hispanic)	95.0	99.0
Black (non-Hispanic)	95.0	99.0
Hispanic	99.0	99.0
Asian/Pacific Islanders (non-Hispanic)	*	*

Recent Data

Percentage of women abstaining from alcohol during pregnancy, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	93.1	94.4	94.1	98.1	98.3
1999	93.2	94.4	95.0	98.5	98.4
2000	93.3	94.4	95.4	98.5	98.7
2001	93.6	90.6	95.7	98.7	98.4
2002	94.2	91.1	96.7	99.1	98.7

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

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

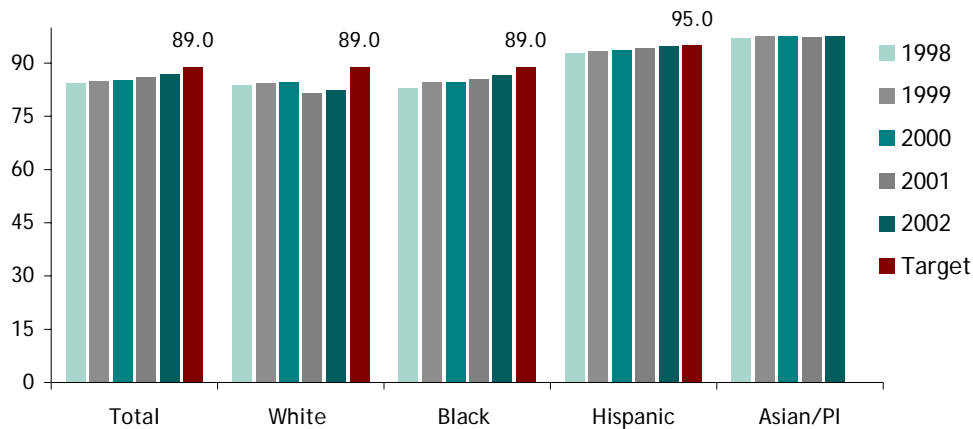
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	89.0	95.0
White (non-Hispanic)	89.0	95.0
Black (non-Hispanic)	89.0	95.0
Hispanic	95.0	95.0
Asian/Pacific Islanders (non-Hispanic)	*	*

Recent Data

Percentage of women abstaining from tobacco products during pregnancy, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	84.3	84.0	82.9	92.7	97.2
1999	85.0	84.4	84.7	93.3	97.5
2000	85.3	84.7	84.6	93.6	97.6
2001	85.9	81.6	85.5	94.2	97.5
2002	87.0	82.5	86.8	94.8	97.7

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

NOTE: Data for White, Black and Asian Pacific Islanders do not include Hispanics.

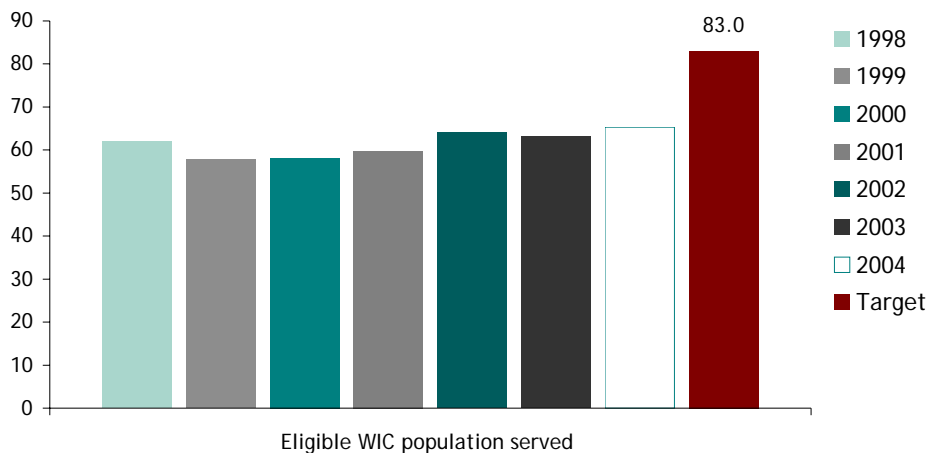
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Eligible WIC population served	83.0	100.0

Recent Data

Percentage of eligible WIC population served, New Jersey 1998-2004



	Eligible WIC population served
1998	62.0
1999	57.7
2000	58.2
2001	59.8
2002	64.1
2003	63.2
2004	65.3

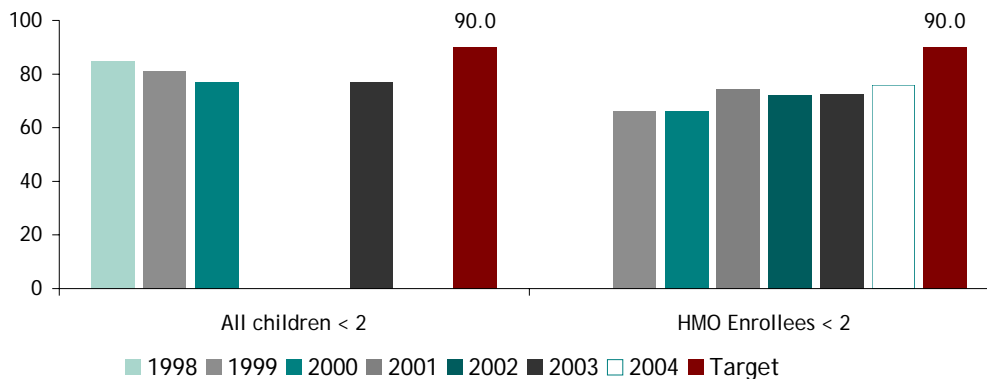
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
All children ≤ 2	90.0	90.0
HMO enrollees ≤ 2	90.0	90.0

Recent Data

Percentage of children receiving the recommended vaccination schedule, New Jersey 1998-2004



	All children ≤ 2	HMO Enrollees ≤ 2
1998	85.0	*
1999	81.0	66.2
2000	77.0	66.1
2001	**	74.4
2002	**	72.2
2003	77.0	72.4
2004	**	75.9

*Baseline data for Health Maintenance Organization (HMO) enrollees was 1999.

**Data not available this year.

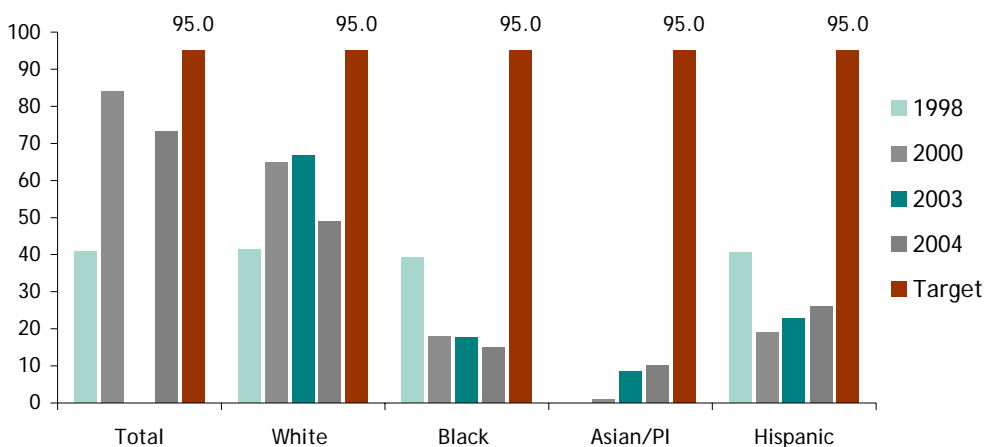
Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, and the New Jersey Department of Health and Senior Services, Division of Health Care Systems Analysis

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

Population	Target	Preferred Endpoint
Total	95.0	95.0
White (non-Hispanic)	95.0	95.0
Black (non-Hispanic)	95.0	95.0
Hispanic	95.0	95.0
Asian/Pacific Islander (non-Hispanic)	95.0	95.0

Recent Data

Percentage of newborns enrolled in the New Jersey Immunization Information System, 1998-2004



	Total	White	Black	Asian/PI	Hispanic
1998	40.8	41.3	39.3	**	40.6
1999	**	**	**	**	**
2000	84.0	65.0	18.0	1.0	19.0
2003	**	66.7	17.6	8.5	22.9
2004	73.2	49.0	15.0	10.0	26.0

** Data is not available.

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

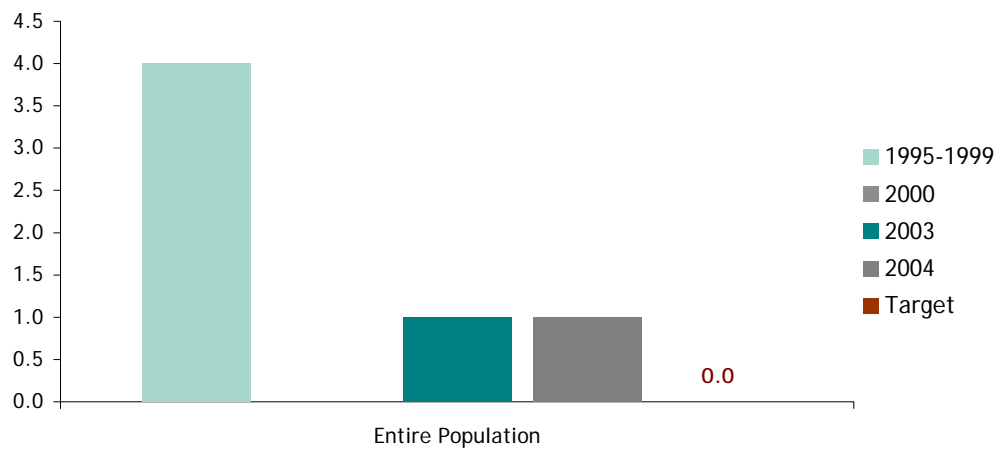
Source: New Jersey Department of Health and Senior Services, Communicable Disease Services

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

Population	Target	Preferred Endpoint
Entire population	0.0	0.0

Recent Data

Percentage of infants with birthweight less than 2,500 grams, New Jersey 1997-2003



Entire Population	
1995-1999	4.0
2000	0.0
2003	1.0
2004	1.0

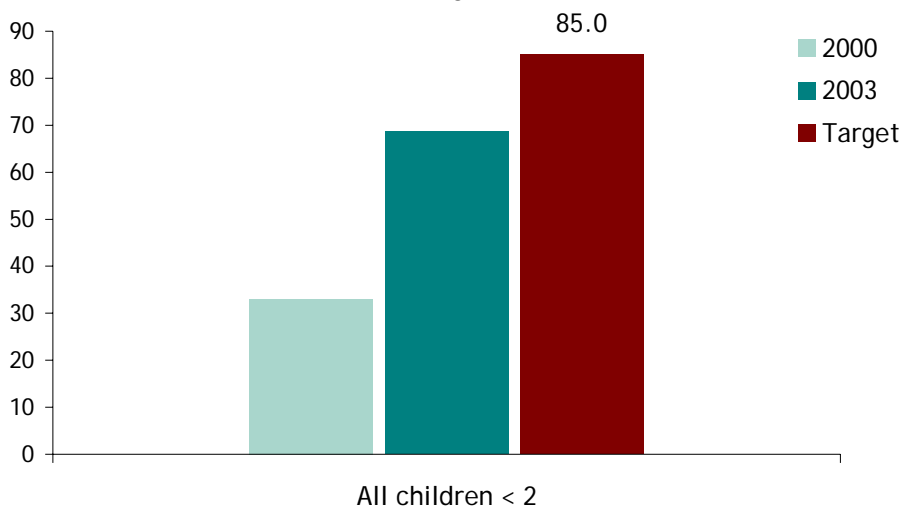
Source: New Jersey Department of Health and Senior Services, Communicable Disease Services

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

Population	Target	Preferred Endpoint
Children \leq 2 years	85.0	85.0

Recent Data

Percent of children aged 2 years or younger who have been screened for lead poisoning, New Jersey 2000-2003



All children \leq 2	
2000	33.0
2003	68.6

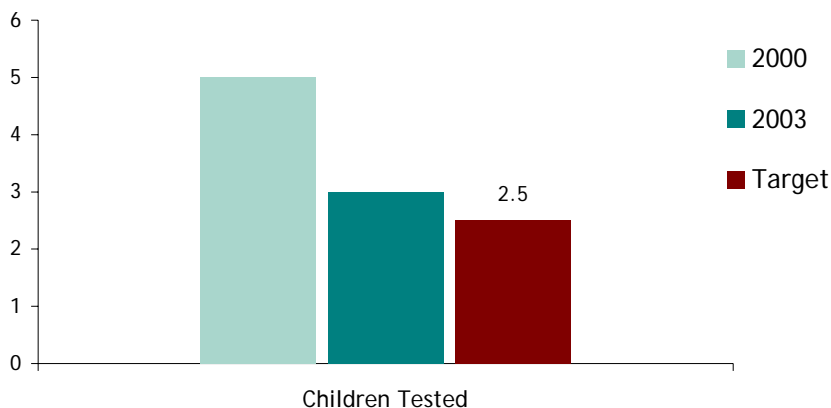
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

Objective 15 (Developmental): Reduce the percentage of tested children 2 years old or younger whose initial blood lead level is \geq 10ug/dL

Population	Target	Preferred Endpoint
Children \leq 2 years	2.5	2.5

Recent Data

Percent of children younger than 2 years old screened for lead poisoning, New Jersey 2000-2003



Children Tested	
2000	5.0
2003	3.0

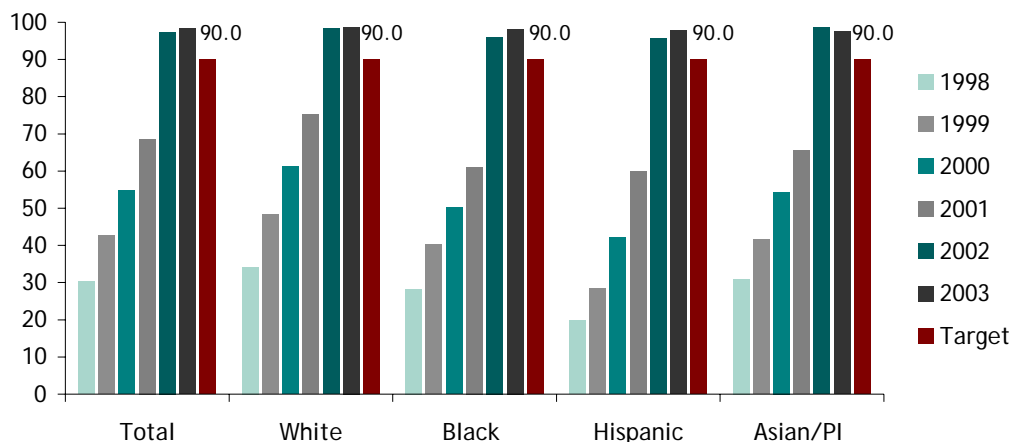
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
Total	90.0	100.0
White (non-Hispanic)	90.0	100.0
Black (non-Hispanic)	90.0	100.0
Hispanic	90.0	100.0
Asian/PI (non-Hispanic)	90.0	100.0

Recent Data

Percentage of newborns screened for hearing loss before hospital discharge or by one month of age, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	30.2	34.2	28.3	19.9	31.0
1999	42.6	48.4	40.3	28.4	41.6
2000	54.8	61.2	50.2	42.2	54.4
2001	68.6	75.3	61.1	59.8	65.5
2002	97.4	98.4	96.0	95.7	98.5
2003	98.4	98.7	98.2	97.8	97.6

*See Appendix A.

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

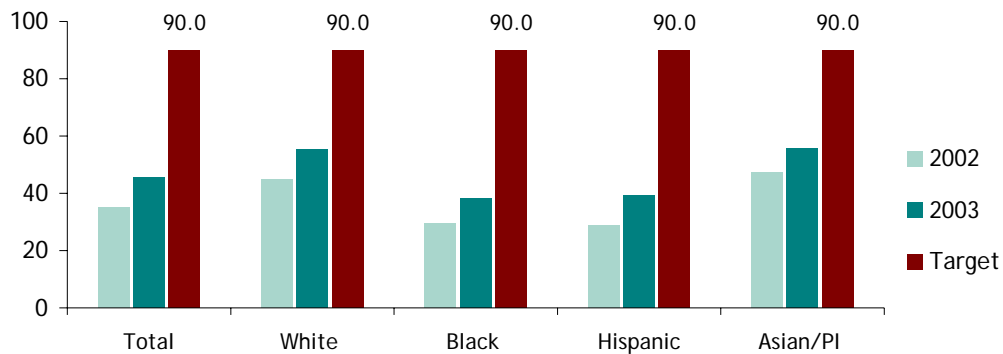
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
Total	90.0	100.0
White (non-Hispanic)	90.0	100.0
Black (non-Hispanic)	90.0	100.0
Hispanic	90.0	100.0
Asian/Pacific Islander (non-Hispanic)	90.0	100.0

Recent Data

Percentage of children receiving diagnostic follow-up in three months after a positive screening for hearing loss, New Jersey 2002-2003



	Total	White	Black	Hispanic	Asian/PI
2002	35.2	45.0	29.4	28.7	47.1
2003	45.6	55.2	38.3	39.4	55.7

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

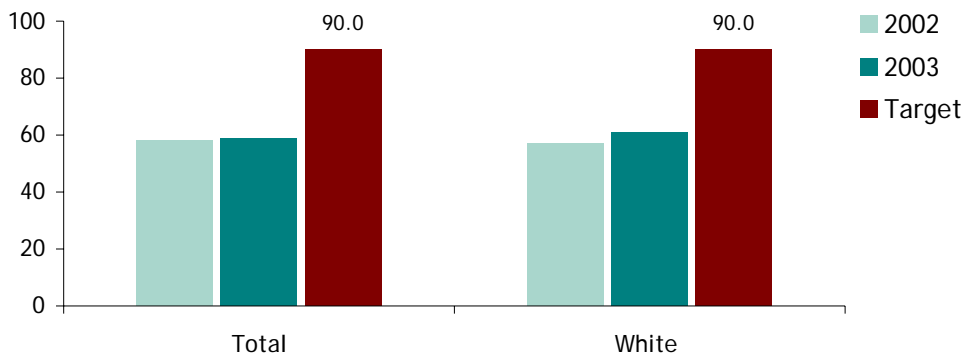
Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
Total	90.0	100.0
White (non-Hispanic)	90.0	100.0
Black (non-Hispanic)	90.0	100.0
Hispanic	90.0	100.0
Asian/Pacific Islander (non-Hispanic)	90.0	100.0

Recent Data

Percent enrollment of infants diagnosed with hearing loss/deafness in appropriate intervention services by six months of age, New Jersey 2002-2003



	Total	White	Black	Hispanic	Asian/PI
2002	58.0	57.1	**	**	**
2003	59.0	60.9	**	**	**

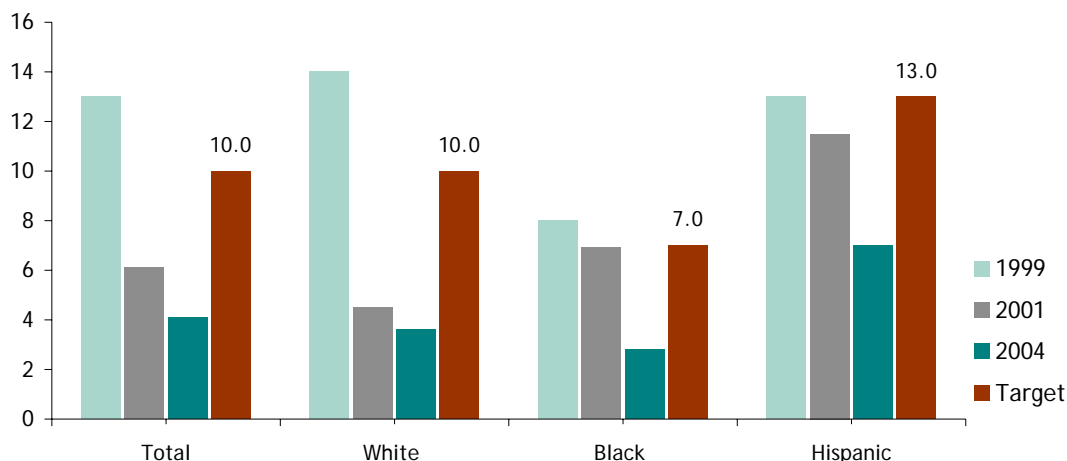
** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.
 Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
 Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

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

Population	Target	Preferred Endpoint
All middle school students	10.0	6.0
White (non-Hispanic)	10.0	6.0
Black (non-Hispanic)	7.0	6.0
Hispanic	13.0	6.0
Asian/ Pacific Islander (non-Hispanic)	*	*

Recent Data

Percentage of middle school students who have used cigarettes in the past 30 days, New Jersey 1999, 2001, & 2004



	Total	White	Black	Hispanic	Asian/PI
1999	13.0	14.0	8.0	13.0	**
2001	6.1	4.5	6.9	11.5	**
2004	4.1	3.6	2.8	7.0	**

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

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

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

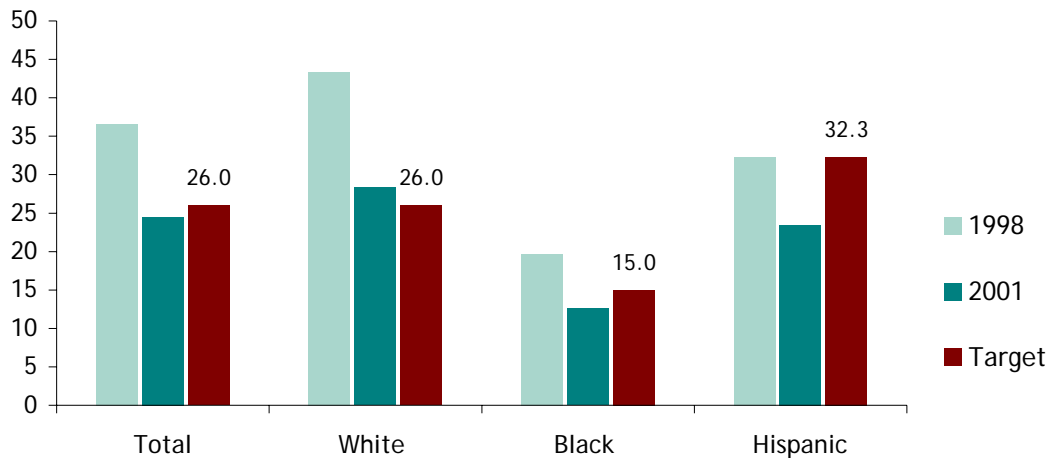
Source: New Jersey Department of Health and Senior Services, Comprehensive Tobacco Control Program

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

Population	Target	Preferred Endpoint
Total high school students	26.0	15.0
White (non-Hispanic)	26.0	15.0
Black (non-Hispanic)	15.0	15.0
Hispanic	32.3	15.0
Asian/ Pacific Islander (non-Hispanic)	*	*

Recent Data

Percentage of high school students who say they are currently smoking, New Jersey 1998 & 2001



	Total	White	Black	Hispanic	Asian/PI
1998	36.6	43.4	19.7	32.3	**
2001	24.5	28.3	12.6	23.5	**

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

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

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

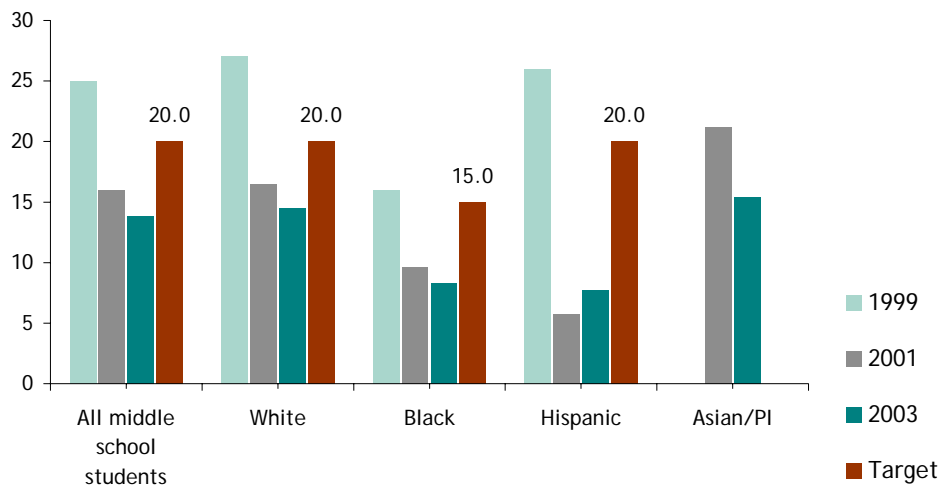
Source: New Jersey Department of Health and Senior Services, Comprehensive Tobacco Control Program

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

Population	Target	Preferred Endpoint
All middle school students	20.0	15.0
White (non-Hispanic)	20.0	15.0
Black (non-Hispanic)	15.0	15.0
Hispanic	20.0	15.0
Asian/ Pacific Islander (non-Hispanic)	*	*

Recent Data

Percentage of middle school students who have used alcohol in the past 30 days, New Jersey 1999-2003



	All middle school students	White	Black	Hispanic	Asian/PI
1999	25.0	27.0	16.0	26.0	**
2001	16.0	16.5	9.6	5.7	21.2
2003	13.8	14.5	8.3	7.7	15.4

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

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

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

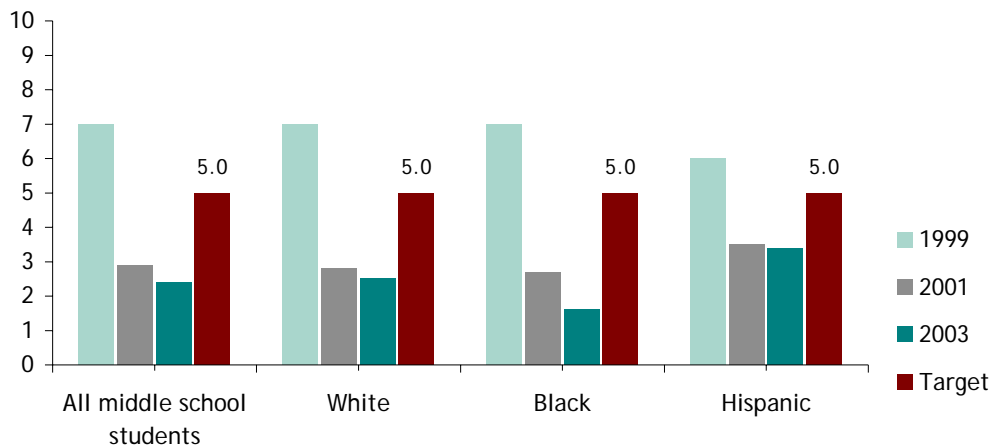
Source: New Jersey Department of Human Services, Division of Addiction Services

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

Population	Target	Preferred Endpoint
All middle school students	5.0	4.0
White (non-Hispanic)	5.0	4.0
Black (non-Hispanic)	5.0	4.0
Hispanic	5.0	4.0

Recent Data

Percentage of middle school students who have used marijuana in the past 30 days
New Jersey 1999-2003



	All middle school students	White	Black	Hispanic
1999	7.0	7.0	7.0	6.0
2001	2.9	2.8	2.7	3.5
2003	2.4	2.5	1.6	3.4

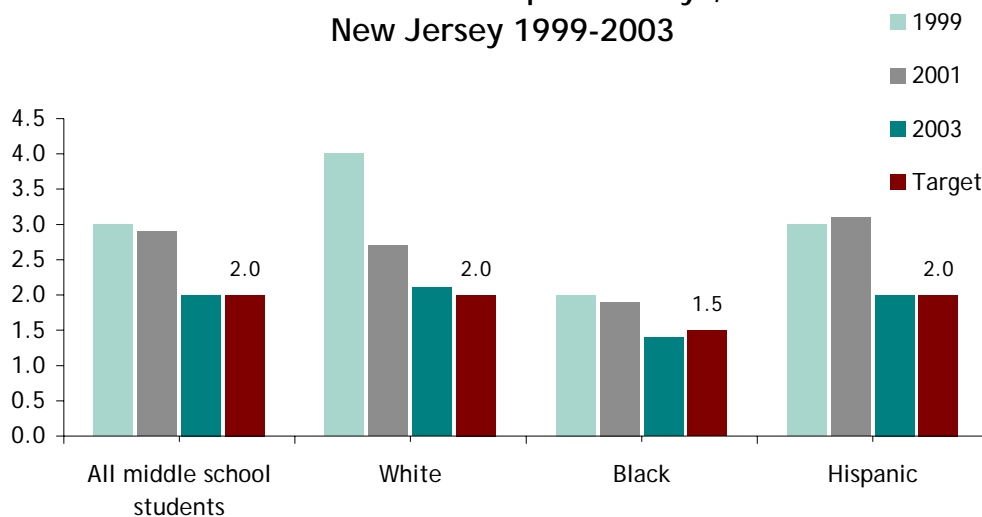
Note: Data for White, and Black do not include Hispanics.
Source: New Jersey Department of Human Services, Division of Addiction Services

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

Population	Target	Preferred Endpoint
All middle school students	2.0	1.0
White (non-Hispanic)	2.0	1.0
Black (non-Hispanic)	1.5	1.0
Hispanic	2.0	1.0

Recent Data

Percentage of middle school students who have used inhalants in the past 30 days, New Jersey 1999-2003



	All middle school students	White	Black	Hispanic
1999	3.0	4.0	2.0	3.0
2001	2.9	2.7	1.9	3.1
2003	2.0	2.1	1.4	2.0

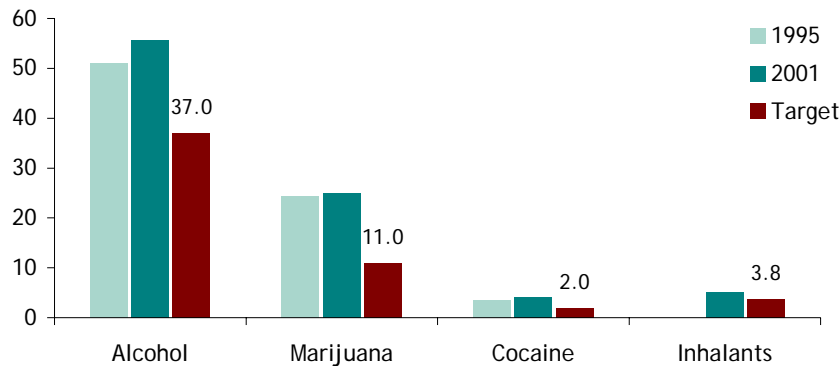
Note: Data for White, and Black do not include Hispanics.
 Source: New Jersey Department of Human Services, Division of Addiction Services

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

Substances	Target	Preferred Endpoint
Alcohol	37.0	25.0
Marijuana	11.0	9.0
Cocaine	2.0	1.0
Inhalants	3.8	2.5

Recent Data

Percentage of public high school students who have used alcohol, marijuana, cocaine, or inhalants in the past 30 days, New Jersey 1995 & 2001



	Alcohol	Marijuana	Cocaine	Inhalants
1995	51.1	24.3	3.5	*
2001	55.7	24.9	4.2	5.1

* Question regarding the use of inhalants by High School Students was not asked in the 1995 New Jersey Youth Risk Behavior Survey

Note: Since the New Jersey 2010 Objectives were established, the source of data has changed, now providing data for grades 9-12 through the NJ Student Health Survey

