



**North Jersey Health Collaborative**

health matters

# Community Health Needs Assessment Report

## Morris County



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2021

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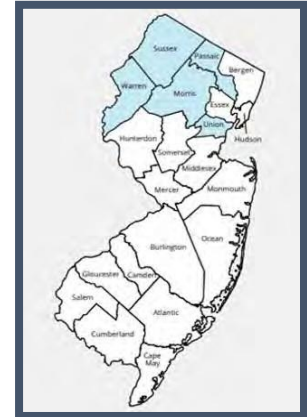




## EXECUTIVE SUMMARY

Established in November 2013, the North Jersey Health Collaborative (NJHC) is an independent, self-governed 501(c)(3) organization with a diverse set of partners in five counties of New Jersey (Morris, Passaic, Sussex, Union, & Warren) representing healthcare, public health, social service, education, local government, business, and other community-based organizations.

Working together across sectors, the NJHC and its partners seek to establish a more coordinated collective approach to community health improvement. Core functions of the NJHC include a shared process of community health needs assessment and health improvement planning to target factors that drive poor health, and the development of collaborative strategies and action plans designed to create communities where opportunities for health and well-being are available for all people. This report is part of our continued commitment to collect, analyze, and share data to inform and modify the collective health improvement efforts of more than 100 partner organizations.



### Key Objectives of this Report:

- Describe the county's socio-demographic characteristics, health status, and disparities.
- Engage community partners and residents to identify unmet needs related to health and well-being.
- Assist the NJHC and community partners to identify needs and develop effective shared strategies and solutions with the greatest impact.

### Morris County Highlights: Combining Community Perspective and Qualitative Data

Building on our first shared community health needs assessments from 2016 and 2019, the 2021 assessment focuses on both individual health related issues and outcomes along with the larger social determinants of health. Overall, Morris County has significant strengths and assets and was ranked number one in the state for overall health outcomes according to the 2018 County Health Rankings. You can read more about Morris County's assets throughout this report. However, despite the county's overall good health and wealth, there are significant disparities from one community, or zip code, to another.

In 2021, the NJHC launched the *Social Determinants of Health Community Survey*. This survey placed a large emphasis on letting the perspectives of members who live and work in our communities, shape our work. Some of the top issues identified by Morris County residents through the survey include: access to transportation services, access to affordable health care (including health insurance) that covers all aspects of health; access to places where people can buy healthy foods at affordable prices; and access to affordable, safe and high-quality childcare and social support.

In our 2019 report, it was identified that some of Morris County's worst performing health indicators:



higher prevalence of Alzheimer’s disease and dementia, higher prevalence of depression, osteoporosis, atrial fibrillation, hypertension and hyperlipidemia in the Medicare population, and higher incidence of cancer in the Medicare population. These health issues that are impacting the senior population in the county are important as the county population is aging and the Medicare population is growing. In the adult population, 29% of Morris County residents have been told they have high blood pressure, 21% are obese, and 19% are sedentary. The aforementioned are all risk factors for chronic diseases such as heart disease and diabetes. Mental illnesses such as anxiety, depression, and substance use are also health challenges for adults in the county. While the overall cancer incidence rate in Morris County is decreasing, liver and bile duct cancer incidence is on the rise.

It is long established that socioeconomic status and income are strongly correlated with an individual’s health status. [The median annual income in Morris County](#) from 2015-2019 was approximately \$115,527, which is more than that for the state of New Jersey and for the entire United States. However, there is still considerable economic inequality across communities within the county. Approximately 24.3% of [Morris County households are considered ALICE](#) (Asset Limited, Income Constrained and Employed), earning income above the Federal Poverty Level but below the basic cost of living. The data analysis included in this report also demonstrates that there are specific disparities related to race, ethnicity, gender, and age.

It is our hope that the information and data sources within this report will help NJHC partners and other community stakeholders dig deeper into these issues in order to develop effective strategies and solutions for improved health and well-being. After discussion at the Morris County October Planning & Strategy Session, NJHC partners have prioritized the following health-related areas of need for the 2021 Community Health Improvement Plan for Morris County:

- Access to health care
- Affordable and safe housing
- Chronic disease prevention
- Healthy aging
- Maternal and child health
- Mental health, substance misuse, and suicide prevention
- Physical activity & healthy eating



## ACKNOWLEDGEMENTS

This edition of the NJHC Community Health Needs Assessment (CHNA) Report for Morris County was developed in partnership with the members of the NJHC Morris County Committee ([Appendix 1](#)). This Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. The assessment process was led by the NJHC Regional Data Committee, under the shared governance of the NJHC Executive Committee and the Board of Trustees ([Appendix 2](#)).

The Community Health Improvement Plan (CHIP) developed from this assessment process will serve as our roadmap to improving the health and well-being of residents living in northern New Jersey. The NJHC would like to thank the numerous individuals and organizations who participated in the development and the implementation of this assessment.

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We would also like to thank Laura O'Reilly Stanzilis, Executive Director of the North Jersey Health Collaborative, and Daniel Wikstrom for their contributions to the community health needs assessment process.

Questions regarding this report should be directed to [info@njhealthmatters.org](mailto:info@njhealthmatters.org).



## TABLE OF CONTENTS

<b>CHAPTER ONE: About Morris County</b>	<b>6</b>
Population Demographics	6
Socioeconomic Profile	7
<b>CHAPTER TWO: Our Assessment Process</b>	<b>9</b>
Morris County Committee	9
Building on Our First Assessment – Morris County Committee Work Groups	9
Secondary Data Analysis	10
Community Perspective: <i>The Social Determinants of Health Community Survey</i>	12
<b>CHAPTER THREE: Bringing It All Together</b>	<b>14</b>
Access to Care	14
Aging	16
Built Environment	16
Chronic Diseases	18
Infectious Diseases	20
Vector Borne Illnesses	22
Maternal and Child Health	23
Mental Health	24
Substance Misuse	26
<b>CHAPTER FOUR: Working Together to Create Solutions</b>	<b>29</b>
<b>APPENDICES</b>	<b>30</b>
Appendix 1: 2018-2019 NJHC Morris County Committee Members	31
Appendix 2: NJHC Executive Committee Members & Board of Trustees	34



## CHAPTER ONE: ABOUT MORRIS COUNTY



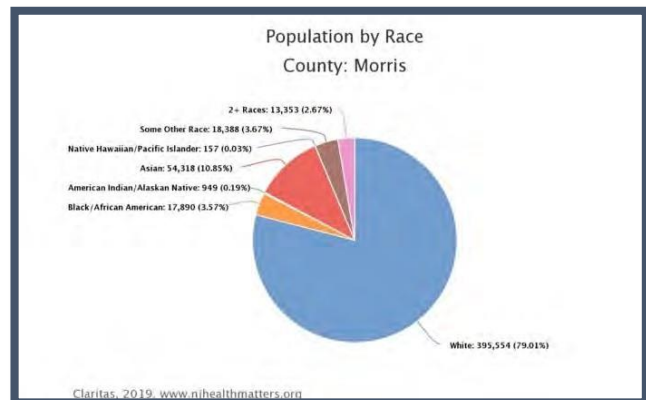
Morris County is located about 30 miles northwest of New York City and exhibits both places of natural beauty and historical significance. As part of the New York Metropolitan Area, Interstate Route 80 and Interstate Route 287 connect citizens to neighboring counties as well as bring access to New York and Pennsylvania. Morris County comprises 39 municipalities and is governed by the Board of County Commissioners, which are elected for three-year terms on a staggered

basis. There are 152 schools in 43 school districts, with some being the highest performing in the state. The county also has 36 libraries and the Park Commission oversees one of the largest park systems in New Jersey.

### Population Demographics

Morris County has a population of 499,693 people; this is an increase of approximately 1% from 2010.<sup>1</sup> The median age in the county is 42 years-old. About one in five residents (21%) are children and youth under the age of 18 years-old and almost 17% of residents are over the age of 65 years-old. Morris County is made up of 49% male residents and 51% female residents. According to the most recent American Community Survey, persons living with a disability (physical, mental or emotional)

represent 8% of the county's population, with incidence increasing with age to as much as 29% of the 65+ age group. White residents make up the majority of the population (82%), with other racial groups represented as follows: Asian 10%, Black/African American 3%, and other races 3%.<sup>2</sup> Residents who identify ethnically as Hispanic/Latino make up 13% of the county's population.



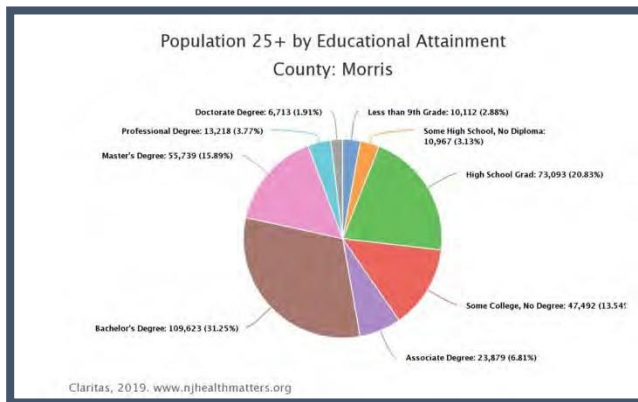
<sup>1</sup> US Census Bureau, 2017 American Community Survey 1-Year Estimates

<sup>2</sup> US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates





With a birth rate of 9 births per 1,000 residents in 2017 and net in-migration, the population in Morris County has increased every year since 2010.<sup>3,4</sup> Approximately 19% of Morris County residents, or 94,625 people, were born outside the United States. Furthermore, the 2009 American Community Survey determined that 5% of Morris County households, compared to the state value of 7%, are linguistically isolated; this means that all members over the age of 13 years-old in the household have some difficulty communicating in English.<sup>5</sup> The most common language spoken in linguistically isolated households in Morris County is Spanish.



