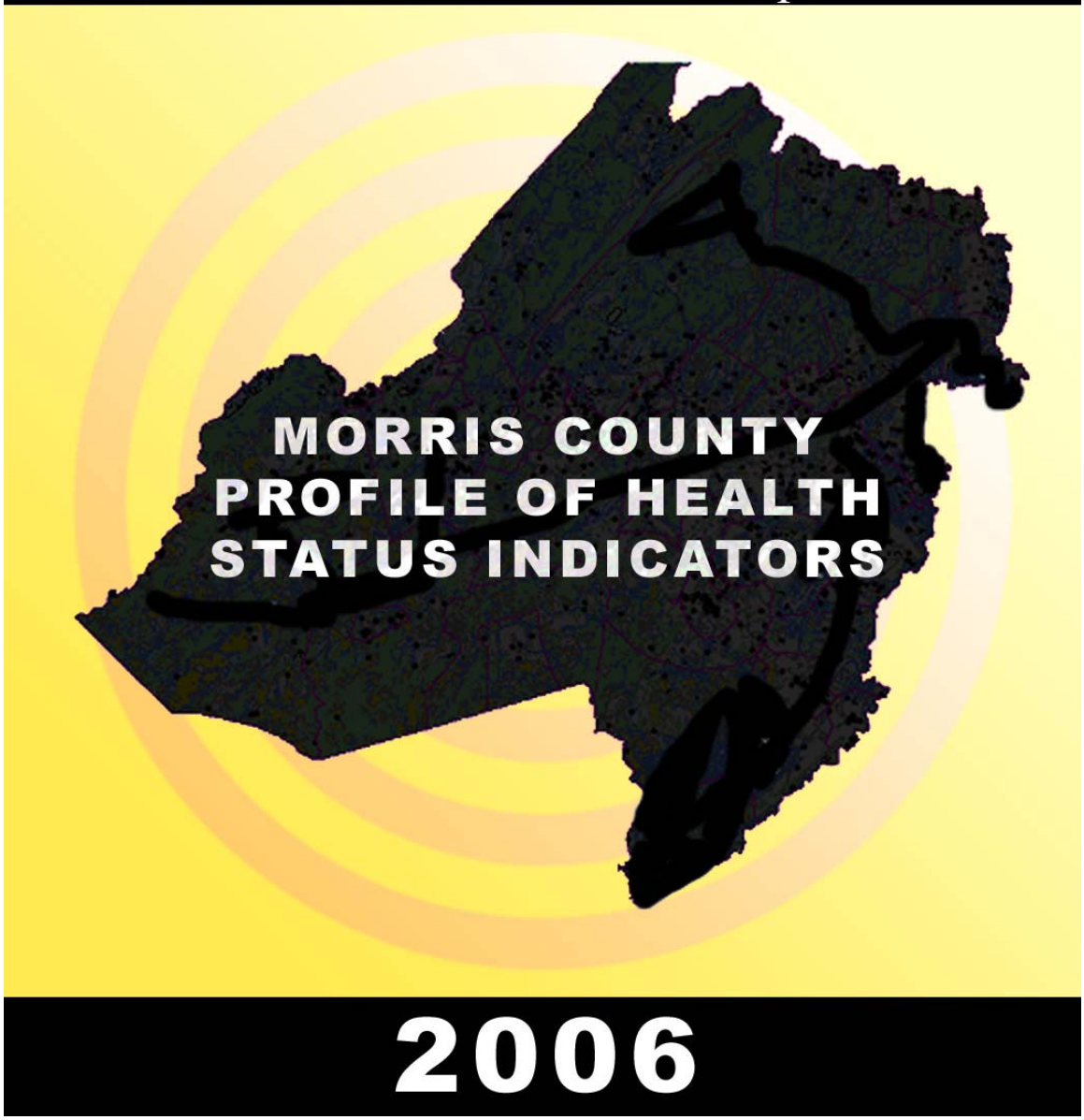
The Morris County Profile of Health Status Indicators, 2006 is the first publication by the Morris County Regional Public Health Partnership of a comprehensive set of statistics and other factual information that estimates the health status of Morris County residents. It is primarily intended for use by the Partnership and its advisors in preparing a countywide plan for health

Morris Regional
Public Health Partnership, Inc.



MORRIS COUNTY PROFILE OF HEALTH STATUS INDICATORS

2006

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MORRIS REGIONAL PUBLIC HEALTH PARTNERSHIP

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The Morris County Profile of Health Status Indicators, 2006

Acknowledgements

Section 1, the County Demographic Profile of this report was provided to the Morris Regional Public Health Partnership by the New Jersey Department of Health and Senior Services – Office of Cancer Control and Prevention. Their contribution is gratefully acknowledged.

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Introduction

The *Morris County Profile of Health Status Indicators, 2006* is the first publication by the Morris County Regional Public Health Partnership of a comprehensive set of statistics and other factual information that estimates the health status of Morris County residents. It is primarily intended for use by the Partnership and its advisors in preparing a countywide plan for health improvements.

The Partnership's Community Health Profile Committee assumed management of the profile's preparation beginning with the Committee's first meeting in January, 2004. Its goal is the publication of a high quality report that would achieve the confidence of its users. The Committee resolved to present only such factual published information as could be obtained from authoritative sources such as the New Jersey Department of Health and Senior Services (NJDHSS) and the federal Centers for Disease Control (CDC). To preserve the quality of the report following its publication, the Committee secured the agreement of the Partnership, requiring it to review and approve any new information intended to be included or used as part of the planning process. A more detailed description of the Committee's requirements for data quality is described in Appendix A.

The Profile and the Planning Process

This report is one of four basic assessments employed as a basis for the preparation of a Morris County Health Improvement Plan. In addition, the other three are: a review of the local health system that delivers services; consideration of the forces of change that providers of health services are subject to and cannot alter; and the perceptions by the general public of the quality of life and assets within their communities, as well as the system of health services available to them. All four are part of the Mobilizing for Action through Planning and Partnerships (MAPP) criteria, a formalization of traditional and population-based planning processes recommended by the NJDHSS and adopted for use by the Morris Partnership.

A complete description of the planning process used in Morris County will be included in the final plan report. The following diagram, illustrating the general planning process, provides a basic understanding of the relationship among the assessments and the intended plan.

Source: http://www.state.nj.us/health/lh/phpracticestds/lcorso%20.pdf

As the chart shows, the results of the four assessments will be reviewed by the planning process participants, whose study and discussions will identify County priorities for improving both its health care system and the health of its residents. Once determined, these priorities will inform the creation of countywide goals and objectives. The resulting fact- and consensus-based goals and objectives will be published for use as a countywide plan, forming the basis for health system-related programs and project activities. The Morris Partnership will create its own action plan for implementation by its members and advisors, and will encourage other organizations serving the County to acknowledge the plan and act similarly. Verification of the plan's validity and identification of the need for its required revisions will be achieved through observation and evaluation during the implementation phase; particular emphasis will be placed on determining the suitability of plan priorities and objectives during this operational period.

The Partnership will maintain the profile, reviewing and updating it as opportunity permits, and as new information is provided by the Community Health Profile Committee and other participants in the planning process. In general, three forms of update opportunity are anticipated: when the Partnership conducts an in-depth subject review that results in new information; when an authoritative body of information is published and its currency or content is believed to be required; when a request is made by an MRPHP member or advisor to expand a profile subject, or to make it more current by adding additional information.

Use of Profile Data

Part of the value of the *Morris County Health Profile* lies in its thorough and wide-ranging nature. No other comprehensive statement of health status indicators describing Morris County is known to exist. The population characteristics and individual health indicators reported provide a basis for scanning the range of known conditions and estimating the County's health conditions, revealing both its strengths and its weaknesses. The profile user may compare real or estimated rates, cases reported annually, and prevalence and trends in Morris County with those of other counties and the State to obtain a sense of where its residents are advantaged or disadvantaged by comparison.

Such comparisons are intended to inform the discussions of planning process participants as they act to identify Morris County health priorities. The profile is also intended to be useful to a range of health services providers who may find in its contents information and sources of information that will assist their own institutional planning and operational activities.

Limitations of Profile Data

This first edition of the profile is not a complete statement of health status. Such a statement is likely impossible to assemble at this time, as information is not published or known to be available on subjects such as the incidence and prevalence of mental illness by diagnosis, or the status of persons with any of a variety of chronic conditions—to name but two of the many topics affected by underreporting. In its current form, this profile is believed to present a reasonable breadth of information, but limited depth.

While the information presented is intended to be the latest available, subjects such as the population data obtained from U.S. Census sources, and NJDHSS cancer and cardiac data, are frequently updated and their most current versions are not likely to appear here. These sources are provided, with the suggestion that they be investigated by data users for their latest releases. Additional information that is required to construct an improved portrayal of indicators might be obtained from these originating sources, which may hold but do not now publish such information, or as part of a special research effort.

The health status indicators published here are generally displayed as they have been obtained from their originators. Data from different sources, different reports, or different areas of a single report are sometimes incorporated into a combined table or chart, as a means of expediting comparison between Morris County and State or other County figures, or to show trends over time; in all such cases both (or all) sources are clearly cited. Such compilation notwithstanding, no manipulation of the data has been undertaken by the Community Health Profile Committee to create rates and averages or to identify trends. In some instances, minimal interpretations of the data are provided that

highlight their relevance to Morris County. In other instances, the data presented are accompanied by comments to identify their consistency or defects to the reader. Presenting the information in this manner is intended to benefit other planning participants as they conduct their own analyses and reach their own conclusions on the significance of the indicator subject and the prospect of its inclusion in the countywide plan.

As the planning and research activity of the Morris Regional Public Health Partnership continues, the inclusion of additional indicators—and improvements to those presented in this edition—are expected. They will be incorporated into the *Profile* accordingly.

Approvals

The Morris County Profile of Health Status Indicators version 1.0 was approved by resolution of the Morris Regional Public Health Partnership on June 1, 2006

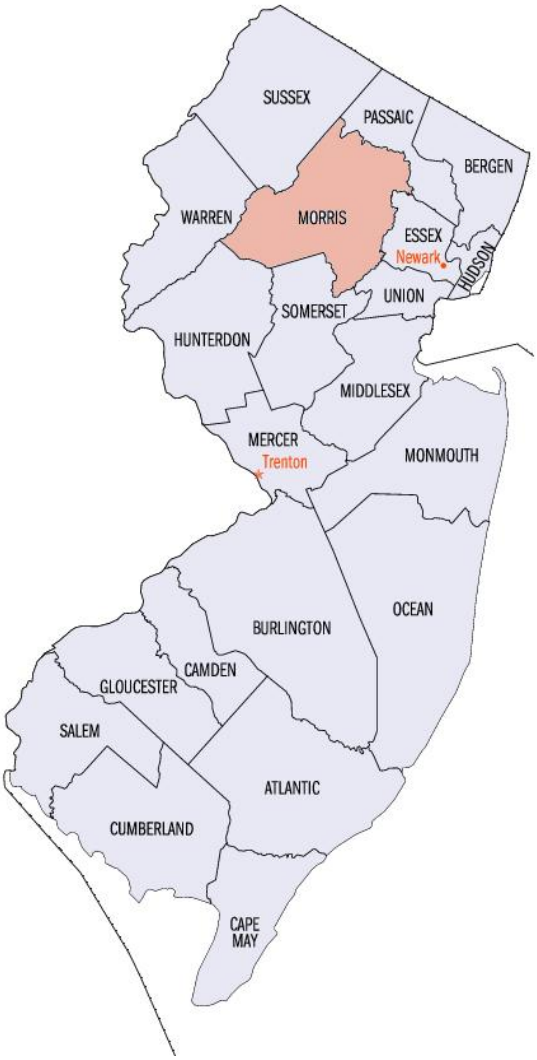
Record of Changes

Change Item	Date	Change by:

SECTION 1 – COUNTY DEMOGRAPHIC PROFILE

I. Introduction

A. Map of New Jersey



B. Map of Morris County

C. Overview of Morris County

Morris County lies in north-central New Jersey. Its estimated 470,212 residents generally are among the wealthiest and best educated in the United States. However, lower-income residents have always been present and associated with black and Hispanic population concentrations in the Morristown and Dover areas, respectively. From 1990 through 2000, the County's population increased by almost 50,000 persons (at about a 1% compounded rate), but between 2000 and 2002, it is estimated to have lost nearly 700 residents (469,544). In recent years, foreign immigration to the United States has resulted in new middle- and lower-income people making their residence in the Parsippany area. In 2000, almost 73,000 Morris County residents were foreign-born with 37,000 originating from Asia. Morris County also has an increasing population of aging persons.

D. Highlights of Morris County

Morris County has thirty nine subdivisions or municipalities. As the County continues to develop, environmental concerns for potable water and waste are strong public health priorities. In the long term, further land development is likely to lead to: (1) increased population density (currently about 1,000 persons per square mile of land); (2) further requirements for public waste-processing systems; (3) development of public water systems; and (4) a general intensification of the need for "traditional" and personal public health services. At least one municipality is considering limiting development to its land area, and the County Planning Department is developing measures of chemical absorption for the land that will limit the density, and consequently the scope, of its development.

II. Demographic Overview

A. General Population

Table 1.II serves two purposes: (1) to offer a general idea of where populations are concentrated within Morris County by listing the total populations of the County's thirty nine municipalities; and (2) to identify those municipalities with high rural populations, as those populations are hard to reach and, therefore, less likely to have access to proactive preventive education and health care in general. This is especially true for the elderly or residents with impaired mobility. Special cancer education, early detection, and prevention considerations may have to be given to serve those rural areas that may be adversely impacted.

The biggest population concentration in Morris County in both absolute number and percentage terms is in Parsippany-Troy Hills. At 50,700 people, one in nine, or about 11% of the County's population live in this municipality. There are a number of municipalities comprising around 5% of the County's total population; the populations in these areas are about half the size in number of Parsippany-Troy Hills. All other municipalities are smaller in percentage and/or in number of people.

A majority of Morris County municipalities (as seen in Table 1.II.) are overwhelmingly urban. Only Chester Township (51.7%), Harding (79.5%), and Washington Township (55.5%) have greater percentages of the population designated as rural.

Table 1, II. Morris County Urban and Rural Populations, 2000

Place	Total Population	% of Total Population	Urban Population	% Urban	Rural Population	% Rural
County total	**470,212**	**100%**	**432,880**	**92.1%**	**37,332**	**7.9%**
Boonton	8,496	1.8%	8,496	100.0%	0	0.0%
Boonton Township	4,287	0.9%	3,787	88.3%	500	11.7%
Butler Borough	7,420	1.6%	7,420	100.0%	0	0.0%
Chatham Borough	8,460	1.8%	8,460	100.0%	0	0.0%
Chatham Township	10,086	2.1%	8,777	87.0%	1,309	13.0%
Chester Borough	1,635	0.3%	1,635	100.0%	0	0.0%
Chester Township	7,282	1.5%	3,516	48.3%	3,766	51.7%
Denville Township	15,824	3.4%	15,824	100.0%	0	0.0%
Dover	18,188	3.9%	18,188	100.0%	0	0.0%
East Hanover	11,393	2.4%	11,393	100.0%	0	0.0%
Florham Park	8,857	1.9%	8,857	100.0%	0	0.0%
Hanover Township	12,898	2.7%	12,898	100.0%	0	0.0%
Harding Township	3,180	0.7%	651	20.5%	2,529	79.5%
Jefferson Township	19,717	4.2%	16,201	82.2%	3,516	17.8%
Kinnelon Borough	9,365	2.0%	7,168	76.5%	2,197	23.5%
Lincoln Park Bor.	10,930	2.3%	10,930	100.0%	0	0.0%
Long Hill Township	8,777	1.9%	7,904	90.1%	873	9.9%
Madison Borough	16,530	3.5%	16,530	100.0%	0	0.0%
Mendham Borough	5,097	1.1%	4,351	85.4%	746	14.6%
Mendham Township	5,400	1.1%	3,060	56.7%	2,340	43.3%
Mine Hill Township	3,679	0.8%	3,679	100.0%	0	0.0%
Montville Township	20,839	4.4%	19,632	94.2%	1,207	5.8%
Morris Township	21,796	4.6%	20,936	96.1%	860	3.9%
Morris Plains	5,236	1.1%	5,236	100.0%	0	0.0%
Morristown	18,544	3.9%	18,544	100.0%	0	0.0%
Mountain Lakes	4,256	0.9%	4,256	100.0%	0	0.0%
Mount Arlington	4,663	1.0%	4,663	100.0%	0	0.0%
Mount Olive	24,193	5.1%	21,515	88.9%	2,678	11.1%
Netcong Borough	2,580	0.5%	2,580	100.0%	0	0.0%
Parsippany-Troy Hills	50,649	10.8%	50,649	100.0%	0	0.0%
Pequannock	13,888	3.0%	13,888	100.0%	0	0.0%
Randolph Township	24,847	5.3%	24,552	98.8%	295	1.2%
Riverdale Borough	2,498	0.5%	2,498	100.0%	0	0.0%
Rockaway Borough	6,473	1.4%	6,473	100.0%	0	0.0%
Rockaway Township	22,930	4.9%	19225	83.8%	3,705	16.2%
Roxbury Township	23,883	5.1%	22,831	95.6%	1,052	4.4%
Victory Gardens	1,546	0.3%	1,546	100.0%	0	0.0%
Washington Township	17,592	3.7%	7,833	44.5%	9,759	55.5%
Wharton Borough	6,298	1.3%	6,298	100.0%	0	0.0%

Data Source: U.S. Census 2000 Summary File 3 Sample Data

B. Age Distribution of Morris County

Table 2.II presents a breakdown of the Morris County population by age and by sex for 1990 and 2000. The data indicate that the age distribution of the 470,212 residents of Morris County in 2000 had two modes, with a small peak between the ages of 5 and 9 years (both sexes) and a second peak between ages 35 and 39 years. Between 1990 and 2000, double-digit percentage changes (positive and negative) in the number of residents in the County are visible in all but the 15-to-19 and 35-to-39 age groups. The population between the ages of 15 to 34 declined.

Table 2, II. Morris County Population by Age and Sex, 1990 and 2000

Ages	1990		2000			2000			
	Number Both Sexes 1990	% Both Sexes	Number Both Sexes 2000	% Both Sexes	% Change 1990 to 2000 Both Sexes	Number Male 2000	% Male	Number Female 2000	% Female
All Ages	**42,353**	**100%**	**470,212**	**100%**	**11.6**	**230,039**	**100%**	**240,173**	**100%**
Under 5	27,637	6.6%	32,906	7.0%	19.1	16,855	7.3%	16,051	6.7%
5 to 9	25,941	6.2%	34,234	7.3%	32.0	17,593	7.6%	16,641	6.9%
10 to 14	26,040	6.2%	32,425	6.9%	24.5	16,771	7.3%	15,654	6.5%
15 to 19	27,735	6.6%	26,598	5.7%	-4.1	13,658	5.9%	12,940	5.4%
20 to 24	30,046	7.1%	20,571	4.4%	-31.5	10,496	4.6%	10,075	4.2%
25 to 34	71,457	17.0%	63,689	13.5%	-10.9	31,532	13.7%	32,157	13.4%
35 to 39	35,863	8.5%	36,761	7.8%	2.5	18,121	7.9%	18,640	7.8%
40 to 44	36,377	8.6%	44,021	9.4%	21.0	21,824	9.5%	22,197	9.2%
45 to 49	31,909	7.6%	42,444	9.0%	33.0	20,912	9.1%	21,532	9.0%
50 to 54	24,056	5.7%	37,332	7.9%	55.2	18,275	7.9%	19,057	7.9%
55 to 64	39,870	9.5%	46,927	10.0%	17.7	22,906	9.9%	24,021	10%
65 to 74	26,064	6.2%	29,391	6.2%	12.8	13,697	6.0%	15,694	6.5%
75 to 84	13,738	3.3%	18,487	4.0%	34.6	7,128	3.1%	11,359	4.7%
85 +	4,620	1.1%	6,652	1.4%	44.0	1,838	0.8%	4,814	20%
Median Age	35		37				County 48.9%		County 51.1%

Data Sources: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data; U.S Census 1990 Summary File 1 (SF 1) 100-Percent Data

Table 3.II presents the age distribution of the County as a summary table with five age groups that correspond to those employed to report cancer data in Section III.

Table 3, II. Morris County Age Distribution by Alternative Age Categories, 1990 and 2000

Population Category	Number Both Sexes 1990	% Both Sexes 1990	Number Both Sexes 2000	% Both Sexes 2000	% Change 1990–2000 Both Sexes	Number Male 2000	% Male 2000	Number Female 2000	% Female 2000
15 to 39	165,101	39.2%	147,619	31.4%	-10.6	73,807	32.1%	73,812	30.8%
40 to 49	68,286	16.2%	86,465	18.4%	26.6	42,736	18.6%	43,729	18.2%
50 to 64	63,926	15.2%	84,259	17.9%	31.8	41,181	17.8%	43,078	17.9%
65 to 74	26,064	6.2%	29,391	6.2%	12.8	13,697	6.0%	15,694	6.5%
75 and older	18,358	4.4%	25,139	5.4%	36.9	8,966	3.9%	16,173	6.7%

Data Sources: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data;
U.S. Census 1990 Summary File 1 (SF 1) 100-Percent Data

C. Aged Population by County Municipalities

This section identifies the Morris County municipalities (those for which data are available) in which estimated numbers and percentages of people 65 years and older are greater than the County's. These data are presented in Table 4.II. In 2000, twenty three municipalities had percentages of residents 65 or older that were higher than that of the county (11.6%). The top three were Florham Park (20.4%), Mendham Borough (16.8%), and Harding Township (16.4%). The top three in number were Parsippany-Troy Hills Township (5,691), Morris Township (3,356), and Roxbury Township (2,363). In Morris County, 54,530 residents were 65 years or older in 2000. Morristown had the most skewed gender distribution of residents 65 or older, with 36.6% males and 63.4% females. The U.S. Census Bureau estimates that in 2002 the population 65 and older in Morris County was 49,654, including an estimated 22,029 (44.4%) males and 27,625 (55.6%) females.

Table 4, II. Morris County Municipalities with Aged Population Greater than County Percentage, 2000

Municipalities > County %	Number Residents 65 Years and Over	Percent All Residents 65 Years and Over	Number Male	Percent Male	Number Female	Percent Female
County (all municipalities)	**54,530**	**11.6%**	**22,663**	**42.4%**	**31,867**	**58.4%**
Florham Park	1,806	20.4%	684	37.9%	1,122	62.1%
Mendham Borough	857	16.8%	320	37.3%	537	62.7%
Harding Township	521	16.4%	241	46.3%	280	53.7%
Morris Plains	848	16.2%	328	38.7%	520	61.3%
Morris Township	3,356	15.4%	1,373	40.9%	1,983	59.1%
Denville Township	2,376	15.0%	928	39.1%	1,448	60.9%
Hanover Township	1,921	14.9%	842	43.8%	1,079	56.2%
Boonton Township	638	14.9%	269	42.2%	369	57.8%
Lincoln Park Borough	1,622	14.8%	628	38.7%	994	61.3%
Netcong Borough	377	14.6%	154	40.8%	223	59.2%
East Hanover	1,662	14.6%	735	44.2%	927	55.8%
Pequannock	1,956	14.1%	813	41.6%	1,143	58.4%
Chester Borough	223	13.6%	86	38.6%	137	61.4%
Chatham Township	1,366	13.5%	562	41.1%	804	58.9%
Boonton	1,147	13.5%	486	42.4%	661	57.6%
Butler Borough	983	13.2%	398	40.5%	585	59.5%
Mine Hill Township	487	13.2%	209	42.9%	278	57.1%
Madison Borough	2,157	13.0%	878	40.7%	1,279	59.3%
Chatham Borough	1,098	13.0%	445	40.5%	653	59.5%
Long Hill Township	1,109	12.6%	498	44.9%	611	55.1%
Morristown	2,292	12.4%	840	36.6%	1,452	63.4%
Riverdale Borough	302	12.1%	119	39.4%	183	60.6%
Wharton Borough	711	11.3%	274	38.5%	437	61.5%
Municipalities < County %						
Parsippany-Troy Hills	5,691	11.2%	2,377	41.8%	3,314	58.2%
Montville Township	2,256	10.8%	994	44.1%	1,262	55.9%
Mendham Township	582	10.8%	274	47.1%	308	52.9%
Mount Arlington	496	10.6%	210	42.3%	286	57.7%
Dover	1,922	10.6%	740	38.5%	1,182	61.5%
Roxbury Township	2,363	9.9%	970	41.0%	1,393	59.0%
Rockaway Township	2,162	9.4%	955	44.2%	1,207	55.8%
Chester Township	664	9.1%	294	44.3%	370	55.7%
Mountain Lakes	386	9.1%	205	53.1%	181	46.9%
Kinnelon Borough	841	9.0%	400	47.6%	441	52.4%
Jefferson Township	1,690	8.6%	736	43.6%	954	56.4%
Washington Township	1,449	8.2%	571	39.4%	878	60.6%
Randolph Township	1,817	7.3%	802	44.1%	1,015	55.9%
Mount Olive	1,542	6.4%	670	43.5%	872	56.5%
Victory Gardens	84	5.4%	32	38.1%	52	61.9%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

D. Population, Geographic Area, and Population Density

Table 5.II data indicate that at roughly 1,000 residents per square mile, Morris County (ranked tenth) is just above the median county (Somerset) in population density in New Jersey.

Table 5, II. Morris County Municipalities Population and Area Rankings, 2000

County	Population	Total Area (Sq. Miles)	Water Area (Sq. Miles)	Land Area (Sq. Miles)	Population Density (Residents/Sq. Mile)
Hudson County	608,975	62.4	15.7	46.7	13043.6
Essex County	793,633	129.6	3.3	126.3	6285.4
Union County	522,541	105.5	2.2	103.3	5059.0
Bergen County	884,118	246.8	12.6	234.2	3775.5
Passaic County	489,049	197.1	11.8	185.3	2639.3
Middlesex County	750,162	322.5	12.8	309.7	2422.1
Camden County	508,932	227.6	5.3	222.3	2289.4
Mercer County	350,761	228.8	2.9	225.9	1552.5
Monmouth County	615,301	665.1	193.2	471.9	1303.8
Morris County	**470,212**	**481.3**	**12.3**	**469.0**	**1002.6**
Somerset County	297,490	305.1	0.4	304.7	976.4
Ocean County	510,916	915.9	279.6	636.3	803.0
Gloucester County	254,673	336.9	12.2	324.7	784.3
Burlington County	423,394	819.4	14.9	804.6	526.2
Atlantic County	252,552	671.5	110.4	561.1	450.1
Cape May County	102,326	620.3	365.1	255.2	401.0
Cumberland County	146,438	676.6	187.3	489.3	299.3
Warren County	102,437	362.8	4.9	357.9	286.2
Hunterdon County	121,989	437.8	7.8	429.9	283.7
Sussex County	144,166	536.0	14.7	521.3	276.6
Salem County	64,285	372.6	34.7	337.9	190.3

Data Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

E. Disability in 1990 and 2000

Tables 6.II and 7.II report persons with disabilities living in Morris County in the years 1990 and 2000. Disability data for 2000 were collected by the U.S. Census using a somewhat different instrument and approach than was used in 1990; hence, the data are not strictly comparable.

In 1990 in Morris County, nearly 290,500 people (60% of the County's population) were between the ages of 16 to 64, and about one in 40 (that is, 2.6% or 7,505) had a mobility

or self-care limitation. Of those, 5,300 had self-care limitations and 3,800 had mobility restrictions. Roughly one in 25 (4.3% or over 12,500) in this age group had work disability, and 40% (over 5,000 people) of those were prevented from working.

In the same year, over 41,000 people (about 9% of the County's population), were in cohort ages 65 or older, and about one in six (that is, 16% or 6,660) had a mobility or self-care limitation. Of those, 3,789 had self-care limitations and about 5,279 had mobility restrictions.

Table 6, II. Morris County Disabled Populations, 1990

Disability of Civilian Non-Institutionalized Persons 1990	**Number of Persons**	**Percent**
Persons 16 to 64 years old	**290,396**	**100.0%**
With a mobility or self-care limitation	7,505	2.6%
With a mobility limitation	3,794	1.3%
With a self-care limitation	5,278	1.8%
With a work disability	12,548	4.3%
In labor force	6,232	2.1%
Prevented from working	5,134	1.8%
Persons 65 years and older	**41,378**	**100.0.%**
With a mobility or self-care limitation	6,659	16.1%
With a mobility limitation	5,272	12.7%
With a self-care limitation	3,789	9.2%

Source: U.S. Census 1990 Summary Tape File 1 (SF 1) 100-Percent Data.

Morris County disability data for ages 5 to 20, 21 to 64, and 65 or older are available for the year 2000, as are employment data for disabled and non-disabled persons in the 21-to-64 age group. In the 5-to-20 age group, about 6,100 of 97,000 people were disabled. In the 21-to-64 age group, about 35,800 of 284,431 people were disabled. In the 65-or-older group, 16,962 of 51,848 (nearly a third) of people were disabled. Nearly two-thirds of the disabled people ages 21 to 64 were employed. The 9,066 persons with disabilities and mobility limitations may need transportation assistance to and from health care services.

Table 7, II. Morris County Disabled Status and Employment, 2000

Disability Status of Civilian, Non-Institutionalized Population	Number of Persons	%
Population 5 to 20 years old	**97,103**	**100.0%**
With a disability	6,125	6.3%
Population 21 to 64 years old	**284,431**	**100.0%**
With a disability	35,788	12.6%
Percent employed	67.8 %	N/A
No disability	248,643	87.4%
Percent employed	80.5 %	N/A
Persons 65 years and older	**51,848**	**100.0%**
With a disability	16,962	32.95%

Source: U.S. Census 2000 Summary Tape File 1 (SF 1) 100- Percent Data.

III. Race

A. Distribution by Race, Hispanic or Latino Ethnicity, and Non-English-Speaking Capability

Table 1.III is a summary table comparing the population of Morris County by race, Hispanic or Latino ethnicity, and non-English speaking capability for 1990 and 2000.

Trends from 1990 to 2000: whites were in the majority and increased even more in percentage (about nine out of ten were whites in the year 2000), the African American percentage remained about the same (one in thirty six in the year 2000), the Asian percentage almost doubled to 6.3% (about one in sixteen), and the Hispanic/Latino population percentage decreased by about one in twelve, or 8% to 7.8%. Among the population aged five years and older, those who speak a language other than English at home decreased by nearly 10% (from three in ten, to two in ten), a large decrease reflective of a change in the population mix mentioned above. Finally, in the population aged five years and older, those who speak a language other than English at home who and speak English less than “very well,” was 7.6% in year 2000 (about one in thirteen persons).

Table 1, III. Morris County Race, Ethnicity, and Non-English Language Capability, 1990 and 2000

Race/Ethnicity or Language Variable	1990	2000
Percent White	82.2%	87.2%
Percent African American	2.6%	2.8%
Percent Native or Alaskan	N/A	0.1%
Percent Asian	3.5%	6.3%
Percent Native Hawaiian or other Pacific Islander	0.0%	0.0%
Percent some other race	1.1%	2.0%
Percent Hispanic or Latino (any race)	15.4%	7.8%
Percent White alone not Hispanic or Latino	N/A	82.0%
Percent of population (5 years and older) speaking Non-English language at home	28.2%	19.7%
Percent of total population (5 years and older) speaking Non-English language at home and speaking English less than "very well"	N/A	7.6%

Data Sources: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data;
U.S. Census 1990 Summary Tape File 1 (SF 1)-100 Percent Data
N/A signifies that the data were not available or that the item definition was not the same as in 2000.

Table 2.III, which follows, provides additional details regarding the racial composition of Morris County in the year 2000. A surprising 98.4 % claim only one race. The only notable percentage beyond whites is Asians at 6.3%, of which 2.3% were of Indian origin.

Table 2.III. Morris County Population by Race and Racial Subcategories, 2000

Race	Number	Percent
Total population	**470,212**	**100.0%**
One race	462,886	98.4%
White	410,042	87.2%
African American	13,181	2.8%
American Indian and Alaska Native	572	0.1%
American Indian	338	0.1%
Alaska Native	11	0.0%
Both American Indian and Alaska Native	0	0.0%
American Indian or Alaska Native, not specified	223	0.0%
Asian	29,432	6.3%
Asian Indian	10,966	2.3%
Chinese	9,637	2.0%
Filipino	2,994	0.6%
Japanese	683	0.1%
Korean	2,536	0.5%
Vietnamese	881	0.2%
Other Asian category	1,343	0.3%
Two or more Asian categories	392	0.1%
Native Hawaiian and Other Pacific Islander	188	0.0%
Native Hawaiian	26	0.0%
Samoan	34	0/0%
Guamanian or Chamorro	26	0.0%
Other Pacific Islander category	101	0.0%
Two or more Native Hawaiian or Other Pacific Islander categories	1	0.0%
Some other race	9,471	2.0%
Two or more races	7,326	1.6%
Two races including some other race	3,414	0.7%
Two races excluding some other race, and three or more races	3,912	0.8%
Two races excluding some other race	3,619	0.8%
Three or more races	293	0.1%

Data Source: U.S. Census 2000 Summary Tape File 1 (SF 1) 100-Percent Data

IV. Hispanic Ethnicity

Table 1.IV provides a breakdown of the population of people who describe themselves as Hispanic or Latino, and their ethnicity within that category. It also displays a cross-classification of unspecified race, indicating the numbers and proportions of Hispanic/Latino people of a single race, or more than one race. An estimated 7.8% of people in the County described themselves as Hispanic or Latino in 2000. An estimated 98.4% of people considered themselves of a single race.

Table 1, IV. Morris County Hispanic/Latino Ethnicity and Race, 2000

Hispanic /Latino Ethnicities	Number	Percent
Total population	**470,212**	**100.0%**
Hispanic or Latino (of any race)	36,626	7.8%
Mexican	3,489	0.7%
Puerto Rican	7,930	1.7%
Cuban	1,687	0.4%
Other Hispanic or Latino	23,520	5.0%
Not Hispanic or Latino	433,586	92.2%
Race and Hispanic/Latino Ethnicity		
Total population	**470,212**	**100.0%**
Total population of a single race	462,886	98.4%
Hispanic or Latino	34,315	7.3%
Not Hispanic or Latino	428,571	91.1%
Total population of two or more races	7,326	1.6%
Hispanic or Latino	2,311	0.5%
Not Hispanic or Latino	5,015	1.1%

Data Source: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data

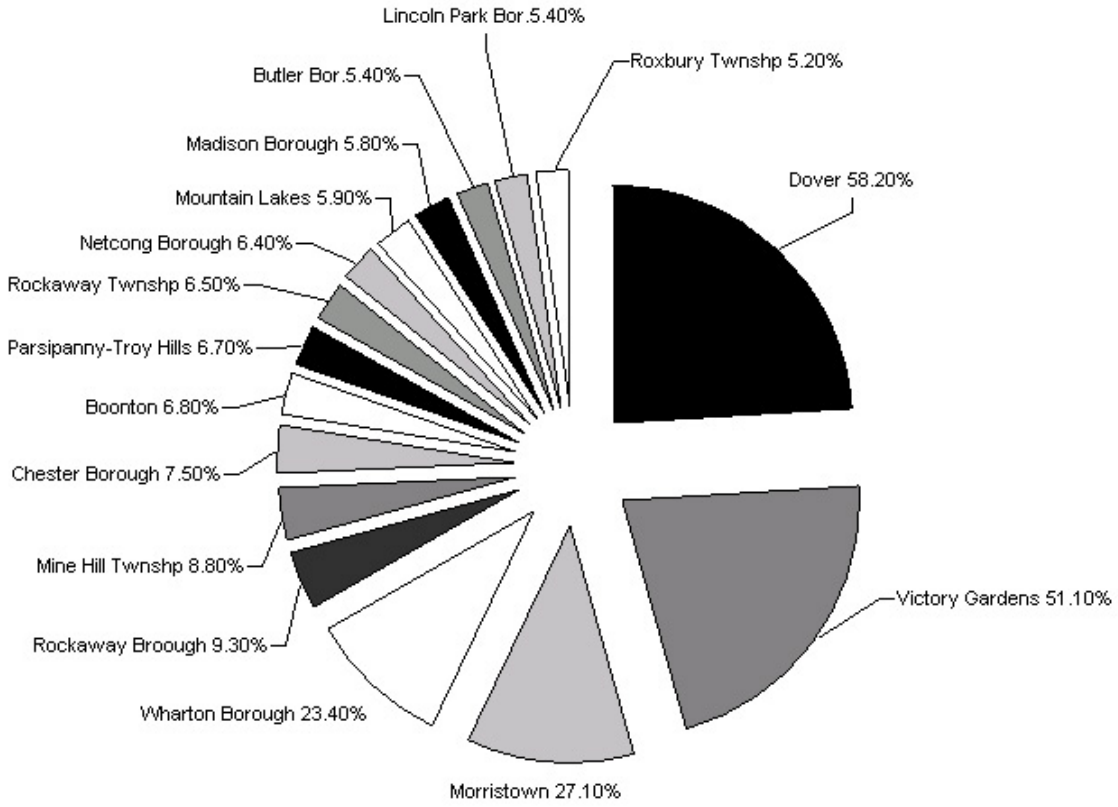
Table 2.IV contains data reflecting the numbers and percentages of the Hispanic/Latino population, by race for selected municipalities in the County. Chart 1.IV below illustrates that the top four municipalities were, in descending order: Dover, with nearly 58% of its population; Victory Gardens, with 51.1%; Morristown, with 27.1%; and Wharton Borough with 23.4%. All other municipalities had very small percentages. These top four together account for 48% of Morris County's Hispanic/Latino population.

In absolute numbers, the top three municipalities were: Dover, with 10,577 persons (about a third of the County's total Hispanic population), Morristown, with 5,028, and Parsippany-Troy Hills, with 3,405. The next four municipalities that follow these and are numerically close to one another had Hispanic/Latino populations between 1,237 and

1,482. However, only the top three municipalities account for 52% of Morris County's Hispanic/Latino population. The top seven account for two-thirds of the Hispanic/Latino population of the County.

The top three municipalities—Dover, Morristown and Parsippany-Troy Hills—can be considered centers of concentration of the Hispanic/Latino population of Morris County. Only Dover exhibits what could be considered a concentration of African Americans, but their absolute numbers are very small.

Chart 1, IV. Morris County Municipalities with Hispanic Populations of 5% or Greater



Based on Table 2.IV, Morris County Hispanic/Latino Populations by Race, 2000
Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

Table 2, IV. Morris County Hispanic/Latino Populations by Race, 2000

Place	Total Population	Hispanic or Latino	Percent Hispanic or Latino	Hispanic White	Hispanic African American
County	**470,212**	**36,626**	**7.8%**	**24,232**	**691**
Boonton	8,496	575	6.8%	410	25
Boonton Township	4,287	133	3.1%	83	0
Butler Borough	7,420	402	5.4%	223	0
Chatham Borough	8,460	242	2.9%	226	0
Chatham Township	10,086	134	1.3%	127	0
Chester Borough	1,635	122	7.5%	89	13
Chester Township	7,282	197	2.7%	168	16
Denville Township	15,824	432	2.7%	339	19
Dover	18,188	10,577	58.2%	6,710	255
East Hanover	11,393	321	2.8%	294	0
Florham Park	8,857	130	1.5%	104	0
Hanover Township	12,898	390	3.0%	343	0
Harding Township	3,180	0	0.0%	0	0
Jefferson Township	19,717	628	3.2%	474	4
Kinnelon Borough	9,365	200	2.1%	164	0
Lincoln Park Borough	10,930	588	5.4%	324	7
Long Hill Township	8,777	336	3.8%	224	27
Madison Borough	16,530	963	5.8%	744	26
Mendham Borough	5,097	164	3.2%	93	0
Mendham Township	5,400	124	2.3%	119	0
Mine Hill Township	3,679	325	8.8%	225	4
Montville Township	20,839	463	2.2%	365	19
Morris Plains	21,796	808	3.7%	477	12
Morris Township	5,236	114	2.2%	93	0
Morristown	18,544	5,028	27.1%	2,976	31
Mount Arlington	4,256	105	2.5%	79	0
Mount Olive	4,663	204	4.4%	157	0
Mountain Lakes	24,193	1,431	5.9%	874	51
Netcong Borough	2,580	164	6.4%	121	0
Parsippany-Troy Hills	50.649	3,405	6.7%	2,227	63
Pequannock	13,888	404	2.9%	380	0
Randolph Township	24,847	1,086	4.4%	778	0
Riverdale Borough	2,498	45	1.8%	21	0
Rockaway Borough	6,473	604	9.3%	344	0
Rockaway Township	22,930	1,482	6.5%	1,059	36
Roxbury Township	23,883	1,237	5.2%	1,026	27
Victory Gardens	1,546	790	51.1%	446	25
Washington Township	17,592	420	2.4%	386	0
Wharton Borough	6,298	1,473	23.4%	940	31

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

A. Poverty in the Hispanic/Latino Population

Table 3.IV contains the number and percent of Hispanic/Latinos in 2000 who had incomes below the federal government poverty level. The table reports that although Chester has the highest percentage, a very small number of its Hispanic/Latino population live below the poverty level. Dover has the greatest number by a wide margin, with 1,966 persons living in poverty; Morristown is second with 865; and Parsippany-Troy Hills is a distant third, with 231. Again the populations at risk are within the three municipalities.

Table 3, IV. Morris County Hispanic/Latino Population Poverty Data, 2000

Selected Municipalities	Total Hispanic/Latino Population	Number of Hispanic/Latino Population with Income in 2000 Below Poverty Level	Number of Hispanic/Latino Population with Income in 2000 at or Above Poverty Level	Percent of Hispanic/Latino Population Below Poverty Level
County partial total	**35,431**	**4,485**	**30,946**	**13%**
Lincoln Park	553	0	553	0 %
Pequannock Township	387	0	387	0%
Jefferson Township	628	9	619	1%
Hanover Township	383	6	377	2%
Madison	786	32	754	45%
Mount Olive	1,416	72	1,344	5%
Morris Township	661	35	626	5%
Randolph Township	1,086	63	1,023	6%
Montville Township	463	31	432	7%
Netcong	164	11	153	7%
Roxbury Township	1,225	83	1,142	7%
Rockaway Township	1,482	103	1,379	7%
Parsippany-Troy Hills	3,268	231	3,037	7%
Victory Gardens	784	73	711	9%
Denville	418	39	379	9%
Butler Borough	402	38	364	10%
Rockaway Borough	600	86	514	14%
Morristown	4,973	865	4,108	17%
Dover	10,481	1,966	8,515	19%
Wharton Borough	1,467	280	1,187	19%
Boonton	575	120	455	21%
Chester Borough	120	38	82	32%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

V. Language

Chart 1.V, below, illustrates the distribution of languages spoken at home in Morris County, and is based on the Table 1.V on the following page. In 2000, four out of five residents spoke only English at home. The remaining population (20%), spoke a variety of other languages, with Spanish or Spanish Creole most prominent (7.2%). Chart 2 illustrates the principal languages spoken.