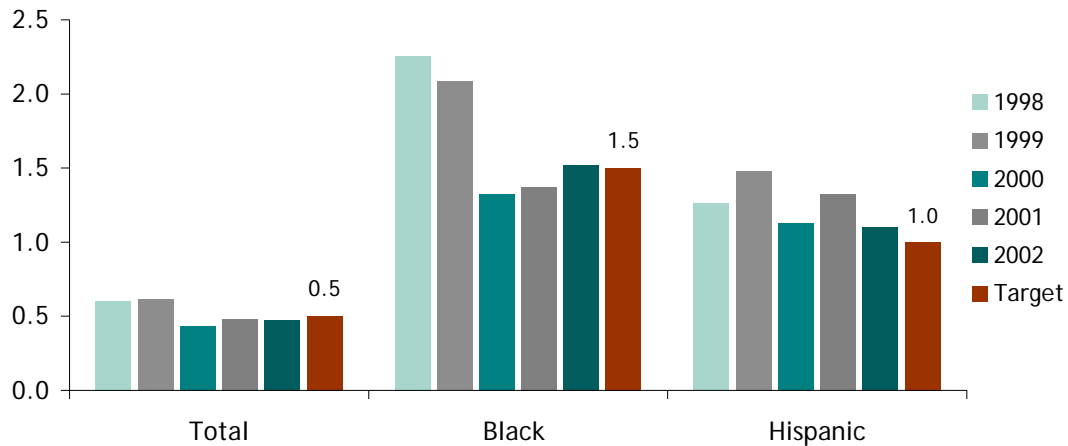
Source: New Jersey Department of Education, Division of Student Services, Office of Program Support Services

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

Population	Target	Preferred Endpoint
Total	0.5	0.0
White (non-Hispanic)	*	*
Black (non-Hispanic)	1.5	0.0
Hispanic	1.0	0.0
Asian/ Pacific Islander (non-Hispanic)	*	*

Recent Data

Number of births per 1,000 females ages 10 to 14, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	0.6	**	2.3	1.3	**
1999	0.6	**	2.1	1.5	**
2000	0.4	**	1.3	1.1	**
2001	0.5	**	1.4	1.3	**
2002	0.5	**	1.5	1.1	**

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

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

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

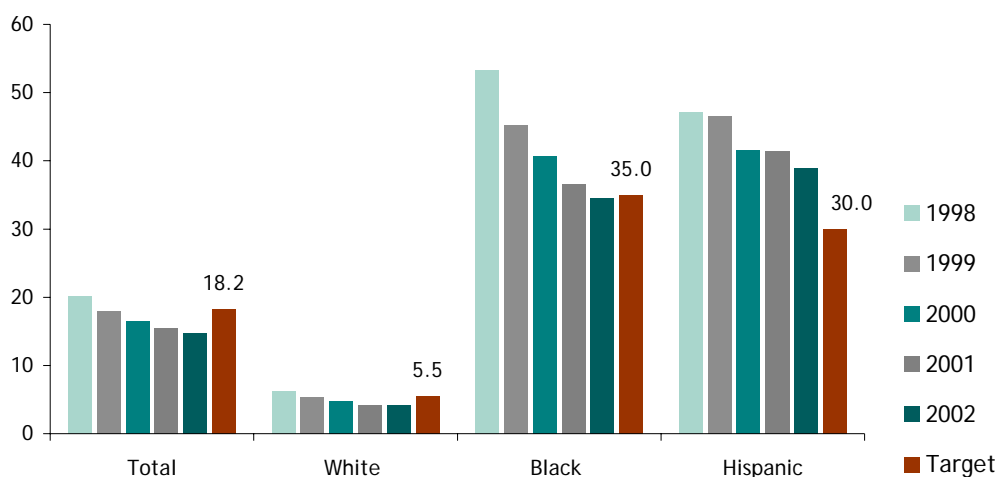
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	18.2	5.5
White (non-Hispanic)	5.5	5.5
Black (non-Hispanic)	35.0	5.5
Hispanic	30.0	5.5
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Number of births per 1,000 females aged 15 to 17 years old, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	20.1	6.2	53.3	47.2	**
1999	18.0	5.4	45.2	46.6	**
2000	16.6	4.8	40.6	41.6	**
2001	15.5	4.2	36.6	41.4	**
2002	14.7	4.2	34.5	39.0	**

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

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

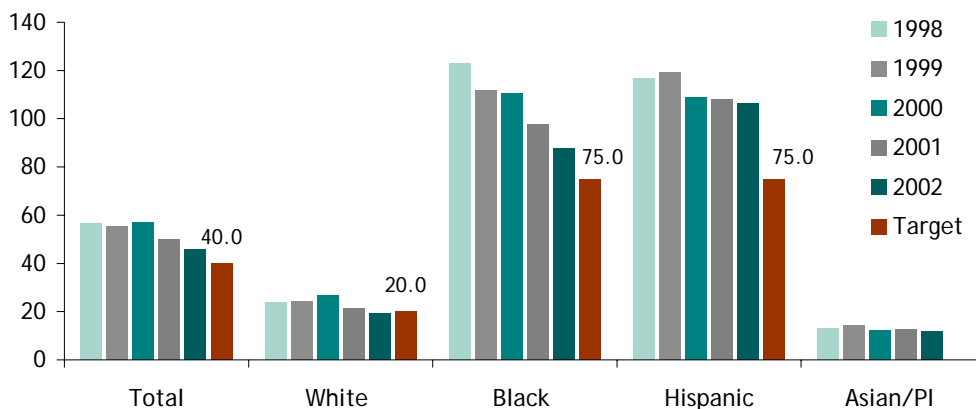
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	40.0	20.0
White (non-Hispanic)	20.0	20.0
Black (non-Hispanic)	75.0	20.0
Hispanic	75.0	20.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Total births per 1,000 females ages 18 to 19 years, New Jersey 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	56.6	24.0	123.1	116.9	13.2
1999	55.2	24.4	111.8	119.1	14.2
2000	56.9	26.7	110.4	108.9	12.3
2001	49.9	21.5	97.7	108.2	12.6
2002	45.9	19.3	87.5	106.3	12.0

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

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

Note: Baseline data differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

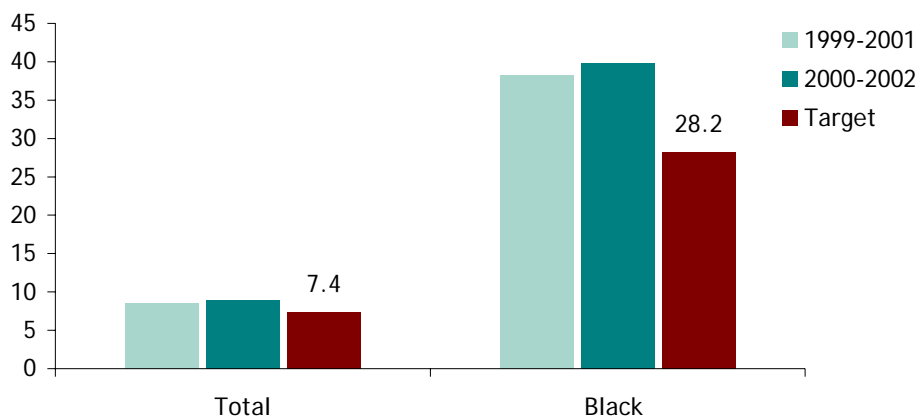
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Objective 10: Reduce mortality rate from homicide among 15 through 19 year old males per 100,000 population

Population	Target	Preferred Endpoint
Total	7.4	7.0
White (non-Hispanic)	4.0	4.0
Black (non-Hispanic)	28.2	7.0
Hispanic	12.0	4.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Mortality rate from homicide among 15 to 19 year old males, New Jersey 1999-2002



	Total	White	Black	Hispanic	Asian/PI
1999-2001	8.6	**	38.3	**	**
2000-2002	9.0	**	39.9	**	**

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

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

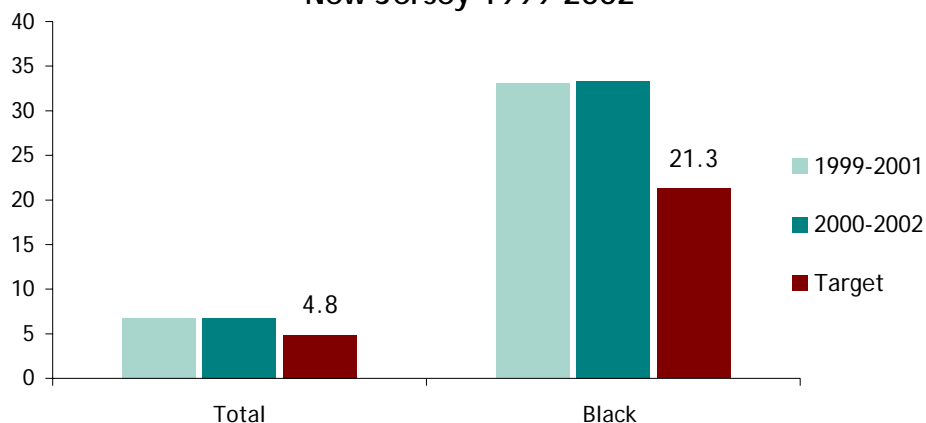
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	4.8	4.0
White (non-Hispanic)	*	*
Black (non-Hispanic)	21.3	4.0
Hispanic	*	*
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Mortality rate from homicide among 15 to 19 year old males per 100,000 population, New Jersey 1999-2002



	Total	White	Black	Hispanic	Asian/PI
1999-2001	6.8	**	33.0	**	**
2000-2002	6.7	**	33.3	**	**

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

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

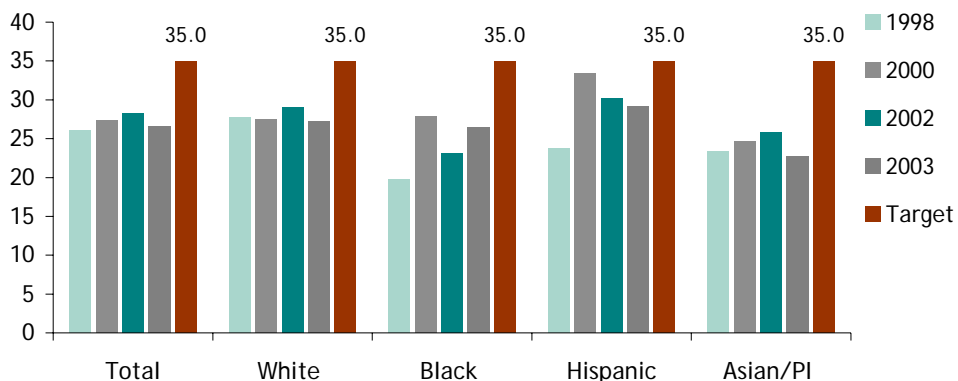
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	35.0	50.0
White (non-Hispanic)	35.0	50.0
Black (non-Hispanic)	35.0	50.0
Hispanic	35.0	50.0
Asian/Pacific Islander (non-Hispanic)	35.0	50.0

Recent Data

Percentage of persons eating at least 5 daily servings of fruits and vegetables, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	26.1	27.7	19.8	23.8	23.3
1999	***	***	***	***	***
2000	27.4	27.5	27.9	33.4	24.6
2001	***	***	***	***	***
2002	28.2	29.0	23.1	30.2	25.8
2003	26.6	27.2	26.4	29.2	22.7

***Question not asked in this data year.

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

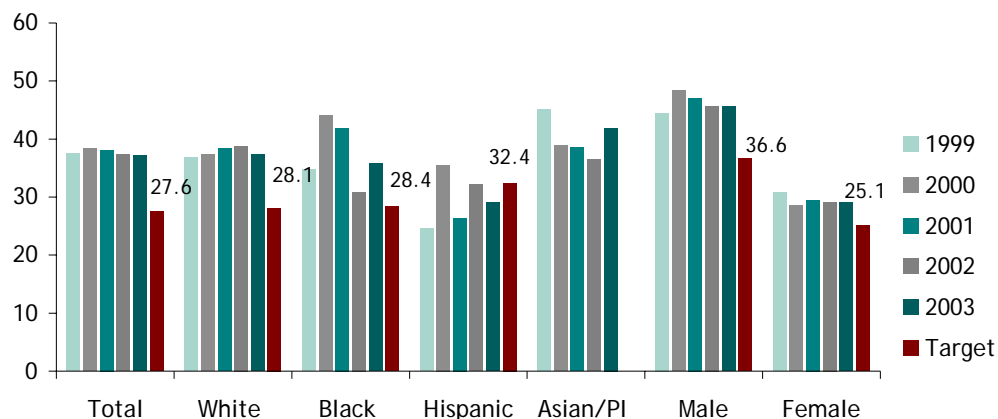
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

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

Population	Target	Preferred Endpoint
Total	27.6	25.0
White (non-Hispanic)	28.1	25.0
Black (non-Hispanic)	28.4	25.0
Hispanic	32.4	25.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	36.6	25.0
Female	25.1	25.0

Recent Data

Percentage of adults aged 18 and older who are overweight but not obese by race/ethnicity and gender, New Jersey 1999-2003



	Total	White	Black	Hispanic	Asian/PI	Male	Female
1999	37.5	36.8	34.8	24.6	45.1	44.5	30.8
2000	38.3	37.3	44.1	35.5	38.9	48.4	28.5
2001	38.1	38.4	41.9	26.4	38.5	47.1	29.5
2002	37.3	38.8	30.9	32.2	36.5	45.7	29.2
2003	37.2	37.3	35.8	29.0	41.9	45.6	29.1

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

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

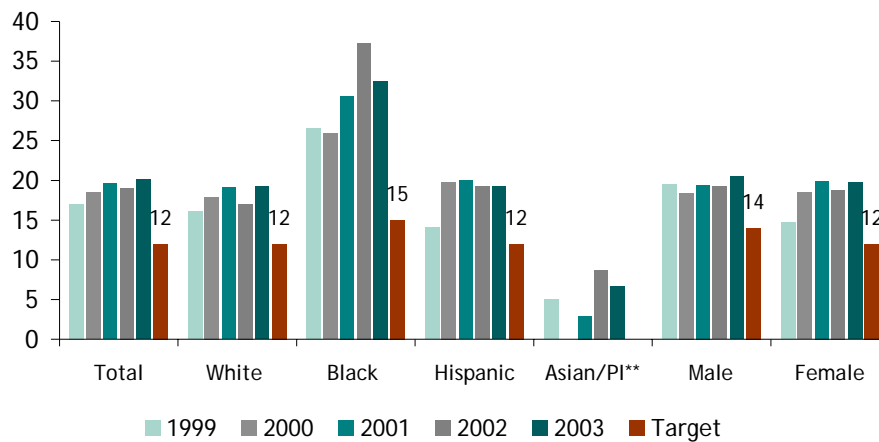
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

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

Population	Target	Preferred Endpoint
Total	12.0	12.0
White (non-Hispanic)	12.0	12.0
Black (non-Hispanic)	15.0	12.0
Hispanic	12.0	12.0
Asian/Pacific Islander (non-Hispanic)	*	*
Males	14.0	12.0
Females	12.0	12.0

Recent Data

Percentage of persons aged 18 and older who are obese, New Jersey 1996-2003



	Total	White	Black	Hispanic	Asian/PI**	Male	Female
1999	17.0	16.1	26.5	14.1	5.0	19.5	14.7
2000	18.5	17.9	25.9	19.8	**	18.4	18.5
2001	19.6	19.1	30.6	20.0	2.9	19.4	19.9
2002	19.0	17.0	37.3	19.2	8.7	19.2	18.8
2003	20.1	19.2	32.5	19.2	6.6	20.5	19.7

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

** Estimate has a relatively large standard error. See Appendix C.

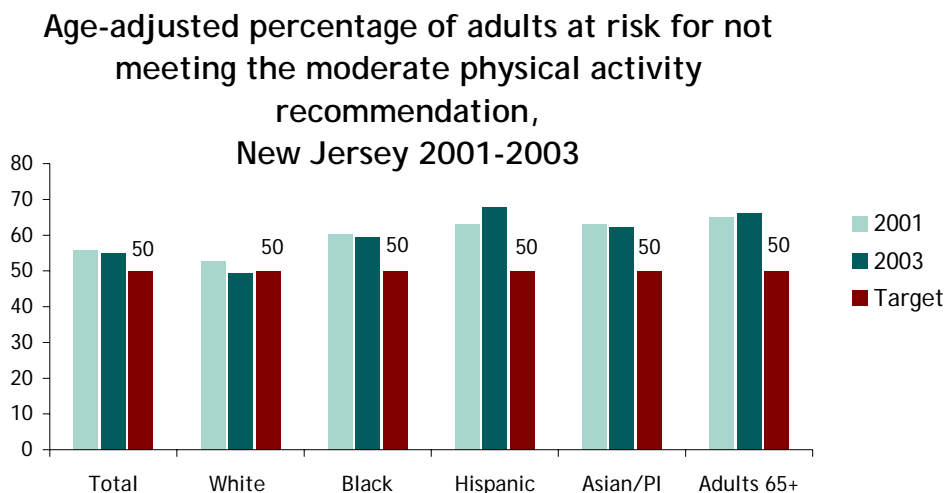
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

Objective 4: Reduce the percentage of persons aged 18 or older who do not engage regularly, in moderate physical activity for at least 30 minutes per day

Population	Target	Preferred Endpoint
Total	57.5	50.0
White (non-Hispanic)	57.5	50.0
Black (non-Hispanic)	57.5	50.0
Hispanic	57.5	50.0
Asian/Pacific Islander (non-Hispanic)	*	*
Adults 65+	57.5	50.0

Recent Data



	Total	White	Black	Hispanic	Asian/PI	Adults 65+
2001	55.8	52.7	60.1	63.0	63.2	65.0
2002	***	***	***	***	***	***
2003	54.9	49.4	59.3	67.8	62.2	66.0

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

***Question not asked this year.

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

Note: Due to a change in the wording of the BRFSS question source for this objective, it was necessary to change the overall objective to match the data that is available. The targets were also revised to reflect this change.

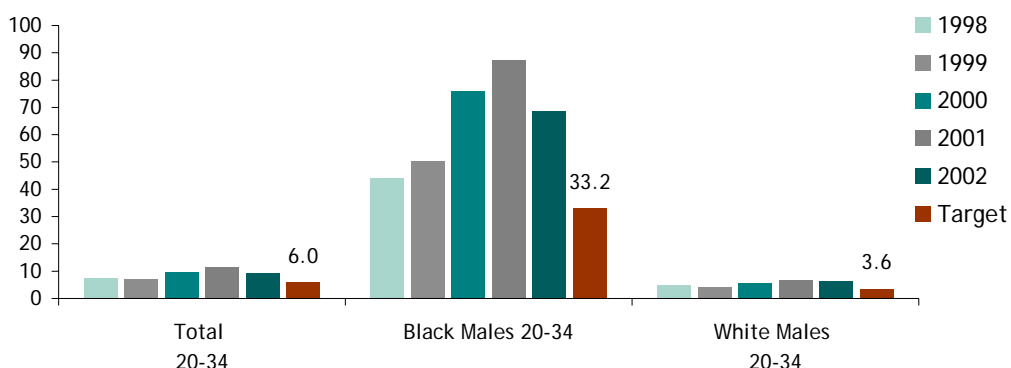
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance

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

Population	Target	Preferred Endpoint
Total population (aged 20-34)	6.0	3.6
Black males (aged 20-34)	33.2	4.6
Black females (aged 20-34)	*	*
White males (aged 20-34)	3.6	3.6
Hispanic males (aged 20-34)	*	*
Asian/Pacific Islander (aged 20-34)	*	*

Recent Data

Mortality from homicide among 20 to 34 year old black and white males, New Jersey 1998-2002



	Total 20-34	Black Males 20-34	Black Females 20-34	White Males 20-34	Hispanic Males 20-34	Asian/PI 20-34
1998	7.5	44.0	7.8	5.0	**	**
1999	7.3	50.4	**	4.4	**	**
2000	9.7	75.8	**	5.7	**	**
2001	11.4	87.3	**	6.7	**	**
2002	9.4	68.6	**	6.3	**	**

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

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

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

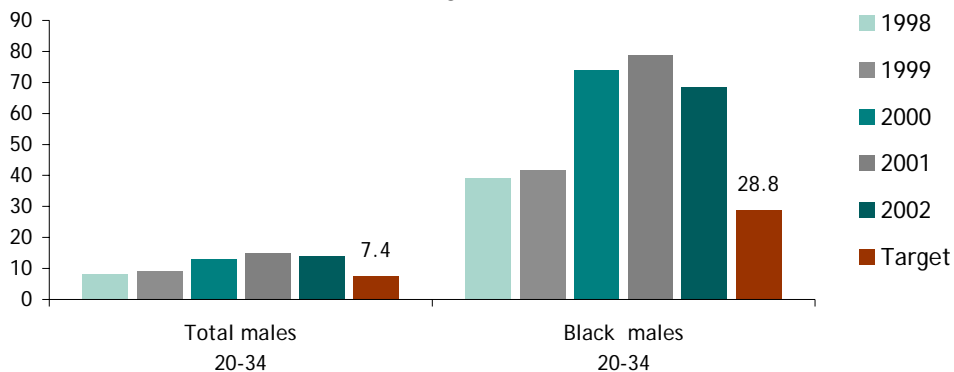
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total males aged 20-34	7.4	1.7
White (non-Hispanic) males aged 20-34	*	*
Black (non-Hispanic) males aged 20-34	28.8	3.5
Hispanic males aged 20-34	*	*
Asian/Pacific Islander (non-Hispanic) males aged 20-34	*	*

Recent Data

Mortality rate from homicide due to firearms among males ages 20 to 34, New Jersey 1998-2002



	Total males 20-34	White males 20-34	Black males 20-34	Hispanic males 20-34	Asian/PI males 20-34
1998	8.2	1.6	39.1	**	**
1999	9.1	**	41.7	**	**
2000	13.0	**	74.0	**	**
2001	15.0	**	78.7	**	**
2002	14.2	**	68.5	**	**

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

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

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

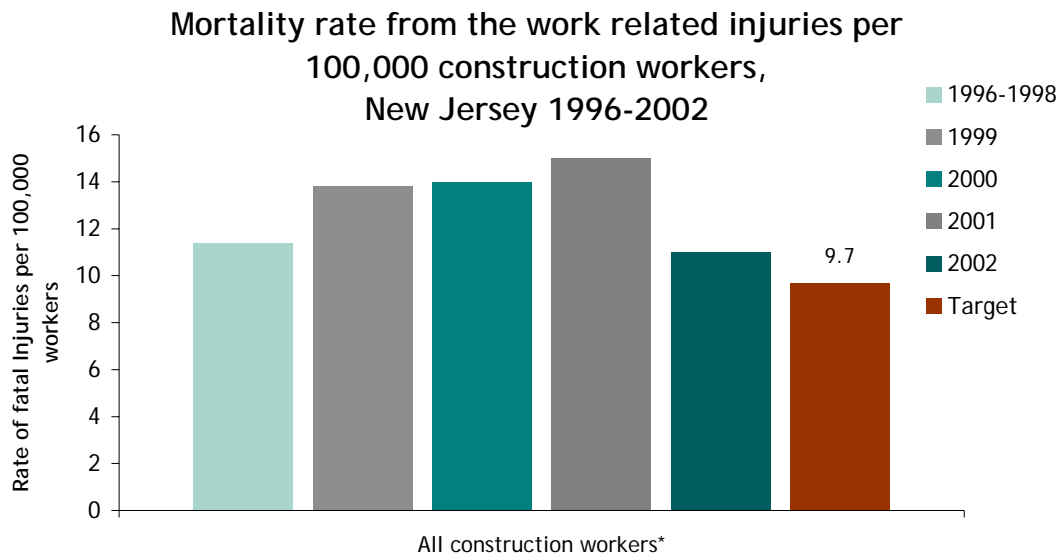
Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Objective 1: Reduce the mortality rate from work-related injuries in the construction industry

Population	Target	Preferred Endpoint
All construction workers*	9.7	9.7

Recent Data



All construction workers*	
1996-1998	11.4
1999	13.8
2000	14.0
2001	15.0
2002	11.0

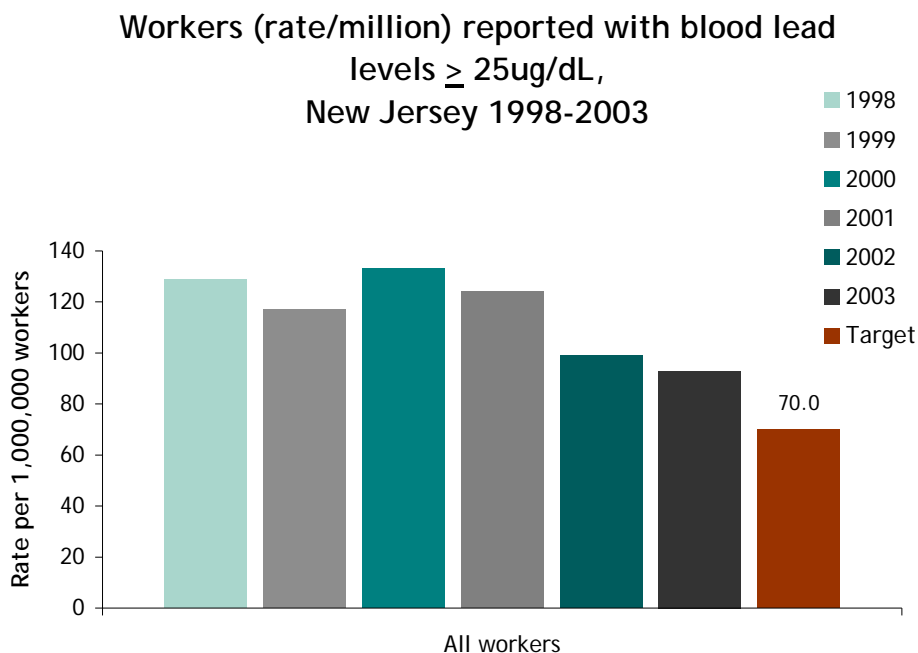
*Based on the 1987 Standard Industrial Classification Manual. Includes fatal injuries of workers employed by governmental organizations working in the construction industry.

Source: New Jersey Department of Health and Senior Services, Division of Epidemiology, Environmental & Occupational Health

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

Population	Target	Preferred Endpoint
All workers	70.0	0.0

Recent Data



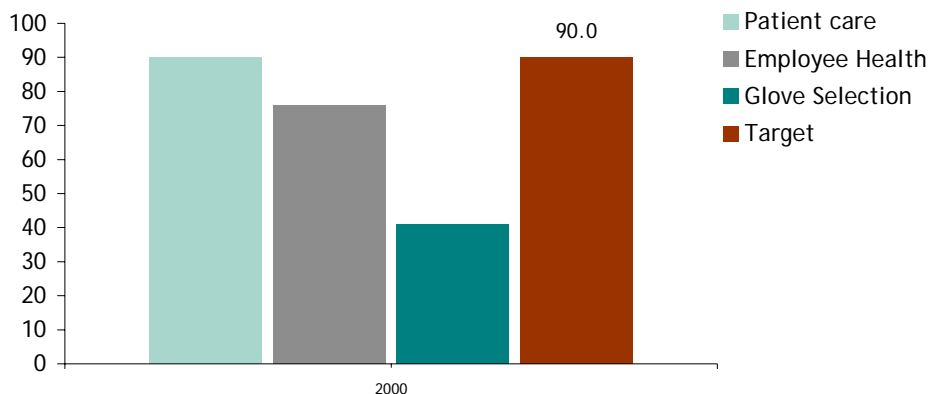
All workers	
1998	129.0
1999	117.0
2000	133.0
2001	124.0
2002	99.0
2003	93.0

Objective 3 (Developmental): Increase the percentage of hospitals protecting workers by instituting effective latex-sensitization prevention practices

Policy	Target	Preferred Endpoint
Patient care	90.0	100.0
Employee Health	90.0	100.0
Selection of Gloves	90.0	100.0

Recent Data

Percentage of hospitals* that developed a policy regarding latex-sensitization prevention, New Jersey 2000



	Patient care	Employee Health	Glove Selection
2000	90.0	76.0	41.0

*Of the 122 hospitals contacted, 41 responded and reported development of a policy regarding latex-sensitization prevention. See Appendix J.

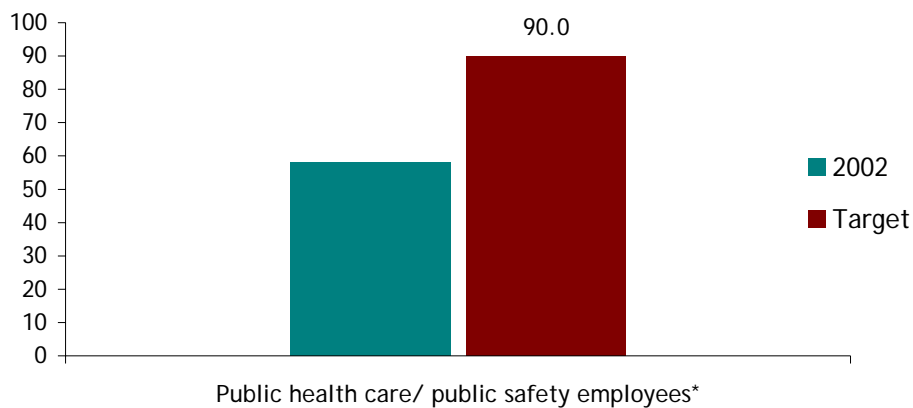
Source: New Jersey Department of Health and Senior Services, Division of Epidemiology, Environmental & Occupational

Objective 4 (Developmental): Increase hepatitis B vaccination levels among New Jersey public employees at occupational risk of infection through exposure to blood

Population	Target	Preferred Endpoint
Public health care/ public safety employees*	90.0	100.0

Recent Data

Percentage of public employees who have completed the hepatitis B vaccination series, New Jersey 2002



Public health care/ public safety employees*
2002 58.0

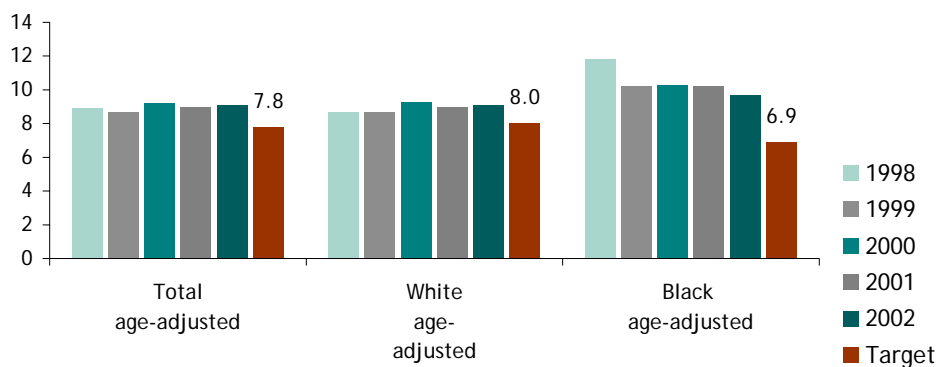
*This includes personnel from the following categories: Police, Fire, EMS, LHD, Schools, PH facility, DPW, Municipalities
Source: New Jersey Department of Health and Senior Services, Division of Epidemiology, Environmental & Occupational Health

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

Population	Target	Preferred Endpoint
Total age-adjusted	7.8	6.9
White age-adjusted	8.0	6.9
Black age-adjusted	6.9	6.9
Hispanic age-adjusted	*	*
Asian/Pacific Islander age-adjusted	*	*

Recent Data

Age-Adjusted mortality rate from motor vehicle-related injuries per 100,000 standard population, New Jersey 1998-2003



	Total age-adjusted	White age-adjusted	Black age-adjusted	Hispanic age-adjusted	Asian/PI age-adjusted
1998	8.9	8.7	11.8	**	**
1999	8.7	8.7	10.2	**	**
2000	9.2	9.3	10.3	**	**
2001	9.0	9.0	10.2	**	**
2002	9.1	9.1	9.7	**	**

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

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

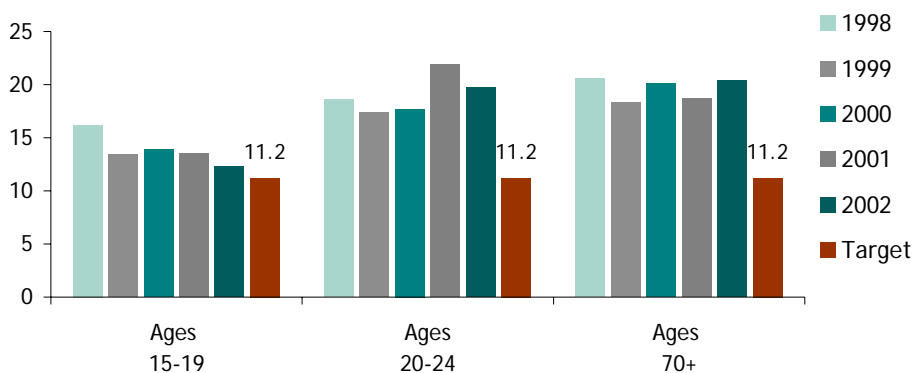
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Youth aged 15-19	11.2	11.2
Young adults 20-24	11.2	11.2
Adults aged 70+	11.2	11.2

Recent Data

Mortality from motor vehicle-related injuries per 100,000 standard population among high risk groups, New Jersey 1998-2000



	Ages 15-19	Ages 20-24	Ages 70+
1998	16.2	18.6	20.6
1999	13.4	17.4	18.3
2000	13.9	17.7	20.1
2001	13.5	21.9	18.7
2002	12.3	19.7	20.4

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

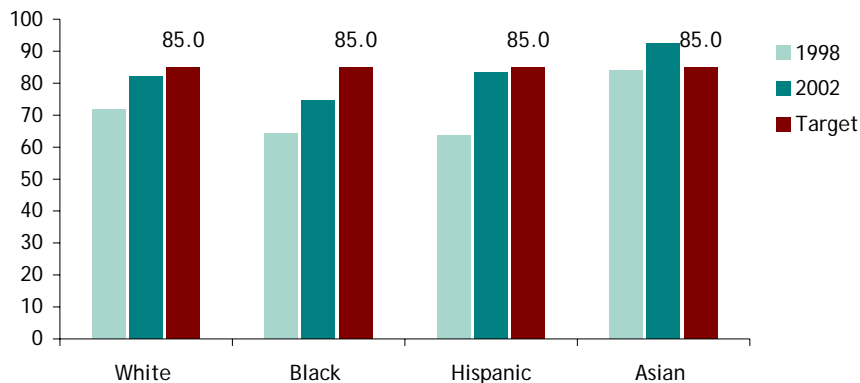
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Objective 2: Increase the percentage of persons 18+ who use seatbelts in automobiles

Population	Target	Preferred Endpoint
Total	85.0	85.0
White (non-Hispanic)	85.0	85.0
Black (non-Hispanic)	85.0	85.0
Hispanic	85.0	85.0
Asian/Pacific Islander (non-Hispanic)	85.0	85.0

Recent Data

Self-reported percentage of adults who use seatbelts in automobiles, New Jersey 1999-2002



	Total	White	Black	Hispanic	Asian
Observed:					
1998	63.0	*	*	*	*
1999	63.3	*	*	*	*
2000	74.2	*	*	*	*
2001	77.6	*	*	*	*
2002	80.5	*	*	*	*
2003	81.2	*	*	*	*
2004	82.0	*	*	*	*
Self Reported:					
1998	71.0	71.8	64.2	63.7	84.1
2002	82.5	82.0	74.6	83.5	92.5

*This data is not available by sub-population.