Approximately 57% of Morris County residents 25 years-old and over have attained a Bachelor's degree or higher; this is significantly higher than the value of 37% of the New Jersey adult population as a whole.<sup>2</sup> There are 14,340 (4%) Morris County residents who are at least 16 years-old who are in the labor force but are currently unemployed; this is slightly lower than the 5% overall unemployment rate in New Jersey.<sup>2</sup> The median household income for the county is \$107,034; markedly higher than the statewide and nationwide median household incomes of \$76,475 and \$61,372, respectively.<sup>2</sup>

Housing affordability, taxes, job availability, and availability of senior housing all impact where people live within the county. In Morris County, there is a total of 191,642 housing units, 94% of which are occupied. Of the occupied residences, 75% are owner-occupied and 25% are renter-occupied.<sup>6</sup> As in every other county in New Jersey, there are socioeconomic disparities within the county, sometimes even from one zip code or census tract to the next.

## Socioeconomic Profile

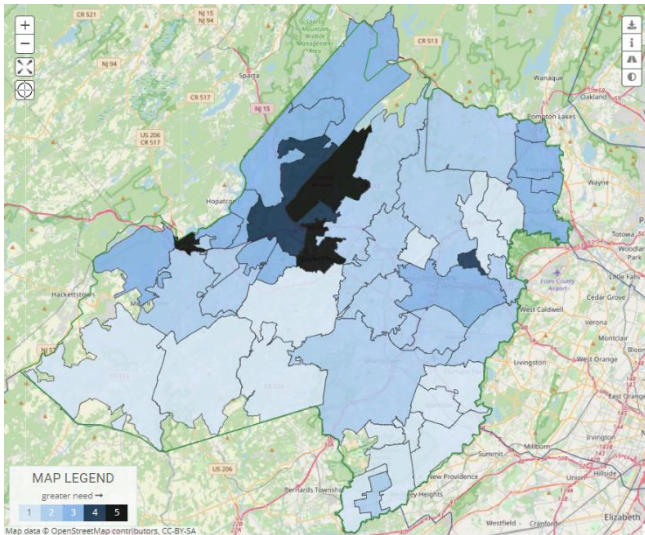
The SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. It is calculated based on factors such as education, employment, poverty, and income. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). According to the index, Dover (07801), Netcong (07857), and Wharton (07885) are the three zip codes with the highest level of socioeconomic need in Morris County. For additional information, and to access the SocioNeeds index, visit the NJHC's website ([www.njhealthmatters.org](http://www.njhealthmatters.org)).

<sup>3</sup> New Jersey Department of Health, Birth Certificate Database

<sup>4</sup> US Census Bureau, Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017

<sup>5</sup> US Census Bureau, 2005-2009 American Community Survey 5-Year Estimates

<sup>6</sup> US Census Bureau, 2010 Census



Presently, 5% of Morris County residents live below the Federal Poverty Level.<sup>2</sup> Of those, nearly one in four (23%) are youth under 18 years old. This is important as chronic stress associated with financial hardship may impact childhood development and affect children’s health status into adulthood. Poverty also disproportionately impacts certain racial and ethnic groups. Specifically, Black/African American residents (10%) and residents of some other race (10%) experience poverty at higher rates than other racial/ethnic groups in Morris County. In addition to households who live in poverty, 21% of

Morris County households are earning incomes above the Federal Poverty Level but below the basic cost of living for the county; these are considered as ALICE(Asset Limited, Income Constrained and Employed).<sup>7</sup> The United Way ALICE Project is a nationwide effort to quantify and describe the growing number of households in our communities that do not earn enough to afford basic necessities.

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<sup>7</sup> United Way of Northern New Jersey, United Way ALICE Report – 2016 Update for New Jersey



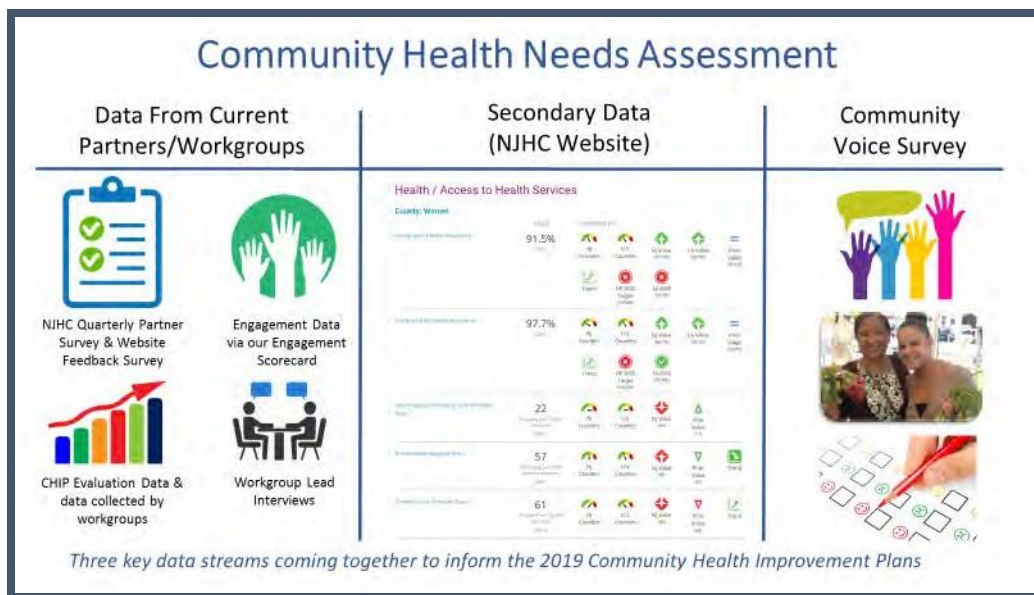


## CHAPTER TWO: OUR ASSESSMENT PROCESS

In this section, we describe our methods, collaborative processes, and data sources used to identify and prioritize the health-related needs of communities in Morris County. Our approach is founded on the principles of active partner participation and accountability, and community engagement.

### Morris County Committee

The Morris County Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. Our collaborative process includes quarterly county committee meetings, county-wide workgroups, and collective strategic planning efforts to ensure the health and well-being of all Morris County residents. As part of the current shared assessment of the NJHC, the CHNA process brings together three data streams (see figure below): (1) data from our first 2016 Community Health Improvement Plan workgroups and feedback from our partners about what worked and what did not work, (2) results from secondary data analysis from the NJHC website, and (3) results of our first *Social Determinants of Health Community Survey*.



### Building on Our First Assessment – Morris County Committee Work Groups

Each County has a project team that includes NJHC county chairs and public health professionals assigned by health officers. Our first shared CHNA took place in 2016 and it identified priority areas relevant to Morris County. Based on these results, the NJHC and the Morris County Committee created a shared Community Health Improvement Plan (CHIP) of strategies and metrics to respond to these four areas of need. In 2020, Cross-Collaborative Workgroups were created to address community needs across all 5



counties of the collaborative. Workgroup topics include social determinants of health, chronic disease, healthy aging, mental health, nutrition, obesity, and physical activity.

## Secondary Data Analysis (2019)

As part of the 2019 CHNA process, secondary data analysis was conducted by the NJHC Regional Data Committee. This analysis ranked and scored more than 150 health indicators, including measurements of illness and disease, as well as measurements of behaviors and actions related to health. Scores are assigned to each indicator based on (1) how a specific county's performance compares to the performances of all other counties in New Jersey, (2) how a specific county's performance compares to the performances of all other counties in the US, (3) whether the specific county's performance is on track to meeting Healthy People 2030 and Healthy New Jersey 2030 targets, and (4) the directional trend of the specific county's indicator value over time. The complete list of health indicators and results from the secondary data analysis for Morris County can be found [here](#). Through the secondary data analysis, it was identified that some of Morris County's worst-performing health indicators include: higher prevalence of Alzheimer's disease and dementia in the Medicare population, higher incidence of breast cancer, more adults who drink excessively, and lower percentage of kindergarteners with required immunization.



### Worst Performing Health Indicators

Indicator	County Values	State Values	US Values	Trend	Score
Alzheimer's Disease or Dementia: Medicare Population	3	2	3	3	2.83
Osteoporosis: Medicare Population	3	3	3	2	2.67
Cancer: Medicare Population	3	2	3	2	2.5
Breast Cancer Incidence Rate	3	2	3	1.5	2.34
Kindergartners with Required Immunizations	3	2	1.5	2	2.25
Non-Hodgkin Lymphoma Incidence Rate	3	2	3	1	2.17
Atrial Fibrillation: Medicare Population	3	2	3	1	2.17
Adults who Drink Excessively	3	1.5	2	1.5	2.08
Food Insecure Children Likely Ineligible for Assistance	3	3	3	3	2.01
Pancreatic Cancer Incidence Rate	2	2	3	2	2.17
Melanoma Incidence Rate	2	3	3	1	2.01
Children with Elevated Blood Lead Levels	2	2	1.5	1.5	1.75

Negative disparities were found among men living in Morris County with respect to non-Hodgkin's lymphoma incidence rate, melanoma incidence rate, mean travel time to work, and age-adjusted death rate due to unintentional injuries. Non-Hispanic Black residents of Morris County are experiencing negative disparities in terms of prostate cancer incidence rate, percent of babies being born with very low birth weight, and percent of people living below the Federal Poverty Level. Hispanic residents in Morris

County are disproportionately affected by the percent of children living below the Federal Poverty Level, the percent of people 65+ living below the Federal Poverty Level, and per capita income. Adults older than 65 years-old in the county have negative disparities in terms of percent of workers commuting by public transportation and percent of people with education attainment above high school. Finally, significantly fewer adolescent and young adult women (15-24 years-old) in the county are receiving early prenatal care.