Chart 1, V. Morris County, Principal Languages Other Than English and Spanish Spoken at Home, 2000

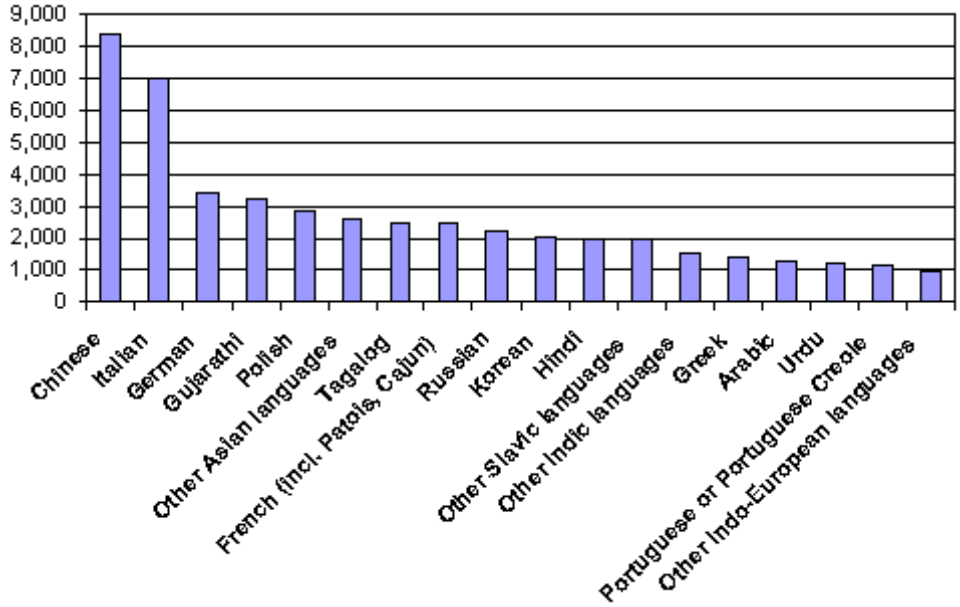


Table 2.V, below, reports the numbers and percentages of Spanish-speaking people who are linguistically isolated for selected municipalities in Morris County. The top three with the greatest numbers of such persons are Dover (1,014), Morristown (502), and Parsippany-Troy Hills (293). By percentage, the top three are Morristown with 42.9%, Dover with 39.9%, and Victory Gardens with 38.5%. The total population of Victory Gardens, however, is quite small. Again, the top three municipalities of focus are the same three, namely, Dover, Morristown, and Parsippany-Troy Hills.

For selected municipalities in Morris County, Table 3.V reports data on Indo-European language-speaking populations—people who speak languages other than Spanish. The table provides information about the numbers of people within that population who are linguistically isolated. The municipalities with the greatest numbers of linguistically isolated people are Parsippany-Troy Hills (425), Mount Olive (149), and Montville (129). By percentage, the top three municipalities are: Parsippany-Troy Hills with 425, Mount Olive with 149, and Montville Township with 129. However, as a percentage of overall Morris County population, the top three together still constitute a very small segment (less than 0.15 percent, perhaps not a population of focus.)

Table 1, V. Morris County Languages Spoken at Home, 2000

Language	Number	Percent
Population 5 years and older	**437,746**	**100.0%**
Speak only English	351,459	80.3%
Speak a language other than English	86,287	19.7%
Spanish or Spanish Creole	31,704	7.2%
French (incl. Patois, Cajun)	2,428	0.6%
French Creole	246	0.1%
Italian	6,991	1.6%
Portuguese or Portuguese Creole	1,147	0.3%
German	3,406	0.8%
Yiddish	237	0.1%
Other West Germanic languages	464	0.1%
Scandinavian languages	588	0.1%
Greek	1,411	0.3%
Russian	2,234	0.5%
Polish	2,833	0.6%
Serbo-Croatian	576	0.1%
Other Slavic languages	2,018	0.5%
Armenian	151	0.0%
Persian	748	0.2%
Gujarathi	3,204	0.7%
Hindi	2,020	0.5%
Urdu	1,230	0.3%
Other Indic languages	1,581	0.4%
Other Indo-European languages	965	0.2%
Chinese	8,392	1.9%
Japanese	675	0.2%
Korean	2,071	0.5%
Mon-Khmer, Cambodian	94	0.0%
Thai	102	0.0%
Laotian	23	0.0%
Vietnamese	635	0.1%
Other Asian languages	2,623	0.6%
Tagalog	2,429	0.6%
Other Pacific Island languages	222	0.1%
Other Native North American languages	21	0%
Hungarian	612	0.1%
Arabic	1,294	0.3%
Hebrew	493	0.1%
African languages	240	0.1%
Other and unspecified languages	179	0.0%

Data Source: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data

Table 2, V. Morris County Municipalities Spanish Language Isolation, 2000

Municipalities	Household Population	Spanish Speaking	Spanish Linguistically Isolated	Not Spanish Linguistically Isolated	% Spanish Linguistically Isolated
County households	**169,794**	**11,595**	**2,742**	**8,853**	**23.6%**
Chatham Township	3,940	113	0	113	0.0%
Chester Township	2,314	105	0	105	0.0%
East Hanover Township	3,847	157	0	157	0.0%
Florham Park Borough	3,249	48	0	48	0.0%
Harding Township	1,190	14	0	14	0.0%
Kinnelon Borough	3,060	118	0	118	0.0%
Mountain Lakes Borough	1,343	65	0	65	0.0%
Mount Arlington Borough	1,915	91	0	91	0.0%
Riverdale Borough	927	23	0	23	0.0%
Mount Olive Township	9,041	402	6	396	1.5%
Jefferson Township	7,158	296	5	291	1.7%
Chatham Borough	3,143	126	6	120	4.8%
Denville Township	5,996	218	14	204	6.4%
Washington Township	5,772	181	17	164	9.4%
Long Hill Township	3,140	118	13	105	11.0%
Randolph Township	8,691	366	42	324	11.5%
Boonton Township	1,478	59	7	52	11.9%
Wharton Borough	2,327	385	46	339	11.9%
Rockaway Township	8,107	686	86	600	12.5%
Mendham Township	1,782	64	9	55	14.1%
Rockaway Borough	2,449	198	28	170	14.1%
Mendham Borough	1,781	49	7	42	14.3%
Butler Borough	2,857	138	20	118	14.5%
Pequannock Township	5,023	141	23	118	16.3%
Morris Township	8,094	335	60	275	17.9%
Lincoln Park Borough	4,044	251	46	205	18.3%
Mine Hill Township	1,364	108	20	88	18.5%
Montville Township	7,374	292	59	233	20.2%
Boonton	3,275	216	45	171	20.8%
Roxbury Township	8,343	397	87	310	21.9%
Parsippany-Troy Hills	19,628	1,276	293	983	23.0%
Netcong Borough	1,006	71	17	54	23.9%
Madison Borough	5,522	307	95	212	30.9%
Hanover Township	4,768	146	51	95	34.9%
Morris Plains Borough	1,956	24	9	15	37.5%
Victory Gardens Borough	562	252	97	155	38.5%
Dover	5,463	2,540	1,014	1,526	39.9%
Morristown	7,261	1,182	502	680	42.5%
Chester Borough	604	37	18	19	48.6%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

Table 3, V. Morris County, Indo-European Language Isolation, 2000

Municipalities	Household Population	Other Indo-European Languages	Linguistically Isolated	Percent Indo-European Linguistically Isolated
County households	**169,794**	**17,119**	**1,818**	**10.6%**
Boonton	3,275	358	54	15.1%
Boonton Township	1,478	143	0	0.0%
Butler Borough	2,857	236	5	2.1%
Chatham Borough	3,143	270	6	2.2%
Chatham Township	3,940	248	36	14.5%
Chester Borough	604	35	7	20.0%
Chester Township	2,314	199	7	3.5%
Denville Township	5,996	531	25	4.7%
Dover	5,463	316	22	7.0%
East Hanover	3,847	692	93	13.4%
Florham Park	3,249	453	51	11.3%
Hanover Township	4,768	711	73	10.3%
Harding Township	1,190	58	0	0.0%
Jefferson Township	7,158	483	60	12.4%
Kinnelon Borough	3,060	393	27	6.9%
Lincoln Park Borough	4,044	476	43	9.0%
Long Hill Township	3,140	221	9	4.1%
Madison Borough	5,522	662	81	12.2%
Mendham Borough	1,781	173	14	8.1%
Mendham Township	1,782	155	0	0.0%
Mine Hill Township	1,364	86	7	8.1%
Montville Township	7,374	1,054	129	12.2%
Morris Township	8,094	733	69	9.4%
Morris Plains	1,956	153	25	16.3%
Morristown	7,261	533	103	19.3%
Mountain Lakes	1,343	129	0	0.0%
Mount Arlington	1,915	169	23	13.6%
Mount Olive	9,041	884	149	16.9%
Netcong Borough	1,006	90	26	28.9%
Parsippany-Troy Hills	19,628	2,840	425	15.0%
Pequannock	5,023	434	0	0.0%
Randolph Township	8,691	940	51	5.4%
Riverdale Borough	927	92	11	12.0%
Rockaway Borough	2,449	213	62	29.1%
Rockaway Township	8,107	752	68	9.0%
Roxbury Township	8,343	644	38	5.9%
Victory Gardens	562	15	3	20.0%
Washington Township	5,772	365	0	0.0%
Wharton Borough	2,327	180	16	8.9%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

VI. Housing/Household Data

A. Income and Social Variables

Several income and poverty variables, including those for income source and employment, are presented for Morris County in Tables 1.VI and 2.VI. Income data are in nominal dollars and not inflation-adjusted and so cannot strictly be compared across 1990 and 2000. The data indicate that, in 2000, the median household and family income in Morris County was $77,340 and $89,773, respectively. Per Capita Personal Income (PCPI) was $36,964. Additional census data available within indicates great variation across municipalities. In the twenty four such entities in Morris County for which data were available (Table 1.II), the mean and median PCPI was $34,181 and $31,555, respectively, with an associated range of $18,056 in Dover to $65,086 in Mountain Lakes Borough.

Table 1, VI. Morris County Income and Poverty Measures, 1990 and 2000

Income and Poverty Measures	1990	2000
Median income (households)	$56,273	$77,340
Median income (families)	$62,749	$89,773
Per capita personal income	$25,177	$36,964
Male workers median earnings (in dollars) from full-time, year-round work	N/A	$60,165
Female workers median earnings (in dollars) from full-time, year-round work	N/A	$40,065
Percent with income below poverty level All ages*	2.8%	3.9%
Percent with income below poverty level Ages 18 and under*	3.0%	3.7%
Percent with income below poverty level Ages 65 and older*	5.2%	5.3%
Percent of families with income below poverty level	1.8%	2.4%

Data Sources: U.S. Census 2000 Summary File 1 (SF 1)
100-Percent Data; U.S. Census 1990 Summary File 1 (SF 1) Sample File
*Numbers represent percent for whom poverty status could be determined within age category.

Poverty data are consistent with income data. Less than 4% of all residents, adolescents and children for whom poverty status could be determined were in poverty in 2000. A somewhat higher percentage of older residents, 5.3%, were then living in poverty. All poverty rates appear to be higher in 2000 than in 1990. The poverty data also show within-county variations. In Morris County, the mean and median percentage of families with incomes below the official poverty level was 3.1% and 2%, respectively with a range of 0% in Long Hill Township, to 9% in Victory Gardens Borough.

Table 2.VI displays income and poverty data for selected municipalities within Morris County. Individual municipality data reflect great contrasts. The top three municipalities for median family income are Mountain Lakes ($153,227), Mendham Township ($146,254) and Chester Township ($133,586). The bottom three municipalities are Victory Gardens ($43,594), Dover ($57,141), and Wharton ($64,957). The highest rates of poverty for all ages were in Dover (13%), Morristown (11%), and Wharton Borough (8%).

Table 2, VI. Morris County Municipalities Income and Poverty Data, 2000

Place	Median Household Income	Median Family Income	Per Capita Income	Percent with Income Below Poverty Level, All Ages	Percent with Income Below Poverty Level, 65+ years	Percent of Families with Income Below Poverty Level
County	**77,340**	**89,773**	**36,964**	**4%**	**1%**	**2%**
Boonton Town	65,322	75,147	29,919	7%	1%	5%
Boonton Township	91,753	102,944	45,014	1%	0%	1%
Butler Borough	57,455	66,199	27,113	5%	1%	3%
Chatham Borough	101,991	119,635	53,027	2%	0%	2%
Chatham Township	106,208	131,609	65,497	3%	0%	2%
Chester Borough	80,398	106,260	42,564	5%	1%	2%
Chester Township	117,298	133,586	55,353	2%	0%	2%
Denville Township	76,778	90,651	38,607	3%	1%	2%
Dover Town	53,423	57,141	18,056	13%	1%	8%
East Hanover Township	82,133	88,348	32,129	2%	1%	1%
Florham Park Borough	88,706	102,047	42,133	6%	2%	2%
Hanover Township	84,115	93,937	37,661	1%	0%	1%
Harding Township	111,297	128,719	72,689	1%	1%	0%
Jefferson Township	68,837	76,974	27,950	2%	0%	1%
Kinnelon Borough	105,991	110,593	45,796	3%	0%	2%

Cont'd

Table 2, VI. Morris County Municipalities Income and Poverty Data, 2000

Place	Median Household Income	Median Family Income	Per Capita Income	Percent with Income Below Poverty Level, All Ages	Percent with Income Below Poverty Level, 65+ years	Percent of Families with Income Below Poverty Level
Lincoln Park Borough	69,050	77,307	30,389	3%	1%	2%
Long Hill Township	84,532	103,037	42,613	3%	0%	2%
Madison Borough	82,847	101,798	38,416	3%	1%	2%
Mendham Borough	110,348	129,812	48,629	4%	2%	3%
Mendham Township	136,174	146,254	61,460	2%	0%	1%
Mine Hill Township	64,643	67,467	27,119	6%	1%	5%
Montville Township	94,557	105,394	43,341	4%	1%	3%
Morris Township	101,902	116,866	54,782	4%	1%	2%
Morris Plains Borough	84,806	98,333	36,553	2%	0%	1%
Morristown Town	57,563	66,419	30,086	11%	2%	7%
Mountain Lakes Borough	141,757	153,227	65,086	2%	0%	1%
Mount Arlington Borough	67,213	79,514	32,222	3%	0%	2%
Mount Olive Township	64,515	75,189	28,691	3%	0%	2%
Netcong Borough	55,000	65,833	23,472	3%	1%	3%
Parsippany-Troy Hills Township	68,133	81,041	32,220	4%	1%	3%
Pequannock Township	72,729	84,487	31,892	3%	1%	2%
Randolph Township	97,589	115,722	43,072	1%	0%	1%
Riverdale Borough	71,083	79,557	31,187	5%	0%	3%
Rockaway Borough	61,002	66,997	26,500	5%	1%	3%
Rockaway Township	80,939	89,281	33,184	2%	0%	1%
Roxbury Township	72,982	83,409	30,174	3%	0%	2%
Victory Gardens Borough	44,375	43,594	20,616	8%	1%	9%
Washington Township	97,763	104,926	37,489	2%	0%	2%
Wharton Borough	56580	64,957	25,168	8%	0%	6%

Data Set: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

The data displayed in Table 3.VI indicate that for the years 1990 and 2000 over 80% of households in Morris County had private income earnings. Just below 23% had Social Security income and just fewer than 2% had income through Supplemental Security Income (SSI). Only 1% of households were on public assistance in 2000. Similar percentages were present in 1990 for the Social Security and retirement income categories. The percentage and number of persons receiving public assistance were higher in 1990.

Table 3, VI. Morris County Income Data, 1990 and 2000

Household Earnings and Earnings by Non-Wage Source	1990		2000	
	Number	Percent	Number	Percent
Households with earnings	148,627	N/A	148,008	87.2%
Mean earnings (in dollars)	N/A	N/A	$99,849	N/A
With Social Security income	31,669	21.4%	38,460	22.7%
Mean Social Security Income (in dollars)	N/A	N/A	$13,360	N/A
With Supplemental Security income	N/A	N/A	3,174	1.9%
Mean Supplemental Security income (in dollars)	N/A	N/A	$7,027	N/A
With public assistance income	3,626	2.4%	1,699	1.0%
Mean public assistance income (in dollars)	N/A	N/A	$3,789	N/A
With retirement income	22,251	14.9%	27,278	16.1%
Mean retirement income (in dollars)	N/A	N/A	$21,657	N/A

Data Sources: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data;
U.S. Census 1990 Summary Tape File 1 (SF 1) 100-Percent Data

Table 4.VI below reports the numbers and percentage by municipality of the total population in the County that receive public assistance. The municipality with the highest percentage of residents receiving public assistance in 2000 was Victory Gardens Borough with 4.8%. The top four municipalities with the highest number of households receiving public assistance were Parsippany-Troy Hills (256), Dover (183), Morristown (125), and Roxbury Township (107).

Table 4, VI. Morris County Populations Receiving Public Assistance, 2000

Place	Households	Number with Public Assistance Income	Number without Public Assistance Income	% With Public Assistance Income
County	**169,794**	**1,699**	**168,095**	**1%**
Chester	2,314	0	2,314	0%
Mendham	1,781	0	1,781	0%
Mendham Borough	1,782	0	1,782	0%
Morris Plains	1,956	0	1,956	0%
Mountain Lakes	1,343	0	1,343	0%
Chatham	3,143	7	3,136	0%
Chatham Borough	3,940	13	3,927	0%
Long Hill	3,140	14	3,126	0%
Jefferson	7,158	33	7,125	1%
Hanover	4,768	23	4,745	1%
Washington Township	5,772	30	5,742	1%
Randolph	8,691	49	8,642	1%
East Hanover	3,847	23	3,824	1%
Morris Township	8,094	49	8,045	1%
Rockaway Township	8,107	51	8,056	1%
Chester Borough	604	4	600	1%
Mount Olive	9,041	67	8,974	1%
Boonton Township	1,478	11	1,467	1%
Riverdale Borough	927	7	920	1%
Harding Township	1,190	9	1,181	1%
Denville	5,996	49	5,947	1%
Pequannock	5,023	43	4,980	1%
Lincoln Park Borough	4,044	37	4,007	1%
Kinnelon Borough	3,060	28	3,032	1%
Montville Township	7,374	78	7,296	1%
Madison Borough	5,522	59	5,463	1%
Mount Arlington Borough	1,915	22	1,893	1%
Butler Borough	2,857	33	2,824	1%
Netcong Borough	1,006	12	994	1%
Roxbury Township	8,343	107	8,236	1%
Parsippany-Troy Hills	19,628	256	19,372	1%
Mine Hill Township	1,364	20	1,344	2%
Rockaway Borough	2,449	39	2,410	2%
Florham Park Borough	3,249	52	3,197	2%
Morristown	7,261	125	7,136	2%
Wharton	2,327	45	2,282	2%
Boonton Town	3,275	94	3,181	3%
Dover	5,463	183	5,280	3%
Victory Gardens Borough	562	27	535	5%

Data Source: U.S. Census 2000 Summary File 3 (SF 3)-Sample Data

1. Employment Status

Table 5.VI data reflect the employment status of residents over 16 years of age (a standard age definition for the denominator of employment data). On average, nearly 60% of the civilian labor force was employed in 2000, and 3.5% was unemployed. In 1990, an average of 3.4% of the civilian labor force was unemployed, almost identical to the percentage in 2000.

Table 5, VI. Morris County Residents Employment Status, 1989 and 2000

Employment Status Variables	1990		2000	
	Number	Percent	Number	Percent
Population 16 years and older	336,298	100.0%	365,030	100.0%
In labor force	243,440	72.4%	252,892	69.3%
Civilian labor force	243,109	72.3%	252,703	69.2%
- Employed	234,721	96.5%	243,783	66.8%
- Unemployed	8,388	N/A	8,920	2.4%
Percent of civilian labor force	N/A	3.4%	3.5%	N/A
Armed Forces	331	N/A	189	0.1%
Not in labor force	27,957	27.6%	112,138	30.7%
Females 16 years and older	174,031	100%	189,248	100.0%
In labor force	109,130	62.7%	115,433	61.0%
Civilian labor force	109,084	62.7%	115,417	61.0%
Employed	105,235	60.5%	111,309	58.8%

Data Sources: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data;
U.S. Census 1990 Summary Tape File 3 (STF 3)-Sample File

2. Relationship between Income and Selected Social Variables

If the relationship between income and various social variables (% foreign born, % black, % Hispanic or Latino, and % 25 years and older with less than a ninth grade Education) are studied, the following comments can be made:

The notable feature across all variables is that they seem to be negatively correlated to the median family income. In other words, the lower the percentages of each of these variables, the higher the median family income; the higher the percentages of foreign born residents in a municipality, the lower the median family income there. For variables—the percent black and percent Hispanic—there appear to be a percent threshold beyond which the median income drastically drops.

VII. Age Distribution of Housing

Table 1.VII reports data regarding the age distribution of housing in Morris County. Over 40% of housing in Morris County was constructed before 1960 (forty four years old or older); nearly 50% was constructed before 1970 (thirty four years old or older) and about three-fourths of the dwellings were built before 1980 (twenty four years old or older). Conversely, about one in seven houses had been built since 1990 (fourteen years and younger).

Table 1, VII. Morris County Housing Age Data, 2000

Year Housing was Built	Number	Percent
Total houses	**174,379**	**100.0%**
1999 to March 2000	2,628	1.5%
1995 to 1998	9,931	5.7%
1990 to 1994	10,979	6.3%
1980 to 1989	21,933	12.6%
1970 to 1979	26,684	15.3%
1960 to 1969	32,366	18.6%
1940 to 1959	43,228	24.8%
1939 or earlier	26,630	15.3%

Data Source: U.S. Census 2000 Summary File 1 (SF 1) 100 Percent Data

VIII. Educational Attainment and Institutions

Table 1.VIII contains summary data regarding education levels for the County. More than 90% of residents ages 25 and older are high school graduates, over 44% have a baccalaureate, and just over 50% of residents between the ages of 25 and 34 have a baccalaureate or higher.

Table 1, VIII. Morris County Residents' Education Levels

Education Attainment Measures	Percent
Percent enrolled in private school among population elementary or high school students	12.2%
Percent not enrolled in school and not a high school graduate among population 16 to 19 years old	4.1%
Percent enrolled in college or graduate school among population 18 to 24 years old	41%
Percent with less than a 9th grade education among population 25 years and older	3.5%
Percent high school graduate or higher among population 25 years and older	90.6%
Percent with Bachelor Degree or higher among population 25 years and older	44.1%
Percent with Bachelor Degree or higher among population 25 to 34 years old	50.2%

Data Source: U.S. Census 2000 Summary File 1 (SF 1) 100-Percent Data

Table 2.VIII, below, reports data on educational attainment for Morris County municipalities in 2000. Dover has a notably high percentage and absolute number of people with an eighth grade or less-than-eighth-grade education. Dover and Victory Gardens have notably high percentages of people with ninth-to-twelfth-grade education. The population of Victory Gardens, however, is much smaller than those of other municipalities. In absolute terms, the number of people with ninth-to-twelfth grade education in Victory Gardens is about one-tenth of the number in Dover. In fact, many other municipalities with far lower percentages have higher numbers of high-school educated people than Victory Gardens. Parsippany-Troy Hills has the greatest number of people with ninth-to-twelfth grade education in all of Morris County. Four municipalities have more than 4,000 people with a high school education. In percentage terms, Riverdale Borough has the highest percentage of people with a high school education. In municipalities, more than 50% of the relevant-age population is educated beyond the high-school-level. In absolute numbers, Parsippany-Troy Hills has by far the highest number of people with more than high-school-level education.

Table 2, VIII. Morris County Municipalities Educational Attainment Data, 2000

Municipality	Education Level							
	8th Grade or Less	% 8th or Less	9th to 12th	% 9th to 12th	High School	% High School	> High School	% > High School
County total	**11,247**	**2.4%**	**19,247**	**4.1%**	**77,730**	**16.5%**	**215,657**	**45.9%**
Boonton	392	4.6%	452	5.3%	1630	19.2%	3607	42.5%
Boonton Township	48	1.1%	163	3.8%	705	16.4%	2131	49.7%
Butler Borough	261	3.5%	488	6.6%	2013	27.1%	2531	34.1%
Chatham Borough	83	1.0%	114	1.3%	704	8.3%	4822	57.0%
Chatham Township	67	0.7%	169	1.7%	1045	10.4%	5732	56.8%
Chester Borough	40	2.4%	72	4.4%	253	15.5%	773	47.3%
Chester Township	69	0.9%	106	1.5%	726	10.0%	3888	53.4%
Denville Township	232	1.5%	644	4.1%	2782	17.6%	7661	48.4%
Dover	2,019	11.1%	1955	10.7%	4125	22.7%	3912	21.5%
East Hanover	403	3.5%	570	5.0%	2668	23.4%	4506	39.6%
Florham Park	191	2.2%	316	3.6%	1130	12.8%	4847	54.7%
Hanover Township	422	3.3%	548	4.2%	2521	19.5%	5781	44.8%
Harding Township	16	0.5%	41	1.3%	339	10.7%	1869	58.8%
Jefferson Township	347	1.8%	1046	5.3%	4402	22.3%	7603	38.6%
Kinnelon Borough	87	0.9%	135	1.4%	1042	11.1%	4918	52.5%
Lincoln Park Borough	363	3.3%	750	6.9%	2525	23.1%	4501	41.2%
Long Hill Township	114	1.3%	258	2.9%	1346	15.3%	4277	48.7%
Madison Borough	383	2.3%	550	3.3%	1779	10.8%	7466	45.2%
Mendham Borough	26	0.5%	138	2.7%	510	10.0%	2815	55.2%
Mendham Township	30	0.6%	42	0.8%	402	7.4%	2993	55.4%
Mine Hill Township	59	1.6%	180	4.9%	862	23.4%	1525	41.5%
Montville Township	269	1.3%	670	3.2%	2903	13.9%	10603	50.9%
Morris Township	293	1.3%	467	2.1%	2159	9.9%	12646	58.0%
Morris Plains	70	1.3%	147	2.8%	717	13.7%	2843	54.3%
Morristown	1,040	5.6%	1266	6.8%	3252	17.5%	8046	43.4%
Mountain Lakes	22	0.5%	20	0.5%	144	3.4%	2438	57.3%
Mount Arlington	82	1.8%	244	5.2%	922	19.8%	2160	46.3%
Mount Olive	378	1.6%	904	3.7%	4095	16.9%	10387	42.9%
Netcong Borough	144	5.6%	132	5.1%	660	25.6%	881	34.1%
Parsippany-Troy Hills	1,281	2.5%	2420	4.8%	9392	18.5%	23551	46.5%
Pequannock	228	1.6%	451	3.2%	2903	20.9%	5913	42.6%
Randolph Township	215	0.9%	487	2.0%	2659	10.7%	12892	51.9%
Riverdale Borough	37	1.5%	150	6.0%	611	24.5%	926	37.1%
Rockaway Borough	154	2.4%	315	4.9%	1561	24.1%	2522	39.0%
Rockaway Township	348	1.5%	742	3.2%	3917	17.1%	10481	45.7%
Roxbury Township	529	2.2%	1084	4.5%	4664	19.5%	9873	41.3%
Victory Gardens	86	5.6%	208	13.5%	331	21.4%	359	23.2%
Washington Township	202	1.1%	216	1.2%	2088	11.9%	8807	50.1%
Wharton Borough	217	3.4%	587	9.3%	1243	19.7%	2171	34.5%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

A. Major Educational Institutions in Morris County

Drew University

Drew is a close-knit, highly selective university located in the Borough of Madison in the foothills of northern New Jersey. It is thirty miles from New York City and five minutes from Morristown in Morris County. With a total enrollment of 2,400 men and women, the university has a reputation for excellence and educational innovation. Its undergraduate college is recognized as one of the top liberal arts colleges in the nation.

Fairleigh Dickinson University (FDU)

The largest private university in Madison, New Jersey, FDU is an independent, nonsectarian, coeducational, multi-campus institution. Founded in 1942, FDU achieved four-year status in 1948 and approval as a university in 1956. The University offers over 100 undergraduate and graduate degree programs, including doctoral programs in clinical psychology and in school psychology, and an AACSB-accredited business school. FDU's 10,000 full- and part-time students pursue career-oriented programs on schedules tailored to their needs.

College of St. Elizabeth

Founded in 1899 by the Sisters of Charity of Saint Elizabeth, the College of Saint Elizabeth (CSE) is the first permanent four-year liberal arts college for women to be established under either public or private auspices in the State of New Jersey. It is among the first Catholic colleges in the United States to grant degrees to women. CSE is accredited by the Middle States Association of Colleges and Schools (since 1921), has vibrant coeducational adult education programs (since 1976), and offers Masters degrees and Graduate and Continuing Studies in a variety of disciplines. CSE has a current enrollment of 1,737 students.

Morris County Community College

County College of Morris (CCM) is located in Randolph. The college first opened its doors to students in 1968. Enrollment grew quickly, and by the fall of 2003, it had 8,500 students. CCM offers seventy six different degree and certificate programs, including chemical technology, environmental science, biotechnology, nursing, respiratory therapy, radiography, engineering, and business.

Centenary College (Parsippany Campus)

Centenary College offers a coeducational learning environment with an emphasis on career development. The college offers tailored courses to help students discover and succeed in their careers. It offers twenty seven degree programs, including fine arts, graphic design, athletics, sciences, and business.

Rabbinical College of America

Rabbinical College of America is located in Morristown and is among

theological seminaries and other specialized faith-related institutions. These institutions primarily offer religious instruction or train members of the clergy.

IX. Religion

Table 1.IX displays the number of religious organizations and houses of worship in Morris County as of 1994. At that time, Christian churches were most prominent, with Roman Catholic, Methodist, Presbyterian, and Episcopalian the most numerous. Other major religions, however, such as Jewish, Muslim and Hindu, were also present.

There are a total of 135 Christian, fifteen Jewish, three Hindu, and one Muslim faith-based organizations in the County.

Table 1, IX. Morris County Religious Organizations and Places of Worship, 1994

Organization	Number	Organization	Number
Adventist	5	Mennonite/Amish	2
African Methodist Episcopal	3	Metaphysical	4
Assemblies of God	5	Methodist	27
Baptist	17	Muslim	1
Christian/Churches of Christ	9	Orthodox	5
Christian Science Churches	4	Pentecostal	7
Congregational	5	Presbyterian Church (U.S.S.)	34
Episcopal	22	Protestant	20
Evangelical Lutheran	10	Reformed	6
Hindu	3	Roman Catholic	43
Holiness	14	Seventh Day Adventist	1
Independent Fundamentalist	8	Southern Baptist Convention	2
Jewish	15	Unitarian Universalist	1
Latter Day Saints	1	Unclassified	1
Lutheran	7		

Data Source: *National Directory Of Churches, Synagogues, And Other Houses Of Worship*: First Edition, Volume I, Northeastern States. Washington, DC: Gale Research, Inc., 1994

X. Transportation

Morris County is traversed by several major roadways going north, south, east, and west. The County is intersected east and west by Interstate 80 and Route 10, and north and south by Route 287. There is little public transportation that connects upper County municipalities, such as Dover, with Morristown.

Several transportation programs exist in the County. MAPS is a special transportation service in Morris County for senior citizens and persons with disabilities. It is administered by the Morris County Division of Transportation Management. MAPS uses small buses, vans, and station wagons to provide transportation to medical facilities, education or employment sites, adult day care centers, and other locations. Most MAPS vehicles are equipped to accommodate wheel chairs. Dial-A-Ride is a municipally sponsored local transportation service for senior citizens and persons with disabilities. Most towns in Morris County offer Dial-A-Ride service. Rockaway Township provides transportation services to it seniors and disabled residents through its Senior and Disabled Transportation Program. The township offers a Dial-A-Ride program to its eligible residents, including those who are 55 years and older, and those who are 21 years and older and disabled. The township provides free door-to-door transportation for essential services to senior and disabled residents.

XI. Supplemental Data

Most of the data presented in the tables below are for informational purposes and are presented without explanation. They may, however, be accessed as part of discussions in the following sections of the document.

Table 1.XI contains language and education-level data for municipalities of Morris County. For English language competency, we focus on the percentage of the population in each municipality over five years old who speak a language other than English at home and speak English less than "very well." Dover at 33.4%, Victory Gardens at 27.7% and Morristown at 18.2%, all have high percentages of residents who are older than five years of age and speak English less than "very well." To address education levels we focus on the percent of the population 25 years and older with less than a ninth grade education, and find that the top three are Dover at 20.6%, Victory Gardens at 9.8%, and Morristown at 9.6%.

Table 2.XI displays data for race and ethnicity variables in selected municipalities. Victory Gardens (21.9%) and Morristown (16.4%) have the highest percentages of population that are black. Table 3.XI contains data regarding population origins by municipalities.

Table 1, XI. Morris County Municipalities Language and Education Variables, 2000

Place	Total Pop Age 5 and Older	% Speaking Language other than English	% Speaking English Less than "Very Well"	% 25 Years and Older with Less than 9th- Grade Education
Boonton	7,873	21.9%	8.1%	8.0%
Boonton Township	4,050	11.9%	2.4%	1.6%
Butler Borough	6,968	14.7%	4.2%	5.9%
Chatham Borough	7,605	10.7%	2.6%	1.8%
Chatham Township	9,333	11.5%	2.6%	1.5%
Chester Borough	1,512	12.4%	6.9%	4.3%
Chester Township	6,765	11.2%	1.1%	1.6%
Denville Township	14,681	13.5%	3.1%	3.3%
Dover	16,973	61.3%	33.4%	20.6%
East Hanover	10,691	26.8%	9.7%	6.0%
Florham Park	8,317	14.7%	4.5%	4.1%
Hanover Township	12,082	20.8%	7.5%	5.8%
Harding Township	2,976	3.9%	0.7%	1.1%
Jefferson Township	18,254	7.6%	2.0%	4.2%
Kinnelon Borough	8,603	13.0%	3.0%	2.2%
Lincoln Park Borough	10,318	20.7%	5.7%	5.9%
Long Hill Township	8,098	11.7%	3.1%	3.6%
Madison Borough	15,575	19.2%	7.2%	5.0%
Mendham Borough	4,748	9.3%	1.9%	1.4%
Mendham Township	4,994	8.9%	1.0%	1.0%
Mine Hill Township	3,378	16.4%	5.1%	4.0%
Montville Township	19,407	22.8%	5.3%	2.7%
Morris Plains	20,277	13.4%	3.4%	2.8%
Morris Township	4,837	9.6%	3.0%	2.4%
Morristown	17,517	33.4%	18.2%	9.6%
Mount Arlington	3,947	13.0%	1.9%	0.8%
Mount Olive	4,339	13.2%	3.3%	4.0%
Mountain Lakes	22,082	15.7%	4.6%	3.3%
Netcong Borough	2,439	13.6%	5.7%	8.1%
Parsippany-Troy Hills	47,771	32.3%	11.2%	4.5%
Pequannock	12,966	10.1%	2.6%	3.1%
Randolph Township	22,966	18.5%	4.9%	1.9%
Riverdale Borough	2,367	13.3%	4.9%	3.9%
Rockaway Borough	6,035	22.4%	8.5%	4.5%
Rockaway Township	21,195	17.8%	5.0%	2.5%
Roxbury Township	22,185	12.4%	3.7%	4.5%
Victory Gardens	1,427	58.2%	27.7%	9.8%
Washington Township	16,369	7.0%	1.3%	1.9%
Wharton Borough	5,826	27.7%	7.5%	7.8%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) Sample Data

Table 2, XI. Morris County Municipalities Race and Ethnic Populations, 2000

Municipality	Total Pop.	White Pop.	% White	African American Population	% African American	Asian Pop.	% Asian
Boonton	8,496	7,112	83.7%	294	3.5%	688	8.1%
Boonton Township	4,287	4,023	93.8%	22	0.5%	171	4.0%
Butler Borough	7,420	6,893	92.9%	27	0.4%	204	2.7%
Chatham Borough	8,460	8,169	96.6%	0	0.0%	241	2.8%
Chatham Township	10,086	9,394	93.1%	15	0.1%	565	5.6%
Chester Borough	1,635	1,547	94.6%	22	1.3%	28	1.7%
Chester Township	7,282	6,940	95.3%	109	1.5%	150	2.1%
Denville Township	15,824	14,622	92.4%	171	1.1%	810	5.1%
Dover	18,188	12,641	69.5%	1,311	7.2%	449	2.5%
East Hanover	11,393	9,920	87.1%	32	0.3%	1,245	10.9%
Florham Park	8,857	8,367	94.5%	66	0.7%	346	3.9%
Hanover Township	12,898	11,525	89.4%	23	0.2%	1,237	9.6%
Harding Township	3,180	3,128	98.4%	0	0.0%	52	1.6%
Jefferson Township	19,717	19,093	96.8%	100	0.5%	107	0.5%
Kinnelon Borough	9,365	8,940	95.5%	0	0.0%	279	3.0%
Lincoln Park Borough	10,930	9,806	89.7%	179	1.6%	617	5.6%
Long Hill Township	8,777	8,114	92.4%	71	0.8%	399	4.5%
Madison Borough	16,530	14,891	90.1%	464	2.8%	592	3.6%
Mendham Borough	5,097	4,931	96.7%	3	0.1%	64	1.3%
Mendham Township	5,400	5,244	97.1%	0	0.0%	119	2.2%
Mine Hill Township	3,679	3,300	89.7%	148	4.0%	125	3.4%
Montville Township	20,839	17,642	84.7%	128	0.6%	2,652	12.7%
Morris Plains	21,796	19,258	88.4%	1,098	5.0%	911	4.2%
Morris Township	5,236	4,827	92.2%	128	2.4%	197	3.8%
Morristown	18,544	12,468	67.2%	3,048	16.4%	611	3.3%
Mount Arlington	4,256	3,996	93.9%	33	0.8%	157	3.7%
Mount Olive	4,663	4,268	91.5%	126	2.7%	127	2.7%
Mountain Lakes	24,193	20,878	86.3%	837	3.5%	1,639	6.8%
Netcong Borough	2,580	2,411	93.4%	31	1.2%	73	2.8%
Parsippany-Troy Hills	50,649	37,216	73.5%	1,562	3.1%	9,048	17.9%
Pequannock	13,888	13,525	97.4%	21	0.2%	303	2.2%
Randolph Township	24,847	21,140	85.1%	376	1.5%	2,495	10.0%
Riverdale Borough	2,498	2,265	90.7%	39	1.6%	138	5.5%
Rockaway Borough	6,473	5,655	87.4%	55	0.8%	452	7.0%
Rockaway Township	22,930	20,452	89.2%	475	2.1%	1,317	5.7%
Roxbury Township	23,883	22,201	93.0%	431	1.8%	874	3.7%
Victory Gardens	1,546	782	50.6%	338	21.9%	90	5.8%
Washington Township	17,592	16,973	96.5%	184	1.0%	254	1.4%
Wharton Borough	6,298	5,126	81.4%	248	3.9%	244	3.95

Data Source: U.S. Census 2000 Summary File 3 (SF 3) 100-Percent Data

Table 3, XI. Morris County Municipalities Residents Origins, 2000

Place	Total Population	Number Foreign Born	Percent Foreign Born	Percent of Foreign Born Not a Naturalized Citizen
Boonton	8,496	1,384	16.3%	47.4%
Boonton Township	4,287	355	8.3%	53.2%
Butler Borough	7,420	730	9.8%	59.0%
Chatham Borough	8,460	831	9.8%	66.3%
Chatham Township	10,086	1,212	12.0%	51.2%
Chester Borough	1,635	201	12.3%	52.7%
Chester Township	7,282	666	9.1%	43.4%
Denville Township	15,824	1,673	10.6%	31.4%
Dover	18,188	7,788	42.8%	72.3%
East Hanover	11,393	2,119	18.6%	25.4%
Florham Park	8,857	930	10.5%	33.2%
Hanover Township	12,898	2,030	15.7%	34.2%
Harding Township	3,180	196	6.2%	29.6%
Jefferson Township	19,717	1,243	6.3%	36.8%
Kinnelon Borough	9,365	900	9.6%	35.9%
Lincoln Park Borough	10,930	1,481	13.5%	40.0%
Long Hill Township	8,777	992	11.3%	49.4%
Madison Borough	16,530	2,207	13.4%	58.1%
Mendham Borough	5,097	416	8.2%	45.2%
Mendham Township	5,400	407	7.5%	43.7%
Mine Hill Township	3,679	422	11.5%	51.2%
Montville Township	20,839	3,588	17.2%	34.3%
Morris Plains	21,796	2,336	10.7%	47.0%
Morris Township	5,236	506	9.7%	27.7%
Morristown	18,544	6,016	32.4%	75.1%
Mount Arlington	4,256	417	9.8%	38.8%
Mount Olive	4,663	456	9.8%	37.5%
Mountain Lakes	24,193	3,134	13.0%	61.3%
Netcong Borough	2,580	269	10.4%	48.0%
Parsippany-Troy Hills	50,649	13,585	26.8%	47.6%
Pequannock	13,888	984	7.1%	25.2%
Randolph Township	24,847	3,998	16.1%	51.6%
Riverdale Borough	2,498	228	9.1%	43.9%
Rockaway Borough	6,473	997	15.4%	49.7%
Rockaway Township	22,930	3,038	13.2%	44.6%
Roxbury Township	23,883	2,413	10.1%	38.7%
Victory Gardens	1,546	567	36.7%	70.5%
Washington Township	17,592	1,055	6.0%	38.1%
Wharton Borough	6,298	868	13.8%	39.1%

Data Source: U.S. Census 2000 Summary File 3 (SF 3) 100-Percent Data

Section One Endnotes

For future use

SECTION 2 - Health Status Indicators

This section provides an overview of general health status indicators for Morris County. Its purpose is to identify a comprehensive range of subjects that will provide the reader with a general idea of the health of the County's population as well as how Morris County compares with the State and other counties.

Neither the subjects included in this report nor the information contained in their sub-sections is intended to be a complete or exhaustive compendium of available information. The goal of this first publication is simply to provide a basic data set that can be modified as need requires, and as the availability of other information permits. These data are considered to be an abstract of other, more detailed information that can be obtained with additional research.

The information included here is selected from authoritative sources. For the most part, it is presented in the form in which it was originally published or released. Preference has been given to information obtained from the New Jersey Department of Health and Senior Services (NJDHSS), and, in particular, the department's Center for Health Statistics (CHS). Other sources include recognized agencies of the state and federal governments, such as the Center for Disease Control (CDC), and the United States Census Bureau (USCB). Any information included in this report that does not come from sources whose quality of reporting is guaranteed by statistical controls is identified and explained.

ASTHMA

Data Availability

Asthma in New Jersey – Update 2005 (1) was released at the New Jersey Asthma Summit, augmenting the modest data resources available on asthma in Morris County. This report joins *Asthma in New Jersey, 2003* (2), as a primary, authoritative data source, albeit primarily on the state level. A summary of authoritative statistical data for asthma that is directly relevant to Morris County and New Jersey is displayed in the tables below. References to other, more detailed data are described in the sub-section "Bibliography".