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

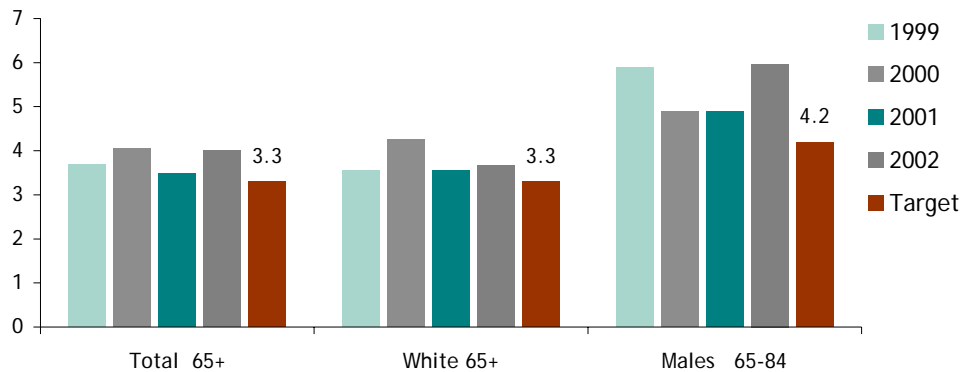
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System, NJ Department of Law and Public Safety, Division of Highway Traffic Safety

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

Population	Target	Preferred Endpoint
Total 65+	3.3	3.3
White 65+	3.3	3.3
Black 65+	*	*
Asian/PI 65+	*	*
Males 65-84	4.2	3.3
Females 65-84	*	*
Males 85+	*	*
Females 85+	*	*

Recent Data

Motor vehicle traffic-related mortality per 100,000 population among high risk pedestrian groups, New Jersey 1999-2002



	Total 65+	White 65+	Black 65+	Asian/PI 65+	Males 65-84	Females 65-84	Males 85+	Females 85+
1999	3.7	3.6	**	**	5.9	**	**	**
2000	4.0	4.3	**	**	4.9	**	**	**
2001	3.5	3.6	**	**	4.9	**	**	**
2002	4.0	3.7	**	**	6.0	**	**	**

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

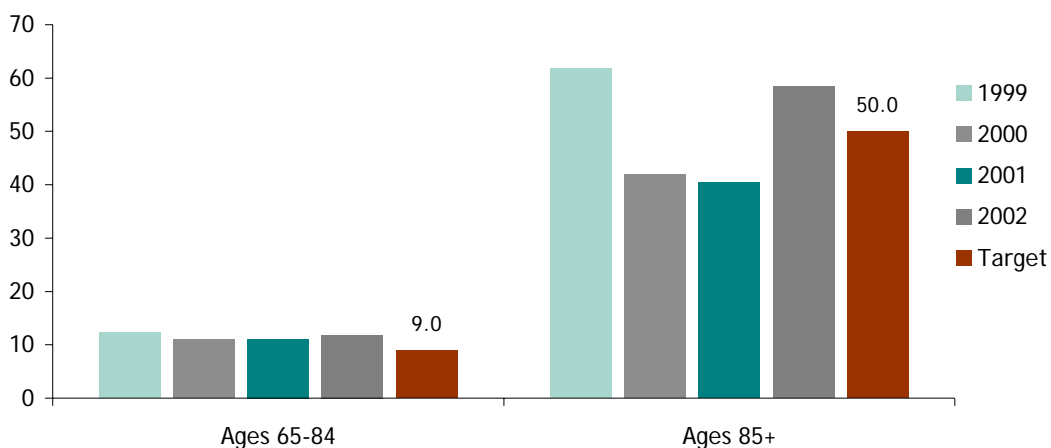
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Ages 65-84	9.0	9.0
Ages 85+	52.0	50.0

Recent Data

Mortality from falls per 100,000 population aged 65+, New Jersey 1999-2002



	Ages 65-84	Ages 85+
1999	12.3	61.8
2000	11.0	41.9
2001	11.1	40.4
2002	11.8	58.4

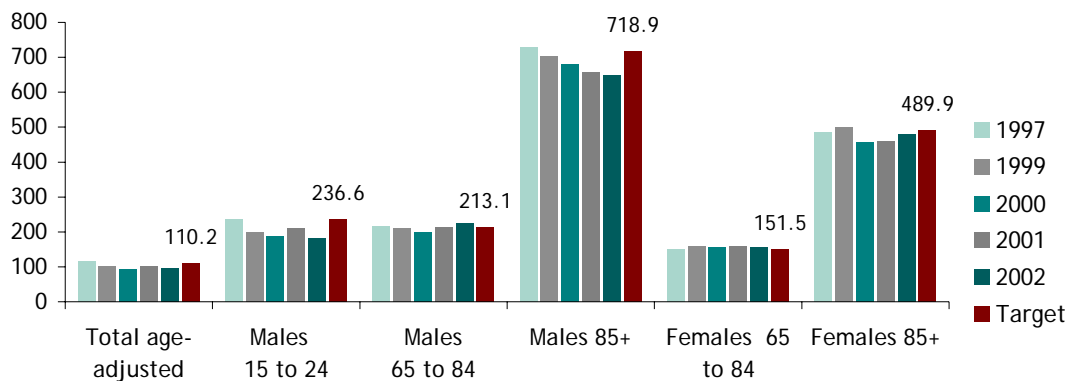
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total age-adjusted	110.2	85.0
White age-adjusted	96.3	85.0
Black age-adjusted	146.8	85.0
Hispanic age-adjusted	*	*
Males aged 15 to 24	236.6	85.0
Males aged 65 to 84	213.1	85.0
Males 85+	718.9	170.0
Females aged 65 to 84	151.5	85.0
Females 85+	489.9	170.0

Recent Data

Incidence rate of traumatic brain injuries by gender and age group, New Jersey 1997-2002



	Total age-adjusted	White age-adjusted	Black age-adjusted	Hispanic age-adjusted	Males 15 to 24	Males 65 to 84	Males 85+	Females 65 to 84	Females 85+
1997	116.0	102.0	157.7	119.2	235.3	216.0	727.6	151.3	485.4
1999	101.4	90.8	122.8	97.7	198.9	211.9	704.1	158.3	498.9
2000	94.5	84.6	109.6	105.3	188.7	199.0	679.0	155.0	458.5
2001	101.0	79.2	104.9	127.9	210.8	212.6	658.2	157.9	461.0
2002	95.0	84.5	108.0	123.6	182.1	224.1	648.9	155.4	481.2

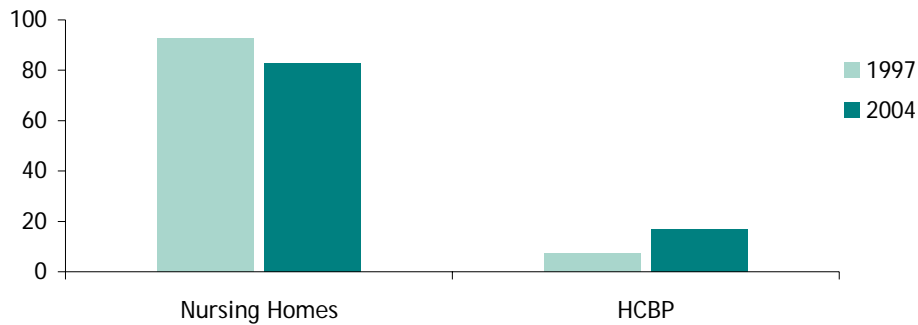
* A target was not set because the baseline data for this subpopulation were statistically unreliable.
 Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Endpoint
Nursing Homes	*	*
Home and Community Based Programs	*	*

Recent Data

Percent spent on nursing homes as compared to Home and Community Based Programs, New Jersey 1997 & 2004



	Nursing Homes	HCBP
1997	92.7	7.3
2004	83.0	17.0

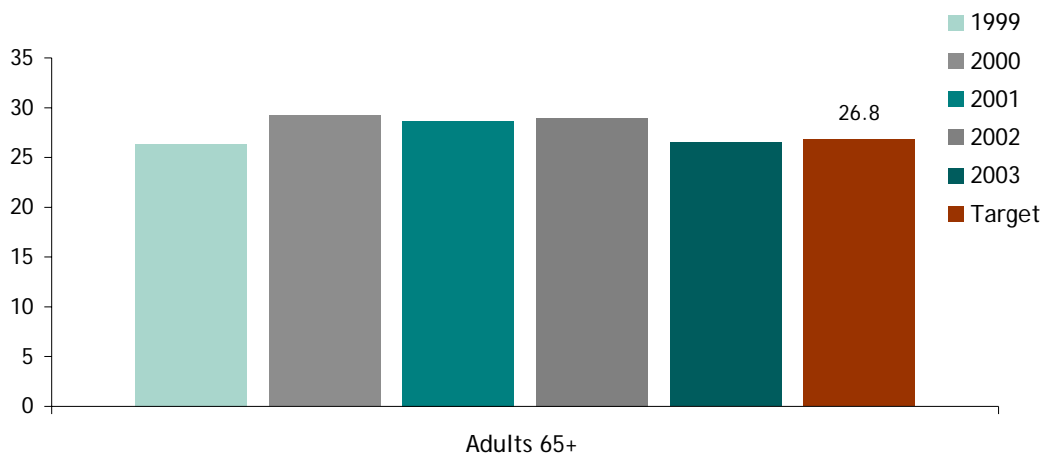
* Targets were not set at the time that the original Healthy New Jersey 2010 goals were published.
 Source: New Jersey Department of Health and Senior Services, Division of Aging and Community Services

Objective 2: Reduce the percentage of non-institutionalized persons 65+ reporting fair or poor health status

Population	Target	Preferred Endpoint
Adults 65+ (non-institutionalized)	26.8	19.4

Recent Data

Percentage of non-institutionalized persons aged 65 years and over reporting fair or poor health status, New Jersey 1999-2003



	Adults 65+
1999	26.4
2000	29.2
2001	28.7
2002	29.0
2003	26.5

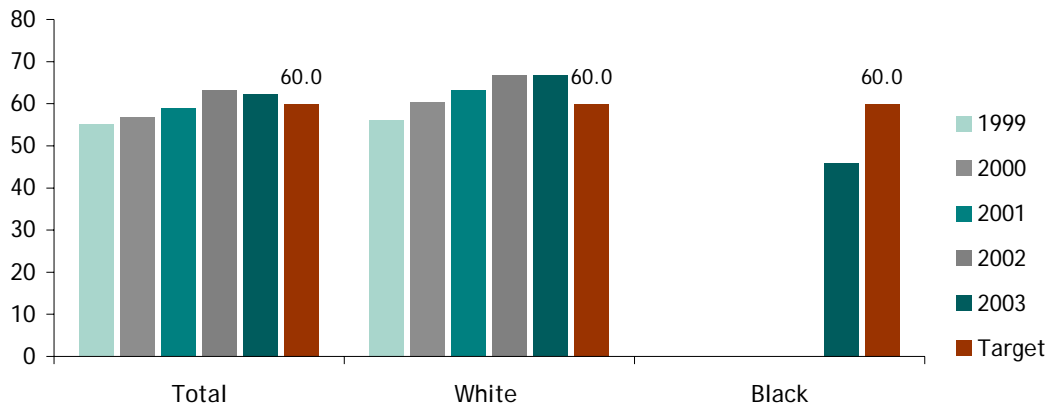
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

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

Population	Target	Preferred Endpoint
Total	60.0	90.0
White (non-Hispanic)	60.0	90.0
Black (non-Hispanic)	60.0	90.0
Hispanic	70.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Percentage of persons aged 65 and older who have ever received a pneumococcal vaccine, New Jersey 1999-2003



	Total	White	Black	Hispanic	Asian/PI
1999	55.1	56.1	**	**	**
2000	56.8	60.5	**	**	**
2001	58.9	63.1	**	**	**
2002	63.1	66.8	**	**	**
2003	62.4	66.7	45.9	**	**

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

** Estimate has relatively large standard error. See Appendix C.

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

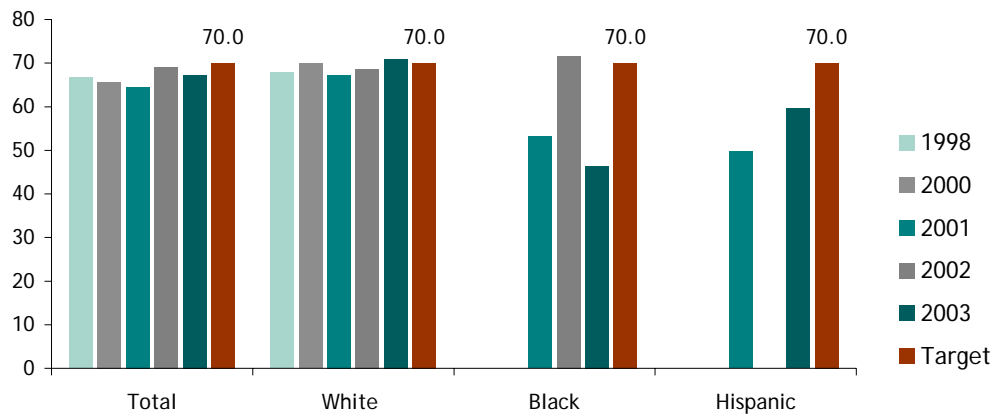
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

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

Population	Target	Preferred Endpoint
Total	70.0	90.0
White (non-Hispanic)	70.0	90.0
Black (non-Hispanic)	70.0	90.0
Hispanic	70.0	90.0
Asian/Pacific Islander (non-Hispanic)	70.0	90.0

Recent Data

Percentage of persons aged 65 and older who received an influenza vaccination in the past 12 months, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	66.7	67.8	**	**	**
1999	65.3	66.4	**	**	**
2000	65.7	69.9	**	**	**
2001	64.5	67.2	53.2	49.7	**
2002	69.1	68.7	71.6	**	**
2003	67.2	71.0	46.4	59.6	**

** Estimate has relatively large standard error. See Appendix C.

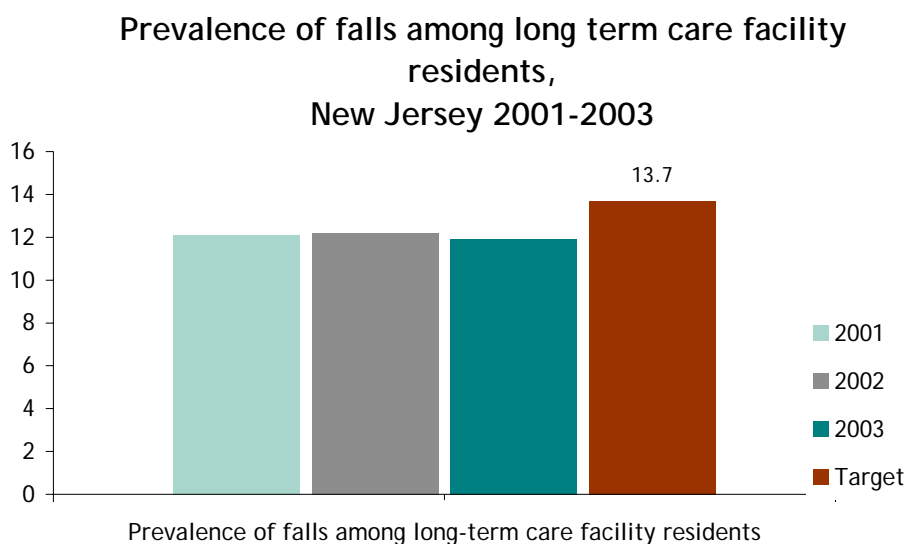
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

Objective 5 (Developmental): Reduce the statewide prevalence of falls in long-term care facilities

Population	Target	Preferred Endpoint
Long-term care facility residents	13.7	13.7

Recent Data



Prevalence of falls among long-term care facility residents

2001	12.1
2002	12.2
2003	11.9

Source: New Jersey Department of Health and Senior Services, Division of Long-Term Care Systems

Objective 6 (Developmental): Reduce the statewide average prevalence of decubitus ulcers in long-term care facilities

Population

Long-term care facility residents

Target

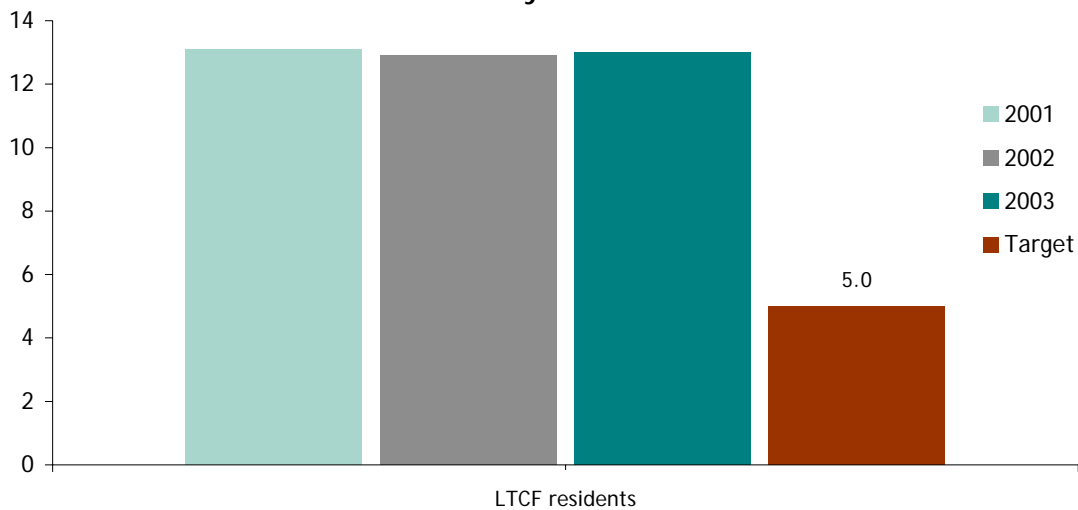
5.0

Preferred Endpoint

5.0

Recent Data

Prevalence of decubitus ulcers in long-term care facilities, New Jersey 2001-2003



LTCF residents	
2001	13.1
2002	12.9
2003	13.0

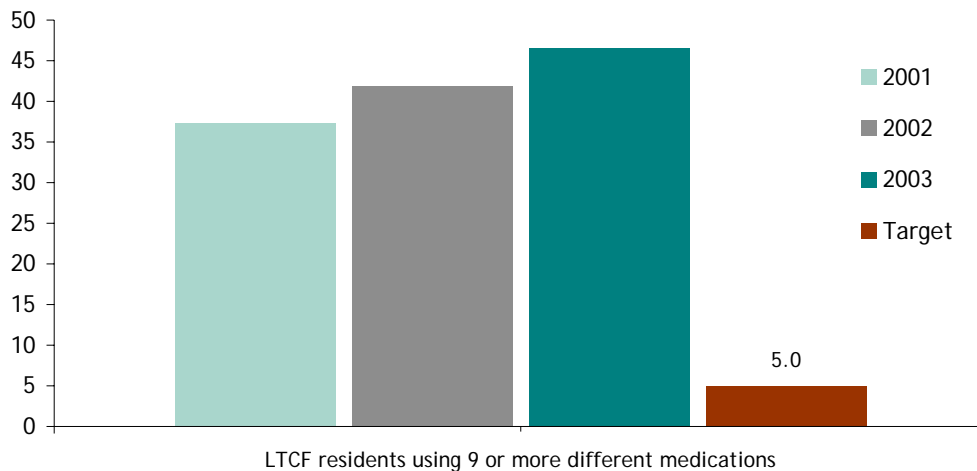
Source: New Jersey Department of Health and Senior Services, Division of Long-Term Care Systems

Objective 7 (Developmental): Reduce the statewide average percentage of residents in long-term care facilities (LTCF) using nine or more different medications

Population	Target	Preferred Endpoint
Long-term care facility residents	5.0	5.0

Recent Data

Percent of long-term care facility residents using 9 or more different medications, New Jersey 2001-2003



LTCF residents using 9 or more different medications	
2001	37.3
2002	41.9
2003	46.6

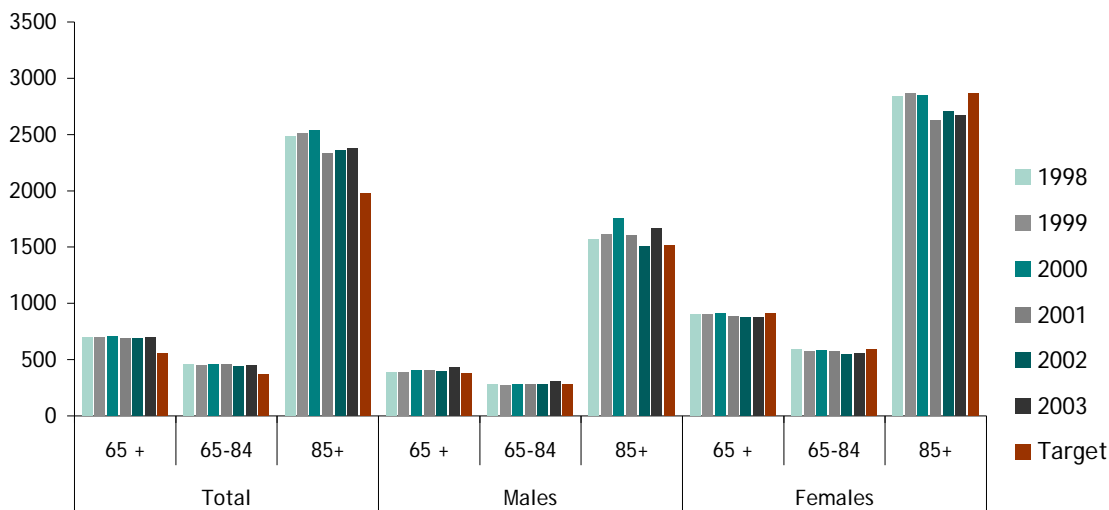
Source: New Jersey Department of Health and Senior Services, Division of Long-Term Care Systems

Objective 8: Reduce the annual hospitalization rate for hip fractures among older adults (65 and over) per 100,000 population

Population	Target	Preferred Endpoint
Total		
65 and over	555.5	521.0
65-84 years	368.0	345.0
85 and over	1980.0	1856.0
Males		
65 and over	380.3	285.0
65-84 years	278.3	209.0
85 and over	1513.9	1135.0
Females		
65 and over	908.9	682.0
65-84 years	593.3	445.0
85 and over	2863.4	2148.0
White (non-Hispanic)		
65 and over	747.6	561.0
Black (non-Hispanic)		
65 and over	286.6	215.0
Hispanic, 65 and over	263.2	197.0

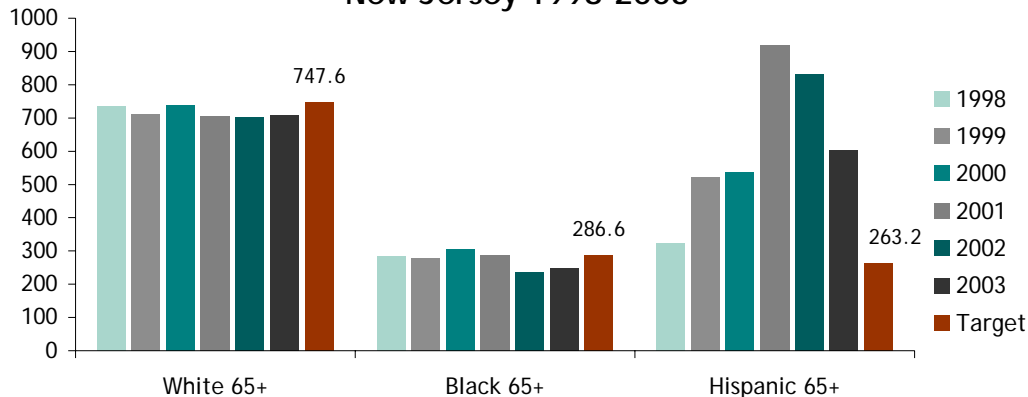
Recent Data

Hospitalization rate for hip fractures among adults 65 and over by gender, New Jersey 1998-2003



Objective 8: Reduce the annual hospitalization rate for hip fractures among older adults (65 and over) per 100,000 population (continued)

Hospitalization rate for hip fractures among adults 65 and over by race/ethnicity, New Jersey 1998-2003



	Total			Males			Females		
	65 +	65-84	85+	65 +	65-84	85+	65 +	65-84	85+
1998	693.9	460.0	2481.8	384.2	280.6	1566.9	900.9	588.1	2835.9
1999	693.8	446.9	2510.9	383.1	270.0	1610.9	901.9	573.5	2865.3
2000	710.1	455.7	2537.5	406.9	279.1	1753.1	913.3	582.3	2849.9
2001	687.9	454.9	2335.4	401.1	284.4	1607.4	880.6	577.4	2631.1
2002	684.9	438.7	2356.9	398.7	285.1	1505.3	877.8	549.4	2708.1
2003	694.4	448.5	2380.6	431.3	305.8	1669.2	871.9	551.5	2672.9

	White 65+	Black 65+	Hispanic 65+
1998	735.9	282.5	322.8
1999	712.5	279.1	520.5
2000	738.3	304.5	536.0
2001	704.7	288.0	920.6
2002	703.6	235.6	831.1
2003	707.2	248.9	603.1

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

Note: Baseline rates differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Chapter 4: Preventing and Reducing Major Diseases

Data for the following objectives within this chapter have not been updated. Explanations are provided below. These objectives are excluded from the body of this report.

Chapter Objective

4B 3 (Developmental): Increase the percentage of persons 18 and over who have been screened for diabetes during the past three years

Explanation

Baseline data for this objective were not yet available when this update was prepared.

4B 4 (Developmental): Increase the percentage of persons 18 and over with diagnosed diabetes who have been told they have high blood pressure and are currently taking medication for high blood pressure

This objective has been withdrawn. The New Jersey Diabetes Council indicated that the measure of “persons currently taking medication for high blood pressure” was not an adequate proxy for “blood pressure controlled.”

4E 6 (Developmental): Increase the number of persons who are in the criminal justice system and have serious mental illness (as defined by the Diagnostic and Statistical Manual, Edition IV) who are provided with appropriate services

There is no data source for this objective, therefore it will not be included in future updates.

4G 4 (Developmental): Reduce the rate of emergency department visits due to asthma per 100,000 population

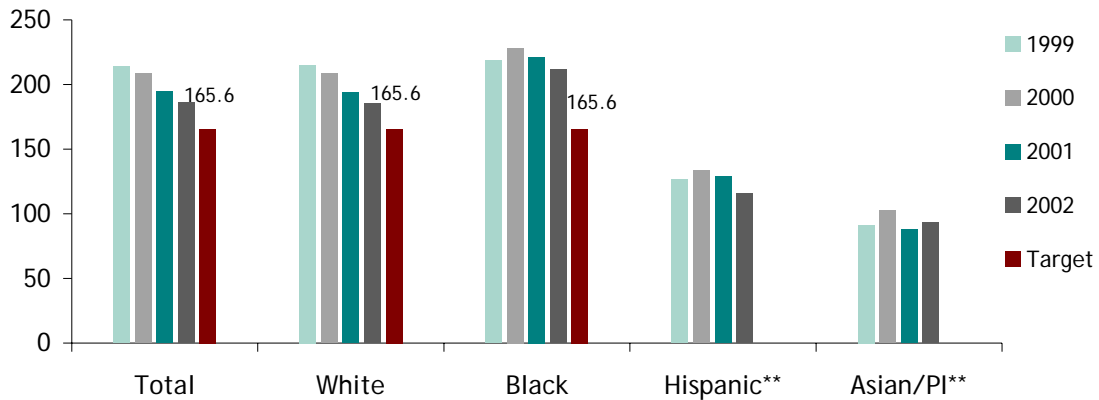
2004 baseline data for this objective were not available when this update was prepared. Baseline data and targets will be included in future updates.