In addition to evaluating the performance of each indicator, it was also important for the secondary data analysis to evaluate which indicators are trending in a negative direction, or getting worse. Alzheimer's and dementia prevalence among the Medicare population is one of the worst-performing health indicators in Morris County and it is also found on the top of the list of worse trending indicators. Other indicators trending in a negative way include: number of gonorrhea cases, number of chlamydia cases, age-adjusted death rate due to suicide, prevalence of depression in the Medicare population, incidence rate of liver and bile duct cancer, and homeownership.

### Worst Trending Indicators

Indicator	County Values	State Values	US Values	Trend	Score
Alzheimer's Disease or Dementia: Medicare Population	3	2	3	3	2.83
Gonorrhea Cases	1.5	1.5	1.5	3	2
Chlamydia Cases	1.5	1.5	1.5	3	2
Mammography Screening: Medicare Population	1	1	2	3	1.83
Age-Adjusted Death Rate due to Suicide	1	2	0	3	1.66
Depression: Medicare Population	1	1	0	3	1.49
Age-Adjusted Death Rate due to Unintentional Poisonings	1	0	0	3	1.32
Students Eligible for the Free Lunch Program	0	0	1.5	3	1.25
Rheumatoid Arthritis/Osteoarthritis: Medicare Population	0	0	1	3	1.16
Liver and Bile Duct Cancer Incidence Rate	0	0	0	3	0.99
Homeownership	0	0	0	3	0.99
Chronic Kidney Disease: Medicare Population	0	0	0	3	0.99

NJHC partners are well aware that results from this secondary data analysis, especially at the county level, tells just one part of the story of health in our communities. To gain a better perspective, NJHC partners set out to combine both secondary data and more localized primary data in order to more effectively identify, analyze, and strategize about issues that are important to the community and its stakeholders.



### Community Perspective: *The Social Determinants of Health Community Survey*

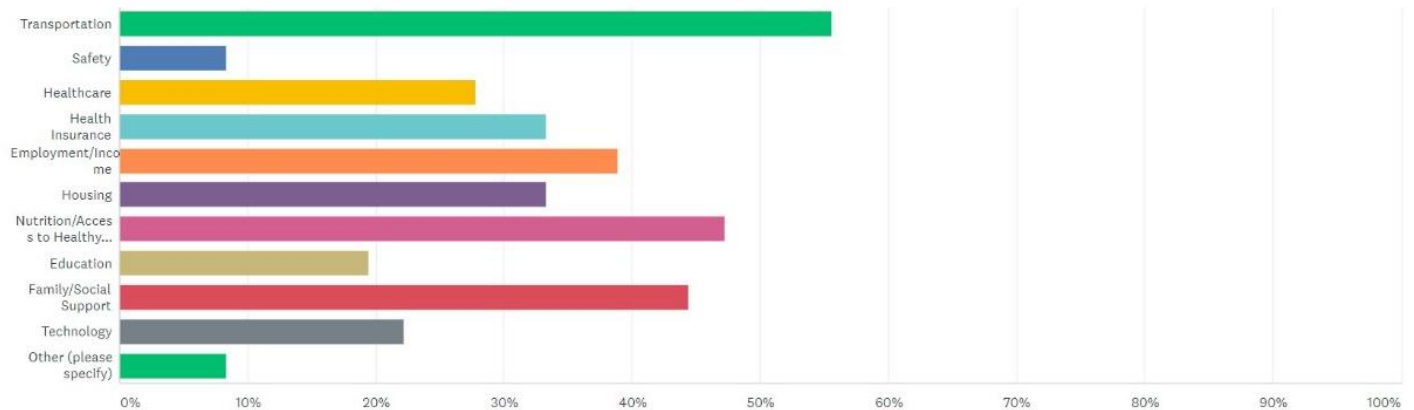
Our Community partners who are working with, and providing direct services to, members of their communities participated in a Social Determinants of Health Survey. Collaboration on this process shows us what the needs are in various communities, so we may partner with those same organizations to increase access, programs, and services to promote health equity. The data represents the voices of our partners that participated in the survey.

Some of the top issues identified by Morris County survey respondents include:

- Access to transportation so people can get to work, school, businesses, healthcare facilities, and places of worship easily and safely
- Access to places where people can buy healthy foods at affordable prices
- Access to affordable, safe and high-quality childcare and social support
- Access to employment, job security, and a living wage
- Access to affordable health care (including health insurance) that covers all aspects of health
- Availability of affordable housing
- Improving access to education and technology among people of all ages and ability
- Availability of public places that people can safely walk or bike to

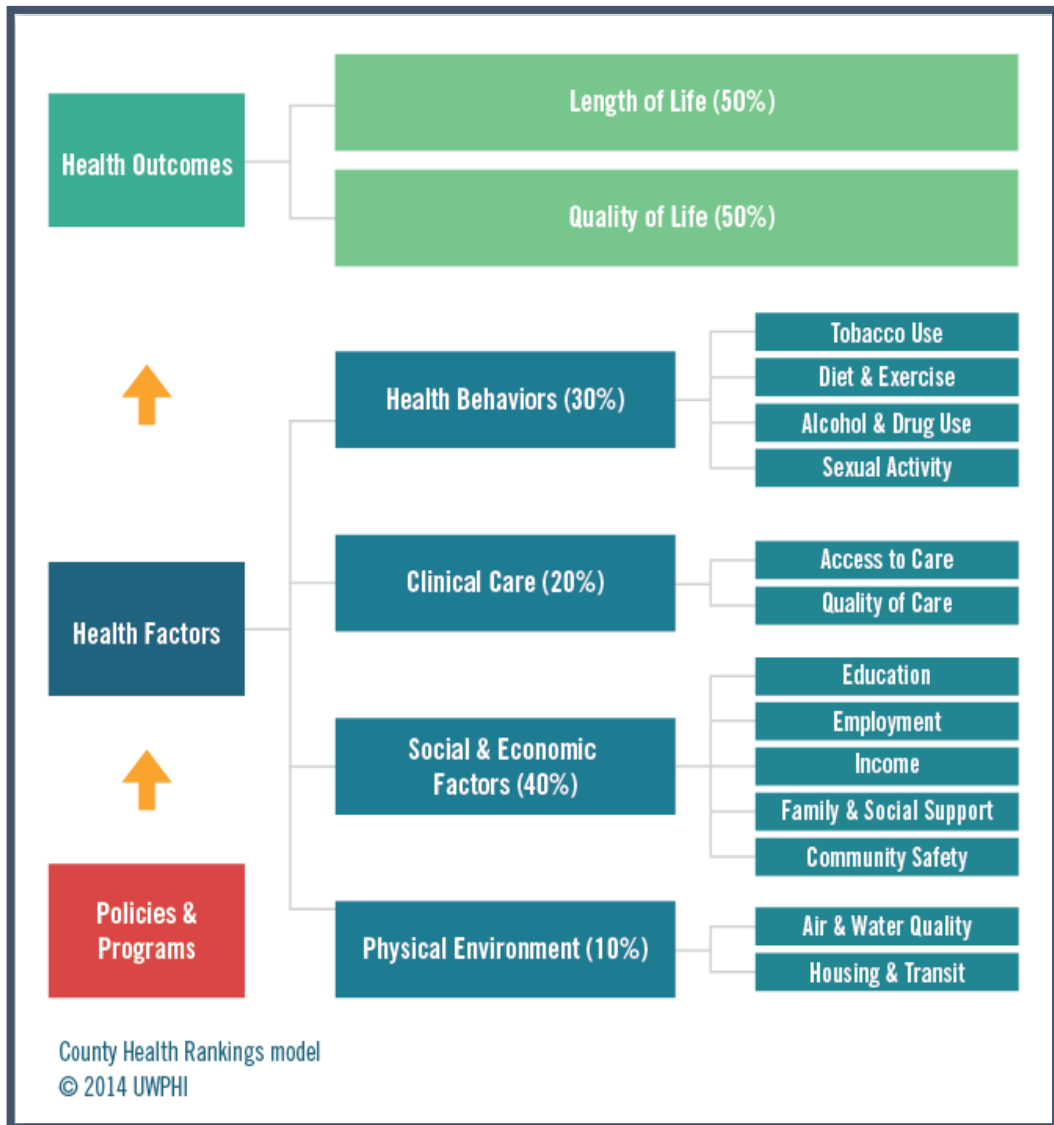
What social issues you have identified in your community that may be negatively impacting health outcomes? Check all that apply