Asthma in New Jersey, 2003

County hospitalization rates for the years 1994-1999 are reported in the Data Indicators section below. No statistical information is available that reports outpatients or the general population.

The following state level data is included in *Asthma in New Jersey, 2003*, along with an analysis of their significance.

- Trends in asthma hospitalizations for 1985-1999 that are age-adjusted and reported by race/ethnicity (1994-1999), age (1985-1999), and sex (1985-1999); percent distribution of asthma hospitalizations by race/ethnicity (1999) and age group (1999); and hospitalization rates by age group and sex (1999). These last figures are available in graphic format.

- Trends in asthma mortality rates that are age-adjusted for the United States (1988-1998) and New Jersey (1988-1999); figures reported for the State by race/ethnicity (1988-1999), age group (1989-1999), and sex (1989-1999) are included as graphic figures.

- Seven tables providing information regarding occupational asthma in New Jersey (1993-1997), including the number and percent of asthma cases by industry type, selected occupational category, selected agent, age group, race and sex, and the number of such cases by classification—i.e. whether the asthma was deemed Work Aggravated or New Onset, and whether cases of the latter type were considered occupational asthma or reactive airways dysfunction syndrome (RADS).

Asthma in New Jersey – Update 2005

This report presents county level data in a New Jersey map format that is discussed in the Data Indicators section below. Statewide data is provided on the estimated 7% of New Jersey adults (approximately 455,000 adults) with asthma, including:

- Asthma prevalence (2001-2003), estimated from BRFSS responses since their inclusion in the year 2000 survey. The data is presented by age and gender and by age and race/ethnicity.

The NJBRFSS contains asthma-related data including information on influenza and pneumococcal pneumonia vaccinations, work-related asthma, and data related to overweight and obese children and asthma diagnosis. Data regarding the prevalence of work-related asthma in New Jersey is derived from BRFSS questions added to the survey in 2003. The report provides information regarding the background of work-related asthma, its diagnosis, surveillance activities related to it, and the most common agents associated with confirmed cases of the illness.

The CDC's SMART BRFSS section contains county-level prevalence data for asthma including current diagnosis and lifetime diagnosis, and is shown in the General Health Status and Trends sub-section of this profile.

Data Indicators

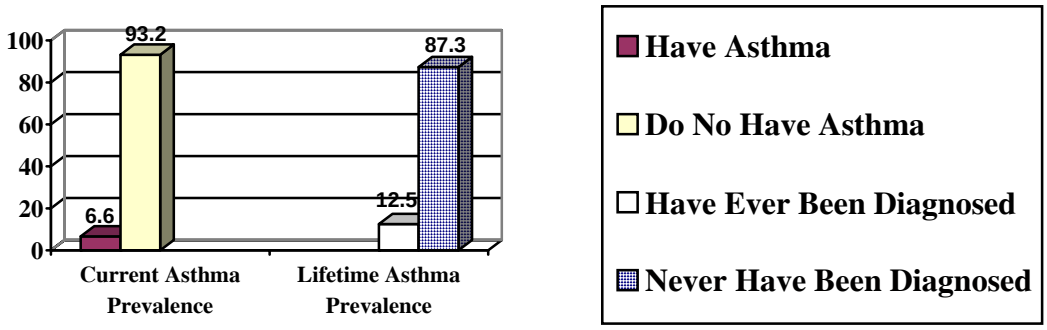
The New Jersey Commissioner of Health's First Annual New Jersey Asthma Summit, conducted in September, 2005, presented asthma as "a chronic disease that has escalated into a national public health epidemic." This accords with the National Center for Health Statistics, National Health Information Survey, 1999, which found that nearly one in thirteen school-aged children has asthma, as well as the National Institutes of Health National Institute of Allergy and Infectious Disease estimate that over 10 million school days are missed nationally each year by school children experiencing asthma-related problems. Asthma remains the most common chronic disease of childhood.

According to *Asthma in New Jersey – Update 2005*, mortality data defines asthma as an underlying cause of death with ICD-9 code 493.0-493.9 or ICD-10 Code J45-46 and indicates that asthma death is uncommon. Between 1989 and 2002, there were 1,725 deaths due to asthma. From 2000 through 2002, the New Jersey age-adjusted asthma mortality rate (thirteen per 1,000,000) was lower than that of the nation, (fifteen per 1,000,000). Asthma deaths increased substantially with age, with most occurring in persons over age 85; illness prevalence, on the other hand, decreases with age. Although relatively few deaths are caused by asthma, the mortality rate for the illness among black residents is more than five times higher than that of white non-Hispanic residents. Mortality data also indicates higher death rates among females than males between 1989 and 2002.

According to statewide data reported in *Asthma in New Jersey – Update 2005*, causes and contributing factors for asthma include smoking, flu and pneumonia immunization, and weight. In addition, according to estimates from the NJBRFS, 37,673 cases (9.1%) of asthma among adults may be work-related. Prevalence of work-related asthma is higher among males and non-Hispanic blacks; Hispanics have higher prevalence than white non-Hispanic adults.

The Centers for Disease Control and Prevention provide information reporting asthma prevalence on their web site as part of SMART BRFSSS at the county level. Data is available for the 2004 BRFSS on asthma, including adults who have been told they currently have asthma and adults who have ever been told they have asthma. Chart 1 illustrates current asthma prevalence among adults is 6.6% (forty respondents), while 93.2% of respondents (687) report not having asthma at this time. For lifetime asthma prevalence, seventy eight respondents (12.5%) report ever having been told they have asthma while 87.3% of respondents (650) report never being told they have asthma.

Chart 1, Asthma. New Jersey, Asthma Prevalence Current and Lifetime, 2004



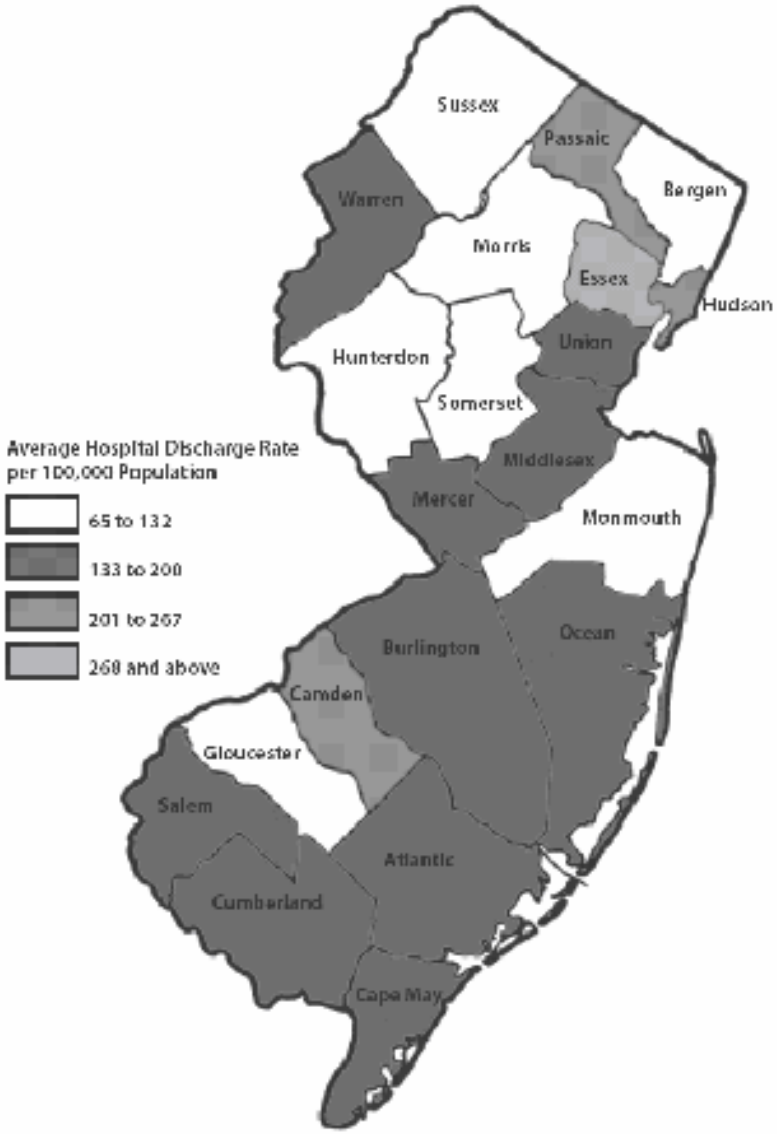
Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004].

The only source of population-based information regarding asthma morbidity identified by *Asthma in New Jersey – Update 2005* is hospital discharge data available for the years 1985 through 2003. Approximately 14,000 annual hospitalizations are reported for asthma. Children are more likely to be hospitalized than adults, with the highest rates experienced by children under age five. Individuals age 15 to 24 have the lowest asthma hospitalization rates, but progressively higher rates are indicated for each age group thereafter. Women have higher rates of hospitalization than men, but boys have higher rates than girls among adolescents and children. Black residents are hospitalized almost three times more frequently than white residents, and Hispanic residents are more than one and one half times more likely to be hospitalized for asthma than non-Hispanic residents.

The color-coded map below (Figure 1) from *Asthma in New Jersey – Update 2005* reports Morris County's inclusion among those counties with the lowest Average Age-

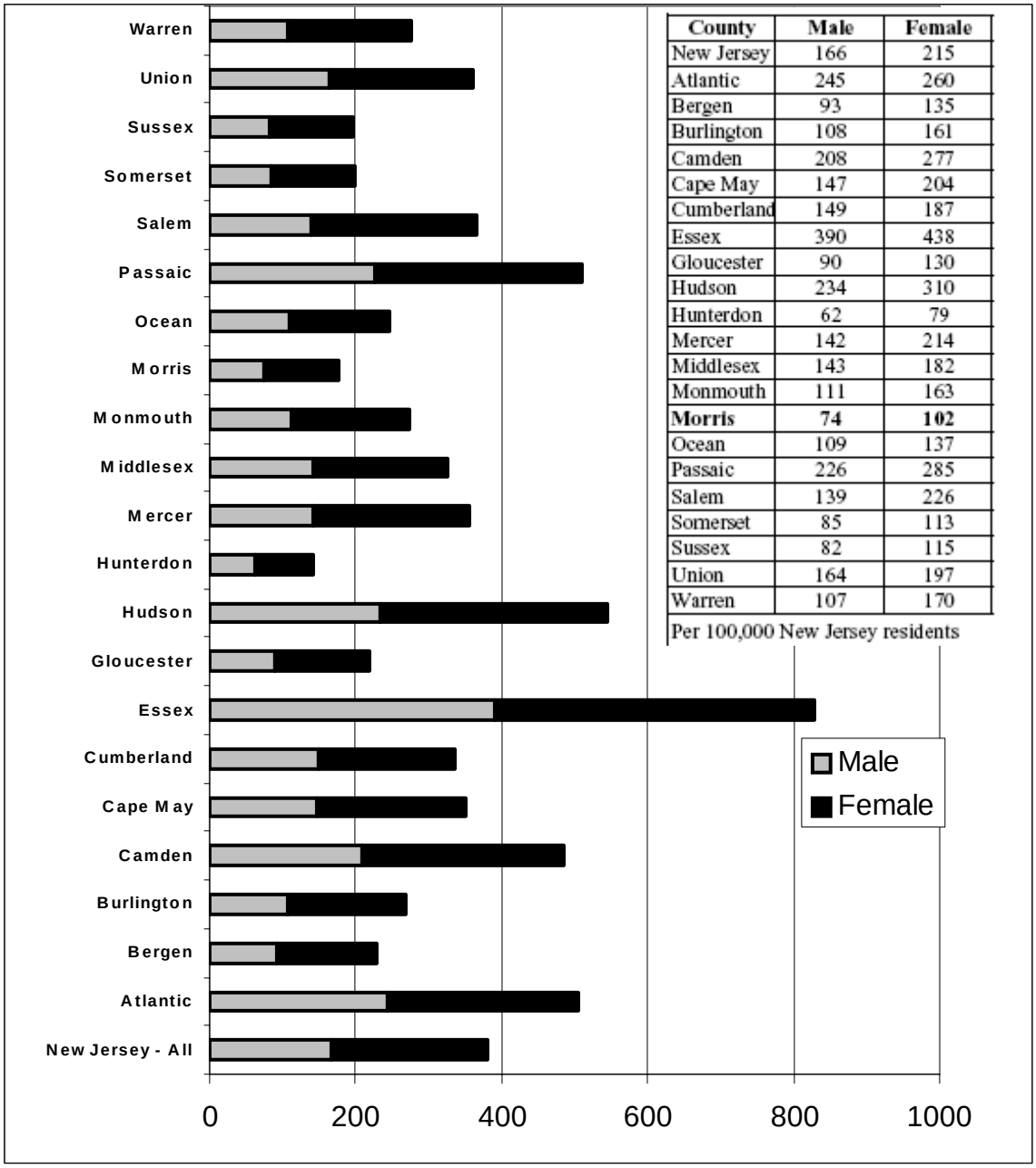
Adjusted Hospital Discharge Rates for Asthma (65–132) in New Jersey. Similar counties include Bergen, Sussex, Hunterdon, Somerset, Monmouth, and Gloucester. The next incremental grouping with Average Age-Adjusted Hospital Discharge Rates for Asthma (133–200) includes Warren, Union, Middlesex, Mercer, Burlington, Ocean, Atlantic, Salem, Cumberland, and Cape May counties. Higher Average Age-Adjusted Hospital Discharge Rates for Asthma (201-267) were reported for Passaic, Hudson, and Camden counties. Essex County indicated the highest Average Age-Adjusted Hospital Discharge Rates for Asthma (268 and above). The data includes the years 1999-2003.

Figure 1, Asthma. Average Age-adjusted Hospital Discharge Rates for Asthma by County, New Jersey 1999-2003



Source: NJDHSS 1999-2003 NJ Hospital Discharge File [UB-92]. Rates represent hospitalization events of NJ residents, not individuals. Asthma discharge is defined as a primary discharge diagnosis of ICD-9, Code 493.0 – 493.9.

Chart 2, Asthma / Table 1, Asthma. Hospitalization Rates by Sex New Jersey, 1994-1999 Average



County	Male	Female
New Jersey	166	215
Atlantic	245	260
Bergen	93	135
Burlington	108	161
Camden	208	277
Cape May	147	204
Cumberland	149	187
Essex	390	438
Gloucester	90	130
Hudson	234	310
Hunterdon	62	79
Mercer	142	214
Middlesex	143	182
Monmouth	111	163
Morris	**74**	**102**
Ocean	109	137
Passaic	226	285
Salem	139	226
Somerset	85	113
Sussex	82	115
Union	164	197
Warren	107	170

Per 100,000 New Jersey residents

Per 100,000 New Jersey residents Source: *Asthma in New Jersey 2003*

Chart 1, above, illustrates the relatively low hospitalization rates for Morris County compared with the other counties in New Jersey, while Table 1, included within the Chart, indicates that Morris County had the second lowest hospitalization rates for both males and females in the State. For both sexes, the rates were much lower than that of the State as a whole.

Table 2, Asthma. Hospitalization Rates by Race/Ethnicity NJ, 1994-99 Average

County	White - NH	Black NH	Hispanic	Asian- NH
New Jersey - All	83	348	230	43
Atlantic	138	435	349	33
Bergen	83	289	82	40
Burlington	81	216	100	44
Camden	83	339	358	33
Cape May	132	292	307	18
Cumberland	89	200	236	30
Essex	92	458	515	63
Gloucester	30	59	40	14
Hudson	182	225	160	97
Hunterdon	53	278	83	14
Mercer	77	380	273	43
Middlesex	70	231	238	20
Monmouth	83	263	138	30
Morris	**43**	**230**	**41**	**18**
Ocean	61	211	103	16
Passaic	93	446	288	71
Salem	106	343	255	31
Somerset	60	156	73	15
Sussex	58	245	20	50
Union	77	335	104	48
Warren	111	400	45	42

Per 100,000 New Jersey residents
Source: *Asthma in New Jersey 2003*

Table 2, above, indicates that during the years 1994 through 1999, Morris County had the second lowest hospitalization rate for white non-Hispanics, the seventh lowest for black non-Hispanics, the third lowest for Hispanics, and the fifth lowest for Asian non-Hispanics. All racial/ethnic groups in the County had rates lower than that of the State for such groups.

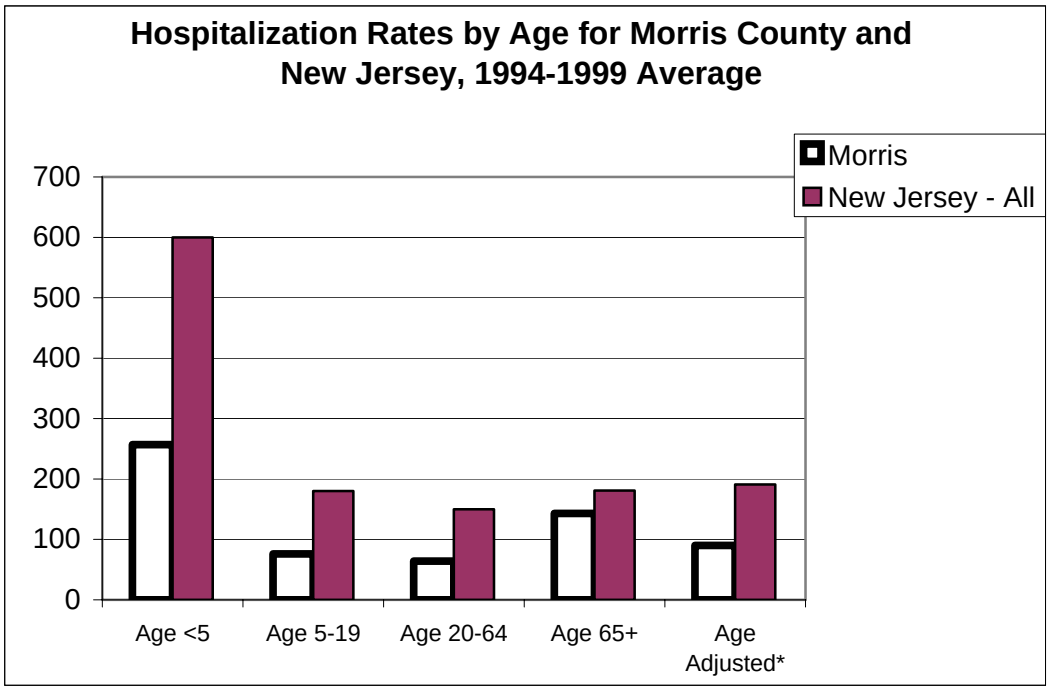
Table 3, below, reports that during the years 1994 through 1999, the highest rate of hospitalization in Morris County occurred among individuals under age 5. That age group had the fifth lowest rate for such hospitalization for children of the same age statewide. Individuals age 5-19 in Morris County experienced the third lowest hospitalization rate by county in the State; ages 20-64 the second lowest; and ages 65+ the sixth lowest. The age-adjusted rate for all individuals hospitalized for asthma in Morris County during the years indicated was second lowest in the State. Chart 2 illustrates these same hospitalization rates for Morris County compared with the State.

Table 3, Asthma. Hospitalization Rates by Age NJ, 1994-99 Average

County	Age <5	Age 5-19	Age 20-64	Age 65+	Age-adjusted*
New Jersey - All	600	180	150	181	191
Atlantic	1068	296	159	153	251
Bergen	318	102	85	166	115
Burlington	309	118	118	147	135
Camden	565	197	214	255	240
Cape May	452	175	140	182	174
Cumberland	520	127	141	156	166
Essex	1600	413	301	273	411
Gloucester	247	105	89	141	110
Hudson	812	257	221	247	273
Hunterdon	204	67	53	96	72
Mercer	516	165	147	176	180
Middlesex	504	156	124	178	164
Monmouth	375	129	109	156	138
Morris	257	76	64	143	90
Ocean	451	140	90	89	126
Passaic	677	228	221	205	252
Salem	528	109	156	244	182
Somerset	298	91	74	127	100
Sussex	256	83	81	118	98
Union	614	170	140	163	182
Warren	246	62	130	239	137

Per 100,000 New Jersey residents * Rates standardized to US 2000 Census
Source: *Asthma in New Jersey, 2003*

Chart 2, Asthma. Hospitalization Rates by Age for Morris County and New Jersey, 1994-1999 Average



Bibliography

1. NJDHSS, Division of Family Health Services' Chronic Disease Prevention and Control Services and Maternal and Child Health Epidemiology Program and the Division of Epidemiology, Environmental and Occupational Health's Occupational Health Service, *Asthma in New Jersey – Update 2005* .
2. NJDHSS, homepage with access to its Health Topics A – Z feature, *Asthma in New Jersey, 2003*
3. NJDHSS, Division of Family Health Services, *Asthma Strategic Plan*
4. NJDHSS Center for Health Statistics, *Health Data Fact Sheet, 2005, Asthma*
5. Strategic Innovation Management, LLC, *MRPHP Environmental Tobacco Smoke: ETS Toolkit*, 2003
6. NJDHSS, Center for Health Statistics, *Healthy New Jersey 2010 Update 2005*, released May 2005.

Other Information

A. Asthma is an illness for which there is an active State-wide planning process. In recognition of the need to mobilize New Jersey forces to address the asthma epidemic, an Interdepartmental Asthma Retreat was conducted in January 2002 and resulted in the formation of the New Jersey Interdepartmental Asthma

Committee. The Committee includes representatives from NJDHSS, DHS, DOE, DEP, USDHHS, the Department of Personnel, and the Adler Group. *Interdepartmental Report and Strategic Plan for Asthma*, (3) the Committee's preliminary Mission Statement and eight goals with related objectives and strategies, is available as *Asthma Strategic Plan* (3) on the NJDHSS web site www.NJAsthma.com. Although no reports of Committee activity were found at this time, the strategic plan indicates the conduct of quarterly meetings. The plan's objectives and strategies indicate the type of information that is desired to be available in relation to the Committee's objectives. Such data potential includes:

1. Professional Education in Morris County:

- The availability of copies of *Stepwise Approach to Asthma and Diagnostic Guidelines,* based on National Heart, Lung and Blood Institute Guidelines for comprehensive asthma treatment developed and disseminated by the Pediatric and Adult Asthma Coalition of NJ (PACNJ) to pharmacies, HMOs, birthing centers, pediatric and adult healthcare disciplines, Federally Qualified Health Centers (FQHC's), and conferences
- The number and locations of school nurses and other school personnel trained via PACNJ and the County School Nurses' Association in managing asthma in the school setting
- The number and locations of Child Health Consultant Coordinators employed by the Unified Child Care Agencies to provide consultation about asthma management to child care providers and the number and locations where asthma management consultations have occurred
- The number and locations of educational opportunities regarding the USEPA's Tools for Schools Program
- Incidence by county of outreach to physicians and healthcare providers by the Environmental and Occupational Health Services Institute of UMDNJ to improve their recognition, diagnosis, medical surveillance, and reporting of occupational asthma

2. The number and availability of NJDHSS Department of Family Health Services (DFHS) Case Managers in Morris County who are trained in asthma care

3. The number of Morris County children with asthma who are registered with Special Child Health Services to receive case management services, pharmaceutical assistance and referral to NJ Family Care

4. The status of NJDHSS Occupational Health Services (OHS) activity to disseminate information about state regulations regarding reporting of occupational diseases—including work related asthma.

5. The status of PACNJ activity regarding recommendations for insurance coverage, particularly activity by DHS to require HMOs to provide asthma services that

conform to the recommendations for insurance coverage and the use by DHSS of HEDIS standards to develop and distribute quality of care information to the public via its annual HMO report card

6. The status of a method to be developed by DHSS and DOE to collect and analyze school absenteeism data related to asthma

7. The status of any NJDEP activities in Morris County to reduce indoor and outdoor air pollutants and environmental asthma triggers that may increase incidence of or aggravate existing cases of asthma in schools and workplaces

8. The status of NJDHSS DFS and Consumer and Environmental Health Services (CHES) asthma-related activities in Morris County, including federal fund potential for local health departments and/or community based organizations to promote the federal Healthy Home Model, and training for local health departments and/or community based organizations to address indoor environmental contaminants and to promote distribution of *Top Ten Actions to Control Asthma Triggers in Your Home* developed by PACNJ

9. The number of students in Morris County schools who are using Asthma Action Plans developed by PACNJ in English and Spanish and the use of a video about asthma developed by the American Lung Association for the Hispanic community

B. NJDHSS Center for Health Statistics, *Health Data Fact Sheet, 2005*, "Asthma" is a synopsis of asthma data and general information. It can be printed from the NJDHSS, CHS web site as a single page information sheet.

C. Exposure to environmental tobacco smoke (ETS) has been linked by both the USEPA and the CDC to asthma incidence and severity. The *MRPHP Environmental Tobacco Smoke: ETS Toolkit* was distributed to all members of the MRPHP in fall 2003. It was developed to assist coordination of tobacco control efforts in Morris County. The *Toolkit* provides information about the NJDHSS Comprehensive Tobacco Control Program, the NJ Prevention Network, the UMDNJ School of Public Health Tobacco Dependence Program, CDC Best Practices for Comprehensive Tobacco Control Programs, the USEPA Smoke Free Home Pledge Program, an ETS Policy Manual, the USGAO report to Congress affirming the CDC's *Repot on Smoking,* research information from the National Jewish Medical and Research Center identifying tobacco smoke as a common contributor to severe asthma symptoms.

D. *Healthy NJ 2010 Update 2005, Preventing and Reducing Major Diseases* presents statewide data that indicates current progress regarding three *Healthy NJ 2010* objectives specific to preventing and reducing asthma in the State. They include age-adjusted rates per 100,000 for mortality, hospital admission rates, and hospital admission rates for children under 5 years old.

Subsection Preparation

www.NJAsthma.com, Pat McGarvey, November 2005
http://www.state.nj.us/health/fhs/asthma/documents/asthma_update2005.pdf Health Topics A – Z, Pat McGarvey – Asthma November 2005.
www.state.nj.us/health/chs *Healthy New Jersey 2010 Update 2005*, Pat McGarvey, October, 2005
Joseph Incagnoli, BA – April, 2006

CANCER

Data Availability

Extensive and authoritative statistical data and other information descriptive of cancer in Morris County and the State are available. Their sources are described in the sub-section "Bibliography," below. Three sets of data are presented.

1. Information obtained from the *Morris County Cancer Needs Analysis Report Summary* is presented. The information relates to the seven cancers identified as priorities by the *New Jersey Comprehensive Cancer Control Plan* (NJ-CCCP) for the period 1996-2000. These data include estimates for prevalence.

2. *County in New Jersey* data for the years 1998 through 2002, including data for Morris County and the State of New Jersey, for all cancers aggregated, and for the seven priority NJ-CCCP cancers, including incidence among the total, and white, black, Hispanic, and non-Hispanic populations.

3. Cancer mortality data for the years 1997 through 2001 for the County's total and white and black populations; data for other races and ethnicities is unavailable.

Data Indicators

Table 1 summarizes Morris County's incidence, death rates, and prevalence for the seven priority cancer sites identified in the NJ─CCCP.

Table 1, Cancer. Morris County: Selected Cancer Sites by Prevalence, Incidence, and Mortality, 1996-2000

Type of cancer, gender	Prevalence	Incidence per 100,000	Mortality per 100,000
Breast, female	4,173	152.0	31.1
Cervical, Female	335	8.2	1.8
Colorectal, Male	939	75.6	26.8
Colorectal, female	989	52.8	19.9
Lung, male	252	78.1	63.1
Lung, female	294	55.7	41.7
Melanoma, male	652	27.8	4.8
Melanoma, female	615	15.7	1.8
Oral/Oropharyngeal, male	235	15.5	4.1
Oral/Oropharyngeal, female	119	5.7	1.8
Prostate, male	3,476	207.0	29.7

Source: *Draft Morris County Report, June, 2004* New Jersey Statewide County Based Cancer Capacity and Needs Assessment Initiative, 2003-2004

Table 2, Cancer. New Jersey: Cancer Data for Specific Sites, 1996–2000

Site	Sex	Average Annual Cases	Incidence Rate[1,2]	Number of Deaths	Mortality Rate[2]	% Diagnosed *In Situ* or Localized	% Diagnosed Regional or Distant
All sites	**Both**	**44,602**	**521.12**	**9,680**	**211.7**	**52.0%**	**36.0%**
Breast	Female	6,495	138.5	1,533	31.3	65.6%	28.7%
Cervical	Female	494	10.9	143	3.1	47.1%	39.4%
Colorectal	Male	2,781	79	999	29.5	39.8%	50.2%
	Female	2,761	54.4	1,048	20.1	7.8%	6.5%
Lung	Male	3,336	92.5	2,652	76.6	N/A	N/A
	Female	2,718	55.4	2,070	40.7	N/A	N/A
Melanoma	Male	745	20.1	156	4.4	81.4%	8.2%
	Female	557	11.9	94	1.9	83.4%	6.5%
Oral	Male	592	15.7	155	4.2	30.8%	57.8%
	Female	307	6.4	81	1.6	41.0%	44.9%
Prostate	Male	7,072	194.3	1,025	32.9	71.9%	11.0%

Data Sources: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER) Program; New Jersey Center for Health Statistics, New Jersey Cancer Registry; Centers for Disease Control and Prevention, National Program of Cancer Registries.

[1]"Incidence Rate" includes ages 15 and older, except for "All sites" row, which includes all ages.

[2]Rates are calculated per 100,000 population and data are age-adjusted directly using the year 2000 standard population of the United States.

The preceding information in Table 1 and 2 was compiled as part of the NJDHSS-Office of Cancer Control and Prevention study of cancer in Morris County and utilizes information provided by the Cancer Institute of New Jersey. It may be regarded as baseline information.

The information displayed in Table 3, below, reports comparable and additional information for a more recent five year period.

Table 3, Cancer. New Jersey and Morris County: Selected Cancer Sites for All Races, Incidence 1998-2002 and Mortality 1997-2001

Site	Total Cases	Morris Rate/p 100,000	Morris Rank in NJ	State Rate/p 100,000		Total Deaths	Morris Rate/p 100,000	Morris Rank in NJ	State Rate/p 100,000
All Sites - Both Sexes	13,929	586.8	6	563.6		4,351	194.8	18	208.3
Female Breast - In Situ	540	40.4	2	33.8		n/a	n/a	n/a	n/a
Female Breast	2,511	188.6	1	169.9		387	29.7	11	30.5
Cervical	100	7.6	20	10.1		26	1.9	20	3.0
Colorectal – Male	799	81.2	15	83.6		228	25.7	17	28.0
Colorectal - Female	756	57.2	16	58.8		248	18.8	16	19.7
Lung – Male	711	72.1	19	87.8		588	63.0	21	73.1
Lung – Female	728	56.2	12	55.5		541	42.4	11	41.3
Melanoma – Male	569	52.1	3	35.9		47	4.7	9	4.2
Melanoma – Female	482	37.7	1	24.1		24	1.9	12	1.9
Oral – Male	172	15.8	11	15.1		32	3.3	14	4.1
Oral – Female	76	5.6	17	6.3		19	1.5	14	1.5
Prostate	2,274	216.3	5	201.4		216	28.3	17	31.5

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/
Notes: All rates are age-adjusted 2000 standard million population
~ Counts/rates are suppressed if fewer than 5 cases were reported in the specific area-race category.

Table 4, below, reports that during the five year period 1998 through 2002, Morris County had the tenth highest population at risk for cancer and was the sixth highest in the number of cancer cases among New Jersey's twenty one counties. The data in Table 5, below, indicates consistent "at risk" population growth during the five year period with a gain of 16,359 individuals by the end of 2002. During the five year time span, 13,929 cases of cancer were recorded in Morris County. The highest incidence rates, both crude and age-adjusted occurred in 2001. In each of the five years considered, the Morris County age-adjusted incidence rate was consistently higher than that of the State.

Table 4, Cancer. New Jersey and Counties: Averaged Incidence Rates for All Sites, 1998-2002

County	Risk Population	Cases	Crude Rate	Age-Adjusted Rate
Sussex	724375	3826	528.2	602.2
Ocean	2575742	22218	862.6	601.7
Warren	516610	3196	618.6	600.0
Monmouth	3081013	18828	611.1	596.4
Cape May	510096	4233	829.8	587.2
MORRIS	2353833	13929	591.8	586.8
Bergen	4426464	29996	677.6	582.7
Gloucester	1278030	7069	553.1	576.2
Atlantic	1265683	7627	602.6	569.9
Burlington	2131475	12347	579.3	568.8
Mercer	1757067	9953	566.5	564.9
Essex	3957767	21442	541.8	564.3
Camden	2548509	14191	556.8	560.2
Union	2616662	15338	586.2	555.1
Salem	322550	2000	620.1	554.9
Hunterdon	613951	3261	531.1	549.8
Middlesex	3764443	20075	533.3	541.9
Passaic	2455526	12518	509.8	529.0
Somerset	1490562	7469	501.1	522.8
Cumberland	733263	3860	526.4	518.3
Hudson	3034871	13847	456.3	495.4
STATE	42158492	247223	586.4	563.6

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 5, Cancer. New Jersey and Morris County: Incidence Rates for All Sites, 1998-2002

Year	1998	1999	2000	2001	2002	1998-2002
Population at Risk	462263	467678	471370	473900	478622	2353833
Total Cases	2632	2773	2677	2976	2871	13929
Crude Rate	569.4	592.9	567.9	628.0	599.9	591.8
Age-Adjusted Rate	578.3	595.6	564.9	617.8	576.4	586.8
Statewide Age-Adjusted Rate	564.5	556.2	557.7	573.4	565.7	563.6

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 6, below, indicates that Morris County had the sixth highest "at risk" white population and the fifth highest number of cancer cases among that population. According to the age-adjusted cancer incidence rate (597.3) for the white population, Morris County ranked fifth highest among the State's counties and higher than the State overall.

Table 6, Cancer. New Jersey and Counties: Incidence Rates for All Sites, White, 1998-2002

County	Risk Population	Cases	Crude Rate	Age-Adjusted Rate
Monmouth	2677354	17298	646.1	608.3
Ocean	2449385	21742	887.6	604.4
Sussex	704715	3765	534.3	603.7
Warren	497486	3115	626.1	597.8
MORRIS	**2121013**	**13184**	**621.6**	**597.3**
Bergen	3659681	27325	746.6	596.2
Cape May	477441	4046	847.4	583.0
Gloucester	1131063	6382	564.3	577.1
Atlantic	951260	6328	665.2	576.6
Essex	2051227	13168	642.0	568.4
Mercer	1288609	8081	627.1	567.5
Burlington	1713876	10517	613.6	566.5
Camden	1934864	11852	612.5	563.9
Middlesex	2820451	17727	628.5	563.5
Union	1915052	12446	649.9	557.8
Hunterdon	584821	3175	542.9	550.2
Salem	268816	1695	630.5	544.1
Somerset	1232669	6717	544.9	531.3
Passaic	1948405	10750	551.7	528.4
Cumberland	554937	3284	591.8	522.0
Hudson	2223414	11184	503.0	494.4
STATE	**33206539**	**213781**	**643.8**	**570.9**

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

The data in Table 7, below, indicates that during the five year period, 13,184 cancer cases were reported among the Morris County white population. The County's "at risk" white population grew annually, increasing by 9,999 individuals by the end of 2002. The highest cancer incidence rates both crude (657.7) and age-adjusted (627.1) occurred in 2001. In each of the five years considered, the Morris County age-adjusted rate was consistently higher than that of the State.

Table 7, Cancer. New Jersey and Morris County: Incidence Rates for All Sites, White, 1998-2002

Year	1998	1999	2000	2001	2002	1998-2002
Population at Risk	419048	422578	424476	425864	429047	2121013
Total Cases	2517	2633	2516	2801	2717	13184
Crude Rate	600.6	623.1	592.7	657.7	633.3	621.6
Age-Adjusted Rate	591.5	606.4	570.9	627.1	589.8	597.3
Statewide Age-Adjusted Rate	570.1	564.4	568.2	580.5	571.2	570.9

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 8, below, indicates that Morris County's at risk black population ranked sixteenth among the twenty counties during the period 1998-2002. Sussex County is not reported.

Morris County, with 72, 220 blacks, was 1.15% of the State's black population (6,230,580). The County's 301 cases of newly diagnosed cancer during the five year period rank it at fifteen among the counties reported. The County's age-adjusted rate (535.7) is ranked fourteenth and is lower than that of the State (551.6).

Table 8, Cancer. New Jersey and Counties: Incidence Rates for All Sites, Black, 1998-2002

County	Risk Population	Cases	Crude Rate	Age-Adjusted Rate
Hunterdon	15288	42	274.7	857.0
Cape May	27934	151	540.6	623.4
Burlington	347174	1555	447.9	600.2
Salem	50241	277	551.3	597.9
Warren	11204	45	401.6	596.5
Mercer	367844	1649	448.3	593.0
Atlantic	241834	1079	446.2	565.3
Essex	1731020	7597	438.9	557.3
Union	584200	2507	429.1	557.3
Middlesex	381878	1262	330.5	544.3
Camden	503622	1909	379.1	542.6
Passaic	387066	1364	352.4	538.6
MORRIS	72220	301	416.8	535.7
Gloucester	123002	554	450.4	534.9
Bergen	261019	1169	447.9	528.6
Monmouth	266655	1155	433.1	528.5
Hudson	482113	1678	348.1	526.2
Somerset	121693	417	342.7	523.6
Cumberland	161150	507	314.6	517.3
Ocean	84644	286	337.9	486.3
STATE	6230580	25526	409.7	551.6

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

The data in Table 9, below, indicates that during the five year period, 301 cancer cases were reported among Morris County's black population. The County's at-risk black population increased slightly between 1998 and 2002, resulting in an overall increase of 300. The highest cancer incidence rates, both crude (441.9) and age-adjusted (606.9), occurred in 2000. The Morris County age-adjusted rate was lower than that of the State for the five year period, but was higher than the statewide rate during 1999 and 2000.

Table 9, Cancer. Morris County: Incidence Rates for All Sites, Black, 1998-2002

Year	1998	1999	2000	2001	2002	1998-2002
Population at Risk	14270	14429	14484	14467	14570	72220
Total Cases	57	61	64	61	58	301
Crude Rate	399.4	422.8	441.9	421.6	398.1	416.8
Age-Adjusted Rate	550.8	551.6	606.9	507.9	470.5	535.7
Statewide Age-Adjusted Rate	578.5	547.9	547.3	552.1	533.6	551.6

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 10 indicates that Morris County, with 3.26% of the State's at risk Hispanic population (11,296,110), ranked tenth among its twenty one counties. The table shows that 72% of New Jersey's Hispanic population is concentrated in Hudson, Passaic, Essex,

Union, Middlesex, and Bergen Counties. Morris County's 469 cases ranked tenth in number in the State, while its crude incidence rate (127) for Hispanics ranked eleventh among the counties reported and is above that of the State (124.9). The county's age-adjusted rate (274.4) is ranked eighth among all counties and is higher than that of the State (221.4).

Table 10, Cancer. New Jersey and Counties: Incidence Rates for All Sites, Hispanic, 1998-2002

County	Risk Population	Cases	Crude Rate	Age-Adjusted Rate
Gloucester	66638	104	156.1	346.5
Hunterdon	34568	54	156.2	327.2
Sussex	50652	82	161.9	322.9
Warren	39194	54	137.8	315.7
Ocean	262442	434	165.4	303.9
Monmouth	386376	540	139.8	303.9
Salem	25430	31	121.9	281.4
Morris	**369204**	**469**	**127.0**	**274.4**
Burlington	180430	233	129.1	261.7
Bergen	929208	1422	153.0	253.3
Cape May	33500	42	125.4	251.8
Atlantic	306986	342	111.4	241.1
Camden	497560	527	105.9	228.4
Middlesex	1036544	1142	110.2	227.7
Mercer	342988	302	88.0	225.0
Union	1048554	1397	133.2	219.6
Essex	1236712	1508	121.9	217.3
Somerset	260226	231	88.8	214.4
Passaic	1485714	1529	102.9	197.4
Hudson	2421508	3409	140.8	194.8
Cumberland	281676	259	92.0	194.6
STATE	**11296110**	**14111**	**124.9**	**221.4**

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

The data in Table 11, below, indicates that during the five year period, the County's at risk Hispanic population increased by 14,568 individuals by the end of 2002. Although the highest number of cases per year (112) occurred in 2002, the highest cancer incidence rates, both crude (139.2) and age-adjusted (327.0), occurred in 1999 when ninety eight cases were reported. In each of the five years considered, the Morris County age-adjusted rate was consistently higher than that of the State.

Table 11, Cancer. New Jersey and Morris County: Incidence Rates for All Sites, Hispanic, 1998-2002

Year	1998	1999	2000	2001	2002	1998-2002
Population at Risk	66558	70388	73968	77164	81126	369204
Total Cases	77	98	83	99	112	469
Crude Rate	115.7	139.2	112.2	128.3	138.1	127.0
Age-Adjusted Rate	272.4	327.0	236.5	261.2	279.4	274.4
Statewide Age-Adjusted Rate	213.8	229.8	225.1	219.2	219.7	221.4

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 12, below, reports that during the five year period, 1998 through 2002, Morris County had the seventh highest Non-Hispanic population at risk for cancer, and was seventh highest in the number of cancer cases among New Jersey's twenty one counties. Respecting the age-adjusted incidence rate (295.2), Morris ranked fifth highest among the counties and higher than the State.

Table 12, Cancer. New Jersey and Counties: Incidence Rates for All Sites, Non-Hispanic, 1998-2002

County	Risk Population	Cases	Crude Rate	Age-Adjusted Rate
Ocean	4889042	21784	445.6	301.6
Sussex	1398098	3744	267.8	301.1
Warren	994026	3142	316.1	300.1
Monmouth	5775650	18288	316.6	298.7
MORRIS	4338462	13460	310.3	295.2
Bergen	7923720	28574	360.6	294.5
Cape May	986692	4191	424.8	293.6
Essex	6678822	19934	298.5	288.6
Gloucester	2489422	6965	279.8	287.6
Atlantic	2224380	7285	327.5	287.2
Mercer	3171146	9651	304.3	285.6
Union	4184770	13941	333.1	285.3
Burlington	4082520	12114	296.7	285.0
Camden	4599458	13664	297.1	282.3
Passaic	3425338	10989	320.8	278.6
Salem	619670	1969	317.8	277.0
Hunterdon	1193334	3207	268.7	274.4
Middlesex	6492342	18933	291.6	274.2
Hudson	3648234	10438	286.1	272.3
Cumberland	1184850	3601	303.9	267.0
Somerset	2720898	7238	266.0	263.7
STATE	73020874	233112	319.2	286.9

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

The data in Table 13, below, indicates that during the five year period, 13,460 new cancer cases were reported among the Morris County Non-Hispanic population. The county's Non-Hispanic population increased between 1998 and 2002 by 18,150 individuals. The highest number of cases per year (2,877) occurred in 2001 and provided the highest cancer incidence rates both crude (330.4) and age-adjusted (311.5). The Morris County age-adjusted rate was consistently higher than that of the State during the five year period.