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

Population	Target	Preferred Endpoint
Total	165.6	165.6
White	165.6	165.6
Black	165.6	165.6
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from coronary heart disease, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	213.7	215.0	218.9	126.2	91.4
2000	208.6	208.5	228.2	133.3	102.5
2001	194.5	194.0	221.2	128.6	87.9
2002	186.1	185.5	211.5	115.7	93.3

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

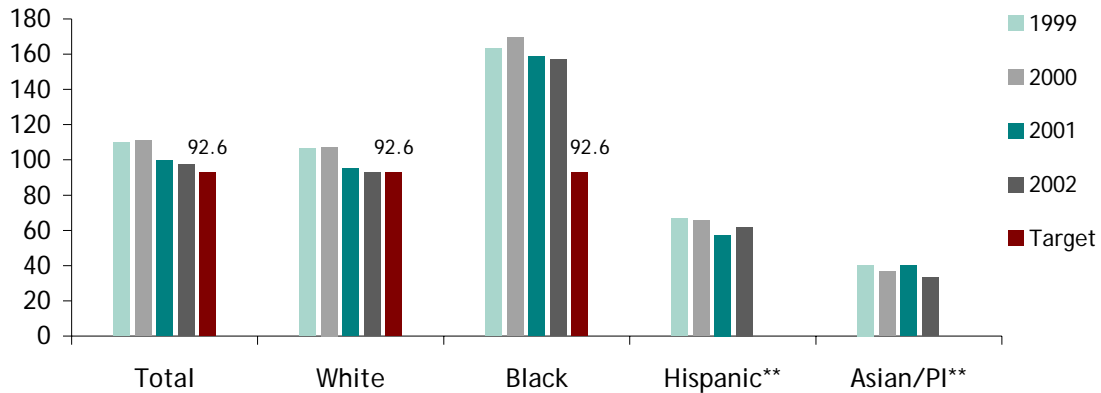
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	92.6	92.6
White	92.6	92.6
Black	92.6	92.6
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Mortality rate from coronary heart disease, Ages 45-64 years, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	109.9	106.6	163.2	66.7	40.3
2000	110.9	107.4	169.4	65.6	36.5
2001	99.7	95.1	158.9	57.3	40.1
2002	97.1	92.8	156.9	62.0	33.3

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10.

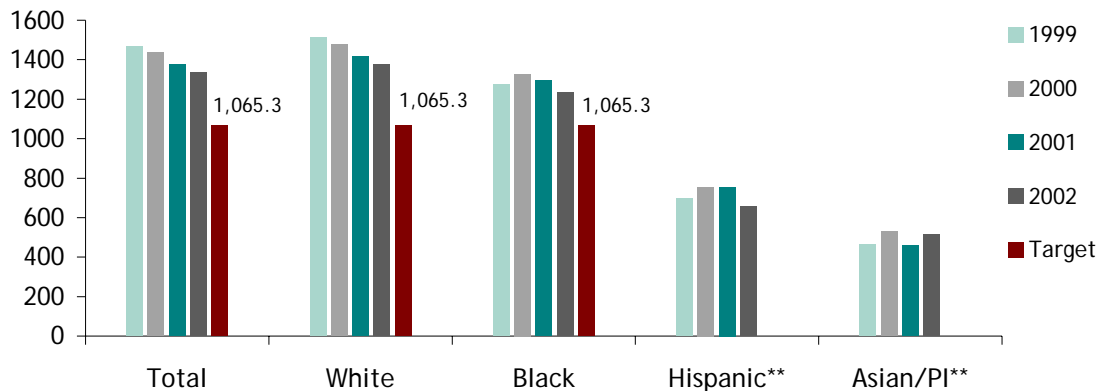
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	1,065.3	1,065.3
White	1,065.3	1,065.3
Black	1,065.3	1,065.3
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Mortality rate from coronary heart disease, Ages 65 years and over, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	1,467.4	1,514.2	1,276.1	697.6	465.0
2000	1,437.2	1,475.4	1,327.2	754.7	532.1
2001	1,376.0	1,415.7	1,293.9	756.1	460.7
2002	1,334.9	1,375.7	1,233.1	658.6	513.7

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10.

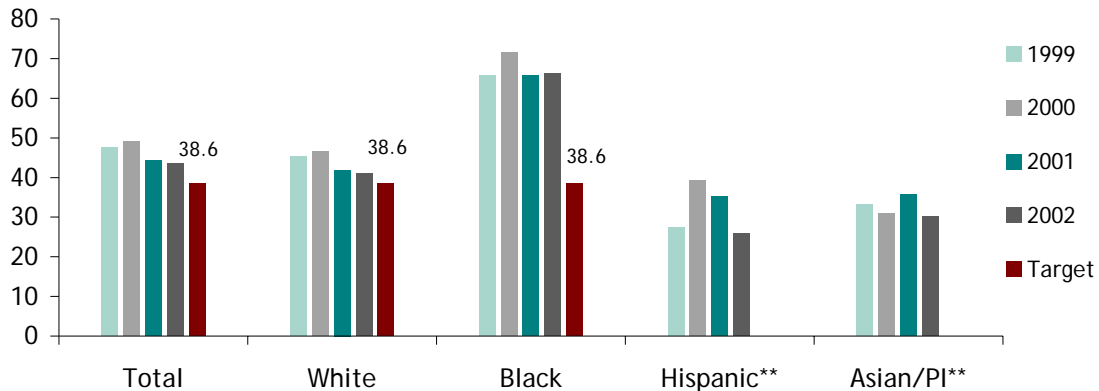
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	38.6	38.6
White	38.6	38.6
Black	38.6	38.6
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from cerebrovascular diseases, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	47.5	45.4	65.7	27.3	33.2
2000	49.0	46.7	71.5	39.2	30.8
2001	44.2	41.9	65.6	35.2	35.8
2002	43.5	41.1	66.2	25.8	30.3

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

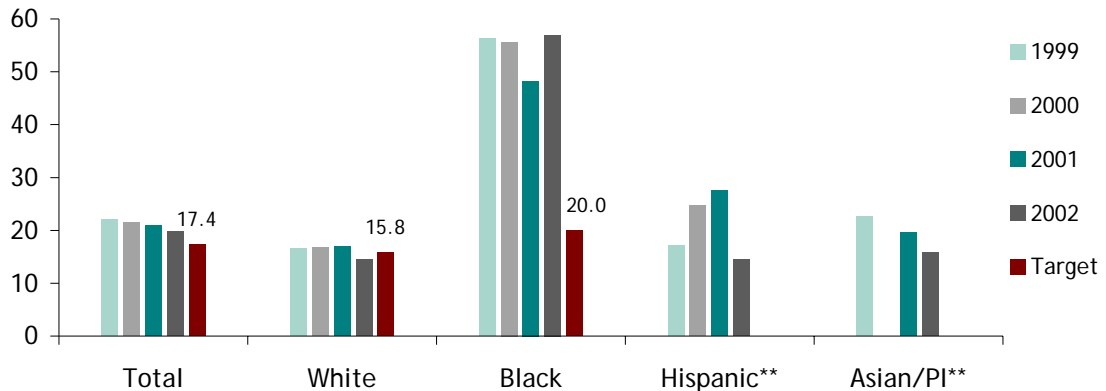
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	17.4	15.8
White	15.8	15.8
Black	20.0	15.8
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Mortality rate from cerebrovascular diseases, Ages 45-64 years, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	22.1	16.7	56.4	17.1	22.6
2000	21.5	16.8	55.6	24.8	***
2001	20.9	16.9	48.3	27.6	19.6
2002	19.8	14.4	57.0	14.4	15.9

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10.

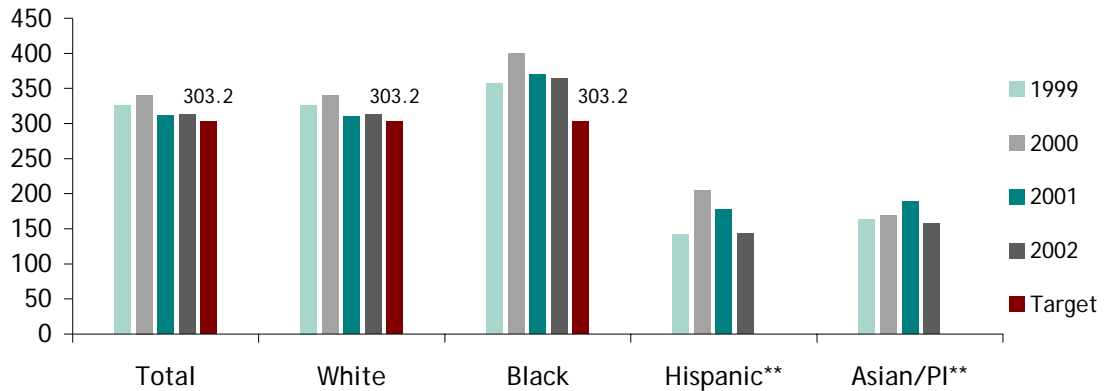
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	303.2	303.2
White	303.2	303.2
Black	303.2	303.2
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Mortality rate from cerebrovascular diseases, Ages 65 years and over, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	325.0	326.6	356.9	142.4	162.7
2000	340.7	340.2	399.9	204.5	168.8
2001	311.3	309.4	369.8	177.6	188.8
2002	312.8	312.9	364.3	143.3	157.6

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10.

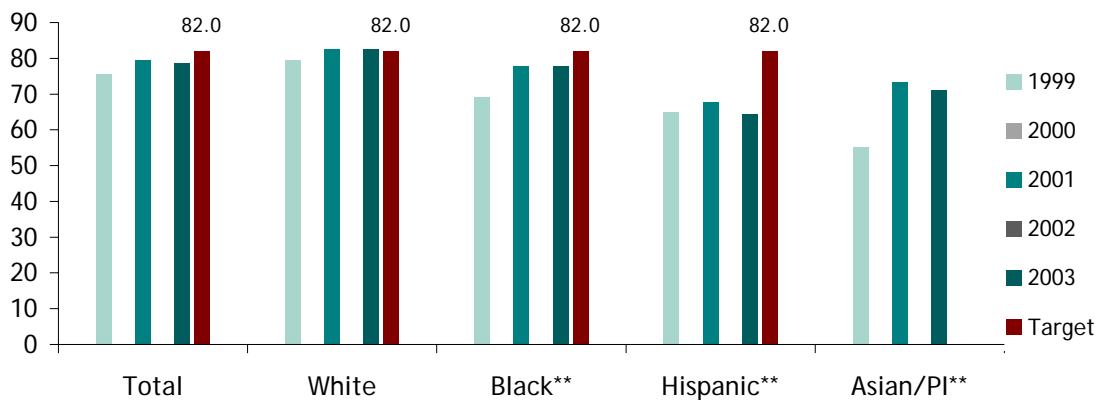
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	82.0	90.0
White (non-Hispanic)	82.0	90.0
Black (non-Hispanic)	82.0	90.0
Hispanic	82.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Adults who have had their blood cholesterol checked in the past 5 years, New Jersey, 1999-2003



	Total	White	Black**	Hispanic**	Asian/PI**
1999	75.5	79.5	69.1	64.9	55.2
2000	***	***	***	***	***
2001	79.5	82.7	77.8	67.8	73.4
2002	***	***	***	***	***
2003	78.6	82.6	77.9	64.4	71.2

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

** Estimate has a relatively large standard error. See Appendix C.

*** Question not asked in this data year.

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

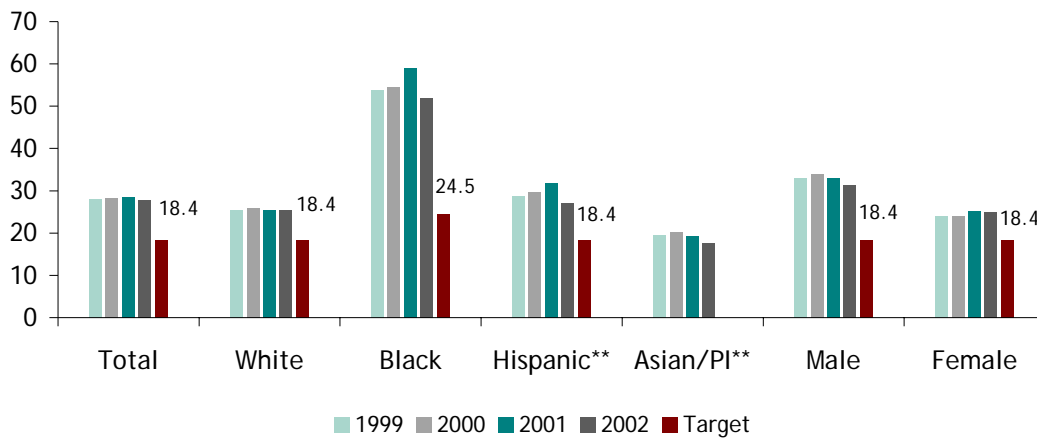
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Survey

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

Population	Target	Preferred Endpoint
Total	18.4	18.4
White	18.4	18.4
Black	24.5	18.4
Hispanic	18.4	18.4
Asian/Pacific Islander	*	*
Male	18.4	18.4
Female	18.4	18.4

Recent Data

Age-adjusted mortality rate from diabetes, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**	Male	Female
1999	28.0	25.4	53.8	28.7	19.6	33.1	24.1
2000	28.2	25.8	54.6	29.7	20.3	34.0	24.1
2001	28.5	25.4	59.1	31.7	19.4	33.1	25.3
2002	27.8	25.4	52.0	27.1	17.7	31.4	24.9

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

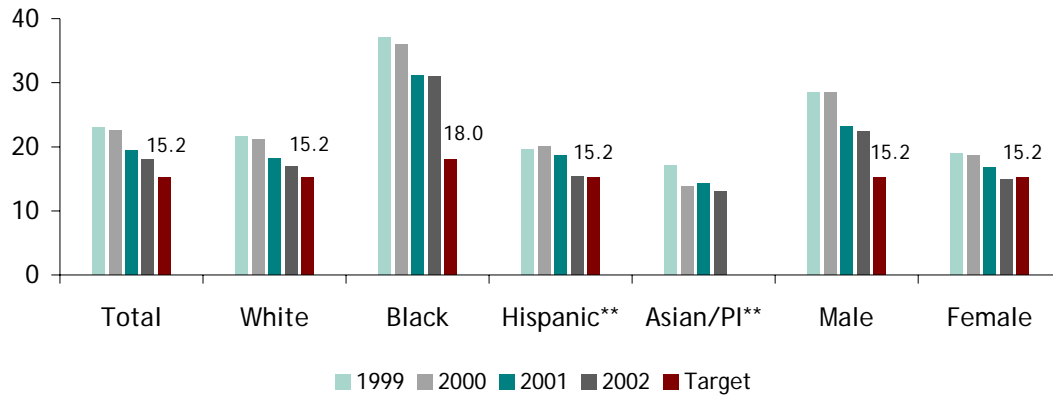
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	15.2	15.2
White	15.2	15.2
Black	18.0	15.2
Hispanic	15.2	15.2
Asian/Pacific Islander	*	*
Male	15.2	15.2
Female	15.2	15.2

Recent Data

Age-adjusted mortality rate from cardiovascular disease in people with diabetes, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**	Male	Female
1999	23.0	21.6	37.0	19.6	17.1	28.5	19.0
2000	22.6	21.2	36.0	20.1	13.8	28.4	18.6
2001	19.5	18.2	31.1	18.6	14.3	23.2	16.8
2002	18.1	16.9	31.0	15.4	13.0	22.3	15.0

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

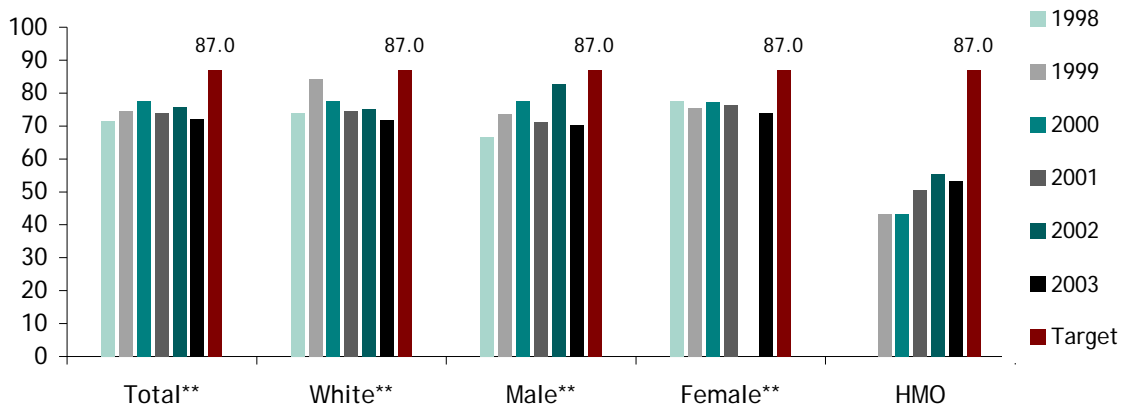
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	87.0	100.0
White (non-Hispanic)	87.0	100.0
Black (non-Hispanic)	87.0	100.0
Hispanic	87.0	100.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	87.0	100.0
Female	87.0	100.0
HMO enrollees aged 31+ years	87.0	100.0

Recent Data

Adults with diagnosed diabetes who have had a dilated eye exam in the past year, New Jersey, 1998-2003



	Total**	White**	Black**	Hispanic	Asian/PI	Male**	Female**	HMO
1998	71.6	74.0	***	***	***	66.6	77.5	****
1999	74.6	84.3	***	***	***	73.7	75.4	43.3
2000	77.5	77.6	***	***	***	77.6	77.4	43.3
2001	73.9	74.5	***	***	***	71.3	76.3	50.6
2002	75.7	75.2	***	***	***	82.9	***	55.3
2003	72.1	71.7	78.3	***	***	70.5	73.9	53.3

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

**** Data not available for this year.

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

Note: Targets differ from original document due to improvements in data collection method.

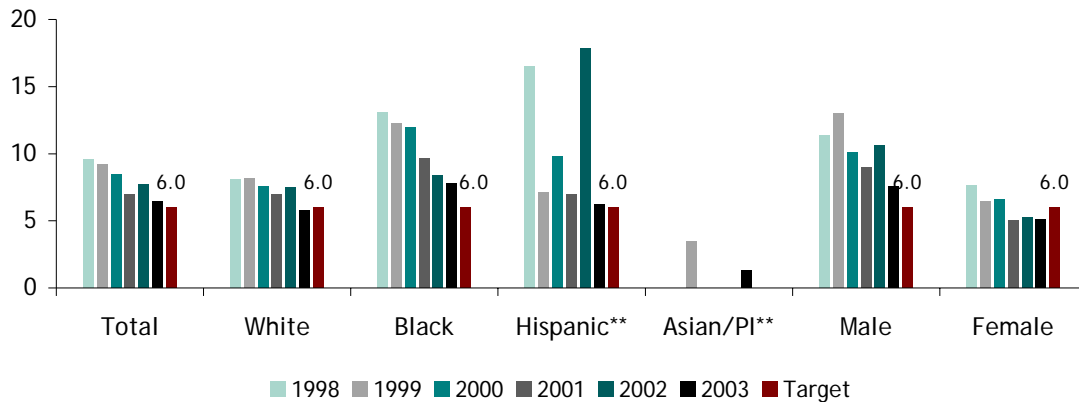
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Survey and Division of Health Care Quality & Oversight, New Jersey Health Plan Employer Data and Information Set

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

Population	Target	Preferred Endpoint
Total	6.0	6.0
White (non-Hispanic)	6.0	6.0
Black (non-Hispanic)	6.0	6.0
Hispanic	6.0	6.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	6.0	6.0
Female	6.0	6.0

Recent Data

Lower extremity amputations among persons with diagnosed diabetes, New Jersey, 1998-2003



	Total	White	Black	Hispanic**	Asian/PI**	Male	Female
1998	9.6	8.1	13.1	16.5	***	11.3	7.6
1999	9.2	8.1	12.2	7.1	3.5	13.0	6.4
2000	8.4	7.5	12.0	9.8	***	10.1	6.6
2001	7.0	6.9	9.6	6.9	***	9.0	5.0
2002	7.7	7.5	8.4	17.9	***	10.6	5.2
2003	6.4	5.8	7.8	6.2	1.3	7.6	5.1

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

** The number of Asian/Pacific Islander and Hispanic cases is known to be understated. Denominator has a relatively large standard error. See Technical Notes.

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

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

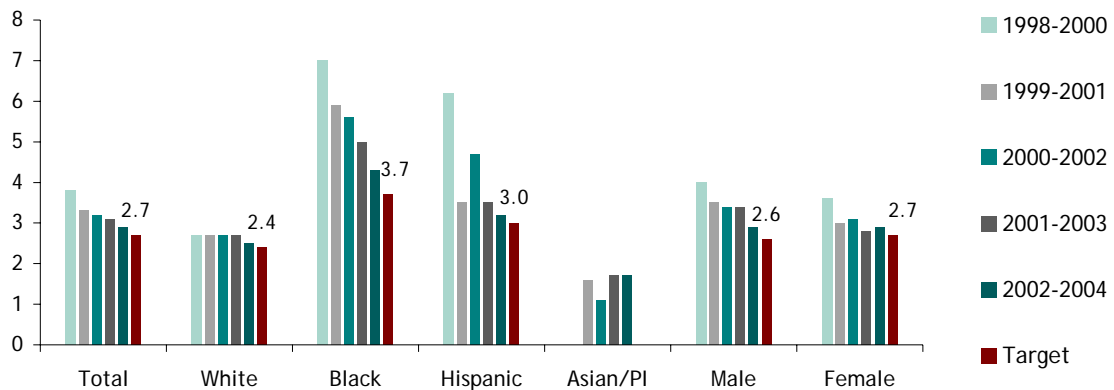
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	2.7	2.4
White (non-Hispanic)	2.4	2.4
Black (non-Hispanic)	3.7	2.4
Hispanic	3.0	2.4
Asian/Pacific Islander (non-Hispanic)	*	*
Male	2.6	2.4
Female	2.7	2.4

Recent Data

End-stage renal disease incidence rate among adults with diagnosed diabetes, New Jersey, 1998-2004



	Total	White	Black	Hispanic	Asian/PI	Male	Female
1998-2000	3.8	2.7	7.0	6.2	**	4.0	3.6
1999-2001	3.3	2.7	5.9	3.5	1.6	3.5	3.0
2000-2002	3.2	2.7	5.6	4.7	1.1	3.4	3.1
2001-2003	3.1	2.7	5.0	3.5	1.7	3.4	2.8
2002-2004	2.9	2.5	4.3	3.2	1.7	2.9	2.9

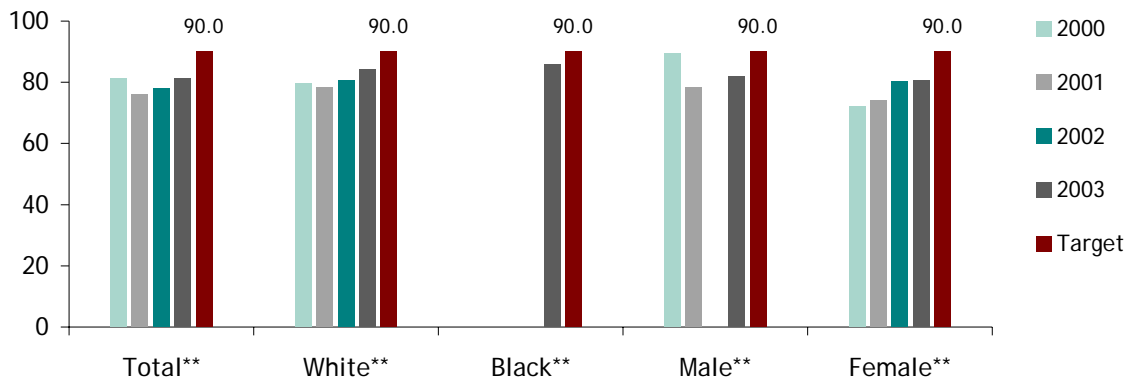
* A target was not set because the baseline data for this subpopulation were statistically unreliable.
 ** Figure does not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.
 Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
 Note: Targets and endpoints differ from original document due to improvements in data collection method.
 Source: New Jersey Department of Health and Senior Services, Diabetes Prevention and Control Program

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

Population	Target	Preferred Endpoint
Total	90.0	90.0
White (non-Hispanic)	90.0	90.0
Black (non-Hispanic)	90.0	90.0
Hispanic	90.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	90.0	90.0
Female	90.0	90.0

Recent Data

Adults with diagnosed diabetes who have had a glycosylated hemoglobin measurement at least once a year, New Jersey, 2000-2003



	Total**	White**	Black**	Hispanic	Asian/PI	Male**	Female**
2000	81.2	79.6	***	***	***	89.4	72.2
2001	76.1	78.4	***	***	***	78.4	74.1
2002	77.8	80.6	***	***	***	***	80.3
2003	81.2	84.1	85.7	***	***	81.9	80.5

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

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

Note: Targets and endpoints differ from original document due to improvements in data collection method.

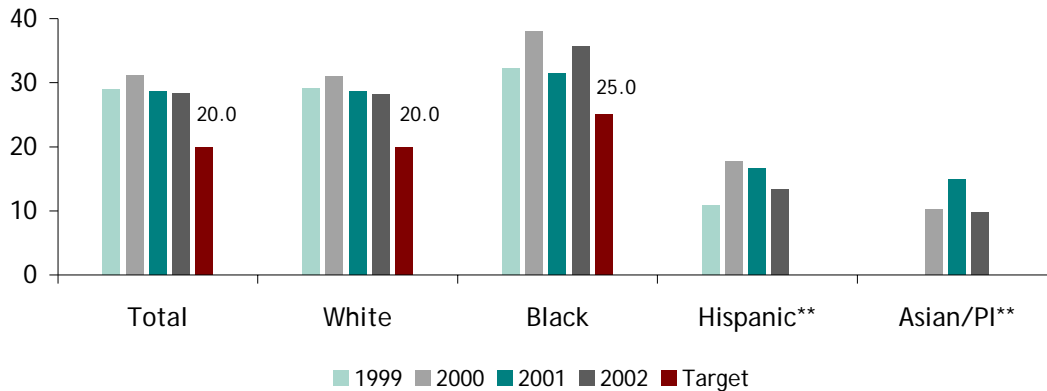
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Survey

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

Population	Target	Preferred Endpoint
Total	20.0	20.0
White	20.0	20.0
Black	25.0	20.0
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from female breast cancer, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	28.9	29.1	32.2	10.9	***
2000	31.1	30.9	38.0	17.7	10.3
2001	28.7	28.7	31.5	16.7	15.0
2002	28.3	28.1	35.7	13.4	9.7

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

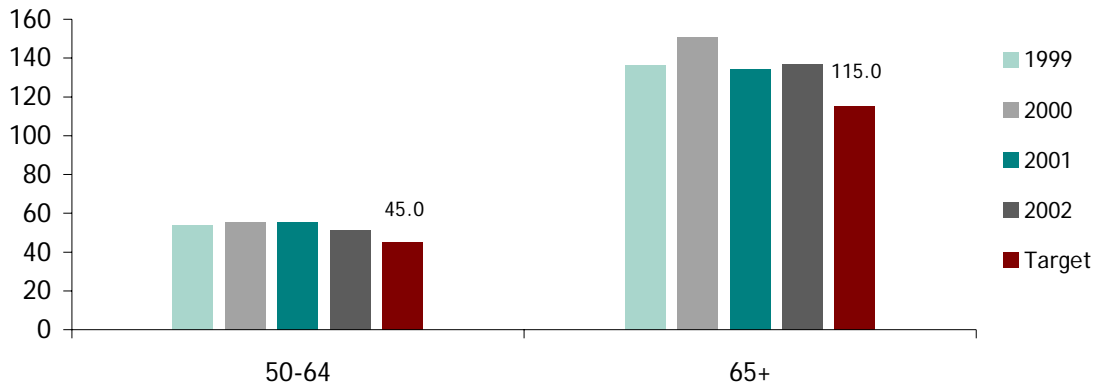
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Aged 50-64	45.0	20.0
Aged 65+	115.0	100.0

Recent Data

Mortality rate from female breast cancer, Ages 50 and over, New Jersey, 1999-2002



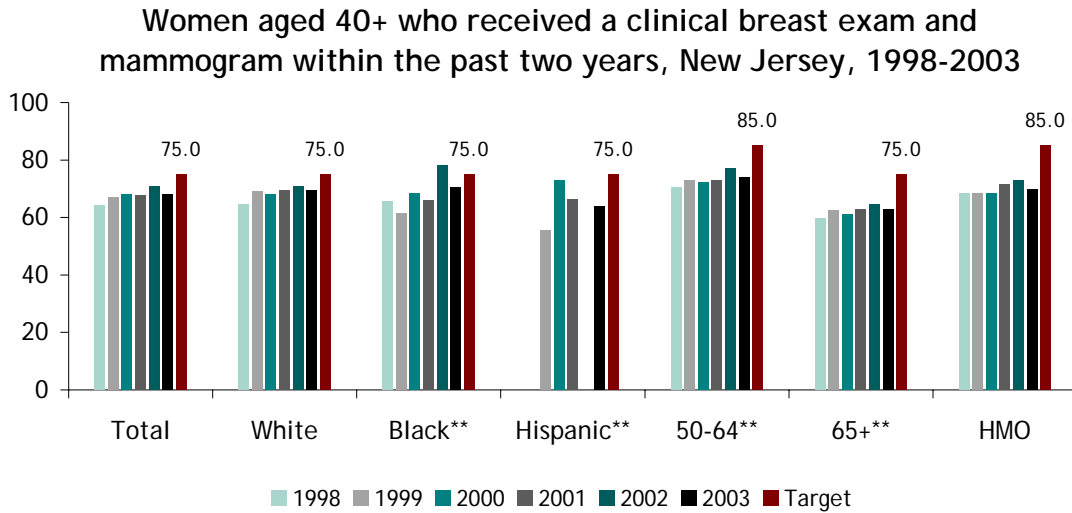
	50-64	65+
1999	53.9	136.5
2000	55.5	151.0
2001	55.2	134.4
2002	51.4	136.9

Note: Targets and endpoints differ from original document due to the change to ICD-10.
 Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	75.0	85.0
White (non-Hispanic)	75.0	85.0
Black (non-Hispanic)	75.0	85.0
Hispanic	75.0	85.0
Asian/Pacific Islander (non-Hispanic)	*	*
Females 50-64	85.0	90.0
Females 65+	75.0	85.0
HMO enrolled females 52-69	85.0	90.0

Recent Data



	Total	White	Black**	Hispanic**	Asian/PI**	50-64**	65+**	HMO
1998	64.2	64.5	65.6	***	***	70.5	59.8	68.3
1999	67.0	69.0	61.6	55.4	***	72.9	62.4	68.3
2000	68.0	67.9	68.5	72.9	***	72.3	61.0	68.3
2001	67.8	69.6	65.9	66.2	***	73.1	62.7	71.4
2002	70.7	70.8	78.2	***	***	76.9	64.6	73.1
2003	67.9	69.3	70.5	63.9	43.2	74.1	62.8	69.9

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

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

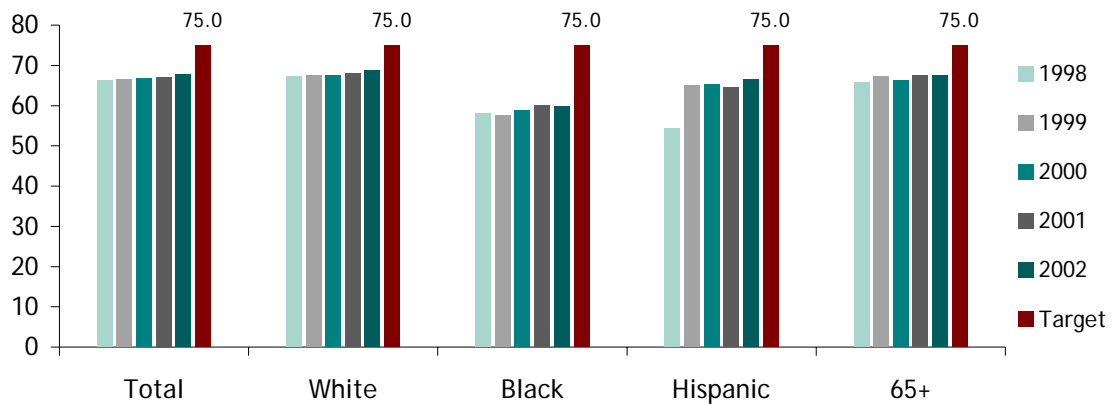
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey and Division of Health Care Quality & Oversight, New Jersey Health Plan Employer Data and Information Set