Answered: 36 Skipped: 17





### County Health Rankings model of determinants of community health.







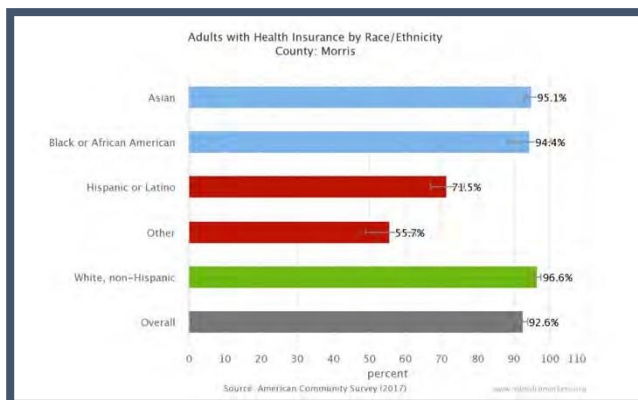
## CHAPTER THREE: BRINGING IT ALL TOGETHER

A summary of the data streams included in this assessment are provided in this section in the following broad categories:

- Access to care
- Aging
- Built environment
- Chronic diseases
- Infectious diseases
- Maternal & child health
- Mental health
- Substance misuse

### Access to Care

Access to care refers to an individual's ability to find, use, and pay for healthcare and preventive services when they are needed. Overall, Morris County scored average in terms of access to care. In the 2018 County Health Rankings, Morris County ranked 3<sup>rd</sup> out of all 21 counties in New Jersey on factors related to clinical care. Location of care providers, language spoken, cultural competency, hours open, and health literacy practices all influence access. In addition to Atlantic Health System's Morristown Medical Center and Chilton Medical Center, Morris County is also home to St. Clare's Health System in Dover, Denville, and Booton. Additionally, there are three rehabilitation facilities, one psychiatric hospital, and one federally qualified health center.

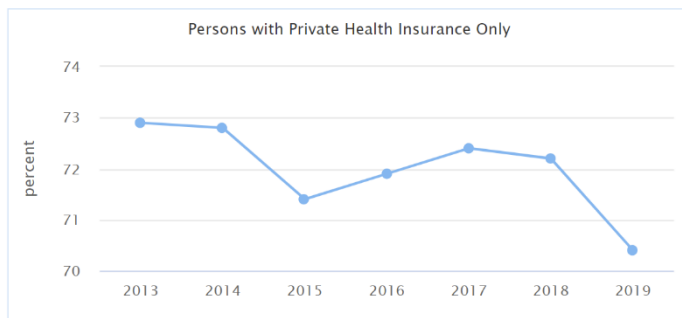


Health insurance is a major factor in terms of accessing health care services. People without health insurance or with inadequate health insurance may not be able to afford medical treatments or prescription drugs. As a result, they often do not seek treatment for illnesses until their conditions are advanced and are, therefore, costlier and more difficult to treat. Furthermore, people who are uninsured or under-insured frequently rely on getting their health care services at the emergency

department. In 2017, [the majority \(93%\) of adults \(19-64 years-old\) in Morris County had some type of health insurance](#); however, coverage was significantly lower for residents 25-34 years-old (88%), for Hispanic/Latino residents (78%), and for residents of other races (66%). Emergency department utilization



data also shows that, among Hispanic/Latino patients treated in the emergency department in 2016-2017 for any reason, significantly more were enrolled in Medicaid or were receiving Charity Care benefits. [Nearly all \(99%\) children \(0-18 years-old\) in Morris County had some type of health insurance.](#) While insurance coverage rates are high for both adults and children in Morris County, improvements can still be made as neither group have met the Healthy People 2020 national target of 100% coverage.



Approximately [70.4% of residents in the county are covered by private insurance](#), which they receive from their employer or union, the military, or they purchase directly from a private company. As a result of the rising costs of health insurance premiums, many small businesses are no longer able to offer health insurance; and more employers are offering limited benefit plans and/or passing costs along to employees with high deductibles and co-insurance payments. As a result, the percentage

of people with only private health insurance in Morris County has declined. Furthermore, we found from the NJHC *Social Determinants of Health Community Survey* that many respondents in Morris County felt that access to affordable and high-quality insurance represented a significant barrier to health in their county.

While we know most residents in the county have health insurance, the type of coverage and affordability may pose challenges for even those who are insured. For example, even though they are insured, only [62% of female Medicare enrollees receive mammography screenings](#) routinely.

According to the 2018 County Health Rankings, the ratios of the county’s population to primary care physicians, dentists, and mental health providers in Morris County are lower than that for the state of New Jersey; meaning there are fewer residents per health care provider in Morris County than in the state overall. In the *Social Determinants of Health Community Survey*, many respondents indicated that access to affordable and quality healthcare represented a significant barrier to health in Morris County.

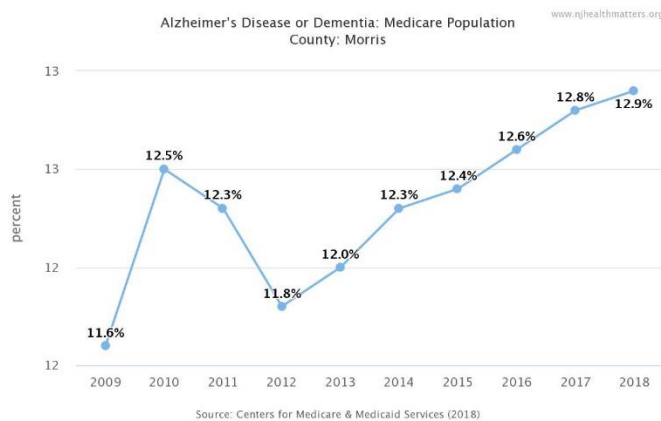
Ratio of Population to Healthcare Providers	Morris County	New Jersey
Primary care physicians	970 : 1	1,180 : 1
Dentists	900 : 1	1,190 : 1
Mental health providers	420 : 1	530 : 1



The measure of preventable hospitalizations in a community indicates the quality and accessibility of primary health care services available. If the quality of health care services in the outpatient setting is poor, then people may be more likely to overuse the hospital as their main source of care and be hospitalized unnecessarily. In Morris County, there has been a decrease in preventable hospital stays since 2011. And in 2015, [there were 43 preventable hospital stays per 1,000 Medicare enrollees](#); this is better than the statewide average of 50 per 1,000 Medicare enrollees.

## Aging

The median age in Morris County has increased every decade since the 1970s and the proportion of residents who are at least 65 years-old has also increased. As the population ages, it has become critical to examine both the physical and social environments in which people live in order to ensure that aging adults are able to develop and maintain their functional abilities that enable well-being. In Morris County, there are more seniors at least 65 years-old who have cancer, atrial fibrillation, hyperlipidemia, hypertension, ischemic heart disease, and osteoporosis than in New Jersey and/or in the entire US. Furthermore, [27.3% of seniors are living with a disability](#) and [11.8% have difficulty living independently](#).



Approximately [23.6% of adults 65+ years-old live alone](#) in Morris County. Social isolation is an important factor for healthy aging as it has been linked with higher risks for conditions such as obesity, weakened immune system, depression, cognitive decline, and even death. [The percentage of seniors who have been treated for depression in the county has increased significantly over time](#) and [13% of seniors have been treated for Alzheimer's Disease and dementia](#). It is important to note that ensuring

healthy aging does not only have implications for the well-being of seniors but also that of their caregivers who are most often spouses and adult children.

## Built Environment

According to the 2018 County Health Rankings, Morris County ranked 8<sup>th</sup> out of all 21 New Jersey counties for physical environment. This ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.



In Morris County, the [average travel time to work is 31.5 minutes](#) and [79.7% of workers 16 years-old or more drives alone to work](#). Among solo drivers in Morris County, [44.5% have a long commute](#) (i.e., a commute for more than 30 minutes); this measure has also increased over time, though not significantly. One potential way to reduce the number of people driving alone to work and the pollution that results from vehicle emissions is through carpooling or taking public transportation.

Affordable housing is an issue for many residents in the county. According to the American Community Survey, the [homeownership rate is 71%](#) in Morris County in 2017, a significant decline from years prior. Affordable housing was identified as a major barrier to health in Morris County by members of the community who participated in our *Social Determinants of Health Community Survey*. According to the County Health Rankings, [15.2% of households in Morris County have severe housing problems](#), meaning they have at least one of the following four problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, increasing their risks for chronic diseases such as obesity and diabetes. Lack of plumbing facilities increases the risks for infectious disease. Finally, areas where housing costs are high often force low-income residents into overcrowded or substandard living conditions with increased exposures to mold, pests, lead, or other environmental toxins.

In 2017, [4.4% of the Morris County population was homeless](#). People become homeless for a variety of reasons, including lack of affordable housing, low incomes, lack of affordable medical care, and social problems like domestic violence, mental illness, drug addiction, and alcoholism. Homelessness puts individuals at additional risk for untreated acute and chronic diseases, exacerbates mental illness, and shortens lifespans. In 2018, nearly half (49%) of the 6,133 calls from Morris County to NJ 2-1-1, a warmline for social service resources, were regarding housing and shelter, or for assistance in paying for or finding a low cost, emergency place to live. The second highest volume of calls (25%) were related to utility assistance, such as heating and cooling, power, water, and telephone.<sup>8</sup> In addition to housing and transportation, the availability of open spaces and infrastructure of a community also have serious impacts on individuals' health and well-being. For example, if a neighborhood has little access to parks or trails, or where community safety is an issue, then residents will have fewer opportunities for physical activity and are therefore more likely to lead a sedentary lifestyle.