Table 13, Cancer. New Jersey and Morris County: Cancer Incidence Rates for All Sites, Non-Hispanic, 1998-2002

Year	**1998**	**1999**	**2000**	**2001**	**2002**	**1998-2002**
Population at Risk	857968	864968	868772	870636	876118	4338462
Total Cases	2555	2675	2594	2877	2759	13460
Crude Rate	297.8	309.3	298.6	330.4	314.9	310.3
Age-Adjusted Rate	291.2	298.3	284.9	311.5	289.6	295.2
Statewide Age-Adjusted Rate	287.6	282.4	283.4	292.4	288.4	286.9

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

The data in Table 14, below, indicates an increase in the at risk population during the five years 1997 through 2001, with a gain of 16,939 individuals. During that period, 4,351 cancer deaths occurred in Morris County. The highest number of deaths (915) occurred in 1999, producing the highest crude death rate (195.7) during the five year period. The highest age-adjusted rate (206.4) occurred in 1997. In each of the five years considered, the Morris County age-adjusted death rate was consistently lower than that of the State.

Table 14, Cancer. New Jersey and Morris County: Mortality Rates for All Sites, 1997-2001

Year	**1997**	**1998**	**1999**	**2000**	**2001**	**1997-2001**
Population at Risk	456961	462263	467678	471370	473900	2332172
Total Deaths	888	789	915	875	884	4351
Crude Rate	194.3	170.7	195.7	185.6	186.5	186.6
Age-Adjusted Rate	206.4	179.9	204.2	192.7	191.2	194.8
Statewide Age-Adjusted Rate	214.6	210.0	209.1	204.9	203.3	208.3

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 15, below, reports that during the five year period, 1997 through 2001, Morris County's number of deaths (4,351) was eleventh highest among New Jersey's twenty one counties. The age-adjusted death rate (194.8) in Morris ranked eighteenth highest among the counties, and was also approximately 6% lower than that of the State.

Table 15, Cancer. New Jersey and Counties: Cancer Mortality Rates for All Sites, 1997-2001

County	Risk Population	Deaths	Crude Rate	Age-Adjusted Rate
Salem	323088	846	261.9	232.2
Gloucester	1263402	2687	212.7	229.2
Camden	2546008	5640	221.5	224.6
Atlantic	1251471	2979	238.0	224.3
Monmouth	3049865	6876	225.4	223.3
Essex	3944636	8201	207.9	218.2
Sussex	715941	1263	176.4	216.0
Cape May	509727	1629	319.6	215.7
Cumberland	731216	1601	218.9	214.6
Ocean	2527492	008447	334.2	213.8
Burlington	2110921	4421	209.4	212.5
Mercer	1739642	3616	207.9	208.2
Hudson	3017747	5598	185.5	204.9
Passaic	2443301	4789	196.0	203.8
Union	2601603	5718	219.8	203.3
Middlesex	3717136	7220	194.2	200.8
Bergen	4400907	10163	230.9	194.9
MORRIS	**2332172**	**4351**	**186.6**	**194.8**
Hunterdon	604830	1023	169.1	194.7
Warren	507908	992	195.3	189.7
Somerset	1463035	2546	174.0	189.6
STATE	**41802048**	**90606**	**216.8**	**208.3**

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

The data in Table 16, below, indicates a consistent at risk white population growth during the five years 1997 through 2001, with a gain of 10,328 such individuals. During that time span, 4,174 cancer deaths occurred in Morris County. The largest number of deaths (874) occurred in 1999, producing the highest white crude death rate (206.8) during the five year period. The highest white age-adjusted rate (209.7) occurred in 1997. In each of the five years, the Morris County white age-adjusted death rate was consistently lower than that of the State.

Table 16, Cancer. Morris County and New Jersey: Mortality Rates for All Sites, White, 1997-2001

Year	**1997**	**1998**	**1999**	**2000**	**2001**	**1997-2001**
Population at Risk	415536	419048	422578	424476	425864	2107502
Total Deaths	853	761	874	838	848	4174
Crude Rate	205.3	181.6	206.8	197.4	199.1	198.1
Age-Adjusted Rate	209.7	183.6	207.1	195.9	195.7	198.4
Statewide Age-Adjusted Rate	213.1	208.1	207.7	203.6	202.7	207.0

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 17, below, reports that during the five year period, 1997 through 2001, the County's total number of white deaths (4,174) was ninth highest among New Jersey's twenty one counties. The age-adjusted white death rate (198.4) in Morris ranked seventeenth highest among the counties and lower than that of the State.

Table 17, Cancer. County in New Jersey: Mortality Rates for All Sites, White, 1997-2001

County	Risk Population	Deaths	Crude Rate	Age-Adjusted Rate
Gloucester	1119513	2414	215.6	227.5
Salem	269525	707	262.3	223.3
Monmouth	2653578	6253	235.6	223.3
Camden	1942966	4759	244.9	222.8
Atlantic	943798	2430	257.5	218.7
Sussex	697337	1243	178.3	215.8
Cape May	476782	1570	329.3	215.8
Ocean	2406079	8286	344.4	214.0
Cumberland	555590	1374	247.3	213.2
Burlington	1703884	3851	226.0	211.8
Middlesex	2822126	6594	233.7	208.6
Hudson	2219608	4731	213.2	207.5
Mercer	1282448	2907	226.7	201.9
Passaic	1939995	4151	214.0	199.9
Essex	2053002	4831	235.3	199.2
Bergen	3661905	9475	258.8	198.7
MORRIS	**2107502**	**4174**	**198.1**	**198.4**
Union	1914099	4637	242.3	196.0
Hunterdon	576912	1009	174.9	196.0
Somerset	1220588	2358	193.2	193.1
Warren	490100	969	197.7	188.7
STATE	**33057337**	**78723**	**238.1**	**207.0**

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Table 18, below, reports that during the five year period, 1997 through 2001, Morris County had the seventeenth largest black population at risk for cancer. The County's total number of black deaths (108) was seventeenth highest in the number of such deaths among New Jersey's twenty one counties. The age-adjusted average black death rate (198.4) for Morris ranked eighteenth among the counties and lower than the State (207.0).

Table 18, Cancer. New Jersey and Counties: Mortality Rates for All Sites, Black, 1997-2001

County	Risk Population	Deaths	Crude Rate	Age-Adjusted Rate
Warren	10453	18	172.2	304.9
Salem	50156	137	273.1	297.2
Atlantic	239732	506	211.1	272.6
Monmouth	265155	545	205.5	265.5
Mercer	362839	681	187.7	264.4
Gloucester	120579	260	215.6	264.4
Ocean	81704	139	170.1	264.1
Essex	1720844	3283	190.8	258.1
Camden	496350	823	165.8	257.3
Passaic	387486	591	152.5	253.7
Union	574009	1016	177.0	249.9
Hunterdon	14839	10	67.4	244.3
Hudson	479070	706	147.4	243.3
Burlington	339498	524	154.3	236.0
Cumberland	158841	200	125.9	228.8
Middlesex	371952	437	117.5	225.9
MORRIS	**71711**	**108**	**150.6**	**223.0**
Cape May	28245	55	194.7	221.5
Bergen	256149	430	167.9	216.7
Somerset	116684	132	113.1	213.1
STATE	**6154544**	**10616**	**172.5**	**251.0**

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

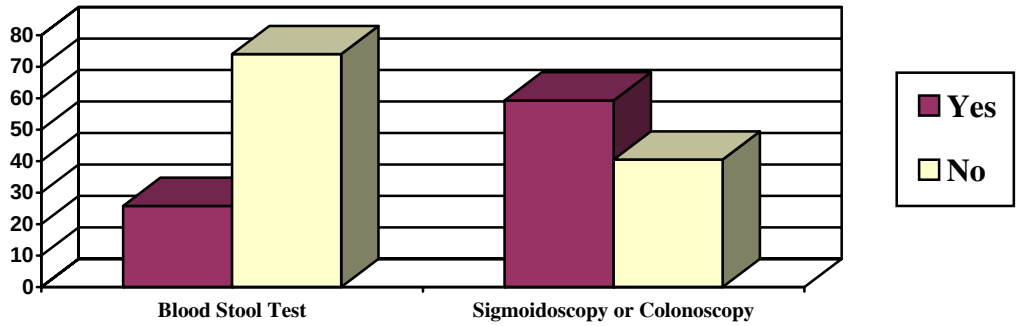
The data in Table 19, below, indicates consistent at risk black population growth from 1997 through 2000 resulting in a gain of 406 such individuals by the end of 2001. During that time span, 108 black cancer deaths occurred in Morris County. The highest number of deaths (26) occurred in 2000, producing the highest black crude death rate (179.5) during the five year period. The highest black age-adjusted rate (267.4) occurred in 2000 and was higher than that of the State (251.0).

Table 19, Cancer. New Jersey and Morris County: Mortality Rates for All Sites, Black, 1997-2001

Year	1997	1998	1999	2000	2001	1997-2001
Population at Risk	14061	14270	14429	14484	14467	71711
Total Deaths	25	17	24	26	16	108
Crude Rate	177.8	119.1	166.3	179.5	110.6	150.6
Age-Adjusted Rate	258.6	196.1	241.2	267.4	156.4	223.0
Statewide Age-Adjusted Rate	258.1	253.6	251.3	251.1	241.8	251.0

Source: NJDHSS Web site: http://www.cancer-rates.info/nj/

Chart 1, Cancer. New Jersey and Morris County: Colorectal Screening Rates for Adults Age 50+, 2004



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1. NJDHSS, Center for Cancer Initiatives, The Office of Cancer Control and Prevention, *Morris County Cancer Control and Prevention Capacity and Needs Assessment Report Summary*, December 2004, released in July 2005. This report is the central guide to accomplishing cancer control activities in Morris County. The Morris Summary is organized into four sections: a County demographic profile, an overview of overarching issues, a general and statistical description of the cancer burden in Morris County by seven specific cancer sites (breast, cervical, colorectal, lung, melanoma, oral and oropharyngeal, and prostate) and specific recommendations relevant to Morris County. The recommendations identify five specific goals categories for Morris County: planning, coordinating and collaborating, advocacy, educational, and cancer site specific.

2. NJDHSS, Center for Health Statistics, *Healthy New Jersey 2010 Update 2005*, released May 2005.

3. The NJDHSS site www.Cancer-rates-info/nj. This site is the source of the tables reported above. The site describes incidence and mortality for the state and each of its counties for most of 50 cancer sites.

Other Information

New Jersey Behavioral Risk Factor Surveillance Survey (BRFSS)

A report of women statewide, the *Estimated Mammogram Prevalence Data, 1992-2002* displays percentages with a 95% confidence interval of affirmative responses to the Behavioral Risk Factor Survey. Women aged 50 and older were asked whether they have had a mammogram within the past two years. The data are for all New Jersey counties combined, and for each year of the 1992 to 2002 period, and for all years combined. For all years combined, 71% (95% CI, 68.8 to 74.3) of respondents indicated that they had a mammogram performed in the past two years. *For* 2002, 72.5% (95% CI, 62% to 81 %) indicated that they had a mammogram performed in the past two years. These data are reported in the General Health Status and Trends sub-section of this profile.

Data for Morris County for each year of the 1992 to 2002 period, and for all years combined contains estimated percentages with a 95% confidence intervals of affirmative responses to the Behavioral Risk Factor Survey item asking women aged 50 and older whether they have had a mammogram within the past two years. For all years combined, 76.5% (95% CI, 71.1 to 81.2) of respondents indicated that they had a mammogram performed in the past two years. For 2002, a much smaller sample of cases, 77.3% (95% CI, 61.1 to 88.1 %) of women 50 and older indicated that they had a mammogram performed in the past two years.

The *Selected Metropolitan/Micropolitan Area Risk Trends* (SMART) of the BRFSS as reported by the CDC contains 2004 mammogram data for women age 40+ reporting having a mammogram within the last two years. Two hundred thirty four respondents (78.8%) report having had a mammogram within the last two years while 21.0% of respondents (68) report negatively to this question. This same site publishes SMART BRFSS data on women age 18+ who have had a pap test within the past three years. Three hundred thirteen respondents (88.7%) report they have received the test and 11.1% of respondents (42) have not had the test.

New Jersey Comprehensive Cancer Control Plan

The *New Jersey Comprehensive Cancer Control Plan* (NJ-CCCP) reports the State's cancer priorities, issues, and associated strategies for improvement. It is available at the NJDHSS Web site at www.state.nj.us/health/ccp/ccc_plan.htm

Detailed Cancer Site Information

Additional incidence and mortality data that is available for the County and the State reporting age-adjusted rates per 100,000 for total, white, black, Hispanic, and

Asian/Pacific Islander populations for a variety of cancer sites is available at http://www.state.nj.us/health/ces/index.shtml.

Other BRFSS cancer-related information is held in the Morris Regional Public Health Partnership and is also available from the NJDHSS refers to Morris County and includes:

Cervical:
Women with intact cervix who had a Pap test within the past two years, New Jersey, 1998-2003
Women age 18+ who have had a Pap test within the past three years, Morris County, 2004 (available from CDC SMART BRFSS)

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

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

Prostate:
Men aged 40+ who have had a PSA test within the past two years, Morris County, 2004 (available from CDC SMART BRFSS)

Subsection Preparation

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Cardiac and Stroke

Data Availability

There is a good amount of authoritative statistical data for cardiac and stroke and other information that is directly relevant to Morris County and New Jersey. A summary of these data is displayed in the tables below. References to other more detailed data are described in the sub-section "Bibliography." It should be noted that the New Jersey Behavioral Risk Factor Surveillance System (BRFSS) did not include any questions on cardiovascular health; therefore, there is no local data concerning behavioral risk for cardiovascular disease or stroke.

County and State data that include mortality by gender and race due to heart disease and stroke for Morris and the State are available for the years 1996 through 2000.

Data Indicators

Data: (1) All rates cited are per 100,000, age-adjusted and spatially smoothed.

Table 1, Heart Disease. United States, New Jersey and Morris County: Mortality Rate for Total Population Ages 35+, 1996-2000

	Heart Disease Mortality Rate
Morris County	529
New Jersey	547
United States	536

Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005

Table 1, above, reports that Morris County sustained the lowest mortality rate per 100,000 (529) for heart disease for its population aged 35 and older when compared with both state (547) and national (536) figures. Conversely, New Jersey has a higher heart disease mortality rate than the United States.

In Table 2, below, the heart disease mortality rate (per 100,000 population) for total population ages 35+ in the categories of Asian and Pacific Islanders (182), Hispanics (235), and whites (523) are all lower than those in both New Jersey (194, 257 and 257 respectively), and the United States (302, 348, and 529 respectively). For blacks, however, the heart disease mortality rate is slightly higher in Morris County (589) than it is in New Jersey (587), but it is still lower than that for the United States (662). The heart disease mortality rate at 182 per 100,000 population is significantly lower for Asian and Pacific Islanders in Morris County than in the United States at 302. In Morris County, there is insufficient data about the mortality rate for American Indian and Alaskan Natives.

Table 2, Heart Disease. United States, New Jersey, and Morris County: Mortality Rate for Total Population Ages 35+ by Race/Ethnicity, 1996-2000

Race or Ethnicity	Morris County	New Jersey	United States
Total Population	529	547	536
American Indian and Alaskan Natives	Insufficient Data	146	352
Asian and Pacific Islanders	182	194	302
Blacks	589	587	662
Hispanics	235	257	348
White	523	549	529

Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005

Table 3, Heart Disease. United States, New Jersey, and Morris County: Mortality Rate for Total Population Ages 35+ by Gender and Race/Ethnicity, 1996-2000

Race or Ethnicity	Morris County		New Jersey		United States	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Total Population	644	444	675	453	665	438
American Indian and Alaskan Natives	Insufficient Data	Insufficient Data	183	118	444	278
Asian and Pacific Islanders	199	164	232	163	385	238
Blacks	683	520	673	519	794	567
Hispanics	301	187	330	205	425	288
White	645	432	684	449	660	428

Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005

Table 3, above, reports mortality rate by gender per 100,000 population. Males in Morris County sustain a lower mortality rate due to heart disease (644) than New Jersey (675) and the United States (665). The same is true for Asian and Pacific Islander males with 199 in Morris County, 232 in New Jersey, and 385 in the United States. Hispanic males in Morris County sustain a lower mortality rate for heart disease per 100,000 population (301) than in New Jersey (330) and the United States (425). White males in Morris County also have a lower mortality rate due to heart disease per 100,000 population (645) than those in New Jersey (684) and the United States (660). However, black males in Morris County have a heart disease mortality rate of 683 which, though lower than the

national rate of 794, is slightly higher than the New Jersey rate of 673 per 100,000 population.

Females in Morris County sustain a mortality rate due to heart disease per 100,000 population of 444, which is lower than the rate in New Jersey (453) but higher than the rate in the United States (438). The same is true for white females in Morris County, whose heart disease mortality rate (432) compares favorably to that of New Jersey (449) while being slightly higher than that of the United States (428). Conversely, Asian and Pacific Islander women in Morris County have a heart disease mortality rate of 164 per 100,000 population, which is marginally higher than the rate in New Jersey (163) but significantly lower than that of the United States (238). The same is true for black women in Morris County, who sustain a mortality rate of 520 per 100,000 population due to heart disease as compared with the slightly lower rate for black women in New Jersey (519) and the much higher rate for the United States (567) as a whole. Hispanic females in Morris County have a lower heart disease mortality rate (187) than their counterparts in New Jersey (205) and in the United States (288).

Data: (1) All rates cited are per 100,000, age-adjusted and spatially smoothed.

Table 1, Stroke. United States, New Jersey, and Morris County: Mortality Rate for Total Population Ages 35+, 1991-1998

	Stroke Mortality Rate
Morris County	104
New Jersey	101
United States	121

Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005

Table 1 displays mortality rates due to stroke for Morris County, New Jersey, and the United States. Morris County's per 100,000 population rate (104) is slightly higher than that of New Jersey (101), but much lower than that of the United States (121).

In Table 2, below, the stroke mortality rate is stratified by gender for Morris County, New Jersey, and the United States. This table reveals two interesting trends. First, Asian and Pacific Islanders in Morris County have a higher rate of stroke per 100,000 population (66) than those in New Jersey (59), but the overall rate for the United States (105) is significantly higher than that of either Morris County or New Jersey. Second, stroke mortality rates for blacks, Hispanics, and whites in Morris County (141, 54, and 97, respectively) mimic those in New Jersey (141, 54, and 97, respectively), while the overall rates for those groups in the United States as a whole (166, 79, and 117, respectively) are again higher than those for either Morris County or New Jersey.

Table 2, Stroke. United States, New Jersey, and Morris County: Mortality Rate for Total Population Ages 35+ by Race/Ethnicity, 1991-1998

Race or Ethnicity	Morris County	New Jersey	United States
Total Population	104	101	121
American Indian and Alaskan Natives	Insufficient Data	53	79
Asian and Pacific Islanders	66	59	105
Blacks	141	141	166
Hispanics	54	54	79
White	97	97	117

Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005

Table 3, Stroke. United States, New Jersey, and Morris County: Mortality Rate for Total Population Ages 35+ by Gender and Race/Ethnicity, 1991-1998

Race or Ethnicity	Morris County		New Jersey		United States	
	Male	Female	Male	Female	Male	Female
Total Population	108	100	106	96	126	117
American Indian and Alaskan Natives	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	80	77
Asian and Pacific Islanders	61	69	59	58	118	96
Blacks	149	135	147	135	182	153
Hispanics	61	50	61	49	88	72
White	102	93	102	92	121	113

Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005

Table 3 shows the mortality rate due to stroke by gender and race/ethnicity for Morris County, New Jersey, and the United States. For American Indian and Alaskan Natives in Morris County and New Jersey, the data is insufficient to determine a mortality rate due to stroke for males and females. Morris County Asian and Pacific Islander males and females have a higher stroke mortality rate per 100,000 population (61 and 69, respectively) than their counterparts in New Jersey (59 and 58, respectively) but significantly lower than those Asian and Pacific Islander males and females in the United States (118 and 96). Black males in Morris County have a slightly higher stroke mortality rate (149) than their counterparts in New Jersey (147), but lower than black

males across the United States (182). Black females in Morris County sustain the same stroke mortality rate (135) as their counterparts in New Jersey (135), which are lower than those reported for black females in the United States (153). Morris County Hispanic males have the same stroke mortality rates (61) as those in New Jersey (61), which are lower than those rates for Hispanic males in the United States (88). Similar rates are also seen for Hispanic females in Morris County (50) and in New Jersey (49) and, again, these rates are lower than their counterparts in the United States (72). Finally, white males and females in Morris County sustain almost the same stroke mortality rates (102 and 93) that they do in New Jersey (102 and 92), both of which are lower than their counterparts in the United States (121 and 113, respectively).

Bibliography

1. Centers for Disease Control and Prevention, Heart Disease and Stroke Maps [online]. 2005. [accessed 12/4/05]. URL:http//www.cdc.gov/cvh/maps/index.htm

Other Information

A. *Taking Action for Heart-healthy and Stroke-free States - A Communication Guide for Policy and Environmental Change.* This tool is provided by the Cardiovascular Health Branch of the Centers for Disease Control and Prevention and was developed to help States reduce the rate of heart disease and stroke. Available for download at http://www.cdc.gov/cvh/library/heart_stroke_guide/index.htm

B. *Promising Practices in Chronic Disease Prevention and Control*. "The Centers for Disease Control and Prevention (CDC) has developed this book to share its vision of how states and their partners can reduce the prevalence of chronic diseases and their risk factors by instituting comprehensive statewide programs. The recommendations for achieving this vision are based on prevention effectiveness research; program evaluations; and the expert opinions of national, state, and local leaders and public health practitioners, including CDC staff. In addition to describing some of the most promising practices available to state programs, the book provides numerous sources, including Web sites, that describe state and local examples of what can be achieved; state-of-the art strategies, methods, and tools; and training opportunities." (CDC Web site) This book provides a framework to help state and local health departments build new chronic disease prevention and control programs and enhance existing programs. Available for download at http://www.cdc.gov/nccdphp/publications/PromisingPractices/

C. *State Heart Disease and Stroke Prevention Program in Health Care Settings to Prevent Heart Disease and Stroke.* Several organizations, including the American Heart Association and the American College of Cardiology, have developed clinical practice guidelines to assist in the diagnosis and management of patients with heart disease and stroke as well as increase health care quality improvement. Available for download at http://www.cdc.gov/cvh/library/fs_state_healthcare.htm

D. The American Heart Association–Central New Jersey office, located in New Brunswick, offers a number of community-based prevention programs. Their Web site contains information about many of these programs: http://www.heart.org/presenter.jhtml?identifier=1200199&division=HTA002

Subsection Preparation

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COMMUNICABLE AND REPORTABLE DISEASES

The communicable diseases tuberculosis, HIV/AIDS, and sexually transmitted diseases are separate categories of this profile and are located in their respective sub-sections.

Data Availability

New Jersey Reportable Disease Statistics are available for the years 1988–2000 for the entire state and each of its counties. This data set includes reports of communicable disease for each of 59 reportable diseases. Tuberculosis and sexually transmitted diseases are included with the 1988-2000 data. The remainder of this sub-section summarizes the information available, some of which is reported in the "Data Indicators" sub-section that follows. Not all of the annual data provided on the State's Web site may be suitable for long term trend analysis or comparability among the years reported. Please see the "Technical Notes," below, for an explanation.

Authoritative statistical data and other information reporting Morris County are available from NJDHSS Communicable Disease Service (1) for the state, its counties, and unknown geographic locations for the years 2001 through 2005, with 2004 and 2005 reporting partial-year information, each through November. Only confirmed cases as of the onset/report year are included. See General Health Status and Trends, p. 230.

The New Jersey Department of Health and Senior Services (NJDHSS) Web site reports cases of vaccine-preventable disease occurring during the years 1986-2004 for the state but not for counties. These include diphtheria, tetanus, pertussis, polio (wild), measles, mumps, rubella, and Haemophillus influenza b (Hib).

Data reporting vaccine-preventable hepatitis B cases statewide are available by age groups for the years 1991-1998. Cases of morbidity are available that report the state and counties for the years 1997-2002 and include pertussis, measles, mumps, rubella, tetanus, diphtheria, polio (wild), and Hib morbidity. Also available are data from the 2001 National Immunization Survey by state and national immunization program goals.

Additional state data is recently published in *Healthy New Jersey 2010 Update 2005* Chapter 4, "Preventing and Reducing Major Diseases." This source presents information categorized as "Infectious Disease" that includes the incidence of Lyme disease statewide for the years 1998 through 2003 in relation to the State's 2010 goal for that illness. (2)

Extensive data reporting influenza cases during the years 2002 through 2004 are available at the NJDHSS Web site's Communicable Disease Service information location. Surveillance statistics for active cases of influenza-like illness for each week of the influenza season are reported. These data are reported for each county by nursing homes, schools and hospitals. Since March 2004, the number of tests for respiratory syncytial virus (RSV) and their positive results are included. (3)

The Federal Center for Disease Control's *Preliminary FoodNet Data on the Incidence of Infection with Pathogens Transmitted Commonly Through Foods – Selected Sites, United States, 2004* report describes national surveillance data for 2004.

TECHNICAL NOTES:

1. A 2005 Communicable Disease Report prepared by Namitha Narayan, M.D., M.P.H, Morris County Epidemiologist, with references to the Federal CDC (Center for Disease Control), NJDHSS, Mosquito Commission of Morris County and *Control of Communicable Disease Manual*, 18th Edition (APHA), will be useful as a supplemental information source to identify and quantify the population at higher risk of illnesses for which targeted interventions may be originated, as well as to analyze disease trends and identify epidemics of diseases. The following factors are cited as relevant: 1) the tendency of patients with mild disease not to present for medical care; 2) the tendency for health care professionals to refrain from ordering a test to identify the causative agent in milder cases and, therefore, the greater likelihood of severe illnesses being reported as opposed to milder ones; 3) the tendency for health care professionals to report contagious diseases, such as tuberculosis more frequently than vector-borne diseases, such as Lyme disease; 4) increased testing and reporting of a specific disease due to epidemic or media coverage; 5) the failure of health care professionals to report the case at any level of intensity as required by law.

2. The NJDHSS continues to refine its program for gathering and interpreting Communicable Disease statistics. Since the release of *New Jersey Reportable Disease Statistics for 1988 – 2000*, the methods by which NJDHSS compiles, reports, or defines criteria for some diseases have changed thereby affecting its comparability with data in subsequent versions, i.e., *New Jersey Reportable Disease Statistics for 2001* and *New Jersey Reportable Disease Statistics for 2002 – 2005*. For example, among the vector-borne diseases, "Encephalitis – Arborviral" was used from 1988 through 2000; thereafter, Encephalitis is tracked by more specific reference to its Eastern Equine and West Nile strains. Similarly, the category "Ehrlichiosis," used from 1988 through 2000, is tracked by more specific reference to the HGE (human granulocytic) and HME (human monocytic) types beginning in 2001. Where data from these NJDHSS tables have been combined and such changes have occurred, the note *NPR*—for not previously reported—has been used.

3. Unless otherwise cited, the data used to create the tables in this report are obtained from the Communicable Disease Reports issued by the NJDHSS, and published on their Web site at http://www.state.nj.us/health/cd/stats.htm. These reports are periodically updated, and when data for the same year appears in more than one report we have utilized the data from the most recently published version.

- Data for both Morris County and New Jersey for the years 2002–2005 is taken from *NJ Reportable Disease Statistics for 2002–2005: Data Through November 22, 2005*, as downloaded from http://www.state.nj.us/health/cd/web_stat.pdf.

- Data for both Morris County and New Jersey for the year 2001 is taken from *NJ Reportable Disease Statistics for 2001: Data Through January 3, 2005*, and downloaded from http://www.state.nj.us/health/cd/web_stat_2001.pdf.
- Data for New Jersey for the years 1988-2000 is taken from: *NJ Reportable Disease Statistics for 1988–2000, Statewide Totals* and downloaded from http://www.state.nj.us/health/cd/trends.htm.
- Data for Morris County for the years 1988–2000 is taken from: *NJ Reportable Disease Statistics for 1988–2000, Morris County*, and downloaded from http://www.state.nj.us/health/cd/morris.htm.

All of the above-referenced data was downloaded November 28, 2005, unless otherwise noted. These reports provide total numbers of confirmed cases statewide and for each county, without statistical weighting or population adjustment. While presenting statistics in the form of rates and ratios greatly facilitates comparisons between political subdivisions with populations of different sizes or between subgroups of a population, the above referenced *NJ Reportable Disease Statistics* have been used as a primary source because they contain the most complete data. Any data which refers to ratios, generally rates per 100,000 population, will have come from an alternate source, cited in place. Among these are:

- *Healthy New Jersey 2010, Update 2005*, which summarizes its computation method thus, in Appendix B, Rates and Ratios: "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 or100,000." http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05tech.pdf#b
- Division of Communicable Diseases, the Infectious & Zoonotic Disease Program, *Lyme Disease Rate by County in New Jersey, 1990–1998,* and *Lyme Disease Rate by County in New Jersey, 1999–2000.*
- Data for Drug-resistant blood cultures is taken from the *Epidemiology Surveillance System 2001 Report, August 2003* as downloaded at http://www.state.nj.us/health/cd/episurv2001.pdf . Downloaded 12/24/05

Data Indicators

The Tables 1, 2a, and 2b shown below provide a broad summary of the information in this sub-section.

Table 1 lists specific diseases for which State and County summary statistics are available: confirmed cases for the years 2002 through 2005 reported as required by N.J.A.C. 8:57, the NJ Sanitary Code for specific diseases.

Table 2a reports cases of selected diseases by year for New Jersey; 1988–2005.

Table 2b reports cases of selected diseases by year for Morris County, 1988–2005.

Charts 1a and 1b provide graphic representation of a portion of the diseases listed in Tables 2a and 2b, and are those which comprise 1% or more of reported cases for New Jersey and Morris County, respectively. The charts list only those diseases reported in Tables 2a and 2b.

Table 1, Communicable Disease. New Jersey Reportable Diseases

Amebiasis (Entamoeba histolytica)	Kawasaki disease
Babesiosis (Babesia spp.)	Legionellosis (Legionella pneumophila)
Botulism other	Listeriosis (Listeria monocytogenes)
Botulism - food borne	Lyme disease (Borrelia burgdorferi)
Botulism - infant	Lymphogranuloma venereum (LGV)
Brucellosis (Brucella spp.)	Malaria (Plasmodium spp.)
Campylobacteriosis (Campylobacter spp.)	Measles (Rubeola)
Cholera (Vibrio cholerae non-01)	Meningococcal disease (Neisseria meningitidis)
Creutzfeld-Jakob disease	Mumps
Cryptosporidiosis (Cryptosporidium spp.)	Mycobacterium, non-TB
Cyclosporiasis (Cyclospora spp.)	Pertussis (Bordetella pertussis)
Dengue fever	Q fever (Coxiella burnetti)
Ehrlichiosis - HGE (Human Granulocytic)	Rocky Mountain Spotted Fever
Ehrlichiosis - HME (Human Monocytic)	Rubella
Encephalitis - Eastern Equine	Salmonellosis - non-typhoid (Salmonella
Encephalitis, West Nile	Shigellosis (Shigella spp.)
Enterohemorrhagic E. Coli (not serogrouped)	Streptococcus pyogenes (Group A), invasive
Enterohemorrhagic E. coli O157:H7	Streptococcus agalactiae (Group B), invasive
Enterohemorrhagic E. coli non-O157:H7	Streptococcus pneumoniae, invasive disease
Giardiasis (Giardia lamblia)	Tetanus (Clostridium tetani)
Guillain-Barre syndrome	Toxic Shock Syndrome, staphylcoccal
Haemophilus influenzae - invasive disease	Toxic Shock Syndrome, streptococcal
Hansen Disease (Leprosy) (Mycobacterium leprae)	Trichinosis (Trichinella spiralis)
Hemolytic Uremic Syndrome	Tularemia (Francisella tularensis)
Hepatitis A	Typhoid fever (Salmonella typhi)
Hepatitis B	Vibrio spp. other than Vibrio cholerae
Hepatitis B, Perinatal, Infant (1–24 months)	Yersiniosis, (Yersinia enterocolitica)
Hepatitis C	

Source: NJ Sanitary Code
http://www.state.nj.us/health/cd/njac857.pdf

Table 2a, Communicable Disease. New Jersey, Total Reported Cases of Selected Communicable Diseases, 1988 – 2005

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Amoebiasis	115	39	21	32	23	16	25	22	41	59	54	57	37	61	55	77	32	36
Babesiosis	0	2	NR	NR	NR	NR	NR	0	0	3	7	3	15	21	36	32	40	58
Botulism-Food borne	0	2	0	0	3	1	0	0	0	0	2	0	6	0	0	0	1	2
Brucellosis	0	0	2	1	0	1	0	0	1	0	0	0	0	1	0	1	1	2
Campylobacteriosis	571	422	612	582	573	595	720	675	792	544	430	282	334	396	414	564	552	390
Creutzfeldt-Jakob Disease	NR	2	3	3	0	4	0	3	1	2	2	2	1	4	8	7	1	2
Cryptosporidiosis	NR	NR	NR	NR	NR	NR	NR	13	36	31	29	54	19	23	15	19	46	62
E Coli 0157:H7	NR	NR	0	4	11	11	85	66	62	36	67	78	117	63	64	30	59	44
Ehrlichiosis HGE	NR	NR	NR	NR	NR	NR	NR	22	9	8	4	6	8	0	0	1	0	1
Encephalitis - W. Nile	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	12	22	33	0	0
Encephalitis - Arboviral	0	1	0	0	0	6	0	0	0	0	0	0	6	NR	NR	NR	NR	NR
Giardiasis	639	465	440	447	577	615	634	711	908	894	762	518	638	502	494	512	510	335
Guillain-Barre Syndrome	25	44	NR	NR	NR	NR	NR	0	13	0	0	0	6	12	4	4	5	2
Haemophilus Influenzae	95	76	60	38	22	27	16	33	65	53	53	59	41	48	55	68	84	77
Hemolytic Uremic Syndrome	NR	NR	0	0	1	14	7	6	3	2	6	6	7	5	2	3	1	3
Hemorrhagic Colitis	NR	NR	0	4	11	11	85	6	12	6	11	4	33	7	0	0	0	NR
Hepatitis A	259	469	437	307	311	295	306	312	394	316	343	150	288	291	187	205	188	150
Hepatitis B	497	597	525	442	513	407	410	368	279	249	205	138	179	258	252	200	232	209
Hepatitis B, Perinatal, Infant (1 - 24 Months)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0	0	1	0
Hepatitis Non A Non B	21	37	45	104	97	98	211	189	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hepatitis C	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	53	462	655	1326	2240	3110	3342	2250
Kawasaki Disease	17	18	25	24	10	29	20	22	32	23	30	34	19	24	36	30	18	16
Legionellosis	40	40	52	36	32	33	49	33	15	30	18	24	23	20	37	62	92	93
Leprosy (Hansen Disease)	1	2	4	2	2	3	1	1	0	1	0	2	1	2	4	3	0	0
Leptospirosis	0	0	1	0	0	1	1	1	0	1	0	0	0					
Listeria	13	12	21	23	16	31	34	34	24	25	22	17	27	20	37	24	37	32
Lyme Disease	550	680	1067	915	688	786	1532	1703	2190	2041	1903	1708	2459	2374	2410	2919	2740	2619
Malaria	59	62	76	61	54	51	57	73	68	88	58	56	49	68	46	60	76	57
Measles	405	462	473	1138	42	12	175	8	3	3	8	0	0	0	0	2	2	1
Meningococcal Infections	88	80	65	43	51	49	65	74	79	75	60	52	54	43	29	30	37	31
Mumps	57	214	143	44	13	18	13	21	4	8	6	2	4	0	0	6	8	7

NR = Not Reportable; NPR = Not Previously Reported

Cont'd

Table 2a, Communicable Disease. New Jersey, Total Reported Cases of Selected Communicable Diseases, 1988 – 2005

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Pertussis	32	24	38	15	58	86	15	20	31	14	29	29	57	1	9	59	38	18
Rocky Mtn Spotted Fever	2	25	5	6	14	10	5	15	9	9	12	7	12	0	1	0	0	1
Rubella	4	7	1	4	5	15	1	3	2	0	14	5	0	0	0	2	3	0
Salmonellosis	2391	1854	1870	2016	1083	1209	1160	1734	1580	1501	1476	1160	1138	1135	1001	844	1050	750
Shigellosis	332	182	331	380	264	346	522	1038	434	625	662	286	508	283	684	346	253	278
Strep. Group A (Invasive)	NR	NR	NR	NR	NR	NR	NR	5	40	37	25	29	69	142	154	166	145	155
Strep. Group B	NR	NR	42	49	82	83	152	121	77	44	19	27	19	23	29	37	49	31
Toxic Shock Syn. (Strep)	NR	NR	NR	NR	NR	NR	NR	0	4	2	2	3	6	0	1	0	2	0
Typhoid Fever	16	33	25	19	25	18	25	27	40	29	16	33	28	39	21	20	20	11
Vibrio, other than Cholera	NR	NR	NR	NR	NR	NR	NR	0	2	0	7	4	6	7	16	9	8	12
Yersiniosis	76	49	31	43	62	43	45	34	28	15	19	9	16	6	12	3	5	14

NR = Not Reportable; NPR = Not Previously Reported

Table 2b, Communicable Disease. Morris County: Selected Reportable Communicable Diseases, 1988 – 2005

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Amoebiasis	2	0	1	0	3	4	3	1	6	5	3	2	3	2	1	5	4	3
Babesiosis	0	0	NR	NR	NR	NR	NR	0	0	0	0	0	0	0	1	0	2	0
Botulism-Food borne	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacteriosis	24	6	21	29	21	26	34	42	43	38	25	14	15	12	19	30	31	14
Creutzfeldt-Jakob Disease	NR	0	0	1	0	0	0	0	0	1	0	0	1	0	1	1	0	0
Cryptosporidiosis	NR	NR	NR	NR	NR	NR	NR	1	2	4	1	4	0	0	0	0	5	6
E Coli 0157:H7	NR	NR	0	0	0	0	0	1	5	3	8	4	11	4	NR	NR	NR	NR
Ehrlichiosis HGE	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	0	0	1	0	1
Encephalitis - W. Nile	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	NPR	0	0	1	0	0
Encephalitis - Arboviral	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Giardiasis	38	23	16	17	22	62	49	62	48	91	57	31	41	31	36	39	43	30
Guillain-Barre Syndrome	3	4	NR	NR	NR	NR	NR	0	3	0	0	0	0	1	1	0	0	0
Haemophilus Influenzae	2	1	2	2	0	2	0	3	4	4	3	2	1	2	3	1	1	1
Hemolytic Uremic Syndrome	NR	NR	0	0	0	1	2	0	1	0	0	0	1	1	0	1	0	0
Hemorrhagic Colitis	NR	NR	0	0	3	2	9	0	2	1	3	0	7	1	0	0	0	
Hepatitis A	7	14	10	16	11	10	10	12	10	12	12	7	16	21	19	8	12	8
Hepatitis B	10	7	5	12	6	12	5	3	6	5	5	4	10	10	12	9	8	5

NR = Not Reportable; NPR = Not Previously Reported

Table 2b, Communicable Disease. Morris County: Selected Reportable Communicable Diseases, 1988 – 2005

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Hepatitis B, Perinatal, Infant (1 - 24 Months)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0	0	1	0
Hepatitis Non A Non B	0	0	3	7	6	2	5	2	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Hepatitis C	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	1	13	10	40	72	112	124	69
Kawasaki Disease	2	0	1	2	1	3	2	5	4	6	6	5	3	5	8	3	0	0
Legionellosis	1	2	1	0	2	0	2	0	0	1	1	0	2	3	2	5	9	2
Leprosy	0	1	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR	NR	NR
Listeria	0	1	1	0	1	1	1	0	1	0	1	2	5	1	1	0	0	2
Lyme Disease	18	20	50	83	119	104	287	235	270	330	291	266	461	469	393	451	347	371
Malaria	4	4	6	4	1	2	0	2	0	1	0	0	3	0	1	2	2	3
Measles	NR	NR	NR	NR	NR	NR	NR	NR	NR	1	2	0	NR	0	0	0	0	1
Meningococcal Infections	0	4	2	0	3	3	2	5	2	3	5	4	3	2	2	4	1	1
Mumps	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	2	0	NR	0	0	0	0	0
Pertussis	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	0	2	NR	0	1	0	0	0
Rocky Mtn Spotted Fever	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	NR	NR	NR	NR	NR	NR	NR	NR	NR	0	4	1	NR	0	0	0	0	0
Salmonellosis	89	63	54	67	38	80	52	71	86	85	81	44	47	51	48	41	50	25
Shigellosis	19	3	8	8	9	9	9	14	10	12	15	6	6	10	7	7	6	7
Strep. Group A (Invasive)	NR	NR	NR	NR	NR	NR	NR	1	3	2	0	1	3	10	10	8	8	7
Strep. Group B	NR	NR	0	4	3	4	6	8	1	1	1	0	1	2	0	0	2	1
Toxic Shock Syn. (Strep)	NR	NR	NR	NR	NR	NR	NR	0	2	1	0	0	0	0	0	0	0	0
Typhoid Fever	0	2	1	1	2	0	3	2	3	1	2	1	0	0	0	0	2	1
Vibrio, other than Cholera	NR	NR	NR	NR	NR	NR	NR	0	0	0	1	1	0	0	0	0	0	1
Yersiniosis	6	2	2	1	3	5	3	3	1	3	0	0	0	0	1	0	0	0

NR = Not Reportable; NPR = Not Previously Reported

2002-05 data from: *NJ Reportable Disease Statistics for 2002–2005: Data through November 22, 2005* http://www.state.nj.us/health/cd/web_stat.pdf - Downloaded 11/28/2005

2001 data from: *NJ Reportable Disease Statistics for 2001: Data Through January 3, 2005* http://www.state.nj.us/health/cd/web_stat_2001.pdf - Downloaded 11/28/2005

1988-2000 data from: *NJ Reportable Disease Statistics for 1988 - 2000* http://www.state.nj.us/health/cd/trends.htm and http://www.state.nj.us/health/cd/morris.htm - Downloaded 11/28/05

Chart 1a, Communicable Disease. New Jersey Selected Communicable Diseases, Percentages of Reports for 2000

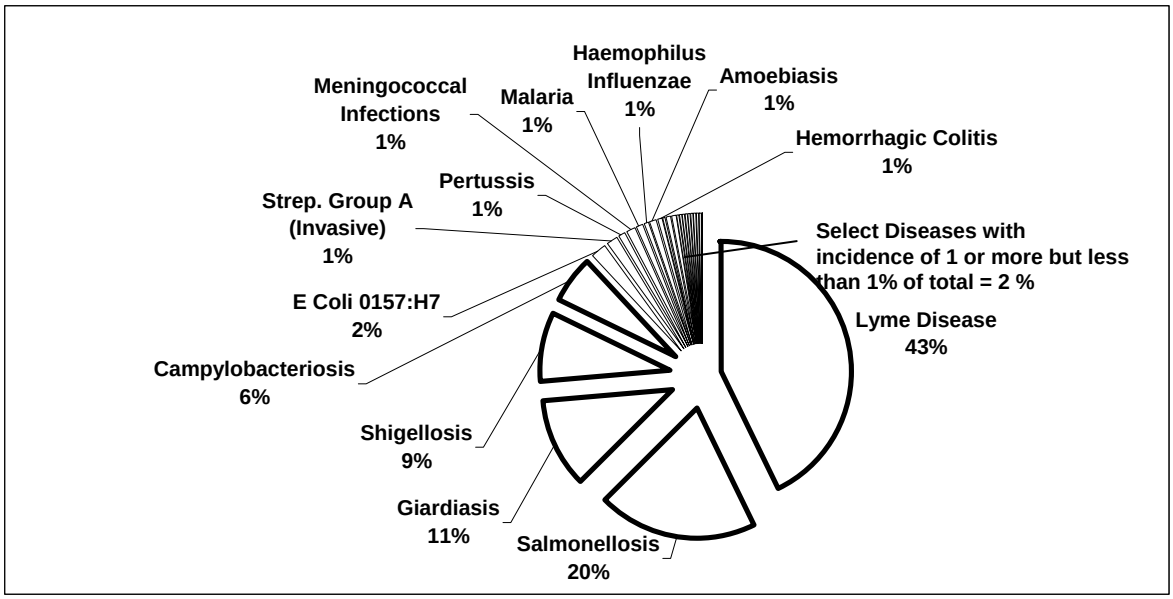
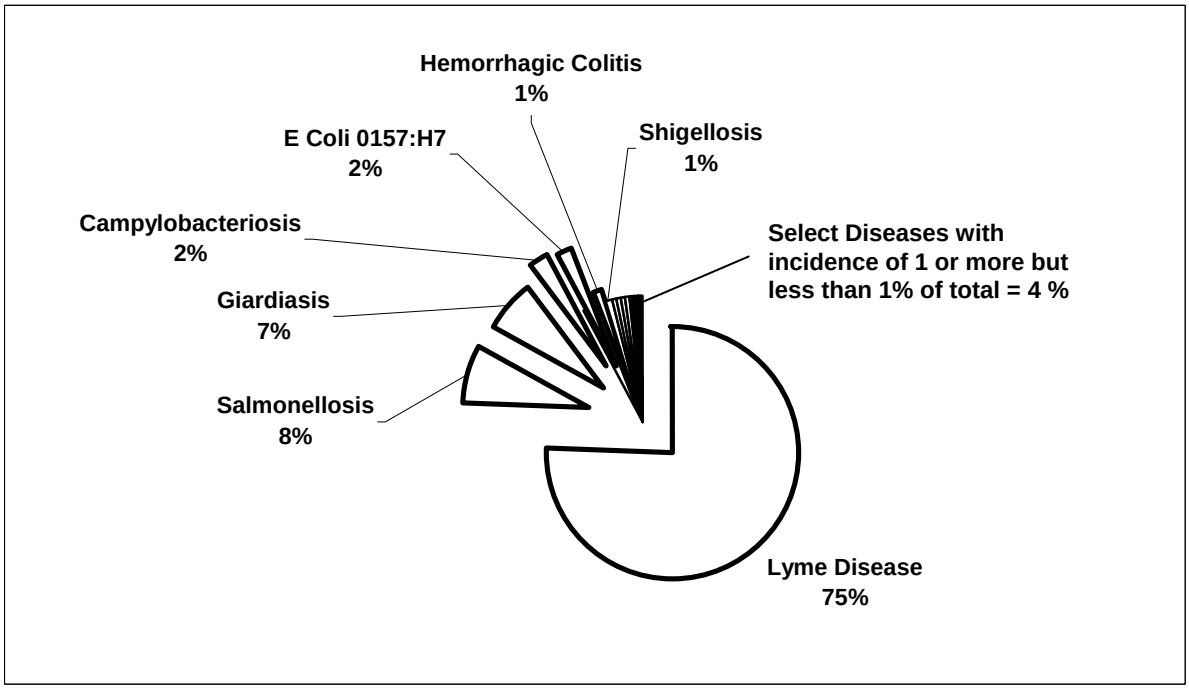


Chart 1b, Communicable Disease. Morris County Selected Communicable Diseases, Percentages of Reports for 2000



Source: NJ data: http://www.state.nj.us/health/cd/trends.htm Downloaded 11/28/2005
Source: Morris County data: http://www.state.nj.us/health/cd/morris.htm Downloaded 11/28/2005

Tables 2a and 2b show the most frequently reported communicable disease in both Morris County and New Jersey for the years 2001 through 2005 is Lyme disease, discussed further below.