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

Population	Target	Preferred Endpoint
Total	75.0	85.0
White	75.0	85.0
Black	75.0	85.0
Hispanic	75.0	85.0
Asian/Pacific Islander	*	*
65+	75.0	85.0

Recent Data

Female breast cancers diagnosed in early stage, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI	65+
1998	66.3	67.2	58.0	54.3	**	65.8
1999	66.4	67.5	57.5	65.0	**	67.3
2000	66.7	67.6	58.7	65.2	**	66.3
2001	67.1	68.0	60.0	64.5	**	67.4
2002	67.7	68.8	59.8	66.4	**	67.6

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

** The number of Asian/Pacific Islander cases is known to be understated.

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

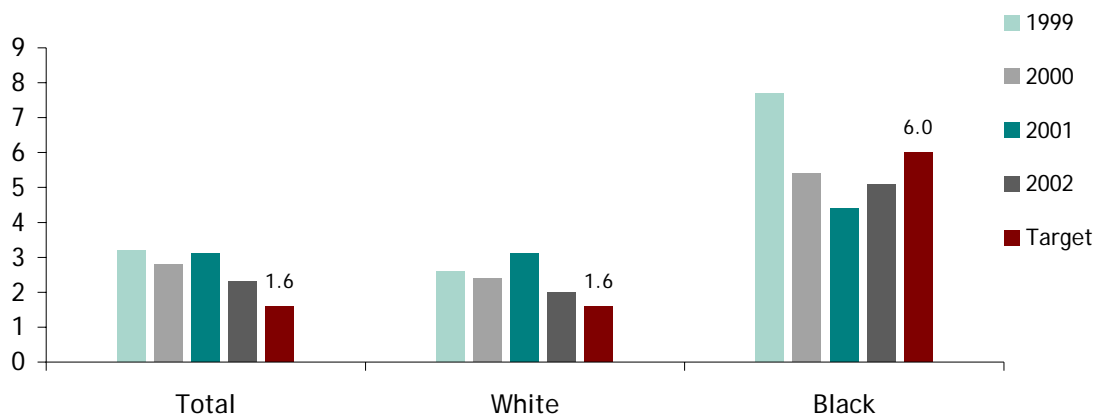
Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

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

Population	Target	Preferred Endpoint
Total	1.6	0.8
White	1.6	0.8
Black	6.0	0.8
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from cervical cancer, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	3.2	2.6	7.7	***	***
2000	2.8	2.4	5.4	***	***
2001	3.1	3.1	4.4	***	***
2002	2.3	2.0	5.1	***	***

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

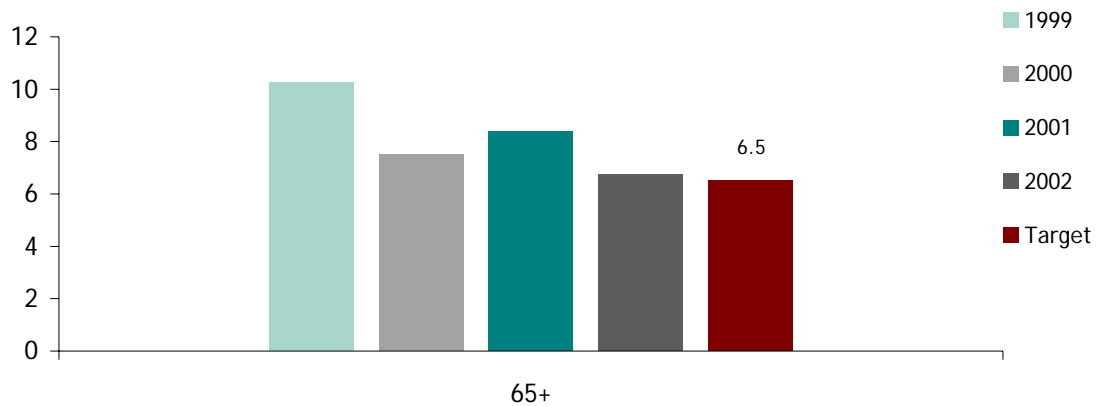
Population
Aged 65+

Target
6.5

Preferred Endpoint
0.8

Recent Data

Mortality rate from cervical cancer, Ages 65 and over, New Jersey, 1999-2002



	65+
1999	10.2
2000	7.5
2001	8.4
2002	6.7

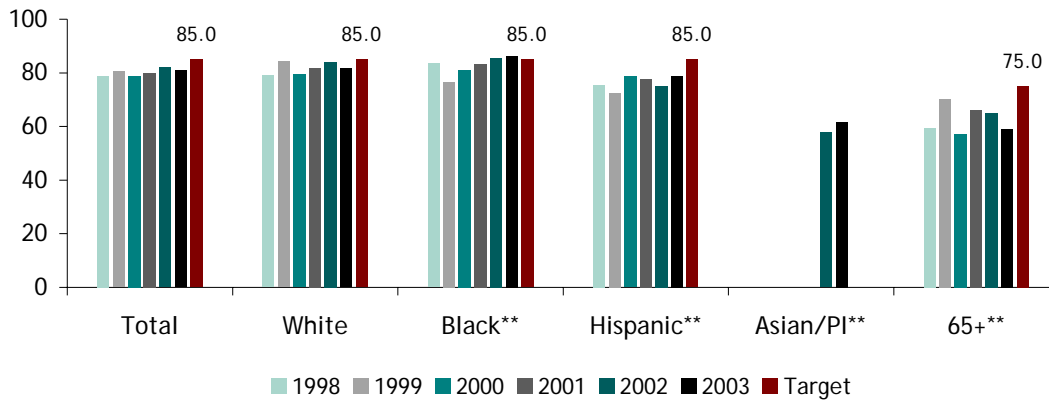
Note: Targets and endpoints differ from original document due to change to ICD-10.
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	85.0	90.0
White (non-Hispanic)	85.0	90.0
Black (non-Hispanic)	85.0	90.0
Hispanic	85.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*
Females 65+	75.0	85.0

Recent Data

Women with intact cervix who had a Pap test within the past two years, New Jersey, 1998-2003



	Total	White	Black**	Hispanic**	Asian/PI**	65+**
1998	78.7	79.0	83.5	75.5	***	59.6
1999	80.6	84.2	76.5	72.6	***	70.2
2000	78.8	79.3	81.2	78.6	***	57.2
2001	79.8	81.8	83.2	77.7	***	66.2
2002	82.0	84.0	85.6	75.2	57.8	65.0
2003	80.9	81.6	86.2	78.9	61.6	59.2

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

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

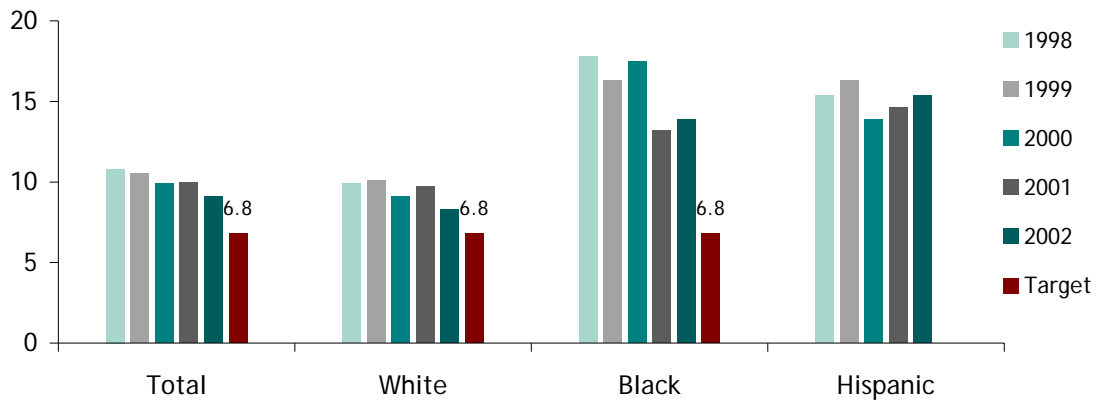
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey Healthy New Jersey 2010: Update - 2005

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

Population	Target	Preferred Endpoint
Total	6.8	2.7
White	6.8	2.7
Black	6.8	2.7
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted incidence rate of cervical cancer, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	10.8	9.9	17.8	15.4	**
1999	10.5	10.1	16.3	16.3	**
2000	9.9	9.1	17.5	13.9	**
2001	10.0	9.7	13.2	14.6	**
2002	9.1	8.3	13.9	15.4	**

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

** The number of Asian/Pacific Islander cases is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to 2000 standard population for age-adjustment.

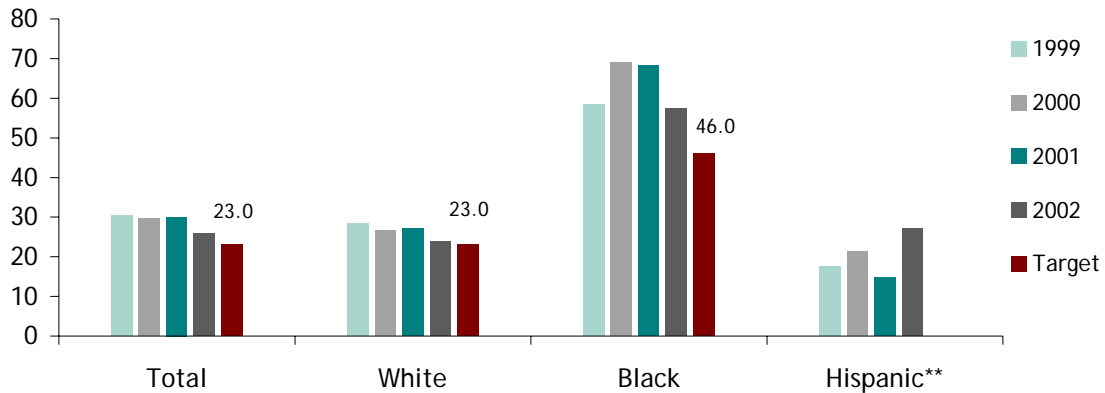
Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

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

Population	Target	Preferred Endpoint
Total	23.0	14.0
White	23.0	13.0
Black	46.0	25.0
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from prostate cancer, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	30.4	28.4	58.4	17.5	***
2000	29.6	26.7	69.1	21.4	***
2001	30.0	27.1	68.3	14.8	***
2002	25.9	23.8	57.5	27.1	***

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

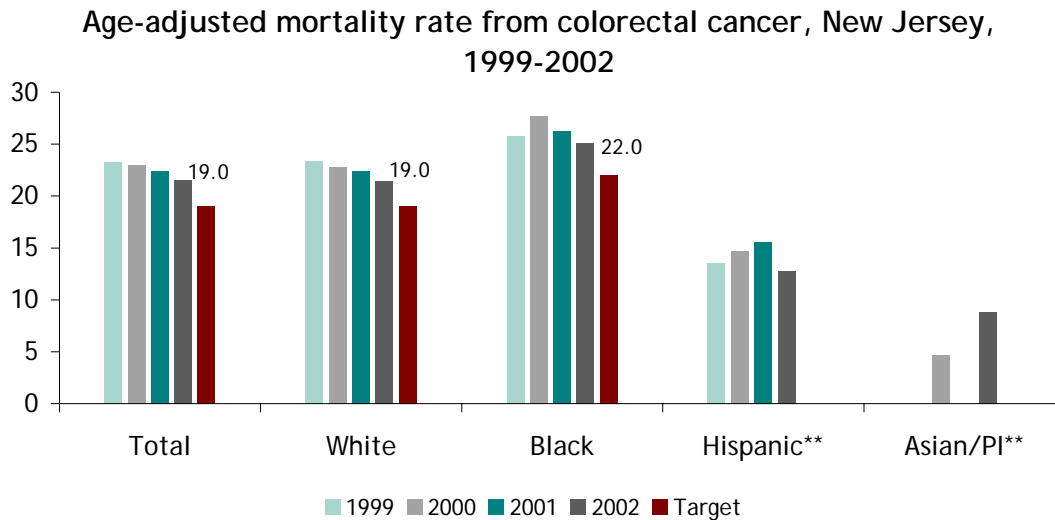
Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	19.0	13.0
White	19.0	13.0
Black	22.0	13.0
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data



	Total	White	Black	Hispanic**	Asian/PI**
1999	23.3	23.4	25.8	13.5	***
2000	23.0	22.8	27.7	14.7	4.7
2001	22.4	22.4	26.3	15.6	***
2002	21.5	21.4	25.1	12.8	8.8

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

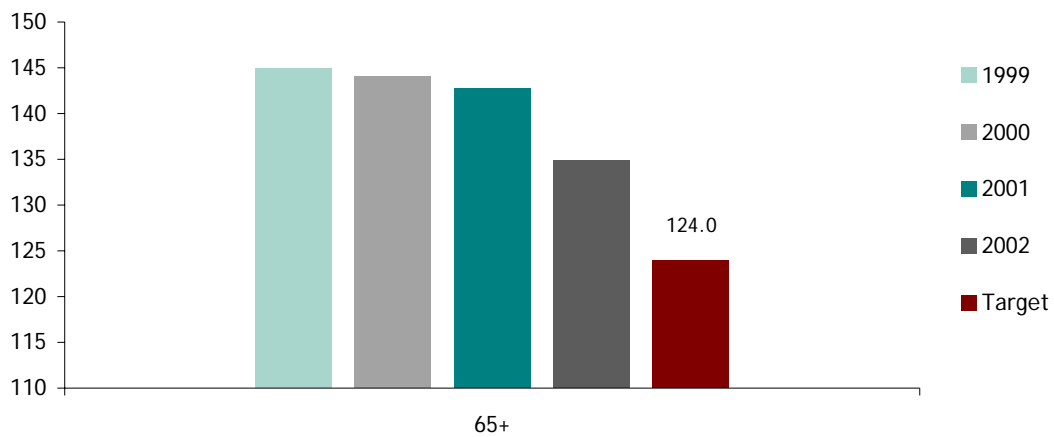
Population
Aged 65+

Target
124.0

Preferred Endpoint
81.0

Recent Data

Mortality rate from colorectal cancer, Ages 65 and over, New Jersey, 1999-2002



	65+
1999	145.0
2000	144.0
2001	142.7
2002	134.9

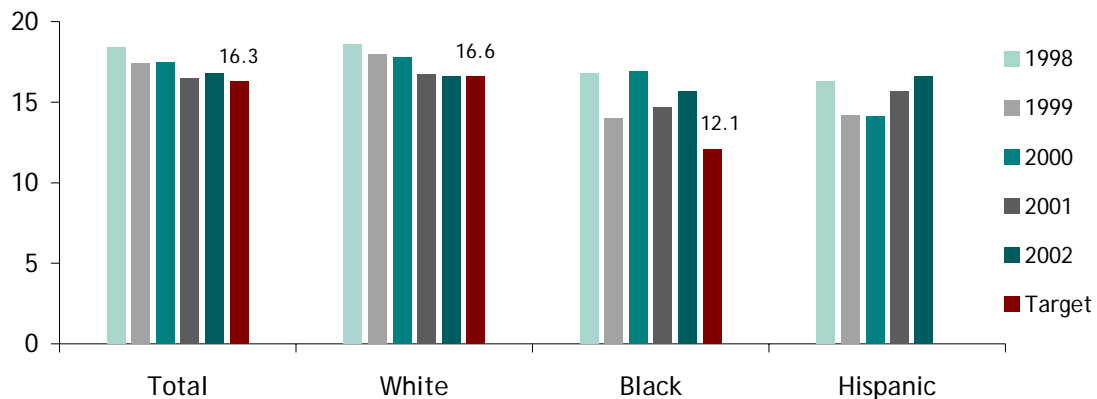
Note: Targets and endpoints differ from original document due to change to ICD-10.
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	16.3	10.5
White	16.6	10.5
Black	12.1	10.5
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted incidence rate of cancer of the rectum and rectosigmoid, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	18.4	18.6	16.8	16.3	**
1999	17.4	18.0	14.0	14.2	**
2000	17.5	17.8	16.9	14.1	**
2001	16.5	16.7	14.7	15.7	**
2002	16.8	16.6	15.7	16.6	**

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

** The number of Asian/Pacific Islander cases is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to 2000 standard population for age-adjustment.

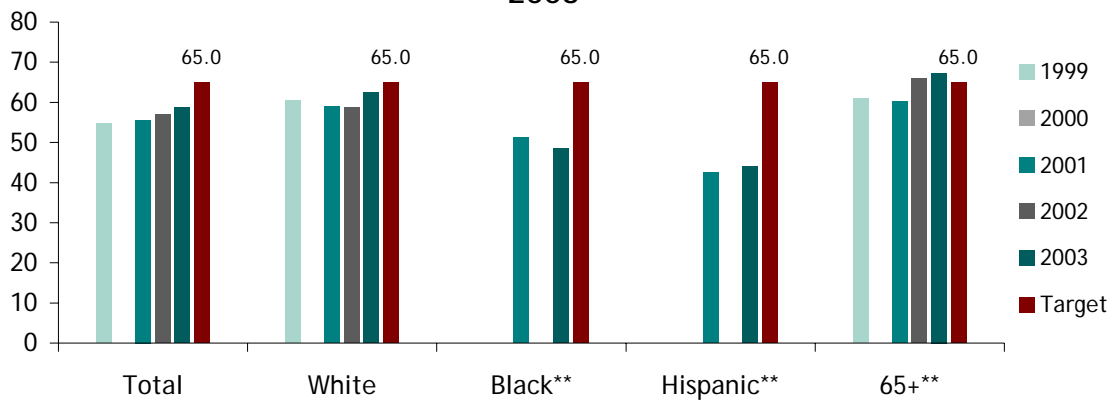
Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

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

Population	Target	Preferred Endpoint
Total	65.0	75.0
White (non-Hispanic)	65.0	75.0
Black (non-Hispanic)	65.0	75.0
Hispanic	65.0	75.0
Asian/Pacific Islander (non-Hispanic)	*	*
Total 65+	65.0	75.0

Recent Data

Adults aged 50+ who have had a fecal occult blood test within the past year and/or ever had sigmoidoscopy, New Jersey, 1999-2003



	Total	White	Black**	Hispanic**	Asian/PI	65+**
1999	54.8	60.4	***	***	***	61.0
2000	****	****	****	****	****	****
2001	55.6	59.0	51.2	42.4	***	60.2
2002	57.0	58.7	***	***	***	65.9
2003	58.8	62.5	48.6	44.0	***	67.3

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

**** Question not asked in this data year.

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

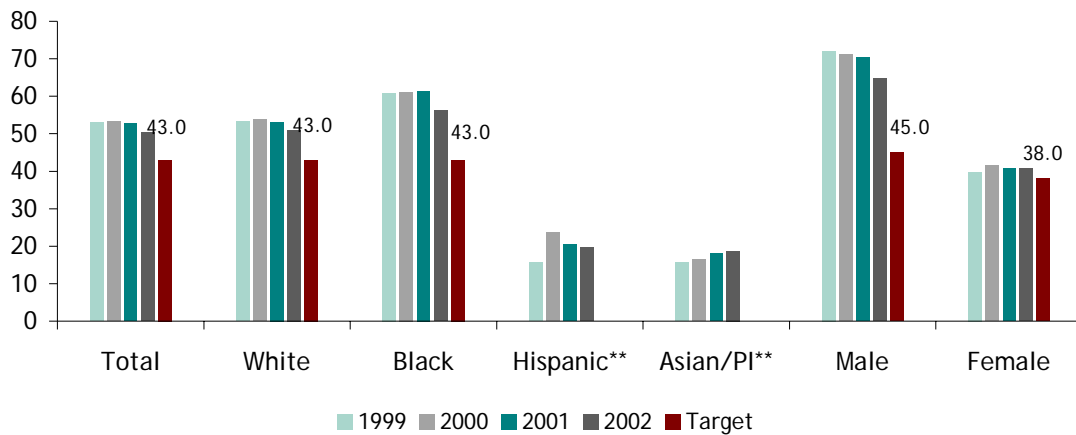
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

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

Population	Target	Preferred Endpoint
Total	43.0	38.0
White	43.0	38.0
Black	43.0	38.0
Hispanic	*	*
Asian/Pacific Islander	*	*
Male	45.0	38.0
Female	38.0	38.0

Recent Data

Age-adjusted mortality rate from lung cancer, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**	Male	Female
1999	52.9	53.3	60.9	15.6	15.7	72.1	39.8
2000	53.4	53.8	61.1	23.7	16.5	71.1	41.6
2001	52.7	53.1	61.4	20.5	18.1	70.4	40.7
2002	50.4	51.0	56.2	19.6	18.7	64.7	40.8

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

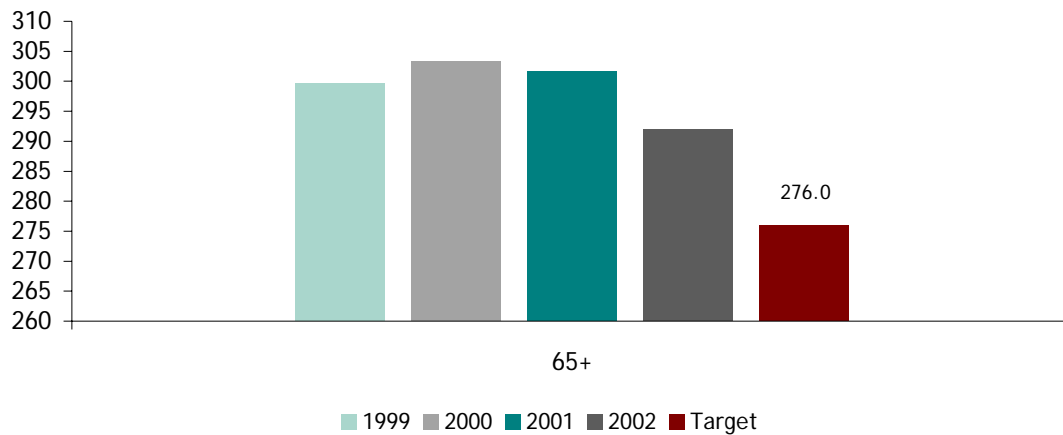
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population Aged 65+	Target 276.0	Preferred Endpoint 256.0
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Recent Data

Mortality rate from lung cancer, Ages 65 and over, New Jersey, 1999-2002



	65+
1999	299.7
2000	303.3
2001	301.6
2002	292.0

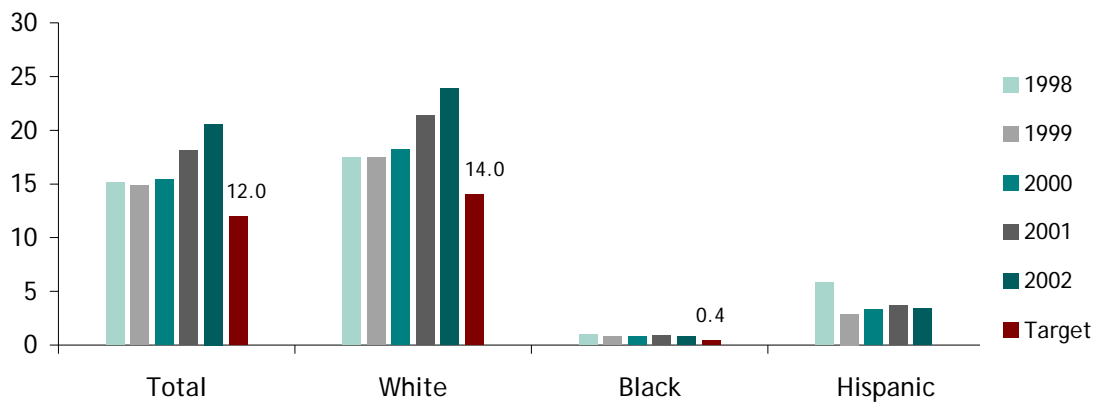
Note: Targets and endpoints differ from original document due to change to ICD-10.
 Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	12.0	10.0
White	14.0	12.0
Black	0.4	0.3
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted incidence rate of invasive melanoma, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	15.1	17.5	1.0	5.8	**
1999	14.9	17.5	0.8	2.9	**
2000	15.4	18.2	0.8	3.3	**
2001	18.1	21.4	0.9	3.7	**
2002	20.6	23.9	0.8	3.4	**

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

** The number of Asian/Pacific Islander cases is known to be understated.

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

Note: Targets and endpoints differ from original document due to changes to 2000 standard population for age-adjustment.

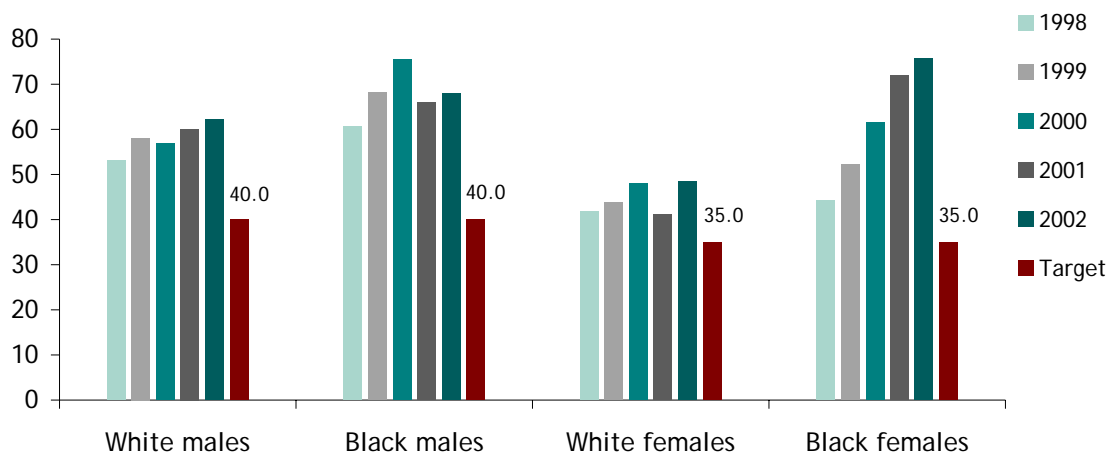
Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

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

Population	Target	Preferred Endpoint
White males	40.0	20.0
Black males	40.0	20.0
White females	35.0	15.0
Black females	35.0	15.0

Recent Data

Oral cancers diagnosed in late stages, New Jersey, 1998-2002



	White males	Black males	White females	Black females
1998	53.1	60.6	41.7	44.2
1999	58.1	68.1	43.8	52.3
2000	56.8	75.5	48.0	61.5
2001	60.1	65.9	41.1	72.0
2002	62.2	67.9	48.4	75.7

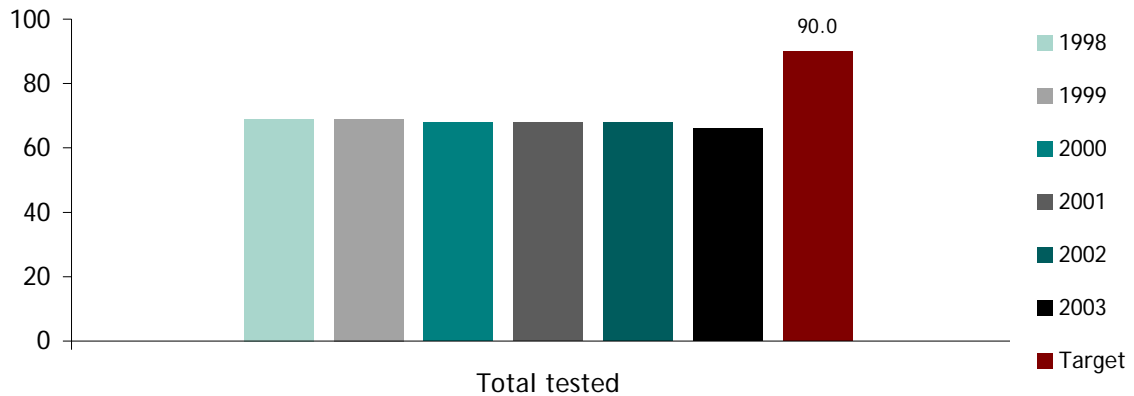
Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

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

Population	Target	Preferred Endpoint
Total tested	90.0	90.0

Recent Data

Persons tested for HIV at publicly funded sites who receive their test result, New Jersey, 1998-2003



	Total tested
1998	69.0
1999	69.0
2000	68.0
2001	68.0
2002	68.0
2003	66.0

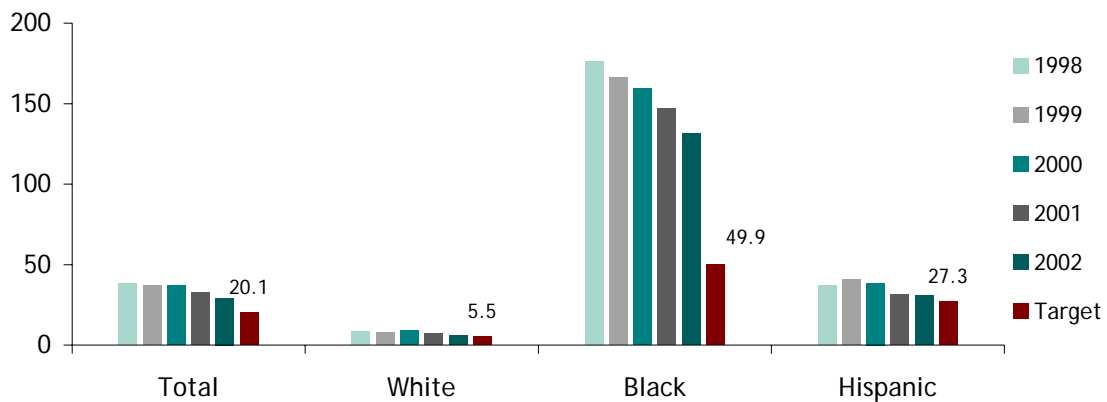
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Total	20.1	5.0
White (non-Hispanic)	5.5	5.0
Black (non-Hispanic)	49.9	5.0
Hispanic	27.3	5.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Incidence of HIV disease among females aged 15-44 years, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	38.1	8.3	176.3	36.8	**
1999	36.8	7.7	166.1	40.8	**
2000	37.1	8.9	159.3	38.5	**
2001	32.8	7.4	146.7	31.2	**
2002	29.3	5.9	131.4	30.8	**

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

** Not available.

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

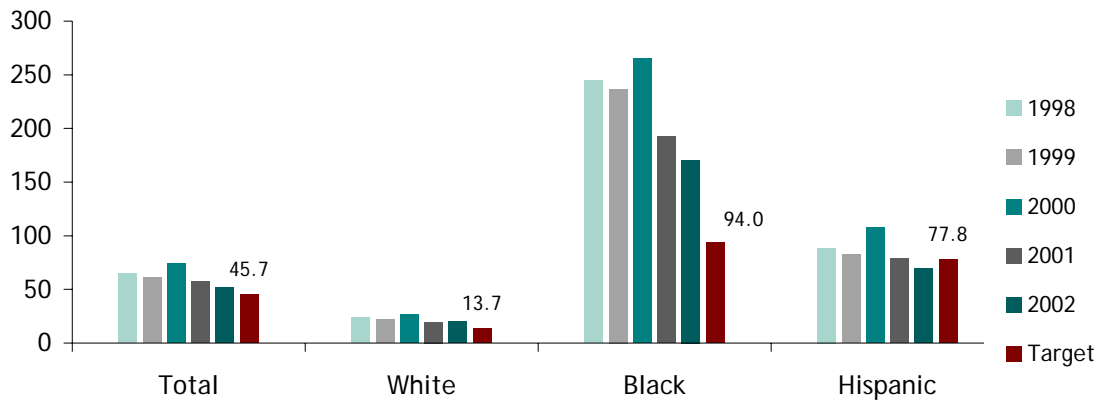
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Total	45.7	10.0
White (non-Hispanic)	13.7	10.0
Black (non-Hispanic)	94.0	10.0
Hispanic	77.8	10.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Incidence of HIV disease among males aged 15-44 years, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	64.6	23.6	244.4	88.5	**
1999	61.4	21.8	236.8	82.6	**
2000	74.5	26.9	264.7	107.6	**
2001	57.4	19.8	192.3	78.9	**
2002	52.1	20.3	170.5	69.7	**