Access to healthy foods is another vital component to achieving good overall health and well-being. Food insecurity – or the lack of consistent access to enough food for an active, healthy life – has been linked to poorer physical and mental health. In Morris County, [5.8% of residents experienced food insecurity](#); this is lower than the statewide average of 8.6% and nationwide average of 10.9%. Among children under 18 years-old in the county, [3.9% experienced food insecurity](#). Alarming, in 2016, [48% of food insecure children were not receiving nutrition assistance](#), this number has gone down significantly since 2018, after Feeding America changed their methodology; the rate for 2019 was 2%, however, it cannot be compared to previous years due to the methodological changes.

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<sup>8</sup> 2-1-1 Counts, New Jersey Top Service Requests Jan 01, 2018 to Dec 31, 2018

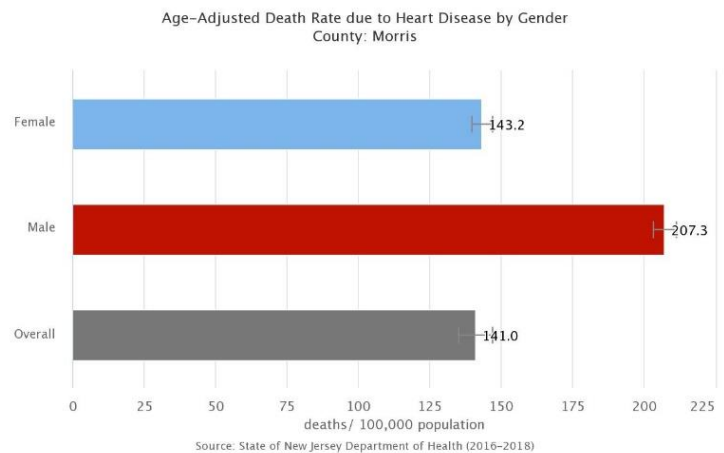


According to the *Social Determinants of Health Community Survey*, Morris County respondents said access to affordable, nutritious foods presented a major barrier to health in their communities.

## Chronic Diseases

Chronic Disease involves persistent, serious health conditions that can be controlled, but not usually cured. Chronic diseases are some of the most common, costly, and preventable health problems in the US and they are influenced by environmental, genetic, and lifestyle factors.

Heart disease and stroke are the first and third leading causes of death in New Jersey, respectively. [The age-adjusted death rate due to heart disease is 141 deaths per 100,000 population](#) in Morris County. Men have a significantly higher death rate (180 deaths per 100,000 population) while Asian and Hispanic/Latino residents have significantly lower death rates (56 and 83 deaths per 100,000 population, respectively). The population that is of specific concern for heart disease in the



county is the Medicare population, which includes mostly individuals 65+ years-old. Compared to New Jersey and to the US, Morris County has more Medicare enrollees who have been treated for [atrial fibrillation](#) (abnormal heart rhythm), [hyperlipidemia](#) (high amount of fat in the blood), [hypertension](#) (high blood pressure), and [ischemic heart disease](#) (narrowing of arteries of the heart).

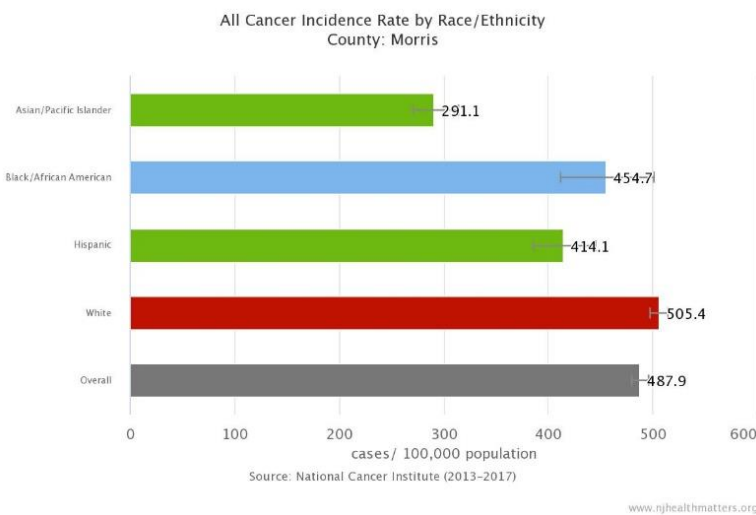
Common risk factors for heart disease and stroke include obesity, diabetes, hypertension, poor nutrition, lack of physical activity, and tobacco use. According to the most recent data, [6.7% of adults at least 20 years-old have been diagnosed with diabetes](#) in Morris County. In 2016-2017, 12% of all emergency department encounters were with diabetic patients. Among Medicare enrollees, [25.7% have been treated for diabetes](#).





Older adults at least 65 years-old also made up 58% of all diabetic emergency department patients in 2016-2017. Approximately [31.7% of adults in the county have been diagnosed with high blood pressure](#) and the [age-adjusted death rate due to hypertensive heart disease is 6.5 per 100,000 population](#). Among adults at least 20 years-old in Morris County, [21.7% are obese](#) and [20.3% are sedentary](#), meaning they do not participate in physical activities outside of their jobs.

Childhood obesity is another critical chronic health issue as obese children tend to stay obese into adulthood and are more likely to develop diseases like diabetes and heart disease. In the US, one in five school-age children and young people are obese.<sup>9</sup> In New Jersey, 15% of children two to four years-old enrolled in WIC (Women, Infants, and Children) are obese, 15% of youth 10-17 years-old are obese, and 9% of high school students are obese.<sup>10</sup> One of the factors contributing to childhood obesity is lack of consistent access to enough nutritionally adequate foods. In Morris County, [3.9% of children less than 18 years-old experience food insecurity](#) and [43.2% of all households participating in SNAP \(Supplemental Nutrition Assistance Program\) have children under 18 years-old](#). While there have been improvements in childhood obesity prevalence, especially among younger children, as the result of efforts to improve eating behaviors and physical activity, the percentages remain alarming.



Cancer is a group of diseases involving abnormal cell growth that has the potential to invade and spread to other parts of the body. Morris County has a [cancer incidence rate of 487.9 cases per 100,000 population](#). By gender, all cancer incidence is significantly higher among men (526.7 cases per 100,000 population). By race and ethnicity all cancer incidence is significantly lower among Asian/Pacific Islander residents (291.1 cases per 100,000 population) and Hispanic/Latino residents (414.1 cases per 100,000 population).

According to the Cancer Incidence and Mortality in New Jersey report, between 2012 and 2016, the three most common types of cancer were breast, lung/bronchus, and colon/rectum for women, and prostate, lung/bronchus, and colon/rectum for men.<sup>11</sup> In Morris County, there is a [higher than average incidence rate of breast cancer](#) (148.1 cases per 100,000 population). There is also a [higher than average incidence rate of melanoma](#) in the county (26.7 cases per 100,000 population) that is significantly worse for men than women but is decreasing over time. Other types of cancers with higher incidence rates in Morris County than in New Jersey and/or the US include: [prostate cancer](#), [pancreatic cancer](#), and [non-Hodgkin's lymphoma](#).

<sup>9</sup> Center for Disease Control and Prevention (CDC), Childhood Obesity Facts

<sup>10</sup> The State of Obesity, The State of Obesity in New Jersey

<sup>11</sup> New Jersey Department of Health, Cancer Incidence & Mortality in New Jersey, 2012-2016 Excerpts



Compared to other counties in New Jersey and across the US, Morris County has a [lower age-adjusted death rate due to cancer](#) (135.7 deaths per 100,000 population); however, there are a few significant disparities. While the age-adjusted death rate due to cancer is 122.2 deaths per 100,000 population for women in Morris County, it is 155.5 deaths per 100,000 population for men. Comparing by race/ethnicity, Asian and Pacific Islander residents and Hispanic/Latino residents have significantly lower age-adjusted death rates than the county overall.

One way to mitigate the mortality and morbidity burden of cancers is through screening. Cancer screening allows doctors to find and treat certain types of cancer early and to reduce the chance of dying from those cancers. In Morris County, [68.2% of adults 50-75 years-old have been screened for color cancer](#); this is higher than the 65% and 68% screening coverage for New Jersey and the US overall, respectively. And while [72% of women 50-74 years-old have had a recent mammogram](#), this percentage drops to only [62% among female Medicare enrollees 67-69 years-old](#).

Heart disease, diabetes, obesity, and cancer are only a few of the many chronic illnesses that affect Morris County residents, particularly seniors 65+ years-old. Other chronic illnesses that require particular attention among Medicare beneficiaries include: the [prevalence of rheumatoid arthritis and osteoarthritis](#), the [prevalence of chronic kidney disease](#), and the [prevalence of asthma](#). While there is no one-size-fits-all cure for chronic diseases, abstaining from tobacco, maintaining a healthy weight, being physically active, and eating a healthy diet all have a positive impact on health and can help to reduce the development and progression of many chronic illnesses.

Individuals with an intellectual disability (ID) were given less cancer-related health care than people without IDD. This could indicate cancer is under-diagnosed and/or under-treated in people with ID. Cancer care is well embedded in primary and community care but faces challenges when it comes to people with intellectual disabilities (ID)<sup>21</sup>. Our CHIP will endeavor to be inclusive of individuals with ID for cancer screening promotion and activities.