Although not specified by *Healthy New Jersey 2010* as a communicable disease with a targeted goal for its reduction, hepatitis C (HCV) is identified in Tables 2a and 2b as the second most frequently reported communicable disease in both the County and the State for the years 2001 through 2005. For both Morris County and New Jersey as a whole, the burgeoning 2001 numbers for HCV were double those of the year before, and would more than double again between 2001 and 2004. *HIV/AIDS Epidemiologic Profile for the State of New Jersey 2004* (3) identifies HCV as one of the most important causes of chronic liver disease in the nation. It is transmitted through the skin by puncture and is common (50-90%) among HIV infected drug users. Some 75-85% of persons infected with HCV develop chronic HCV infection, which then leads to chronic liver disease in 70% of such infected individuals. HCV-related liver disease is a major cause of hospital admissions and deaths among HIV-infected persons.

Enteric (water- or food-borne) diseases reported in Tables 2a and 2b account for the third through fifth most commonly reported communicable diseases in Morris County and New Jersey for the years 2001 through 2005. Salmonellosis-non typhoid (salmonella spp.), a bacterial infection transmitted among people and/or animals via the fecal-oral route, is the third most frequently reported communicable disease in both the county and the state; giardasis (Giardia lamblia), a diarrheal illness caused by a parasite and transmitted via the fecal-oral route, and one of the most common causes of water-borne disease among humans in the United States, is fourth most reported in both Morris County and the state.

Tables 2a and 2b report cases for both salmonellosis-non typhoid and giardasis as being relatively stable for the years 2001 through 2004. However, with reductions of 20% or more in 2005, health professionals estimate the number of reported cases of salmonella to be only 1-5% of the true number.

Tables 2a and 2b indicate the fifth most frequently reported communicable disease in both Morris County and New Jersey for the years 2001 through 2005 is campylobacteriosis. Campylobacteriosis (Campylobacter spp.) is the most common bacterial cause of diarrheal illness in the United States.

Vector-Borne Diseases

Vector-borne diseases include flea-borne diseases, mosquito-borne diseases, tick-borne diseases, rabies, and hantavirus. The major impact on Morris County is from tick-borne and mosquito-borne diseases—namely, Lyme disease and, to a lesser extent, West Nile Virus (WNV) and malaria. Between 1988 and 2000, Lyme disease comprised 99% of vector-borne incidence in Morris County, with malaria accounting for most of the

remaining 1%. Table 3, below, reports confirmed vector-borne disease case numbers for Morris County and New Jersey between 1988 and 2005.

Table 3, Communicable Disease. Morris County and New Jersey Vector-based Disease, Confirmed Cases, 1988-2005

	Encephalitis - Arboviral		Encephalitis - W. Nile		Lyme Disease		Malaria		Rabies - Human		Human-Treatments		Rocky Mtn Spotted Fever	
	Morris	NJ	Morris	NJ	Morris	NJ	Morris	NJ	Morris	NJ	Morris	NJ	Morris	NJ
1988	0	0	NPR	NPR	18	550	4	59	0	0	NR	NR	0	2
1989	0	1	NPR	NPR	20	680	4	62	0	0	NR	NR	0	25
1990	0	0	NPR	NPR	50	1067	6	76	0	0	NR	40	1	5
1991	0	0	NPR	NPR	83	915	4	61	0	0	NR	278	0	6
1992	0	0	NPR	NPR	119	688	1	54	0	0	NR	165	1	14
1993	0	6	NPR	NPR	104	786	2	51	0	0	NR	148	0	10
1994	0	0	NPR	NPR	287	1532	0	57	0	0	NR	136	0	5
1995	0	0	NPR	NPR	235	1703	2	73	0	0	NR	131	0	15
1996	0	0	NPR	NPR	270	2190	0	68	0	0	NR	130	0	9
1997	0	0	NPR	NPR	330	2041	1	88	0	0	NR	248	0	9
1998	0	0	NPR	NPR	291	1903	0	58	0	1	NR	245	0	12
1999	0	0	NPR	NPR	266	1708	0	56	0	0	NR	259	0	7
2000	1	6	NPR	NPR	461	2459	3	49	0	0	NR	236	0	12
2001	NR	NR	0	12	469	2374	0	68	NR	NR	NR	NR	0	0
2002	NR	NR	0	22	393	2410	1	46	NR	NR	NR	NR	0	1
2003	NR	NR	1	33	451	2919	2	60	NR	NR	NR	NR	0	0
2004	NR	NR	0	0	347	2740	2	76	NR	NR	NR	NR	0	0
2005	NR	NR	0	0	371	2619	3	57	NR	NR	NR	NR	0	1

NPR: Not Previously Reported NR: Not Reported
2002-2005 data from: *NJ Reportable Disease Statistics for 2002 - 2005: Data through November 22, 2005*
http://www.state.nj.us/health/cd/web_stat.pdf - Downloaded 11/28/2005
2001 data from: NJ Reportable Disease Statistics for 2001: Data Through January 3, 2005
http://www.state.nj.us/health/cd/web_stat_2001.pdf - Downloaded 11/28/2005
1988-2000 data from: NJ Reportable Disease Statistics for 1988 - 2000
http://www.state.nj.us/health/cd/morris.htm - Downloaded 11/28/05
http://www.state.nj.us/health/cd/trends.htm - Downloaded 11/28/05

Mosquito-borne viral diseases and arboviral diseases are generally considered together, as anthropod-born viruses and arboviruses occur in nature and cycle between birds and mosquitoes, with other vertebrates including humans, sometimes becoming accidental hosts. In addition to the mosquito-borne viral diseases, there are mosquito-borne parasitic diseases, including malaria.

Plague, caused by the bacterium Yersinia pestis, is a flea-borne disease associated with rodents and their fleas; when the infected rodent dies, the fleas seek other food sources and may infect humans. Neither plague nor rabies is a significant health risk in Morris County.

Tick-borne Diseases

Lyme Disease

Table 2b, above, clearly documents Lyme disease as the most frequently reported communicable disease in Morris County, with 371 cases in 2005. *Healthy New Jersey 2010 Update 2005* (2) identifies Lyme disease as a statewide infectious disease and is shown in Table 4, below, to have had a significant incidence in New Jersey from 1998 through 2003. Chart 2, the graphic representation of Table 4, illustrates the wide disparity between the existing rates and the State's desired 2010 target rate of 6.5 per 100,000 population,

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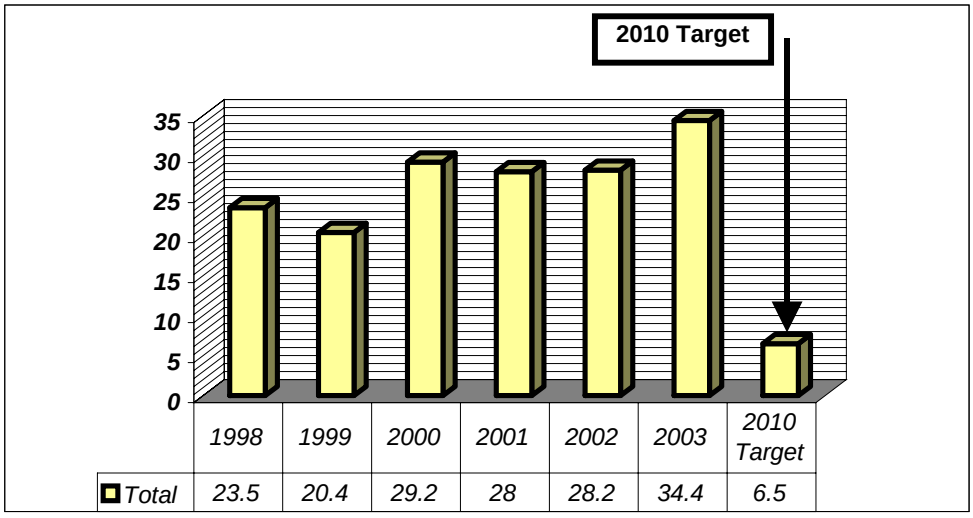
Table 4 / Chart 2, Communicable Disease. New Jersey Lyme Disease Incidence Rate, 1998-2003 and HNJ 2010 Objective target rate per 100,000 population



	1998	1999	2000	2001	2002	2003	2010 Target
Total	23.5	20.4	29.2	28	28.2	34.4	6.5

Source: NJDHSS, Center for Health Statistics, *Healthy New Jersey 2010 Update 2005*, (2)
http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4h

According to the DHSS Division of Communicable Diseases Infectious & Zoonotic Disease Program, between 1988 and 2000 there were 18,222 cases of Lyme disease reported in New Jersey. For the same period in Morris County there were 2,534. During the period 2001 through 2005, 13,062 cases were reported in New Jersey and 2,031 in Morris County.

Rates of Lyme disease are available only from HNJ2010 for the years 1990-2000, as shown below in Table 5. Case data is available for more recent years and is reported in Tables 2a and 2b. The DHSS Infectious & Zoonotic Disease Program has not published Lyme disease county rate statistics for 2001–2005. Table 5 reports a decade-long trend of significant rate growth beginning in 1991, although incidence statewide appears to remain relatively stable for the period 1998 to 2003; also displayed in Chart 2, above, and based on *Healthy NJ2010 Report* data. Table 5 also indicates that the Morris County rates have been consistently higher than those for the state as a whole, and more than double

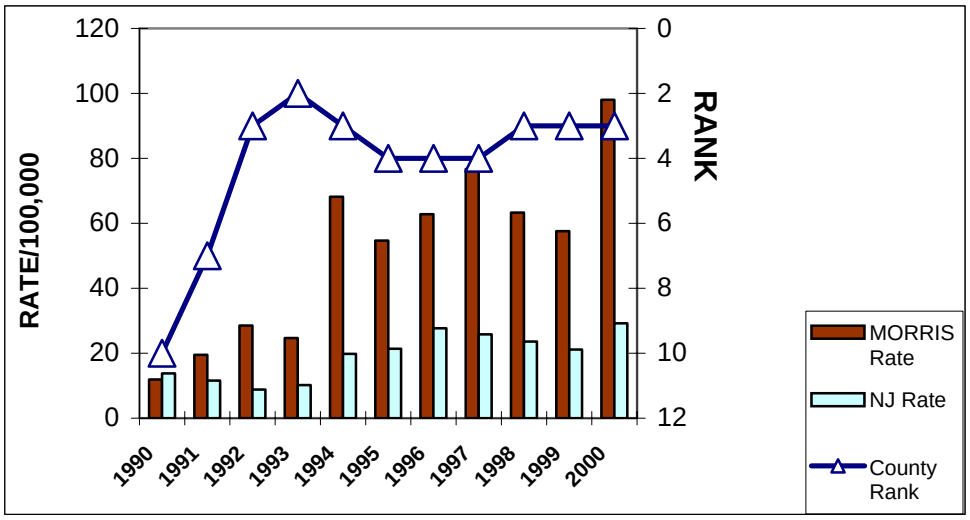
that rate between 1992 and 2000. Based on DHSS Infectious & Zoonotic Disease Program data, Morris County was consistently one of the four highest ranking among twenty one counties reported for incidence of Lyme disease in New Jersey, for the period. These trends are reflected graphically in Chart 3 below.

Table 5, Communicable Disease. Morris County and New Jersey Lyme Disease Rates, with Rank,1990–2000

		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
MORRIS COUNTY	Rate	11.9	19.5	28.5	24.7	68.2	54.7	62.8	76.7	63.3	57.6	98
	County Rank	10/21	7/21	3/21	2/21	3/21	4/21	4/21	4/21	3/21	3/21	3/21
NJ	Rate	13.8	11.6	8.8	10.2	19.8	21.4	27.7	25.8	23.6	21.1	29.2

Source: Division of Communicable Diseases, The Infectious & Zoonotic Disease Program, *Lyme Disease Rate by County in New Jersey* Downloaded 12/1/05 http://www.state.nj.us/health/cd/lymrates00.htm

Chart 3, Communicable Disease. Morris County and New Jersey Lyme Disease Rates and Morris County Rank in State, 1990 – 2000



Source: Division of Communicable Diseases, The Infectious & Zoonotic Disease Program, *Lyme Disease Rate by County in New Jersey*, Downloaded 12/1/05 - http://www.state.nj.us/health/cd/lymrates00.htm

Rocky Mountain Spotted Fever

Rocky Mountain spotted fever is caused by infection from the bacterium *Rickettsia rickettsii*, transmitted to humans through the bite of an infected ixodid (hard) tick. It occurs throughout the United States, mainly between April and September, with nearly 50% of cases reported on average occurring in the South Atlantic region. The last single case in Morris County occurred in 1992. Table 6, below, reports its incidence for Morris County and New Jersey, 1988 through 2005, averaging only one case every nine years.

Human Rabies

Human Rabies, Human Rabies PEP Treatments

Table 6 includes human rabies and rabies PEP treatment numbers for New Jersey.

Table 6, Communicable Disease. Morris County and New Jersey Human Rabies, PEP Treatments, and Rocky Mountain Spotted Fever, 1988-2005

	Rabies - Human		Rabies, Human-Treatments		Rocky Mtn Spotted Fever	
	Morris	NJ	Morris	NJ	Morris	NJ
1988	0	0	NR	NR	0	2
1989	0	0	NR	NR	0	25
1990	0	0	NR	40	1	5
1991	0	0	NR	278	0	6
1992	0	0	NR	165	1	14
1993	0	0	NR	148	0	10
1994	0	0	NR	136	0	5
1995	0	0	NR	131	0	15
1996	0	0	NR	130	0	9
1997	0	0	NR	248	0	9
1998	0	1	NR	245	0	12
1999	0	0	NR	259	0	7
2000	0	0	NR	236	0	12
2001	NR	NR	NR	NR	0	0
2002	NR	NR	NR	NR	0	1
2003	NR	NR	NR	NR	0	0
2004	NR	NR	NR	NR	0	0
2005	NR	NR	NR	NR	0	1

NR: Not Reported
2002-2005 data from: *NJ Reportable Disease Statistics for 2002 - 2005: Data Through November 22, 2005*
http://www.state.nj.us/health/cd/web_stat.pdf - Downloaded 11/28/2005
2001 data from: NJ Reportable Disease Statistics for 2001: Data Through January 3, 2005
http://www.state.nj.us/health/cd/web_stat_2001.pdf - Downloaded 11/28/2005
1988-2000 data from: NJ Reportable Disease Statistics for 1988 - 2000
http://www.state.nj.us/health/cd/morris.htm - Downloaded 11/28/05

Although worldwide rabies deaths are estimated to be in excess of 30,000, less than five human rabies cases are reported annually in the United States. Vaccination programs and animal control have resulted in dramatic declines of rabies among domestic animals since the 1950's, though there are indications of a higher incidence of rabies in cats than in dogs in recent years. No human rabies cases were reported in Morris County in 2004, and although rabies post-exposure prophylaxis (PEP) is recommended for persons exposed to

a rabid animal or a species at high-risk of having rabies, the number of persons who received rabies PEP in Morris County in 2004 is unavailable.

Mosquito-Borne and Arboroviral Diseases

Encephalitis: Eastern Equine, West Nile

Eastern equine encephalitis is a rare disease caused by the eastern equine encephalitis (EEE) virus and is found mainly along the eastern seaboard and Gulf coast of the United States. Mosquitoes can transmit EEE from infected wild birds to birds, humans, horses, and other animals. In New Jersey, the principal bird vector for EEE is associated with a freshwater swamp mosquito commonly found in the coastal plain of the southern half of the state; the principal human vector is the salt marsh mosquito. In the last thirty years, New Jersey has averaged less than one confirmed human case of EEE every five years, and since there have not been any confirmed cases in over fifteen years, the disease is not included in this report's tabular data.

Like EEE, West Nile Virus is transmitted to humans through the bite of an infected mosquito; the insect becomes infected by feeding on a bird whose blood contains the virus, and then passes WNV on to other birds, humans, and other animals. While there is no evidence that birds can pass the virus directly to humans, the State is actively testing them, especially crows, which seem to be especially susceptible. While it is still too early for a conclusion, these State bird testing and observation activities, along with New Jersey's targeted mosquito surveillance and control programs, seem to have been successful in reducing incidence of WNV. In New Jersey the total number of human cases in 2003 was 34 with 3 deaths. In 2004 the State recorded a total of one human case and no deaths were reported. Morris County had one reported case in 2003.

Malaria

Malaria is caused when the bite of an infected anopheline mosquito transmits any of four species of the protozoan parasite *Plasmodium*. Between 1988 and 2000 in Morris County there were twenty seven reported cases of malaria; between 2001 and 2005, there were eight. It is worth noting that in both lab-confirmed cases in 2004, the onset was associated with travel from a malaria endemic country.

Vaccine Preventable Diseases

The vaccine-preventable diseases include invasive Haemophilus influenzae type b (Hib), invasive meningococcal disease, invasive pneumococcal disease, and pertussis influenza.

Table 7, below, reports no occurrence of vaccine-preventable disease in Morris County in 2002 and only one occurrence of one—pertussis—in 2001. The table identifies pertussis as the most frequently reported vaccine-preventable childhood illness in the State, with 181 cases during the years 1997-2002; five of these cases occurred in Morris County. Mumps presents as the second highest cause of vaccine-preventable illness morbidity, with twenty seven cases statewide and two in Morris County. Rubella is the third highest cause of such illness; twenty one cases occurred statewide during 1997-2002, and five in Morris County. In 1997 and 1998, eleven cases of measles were reported statewide, with three of them occurring in Morris County.

Table 7, Communicable Disease. New Jersey and Morris County, Vaccine Preventable Childhood Disease Morbidity, 1997-2002

Year	Location	Pertussis	Measles	Mumps	Rubella	Tetanus	Diphtheria	Polio (wild)	Hib
2002*	Morris Co.	0	0	0	0	0	0	0	NA
	State	27	0	3	0	1	0	0	NA
2001*	Morris Co.	1	0	0	0	0	0	0	NA
	State	23	1 (x)	4	1	0	0	0	NA
2000**	Morris Co.	2	0	0	0	0	0	0	NA
	State	58	0	4	1	1	0	0	NA
1999***	Morris Co.	2	0	0	1	0	0	0	NA
	State	30	0	2	5	0	0	0	NA
1998****	Morris Co.	0	2	2	4	0	0	0	3
	State	29	8	6	14	0	0	0	53
1997*****	Morris Co.	0	1	0	0	0	0	0	4
	State	14	3	8	0	2	0	0	53

* Preliminary, all ages as of 5/03;** Preliminary, all ages as of 3/01;*** Preliminary, all ages as of 2/00;**** All ages as of 12/98; ***** All ages as of 12/31/97 (x) The sole case of measles in 2001 was an imported case.
Source: NJDHSS, Communicable Disease Service (1)
http://www.state.nj.us/health/cd/vpdphome.htm

Table 8, below, reports an example of the weekly influenza data collected for the years 2002 through 2004 and available from NJDHSS. It displays information obtained from case reports of influenza-like illness reported by nursing homes, schools, and hospitals in Morris County during the week of March 1, 2004. Such influenza surveillance data is available for each week that flu-like illness is reported to State health authorities. Weekly reports of influenza-like illness that occurred during the 2004 flu season include those from the week of September 21, 2004 through the week of March 15, 2005. No published annual or seasonal summaries of these data are known to exist.

Table 8, Communicable Disease. Morris County and New Jersey Active Influenza-like Illness Surveillance Reports–One Week March, 2004

County	Nursing Homes		Schools		Hospitals		RSV Tests	
	# Reports	% ILI	# Reports	% Absent	# Reports	% ILI	Total Tests	# Positive
Morris	4	0.56	20	4.10	3	1.11	21	11
N.J.	42	1.58	206	4.34	41	5.87	85	36

Source: NJDHSS, *Active Influenza Reports, Year 2003* (3) Surveillance Date: Week of 3/01/04

Enteric Diseases (Water- or Food-Borne)

Mandatory reportable communicable diseases for the State of New Jersey include a number of enteric, or food/water-borne diseases. The enteric diseases can be divided into three groups, parasitic, bacterial and viral. Table 9, on the following page below, presents the cases of enteric communicable diseases in Morris County and New Jersey, combining the data for enteric diseases shown in Tables 2a and 2b for 1988 through 2000 to facilitate comparison between incidence for New Jersey and Morris County during that period, as well as grouping these diseases by type.

Parasitic Enteric

Parasitic enteric diseases include ameobiasis (Entamoeba histolytica), giardiasis, and cryptosporidiosis. Chart 4, below, illustrates giardiasis, the principal reported disease of this type, making up 92% of parasitic enteric cases in Morris County (Chart 4a), and 93% of those in New Jersey (Chart 4b). Morris County mirrors the State's major parasitic enteric breakdown, with cryptosporidiosis assuming 2% of parasitic enteric cases for both Morris County and New Jersey, and with amebiasis accounting for 5% in Morris County versus 6% for the State.

Chart 4 illustrates the comparative thirteen-year trends for the growth of reportable enteric communicable disease in Morris County and New Jersey, 1988–2000.

Table 9, Communicable Disease. Morris County and New Jersey Reportable Diseases, Enteric Disease Statistics, Grouped by Type, 1988–2000

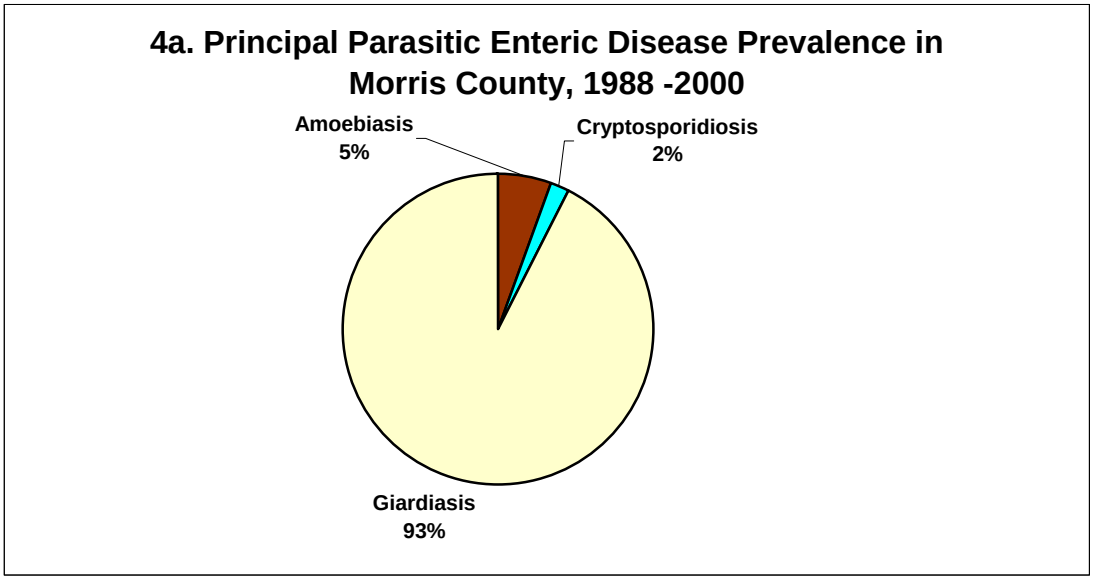
	PARASITIC						BACTERIAL																		VIRAL	
	Amoebiasis		Cryptosporidiosis		Giardiasis		Botulism-Foodborne		Campylobacteriosis		E Coli 0157:H7		Listeria		Salmonellosis		Shigellosis		Typhoid Fever		Vibrio, other than Cholera		Yersiniosis		Norovirus	
	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ	MORRIS	NJ
1988	2	115	NR	NR	38	639	0	0	24	571	NR	NR	0	13	89	2391	19	332	0	16	NR	NR	6	76	NR	NR
1989	0	39	NR	NR	23	465	0	0	6	422	NR	NR	1	12	63	1854	3	182	2	33	NR	NR	2	49	NR	NR
1990	1	21	NR	NR	16	440	0	0	21	612	0	0	1	21	54	1870	8	331	1	25	NR	NR	2	31	NR	NR
1991	0	32	NR	NR	17	447	0	0	29	582	0	4	0	23	67	2016	8	380	1	19	NR	NR	1	43	NR	NR
1992	3	23	NR	NR	22	577	0	0	21	573	0	11	1	16	38	1083	9	264	2	25	NR	NR	3	62	NR	NR
1993	4	16	NR	NR	62	615	0	0	26	595	0	11	1	31	80	1209	9	346	0	18	NR	NR	5	43	NR	NR
1994	3	25	NR	NR	49	634	0	0	34	720	0	85	1	34	52	1160	9	522	3	25	NR	NR	3	45	NR	NR
1995	1	22	1	13	62	711	0	0	42	675	1	66	0	34	71	1734	14	1038	2	27	0	0	3	34	NR	NR
1996	6	41	2	36	48	908	0	0	43	792	5	62	1	24	86	1580	10	434	3	40	0	2	1	28	NR	NR
1997	5	59	4	31	91	894	0	0	38	544	3	36	0	25	85	1501	12	625	1	29	0	0	3	15	NR	NR
1998	3	54	1	29	57	762	1	1	25	430	8	67	1	22	81	1476	15	662	2	16	1	7	0	19	NR	NR
1999	2	57	4	54	31	518	0	0	14	282	4	78	2	17	44	1160	6	286	1	33	1	4	0	9	NR	NR
2000	3	37	0	19	41	638	0	0	15	334	11	117	5	27	47	1138	6	508	0	28	0	6	0	16	NR	NR
2001	2	61	0	23	31	502	0	0	12	396	NR	63	1	20	51	1135	10	283	0	39	0	7	0	6	NR	NR
2002	1	55	0	15	36	494	0	0	19	414	NR	64	1	37	48	1001	7	684	0	21	0	16	1	12	NR	NR
2003	5	77	0	19	39	512	0	0	30	564	NR	30	0	24	41	844	7	346	0	20	0	9	0	3	NR	NR
2004	4	32	5	46	43	510	0	1	31	552	NR	59	0	37	50	1050	6	253	2	20	0	8	0	5	NR	NR
2005	3	36	6	62	30	335	0	2	14	390	NR	44	2	32	25	750	7	278	1	11	1	12	0	14	NR	NR

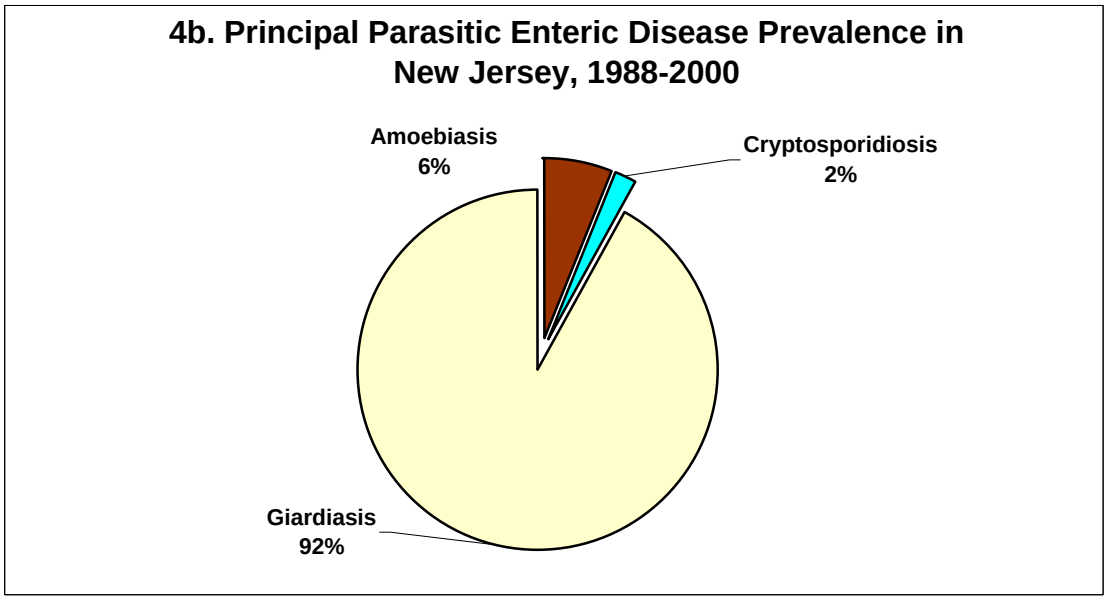
NR = Not Reportable

Source, NJ data: http://www.state.nj.us/health/cd/trends.htm 11/28/2005

Source, Morris County data: http://www.state.nj.us/health/cd/morris.htm 11/28/2005

Chart 4, Communicable Disease. Prevalence of Diseases Within Parasitic Enteric Group, Morris County and New Jersey, 1988–2000





Source: *NJ Reportable Disease Statistics for 1988 - 2000*
http://www.state.nj.us/health/cd/morris.htm Downloaded 11/28/05
http://www.state.nj.us/health/cd/trends.htm Downloaded 11/28/05

Amoebiasis (Entamoeba histolytica)

Amebiasis is most common among residents of developing countries who contract the diarrheal illness due to poor sanitary conditions. Caused by the one-celled parasite *Entamoeba histolytica*, in the United States it is often found in immigrants or travelers from developing countries; among institutionalized persons who face similar sanitary conditions; and among Men who have Sex with Men (MSM). The four laboratory-confirmed cases of amebiasis reported in Morris County in 2004 translate into an incidence rate of 0.9 per 100,000 population as calculated by the Morris County epidemiologist.

Giardiasis

Giardiasis is caused by *Giardia lamblia*, a one-celled intestinal parasite found in people and animals, that is passed in the stool. It can survive outside the body for lengthy periods due to the protection afforded by an outer shell. The resultant diarrheal illness is transmitted via the fecal/oral route. *Giardia* is currently recognized as one of the most common causes of water-borne disease (drinking and recreational) in humans in the United States, and is found throughout the United States and the world. Forty three laboratory-confirmed cases of giardiasis were reported in Morris County in 2004 for a reported incidence rate of 9.1 cases per 100,000 population as calculated by the Morris County epidemiologist.

Cryptosporidiosis

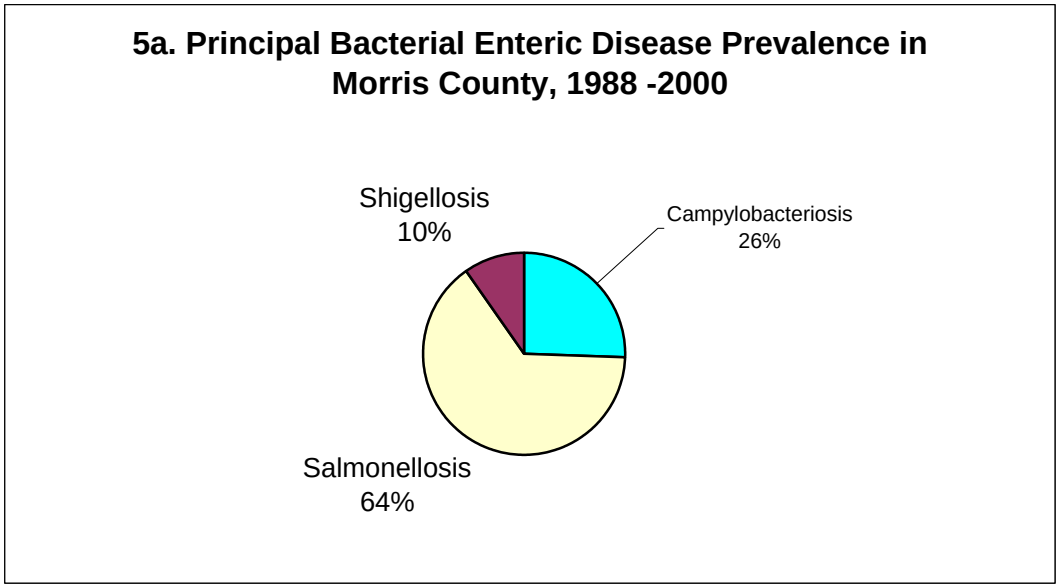
Cryptosporidiosis is caused by *Cryptosporidium parvum*, an intestinal parasite found in people and animals that is then passed in the stool of an infected person or animal. The parasite can survive outside the body for lengthy periods due to the protection afforded by an outer shell that resists chlorine disinfection. The resultant diarrheal illness is transmitted via the fecal/oral route. *Cryptosporidium parvum* is currently recognized as one of the most common causes of water-borne disease (drinking and recreational) in humans in the United States, and is found throughout the United States and the world. Five laboratory-confirmed cases of cryptosporidiosis were reported in Morris County in 2004, for a reported incidence rate of 1.0 cases per 100,000 population as calculated by the Morris County epidemiologist.

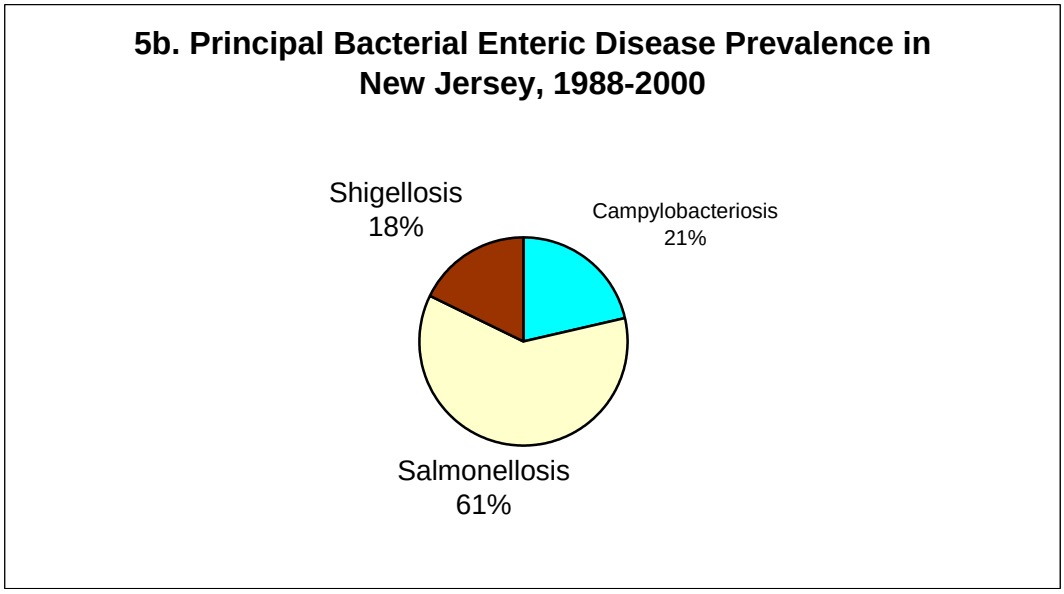
Bacterial Enteric

Bacterial enteric diseases include botulism (food-borne), campylobacteriosis, escherichia coli 0157:H7, listeriosis, salmonellosis, shigellosis, typhoid fever, vibrio vulnificus and vibrio parahemolytica, and yersiniosis. As shown below in Chart 5, below, the prevalence of salmonellosis, campylobacteriosis and shigellosis are the principal diseases of this type

affecting Morris County that mirrors the state as a whole. Please see Tables 2a and 2b for data details.