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

** Not available.

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

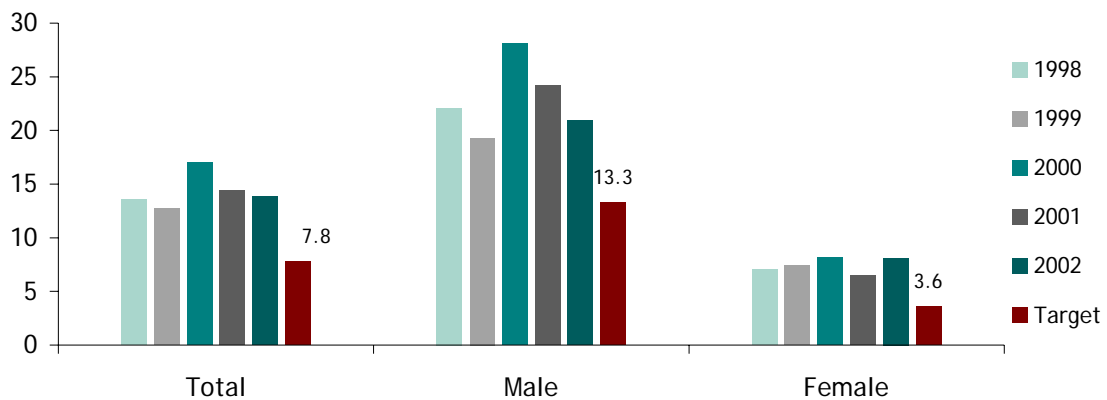
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Total	7.8	3.0
Males	13.3	3.0
Females	3.6	3.0

Recent Data

Newly diagnosed HIV infections among persons aged 50 years and over, New Jersey, 1998-2002



	Total	Male	Female
1998	13.6	22.1	7.0
1999	12.7	19.3	7.4
2000	17.0	28.1	8.2
2001	14.4	24.2	6.5
2002	13.8	20.9	8.1

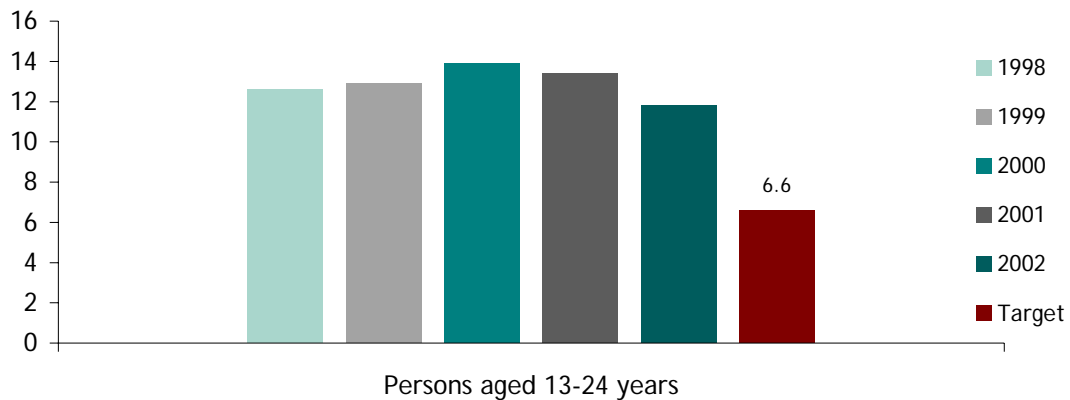
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Total aged 13-24 years	6.6	6.6

Recent Data

Incidence of HIV disease among adolescents/young adults aged 13-24 years, New Jersey, 1998-2002



Persons aged 13-24 years

1998	12.6
1999	12.9
2000	13.9
2001	13.4
2002	11.8

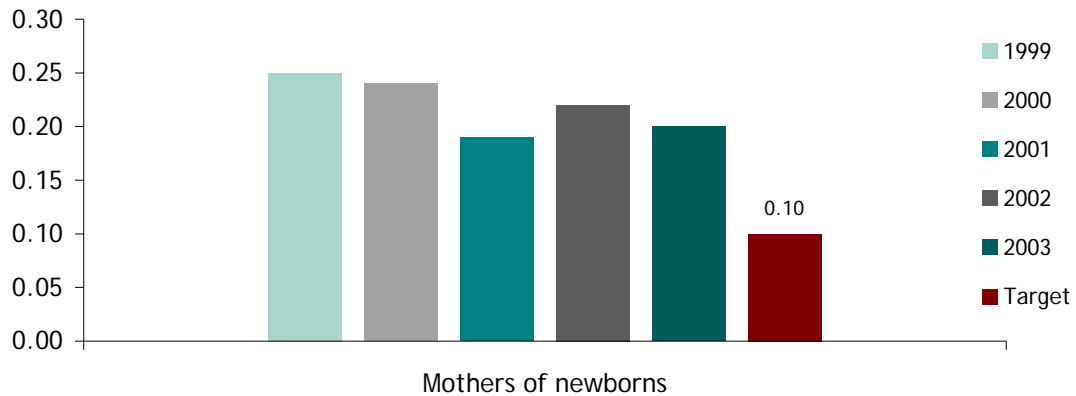
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Mothers of newborns	0.10	0.10

Recent Data

HIV-positive readings in mothers of newborns, New Jersey, 1999-2003



Mothers of newborns	
1999	0.25
2000	0.24
2001	0.19
2002	0.22
2003	0.20

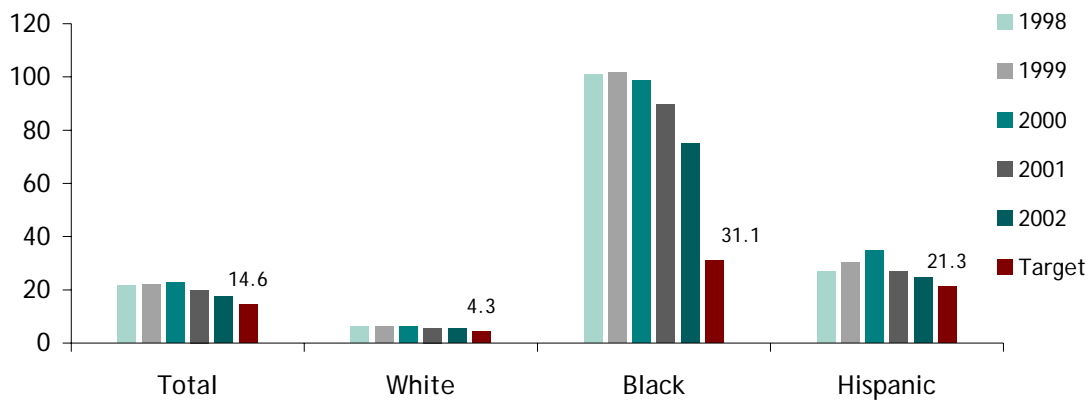
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Total	14.6	3.0
White (non-Hispanic)	4.3	3.0
Black (non-Hispanic)	31.1	3.0
Hispanic	21.3	3.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Incidence of AIDS, New Jersey, 1998-2002



	Total	White	Black	Hispanic	Asian/PI
1998	21.5	6.4	100.8	27.1	**
1999	22.0	6.1	101.7	30.3	**
2000	22.6	6.4	98.7	34.8	**
2001	19.9	5.6	89.6	26.9	**
2002	17.5	5.4	75.2	24.7	**

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

** Not available.

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

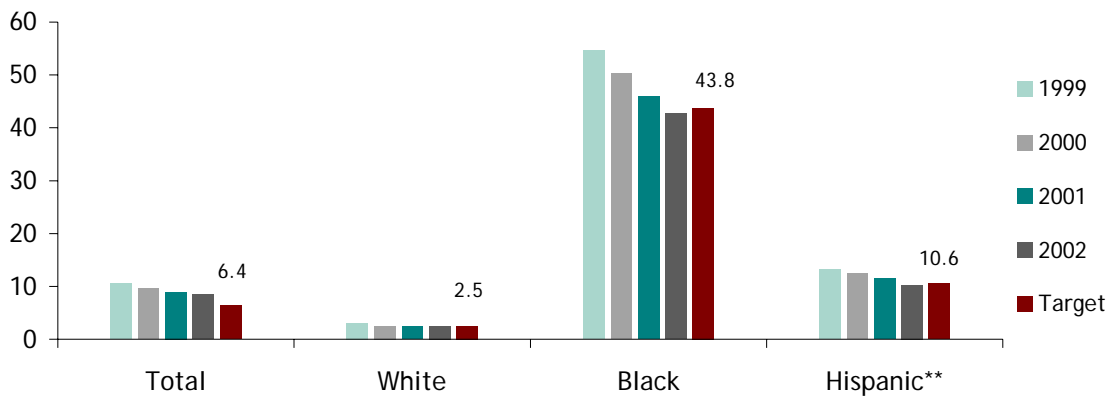
Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services

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

Population	Target	Preferred Endpoint
Total	6.4	2.3
White (non-Hispanic)	2.5	2.3
Black (non-Hispanic)	43.8	2.3
Hispanic	10.6	2.3
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Age-adjusted mortality rate from HIV disease, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	10.6	3.1	54.7	13.2	***
2000	9.6	2.5	50.3	12.4	***
2001	8.9	2.4	45.9	11.5	***
2002	8.5	2.5	42.7	10.3	***

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

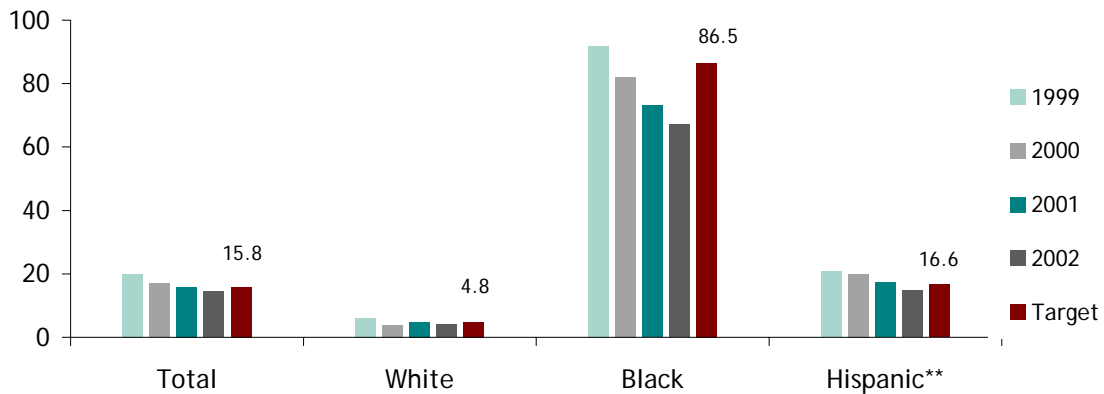
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	15.8	4.8
White (non-Hispanic)	4.8	4.8
Black (non-Hispanic)	86.5	4.8
Hispanic	16.6	4.8
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Mortality rate from HIV disease among persons aged 25-44 years, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	19.8	6.1	91.9	20.8	***
2000	17.0	4.0	82.2	19.8	***
2001	16.0	4.8	73.0	17.3	***
2002	14.4	4.0	67.1	14.7	***

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to change to ICD-10.

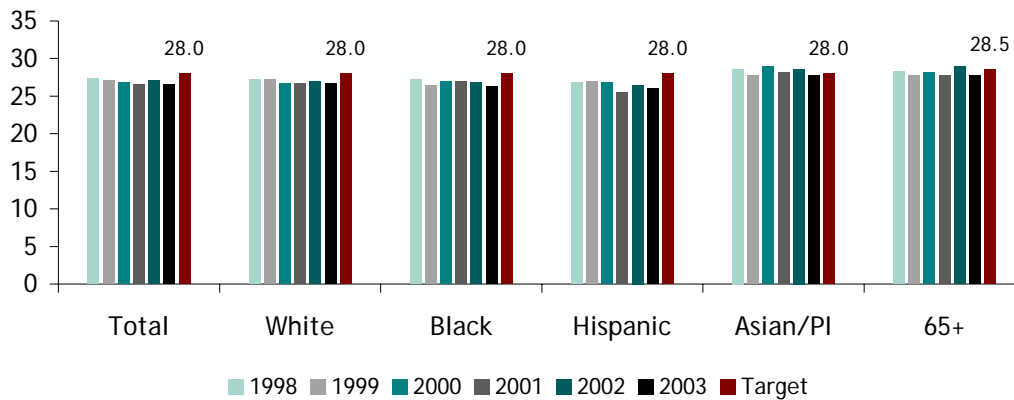
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	28.0	28.5
White (non-Hispanic)	28.0	28.5
Black (non-Hispanic)	28.0	28.5
Hispanic	28.0	28.5
Asian/Pacific Islander (non-Hispanic)	28.0	28.5
Adults 65+	28.5	28.5

Recent Data

Average number days during past 30 days when mental health was reported to be good, New Jersey, 1998-2003



	Total	White	Black	Hispanic	Asian/PI	65+
1998	27.3	27.2	27.2	26.8	28.6	28.3
1999	27.1	27.2	26.4	27.0	27.8	27.7
2000	26.8	26.7	26.9	26.8	28.9	28.1
2001	26.6	26.7	27.0	25.5	28.2	27.8
2002	27.1	27.0	26.8	26.5	28.6	28.9
2003	26.6	26.7	26.3	26.0	27.7	27.7

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

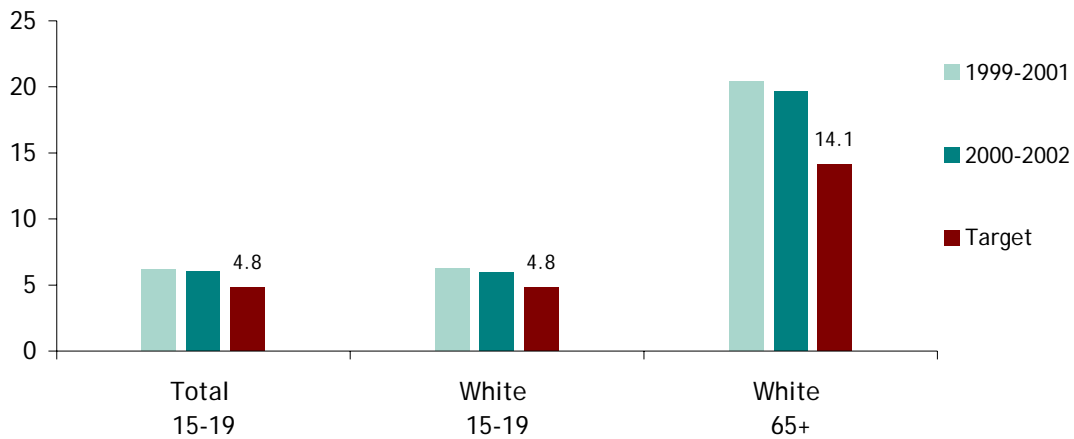
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey

Objective 2: Reduce the mortality rate from suicide per 100,000 male population

Population	Target	Preferred Endpoint
Total aged 15-19	4.8	4.8
White aged 15-19	4.8	4.8
Black aged 15-19	*	*
Hispanic aged 15-19	*	*
Asian/Pacific Islander aged 15-19	*	*
White aged 65+	14.1	4.8

Recent Data

Mortality rate from suicide among males, New Jersey, 1999-2002



	Aged 15-19 years					Aged 65+
	Total	White	Black	Hispanic**	Asian/PI**	White
1999-2001	6.1	6.2	***	***	***	20.4
2000-2002	6.0	6.0	***	***	***	19.6

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10.

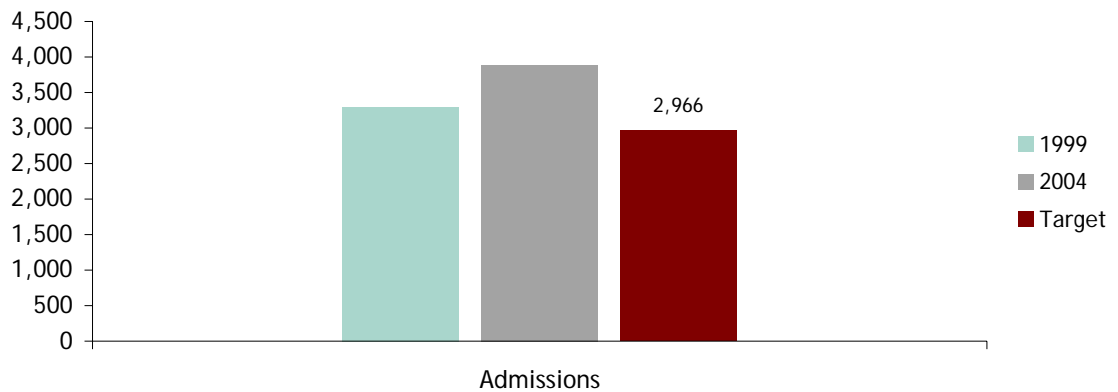
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Admissions	2,966	2,966

Recent Data

Admissions to non-emergency, inpatient psychiatric hospitals, New Jersey, 1999 and 2004



	Admissions
1999	3,296
2004	3,887

Source: New Jersey Department of Human Services, Division of Mental Health Services

Objective 4: Reduce the annual percentage of short-term readmissions of youth with serious emotional disturbance to inpatient hospitalization in Children's Crisis Intervention Services

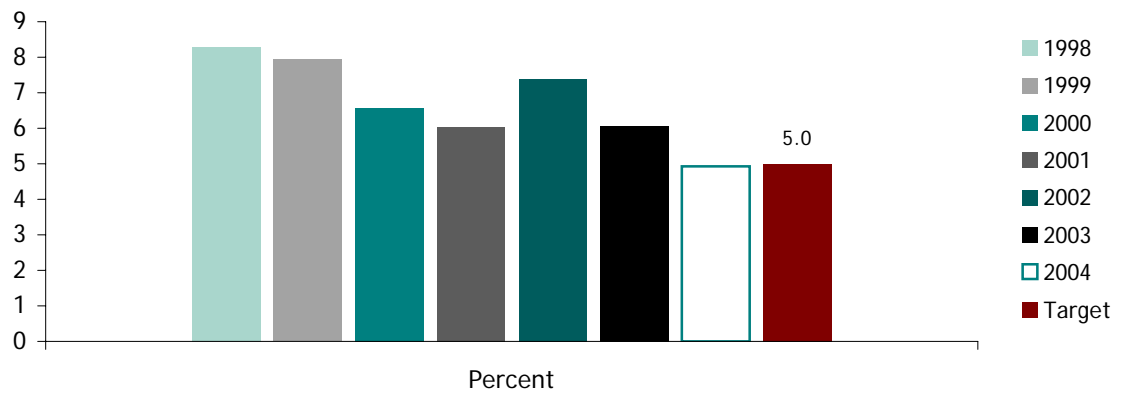
Population
Youth readmitted

Target
5.0

Preferred Endpoint
5.0

Recent Data

Short-term readmissions of youth with SED to inpatient hospitalization in CCIS, New Jersey, 1998-2004



	Percent
1998	8.3
1999	7.9
2000	6.6
2001	6.0
2002	7.4
2003	6.1
2004	4.9

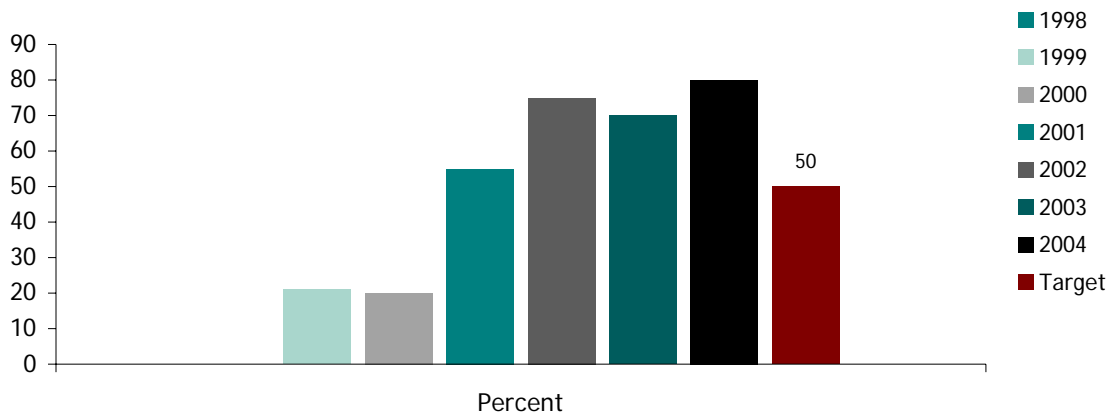
Source: New Jersey Department of Human Services, Division of Mental Health Services

Objective 5: Increase the percentage of site reviews of youth programs which include parent participation

Population	Target	Preferred Endpoint
Site reviews with parent participation	50.0	50.0

Recent Data

Site reviews of youth programs which include parent participation, New Jersey, 1998-2004



	Percent
1998	0
1999	21
2000	20
2001	55
2002	75
2003	70
2004	80

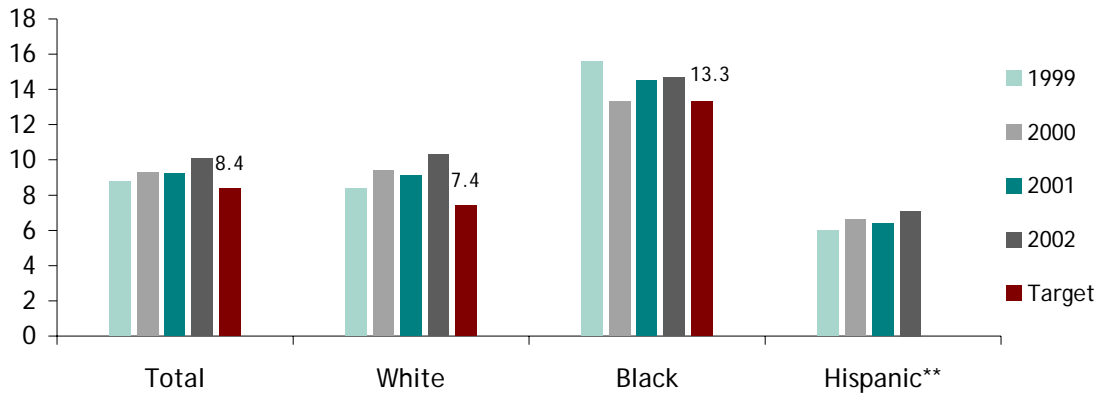
Source: New Jersey Department of Human Services, Division of Mental Health Services

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

Population	Target	Preferred Endpoint
Total	8.4	7.4
White	7.4	7.4
Black	13.3	7.4
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from drug-related causes, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	8.8	8.4	15.6	6.0	***
2000	9.3	9.4	13.3	6.6	***
2001	9.2	9.1	14.5	6.4	***
2002	10.1	10.3	14.7	7.1	***

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

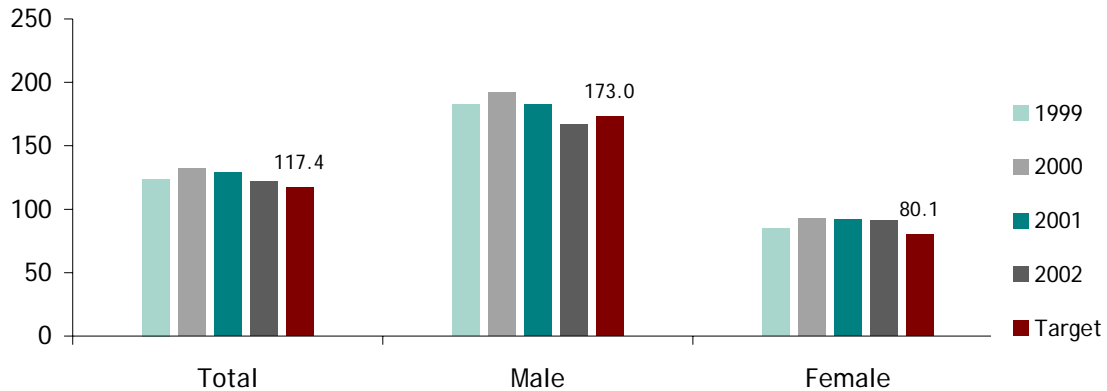
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Objective 2: Reduce the age-adjusted mortality rate from tobacco-related causes per 100,000 standard population

Population	Target	Preferred Endpoint
Total	117.4	113.2
Male	173.0	166.8
Female	80.1	77.2

Recent Data

Age-adjusted mortality rate from tobacco-related causes, New Jersey, 1999-2002



	Total	Male	Female
1999	123.8	182.5	84.5
2000	132.4	192.0	92.7
2001	128.6	182.4	91.9
2002	122.2	167.0	91.1

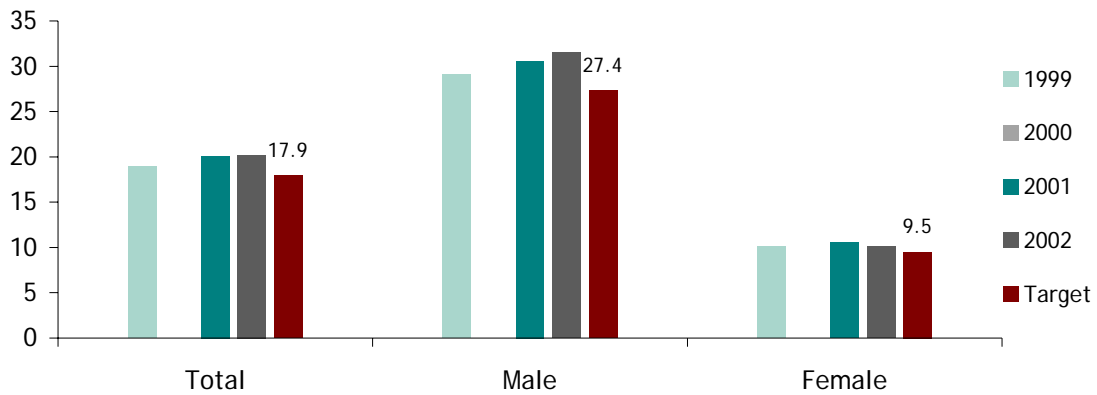
Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.
 Source: New Jersey Department of Health and Senior Services, Center for Health Statistics and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Objective 3: Reduce the age-adjusted mortality rate from alcohol-related causes per 100,000 standard population

Population	Target	Preferred Endpoint
Total	17.9	16.2
Male	27.4	24.8
Female	9.5	8.7

Recent Data

Age-adjusted mortality rate from alcohol-related causes, New Jersey, 1999-2002



	Total	Male	Female
1999	18.9	29.1	10.1
2000	*	*	*
2001	20.1	30.6	10.6
2002	20.2	31.5	10.1

* Prevalence estimates for alcohol consumption were not available for this data year.

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

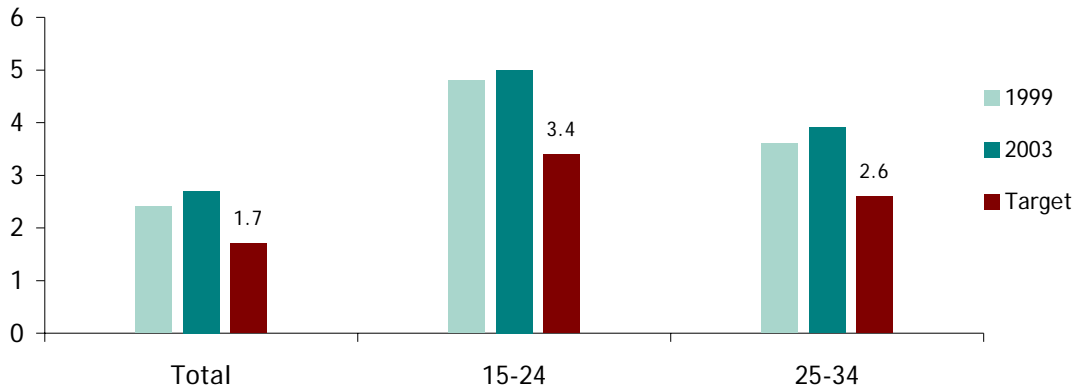
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

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

Population	Target Rate	Preferred Endpoint
Total (age-adjusted)	1.7	1.7
Youth aged 15-24	3.4	1.7
Young adults 25-34	2.6	1.7

Recent Data

Mortality rate from alcohol-related motor vehicle injuries, New Jersey, 1999, 2003



	Total	15-24	25-34
1999	2.4	4.8	3.6
2003	2.7	5.0	3.9

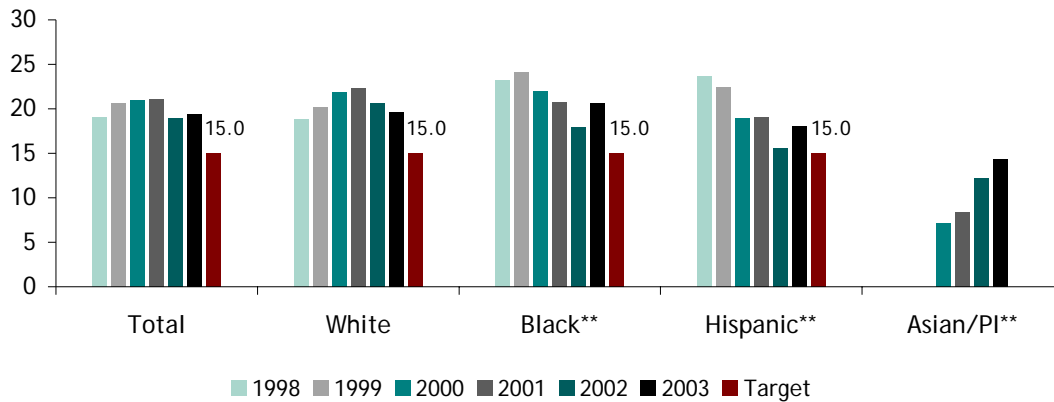
Source: New Jersey Department of Law and Public Safety, Division of Highway Traffic Safety

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

Population	Target	Preferred Endpoint
Total	15.0	11.0
White (non-Hispanic)	15.0	11.0
Black (non-Hispanic)	15.0	11.0
Hispanic	15.0	11.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Prevalence of smoking among adults, 1998-2003



	Total	White	Black**	Hispanic**	Asian/PI**
1998	19.1	18.9	23.2	23.7	***
1999	20.6	20.2	24.1	22.4	***
2000	21.0	21.9	22.0	19.0	7.2
2001	21.1	22.3	20.8	19.1	8.4
2002	19.0	20.6	17.9	15.6	12.2
2003	19.4	19.6	20.7	18.1	14.4

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

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

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey Healthy New Jersey 2010: Update - 2005