## Infectious Diseases

Infectious, or communicable, diseases are illnesses caused by infectious agents and they can spread from one person to another, or from non-humans (e.g., animals, insects, food) to humans. Although the rates of infectious diseases in the US have steadily decreased for decades with the advent of vaccines, improved sanitation and other disease control measures, these illnesses still pose as a public health threat.

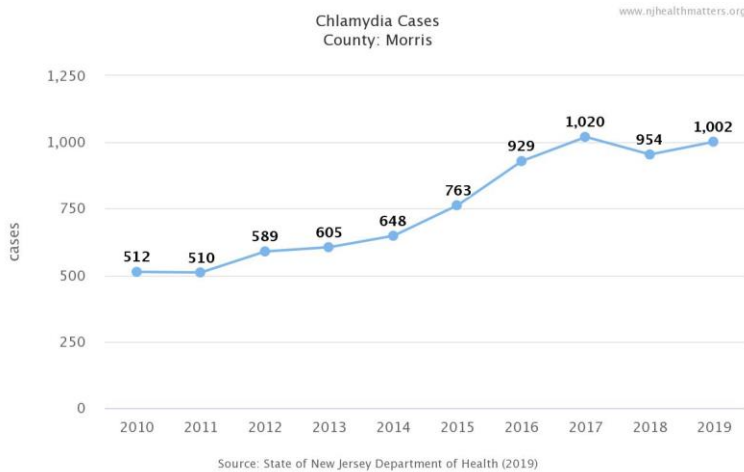
Vaccinations play an important role in minimizing the acquisition and transmission of infectious diseases. In New Jersey, children in day care and schools are required to provide documentation of their immunization status or proof of exemption. Required immunizations for school-aged children in New Jersey include: DTaP/Tdap (diphtheria, tetanus, and pertussis), MMR (measles, mumps, and rubella), polio, hepatitis B, varicella (chicken pox), and meningococcus. In Morris County, [immunization coverage is equal to that of the state for pre-kindergarteners](#) (94%). Among kindergarteners in the county, [96.4% have all required](#)



[immunizations](#). While this is similar to that of the state, coverage has decreased from the previous reporting period. [96.5% of first grade students having all required immunizations](#) and [97.4% of all sixth grade students having all required immunizations](#).

Influenza is a preventable infectious disease that has had a large disease burden in the US in recent years. According to the Center for Disease Control and Prevention (CDC), it is estimated that there were over 48 million symptomatic flu cases during the 2017-2018 influenza season, more than 22 million flu-related medical visits, nearly 1 million flu-related hospitalizations, and close to 80,000 flu-related deaths.<sup>12</sup> In Morris County, the [age-adjusted rate of emergency room visits due to influenza is 14 visits per 10,000 population](#); this is notably fewer than the statewide average of 21 visits per 10,000 population. The [age-adjusted death rate due to influenza and pneumonia \(a common complication of influenza\) is 9.4 deaths per 100,000 population](#); this is better than the statewide average of 11.7 deaths per 100,000 population and the nationwide average of 14.2 deaths per 100,000 population.

The number of tuberculosis (TB) cases has steadily fallen over the past several decades in the US. In 2018, the CDC reported 9,029 TB cases nationally; the lowest ever recorded in US history.<sup>13</sup> This translates to an incidence rate of less than 3 TB cases per 100,000 population. In New Jersey, 290 TB cases were reported in 2018, giving an incidence rate of 3 cases per 100,000 population. This is an increase of 2% from the previous year.<sup>13</sup> In Morris County, the [TB incidence rate is 2.4 cases per 100,000 population](#). While this rate is less than that for the state and the country, it is still higher than the Healthy People 2030 goal rate of only 1.4 case per 100,000 population.



Sexually transmitted diseases are rising in Morris County. In 2016, [929 cases of chlamydia](#), [103 cases of gonorrhea](#), and [4 cases of syphilis](#) were reported. Chlamydia cases doubled in the past decade and were mostly found among women (68%) while gonorrhea and syphilis cases were more commonly found in men (69% and 100%, respectively). Gonorrhea cases tripled since 2010, and syphilis cases doubled since 2011. [HIV/AIDS cases increased by 89% since 2010](#). Because symptoms are usually mild or absent, serious complications such as infertility and organ damage can occur, especially before a person is aware of his/her infection.

Furthermore, because symptoms are easily missed, cases of chlamydia, gonorrhea, and syphilis are substantially underreported. HIV is another common sexually transmitted disease with a high burden in New Jersey. In Morris County, the [prevalence rate of HIV is 173 cases per 100,000 population](#), less than half of the statewide rate of 415 cases per 100,000 population.

<sup>12</sup> Center for Disease Control and Prevention (CDC), Estimated Influenza Illnesses, Medical Visits, Hospitalization, and Deaths in the United States – 2017-2018 Influenza Season

<sup>13</sup> Center for Disease Control and Prevention (CDC), Tuberculosis – United States, 2018

<sup>21</sup> National Center for Biotechnology Information. Disparities in cancer-related healthcare among people with intellectual disabilities: A population-based cohort study with health insurance claims data. July 25<sup>th</sup> 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7520346/>



## Vector Borne Illnesses

Lyme disease is a bacterial disease that is transmitted to humans through the bite of infected ticks. Lyme disease is most commonly found in the north-eastern and north-midwestern regions of the US, posing as a public health problem for New Jersey residents.

In 2020, 303 cases of Lyme diseases were reported in Morris County. While this value is lower than that of the previous year, cases are increasing over time.

Other Tickborne diseases (Babesiosis, Ehrlichiosis/Anaplasmosis, Rickettsiosis Spotted Fever Group etc.) have all been on the rise in the past few years. The tick population in Morris County, and throughout the United States is booming. The CDC states that climate change may be a factor in this. Milder winters are allowing more ticks to survive the winter therefore increasing the tick population.

Another vector of concern is mosquitoes. Mosquitoes can carry many diseases (West Nile Virus, Malaria, Chikungunya, Dengue Fever, etc.). Of note in 2020 there were 3 cases of West Nile Virus in NJ; in 2021 there have been 16 human cases as of this report. Malaria is also on the rise. In 2020 there were 24 human cases; in 2021 there have been 33 human cases as of this report. Climate change can also be a factor in the mosquito population. Shorter milder winters, longer hotter summers, and more severe storms that cause flooding all contribute to mosquito breeding. Mosquitoes lay their eggs in soil and containers. Eggs can survive dry conditions for a few months. Mosquito eggs hatch when submerged in water. They go through the larvae and pupa stage in standing water and emerge as adults. From egg to adult can take anywhere from 4 days if the conditions are right to 2 weeks.

Tick Borne Diseases:	2019	2020
Babeosis	13	13
Borrelia Miyamotoi	3	0
Ehrlichosis/Anaplasmosis	35	19
Lyme	426	303
Spotted Fever/Rickettsiosis	11	0

Mosquito Borne Diseases:	2019	2020
Chikungunya	1	0
Dengue	4	0
Malaria	1	1
West Nile Virus	0	0

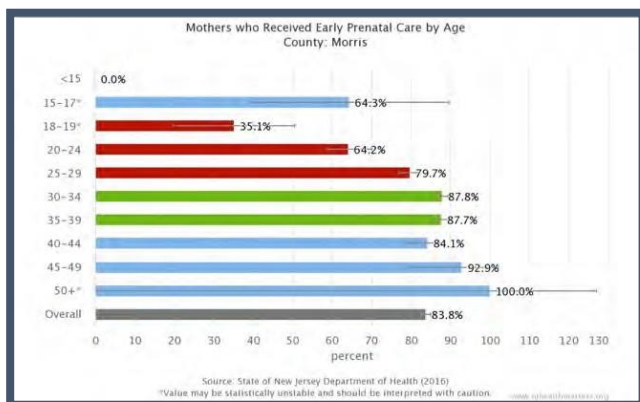
### Sources:

- NJ Communicable Disease Reporting and Registry System (the tickborne numbers)
- CDC publication CLIMATE CHANGE INCREASES IN THE NUMBER AND GEOGRAPHIC RANGE OF DISEASE-CARRYING SECTS AND TICKS (the climate change connection)
- NJDOH Communicable Disease service vector borne surveillance report week CDC week 37 (mosquito borne NJ numbers)
- EPA Mosquito life cycle (mosquito life cycle)



## Maternal and Child Health

Maternal and child health encompasses the healthcare dimensions of family planning, the health of women during pregnancy, childbirth and the postpartum period, as well as health status of infants and children. Healthy birth outcomes and early identification and treatment can prevent death or disability and allow children to reach their fullest potential. The birth rate for Morris County in 2017 was 9 births per 1,000 population, as compared to the statewide rate of 11 births per 1,000 population.<sup>14</sup> The teen birth rate in the same year in Morris County was 4 births per 1,000 female population ages 15-19 years-old; this is considerably lower than the statewide and nationwide rates of 19 births per 1,000 young women.<sup>15,16</sup>



Some of the maternal and child health goals for Healthy New Jersey 2020 are to reduce the infant death rate to less than 5 deaths per 1,000 live births, to reduce the percentage of babies born with low birth weight to 8%, and to expand the percentage of women who receive prenatal care within the first trimester of their pregnancies to 78%.<sup>17</sup> In Morris County, the infant mortality rate is 3 deaths per 1,000 live births; this is lower than the statewide rate of 5 deaths per 1,000 live births. In terms of

newborns with low birth weight, 7% of babies born in Morris County weighs less than 2,500 grams at birth; this proportion is decreasing significantly with time but significantly more babies with low birth weight are born to Asian mothers (12%). Although 84% of women in Morris County are receiving prenatal care within the first trimester of their pregnancies, this proportion is decreasing with time and significantly fewer women 18-29 years-old and Black and Hispanic/Latino women are getting early prenatal care. Furthermore, there are 1% of mothers in Morris County who did not receive any prenatal care during their pregnancies.