Chart 5, Communicable Disease. Prevalence of Diseases Within Bacterial Enteric Group, Morris County and New Jersey, 1988–2000

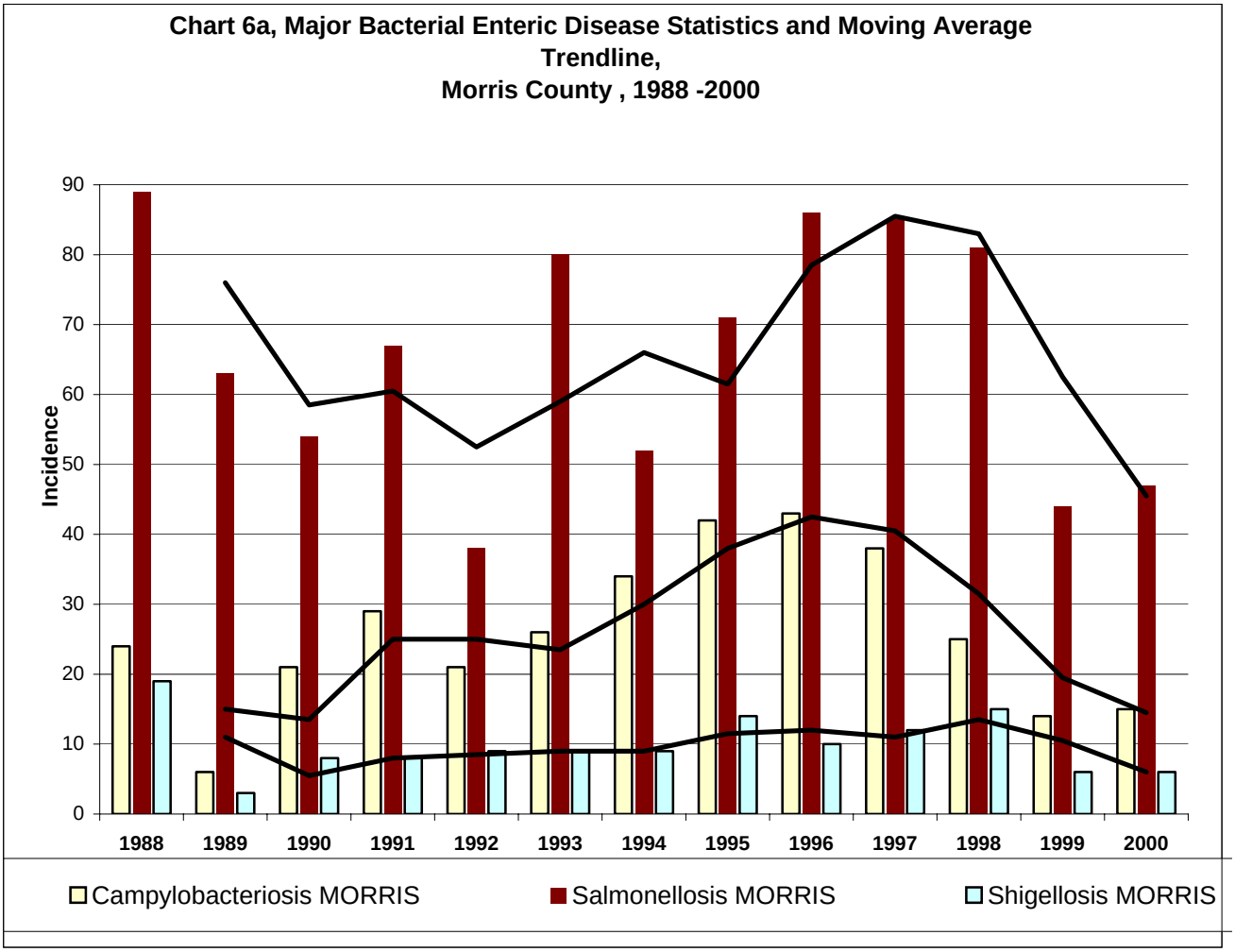




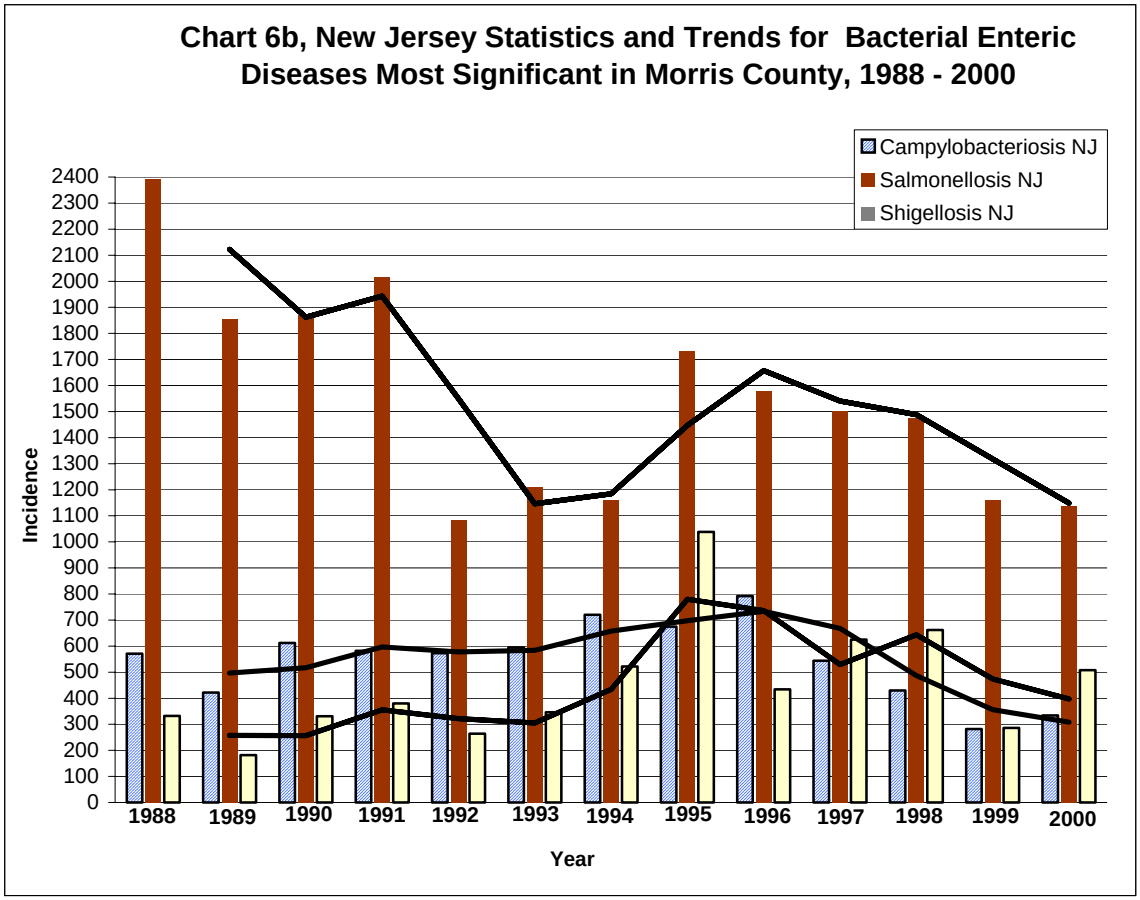
Source: *NJ Reportable Disease Statistics for 1988 - 2000*
http://www.state.nj.us/health/cd/morris.htm Downloaded 11/28/05
http://www.state.nj.us/health/cd/trends.htm Downloaded 11/28/05

Chart 6a, Bacterial Enteric Diseases Significant in Morris County, shows the incidence in a ten-year, moving average trend line for these three diseases in Morris County; Chart 6b, reports that information for the State.

Chart 6, Communicable Disease. Major Bacterial Enteric Disease Statistics and Moving Average Trend line, Morris County and New Jersey, 1988 -2000



Source: http://www.state.nj.us/health/cd/morris.htm Downloaded 11/30/2005



Source: http://www.state.nj.us/health/cd/trends.htm Downloaded 11/28/2005

Salmonellosis

With more than 40,000 cases reported annually, salmonellosis is one of the most frequently reported food-borne illnesses in the United States. Approximately 1,000 deaths from acute salmonellosis are reported nationally. However, underreporting and/or mis-diagnosis of milder cases of salmonellosis mask the extent of this disease. Epidemiologists typically estimate actual salmonellosis infections in the range of 500,000 to one million cases a year. Fresh produce and direct contact have recently joined foods of animal origin as commonly recognized sources of transmitting *Salmonella*, a bacteria that is transmitted among people and/or animals via the fecal-oral route. Compared to *FoodNet* data estimates of 14.7 per 100,000 persons for the national incidence of *non-typhoid salmonellosis*, the fifty-confirmed cases of salmonellosis reported in Morris County in 2004 represent a reported incidence rate of 10.6 cases per 100,000 population. Tables 2a and 2b report 4,780 and 750 cases of salmonellosis in the state and in Morris County for the period 2001-2005, respectively.

Campylobacteriosis

Fewer than 500 *Campylobacter* organisms can cause illness in humans, and although many cases go undiagnosed or unreported, it is the most common bacterial cause of diarrheal illness in the United States. Campylobacteriosis, which is most commonly contracted through the handling or eating of raw/undercooked poultry meat, typically occurs in single, sporadic cases; both outbreaks and fatalities are rare, but can occur. Thirty-one laboratory-confirmed cases of campylobacteriosis were reported in Morris County in 2004 for a reported incidence rate of 6.6 cases per 100,000 population. Tables 2a and 2b report 2,316 and 106 cases of campylobacteriosis in the State and in Morris County for the period 2001-2005, respectively.

Shigellosis

Many milder cases of shigellosis go undiagnosed or unreported, and the actual number of cases may be many times greater than those reported. It is still the third most common bacterial enteric disease in both New Jersey and in Morris County. Approximately 18,000 cases of shigellosis are reported annually in the United States. Shigellosis is a food- and water-borne bacterial infection that is transmitted from person-to-person through the fecal/oral route, with a very low infective dose (10 to 100 orgs of *Shigella* bacteria can cause the onset of illness); it is most commonly associated with poor hygiene. Child-care facilities and families with small children are common settings for infection. Unlike salmonellosis and campylobacteriosis, the other two most common bacterial enteric diseases in Morris County discussed above, shigellosis can sometimes sweep through entire communities. Children, especially toddlers aged 2 to 4, are at greatest risk. Six laboratory-confirmed cases of shigellosis were reported in New Jersey in 2004 for a reported incidence rate of 1.3 cases per 100,000 population. Tables 2a and 2b report 1,844 and 37 cases of shigellosis in the State and in Morris County for the period 2001–2005, respectively.

Viral Enteric Diseases

Owing to its recent recognition, comprehensive data for Viral Enteric Disease, namely Norovirus, is still unpublished.

Other Reportable Communicable Diseases

Along with norovirus, data on both viral meningitis and rotavirus also remain unpublished. Respiratory syncytial virus (RSV) is tracked by Morristown Memorial Hospital, but that data is not published for Morris County by the State.

Antibiotic Resistant Bacteria

In response to the serious national public health threat posed by multiple antibiotic-resistant bacteria, NJDHSS launched an initiative in 1991 to collect information about these organisms. Their goals included developing a resource to measure antibiotic resistance in New Jersey and establishing a basis for the development of cost-effective measures for its further reduction. A statewide hospital laboratory-based Epidemiology Surveillance System has been established and Epidemiology Surveillance System Reports have been released for 1995–1997, 1998, 1999, 2000, and 2001. The most recent data, released in August 2003, is for 2001, and the following rates and ranking information are for that year unless otherwise stated.

This statewide hospital laboratory-based reporting system may be summarized thus: an Epidemiology Surveillance Record form is submitted monthly by each acute-care hospital in New Jersey, after which records are checked for completeness upon receipt by staff in the NJDHSS Infectious and Zoonotic Diseases Program. Follow-up telephone calls are made as needed to ensure that all forms are submitted each month and that all isolates are sent to the NJDHSS Public Health and Environmental Laboratories. The system specifically monitors:1) methicillin-resistant *Staphylococcus aureus* (MRSA); 2) Gram-positive cocci resistant to vancomycin; 3) penicillin-resistant streptococci / enterococci; 4) Gram-negative rods resistant to imipenem; and 5) Gram-negative rods resistant to Amikacin, Gentamicin, and Tobramycin.

After forms are received, rates by facility are normalized by each facility's reported number of occupied beds in 2001, while rates by county are normalized by each county's 2001 resident population. Figures presented in the Surveillance System Reports are summary statistics, as individual hospital data are collected confidentially and cannot be released to the public. Furthermore, so that no individual hospital's rate can be identified from these reports, data from any county that contains only one hospital were aggregated with a neighboring county's data for county-based analysis. Therefore, Sussex–Warren, Atlantic–Cape May, and Hunterdon–Somerset counties each form aggregate pairs and appear in all 2001 county data analysis as a single unit. Eighty-seven New Jersey acute-care hospitals participated in the surveillance program in 2001.
[http://www.state.nj.us/health/cd/episurv2001.pdf pg.6]

Summary of Epidemiology Surveillance System 2001 Report

Methicillin-Resistant Staphylococcus aureus *Isolates in New Jersey Hospitals*

In 2001 Morris County was fourth among eighteen counties* in the incidence of Methicillin-resistant *Staphylococcus aureus* (MRSA) with a reported rate of 344.08 versus the state average of 274.41 per 100,000 population.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 4]

S. aureus is the most significant cause of bacterial blood stream infections in North America, and accounts for 25.3% of all bacterial pathogens associated with these infections. The Epidemiology Surveillance System 2001 Report notes that although New Jersey's increase of incidence rate had leveled off in 2001 (46 blood isolates per 100,000 population vs. 45.9 blood isolates per 100,000 population in 2000), the mortality rates (20 to 40 percent) and the incidences of complication (11 to 53 percent) in *S. aureus* bacteremia remained high [http://www.state.nj.us/health/cd/episurv2001.pdf pg.7].

Antibiotic-Resistant Bacteria – Bloodstream Infections in New Jersey Hospitals

In 2001 Morris County was fifth among eighteen counties* in the incidence of antibiotic-resistant blood isolates with a reported rate of 14.80 versus the state average of 12.65 per 100,000 population.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 7]

Vancomycin-Resistant Gram-Positive Cocci (VRE) in New Jersey Hospitals

In 2001, Morris County was twelfth among eighteen counties* for the incidence of Gram-positive Cocci (Enterococci) resistant to Vancomycin, with a reported rate of 3.17 versus the state average of 6.78 per 100,000 population.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 11]

In the United States, VRE are predominantly acquired within hospitals. A significant 48.3 percent increase in the VanC type VRE (*Enterococcus gallinarum* and *Enterococcus casseliflavus*) was reported in 2001; VRE bacteremia had an attributable mortality rate approaching 40%, owing to treatment limitations.
[http://www.state.nj.us/health/cd/episurv2001.pdf pg.8]

Separate data is included for nineteen different Vancomycin resistant organisms, of which five with the highest frequency comprise 98.96% of the total: *Enterococcus faecium* (68.06%), *Enterococcus faecalis* (16.84%) *Enterococcus* spp. (6.60%), *Enterococcus gallinarum* (5.90%), and *Enterococcus casseliflavus* (1.56%)
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 8]

Penicillin-Resistant Streptococci / Enterococci in Hew Jersey Hospitals

In 2001, Morris County was thirteenth among eighteen counties* in the incidence of Penicillin-resistant Streptococci / Enterococci with a reported rate of 1.89 versus the

state average of 5.30 per 100,000 population.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 15].

Separate data is included for twenty four different Vancomycin-resistant organisms, of which seven with the highest frequency comprise 99.11% of the total: *Enterococcus faecium* (59.33%), *Streptococcus pneumoniae* (22.67%), *Enterococcus gallinarum (*6.44%), *Enterococcus faecalis* (4.67%), *Enterococcus* spp. (2.44%), *Enterococcus casseliflavus (*2.00%) and *Viridans streptococci* (1.56%).
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 13]

Among all counties, Morris County ranked eighth for frequency of Penicillin-resistant *Streptococcus pneumoniae* blood isolates.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 17]

Amikacin-Resistant Gram-Negative Bacilli in New Jersey Hospitals

In 2001, Morris County was one of six counties among a total of eighteen * reporting a 0.00 rate in the incidence of Gram-negative rods resistant to Amikacin, Gentamicin, and Tobramycin, versus the state average of 1.52 per 100,000 population. In the previous year (2000), it was also one of three counties among a total of eighteen * reporting a 0.00 rate [http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 21].

Between January 1992, when five isolates per month were reported, to December 2001, when levels reached an average of eleven isolates per month, incidence of Gram-negative rods resistant to Amikacin, Gentamicin, and Tobramycin have grown 121 percent.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 20].

Separate data for 200 and 2001 is included for thirty eight different Vancomycin-resistant organisms. [http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 19].

Imipenem-Resistant Gram-Negative Bacilli in New Jersey Hospitals

In 2001, Morris County was second among eighteen counties* in the incidence of Gram-negative rods resistant to Imipenem with a rate of 5.29 versus the state average of 1.06 per 100,000 population [http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 24].
Separate data is included for thirty nine different Vancomycin resistant organisms.
[http://www.state.nj.us/health/cd/episurv2001.pdf Exhibit 22].

* Data for these pairs of neighboring counties were aggregated according to guidelines of confidentiality disclosure: Sussex–Warren, Atlantic–Cape May, and Hunterdon–Somerset. Each aggregate pair is then treated and counted as a single county.
Source: Epidemiology Surveillance System 2001 Report

Bibliography

1. The NJDHSS site www.state.nj.us/health/cd is the hyperlink to the State's Communicable Disease Service.

2. NJDHSS, Division of HIV/AIDS Services, *HIV/AIDS Epidemiologic Profile for the State of New Jersey 2004*, released 9/21/05.

3. NJDHSS, Center for Health Statistics, *Healthy New Jersey 2010 Update 2005*, released May 2005.

4. NJDHSS http://www.state.nj.us/health/topics.htm is the department's homepage with access to its Health Topics A – Z feature; antimicrobial data can be found at http://www.state.nj.us/health/cd/mrsa/index.shtml.

5. Morris County Office of Health Management, Morristown, New Jersey, *Morris County Communicable Disease Summary, 2005*

6. NJDHSS, Infectious and Zoonotic Disease Program, *Epidemiology Surveillance System 2001 Report*, http://www.state.nj.us/health/cd/episurv2001.pdf, released August 2003.

Other Information

The NJDHSS Communicable Disease Service Web site is the primary source for information regarding infectious and Zoonotic (transmitted from animals to humans) disease. As noted on its Web page, the site enables access to the following information and services: (1)

Reportable communicable disease:

- Provides direct phone contact numbers for regular business hour and night, weekend, and holiday emergency reports of infectious disease
- Maintains the Reportable Communicable Disease data information system, including summary infectious disease statistics, as required under N.J.A.C. 8:57 of the New Jersey Sanitary Code. The CDS-1 Form for reporting diseases as required by Chapter 2 can be found here.
- Provides public health consultation and education on communicable diseases, including communicable disease fact sheets on the most common communicable diseases and public health problems
- Maintains the Lyme Disease Hotline (1-800-792-8831), providing information and preventive health measures regarding Lyme disease

- Performs disease outbreak investigations.
- Maintains the Antibiotic Resistant Organisms Surveillance System, which monitors antibiotic resistance in bacteria in New Jersey
- Provides consultation on veterinary issues including dog licensing, animal control, and licensed animal facilities
- Administers the Animal Population Control Program, a low-cost spay and neuter program for pets adopted from licensed New Jersey animal adoption facilities, or those owned by residents on public assistance
- Administers the Animal Friendly License Plate Program
- Administers the Rabies Control Program, which funds animal rabies laboratory testing and dog and cat rabies vaccination programs
- Administers the Vector Control Program, which provides consultation on public health pest control, including ticks, pigeons, fleas, mosquitoes, rodents and bats
- Provides technical information for physicians, health officers, disease reporting officers, and other public officials
- Administers the Refugee Health Program, which ensures that refugees receive a health assessment to identify and treat any health problems. This protects the public health and facilitates refugee employability.

The reportable disease control site also enables access to extensive information regarding the NJDHSS Animal Population Control Program and additional technical information for health professionals.

Other information on vaccine-preventable communicable disease is available through these links:

- Mission and Major Program Activities
- Contact Persons
- Childhood Immunization Schedule–2005
- Adult Immunization Schedule
- Childhood Immunization Facts–9/1/2005
- Antibody Titer Law re: second dose decisions about measles, mumps, rubella vaccine

English version
Spanish version

- 10 Reasons to Vaccinate Babies Before They Are Two
- Meningococcal Meningitis: What You Need to Know!
- New Jersey Department of Health and Senior Services Influenza Pandemic Plan, September 2005

Immunization Administrative Code

- Chapter 14: Immunization of Pupils in Schools (9/1/04)
- Higher Education Immunization
- Hospital Licensing Standards: Rubella and Rubeola Requirements
- Childhood Immunization Insurance Coverage (PDF 14K)

Reporting Form

- Vaccine Adverse Event Reporting System (PDF 246K)

Vaccine Information Statements

- English language
- Other languages

Other Helpful Web Links

Immunization Action Coalition

The CDC's *Preliminary FoodNet Data on the Incidence of Infection with Pathogens Transmitted Commonly Through Food – Selected Sites, United States, 2004* report describes surveillance data for 2004. FoodNet collects data on diseases caused by enteric pathogens transmitted commonly through food in nine U.S. sites, and quantifies and monitors the incidence of these infections by conducting active surveillance for laboratory-diagnosed illness.

Subsection Preparation

http://www.state.nj.us/health/flu/index.shtml Health Topics A – Z, Pat McGarvey – Influenza, October, 2005, and HIV/AIDS, November 2005
www.state.nj.us/health/chs Healthy New Jersey 2010 Update 2005, Pat McGarvey, October, 2005
www.state.nj.us/health/cd Communicable Disease Service, Pat McGarvey, October 2005
Joseph Incagnoli, BA – December 2005; April, 2006

DIABETES

Data Availability

The available data on diabetes for Morris County is limited to hospital discharge data and incomplete prevalence data. The hospital discharge information may be distorted if used as an indicator of county health status since it is counted by location of hospital and not by the county in which the discharged patient lives. In addition, diabetes is a disease that is treated extensively on an outpatient basis; therefore, these data are not very reliable for estimating its incidence and prevalence. Furthermore, race and ethnicity are integral to determining the effect of diabetes on County residents and most of the available data is not reported by such categories. The prevalence data available for Morris County is given as a range rather than in specific numbers; consequently, it does not provide enough detail to be useful in making specific comparisons with other counties or the State. Specifically, it is not available broken out by race/ethnicity, gender, or age.

The Burden of Diabetes in New Jersey: A Surveillance Report (1) provides an overview of diabetes prevalence in New Jersey. Information is segmented by county for estimated age-adjusted rates and estimated number of diabetes diagnosis, as well as for percentage of birthing mothers with and without diabetes as a medical risk factor.

Diabetes-Related Inpatient Hospital Utilization in New Jersey, 1997, (2) provides extensive state and some county data regarding hospital admissions for diabetes and for treatment of other health problems in individuals who are also diabetic. This eight year old report notes that, in 1997, diabetes was the sixth leading cause of death in the state. It identifies as high-risk populations persons who are 45 years and older, obese, and/or inactive; members of minority racial and ethnic groups; and, individuals with a family history of diabetes. The report notes that death and many complications associated with diabetes, such as blindness, heart disease, end-stage renal disease, lower-extremity amputations, and stroke are preventable with early detection, proper medical treatment, and self-management. However, pronounced racial and ethnic disparities are noted in health status and outcomes of people with diabetes. Social, cultural, and economic barriers limit access to diagnosis and treatment in certain populations. These barriers, in combination with genetic and lifestyle factors, underlie the disparities.

This profile includes data regarding numbers of diabetes-related hospital discharges, average length of stay in the hospital in days (LOS), age-adjusted rates for hospital discharges per 10,000 population, and crude rates of hospital discharges per 10,000 for an estimated diabetic population. These are presented by age, gender, race, Hispanic ethnicity, and county of residence. Since persons 20 years of age or older account for 99% of New Jersey's diabetes-related hospital discharges, the data presented primarily represents the adult population. A section of the report entitled “Technical Notes” explains how the data is analyzed.

Additional data for the state was recently published in *Healthy New Jersey 2010 Update 2005* Chapter 4, "Preventing and Reducing Major Diseases." (2) The state data includes recent age-adjusted rates per 100,000 population, usually for Total, white, black, Hispanic and Asian/Pacific Islander, and Male and Female cohorts for the following diabetes categories:

- Age-adjusted Mortality Rate from Diabetes, New Jersey 1999-2002;
- Age-adjusted Mortality Rate from Cardiovascular Diseases in People with Diabetes, New Jersey, 1999-2002;
- Adults Diagnosed with Diabetes who have had a Dilated Eye Exam in the Past Year, New Jersey 1998-2003;
- Lower Extremity Amputation among Persons with Diagnosed Diabetes, 1998-2003;
- End-Stage Renal Disease Incidence Rate among Adults with Diagnosed Diabetes, New Jersey, 1998-2004;
- Adults with Diagnosed Diabetes who have had a Glycosylated Hemoglobin Measurement at Least Once a Year, New Jersey 2000-2003.

The Selected Metropolitan/Micropolitan Area Risk Trends (SMART) from the BRFSS section on the CDC.gov Web site provides local diabetes prevalence data from 2004 for the Newark-Union EMA and Morris County. BRFSS data begins on page 233 of this report. Data provided represents a small sampling of residents. All data is by self-report.

Data Indicators

The Centers for Disease Control and Prevention (3) is the source for the following diabetes prevalence information. This information is from the 2004 SMART BRFSSS on the CDC's Web site.

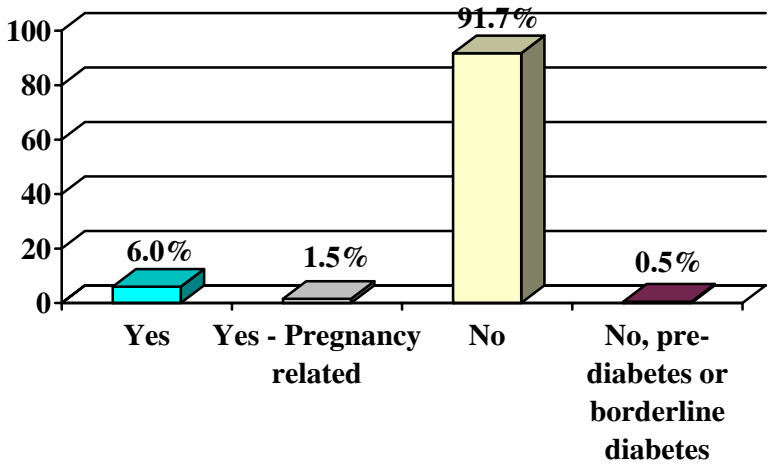
Table 1, Diabetes. United States, New Jersey, Newark-Union EMA, Morris County: Percentage of Adults with Diabetes Diagnosis: 2004

United States*	New Jersey	Newark-Union EMA	Morris County	Essex County	Union County
7.0	6.7	6.3	6.0	7.5	4.8

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004].

* Median % of 50 states, District of Columbia, Puerto Rico, Guam, and the US Virgin Islands

Chart 1, Diabetes. Morris County: Percentage of Adults Who Have Been Told By a Doctor They Have Diabetes: 2004

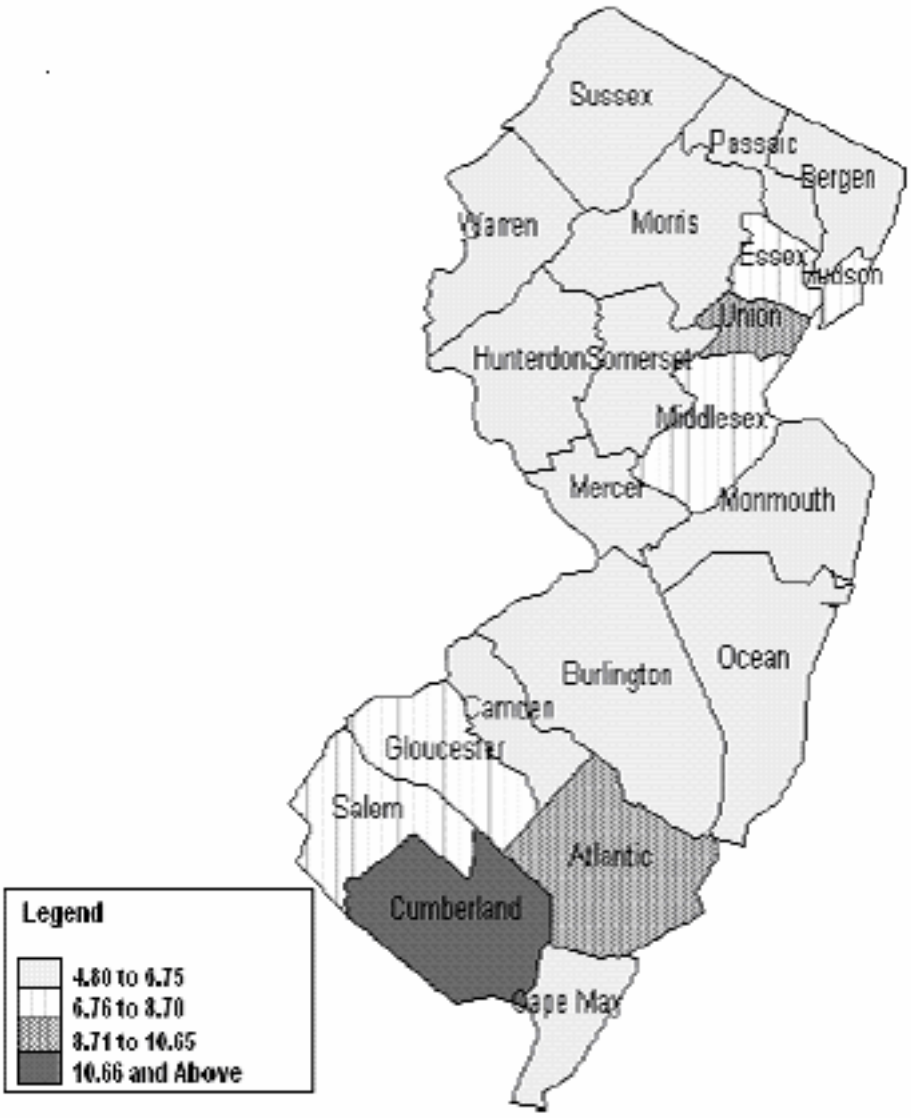


Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004].

The Burden of Diabetes in New Jersey: A Surveillance Report, (1) is the source of the following maps and table on prevalence of diabetes by county for 2001–2003. They are labeled by their identifying number assigned in the source document. Limitations of this data set include lack of breakdown by race/ethnicity, gender, and age. In addition, comparable statistics are not provided for New Jersey.

Figure 1, below, identifies the estimated age-adjusted rate for diabetes diagnosis in persons 18 years and older by county 2001–2003. Morris County's age-adjusted rate for diabetes diagnosis is 4.80-6.75/100 population. Counties surrounding Morris are all in the same range except for Essex (6.76-8.70) and Union (8.71-10.65). Because this data is reported as a range, it is difficult to compare counties.

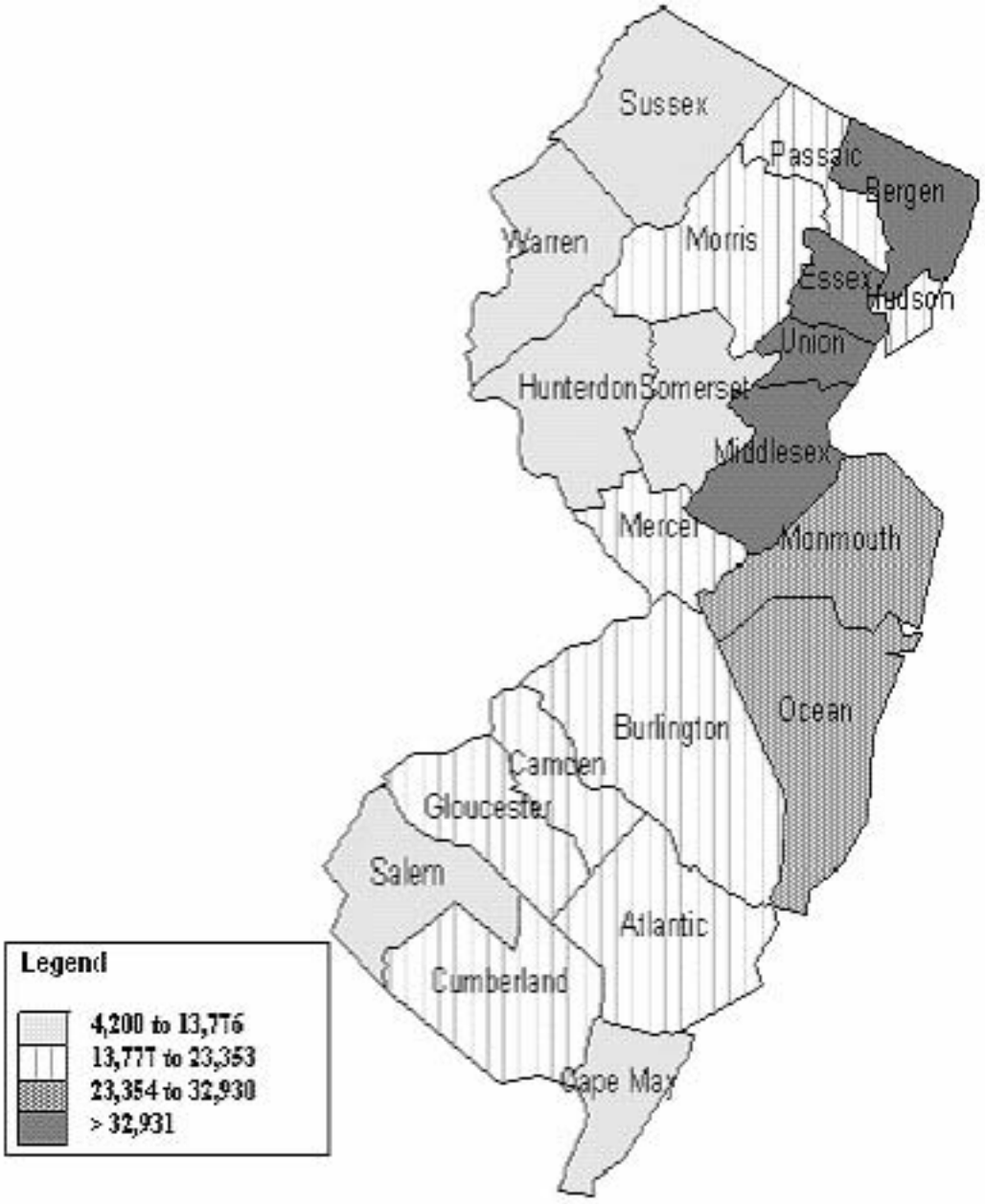
Figure 1, Diabetes. Estimated Age-Adjusted Rate* of Persons 18 Years and Over with Diagnosed Diabetes by County, New Jersey, 2001 through 2003



Source: Fig. 2, Diabetes, *New Jersey Behavioral Risk Factor Survey*
* Rate/100 population

Figure 2, below, reports the estimated number of persons over the age of 18 diagnosed with diabetes by county, 2001-2003. Morris County has an estimated 13,777-23,353 people diagnosed with diabetes. The numbers in surrounding counties vary. Union and Passaic fall into the same range as Morris, but Essex County has more cases (>32,931). Sussex, Warren, Hunterdon, and Somerset have fewer cases (4,200-13,776).

Figure 2, Diabetes. Estimated Number of Persons 18 Years and Over Diagnosed with Diabetes by County, New Jersey, 2001 through 2003



Source: Fig. 3, Diabetes, *New Jersey Behavioral Risk Factor Survey*
* Rate/100 population

Table 2, Diabetes. Total and Percentage of Birthing Mothers With and Without Diabetes as a Medical Risk Factor of Pregnancy, and Rate of Diabetes as a Medical Risk Factor, by County, New Jersey, 2000

Table 2
Total and Percentage of Birthing Mothers With and Without Diabetes as a Medical Risk Factor of Pregnancy, and Rate of Diabetes as a Medical Risk Factor, by County, New Jersey, 2000

County/Place	New Jersey Birthing Mothers		New Jersey Birthing Mothers with Diabetes as a Medical Risk		Rate* of Diabetes as a Medical Risk
	Number	% of Total of NJ Birthing Mothers	Number	% of Total of NJ Birthing Mothers with Diabetes	
Atlantic	2,983	2.95	130	3.1	43.6
Bergen	9,381	9.3	347	8.27	37.0
Burlington	4,216	4.17	144	3.43	34.2
Camden	5,702	5.64	206	4.91	36.1
Cape May	901	0.89	27	0.64	30.0
Cumberland	1,758	1.74	77	1.84	43.8
Essex	11,141	11.02	500	11.92	44.9
Gloucester	2,398	2.37	97	2.31	40.5
Hudson	7,804	7.72	320	7.63	41.0
Hunterdon	1,190	1.18	40	0.95	33.6
Mercer	4,216	4.17	177	4.22	42.0
Middlesex	9,546	9.44	535	12.76	56.0
Monmouth	7,054	6.98	235	5.6	33.3
Morris	5,568	5.51	220	5.25	39.5
Ocean	5,888	5.82	288	6.87	48.9
Passaic	7,394	7.31	268	6.39	36.2
Salem	532	0.53	**	**	**
Somerset	3,852	3.81	171	4.08	44.4
Sussex	1,451	1.43	77	1.84	53.1
Union	7,109	7.03	287	6.84	40.4
Warren	1,034	1.02	36	0.86	34.8
Total	101,118	100	4,194	100	41.5

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics.
* Rate/1000 Births.
** The estimated number of New Jersey residents in this group was too small to derive reliable rates.

In Table 2, above, Morris County has 5,568 birthing mothers, representing 5.51% of all birthing mothers in New Jersey. Of these, the 220 (3.95%) with diabetes represent 5.25% of all New Jersey birthing mothers with diabetes. The rate of diabetes as a medical risk for Morris County is 39.5/1000 births as compared with New Jersey which is 41.5/1000 births.

Diabetes-Related Inpatient Hospital Utilization in New Jersey, 1997, is the source of the following tables that contain information specific to Morris County.

Table 3, Diabetes. Hospital Discharge Rates With Any mention of Diabetes[1] as a Listed Diagnosis by County and Age, New Jersey, 1997

County	Hospital Discharges by Age and Rate per 10,000 Population									
	Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Atlantic - Number	13	34	111	295	632	998	1,459	1,088	340	4,970
Rate	2.6	11.5	30.8	77.0	224.9	501.2	789.0	851.4	780.7	210.1
Bergen - Number	50	69	189	537	1,192	2,260	4,280	3,903	1,260	13,740
Rate	3.3	7.5	16.4	36.4	95.5	266.5	597.2	836.6	817.7	161.4
Burlington - Number	23	48	190	356	745	1,391	1,996	1,522	415	6,686
Rate	2.5	9.1	30.7	48.3	134.4	398.7	751.9	1,045.0	858.7	160.0
Camden - Number	46	77	257	584	1,244	1,896	2,853	2,573	743	10,273
Rate	3.8	12.5	35.2	69.1	203.5	477.9	813.0	1,195.2	1,096.5	203.6
Cape May - Number	6	22	45	92	175	370	683	625	187	2,205
Rate	3.0	22	37.3	62.8	151.9	397.5	631.9	823.7	779.5	224.7
Cumberland - Number	21	38	62	153	349	675	987	811	209	3,305
Rate	6.4	21.0	31.6	67.1	206.5	594.5	950.0	1,183.3	998.1	234.6
Essex - Number	81	183	707	1,260	2,653	4,068	5,164	3,693	1,148	18,957
Rate	5.1	18.2	62.4	100.8	287.8	645.3	995.5	1,096.3	977.7	252.5
Gloucester - Number	9	42	114	172	421	684	1,118	1,080	231	3,871
Rate	1.5	13.6	32.7	39.3	137.4	362.4	698.6	1,214.7	861.0	157.3
Hudson - Number	59	108	320	791	1,645	2,810	4,156	2,798	996	13,683
Rate	5.4	14.8	33.5	88.8	250.2	584.4	1,054.6	1,141.4	1,305.9	248.1
Hunterdon - Number	10	3	27	47	116	233	442	392	69	1,339
Rate	3.9	2.4	16.5	18.6	59.3	256.2	708.3	946.2	473.6	111.0
Mercer - Number	18	54	183	435	906	1,305	2,107	1,867	497	7,372
Rate	2.7	11.8	38.8	76.4	214.5	481.2	872.2	1,243.8	1,010.8	223.5
Middlesex - Number	74	89	327	751	1,538	2,395	4,137	3,222	794	13,327
Rate	5.4	9.1	28.3	61.1	169.3	406.8	825.6	1,187.1	1,098.7	188.2
Monmouth - Number	27	94	231	574	1,261	2,030	3,208	2,655	815	10,895
Rate	2.1	14.1	29	52.3	152	412.8	779.5	937.6	836.1	182.7
Morris - Number	31	48	105	242	601	1,004	1,666	1,401	515	5,613
Rate	3.4	8.9	16.9	28.2	82.2	258.3	633.8	825.4	836.4	123.6
Ocean - Number	35	63	172	293	842	1,513	3,582	3,536	1,060	11,096
Rate	3.6	13.2	31	40.6	159.4	395.1	615.7	764.7	844.1	230.8
Passaic - Number	45	94	307	588	1,339	1,952	2,600	2,210	690	9,825
Rate	4.2	14.3	42.1	73.7	224.4	506.1	811.8	1,030.0	942.9	203.0
Salem - Number	1	5	28	80	174	300	389	349	95	1,421
Rate	0.7	6.4	35.1	73.2	200.6	531.3	710.8	1,000.9	842.9	215.2
Somerset - Number	22	11	64	133	353	581	1,060	828	270	3,322
Rate	4.0	3.8	14.2	25.3	87.1	237.7	616.8	851.2	727.0	120.0
Sussex - Number	8	23	31	103	278	349	538	454	171	1,955
Rate	2.3	14.7	15.4	35.4	139.2	407.8	799.3	957.2	974.4	137.6
Union - Number	30	76	244	549	1,012	1,827	3,001	2,611	692	10,042
Rate	3.1	13.1	33.8	66.2	154.6	394.3	724.7	993.6	827.7	201.6
Warren - Number	4	4	32	98	154	286	524	469	147	1,718
Rate	1.8	3.7	23.5	56.1	117.1	368.3	730.4	949.2	969.7	174.8
Unknown - Number	11	25	63	199	429	721	1,057	763	213	3,481
Rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total - Number	624	1,210	3,809	8,332	18,059	29,648	47,007	38,850	11,557	159,096
Rate	3.7	12.4	32.6	60.2	171.1	434.3	788.2	1,007.8	933.7	197.8

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

N/A: Not applicable.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 7

Table 3, above, reports those hospital discharge rates with any mention of diabetes as a listed diagnosis, by county and age. The Morris County crude rate is reported as 123.6/10,000 population; the total for all counties is 197.8.

Table 4, Diabetes. Hospital Discharges With Any mention of Diabetes[1] as a Listed Diagnosis by County, Number of Discharges, Age-adjusted Rates, Number of Days, and Average Length of Stay, New Jersey, 1997

County	Number of Hospital Discharges	Age-Adjusted Rate Per 10,000 Standard Population	Length of Stay in Days	
			Number of Days	Average Length of Stay in Days
Atlantic	4,970	140.3	35,066	7.1
Bergen	13,740	88.2	91,719	6.7
Burlington	6,686	118.7	39,569	5.9
Camden	10,273	144.0	68,039	6.6
Cape May	2,205	116.4	14,357	6.5
Cumberland	3,305	161.2	19,358	5.9
Essex	18,957	184.4	158,625	8.4
Gloucester	3,871	116.2	23,809	6.2
Hudson	13,683	172.7	120,728	8.8
Hunterdon	1,339	86.2	8,311	6.2
Mercer	7,372	150.2	46,997	6.4
Middlesex	13,327	132.3	95,517	7.2
Monmouth	10,895	122.4	72,214	6.6
Morris	5,613	86.9	36,155	6.4
Ocean	11,096	109.9	64,623	5.8
Passaic	9,825	147.6	70,235	7.2
Salem	1,421	137.6	7,811	5.5
Somerset	3,322	83.5	19,605	5.9
Sussex	1,955	117.8	12,297	6.3
Union	10,042	122.3	73,766	7.4
Warren	1,718	110.6	12,367	7.2
Unknown	3481	N/A	21,116	6.1
Total	159,096	128.8	1,112,284	7.0

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

N/A: Not applicable.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 8

Table 4, above, reports the number, age-adjusted rate, number of days, and the average length of stay for hospital discharges with any mention of diabetes as a listed diagnosis by county. Being age-adjusted, comparisons are possible with other counties. Information included in the column under "Number of Hospital Discharges" is a recount of information presented in Table 3. The age-adjusted rate for Morris County is 86.9, the lowest in the state and far below the state rate for all counties and "unknown" points of origin (128.8). The highest age-adjusted rates per 10,000 standard population by county are Essex (184.4), Hudson (172.7), Cumberland (161.2), Mercer (150.2), Passaic (147.6), Camden (144.0), and Atlantic (140.3). The highest number of days spent in the hospital before discharge with any mention of diabetes as a listed diagnosis by county is Essex (158,625), Hudson (120,728), Middlesex (95,517), Bergen (91,719), Union (73,766), Monmouth (72,214), Passaic (70,235), Camden (68,039), and Ocean (64,623).

Morris County hospitals provided 36,155 days of service to persons with any mention of diabetes as a listed diagnosis, ranking it as thirteenth highest among twenty two counties and "unknown" points of origin. This is 3.3% of the total number of days for all counties and "unknown"

(1,112,284). The counties with the highest number of patient days are Essex (158,625), Hudson (120,728), and Middlesex (95,517). These figures should be used with caution since the other diagnoses associated with the patients included in this data are not reported and may have widely varying impacts on length of stay.

The average length of hospital stay in days for Morris County is 6.4, whereas the total for all counties, including "unknown," is 7.0. Morris County ranks thirteenth among twenty two counties and "unknown." Counties with the highest average length of stay are Hudson (8.8), Essex (8.4), Union (7.4), Warren (7.2), Middlesex (7.2), and Atlantic (7.1).