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

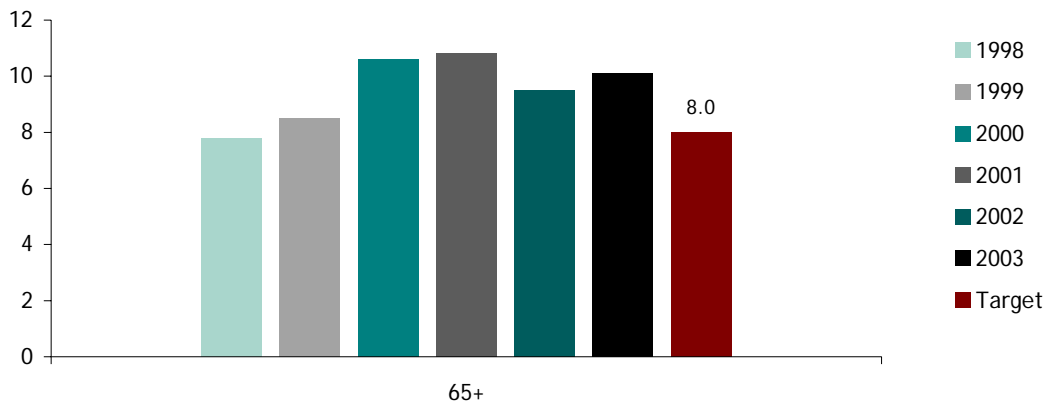
Population
Adults 65+

Target
8.0

Preferred Endpoint
6.0

Recent Data

Prevalence of smoking among adults aged 65 and over, New Jersey, 1998-2003



	65+
1998	7.8
1999	8.5
2000	10.6
2001	10.8
2002	9.5
2003	10.1

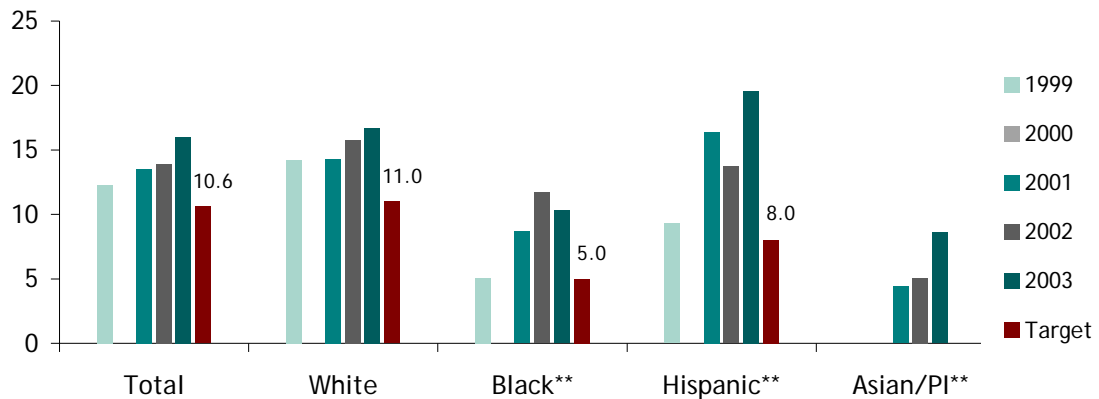
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey

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

Population	Target	Preferred Endpoint
Total	10.6	7.0
White (non-Hispanic)	11.0	7.0
Black (non-Hispanic)	5.0	5.0
Hispanic	8.0	7.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Adults who consumed 5+ alcoholic drinks per occasion at least once during the past month, New Jersey, 1999-2003



	Total	White	Black**	Hispanic**	Asian/PI**
1999	12.3	14.2	5.1	9.3	***
2000	****	****	****	****	****
2001	13.5	14.3	8.7	16.4	4.4
2002	13.9	15.8	11.7	13.7	5.1
2003	16.0	16.7	10.3	19.6	8.6

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

** Estimate has a relatively large standard error. See Appendix C.

*** Estimate is unreliable. See Appendix C.

**** Question not asked in this data year.

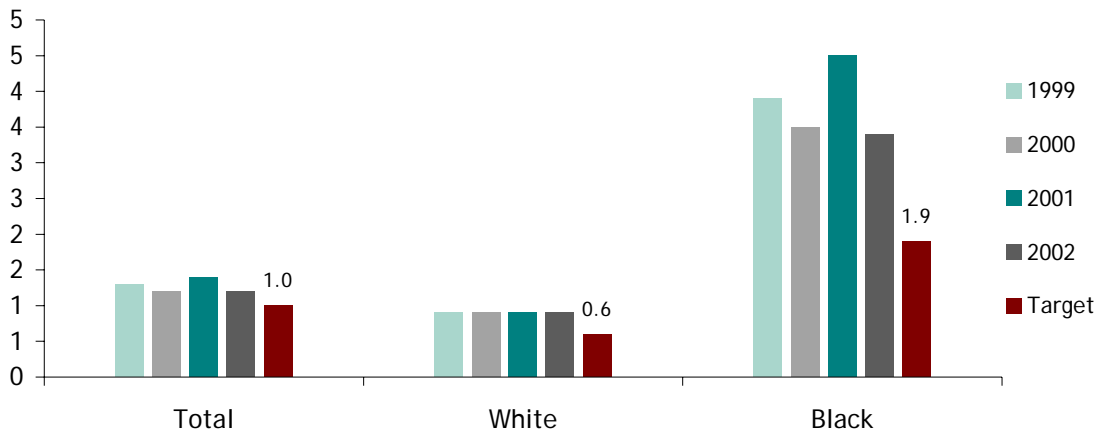
Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

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

Population	Target	Preferred Endpoint
Total	1.0	0.6
White	0.6	0.6
Black	1.9	0.6
Hispanic	*	*
Asian/Pacific Islander	*	*

Recent Data

Age-adjusted mortality rate from asthma, New Jersey, 1999-2002



	Total	White	Black	Hispanic**	Asian/PI**
1999	1.3	0.9	3.9	***	***
2000	1.2	0.9	3.5	***	***
2001	1.4	0.9	4.5	***	***
2002	1.2	0.9	3.4	***	***

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

** The number of Hispanic and Asian/Pacific Islander deaths is known to be understated.

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

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

Note: Targets and endpoints differ from original document due to changes to ICD-10 and 2000 standard population for age-adjustment.

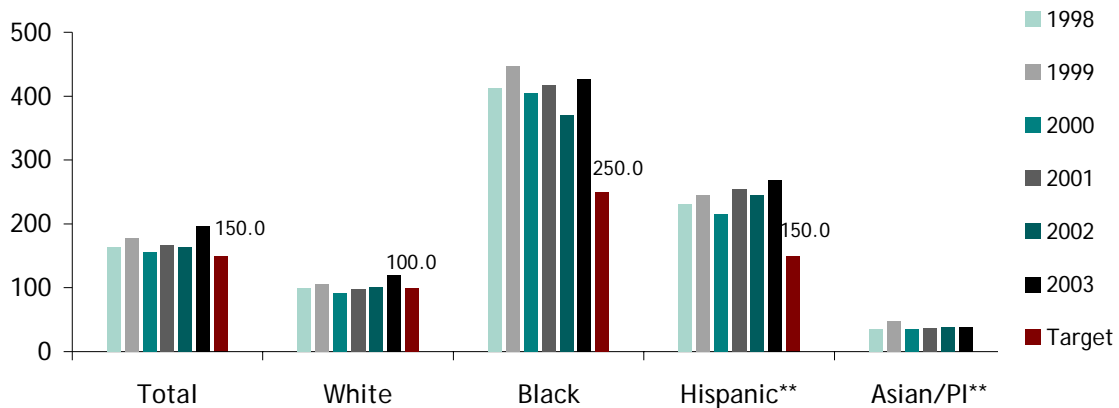
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	150.0	100.0
White (non-Hispanic)	100.0	100.0
Black (non-Hispanic)	250.0	100.0
Hispanic	150.0	100.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Hospital admission rate for asthma, New Jersey, 1998-2003



	Total	White	Black	Hispanic**	Asian/PI**
1998	163.1	100.1	411.6	231.1	35.3
1999	177.3	105.4	447.6	244.2	48.0
2000	156.0	91.4	405.3	214.9	34.5
2001	167.0	97.1	417.9	253.8	36.6
2002	164.4	100.8	370.5	244.6	38.9
2003	196.4	120.1	427.4	269.1	38.3

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

** The number of Asian/Pacific Islander and Hispanic cases is known to be understated.

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

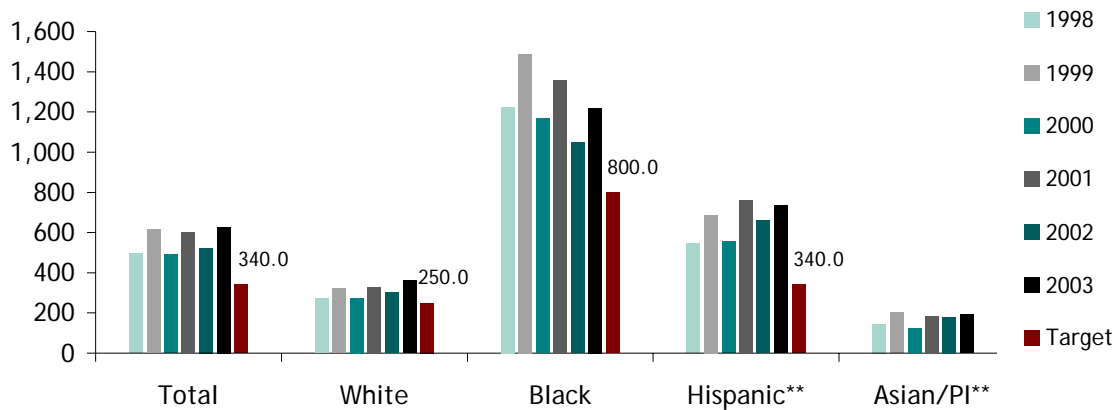
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	340.0	200.0
White (non-Hispanic)	250.0	200.0
Black (non-Hispanic)	800.0	200.0
Hispanic	340.0	200.0
Asian/Pacific Islander (non-Hispanic)	*	*

Recent Data

Hospital admission rate for asthma among children under age 5 years, New Jersey, 1998-2003



	Total	White	Black	Hispanic**	Asian/PI**
1998	494.4	270.0	1,223.6	544.8	145.5
1999	616.8	320.8	1,488.8	688.1	204.3
2000	491.1	273.5	1,167.4	556.5	121.7
2001	602.0	326.5	1,357.4	760.5	184.6
2002	524.1	301.7	1,048.5	659.3	179.3
2003	626.5	361.7	1,219.6	735.1	190.8

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

** The number of Asian/Pacific Islander and Hispanic cases is known to be understated.

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

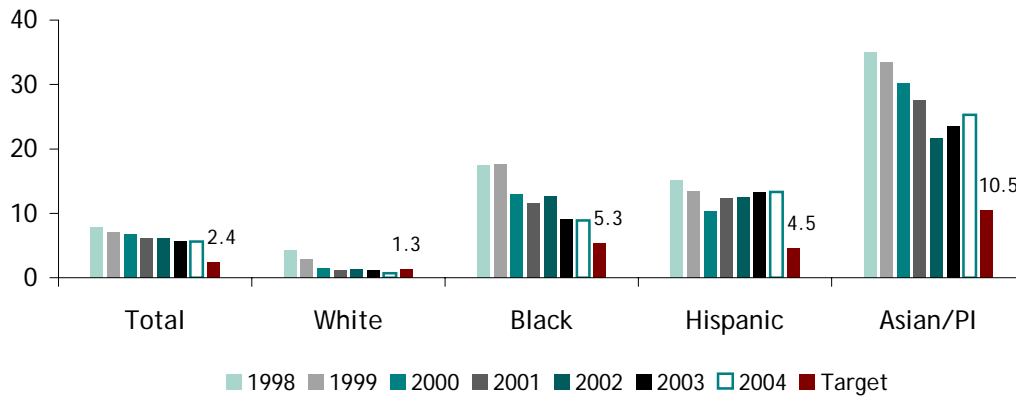
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

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

Population	Target	Preferred Endpoint
Total	2.4	1.3
White (non-Hispanic)	1.3	1.3
Black (non-Hispanic)	5.3	1.3
Hispanic	4.5	1.3
Asian/Pacific Islander (non-Hispanic)	10.5	1.3

Recent Data

Tuberculosis incidence rate, New Jersey, 1998-2004



	Total	White	Black	Hispanic	Asian/PI
1998	7.9	4.3	17.5	15.1	35.0
1999	7.0	2.9	17.6	13.4	33.4
2000	6.7	1.5	12.9	10.3	30.2
2001	6.2	1.1	11.6	12.3	27.6
2002	6.2	1.4	12.6	12.5	21.7
2003	5.7	1.1	9.1	13.3	23.5
2004	5.6	0.7	8.9	13.3	25.3

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

Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

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

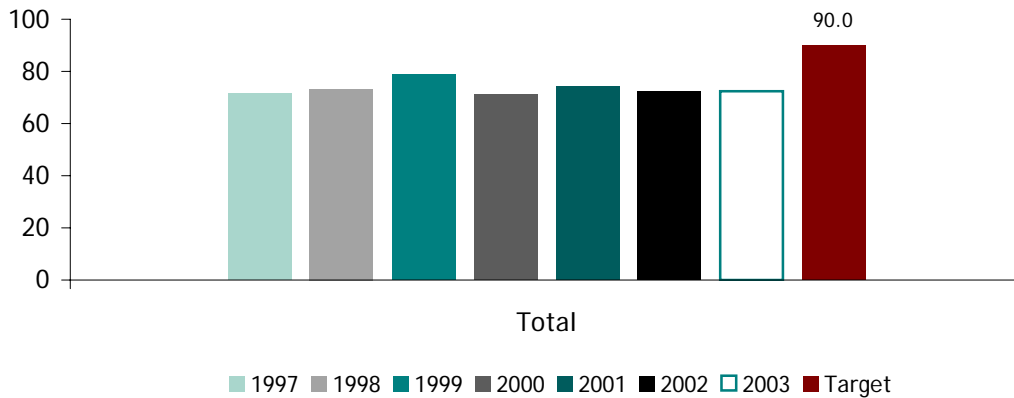
Population
Total

Target
90.0

Preferred Endpoint
95.0

Recent Data

Tuberculosis patients who complete curative therapy within 12 months, New Jersey, 1997-2003



	Total
1997	71.4
1998	73.3
1999	78.9
2000	71.3
2001	74.2
2002	72.3
2003	72.4

Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

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

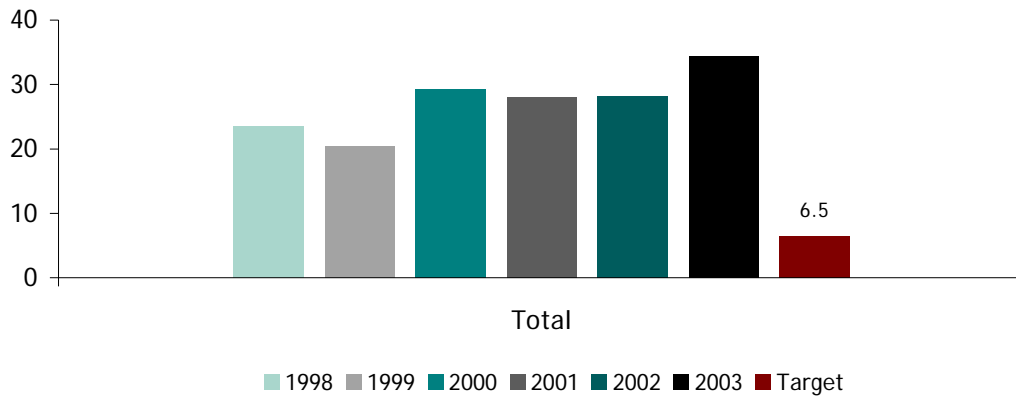
Population
Total

Target
6.5

Preferred Endpoint
6.5

Recent Data

Lyme disease incidence rate, New Jersey, 1998-2003



	Total
1998	23.5
1999	20.4
2000	29.2
2001	28.0
2002	28.2
2003	34.4

Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

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

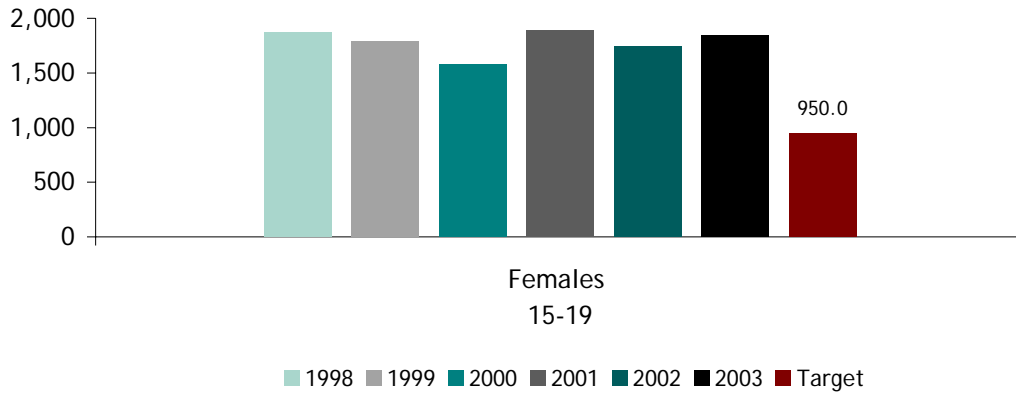
Population
Females 15-19

Target
950.0

Preferred Endpoint
500.0

Recent Data

Chlamydia incidence rate, Females 15-19 years old, New Jersey, 1998-2003



Females 15-19	
1998	1,873.8
1999	1,790.2
2000	1,580.7
2001	1,892.8
2002	1,738.9
2003	1,841.3

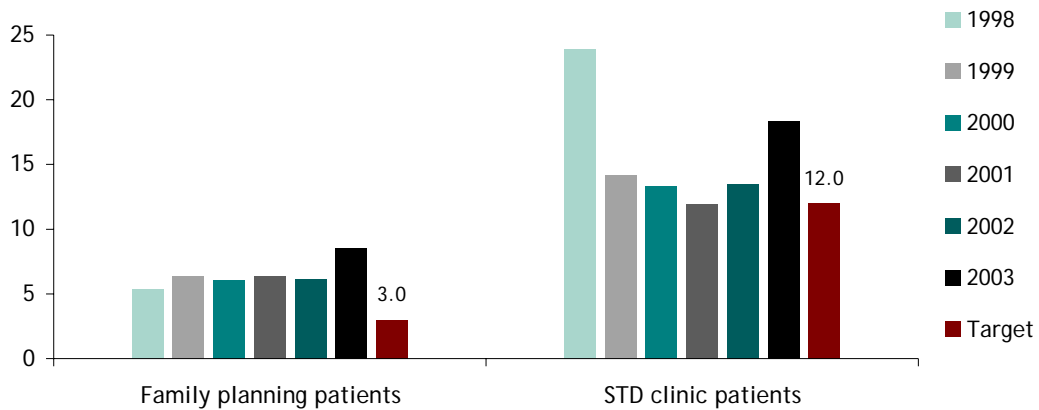
Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

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

Population	Target	Preferred Endpoint
Family planning patients	3.0	3.0
STD clinic patients	12.0	3.0

Recent Data

Chlamydia prevalence among persons aged 15 - 24, New Jersey, 1998-2003



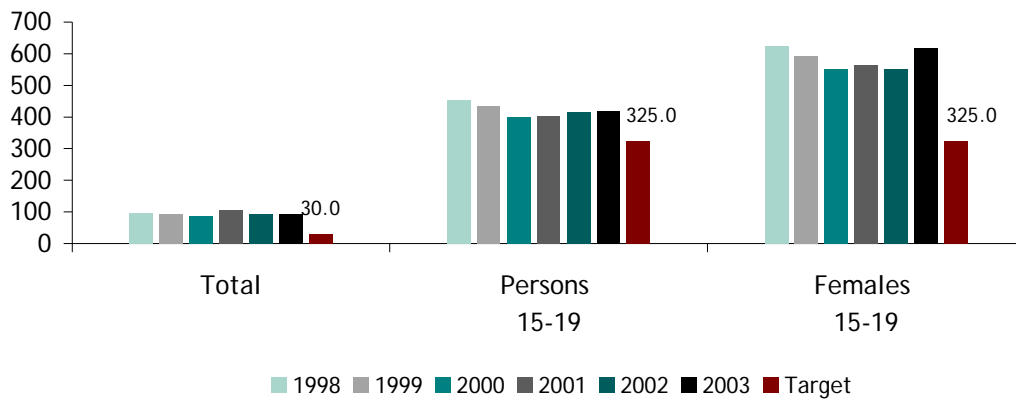
	Family planning patients	STD clinic patients
1998	5.4	23.9
1999	6.4	14.2
2000	6.1	13.3
2001	6.3	11.9
2002	6.1	13.5
2003	8.6	18.4

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

Population	Target	Preferred Endpoint
Total	30.0	19.0
Persons 15-19	325.0	186.7
Females 15-19	325.0	186.7

Recent Data

Gonorrhea incidence, New Jersey, 1998-2003



	Total	Persons 15-19	Females 15-19
1998	96.8	452.6	622.7
1999	93.9	433.9	592.9
2000	85.9	399.5	551.5
2001	104.8	404.4	565.1
2002	91.9	415.2	552.8
2003	92.0	419.8	619.0

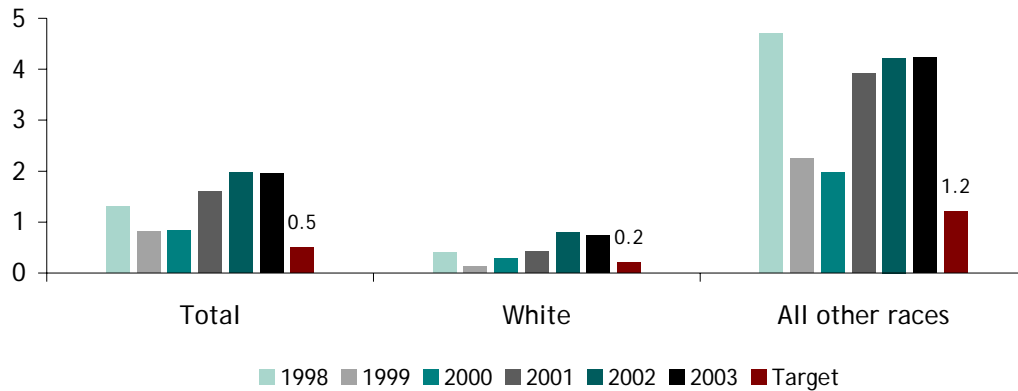
Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

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

Population	Target	Preferred Endpoint
Total	0.5	0.2
White (non-Hispanic)	0.2	0.2
All other races/ethnicities	1.2	0.2

Recent Data

Primary and secondary syphilis incidence, New Jersey, 1998-2003



	Total	White	All other races
1998	1.3	0.4	4.7
1999	0.8	0.1	2.2
2000	0.8	0.3	2.0
2001	1.6	0.4	3.9
2002	2.0	0.8	4.2
2003	2.0	0.7	4.2

Note: Data for White does not include Hispanics. All other races includes Hispanics as well as blacks, Asian/Pacific Islanders, and all other races.

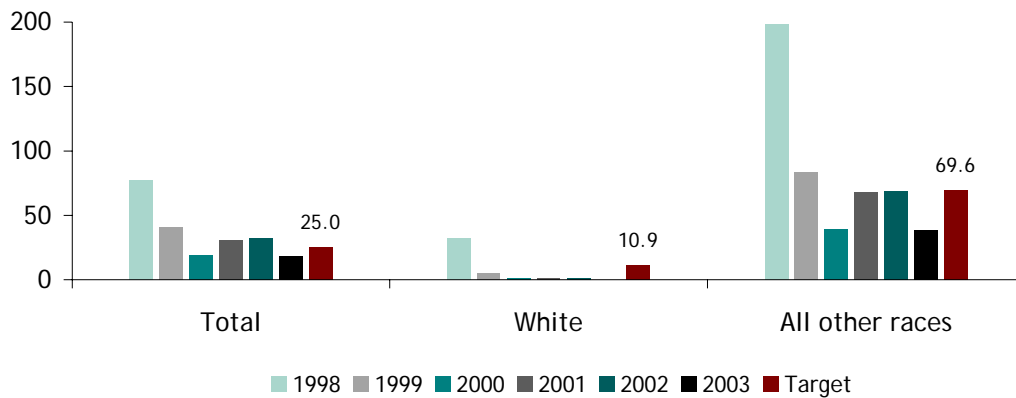
Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

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

Population	Target	Preferred Endpoint
Total	25.0	10.9
White (non-Hispanic)	10.9	10.9
All other races	69.6	10.9

Recent Data

Congenital syphilis incidence, New Jersey, 1998-2003



	Total	White	All other races
1998	77.2	32.3	198.6
1999	40.4	4.8	83.6
2000	19.0	1.6	39.3
2001	31.1	1.6	67.5
2002	32.3	1.6	68.9
2003	18.0	0.0	38.8

Note: Data for White does not include Hispanics. All other races includes Hispanics as well as blacks, Asian/Pacific Islanders, and all other races.

Source: New Jersey Department of Health and Senior Services, Communicable Disease Service

Chapter 5: Strengthening Public Health Capacity

Data for the following objectives within this chapter have not been updated. Explanations are provided below. These objectives are excluded from the body of this report.

Chapter	Objective	Explanation
5	1 (Developmental): Increase the proportion of Healthy New Jersey 2010 objectives for which state data are released within one year of the end of data collection by 100 percent	No baseline data were reported for this developmental objective. A strategy for gathering this data has not yet been devised.
5	2 (Developmental): Increase the use of standardized geocoding in all major NJDHSS health data systems to promote the development of geographical information system (GIS) capability by 100 percent	No baseline data were reported for this developmental objective. A strategy for gathering this data has not yet been devised.
5	3 (Developmental): Increase the proportion of NJDHSS Healthy New Jersey 2010 objectives for which racial/ethnic subobjectives are appropriate that can be tracked for all population groups to 100 percent	No baseline data were reported for this developmental objective. A strategy for gathering this data has not yet been devised.
5	4 (Developmental): Increase the proportion of non-confidential NJDHSS health data that is made readily available to the public	No baseline data were reported for this developmental objective. A strategy for gathering this data has not yet been devised.
5	5 (Developmental): Increase the percentage of local health departments that perform the following core public health function	Baseline data were based on a survey performed in 1998. The survey has not been replicated since. A survey will be performed in 2005 to collect current data.
5	6a (Developmental): Increase the percentage of local health departments that have actively participated in developing a county-wide community health plan that identifies improved health outcomes to 80 percent	The community public health plan or Community Health Improvement Plan or (CHIP) as it is referred to in Practice Standards is not due until 2007. However, the majority of local health departments have begun the process of developing the plan by aligning themselves in regional partnerships that have the ultimate goal of producing the CHIP by the required date.

Chapter 5: Strengthening Public Health Capacity

Chapter	Objective	Explanation
5	6b (Developmental): Increase the percentage of county-wide public health partnerships which produce one initial health plan and two updates by 2010 to 100 Percent	As stated under 6a. above, the majority of local health departments have organized regional partnerships, which now cover eighteen of the state's twenty-one counties. The remaining three counties will be addressed during 2005. The initial Community Health Improvement Plan is not due until 2007.
5	8 (Developmental): Increase the percentage of local health departments that satisfy staff expertise/competencies defined in NJDHSS Public Health Performance Standards to 90 percent	New Jersey DHSS requires the licensure of all Health Officers and Registered Environmental Health Specialists (REHSs) in New Jersey. Through the annual licensure renewal process, DHSS is able to ensure that 100 percent of Health Officers and Registered Environmental Health Specialists meet the expertise/competencies defined in the Public Health Performance Standards. While 100 percent of Health Officers and REHSs meet the DHSS practice standard requirements, data on the rest of the positions covered by the practice standards are not yet available.

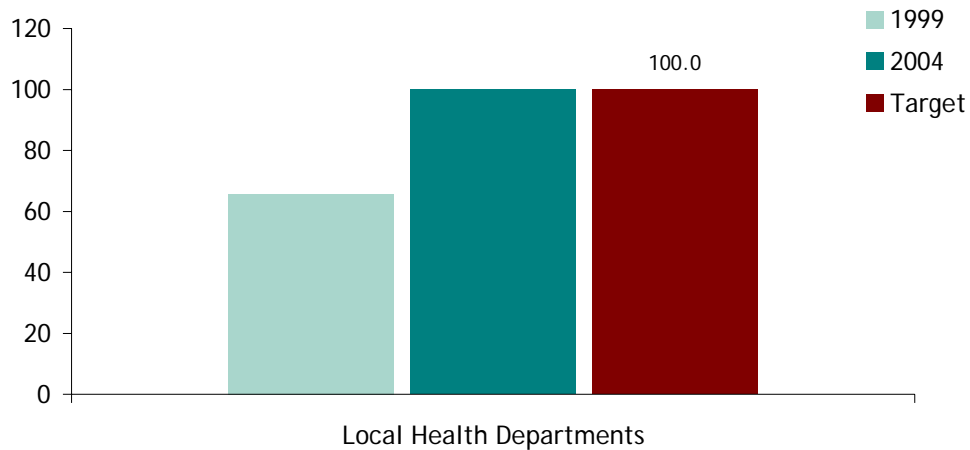
Chapter 5: Strengthening Public Health Capacity

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

Population	Target	Preferred Endpoint
Local Health Departments	100.0	100.0

Recent Data

Percentage of local health departments that have workplace access to the Internet, New Jersey 1999-2004



	Local Health Departments
1999	65.7
2004	100.0

Source: New Jersey Department of Health and Senior Services, Office of Local Health

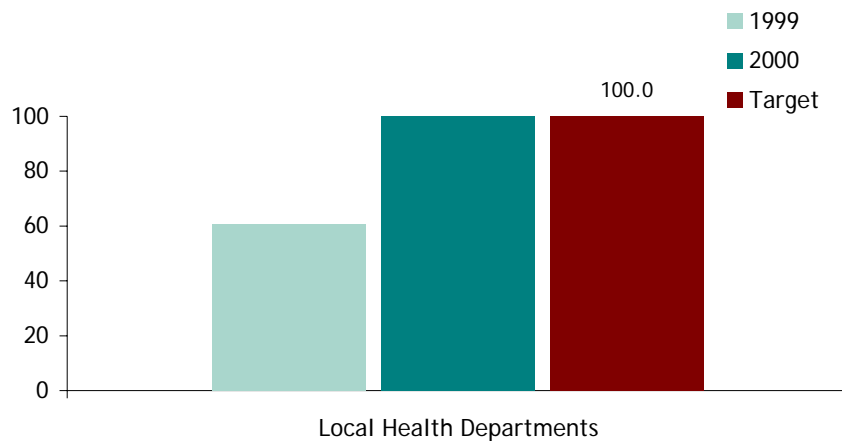
Chapter 5: Strengthening Public Health Capacity

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

Population	Target	Preferred Endpoint
Local Health Departments	100.0	100.0

Recent Data

Percentage of local health departments that participate in the Local Information Network and Communications System (LINCS) public health information system in their respective counties, New Jersey 1999-2000



	Local Health Departments
1999	60.6
2000	100.0

Source: New Jersey Department of Health and Senior Services, Office of Local Health

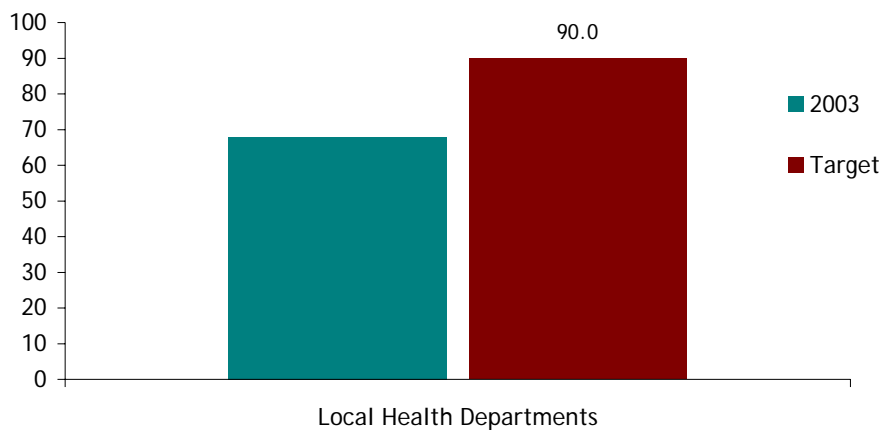
Chapter 5: Strengthening Public Health Capacity

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

Population	Target	Preferred Endpoint
Local Health Departments	90.0	100.0

Recent Data

Percentage of public health departments that satisfy NJDHSS public health performance standards for public health and environmental laboratory services, New Jersey 2003



Local Health
Departments
2003 68.0

NOTE: This objective was identified as developmental in the original Healthy New Jersey 2010 publication.
Source: New Jersey Department of Health and Senior Services, Office of Local Health

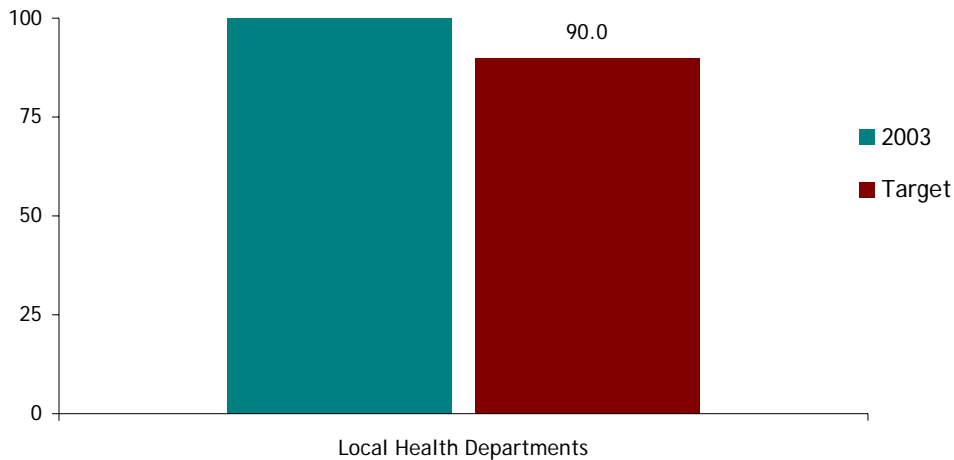
Chapter 5: Strengthening Public Health Capacity

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

Population	Target	Preferred Endpoint
Local Health Departments	90.0	100.0

Recent Data

Percentage of public health departments that satisfy NJDHSS public health performance standards for epidemiology services, New Jersey 2003



Local Health
Departments
2003 100.0

Note: This objective was identified as developmental in the original Healthy New Jersey 2010 publication.
Source: New Jersey Department of Health and Senior Services, Office of Local Health

TECHNICAL NOTES

Appendix A. Definitions

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

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

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

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

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

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

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

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

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

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

drivers, passengers, bicyclists, or pedestrians. Injuries and fatalities related to the use of motor vehicles are not currently labeled "accidents" by public health professionals, as these events are considered preventable.