<sup>14</sup> New Jersey State Health Assessment Data, Complete Health Indicator Report of Birth Rate

<sup>15</sup> County Health Rankings and Roadmap, Measures – Teen Births

<sup>16</sup> Center for Disease Control and Prevention (CDC), Reproductive Health: Teen Pregnancy

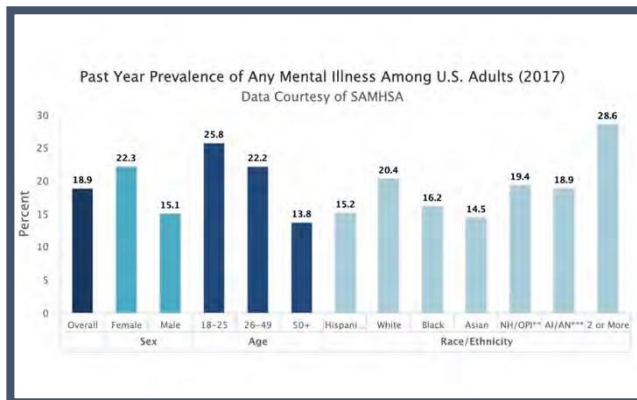
<sup>17</sup> New Jersey Department of Health, Healthy New Jersey 2020





Childhood exposure to lead is another important factor that influences children’s health. Lead can disrupt the normal growth and development of a child's brain and central nervous system, causing problems such as learning disabilities, behavioral problems, and seizures. The Center for Disease Control and Prevention (CDC) defines a blood lead level of five or more micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) as requiring public health actions.<sup>18</sup> In New Jersey, all children are required to be screened for lead exposure and the New Jersey Department of Health recommends that all children be screened for lead poisoning at 12 and 24 months of age. Additionally, screening is recommended for any child between three and six years of age who has never previously been screened, as well as any child who is six months of age or older who is exposed to a known or suspected lead hazard. In 2017, 34% of all children six to 26 months-old in Morris County were screened for lead exposure, 44 children had a blood lead level between five and nine  $\mu\text{g}/\text{dL}$  and nine children had a blood lead level greater than 10  $\mu\text{g}/\text{dL}$  (i.e., having a confirmed elevated blood lead level).<sup>19</sup> Among children less than six years-old tested for blood lead in the county, [1% have at least five micrograms per deciliter of lead](#) in their blood and [less than 1% of all children have a confirmed elevated blood lead level](#).

## Mental Health



Mental health includes individuals’ emotional, psychological, and social well-being. Mental illnesses are a wide range of conditions that affect people’s mood, thinking, as well as their behaviors. Examples of mental illnesses include: depression, anxiety disorders, eating disorders, schizophrenia, and addictive behaviors. In the US, nearly 20% of adults (47 million in 2017) live with a mental illness.<sup>20</sup> Overall, mental illness is more prevalent among women, people 18 and 25 years-old, and multiracial individuals.<sup>21</sup> In

Morris County, adults have an [average of three poor mental health days each month](#) and [10% of adults have more than 14 poor mental health days each month](#) (i.e., they experience frequent mental distress).

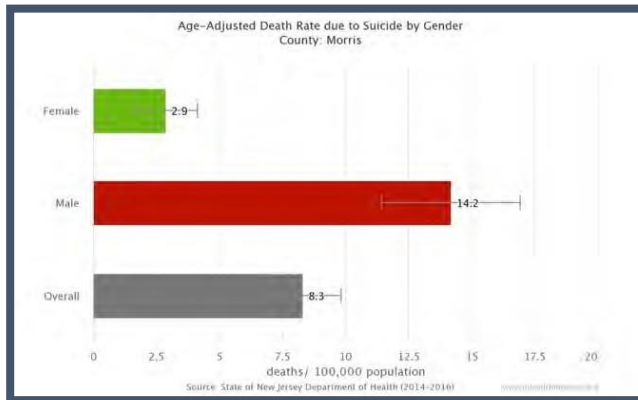
Approximately [12% of adults in Morris County have a depressive disorder](#); this increases to [16% among Medicare enrollees](#). According to 2016-2017 emergency department utilization data, Morris County patients with diagnosed mental illnesses seeking care at emergency departments for any reason most often had anxiety disorders (52%) and mood disorders (51%).

<sup>18</sup> Center for Disease Control and Prevention (CDC), Childhood Lead Poisoning Prevention Program

<sup>19</sup> New Jersey Department of Health, Childhood Lead Exposure In New Jersey Annual Report (State Fiscal Year 2017)

<sup>20</sup> National Institute of Mental Health, Mental Health Information – Statistics

<sup>21</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), 2017 National Survey on Drug Use and Health



Poor mental health and experiences of psychological distress are risk factors for suicide, the 10<sup>th</sup> leading cause of death in the US and 14<sup>th</sup> in the state of New Jersey.<sup>22</sup> The [age-adjusted death rate due to suicide is 8 deaths per 100,000 population](#) in Morris County. This is equal to the statewide value of and lower than the nationwide value of 13 deaths per 100,000 population. Furthermore, this death rate is increasing significantly with time.

An important factor that impacts mental health is social connectedness, which measures degree to which a person has and perceives a sufficient number and diversity of relationships that allow her/him to (1) give and receive information, emotional support and material aid, (2) create a sense of belonging and value, and (3) foster growth. Greater social connectedness can help mitigate poor mental health and isolation as people who feel connected often feel more empowered to ask questions and to access resources and information that is vital to their own health and well-being. Overall, [16% of Morris County residents have inadequate social support](#). Family and Social Support was indicated as a major barrier to health by community members in Morris County who completed the *Social Determinants of Health Community Survey*. According to the County Health Rankings, Morris County residents have an association rate of 10 membership associations per 10,000 population; this is slightly higher than the rate of 8 associations per 10,000 population for New Jersey overall. Approximately 7% of Morris County youths 16-24 years-old are considered “disconnected,” meaning they are neither working nor in school.<sup>23</sup> Schools and work are two important places for social interactions to take place, especially in the younger years. When teens and young adults are not going to school or working, there is greater risk for isolation, which can have a negative impact on their mental health.

Sleep is another factor that plays an important role in maintaining proper mental health. Lack of sleep can have serious, cumulative negative effects on learning, memory, emotional resilience, problem solving, and decision-making. Ongoing sleep deficiency has also been linked to physical health problems such as heart disease, hypertension, and stroke. In Morris County, [33% of adults get insufficient sleep](#).

Mental health can also be affected by traumatic experiences (e.g., domestic violence, community violence, sexual assault). In Morris County, there were a total of 2,017 cases of violent offenses in 2016; this is an 8% increase from the previous year. Of all reported offenses in the county, the highest number

<sup>22</sup> New Jersey State Health Assessment Data, Health Indicator Report of Suicide

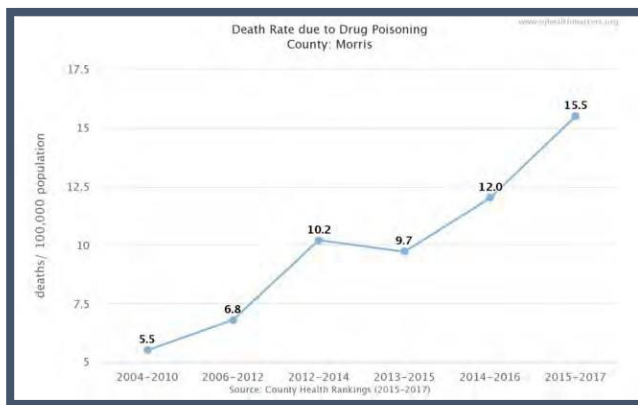
<sup>23</sup> County Health Rankings and Roadmap, Measures – Disconnected Youth



of incidents were reported in Randolph Township, Parsippany-Troy Hills Township, and Mount Olive Township.<sup>24</sup> While Morris County has a [violent crime rate of only 64 per 100,000 population](#), this measurement includes only crimes that have been reported to the police and excludes those cases where the victims are unable to make a report.

Proper maintaining of mental health and treatment of mental illnesses is crucial for health and well-being; however, this is often complicated by lack of available programs and services. Respondents of the *Social Determinants of Health Community Survey* indicated that insurance and healthcare access posed significant barriers to health in Morris County, including mental health. This finding is supported by the County Health Rankings, which found that the ratio of mental health providers to population is 1:400 in Morris County, compared to 1:530 in New Jersey.