Table 5, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and End Stage Renal Disease (ESRD)[2] as a Listed Diagnosis by County, Number of Discharges, Average Length of Stay, and Age-adjusted and Crude Rates, New Jersey, 1997

County	Number of Hospital Discharges	Average Length of Stay in Days[3]	Age-Adjusted Rate Per 10,000 Standard Population	Crude Rate per 10,000 Diabetic Population[4]
Atlantic	327	9.3	10.4	420.8
Bergen	803	10.2	5.3	285.4
Burlington	403	8.6	7.8	343.7
Camden	535	8.3	7.9	347.4
Cape May	135	7.5	8.4	391.1
Cumberland	277	7.5	14.3	636.3
Essex	1,469	11.7	15.3	513.3
Gloucester	169	9.0	5.9	251.2
Hudson	912	11.9	12.1	529.3
Hunterdon	59	12.2	4.0	194.1
Mercer	445	11.4	10.0	414.2
Middlesex	943	10.3	9.5	465.2
Monmouth	695	9.6	8.4	394.1
Morris	312	11.2	4.9	250.5
Ocean	501	8.8	5.1	304.5
Passaic	683	11.9	10.9	478.7
Salem	81	7.3	10.0	374.9
Somerset	207	9.8	5.3	274.7
Sussex	72	9.2	4.5	218.5
Union	680	10.9	9.1	389.6
Warren	78	11.9	4.7	289.3
Unknown	145	12.0	N/A	N/A
Total	**9,931**	**10.4**	**8.6**	**395.0**

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2]ICD-9-CM Procedure Codes for ESRD: Chronic Dialysis 39.95 or Renal Transplantation 55.60-55.69, or Disease Codes V42.0, V45.1 or 585.

[3]Number of days divided by number of hospital discharges.

[4]Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report*, were used for denominators.

N/A: Not applicable.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 10

Table 5, above, identifies Morris County with the thirteenth highest number of hospital discharges for patients with any mention of diabetes and ESRD (312) —representing 3.1% of the total number of hospital discharges in this category (9,931). The counties with the highest number of hospital discharges are Essex (1,469), Middlesex (943), Hudson (912), Bergen (803), Monmouth (695), Passaic (683), and Union (680).

Morris County has the sixth highest average length of stay with 11.2 days only slightly higher than the total length of stay for all counties and "unknown" (10.4 days). The counties/categories with the highest average length of stay in days are Hunterdon (12.2),

unknown category (12.0), Warren (11.9), Gloucester (11.9), Passaic (11.9), Essex (11.7), and Mercer (11.4).

Morris County's age-adjusted rate per 10,000 standard population for discharges is 4.9 (eighteenth highest out of twenty two counties and "unknown"). The total for all counties and "unknown" is 8.6. The counties with the highest rates are Essex (15.3), Cumberland (14.3), Hudson (12.1), Passaic (10.9), Atlantic (10.4), Mercer (10.0) and Salem (10.0).

Morris County's crude rate is 250.5 per 10,000 diabetic population, while the total for all counties and "unknown" is 395.0.

Table 6, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and Non Traumatic Amputations of the Lower Limb[2] by County, Number of Discharges, Average Length of Stay, and Age-adjusted and Crude Rates, New Jersey, 1997

County	Number of Hospital Discharges	Average Length of Stay in Days[3]	Age-Adjusted Rate per 10,000 Standard Population	Crude Rate per 10,000 Diabetic Population[4]
Atlantic	96	15.7	2.9	123.5
Bergen	261	20.8	1.6	92.8
Burlington	140	15.3	2.5	119.4
Camden	207	15.8	3.0	134.4
Cape May	47	16.6	2.4	136.2
Cumberland	78	15.9	3.9	179.2
Essex	385	21.3	3.7	134.5
Gloucester	70	18.3	2.2	104.1
Hudson	222	24.9	2.9	128.8
Hunterdon	23	22.8	1.4	75.7
Mercer	145	18.8	3.0	134.9
Middlesex	255	20.3	2.6	125.8
Monmouth	195	16.4	2.2	110.6
Morris	112	16.3	1.8	89.9
Ocean	258	11.6	2.8	156.8
Passaic	185	22.8	2.8	129.7
Salem	25	9.8	2.3	115.7
Somerset	69	14.8	1.7	91.6
Sussex	48	20.2	2.9	145.6
Union	165	21.1	2.1	94.5
Warren	35	17.9	2.2	129.8
Unknown	52	16.4	N/A	N/A
Total	3,073	18.6	2.5	122.2

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2] ICD-9-CM Code: Lower limb amputation procedure (84.1) in the absence of Lower limb amputation codes ICD-9-CM 895-897.

[3] Number of days divided by number of hospital discharges.

[4] Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report,* were used for denominators.

N/A: Not applicable or not available.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 15

Table 6, above, reports Morris County having 112 hospital discharges with any mention of diabetes and non-traumatic amputation of the lower limbs; the twelfth largest number of such discharges in the state. The Morris County number represents 3.6% of the total number of hospital discharges for counties and "unknown" points of origin, which is 3,073. The top counties for number of hospital discharges are Essex (385), Bergen (261), Ocean (258), Middlesex (255), Hudson (222), and Camden (207).

Morris County generated an average length of stay of 16.3 days, which is the fourteenth highest in the state and lower than that of all counties and "unknown" (18.6). Counties with the highest average length of stay in days are Hudson (24.9), Hunterdon (22.8), Essex (21.3), Union (21.1), Bergen (20.8), and Middlesex (20.3).

Morris County's age-adjusted hospital discharge rate for these patients is 1.8/10,000 standard population, while the total for all counties/categories is 2.5/10,000. Morris County ranked the eighteenth highest among all counties. Counties with the highest age-adjusted rate included Cumberland (3.9), Essex (3.7), Camden (3.0), and Mercer (3.0).

The crude rate for Morris County is 89.9 and the total rate for all counties and "unknown" is 122.2/10,000.

Table 7, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and Selected Cardiovascular Diseases as Listed Diagnoses by County, Crude and Age-adjusted Rates, and Average Length of Stay, New Jersey, 1997

	Selected Cardiovascular Diseases[2]								
	Hypertensive heart disease			Ischemic heart disease			Heart failure		
County	Crude Rate per 10,000 Diabetic Population[3]	Age-Adjusted Rate/10,000 Standard Population	Average Length of Stay in Days[4]	Crude Rate per 10,000 Diabetic Population[3]	Age-Adjusted Rate/10,000 Standard Population	Average Length of Stay in Days[4]	Crude Rate per 10,000 Diabetic Population[3]	Age-Adjusted Rate/10,000 Standard Population	Average Length of Stay in Days[4]
Atlantic	355.2	6.7	8.7	2,405.1	47.9	6.7	1,294.6	24.4	9.3
Bergen	203.3	3.0	7.7	1,866.5	31.3	6.3	1,108.8	16.4	9.1
Burlington	172.3	3.2	6.3	2,127.9	42.6	5.6	1,313.4	24.9	7.7
Camden	250.0	4.9	6.8	2,410.9	48.9	6.4	1,536.9	28.6	8.9
Cape May	383.4	5.8	8.0	2,462.8	39.6	6.1	1,309.6	19.5	7.5
Cumberland	271.1	5.1	6.2	3,009.2	59.8	5.9	1,771.1	33.0	7.5
Essex	420.3	10.5	10.3	1,850.4	47.3	7.6	1,196.0	28.5	10.7
Gloucester	266.1	4.7	6.4	2,177.7	42.6	5.7	1,343.8	23.7	7.8
Hudson	406.2	7.9	9.8	2,959.6	59.4	8.0	1,687.0	32.2	11.2
Hunterdon	46.1	0.8	5.8	1,707.9	32.7	5.8	1,059.6	19.2	8.3
Mercer	414.2	7.7	6.6	2,653.4	54.1	5.5	1,371.8	26.0	7.9
Middlesex	390.2	7.2	9.1	2,755.8	52.3	6.9	1,416.4	24.7	10.1
Monmouth	265.4	4.5	8.2	2,407.1	44.5	6.5	1,299.7	21.8	8.8
Morris	179.0	3.1	7.8	1,685.0	31.1	6.0	952.1	16.0	9.0
Ocean	250.4	2.9	7.2	2,938.2	41.4	5.6	1,760.2	22.5	7.6
Passaic	221.5	4.0	8.4	2,216.7	43.3	6.8	1,389.0	25.0	10.1
Salem	245.3	4.5	4.9	2,568.7	50.3	5.3	1,319.1	23.8	6.6
Somerset	128.7	2.3	7.6	1,787.5	32.6	6.0	1,012.5	17.2	8.1
Sussex	160.8	2.8	6.1	2,205.8	44.3	6.0	1,265.2	22.7	8.6
Union	590.6	10.9	7.9	2,081.3	40.0	6.6	984.8	17.4	9.9
Warren	85.3	1.3	7.6	2,310.4	38.6	6.6	1,550.1	22.7	8.9
Total	312.1	5.6	8.3	2,351.4	44.4	6.5	1,345.6	23.3	9.2

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2] ICD-9-CM Codes for selected heart diseases: Hypertensive heart disease (ICD-9-CM Code 402), Ischemic heart disease (ICD-9-CM Codes 410 -414) and Heart failure (ICD-9-CM Code 428).

[3] Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report*, were used for denominators.

[4] Number of days divided by number of hospital discharges.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 17

Table 7, above, reports hospital discharges with any mention of diabetes and cardiovascular diseases, including hypertensive heart disease, ischemic heart disease, and heart failure. For each of these cardiovascular diseases, crude and age-adjusted rates and average length of stay in days is reported.

For hypertensive heart disease, Morris County's crude rate is 179 and the total crude rate for all counties is 312.1. The age-adjusted rate for Morris County is 3.1 (fifteenth highest of all counties) and is lower than the average for all counties (5.6). The highest age-adjusted rates per 10,000 standard population are Union (10.9), Essex (10.5), Hudson (7.9), and Mercer (7.7). Morris County's average length of stay is 7.8 days, which is lower than the average for all counties (8.3) and is the ninth highest for all counties. The highest average length of stay in days is in Essex (10.3), Hudson (9.8), and Middlesex (9.1).

For ischemic heart disease, Morris' crude rate is 1685.0/10,000 diabetic population. The crude rate for all of the counties is 2,351.4. The age-adjusted rate is lowest in Morris County (31.1) and highest in the following counties: Cumberland (59.8), Hudson (59.4), Mercer (54.1), and Middlesex (52.3). The age-adjusted rate for all counties is 44.4. In Morris County, the average length of stay is six days, while the overall average is 6.5 days.

Crude rate per 10,000 diabetic population for heart failure is lowest in Morris County (952.1), and the crude rate for all counties is 1,345.6. The age-adjusted rate per 10,000 standard population is lowest in Morris County (16.0) and is highest in Cumberland (33.0), Hudson (32.2), Camden (28.6), and Essex (28.5). The rate for all counties is 23.3. The average length of hospital stay in Morris County is eighth highest of all counties at 9 days, while that for all counties is 9.2 days. The counties with the highest average length of stay are Hudson (11.2), Essex (10.7), Middlesex (10.1), and Passaic (10.1).

For more information on cardiovascular disease in Morris County, please see the profile "Cardiac and Stroke for Morris County."

Table 8, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and Hypertensive[2] Diseases as Listed Diagnoses by County, Number of Discharges, Average Length of Stay, and Age-adjusted and Crude Rates New Jersey, 1997

County	Number of Hospital Discharges	Average Length of Stay in Days[3]	Age-Adjusted Rate Per 10,000 Standard Population	Crude Rate/10,000 Diabetic Population[4]
Atlantic	2,670	6.7	74.7	3,435.9
Bergen	7,038	6.2	43.7	2,501.2
Burlington	3,556	5.4	63.3	3,032.7
Camden	5,609	6.1	77.6	3,642.0
Cape May	1,098	6.2	55.3	3,181.3
Cumberland	1,752	5.6	84.6	4,024.5
Essex	10,650	8.0	102.4	3,721.0
Gloucester	2,020	5.5	60.0	3,002.7
Hudson	7,380	8.2	91.8	4,282.8
Hunterdon	653	5.3	40.7	2,148.8
Mercer	4,397	5.7	88.2	4,092.2
Middlesex	7,124	6.8	69.3	3,514.5
Monmouth	5,816	6.2	63.5	3,297.9
Morris	2,930	6.0	44.3	2,352.2
Ocean	5,603	5.4	52.4	3,405.6
Passaic	5,096	6.6	75.0	3,571.3
Salem	757	5.3	70.4	3,503.6
Somerset	1,639	5.9	40.7	2,175.0
Sussex	940	5.8	57.9	2,852.0
Union	5,655	7.0	66.9	3,239.7
Warren	826	7.2	51.5	3,063.2
Unknown	1,832	5.4	N/A	N/A
Total	85,041	6.6	67.6	3,382.3

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2] ICD-9-CM Codes: hypertensive disease (401 - 405).

[3] Number of days divided by number of hospital discharges.

[4] Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report*, were used for denominators.

N/A: Not applicable or not available.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 19

In Table 8, above, hospital discharges with any mention of diabetes and hypertensive disease listed as the diagnosis code are identified by county and include number of discharges, average length of stay in days, age-adjusted rate per 10,000 standard population, and crude rate per 10,000 diabetic population. Morris County generated 2,930 hospital discharges in this category, representing 3.4% of the total number for all counties (85,041) and ranked twelfth highest number out of twenty two counties and "unknown."

Morris County maintained an average length of stay of 6.0 days compared with an average for all counties and "unknown" of 6.6 days. Morris County has the twelfth

highest average length of stay. The average length of stay in days is highest in Hudson (8.2), Essex (8.0), Warren (7.2), and Union (7.0).

Morris County has an age-adjusted rate of 44.3/10,000 standard population and a rank of 18th highest of all counties and "unknown." The rate for all counties and "unknown" is 67.6. The counties with the highest rates are Essex (102.4), Hudson (91.8), Mercer (88.2), and Cumberland (84.6).

Morris County generated a crude rate of 2,352.2/10,000 diabetic population. The crude rate for all counties and "unknown" is 3,382.3.

Table 9, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and Major Cardiovascular[2] Diseases Listed as Diagnoses by County, Number of Discharges, Average Length of Stay, and Age-adjusted and Crude Rates New Jersey, 1997

County	Number of Discharges	Average Length of Stay in Days[3]	Age-Adjusted Rate per 10,000 Standard Population	Crude Rate/10,000 Diabetic Population[4]
Atlantic	3,965	7.3	107.2	5,102.4
Bergen	10,935	7.0	65.9	3,886.1
Burlington	5,474	6.2	94.5	4,668.5
Camden	8,298	6.9	110.9	5,388.0
Cape May	1,788	6.7	85.2	5,180.5
Cumberland	2,647	6.2	123.3	6,080.4
Essex	14,419	8.7	134.1	5,037.9
Gloucester	3,117	6.3	89.9	4,633.3
Hudson	10,657	9.1	128.5	6,184.5
Hunterdon	1,051	6.5	65.3	3,458.5
Mercer	6,049	6.4	117.9	5,629.7
Middlesex	10,691	7.5	101.9	5,274.3
Monmouth	8,687	6.9	92.9	4,925.9
Morris	4,487	6.7	66.9	3,602.1
Ocean	9,109	6.1	81.9	5,536.6
Passaic	7,490	7.5	106.5	5,249.1
Salem	1,142	5.8	104.2	5,285.5
Somerset	2,609	6.3	63.3	3,462.2
Sussex	1,550	6.6	92.5	4,702.8
Union	8,032	7.6	92.4	4,601.4
Warren	1,352	7.6	83.8	5,013.8
Unknown	2,834	6.1	N/A	N/A
Total	**126,383**	**7.3**	**99.4**	**5,026.5**

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2] ICD-9-CM Codes: Major Cardiovascular Diseases (390-448).

[3] Number of days divided by number of hospital discharges.

[4] Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report,* were used for denominators.

N/A: Not applicable.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 21

Table 9, above, reports hospital discharges with any mention of diabetes and major cardiovascular disease listed as the diagnosis by county including number of discharges, average length of stay in days, age-adjusted rate per 10,000 standard population, and crude rate per 10,000 diabetic population. The number of discharges for Morris County in this category is 4,487, ranking it twelfth highest in number of all discharges for all counties including "unknown." In addition, Morris County's discharges make up 3.6% of the total of all counties and "unknown" (126,383). Counties with the highest number of discharges are Essex (14,419), Bergen (10,935), Middlesex (10,691), and Hunterdon (10,657).

The average length of stay in Morris County is 6.7 days, the eleventh highest among all counties and "unknown" points of origin. The average length of stay for all counties and "unknown" is 6.7 days. The counties with the highest average length of stay in days are Hunterdon (9.1), Essex (8.7), Union (7.6), Warren (7.6), Passaic (7.5), and Middlesex (7.5).

The age-adjusted rate for Morris County is 66.9/10,000 standard population, eighteenth highest among all counties and "unknown"; the rate for all counties is 99.4. The highest are: Essex (134.1), Hudson (128.5), Cumberland (123.3), Mercer (117.9), and Camden (110.9).

Morris County's crude rate is 3,602.1/10,000 of the diabetic population. The crude rate for all counties and "unknown" is 5,026.5.

For more information on cardiovascular disease in Morris County, please see the profile sub-section: "Cardiac and Stroke."

Table 10, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and Major Cerebrovascular[2] Diseases Listed as Diagnoses by County, Number of Discharges, Average Length of Stay, and Age-adjusted and Crude Rates New Jersey, 1997

County	Number of Hospital Discharges	Average Length of Stay in Days[3]	Age-Adjusted Rate Per 10,000 Standard Population	Crude Rate/10,000 Diabetic Population[4]
Atlantic	477	9.3	11.8	613.8
Bergen	1,367	9.0	7.4	485.8
Burlington	610	7.7	9.8	520.2
Camden	1,095	7.9	14.1	711.0
Cape May	257	7.3	10.0	744.6
Cumberland	317	7.4	13.7	728.2
Essex	1,803	11.3	15.5	630.0
Gloucester	431	7.1	11.5	640.7
Hudson	1,398	12.1	15.9	811.3
Hunterdon	123	7.6	7.0	404.8
Mercer	810	8.3	14.0	753.9
Middlesex	1,309	10.0	11.5	645.8
Monmouth	1,158	8.2	11.4	656.6
Morris	561	8.3	7.9	450.4
Ocean	1,198	7.0	8.9	728.2
Passaic	897	9.5	11.7	628.6
Salem	184	7.2	14.4	851.6
Somerset	286	8.0	6.6	379.5
Sussex	196	7.3	10.5	594.7
Union	1,026	9.6	10.5	587.8
Warren	180	9.1	9.9	667.5
Unknown	332	7.4	N/A	N/A
Total	**16,015**	**9.1**	**11.0**	**637.0**

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2] ICD-9-CM Codes: Cerebrovascular Disease (Stroke: 430 - 438).

[3] Number of days divided by number of hospital discharges.

[4] Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report*, were used for denominators.

N/A: Not applicable or not available.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 23

Table 10, above, reports the 1997 hospital discharges with any mention of diabetes and cerebrovascular disease (stroke) listed as the diagnosis by county, number of discharges, average length of stay, and age-adjusted and crude rates. Morris County has 561 discharges, which is 3.5% of the total for all counties and "unknown" (16,015), and the twelfth highest of all respondents. The counties with the highest number are Essex (1,803), Hudson (1,398), Bergen (1,367), and Middlesex (1,309).

Morris County's average length of stay is 8.3 days, the ninth highest of all respondents. The rate for all counties and "unknown" is 9.1 days. The highest average length of stay in days belongs to Hudson (12.1), Essex (11.3), and Middlesex (10.0).

Morris County's age-adjusted rate is 7.9/10,000 standard population, the eighteenth highest rate among all respondents. The age-adjusted rate for all counties and "unknown" is 11.0. Counties with the highest age-adjusted rate per 10,000 standard population are Hudson (15.9), Essex (15.5), Salem (14.4), Camden (14.1), and Mercer (14.1).

Morris County's crude rate is 450.4/10,000, far below the crude rate for all counties and "unknown" points of origin with 637.0/10,000.

Table 11, Diabetes. Hospital Discharges With Any mention of Diabetes[1] and Pneumonia or Influenza[2] Listed as Diagnoses by County, Average Length of Stay, and Age-adjusted and Crude Rates, New Jersey, 1997

County	Number of Discharges	Average Length of Stay in Days[3]	Age-Adjusted Rate Per 10,000 Standard Population	Crude Rate/10,000 Diabetic Population[4]
Atlantic	303	12.5	7.3	389.9
Bergen	747	12.2	4.0	265.5
Burlington	410	9.6	6.4	349.7
Camden	590	9.7	7.1	383.1
Cape May	195	8.8	7.8	565.0
Cumberland	180	10.9	7.8	413.5
Essex	1,120	15.3	9.9	391.3
Gloucester	185	10.6	4.7	275.0
Hudson	811	17.2	9.0	470.6
Hunterdon	87	12.8	5.2	286.3
Mercer	395	12.7	7.0	367.6
Middlesex	792	14.1	7.0	390.7
Monmouth	586	12.7	5.7	332.3
Morris	330	12.8	4.5	264.9
Ocean	590	10.5	4.7	358.6
Passaic	587	12.2	8.0	411.4
Salem	82	8.2	6.9	379.5
Somerset	214	9.8	4.9	284.0
Sussex	151	9.5	7.8	458.1
Union	585	14.5	6.1	335.1
Warren	100	12.5	5.5	370.8
Unknown	163	12.9	N/A	N/A
Total	**9,203**	**12.8**	**6.5**	**366.0**

Source: New Jersey Department of Health and Senior Services, 1997 New Jersey Hospital Discharge File (UB-92).

[1] ICD-9-CM Codes: Diabetes (250.0-250.9), Postsurgical hypoinsulinemia (251.3), Polyneuropathy in diabetes (357.2), Diabetic retinopathy (362.01-362.02), Diabetic cataract (366.41), Diabetes in pregnancy but not gestational (648.00-648.04), or Neonatal diabetes mellitus (775.1).

[2] ICD-9-CM Codes: Pneumonia and Influenza (480.0-487.8).

[3] Number of days divided by number of hospital discharges.

[4] Synthetic estimates for 1994 from the 1999 report, *The Burden of Diabetes in New Jersey: A Surveillance Report,* were used for denominators.

N/A: Not applicable or not available.

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 25

Table 11, above, reports hospital discharges with any mention of diabetes and pneumonia or influenza listed as diagnosis by county, number of discharges, and average length of stay, as well as age-adjusted and crude rates. Morris County has 330 discharges with mention of diabetes and pneumonia or influenza, making it eleventh out of twenty two

counties and "unknown." The total for all counties and "unknown" is 9,203. Morris County has 3.6% of the total number of discharges in the state. The most discharges are in Essex (1,120), Hudson (811), Middlesex (792), and Bergen (747) Counties.

Morris County's average length of stay is 12.8 days—sixth among all respondents. The average for all counties and "unknown" is 12.8 days. Counties with the highest average length of stay in days are Hudson (17.2), Essex (15.3), Union (14.5), and Middlesex (14.1).

Morris County's age-adjusted rate is 4.5/10,000 standard population, twentieth highest in the state. The rate for the state is 6.5. Counties with the highest age-adjusted rate per 10,000 standard population are Essex (9.9), Hudson (9.0), and Passaic (8.0).

Morris County's crude rate is 264.9/10,000 diabetic population. The crude rate for the state is 366.0.

Table 12, Diabetes. Hospital Discharges Under 65 Years of Age With Selected Ambulatory Care Sensitive (ACS) Diabetes[1] Conditions Listed as the Primary Diagnosis by County and Percentage, New Jersey, 1997

County	Total Discharges with Diabetes as Primary Diagnosis	Selected ACS Diabetes Conditions			Percentage of Selected ACS Diabetes Conditions[4]
		DM (250.1)[1] Discharges	DM (250.2)[2] Discharges	DM (250.3)[3] Discharges	
Atlantic	256	63	9	0	28.1%
Bergen	482	99	6	7	23.2%
Burlington	349	89	15	6	31.5%
Camden	597	180	34	12	37.9%
Cape May	123	27	5	3	28.5%
Cumberland	174	53	6	3	35.6%
Essex	1,614	392	67	20	29.7%
Gloucester	236	60	7	3	29.7%
Hudson	980	185	19	8	21.6%
Hunterdon	55	9	0	0	16.4%
Mercer	464	140	16	8	35.3%
Middlesex	750	163	28	7	26.4%
Monmouth	590	143	23	4	28.8%
Morris	219	58	1	3	28.3%
Ocean	362	86	4	4	26.0%
Passaic	653	147	18	4	25.9%
Salem	51	15	0	0	29.4%
Somerset	206	41	7	0	23.3%
Sussex	115	35	3	2	34.8%
Union	577	155	16	5	30.5%
Warren	91	15	1	0	17.6%
Unknown	152	48	5	1	35.5%
Total	**9,096**	**2,203**	**290**	**100**	**28.5%**

Source: 1997 New Jersey Department of Health and Senior Services, New Jersey Hospital Discharge File (UB-92).

[1]DM with ketoacidosis (250.1).

[2]DM with hyperosmolarity (250.2).

[3]DM with other coma (250.3).

[4]ICD-9-CM Codes: Diabetes (250.0-250.9).

NJDHSS, *Diabetes-Related Inpatient Hospitalization Utilization in New Jersey*, 1997 / Table 29

Table 12, above, reports hospital discharges for people under the age of 65 with selected Ambulatory Care Sensitive (ACS) diabetes conditions, including ketoacidosis, hyperosmolarity, and "other coma" listed as the primary diagnosis by county, with percentages. Morris County has 219 total discharges in this category, fifteenth highest in the state. The total for all respondents is 9,096. Counties with the highest number of total discharges are Essex (1,614), Hudson (980), Middlesex (750), and Passaic (653).

Morris County has fifty eight discharges with ketoacidosis, fourteenth highest for all counties and "unknown," while the total for all respondents is 2,203. Counties with the highest number of discharges with ketoacidosis are Essex (392), Hudson (185), and Camden (180).

Morris County has one discharge with hyperosmolarity, ranking it twentieth highest among all respondents, while the total for all counties and "unknown" is 290. Counties with the highest number of hyperosmolarity discharges are Essex (67), Camden (34), Middlesex (28), and Monmouth (23).

Morris County has three discharges with an "other coma" diagnosis, fifteenth highest among all respondents, while the total for all counties and "unknown" is 100 cases. Counties with the highest number of "other coma" diagnosis are Essex (20) and Camden (12).

The percentage of selected Ambulatory Care Sensitive diabetes conditions in Morris County is 28.3%, thirteenth highest in the state, while the percent of these conditions in New Jersey is 28.5%. The counties/categories with the highest percentage of selected ACS diabetes conditions are Camden (37.9%), Cumberland (35.6%), unknown (35.5%), and Middlesex (35.3%).

Bibliography

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3. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2004.

4. NJDHSS, Center for Health Statistics, *Healthy New Jersey 2010 Update 2005*, Chapter 4, *Preventing and Reducing Major Diseases*, released May 2005. www.state.nj.us/health/chs/

Other Information

The New Jersey Diabetes Control Program (NJDCP) includes federal and state approaches to reduce the burden of diabetes in New Jersey and eliminate ethno-racial disparities. It is involved in diabetes surveillance, community interventions targeted at raising awareness of diabetes, and prevention of complications from diabetes, as well as projects aimed at improving diabetes prevention and treatment in New Jersey.

Subsection Preparation

Pat McGarvey, October, 2005
Dina Stonberg, December, 2005
Joseph Incagnoli, April, 2006

Substance Abuse

Data Availability

Extensive and authoritative statistical data and other information about drug and alcohol use directly relevant to Morris County and the state are available. References to other, more detailed data are described in the sub-section "Bibliography."

The Division of Addiction Services (DAS) Information Services Unit of the NJ Department of Human Services (DHS) publishes The New Jersey Drug and Alcohol Abuse Treatment – Substance Abuse Overview 2004 Morris County. (1) This overview includes the following information for 2004: state totals for substance abuse treatment admissions, county residence admissions for substance abuse treatment, county of treatment provider admissions for substance abuse treatment, county share of substance abuse admission by primary drug, distribution of substance abuse admission by primary drug within county, substance abuse admissions by municipality, and primary drug and treatment admissions by municipality of residence, primary drug, and age.

Data Indicators

All tables below are based on substance abuse treatment admissions from January 1, 2004 to December 31, 2004.

Table 1, below, reports the total of substance abuse treatment admissions by gender for New Jersey and Morris County by the number and percentage of total admissions. For both the state and county levels, the percentage of males (69.4% and 71.5%, respectively) admitted to treatment far exceeds that for females (30.5% and 28.5%, respectively).

Table 1, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Gender, 2004

	Morris County Residents		**New Jersey**	
Gender	***# of Admissions***	***% of Total Admissions***	***# of Admissions***	***% of Total Admissions***
Male	1,199	71.5%	37,303	69.4%
Female	478	28.5%	16,430	30.5%
Unknown	1	0.1%	52	0.1%
Total	1,678	100.0%	**53,785**	**100.0%**

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 2, Substance Abuse. Morris County: Substance Abuse Treatment Admissions by Municipality and Primary Drug, 2004												
Municipality	**Primary Drug**										**County Total**	
	Alcohol		**Cocaine**		**Heroin**		**Marijuana**		**Others**			
	N	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***
Boonton Town	24	46.2	6	11.5	18	34.6	3	5.8	1	1.9	52	100.0
Boonton Twp	20	64.5	0	0	7	22.6	3	9.7	1	3.2	31	100.0
Butler Borough	22	68.8	3	9.4	3	9.4	3	9.4	1	3.1	32	100.0
Chatham Borough	6	46.2	1	7.7	3	23.1	2	15.4	1	7.7	13	100.0
Chatham Twp	6	42.9	2	14.3	3	21.4	1	7.1	2	14.3	14	100.0
Chester Borough	10	55.6	2	11.1	4	22.2	1	5.6	1	5.6	18	100.0
Chester Twp	7	53.8	1	7.7	2	15.4	3	23.1	0	0	13	100.0
Denville Twp	30	47.6	5	7.9	22	34.9	6	9.5	0	0	63	100.0
Dover Town	53	35.1	19	12.6	67	44.4	6	4.0	6	4.0	151	100.0
East Hanover Twp	18	52.9	4	11.8	7	20.6	2	5.9	3	8.8	34	100.0
Florham Park Twp	5	50.0	1	10.0	2	20.0	2	20.0	0	0	10	100.0
Hanover Twp	8	25.0	1	3.1	17	53.1	1	3.1	5	15.6	32	100.0
Harding Twp	6	60.0	1	10.0	3	30.0	0	0	0	0	10	100.0
Jefferson Twp	16	32.7	4	8.2	24	49.0	2	4.1	3	6.1	49	100.0
Kinnelon Borough	16	76.2	0	0	4	19.0	1	4.8	0	0	21	100.0
Lincoln Park Borough	27	58.7	4	8.7	10	21.7	2	4.3	3	6.5	46	100.0
Long Hill Twp**	4	50.0	0	0	3	37.5	1	12.5	0	0	8	100.0
Madison Borough	12	35.3	2	5.9	20	58.8	0	0	0	0	34	100.0
Mendham Borough	3	30.0	1	10.0	2	20.0	2	20.0	2	20.0	10	100.0
Mendham Twp	6	46.2	0	0	6	46.2	1	7.7	0	0	13	100.0
Mine Hill	8	47.1	1	5.9	6	35.3	1	5.9	1	5.9	17	100.0
Montville Twp	17	35.4	5	10.4	19	39.6	6	12.5	1	2.1	48	100.0
Morris Plains Borough	35	46.7	14	18.7	15	20.0	4	5.3	7	9.3	75	100.0
Morris Twp	9	33.3	1	3.7	14	51.9	1	3.7	2	7.4	27	100.0
Morristown Town	78	39.2	27	13.6	74	37.2	14	7.0	6	3.0	199	100.0
Mount	12	46.2	7	26.9	4	15.4	0	0	3	11.5	26	100.0

Table 2, Substance Abuse. Morris County: Substance Abuse Treatment Admissions by Municipality and Primary Drug, 2004												
Municipality	**Primary Drug**										**County Total**	
	Alcohol		**Cocaine**		**Heroin**		**Marijuana**		**Others**			
	N	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***
Arlington Borough												
Mount Olive Twp	45	46.4	6	6.2	29	29.9	11	11.3	6	6.2	97	100.0
Mountain Lakes Borough	2	33.3	0	0	1	16.7	3	50.0	0	0	6	100.0
Netcong Borough	14	45.2	2	6.5	11	35.5	3	9.7	1	3.2	31	100.0
Parsippany-Troy Twp	51	44.0	13	11.2	41	35.3	5	4.3	6	5.2	116	100.0
Pequannock Twp	8	25.8	5	16.1	16	51.6	0	0	2	6.5	31	100.0
Randolph Twp	25	39.1	7	10.9	28	43.8	2	3.1	2	3.1	64	100.0
Riverdale Borough	4	36.4	2	18.2	3	27.3	0	0	2	18.2	11	100.0
Rockaway Borough	31	63.3	1	2.0	12	24.5	4	8.2	1	2.0	49	100.0
Rockaway Twp	15	55.6	2	7.4	9	33.3	1	3.7	0	0	27	100.0
Roxbury Twp	35	41.7	1	1.2	40	47.6	7	8.3	1	1.2	84	100.0
Victory Gardens	1	50.0	0	0	1	50.0	0	0	0	0	2	100.0
Washington Twp	18	48.6	2	5.4	12	32.4	3	8.1	2	5.4	37	100.0
Wharton Borough	22	42.3	4	7.7	18	34.6	6	11.5	2	3.8	52	100.0
Not Stated	5	22.7	3	13.6	12	54.5	1	4.5	1	4.5	22	100.0
Total	**734**	**43.8**	**160**	**9.6**	**592**	**35.3**	**114**	**6.8**	**75**	**4.5**	**1675**	100.0

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005* ** Passaic Township changes to Long Hill Township in 2003

Table 2, above, illustrates the substance abuse admissions by municipality and primary drug for Morris County. The municipalities with the highest total number of admissions for all drugs combined are Morristown, Dover, Parsippany-Troy, Mount Olive Township, and Roxbury Township. The same ranking holds true for alcohol. For cocaine, the highest numbers are from Morristown, Dover, Morris Plains, and Parsippany-Troy. Heroin use is highest in Morristown, Dover, Parsippany-Troy, Roxbury Township, and Mount Olive Township. Morristown and Mount Olive Township report the highest number with Marijuana as primary drug.

Table 3, Substance Abuse. Morris County: Substance Abuse Treatment Admissions by Municipality, Primary Drug, and Age

Municipality	Alcohol						Drugs						Total					
	Under 18		18+		Total		Under 18		18+		Total		Under 18		18+		Total	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Boonton Town	0	0	24	100.0	24	100.0	0	0	28	100.0	28	100.0	0	0	52	100.0	52	100.0
Boonton Twp	0	0	20	100.0	20	100.0	0	0	11	100.0	11	100.0	0	0	31	100.0	31	100.0
Butler Borough	1	4.5	21	95.5	22	100.0	0	0	10	100.0	10	100.0	1	3.1	31	96.9	32	100.0
Chatham Borough	0	0	6	100.0	6	100.0	0	0	7	100.0	7	100.0	0	0	13	100.0	13	100.0
Chatham Twp	0	0	6	100.0	6	100.0	0	0	8	100.0	8	100.0	0	0	14	100.0	14	100.0
Chester Borough	1	10.0	9	90.0	10	100.0	2	25.0	6	75.0	8	100.0	3	16.7	15	83.3	18	100.0
Chester Twp	1	14.3	6	85.7	7	100.0	3	30.0	3	50.0	6	100.0	4	30.8	9	69.2	13	100.0
Denville Twp	0	0	30	100.0	30	100.0	4	12.1	29	87.9	33	100.0	4	6.3	59	93.7	63	100.0
Dover Town	0	0	53	100.0	53	100.0	1	1.0	97	99.0	98	100.0	1	0.7	150	99.3	151	100.0
East Hanover Twp	0	0	18	100.0	18	100.0	1	6.3	15	93.8	16	100.0	1	2.9	33	97.1	34	100.0
Florham Park Twp	0	0	5	100.0	5	100.0	0	0	5	100.0	5	100.0	0	0	10	100.0	10	100.0
Hanover Twp	0	0	8	100.0	8	100.0	1	4.2	23	95.8	24	100.0	1	3.1	31	96.9	32	100.0
Harding Twp	0	0	6	100.0	6	100.0	0	0	4	100.0	4	100.0	0	0	10	100.0	10	100.0
Jefferson Twp	0	0	16	100.0	16	100.0	1	3.0	32	97	33	100.0	1	2.0	48	98.0	49	100.0
Kinnelon Borough	0	0	16	100.0	16	100.0	1	20.0	4	80.0	5	100.0	1	4.8	20	95.2	21	100.0
Lincoln Park Borough	0	0	27	100.0	27	100.0	1	5.3	18	94.7	19	100.0	1	2.2	45	97.8	46	100.0
Long Hill Twp **	0	0	4	100.0	4	100.0	0	0	4	100.0	4	100.0	0	0	8	100.0	8	100.0
Madison Borough	0	0	12	100.0	12	100.0	1	4.5	21	95.5	22	100.0	1	2.9	33	97.1	34	100.0
Mendham Borough	0	0	3	100.0	3	100.0	0	0	7	100.0	7	100.0	0	0	10	100.0	10	100.0
Mendham Twp	0	0	6	100.0	6	100.0	1	14.3	6	85.7	7	100.0	1	7.7	12	92.3	13	100.0
Mine Hill	0	0	8	100.0	8	100.0	1	11.1	8	88.9	9	100.0	1	5.9	16	94.1	17	100.0
Montville Twp	0	0	17	100.0	17	100.0	5	16.1	26	83.9	31	100.0	5	10.4	43	89.6	48	100.0
Morris Plains Borough	0	0	35	100.0	35	100.0	1	2.5	39	97.5	40	100.0	1	1.3	74	98.7	75	100.0
Morris Twp	0	0	9	100.0	9	100.0	2	11.1	16	88.9	18	100.0	2	7.4	25	92.6	27	100.0
Morristown Town	0	0	78	100.0	78	100.0	6	5.0	115	95.0	121	100.0	6	3.0	193	97.0	199	100.0
Mount Arlington Borough	0	0	12	100.0	12	100.0	0	0	14	100.0	14	100.0	0	0	26	100.0	26	100.0
Mount Olive Twp	1	2.2	44	97.8	45	100.0	4	7.7	48	92.3	52	100.0	5	5.2	92	94.8	97	100.0
Mountain Lakes Borough	0	0	2	100.0	2	100.0	0	0	4	100.0	4	100.0	0	0	6	100.0	6	100.0
Netcong Borough	0	0	14	100.0	14	100.0	1	5.9	16	94.1	17	100.0	1	3.2	30	96.8	31	100.0

Table 3, Substance Abuse. Morris County: Substance Abuse Treatment Admissions by Municipality, Primary Drug, and Age

Municipality	Alcohol						Drugs						Total					
	Under 18		18+		Total		Under 18		18+		Total		Under 18		18+		Total	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Parsippany-Troy Twp	0	0	51	100.0	51	100.0	4	6.2	61	93.8	65	100.0	4	3.4	112	96.6	116	100.0
Pequannock Twp	0	0	7	100.0	7	100.0	0	0	23	100.0	23	100.0	0	0	30	100.0	30	100.0
Randolph Twp	0	0	25	100.0	25	100.0	3	7.7	36	92.3	39	100.0	3	4.7	61	95.3	64	100.0
Riverdale Borough	0	0	4	100.0	4	100.0	0	0	7	100.0	7	100.0	0	0	11	100.0	11	100.0
Rockaway Borough	0	0	31	100.0	31	100.0	1	5.6	17	94.4	18	100.0	1	2.0	48	98.0	49	100.0
Rockaway Twp	0	0	15	100.0	15	100.0	0	0	12	100.0	12	100.0	0	0	27	100.0	27	100.0
Roxbury Twp	0	0	35	100.0	35	100.0	2	4.1	47	95.9	49	100.0	2	2.4	82	97.6	84	100.0
Victory Gardens	0	0	1	100.0	1	100.0	0	0	1	100.0	1	100.0	0	0	2	100.0	2	100.0
Washington Twp	0	0	18	100.0	18	100.0	1	5.3	18	94.7	19	100.0	1	2.7	36	97.3	37	100.0
Wharton Borough	1	4.5	21	95.5	22	100.0	3	10.0	27	90.0	30	100.0	4	7.7	48	92.3	52	100.0
Not Stated	0	0	5	100.0	5	100.0	3	17.6	14	82.4	17	100.0	3	13.6	19	86.4	33	100.0
Total	**5**	**.07**	**728**	**99.3**	**733**	100.0	**54**	**5.7**	**887**	**94.3**	**941**	100.0	**59**	**3.5**	**1615**	**96.5**	**1674**	100.0

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

** Passaic Township changes to Long Hill Township in 2003.

In Table 3, above, treatment admissions are listed by municipality of residence, primary drug, and age. Municipalities with the highest number of total admissions under 18 years of age are Morristown, Montville, and Mount Olive Township. The highest numbers of admissions for drugs in this age category are from Morristown and Montville Township. Admissions for alcohol use only occur in five municipalities reporting one admission each. In the 18 years of age and over category, the municipalities with the highest number of admissions due to alcohol are from Morristown, Dover, Parsippany-Troy, Mount Olive Township, and Roxbury. Drug admissions in this age category are highest in Morristown and Dover.

The following Tables 4-17 report a variety of characteristics of Morris County residents who have entered into substance abuse treatment. All data is for people who are residents of Morris County, who may or may not have received their substance abuse treatment within the county unless otherwise specified. Substance abuse is defined as either alcohol or illicit drug use unless stated otherwise.