Stages of Syphilis (Larsen and Kraus, 1990): **Primary Syphilis** -- begins within approximately 30 hours after infection; a primary chancre usually forms within two through six weeks of infection. Both treponemal and nontreponemal antibodies appear one through four weeks after the lesion has formed. Even without treatment, the lesion usually resolves within two months. **Secondary Syphilis** -- occurs within six weeks of healing of the primary lesion. Disseminated lesions appear that are attributable to systemic infection. Virtually every organ and tissue of the body is affected. Whether treated or untreated, the lesions of secondary syphilis usually resolve within two through ten weeks.

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

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

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

Appendix B. Rates and Ratios

The presentation of statistics in the form of rates and ratios facilitates comparisons between political subdivisions with populations of different sizes or between subgroups of a population. Crude rates are calculated by dividing the number of events of a type that occur to the residents of an area (e.g., births or deaths divided by the resident population of an area or subgroup). The events are limited to those that occur within a specific time period, usually a year, and the population is, in general, the mid-year estimate of the resident population of the area, although census counts as of April 1 may be used in decennial census years. Crude rates are expressed in terms of occurrences within a standard, rounded population, usually 1,000 or 100,000.

While the denominators for rates consist of the population at risk of the events included in the numerator (e.g., births, deaths), ratios are designed to indicate the relationship between two counts in which the denominator population is not at risk of the events included in the numerator.

In order to compare natality, mortality, and morbidity experience among various ages and races or between the sexes, rates may be computed for subgroups of the population. These are referred to as age-, race-, or sex-specific rates and are calculated by dividing the relevant events within a subgroup by the population in the subgroup. Death rates from specific causes may also be calculated, with the numerator consisting of the deaths from the particular cause in an area and the denominator comprised of the population at risk of the disease or condition.

The definitions of rates and ratios used in this report follows. It should be noted that alternative forms exist for some of these statistics. Some other states and the federal government may employ different formulae for the computation of selected rates.

Age-Adjusted Incidence or Death Rate -- the application of age-specific rates to a standard population to arrive at the theoretical number of events that would occur in the standard population at the rates prevailing in the actual population. The number of events is divided by the total number of persons in the standard population to arrive at the adjusted rate. The resulting age-adjusted rate is an index number and can only be compared to other rates age-adjusted using the same standard population and cannot be compared to crude or other actual rates. The standard population used in this report for age-adjustment of rates is the United States 2000 standard million, derived from projected 2000 decennial census counts.

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

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

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

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

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

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

Caution should be exercised in the interpretation of rates and ratios based on small numbers.

Mortality rates based on fewer than 20 deaths do not meet National Center for Health Statistics (NCHS) standards for reliability and precision and therefore have been suppressed throughout this document.

Appendix C. Sampling Error

Data based on a small number of observations tend to be unreliable and may vary dramatically from year to year. This is true for data which are the result of complete counts, as well as those obtained through sampling of a larger population. In addition to random variation, survey data are subject to sampling errors, which are expressed as standard errors (s.e.'s). Standard errors are available only for selected estimates used as baseline data for objectives included in *Healthy New Jersey 2010*. Estimates from the New Jersey Behavioral Risk Survey (NJBRFS) have standard errors provided, while the health insurance coverage estimates from the Current Population Survey and the estimates of tobacco, drug and alcohol use from the respective surveys of middle and high school students have not had standard errors computed.

Standard errors tend to be larger for estimates based on small sample sizes. When responses from the total sample are subdivided into smaller subgroups, the resulting estimates for the smaller subgroups, in particular, may be based on a small number of responses. In this document, estimates which use the New Jersey Behavioral Risk Factor Survey as the data source have been marked with two asterisks or replaced by three asterisks when the standard error exceeded the following criteria:

NJBRFS Estimate	Flag (Two Asterisks)	Suppression (Three Asterisks)
5%	s.e. > 1.0%	s.e. > 2.5%
10%	s.e. > 1.0%	s.e. > 4.0%
20%	s.e. > 1.5%	s.e. > 5.5%
30%	s.e. > 2.0%	s.e. > 6.0%
40%	s.e. > 2.0%	s.e. > 6.0%
50%	s.e. > 2.0%	s.e. > 6.0%
60%	s.e. > 2.0%	s.e. > 6.0%
70%	s.e. > 2.0%	s.e. > 6.0%
80%	s.e. > 1.5%	s.e. > 5.5%
90%	s.e. > 1.0%	s.e. > 4.0%
95%	s.e. > 1.0%	s.e. > 2.5%

For example, an estimate from the NJBRFS of 40 percent of respondents who reported a particular health behavior would be marked with two asterisks if the standard error exceeded 2.0 percent and suppressed with three asterisks if the standard error was more than 6.0 percent. Estimates from the NJBRFS that fall between the stated estimates in the chart would be interpolated between the adjacent categories. For example, an estimate of 25 percent would receive two asterisks if its s.e. exceeded 1.75 percent and three asterisks if its s.e. was more than 5.75 percent. The criteria in the table were derived in part from criteria used by the National Household Survey of Drug Abuse conducted in 1994. Caution should be exercised when drawing conclusions for those estimates with relative standard errors exceeding the above limits.

Appendix D. ICD-10 Codes for Cause-Specific Mortality Objectives

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

Cause of death refers to the underlying cause of death unless otherwise noted.

Appendix E. Tobacco- and Alcohol-Related Mortality

Objectives 4F-2 and 4F-3 in the Addictions chapter use algorithms developed by the Centers for Disease Control and Prevention (CDC) to estimate the number of deaths attributable to tobacco and alcohol use. There are no causes of death directly attributable to tobacco and only fifteen which are directly attributable to alcohol, but tobacco and alcohol are at the root of many other conditions which eventually lead to death. The Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) and Alcohol-Related Disease Impact (ARDI) algorithms involve applying smoking- and alcohol-attributable fractions, respectively, to deaths due to certain causes. For some causes of death, the fractions used in the algorithms are constant (e.g., 40% of liver cirrhosis deaths are attributable to alcohol use) while others vary with prevalence of smoking and drinking in a population. Annual prevalence data were obtained from the New Jersey Behavioral Risk Factor Survey (NJBRFS). Underlying cause of death data from New Jersey's annual death files were used. For more information on the algorithms and their methodology, including relative risk estimates, smoking-attributable and alcohol-attributable fractions, and causes of death and ICD-10 codes:

- Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): <http://apps.nccd.cdc.gov/sammecc/>

For *Healthy New Jersey 2010*, only the Adult SAMMEC portion was used.

- Alcohol-Related Disease Impact (ARDI): <http://www.cdc.gov/alcohol/index.htm>

For *Healthy New Jersey 2010*, alcohol-attributable fractions were based on medium and high average daily alcohol consumption.

Appendix F. Changes in Baselines, Targets, and Preferred Endpoints for Mortality and Cancer Incidence Objectives

Two major changes took effect nationally in the reporting of mortality and cancer incidence beginning with 1999 data. As of January 1, 1999, all mortality data are classified according to the tenth revision of the *International Classification of Diseases and Related Health Problems* (ICD-10). ICD-10 changes not only how causes of death are grouped for tabulation and ranking, but also how the underlying cause of death is determined from the multiple causes listed on the death certificate. This leads to breaks in trend lines when 1999 deaths are compared with previous years. Also, beginning with 1999 data, age-adjusted mortality and cancer incidence rates are computed using the estimated 2000 U.S. population as a standard, which replaces the 1940 and 1970 U.S. standard populations used, respectively, in previous years.

When the baseline data for *Healthy New Jersey 2010* were prepared, 1998 was the most recent year for which mortality and cancer incidence data were available. Therefore, targets and preferred endpoints were set based on 1998 baseline data which was coded under the ninth revision of the *International Classification of Diseases* (ICD-9) and age-adjusted using the 1940 and 1970 standard populations, respectively.

In order to update the mortality and cancer incidence objectives, targets and endpoints needed to be reset to reflect these changes. Since the cancer incidence objectives were only affected by the change in standard population, the 1998 baseline rates were recomputed and new targets and preferred endpoints were recalculated such that the percent changes in the original document were maintained. Mortality objectives were not only affected by the change in standard population for age-adjusted rates, but also by the change to ICD-10. In order to make death data coded under ICD-9 comparable to data coded under ICD-10, comparability ratios are applied to weight the older data. It was decided that rather than applying the comparability ratios to the 1998 baseline data, 1999 would be used as the baseline year for mortality objectives. New targets and endpoints were then calculated which maintained the percent changes from the original *Healthy New Jersey 2010* document.

Appendix G. Population Data Used in the Calculation of Rates

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

Intercensal estimates were used with 1996-1999 data, estimates as of April 1, 2000 were used with 2000 data, and Vintage 2002 estimates were used with 2001 and 2002 data. For more information about the bridged-race population estimates:

<http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>

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

Bridged-Race Population Estimates, New Jersey, 2000-2002									
Age Group	Total	Male	Female	White		Black	Black		Asian/ Pacific Islander
				2000	Non-Hispanic		Non-Hispanic	Hispanic	
< 5	563,785	288,085	275,700	420,540	334,491	100,230	89,341	99,371	40,618
5-14	1,195,106	612,271	582,835	896,091	733,740	219,620	199,395	187,002	74,561
15-24	1,005,295	515,648	489,647	746,974	576,072	186,178	167,181	194,460	67,479
25-34	1,189,040	591,904	597,136	889,217	699,273	194,465	175,976	213,141	100,406
35-44	1,435,106	708,291	726,815	1,130,037	964,024	203,047	187,880	184,971	97,164
45-54	1,158,898	561,202	597,696	942,266	839,224	144,331	134,887	114,738	68,911
55-64	753,984	358,632	395,352	619,399	558,184	94,818	90,318	66,795	37,883
65-74	574,669	254,197	320,472	495,708	461,662	59,673	57,310	36,959	18,191
75-84	402,468	153,851	248,617	364,912	350,810	29,597	28,660	15,270	7,420
85+	135,999	38,732	97,267	124,686	120,492	9,510	9,271	4,484	1,640
Total	8,414,350	4,082,813	4,331,537	6,629,830	5,637,972	1,241,469	1,140,219	1,117,191	514,273
2001									
< 5	563,228	287,518	275,710	417,813	326,850	102,608	90,796	104,958	40,670
5-14	1,209,526	619,240	590,286	905,719	735,861	222,188	201,313	195,415	76,495
15-24	1,026,974	527,196	499,778	764,366	592,871	190,363	171,476	195,036	67,376
25-34	1,157,539	577,804	579,735	857,546	658,670	190,189	171,280	222,828	104,625
35-44	1,447,871	715,009	732,862	1,131,448	951,600	207,668	191,584	200,131	103,644
45-54	1,201,505	582,590	618,915	971,525	860,572	150,928	140,764	123,667	75,346
55-64	786,219	373,532	412,687	644,616	579,032	97,647	92,707	71,730	42,007
65-74	566,804	251,600	315,204	484,319	448,174	60,785	58,288	39,252	20,587
75-84	407,914	156,712	251,202	367,865	352,220	30,833	29,808	16,935	8,632
85+	143,539	41,919	101,620	131,527	126,672	9,784	9,526	5,178	2,036
Total	8,511,119	4,133,120	4,377,999	6,676,744	5,632,522	1,262,993	1,157,542	1,175,130	541,418
2002									
< 5	567,489	289,478	278,011	417,344	321,505	106,394	93,430	110,797	41,873
5-14	1,215,159	622,232	592,927	907,399	732,350	222,798	201,570	201,193	79,700
15-24	1,037,777	532,256	505,521	772,622	602,845	191,990	173,428	192,988	68,230
25-34	1,133,575	567,395	566,180	833,417	627,866	187,501	168,404	229,945	107,362
35-44	1,451,167	716,481	734,686	1,126,919	936,215	210,569	193,695	212,073	108,359
45-54	1,233,476	598,958	634,518	992,652	874,120	156,619	145,924	132,005	80,256
55-64	830,460	394,507	435,953	681,146	611,762	101,441	96,041	76,138	45,760
65-74	561,101	249,744	311,357	475,693	437,562	61,757	59,177	41,358	22,499
75-84	411,176	158,584	252,592	369,435	352,318	31,727	30,623	18,511	9,391
85+	148,923	44,292	104,631	136,329	130,936	9,995	9,737	5,725	2,373
Total	8,590,303	4,173,927	4,416,376	6,712,956	5,627,479	1,280,791	1,172,029	1,220,733	565,803

Appendix H. Race and Ethnicity

Race and ethnicity are reported as separate characteristics on some of the forms used to collect data for health objectives in this document. Among these are the birth and death certificates, the Electronic Birth Certificate, the NJBRFS questionnaire, the UB-92 hospital discharge file, and the Cancer Registry. Other data systems collect race/ethnicity as one characteristic: non-Hispanic white, non-Hispanic black, non-Hispanic other race, and Hispanic. These data systems include the surveys of middle and high school drug, alcohol, and tobacco use; the HIV registry; and the communicable disease data. The STD program has available data only for white and non-white races.

In order to address the overall goal of eliminating health disparities, baselines for relevant objectives were presented for race/ethnicity groups and other high-risk populations, in addition to the total population. Where the data were available, 2010 targets were set for the total population, non-Hispanic whites, non-Hispanic blacks, Hispanics, and Asian and Pacific Islanders. Where Hispanic or Asian/Pacific Islander data were not available, only the total population, whites (including Hispanics), and blacks (including Hispanics) have 2010 targets and will be tracked through the decade.

Data derived from birth certificates are presented by race and ethnicity of the mother. The reporting of Hispanic ethnicity on some of the other major data systems is problematic due to a large percentage of records with ethnicity not stated. Efforts are underway to improve the reporting of Hispanic ethnicity and for Asian and Pacific Islanders on the health data collected by the New Jersey Department of Health and Senior Services (NJDHSS), but, for this document, a number of the objectives appear without baseline data for these two populations. In those cases where steps have been taken or are planned which will provide or improve the reporting of these groups, the appropriate objectives have included Hispanics and Asian/Pacific Islanders as target populations, but no data are given. In those cases where data for Hispanics and Asian/Pacific Islanders are presented, caution should be exercised in using these rates, as they may understate the true rates.

Appendix I. Data from the New Jersey Health Plan Employer Data and Information Set (HEDIS)

The health maintenance organization (HMO) data presented in this report were derived by one of two methods: a review of billing records (the administrative method) or an examination of both medical and administrative records (the hybrid method). Use of the administrative records method will result in lower rates. HEDIS rates are based on complex protocols and documentation requirements to demonstrate that a patient has received a particular service.

Comparisons between HEDIS and population-based measures in *Healthy New Jersey 2010* are complicated by differences in applicable age groups and time frames. HEDIS data are collected on persons enrolled in New Jersey HMOs and Point of Service plans including commercial and self-insured products (but excluding Medicare and Medicaid). Specific definitions for the HEDIS measures contained in this report and the corresponding *Healthy New Jersey 2010* measures are:

Immunizations:

HEDIS is based on the full range of immunizations (4 diphtheria/pertussis/tetanus (DPT), 3 polio, 1 measles/mumps/rubella, 3 influenza type b, 3 hepatitis B, and 1 chicken pox) by the time of the second birthday. Completion by the age of two is strictly adhered to and the patient record must include the antigen and date given.

Healthy New Jersey 2010's data on childhood immunization are obtained from quarterly surveys conducted by the Centers for Disease Control and Prevention (CDC) of the immunization status of children 18 through 35 months of age.

Dilated Eye Exams of Persons with Diabetes:

HEDIS data are for persons aged 31 or older with diagnosed diabetes who received an eye exam from an eye care specialist during the past year.

Healthy New Jersey 2010 uses findings from the New Jersey Behavioral Risk Factor Survey (NJBRFS) on persons 18 and over with diagnosed diabetes who report having had a dilated eye exam within the past year.

Mammograms:

HEDIS reports mammograms done on women aged 52 through 69 during the previous two years.

Healthy New Jersey 2010's measure in this area is estimated from NJBRFS results for women 40 and over who report receiving a clinical breast examination and a mammogram within the past two years.

Appendix J. Data from the 2000 New Jersey Occupational Health Surveillance Program Survey of New Jersey Hospitals

Latex sensitization allergy is an emerging occupational health problem. Latex exposure primarily occurs from the use of gloves and other medical products. Though natural rubber latex (NRL) has proven effective in preventing transmission of many infectious diseases, the use of NRL gloves has also contributed to documented sensitization to NRL allergens among 1 to 6 percent of the general population and 7 to 17 percent of health care workers.¹ Symptoms from exposure to latex may be severe and result in serious health problems.

In 2000, the New Jersey Department of Health and Senior Services (NJDHSS) Occupational Health Surveillance Program convened a Latex Allergy Task Force to provide guidance and advice to NJDHSS regarding the prevention and management of NRL sensitization and allergy. The Task Force developed guidelines entitled "Management of Natural Rubber Latex Allergy: Selecting the Right Glove for the Right Task in Health Care Facilities" which were distributed to health care facilities to assist them in management of latex sensitization. Sections in the guidelines suggest policies on patient care, employee related issues, and evaluation and recommendations for use of gloves. For **patient care**, guidelines indicate that patients diagnosed with NRL allergy should not have any contact with NRL products and recommend NRL screening upon hospital admission, referrals to allergists to determine specific sensitivities, protocols for educating staff and patients about NRL allergies, and the establishment of NRL-safe areas of the hospital. In terms of **employee health**, similar specifications were outlined including instituting employee-education programs, encouraging employees to report allergies to supervisors, and providing affected employees with NRL-safe products with which to perform their work responsibilities. The Latex Allergy Task Force also suggests that health care facilities reduce the use of NRL gloves where appropriate alternatives can be substituted. Preventive actions include the evaluation of allergen levels in NRL gloves and **selection of non-powdered gloves** to reduce the risk of sensitization and allergy and the potential consequences.¹ The guidelines are available on the NJDHSS Division of Epidemiology, Environmental and Occupational Health's Occupational Health Surveillance Program web site: <http://www.state.nj.us/health/eoh/survweb/latexgui.pdf>

The Occupational Health Surveillance Program also conducted a survey in 2000 to assess New Jersey hospital facilities' adherence to the guidelines. Baseline data were collected through a survey of a sample of 122 New Jersey hospitals. A list of hospitals was obtained from the NJDHSS' Division of Health Planning and a survey with a cover letter requesting completion of the survey was mailed to hospitals. A follow-up mailing was sent to non-responders of the first mailing. Hospitals were asked to provide the information requested on a voluntary basis. Overall 34 percent of the hospitals surveyed completed the questionnaire.

Among the hospitals completing the questionnaire, the percentage having a policy regarding prevention of latex allergy is as follows:

Patient care policy	90% (95% confidence interval (81%, 99%))
Employee health policy	76% (95% confidence interval (63%, 89%))
Selection of glove policy	41% (95% confidence interval (26%, 56%))

1. Management of Natural Rubber Latex Allergy: Selecting the Right Glove for the Right Task in Health Care Facilities, NJDHSS Division of Epidemiology, Environmental and Occupational Health's Occupational Health Surveillance Program web site: <http://www.state.nj.us/health/eoh/survweb/latexgui.pdf>

Appendix K. Data Sources

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

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

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

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

Several other departments within New Jersey state government with health-related responsibilities participated in the development of *Healthy New Jersey 2010* and have provided objectives with baseline data related to these areas of responsibility. Among the source files for data from other departments are three from the Division of Mental Health Services of the

New Jersey Department of Human Services: the Unified Services Transaction Form, Crisis Intervention Service Reports, and Bureau of Licensing Reports of the Office of Children’s Services Designation Reports. The Department of Law and Public Safety provides data on alcohol-related motor vehicle fatalities from the Fatal Accident Reporting System and data on drug, alcohol, and tobacco use among public high school students from the report, “Drug and Alcohol Use Among New Jersey High School Students.” In addition to other state government departments, outside agencies provided data for objectives in this document: the Trans-Atlantic Renal Council provided data on characteristics of persons with newly diagnosed End Stage Renal Disease, and the New Jersey Institute of Technology is the source of information on local health department LINCS participation.

Included in the set of objectives which comprise *Healthy New Jersey 2010* are a number which have been labeled as developmental. These objectives have no existing baseline data. To be included in this document, these objectives had to have data currently in the process of being collected or have a collection system planned for implementation early in this decade. Among the developmental data sets which are expected to provide data for this process are the Elementary School, Grade Eight, and High School Proficiency Assessments from the Office of Standards and Professional Development in the Division of Academic Programs and Standards of the New Jersey Department of Education and the Minimum Data Set being collected by the Division of Senior Affairs of NJDHSS. In addition, the Office of Local Health of NJDHSS is planning extensive data collection efforts among local health departments to provide measurement on progress toward meeting objectives related to the functioning of local health departments.

Healthy NJ 2010 Objectives by Data Source

Objective Number	Health Measure	Data Source
1. Overall Health Status		
1	Years of Potential Life Lost	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
2	Life Expectancy at Birth	
3	Self-Reported Health Status	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
4	Days Able To Do Usual Activities	
2. Access to Health Care		
1, 2	Health Insurance	Current Population Survey Bureau of the Census, US Department of Commerce Contact: Center for Health Statistics, NJDHSS
3	Source of Primary Care	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
4	Dental Visits	

5	Hospital Admissions for Ambulatory Care Sensitive Conditions	Uniform Billing Patient Summary Division of Health Care Quality & Oversight, NJDHSS Center for Health Statistics, NJDHSS
3A. Environmental Health		
1, 2	Air Quality	Consumer and Environmental Health Services, NJDHSS New Jersey Department of Environmental Protection
3	Radon	
4	Drinking Water	
5	Beach Closings	
6	Hazardous Waste Sites	
7	Residential Lead Evaluations	
8	Retail Food Establishment Deficiencies	
3B. Healthy Mothers and Young Children		
1, 2	Infant Mortality	New Jersey Resident Matched Infant Death/Birth Certificate File Center for Health Statistics, NJDHSS
3, 4	Birth Weight	New Jersey Resident Birth Certificates Center for Health Statistics, NJDHSS
5, 6	Prenatal Care	
7, 8	Breastfeeding	New Jersey Electronic Birth Certificates Family Health Services, NJDHSS
9	Alcohol and Tobacco Use During Pregnancy	New Jersey Resident Birth Certificates Center for Health Statistics, NJDHSS
10	WIC Program	WIC Services Family Health Services, NJDHSS
11	Childhood Vaccines	National Immunization Survey Centers for Disease Control and Prevention, US Department of Health and Human Services Contact: Vaccine Preventable Disease Program Division of Communicable Diseases, NJDHSS and Health Plan Employer Data and Information Set Division of Health Care Quality & Oversight, NJDHSS
12	NJ Immunization Registry	Vaccine Preventable Disease Program, NJDHSS
13	Measles Incidence	Vaccine-Preventable Diseases Program Communicable Disease Services, NJDHSS
14, 15	Lead Screening	Division of Family Health Services, NJDHSS
16	Newborn Hearing Screening	New Jersey Electronic Birth Certificates Division of Family Health Services, NJDHSS
17, 18	Newborn Hearing Screening Follow-up	Division of Family Health Services, NJDHSS
19	Elementary School Proficiency Assessment	Office of Standards and Professional Development Division of Academic Programs and Standards New Jersey Department of Education
3C. Healthy Behaviors - Adolescents		
1	Grade Eight Proficiency Assessment	Office of Standards and Professional Development Division of Academic Programs and Standards

2	High School Proficiency Assessment	New Jersey Department of Education
3, 5, 6, 7	Substance Use Among Middle School Students	"The New Jersey Middle School Survey on Substance Use" Research and Information Systems Division of Addiction Services NJ Department of Human Services
4, 8	Substance Use Among High School Students	"Drug and Alcohol Use Among New Jersey High School Students" Division of Criminal Justice NJ Department of Law and Public Safety
9	Teen Births	New Jersey Resident Birth Certificates Center for Health Statistics, NJDHSS
10, 11	Teen Homicides	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
3D. Healthy Behaviors - Adults		
1	Daily Consumption of Fruits and Vegetables	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
2, 3	Overweight and Obesity	
4	Participation in Physical Activity	
5, 6	Homicides	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
3E. Occupational Health and Safety		
1	Construction Industry Deaths	Occupational Health Services, NJDHSS
2	Blood Lead Exposure	
3	Latex-Allergy Prevention	
4	Hepatitis B Vaccinations	
5	Musculoskeletal Injuries	
3F. Unintentional Injury		
1, 3	Motor-Vehicle Related Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
2	Seat Belt Usage	New Jersey Department of Law and Public Safety, Division of Highway and Traffic Safety New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
4	Fall-Related Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
5	Traumatic Brain Injuries	Traumatic Brain Injury Surveillance System Center for Health Statistics, NJDHSS
3G. Preserving Good Health for Seniors		
1	Nursing Home/Home and Community Based Services Spending Ratio	Division of Aging and Community Services, NJDHSS

2-4	Vaccinations of Non-Institutionalized Seniors	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
3-4	Vaccinations of Institutionalized Seniors	Minimum Data Set Long Term Care Systems, NJDHSS
5	Falls in Long Term Care Facilities	
6	Decubitus Ulcer Prevalence	
7	Polypharmacy	
8	Hip Fractures	
4A. Heart Disease and Stroke		
1, 2	Coronary Heart Disease Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
2	Cerebrovascular Disease Deaths	
3	Blood Cholesterol Checks	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
4B. Diabetes		
1, 2	Diabetes and Cardiovascular Disease Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
3	Diabetes Screening	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
4	Blood Pressure Control	
5	Dilated Eye Exam	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS and Health Plan Employer Data and Information Set Division of Health Care Quality & Oversight, NJDHSS
6	Lower Extremity Amputations	Uniform Billing Patient Summary Division of Health Care Quality & Oversight and Center for Health Statistics, NJDHSS New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
7	End-Stage Renal Disease	Family Health Services, NJDHSS
8	Glycosylated Hemoglobin Measurement	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
4C. Cancer		
1, 4, 7, 8, 11	Cancer Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
2	Clinical Breast Exam and Mammogram	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS and Health Plan Employer Data and Information Set Division of Health Care Quality & Oversight, NJDHSS
3	Early Diagnosis of Breast Cancer	New Jersey Cancer Registry, NJDHSS

5	Pap Test	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
6, 9, 12	Cancer Incidence	New Jersey Cancer Registry, NJDHSS
10	Fecal Occult Blood Test/Sigmoidoscopy	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
13	Late Diagnosis of Oral Cancer	New Jersey Cancer Registry, NJDHSS
4D. HIV/AIDS		
1	Receive Test Results	HIV/AIDS Services, NJDHSS
2-5, 7	HIV Incidence	
6	HIV Positive Readings in Mothers of Newborns	
8	HIV Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
4E. Mental Health		
1	Good Mental Health Days	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
2	Suicides	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
3	Non-emergency, Inpatient Psychiatric Hospital Admissions	Unified Services Transactions Form Division of Mental Health Services NJ Department of Human Services
4	Readmissions to Children's Crisis Intervention Services	Crisis Intervention Service Reports Division of Mental Health Services NJ Department of Human Services
5	Parent Participation in Site Reviews of Youth Programs	Bureau of Licensing Reports of the Office of Children's Services Designation Reports Division of Mental Health Services NJ Department of Human Services
6	Criminal Justice System Mental Health Services	Unified Services Transaction Form Division of Mental Health Services NJ Department of Human Services
4F. Addictions		
1	Drug-Related Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
2	Tobacco-Related Mortality	New Jersey Resident Death Certificates and New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) Centers for Disease Control and Prevention US Department of Health and Human Services
3	Alcohol-Related Mortality	New Jersey Resident Death Certificates and New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS Alcohol-Related Disease Impact (ARDI) Centers for Disease Control and Prevention US Department of Health and Human Services

4	Alcohol-Related Motor Vehicle Injury Deaths	Fatal Accident Reporting System Division of Highway Traffic Safety NJ Department of Law and Public Safety
5	Cigarette Smoking Prevalence	New Jersey Behavioral Risk Factor Survey Center for Health Statistics, NJDHSS
6	Alcohol Consumption	
4G. Asthma		
1	Asthma Deaths	New Jersey Resident Death Certificates Center for Health Statistics, NJDHSS
2, 3	Asthma Hospitalizations	Uniform Billing Patient Summary Division of Health Care Quality & Oversight and Center for Health Statistics, NJDHSS
4	Asthma Emergency Department Visits	Division of Health Care Quality & Oversight, NJDHSS
4H. Infectious Diseases		
1	Tuberculosis Incidence	Communicable Disease Service, NJDHSS
2	Tuberculosis Curative Therapy	
3	Lyme Disease Incidence	
4I. Sexually Transmitted Diseases		
1, 2	Chlamydia Trachomatis Incidence	Communicable Disease Service, NJDHSS
3	Gonorrhea Incidence	
4, 5	Syphilis Incidence	
5. Strengthening Public Health Capacity		
1	Data Release Within One Year	Health Information Steering Committee, NJDHSS
2	Standardized Geocoding	Office of Information Technology Services, NJDHSS
3	Race/Ethnicity Tracking	Center for Health Statistics, NJDHSS
4	Public Use Files	Health Information Steering Committee, NJDHSS
5	Core Functions	Office of Local Health, NJDHSS
6	Community Health Plan Development	
7a	Local Health Department Internet Access	Survey of Local Health Department Information Technologies, Office of Local Health, NJDHSS
7b	LINCS Participation	New Jersey Institute of Technology
8	Staffing Standards	Office of Local Health, NJDHSS
9	Public Health and Environmental Laboratory Standards	
10	Epidemiology Services Standards	