## Substance Use



Substance misuse refers to the inappropriate or excessive use of alcohol, drugs (both prescription and illegal), and tobacco. There is an increase in overdose and mortality due to the over prescription and increasing street-level access to opioids (e.g., oxycodone, heroin, fentanyl) in recent years. Many community-based organizations and non-profit agencies have since joined the fight to both prevent substance misuse through education and resources, and treat substance use disorders

through advocating for and linking substance users to treatment and recovery services. Deaths as a result of drug poisoning (i.e., overdose) have increased significantly in Morris County. Compared to the measurement period of 2014-2016, Morris County's [overdose death rate increased by 33%](#) in the 2015-2017 measurement period. Most recently, there were 232 overdose deaths in the county; this is equal to a rate of 16 deaths per 100,000 population.<sup>25</sup>

Naloxone, also known as NARCAN® or EVZIO®, is an opioid antagonist designed to rapidly reverse opioid overdose and it has been widely distributed in the county, region, state, as well as nationwide. In 2019, 321 naloxone administrations were given by law enforcement and emergency medical services responders in Morris County, with a total of 15,104 administrations across the state.<sup>26</sup>

<sup>24</sup> State of New Jersey Department of Law and Public Safety, Thirty-Fourth Annual Domestic Violence Offense Report (2016)

<sup>25</sup> County Health Rankings, Measures – Drug Overdose Deaths (2015-2017)

<sup>26</sup> NJ CARES, 2018 New Jersey Statewide Naloxone Administrations



Aside from prescription and recreational drugs, excessive alcohol use is also harmful to health and well-being. Heavy drinking (i.e., having 15+ drinks per week for men or 8+ drinks for women) and binge drinking (i.e., having 5+ drinks during a single occasion for men or 4+ drinks for women) is a risk factor for alcohol poisoning, high blood pressure, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>27</sup>

Our secondary analysis found that [60% of adults in the county drink alcohol](#), [18% drink excessively](#), and [17% have binge drank](#) on at least one occasion. Emergency department data show that of the 3,981 substance users in Morris County who sought care in the emergency department in 2016-2017 for any reason, 81% have been diagnosed with an alcohol-related disorder.

Prevalence of harmful alcohol use and its consequences are associated with density of alcohol outlets. High alcohol outlet density is related to increased rates of drunk driving, vehicle-related pedestrian injuries, and also child abuse and neglect. There are currently about [19 alcohol outlets per 100,000 population](#) in Morris County and this is increasing over time. In Morris County, [13.9% of driving deaths involved alcohol between 2015 and 2019](#).

Prevention and timely treatment of substance misuse is critical for halting and reversing the current substance abuse epidemic in the US; however, information about substance misuse prevention and treatment are not always readily available and accessible.

[Twelve percent of Morris County adults currently smoke cigarettes](#) and [37% has smoked more than 100 cigarettes](#) in their lifetime. Smoking is the leading cause of preventable death as it causes cancers, heart diseases, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD). Smoking also increases the risks for tuberculosis, certain eye diseases, and problems of the immune system.<sup>28</sup> In addition to smoking, secondhand smoke (i.e., smoke from a burning cigarette and smoke breathed out by smokers) also causes numerous health problems, such as heart diseases, lung cancer, asthma, and sudden infant death syndrome (SIDS).<sup>29</sup>

The recent popularity of e-cigarettes has further exacerbated the health problems related to smoking. E-cigarettes operate by heating a liquid solution until it becomes an aerosol that can be inhaled; the aerosol produced contains tiny chemical particles that can cause heart diseases, lung diseases, and acute lung injuries.<sup>30</sup>

Furthermore, the liquid solutions used with e-cigarettes often contain high levels of nicotine, which can increase the risk of addiction. The use of e-cigarettes is especially problematic for adolescents and young adults. According to the US Surgeon General, e-cigarettes have been the most commonly used tobacco product by youth in the United States since 2014 and approximately 20% of high school students and 5% of middle school students currently use e-cigarettes.<sup>31</sup>



[According to the US Surgeon General](#), e-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time between 2015-2017. However, e-cigarette use increased 78% among high school students, from 11.7% in 2017 to 20.8% in 2018. In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, used e-cigarettes.

Finally, as the decriminalization of cannabis possession occurred in New Jersey last year, governmental agencies, community-based organizations and community members must work together to educate residents about the associated health risks of recreational cannabis use in order to reduce potential negative or unwanted health consequences.

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<sup>27</sup> Center for Disease Control and Prevention (CDC), Fact Sheets – Alcohol Use and Your Health

<sup>28</sup> Center for Disease Control and Prevention (CDC), Health Effects of Cigarette Smoking

<sup>29</sup> Center for Disease Control and Prevention (CDC), Health Effects of Secondhand Smoke

<sup>30</sup> American Lung Association, The Impact of E-Cigarettes on the Lung

<sup>31</sup> US Surgeon General, Surgeon General’s Advisory on E-cigarette Use Among Youth



## CHAPTER FOUR: WORKING TOGETHER TO CREATE SOLUTIONS

The data presented in this report combines both public health data from the NJHC data portal ([www.njhealthmatters](http://www.njhealthmatters)) and our first *Social Determinants of Health Community Survey*. The primary purpose of this report is to assist our partners in determining where to invest our resources in order to have the greatest impact in improving the health and well-being of our communities. The data served as the catalyst for conversations among the partners, which resulted in the following list of overall priority areas:

- Access to health care
- Affordable housing
- Chronic disease prevention
- Healthy aging
- Physical activity and healthy eating
- Maternal and child health
- Mental health and substance misuse

### What's Next?

The NJHC commits to working jointly with our community partners and stakeholders to implement solutions and strategies designed to help create healthier communities in our region. These strategies and our efforts will be documented in a shared county-specific CHIP that will be publicly available on the NJHC website by December 2021.

*The COVID-19 pandemic has caused an unprecedented amount of disease and loss of life in our community. On top of this tragedy, the pandemic has displayed and exploited the existing health inequities in our community and around the world. While we partially based this assessment on a recent Social Determinants of Health Survey, we relied heavily on the published data that is available but does not yet reflect the impact of COVID-19. We make this assessment knowing that much of the health indicating data will soon change and will show that new issues are emerging and that pre-pandemic problems are being exacerbated. As of this writing, the COVID-19 pandemic has slowed in NJ but continues. In addition to the burden of disease, we are facing ongoing social and economic disruptions that will affect the public health and well-being of our community for years, if not generations, to come.*





## **APPENDICES**

Appendix 1: 2018-2019 NJHC Morris County Committee Members

Appendix 2: NJHC Executive Committee Members & Board of Trustees



## 2020-2021 NJHC Morris County Committee Members

Organization
Atlantic Health System
Morris Regional Public Health Partnership
Mount Olive Township Health Department
Morris County Park Commission
Norwescap RSVP
Rutgers Cancer Institute of NJ-ScreenNJ
Summit Health Cares
United Way Northern New Jersey
Horizon NJ Health
Morris Habitat for Humanity
Randolph Township Public Health Department
TransOptions, Inc.
Grow It Green Morristown
Zufall Health Care
Interfaith Food Pantry
Madison Area YMCA
Pequannock Health Department
NORWESCAP / Skylands RSVs
Morris County Division of Public Health
Morris Somerset Regional Chronic Disease Coalition
Center for Evaluation and Counseling
Center for Prevention
Health Coach MaryEllen
Prevention is Key



Organization
Morris Co. DHS HSAC
Morris. Co. Div. of Aging
College of St. Elizabeth
The Lakeland Family YMCA
Morris Co. Chamber of Commerce Health and Wellness Committee
Connecting Dover
Child & Family Resources Morris
Morris County Head Start
Mount Arlington Board of Health
Morris County Organization for Hispanic Affairs
Macculloh Hall Historical Museum
Homeless Solutions, Inc.
Morris County Division of Human Services
Morris Regional Public Health Partnership
Back to Basic Wellness
Fitness Knocking LLC
Your Healthy Truth
Lincoln Park Health Department
Tri Town 55 Coalition
Morris County Office of Health Management
Morris County Housing Authority
NJ 211 Partnership
Rockaway Township Division of Health



**North Jersey Health Collaborative**

health matters

Hanover Township Health Department
Health Ed Consultant
Morris Township Health Department
Montville Health Department



## NJHC Executive Committee Members & Board of Trustees

Last Name	First Name	Organization
<b>Executive Committee</b>		
Laura	O'Reilly-Stanzilis	North Jersey Health Collaborative, Executive Director
Lanza	Denise	Morris County Park Commission
Mickewicz	Paul	Gateway Family YMCA
Shehata	Pauline	Warren County Health Department
Elicin	Jessica	Community Foodbank of New Jersey
Dhuyvetter	Alma	Sussex County YMCA
<b>Officers</b>		
Cianci	Maureen	Sussex County Division of Health
Cognetti	Sherilyn	Fanwood-Scotch Plains YMCA, Ret.
Weigle	Trevor	Mount Olive Township Health Department
Lewis	Amy	Westfield Regional Health Department
<b>Board of Trustees</b>		
Acree	Melissa	NJ 2-1-1 Partnership
Anderson	Kelsey	NORWESCAP/ Skylands RSVP
Aumueller	Tim	Avidon Health
Schleicher Bravo	Blair	Morris Habitat for Humanity
Cantisano	Thomas	Pequannock Township Health Department
Caputo	Mark	Randolph Twp. Health Department
Cherry	Julienne	Summit Health Cares
Gapas	Marconi	Union County Health Officers' Association
Kimmelman	Lea	Morris Somerset Chronic Disease and Cancer Coalition
Perez Jr. Gorman	Carlos Stephanie	Morris County Office of Health Management
Puluso	Aimee	Morris Regional Public Health Partnership/ Montville Health Department
Skrobola	Kathleen	Passaic Regional Public Health Partnership/ Ringwood Health Department
Tabbot	Peter	Rockaway Township Health Department



**North Jersey Health Collaborative**

health matters

Vargas	Carol	Atlantic Health System
Whitehead	Kathryn	Twp. Of Hanover Health Department