Table 4, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Race/Ethnicity, 2004

	Morris County Residents		New Jersey	
Race/Ethnicity	**# of Admissions**	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
White	1,365	81.3%	29,473	54.8%
Black	145	8.6%	15,171	28.2%
Hispanic	145	8.6%	7,982	14.8%
Other	16	1.0%	547	1.0%
Not Assessed	5	0.3%	608	1.1%
Unknown	2	0.1%	4	0.0%
Total	1,678	100.0%	53,785	100.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 5, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Age, 2004

	Morris County Residents		New Jersey	
Age at Admission	**# of Admissions**	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
Under 18	59	3.5%	2,546	4.7%
18-21	193	11.5%	4,784	8.9%
22-24	166	9.9%	4,755	8.8%
25-29	204	12.2%	6,713	12.5%
30-34	204	12.2%	7,188	13.4%
35-44	453	27.0%	17,360	32.3%
45-54	297	17.7%	8,597	16.0%
55 and Over	102	6.1%	1,834	3.4%
Unknown	0	0.0%	8	0.0%
Total	1,678	100.0%	53,785	100.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 6, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Primary Substance of Use, 2004

Primary Drug	Morris County Residents		New Jersey	
	# of Admissions	% of Total Admissions	# of Admissions	% of Total Admissions
Alcohol	729	43.4%	14,944	27.8%
Heroin	629	37.5%	24,417	45.4%
Cocaine	160	9.5%	5,903	11.0%
Marijuana	114	6.8%	6,470	12.0%
Other Drugs	37	2.2%	1,313	2.4%
Unknown	9	0.5%	738	1.4%
Total	1,678	100.0%	**53,785**	**100.0%**

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 7, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Intravenous Drug Use, 2004

	Morris County Residents		New Jersey	
	# of Admissions	% of Total Admissions	# of Admissions	% of Total Admissions
Intravenous Drug Users	327	19.0%	10,224	19.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 8, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Treatment Setting, 2004

	Morris County Residents		New Jersey	
Treatment Setting	# of Admissions	% of Total Admissions	# of Admissions	% of Total Admissions
Couns/Coord-I/R	0	0.0%	1	0.0%
Hosp/Detox/IMU	324	19.3%	8,713	16.2%
Residential Detox	110	6.6%	4,281	8.0%
Short-Term Residential	268	16.0%	6,056	11.3%
Therapeutic Community	88	5.2%	3,346	6.2%
Extended Care/Halfway House	39	2.3%	1,168	2.2%
Outpatient Care	311	18.5%	13,022	24.2%
Outpatient Methadone Maintenance	122	7.3%	6,185	11.5%
Intensive Outpatient	390	23.2%	8,282	15.4%
Outpatient Detox	25	1.5%	2,592	4.8%
Unknown	1	0.1%	139	0.3%
Total	1,678	100.0%	**53,785**	**100.0%**

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 9, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Employment Status, 2004

	Morris County Residents		New Jersey	
Employment Status	**# of Admissions**	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
Unemployed	805	48.0%	28,989	53.9%
Not in Labor Force	212	12.6%	6,989	13.0%
Employed Full/Part Time	601	35.8%	15,930	29.6%
Not Assessed	60	3.6%	1,850	3.4%
Unknown	0	0.0%	27	0.1%
Total	1,678	100.0%	53,785	100.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 10, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Health Insurance, 2004

	Morris County Residents		New Jersey	
Employment Status	**# of Admissions**	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
No Insurance	804	47.3%	28,378	52.0%
Medicaid	103	6.1%	7,283	13.3%
Medicare	22	1.3%	463	0.8%
Private insurance	540	31.8%	9,995	18.3%
Other/Unknown	231	13.6%	8,473	15.5%

* Totals greater than 100% because of multiple responses

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 11, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Legal Problems, 2004

	Morris County Residents		New Jersey	
Employment Status	**# of Admissions**	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
None	791	44.9%	27,313	49.1%
Probation/Parole	413	23.5%	14,814	26.6%
DWI License Suspension	201	11.4%	3,629	6.5%
Other	355	20.2%	9,896	17.8%

* Totals greater than 100% because of multiple responses

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 12, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Referral Source, 2004

	Morris County Residents		New Jersey	
Age at Admission	**# of Admissions**	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
Self-referral	584	34.8%	19,874	37.0%
Family/Friend	143	8.5%	4,029	7.5%
Social Agency	487	29.0%	13,974	26.0%
DYFS	26	1.5%	1,424	2.6%
Criminal Justice	267	15.9%	10,807	20.1%
IDRC	156	9.3%	2,807	5.2%
Unknown	15	0.9%	870	1.6%
Total	1,678	100.0%	53,785	100.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 13, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Any Prior Treatment, 2004

	Morris County Residents		New Jersey	
	# of Admissions	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
Any Prior Treatment	1,012	60.0%	33,083	62.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 14, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Methadone Planned in Treatment, 2004

	Morris County Residents		New Jersey	
	# of Admissions	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
Methadone Planned in Treatment	158	9.0%	9,557	18.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 15, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Smoke Tobacco, 2004

	Morris County Residents		New Jersey	
	# of Admissions	**% of Total Admissions**	**# of Admissions**	**% of Total Admissions**
Smoke Tobacco	1,243	74.0%	40,299	75.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 16, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions of Clients Treated in County of Residence, 2004

	Morris County Residents		New Jersey	
	# of Admissions	% of Total Admissions	# of Admissions	% of Total Admissions
Treated in County of Residence	922	55%	29,952	56.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Table 17, Substance Abuse. New Jersey and Morris County: Substance Abuse Treatment Admissions by Education Level, 2004

	Morris County Residents		New Jersey	
Highest School Grade Completed	# of Admissions	% of Total Admissions	# of Admissions	% of Total Admissions
Completed High School	711	42.4%	23,103	43.0%
Come College	520	31.0%	10,224	19.0%
Not Assessed	89	5.3%	1,698	3.0%

Source: NJDHS, DAS Information Systems Unit, New Jersey Drug and Alcohol Abuse Treatment – *Substance Abuse Overview 2004 Morris County, July 2005*

Bibliography

1. NJDHS, Division of Addiction Services Information Systems Unit, *New Jersey Drug and Alcohol Abuse Treatment – Substance Abuse Overview 2004 Morris County, July 2005*. This report can be accessed at http://www.state.nj.us/humanservices/das/njcounties/Morris_2004.pdf.

Other Information

A. The NJDHS, Division of Addiction Service Research and Information Systems published the *County Treatment Needs Assessment Using Social Indicators* in November 1999. This report uses social indicator applications to estimate the substance abuse treatment needs. There is some information presented by county. This document can be found at http://www.state.nj.us/humanservices/das/98socialind.pdf.

B. The NJDHS, Division of Addiction Services published the *New Jersey Household Survey on Drug Use and Health* in September 2005. This report assesses the prevalence of legal and illegal substance use and identifies the need and demand for substance abuse treatment. This document can be accessed at http://www.state.nj.us/humanservices/das/2003%20New%20Jersey%20Household%20Survey%20on%20Drug%20Use%20and%20Health.pdf.

Subsection Preparation

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Environmental Health

Data Availability

There is a fair amount of data and other information available that is directly relevant to Morris County regarding Environmental Health. Areas covered under this heading include air quality and air pollution, water quality, site remediation and waste management for Known Contaminated Sites, release of toxic chemicals by industrial facilities, and air pollution. A summary of these data are displayed in the tables below. References to other more detailed data are described in the sub-section "Bibliography."

Information on air quality and air pollution for Morris County is available from the New Jersey Department of Environmental Protection (NJDEP). Ambient air quality is monitored daily by the NJDEP. Daily and historical data can be found at http://www.state.nj.us/dep/airmon/suburban.htm. The ambient air quality monitoring sites for Morris County are located in Chester and Morristown. Ambient air quality parameters include ozone, nitrogen dioxide, sulfur dioxide, carbon monoxide, and particulates. Furthermore, information on air toxics by county can be accessed at http://www.state.nj.us/dep/airmon/airtoxics/sourceso.htm.

Ground water data for Morris County is available through the Private Well Testing Act Program. Initial well test results for September 2002 thru March 2003 are presented in the NJDEP report, which can be found at http://www.nj.gov/dep/pwta/pwta_report.pdf.

Source water assessments reports and summaries for each township/city in Morris County can be accessed at http://www.state.nj.us/cgi-bin/dep/swap/swapdata.pl.

The Morris County Municipal Utilities Authority produces an *Annual Drinking Water Quality Report*. The 2002 report can be accessed at: http://www.mcmua.com/water/waterquality.htm

Information on Known Contaminated Sites (KCS) for townships/cities in Morris County can be accessed at http://www.nj.gov/dep/srp/kcs-nj/morris/index.html with the full county-level report at http://www.nj.gov/dep/srp/kcs-nj/morris/kcs2005morris.pdf.

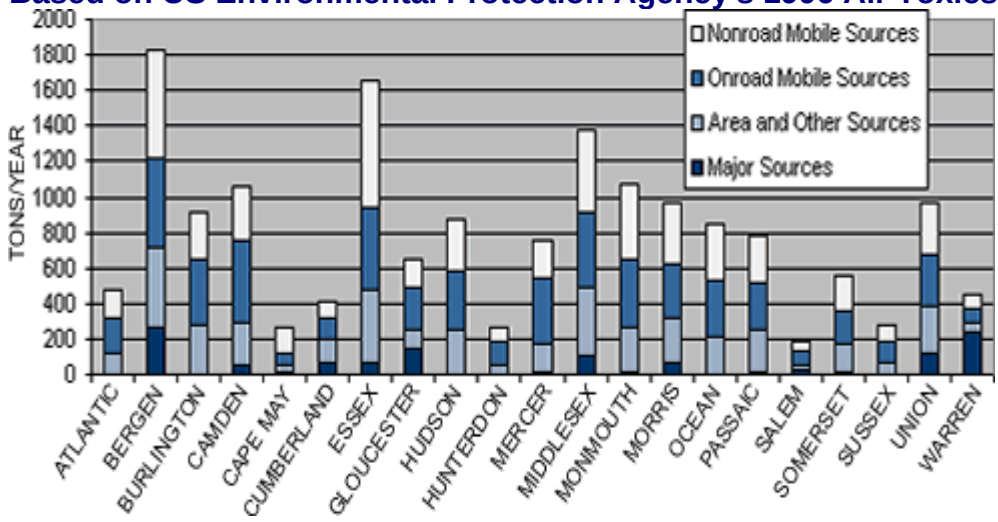
Information on the amount and location of reported toxic chemicals released into the environment can be accessed via the TOXMAP system found at http://toxmap.nlm.nih.gov/.

Data Indicators

Charts, tables, and maps included from source documents are labeled by their identifying number assigned in the source document.

Comparison Of Emissions By County
When the emissions estimates are broken down by county, it is evident that the areas with the largest air toxic emissions are generally those with the largest population in the smallest space. This is directly related to high levels of vehicle use, solvent use, and other population-related types of activities in those counties.

Chart 1, Environmental. New Jersey: Estimated Air Toxics Emissions by County Based on US Environmental Protection Agency's 1996 Air Toxics Inventory



Comparison Of Emissions By Square Mile
The chart below shows the amount of emissions in tons per year per square mile, which is primarily related to population density. Hudson County is the smallest county by area, but it is by far the most densely populated (12937 people per square mile, compared to the statewide average of 1,125 people per square mile).
.

Chart 2, Environmental. New Jersey: Estimated Air Toxics Emissions Density by County Based on US Environmental Protection Agency's 1996 Air Toxics Inventory

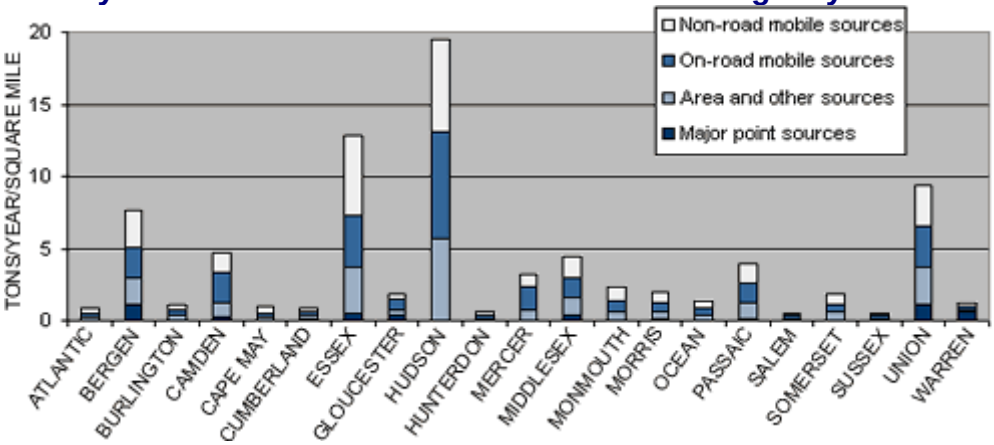


Table 1, Environmental. Number of Wells that Failed for One or More of the Primary Drinking Water Standards Tests

County	# Wells Sampled	# Wells with MCL Exceedances	Fecal Coliform/ E.coli	Nitrate	Arsenic	Mercury	VOCs
Atlantic	296	12	0	4	NR	2	6
Bergen	145	10	1	2	3	NR	4
Burlington	392	15	2	12	NR	1	0
Camden	136	11	1	4	NR	3	4
Cape May	354	18	2	13	NR	0	3
Cumberland	161	28	2	15	NR	4	8
Essex	8	1	0	0	0	NR	1
Gloucester	288	22	2	11	NR	3	7
Hudson	0	0	0	0	0	NR	0
Hunterdon	574	63	19	8	36	NR	1
Mercer	131	16	2	1	8	NR	5
Middlesex	50	5	0	5	0	NR	0
Monmouth	286	8	0	4	NR	0	4
Morris	458	37	10	18	7	NR	4
Ocean	365	5	0	2	NR	0	4
Passaic	249	28	5	17	0	NR	8
Salem	101	9	0	9	NR	1	0
Somerset	313	42	21	6	18	NR	3
Sussex	601	74	20	54	NR	NR	5
Union	7	1	0	0	0	NR	1
Warren	264	12	5	4	NR	NR	3
	5179	417	92	189	72*	14**	71

NR – Not Required to Sample

* Only 10 counties were required to sample for arsenic (Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Passaic, Somerset , and Union). A total of 72 of the 1,928 wells tested exceeded 10ug/l of arsenic, the federal standard that will take effect January 23, 2006.

** Only 9 counties were required to sample for mercury (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Ocean, and Salem). A total of 14 of the 2,379 wells tested in those counties exceeded the drinking water standard for mercury.

Source*: Initial Well Test Results for September 2002 - March 2003 NJDEP*
Accessed on 1/4/06 at http://www.nj.gov/dep/pwta/pwta_report.pdf

During the September 2002 thru March 2003 period, 458 private wells in Morris County were tested, with these results: 8% of these wells exceeded at least one or more MCL (Maximum Contaminant Level); ten wells failed for fecal coliform/E. coli.; eighteen wells failed for Nitrate; seven wells failed for Arsenic; four wells failed for volatile organics.

Table 2, Environmental. At-Risk Groups for Environmental Health Issues

				Lung Diseases					
County	Total Population	Under 18	65 & Over	Pediatric Asthma	Adult Asthma	Chronic Bronchitis	Emphysema	CV Disease	Diabetes
ATLANTIC	263,410	65,995	35,426	5,616	14,038	8,028	3,059	67,534	13,495
BERGEN	897,569	205,154	134,438	17,459	48,874	28,760	11,494	248,806	49,990
CAMDEN	513,909	135,238	63,189	11,509	27,019	15,326	5,695	127,460	25,431
CUMBERLAND	149,306	37,711	18,948	3,209	7,956	4,477	1,650	37,026	7,355
ESSEX	796,313	210,987	92,147	17,955	41,797	23,381	8,403	191,188	37,933
GLOUCESTER	266,962	66,579	30,806	5,666	14,376	8,042	2,894	65,806	13,102
HUDSON	607,419	139,912	67,732	11,907	33,266	18,215	6,169	144,751	28,337
HUNTERDON	128,265	31,351	14,129	2,668	6,910	3,981	1,464	33,243	6,655
MERCER	361,981	86,550	44,368	7,365	19,782	11,052	4,022	90,567	18,078
MIDDLESEX	780,995	186,361	93,346	15,859	42,420	23,663	8,450	192,729	38,185
MONMOUTH	632,274	160,934	78,955	13,695	33,525	19,318	7,312	162,692	32,582
MORRIS	483,150	119,543	58,088	10,173	25,800	14,867	5,545	124,523	24,892
OCEAN	546,081	125,072	116,484	10,644	29,402	18,074	8,290	166,962	33,906
PASSAIC	498,357	133,175	58,728	11,333	26,106	14,594	5,276	119,556	23,737
UNION	529,360	134,178	69,455	11,419	28,048	16,043	6,065	134,666	26,854
WARREN	109,219	27,268	13,682	2,321	5,820	3,332	1,246	27,858	5,562
TOTALS	**7,564,570**	**1,866,008**	**989,921**	**158,798**	**405,139**	**231,153**	**87,034**	**1,935,367**	**386,094**

Table 3, Environmental. Air Quality, 2001–2003

	HIGH OZONE DAYS 2001-2003[1]					PARTICLE POLLUTION DAYS 2001-2003[2]						
						24-Hour					Annual	
County	Orange	Red	Purple	Wgt. Avg	Grade	Orange	Red	Purple	Wgt. Avg	Grade	Design Value	Pass/ Fail
ATLANTIC	22	2	0	8.3	F	4	1	0	1.8	C	*	INC
BERGEN	26	5	0	11.2	F	3	1	0	1.5	C	*	INC
CAMDEN	46	16	1	24.0	F	7	1	0	2.8	D	*	INC
CUMBERLAND	33	5	0	13.5	F	DNC	DNC	DNC	DNC	DNC	DNC	DNC
ESSEX	8	1	0	3.2	D	3	1	0	1.5	C	*	INC
GLOUCESTER	30	13	2	17.8	F	4	1	0	1.8	C	*	INC
HUDSON	12	2	0	5.0	F	7	1	0	2.8	D	14.8	PASS
HUNTERDON	32	5	0	13.2	F	DNC	DNC	DNC	DNC	DNC	DNC	DNC
MERCER	35	11	0	17.2	F	4	1	0	1.8	C	14.0	PASS
MIDDLESEX	38	8	0	16.7	F	7	1	0	2.8	D	12.7	PASS
MONMOUTH	27	5	2	12.8	F	DNC	DNC	DNC	DNC	DNC	DNC	DNC
MORRIS	35	8	1	16.3	F	7	1	0	2.8	D	*	INC
OCEAN	43	12	4	23.0	F	4	1	0	1.8	C	*	INC
PASSAIC	22	1	0	7.8	F	3	1	0	1.5	C	*	INC
UNION	DNC	DNC	DNC	DNC	DNC	24	1	0	8.5	F	15.7	FAIL
WARREN	DNC	DNC	DNC	DNC	DNC	3	1	0	1.5	C	13.5	PASS

Ozone
- Essex County now has sufficient data to grade ozone pollution.

24-Hour Particle Pollution
- Essex County and Gloucester County improved their grades from a D to a C.
- Passaic County's grade dropped from a B to a C.
- Atlantic County now has sufficient data to grade particle pollution.

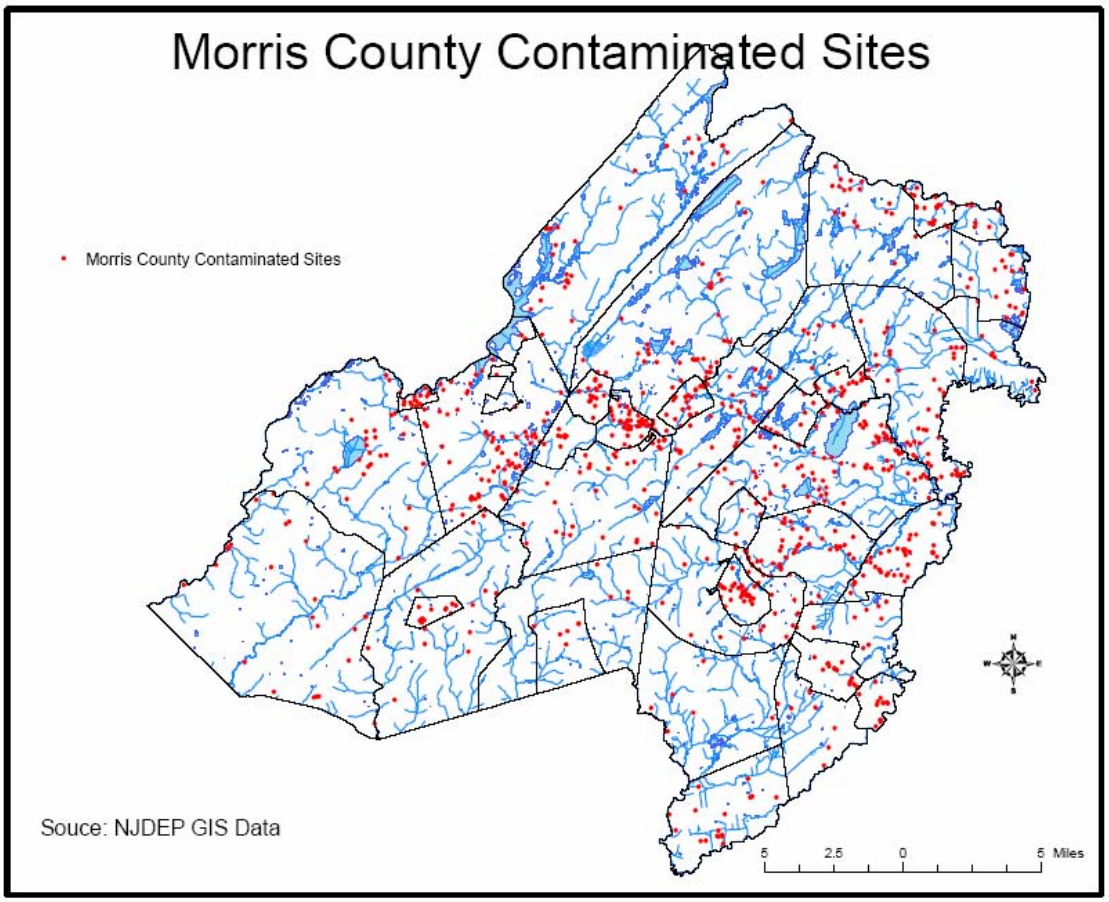
Annual Particle Pollution
- Hudson County improved its grade from failing to passing.

(1) Grades for ozone are given only to counties with ozone monitors. (2) Grades for particle pollution are given only in counties with particle pollution monitors. See Appendix A for the methodology for grading. Asterisks (*) indicate that sufficient data were not available to grade that county. DNC indicates that data on that particular pollutant was not collected in that county.

The following GIS maps are available from the NJDEP:

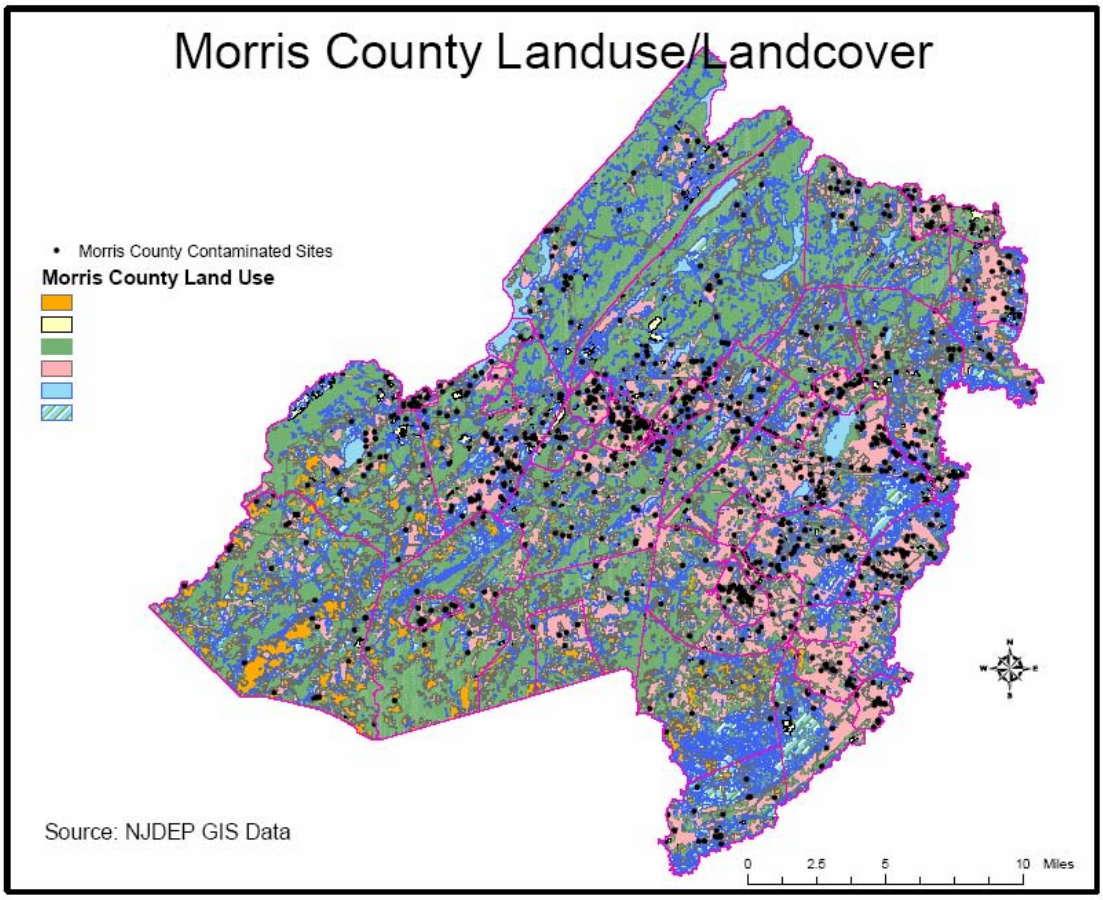
- Morris County Contaminated Sites
- Morris County Landuse/Landcover
- Morris County NJPDES Discharges
- Morris County Public Community Water Supplies
- Morris County Surface Water Bodies

Map 1, Environmental. Morris County Contaminated Sites



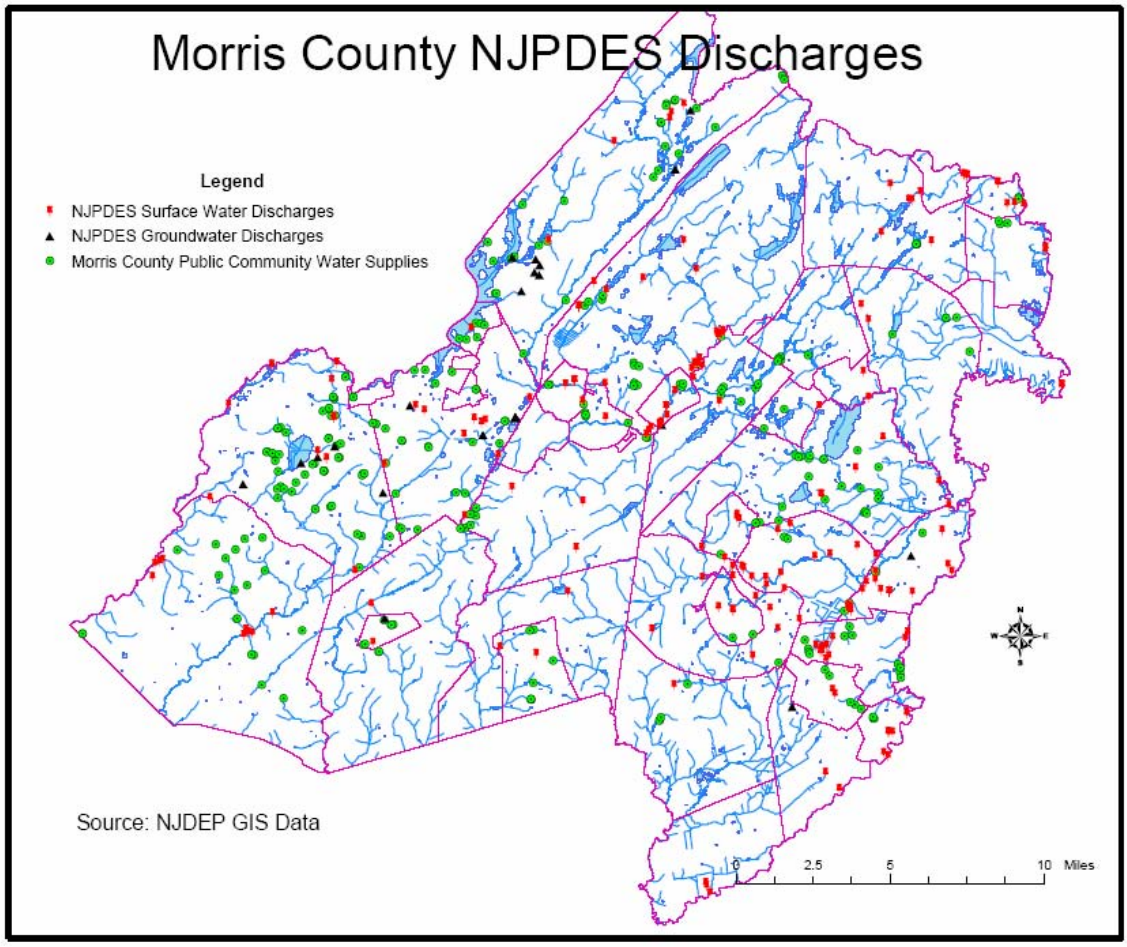
GIS map taken from the NJDEP Web site

Map 2, Environmental. Morris County Landuse/Landcover



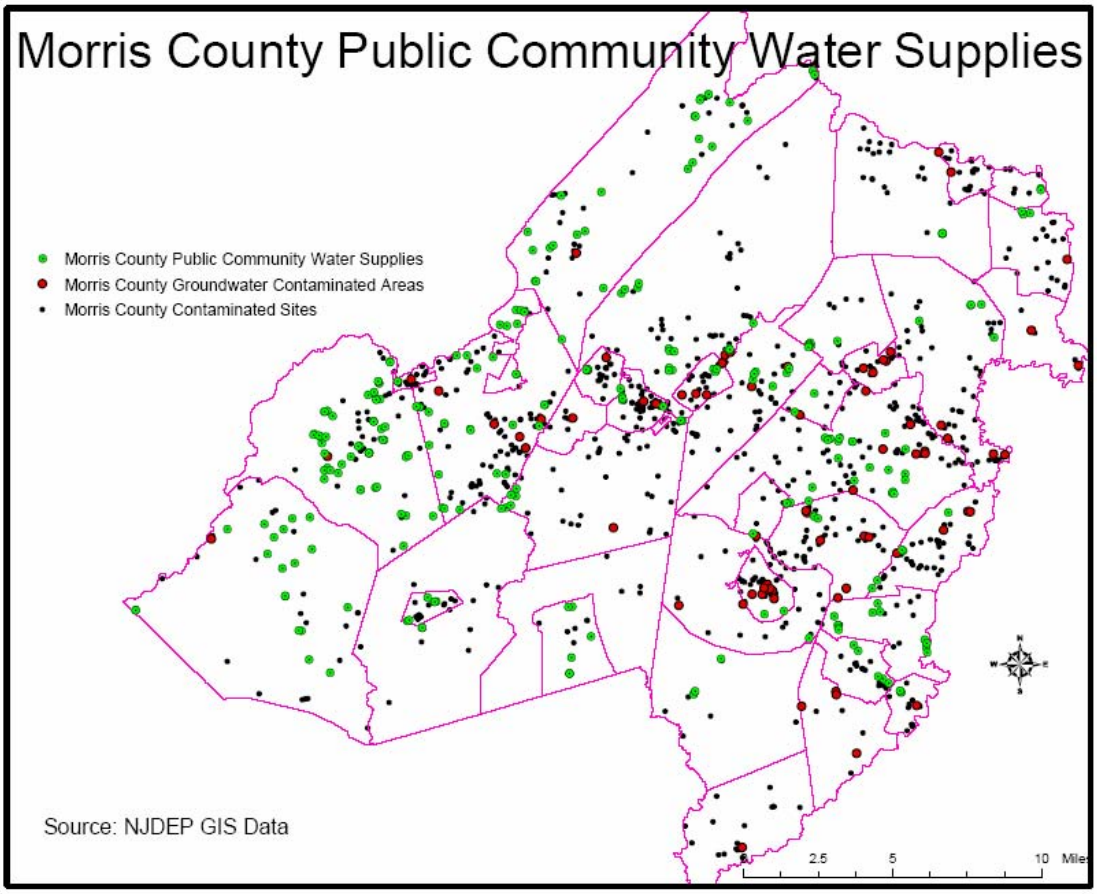
GIS map taken from the NJDEP Web site

Map 3, Environmental. Morris County NJPDES Discharges



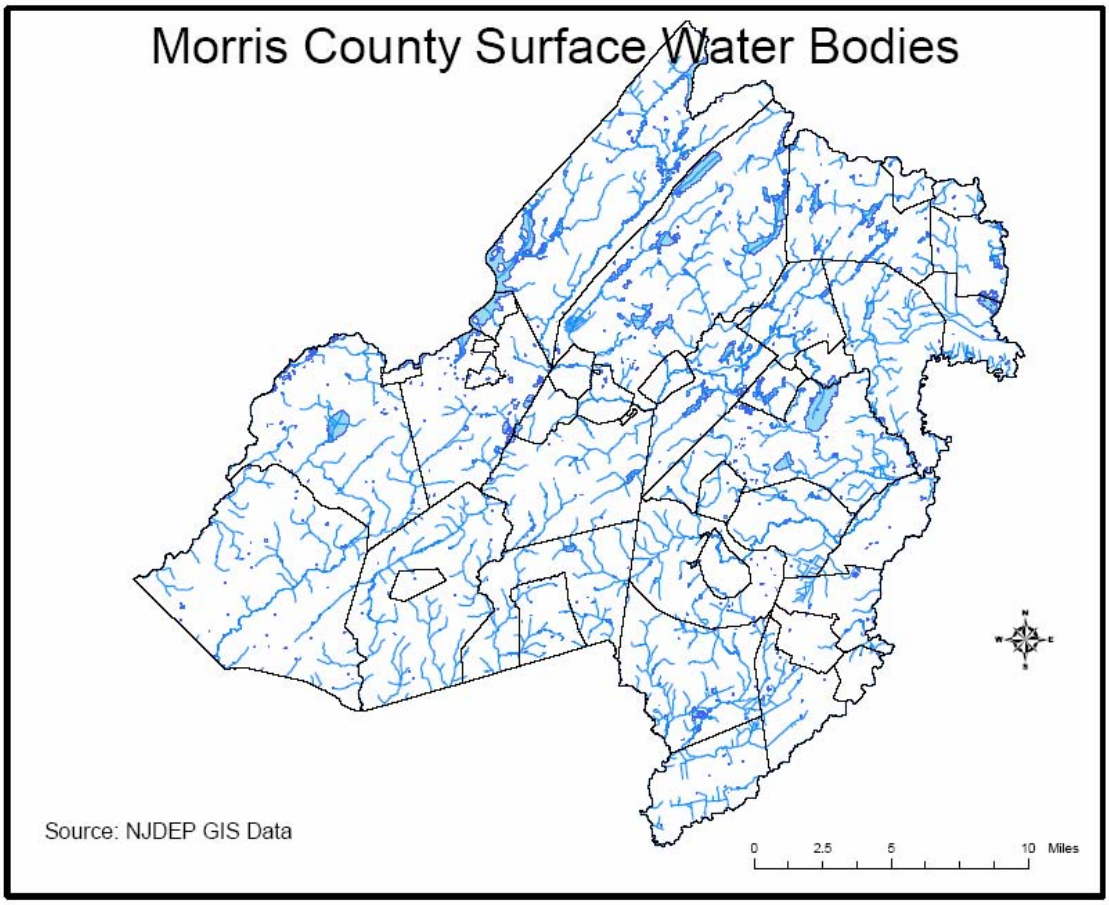
GIS map taken from the NJDEP Web site

Map 4, Environmental. Morris County Public Community Water Supplies



GIS map taken from the NJDEP Web site

Map 5, Environmental. Morris County Surface Water Bodies



GIS map taken from the NJDEP Web site

Bibliography:

1. American Lung Association "State of the Air 2005 – *Protect the Air You Breathe*" Spring 2005. Can be accessed at http://lungaction.org/reports/sota05_full.html.

Other Information

A. The National Library of Medicine (NLM) has released TOXMAP, an interactive Web site that shows the amount and location of reported toxic chemicals released into the environment on maps of the United States. TOXMAP—located at http://toxmap.nlm.nih.gov/—allows users to visually explore information about toxic chemical releases by industrial facilities around the United States as reported annually to the Environmental Protection Agency (EPA). It also integrates the map display with access to relevant bibliographic references and other data on these chemicals, providing a map-based portal to these resources. TOXMAP allows users to create nationwide or local area maps that show where chemicals are released into the air, water, and ground, and also provides region-specific links to chemical and

bibliographic information. It is designed to:

- Show the geographic distribution of releases by chemical
- Show how the amount of chemical releases have changed over time
- Link to chemical information in TOXNET's Hazardous Substances Databank (HSDB) and other authoritative resources
- Use chemical and geographic terms from the displayed map to search\bibliographic databases
- Integrate geographically coded data from other sources
- Provide general information about GIS, data quality, and map interpretation
- Be easy to navigate and understandable to those unfamiliar with GIS

Since many users may not be experienced in reading maps or understanding map data, TOXMAP provides Frequently Asked Questions (FAQ). The FAQ (http://toxmap.nlm.nih.gov/toxmap/help/faq.jsp) provides questions/answers to supplement the user's ability to understand the map displays and the data. The initial release of TOXMAP includes questions ranging from "What is GIS?" and "What is TOXMAP?" to "How accurate is TRI Data?" and "What are some tips for reading maps critically?"

More information about TOXMAP can be found at http://www.nlm.nih.gov/pubs/factsheets/toxmap.html.

B. The New Jersey Department of Environmental Protection (NJDEP) has established an Ambient Biomonitoring Network (AMNET) to document the health of the state's waterways. There are over 800 AMNET sites throughout the state of New Jersey. These sites are sampled for benthic macroinvertebrates by NJDEP on a five-year cycle. Streams are classified as non-impaired, moderately impaired, or severely impaired based on the AMNET data. The data is used to generate a New Jersey Impairment Score (NJIS), which is based on a number of biometrics related to benthic macroinvertebrate community dynamics. AMNET from the NJDEP may be found at www.state.nj.us/dep/wmm/bfbm.

C. The Integrated Report describes attainment of designated uses specified in New Jersey's Surface Water Quality Standards (SWQS) which includes: aquatic life, recreation, drinking water, fish and shellfish consumption, industrial, and agricultural. In addition, ongoing and planned strategies to maintain and improve water quality statewide are described. The Integrated Report provides water resources managers and citizens with information regarding the following:
  - Methods used to assess water quality standards attainment status;
  - Water quality standards attainment status;
  - Pollutants and waterbodies requiring Total Maximum Daily Loads (TMDLs);
  - Management strategies (including TMDLs) under development to attain water quality standards;
  - Delineation of water quality assessment units providing geographic display of

assessment results;
- A delineation of the State's monitoring needs and monitoring project schedules;
- Progress toward achieving comprehensive assessment of all waters.

The Integrated List consists of five categories or lists (New Jersey terms them sublists). All assessed waterbodies are placed on a sublist based upon:

1) the degree of support of designated uses;
2) how much is known about the waterway's water quality status; and
3) the type of impairment preventing use support.

D. An in-depth pollution report for your zip code, covering air, water, chemicals, and more can be accessed at www.scorecard.org.

E. The Morris County Freeholders publish *Relationships with other County Plans, Programs and Policies from 2000* which is found at http://www.co.morris.nj.us/freeholders/PDFs/sect700.pdf. This document includes information on the area-wide water quality management plans, which present land use and environmental recommendations to preserve and protect the County's water resources from growth-related sources of pollution. There is detailed info about the air quality planning program, which is the local component of the federally required state implementation plan. Information about the County's solid waste management plan is also included.

Subsection Preparation

Robert Schermer, MUP – January 2006
Dina Stonberg, MPH – January 2006
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HIV/AIDS

Data Availability

There is data available on HIV/AIDS in Morris County but it can be confusing due to the complexity of its reporting by the DHSS, which includes only living cases, and compares them with total cases both living and dead. In addition, data are not always presented in consistent time periods, thereby making some data difficult or impossible to compare.

Most of the funding for HIV/AIDS planning in Morris County comes from Ryan White Care Act Title I that provides emergency assistance to Eligible Metropolitan Areas (EMAs) — those regions most severely affected by the HIV/AIDS epidemic. The local organization conducting this planning process is the Newark EMA HIV Health Services Planning Council. This organization develops an annual plan for HIV/AIDS services on behalf of Essex, Union, Morris, Sussex, and Warren Counties. The plan is based on an assessment of need for this service area. Morris County is included, but is reported as part of a group of three counties that include Sussex and Warren.

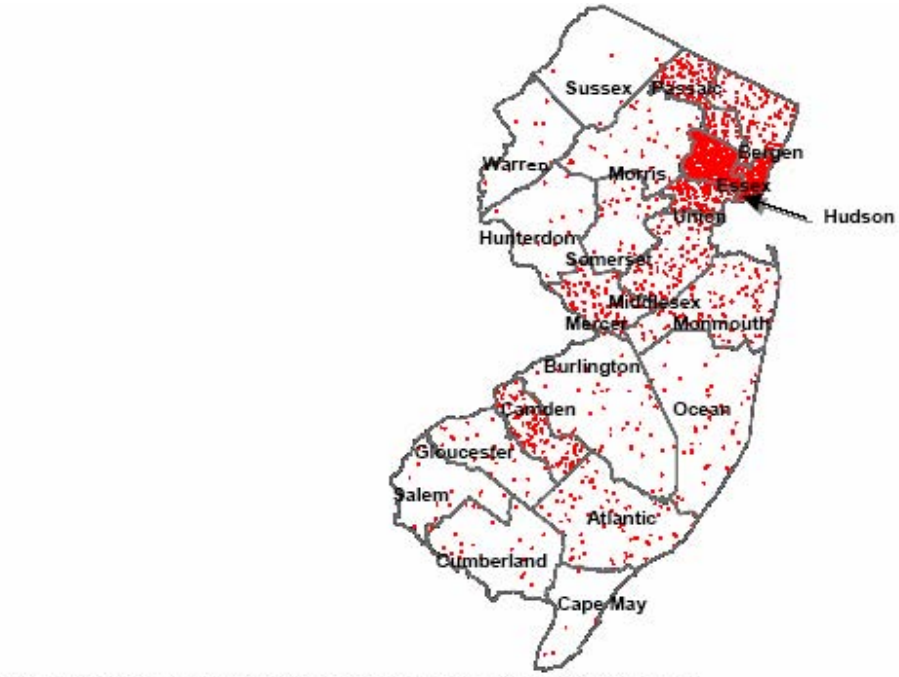
HIV/AIDS Epidemiologic Profile for the State of New Jersey, 2004 (Profile) (1) includes statistics and provides references to varied sources reporting the HIV/AIDS epidemic in New Jersey. The most current source available is analyzed in this sub-section. Again, it is important to note that these sources report differing periods of time and much of the data is not comparable. For example, due to a lag in reporting, data for new diagnoses are presented through 2002 and data for persons living with HIV/AIDS is presented through 2004.

Data Indicators

Extensive data describing HIV/AIDS in Morris County is available on the NJDHSS Division of HIV/AIDS Web site. According to the *New Jersey HIV/AIDS Report 2004* (HARS) (2), Morris County is among the counties with the lowest prevalence rates of HIV/AIDS, and is included in the grouping 0.0–199.9 per 100,000, one below the state rate of 370 per 100,000.

The following figures are from the *HIV/AIDS Epidemiologic Profile for the State of New Jersey, 2004*, obtained from the *New Jersey HIV/AIDS Report (HARS) 2004* (2). Figures are labeled by their identifying number assigned in the source document.

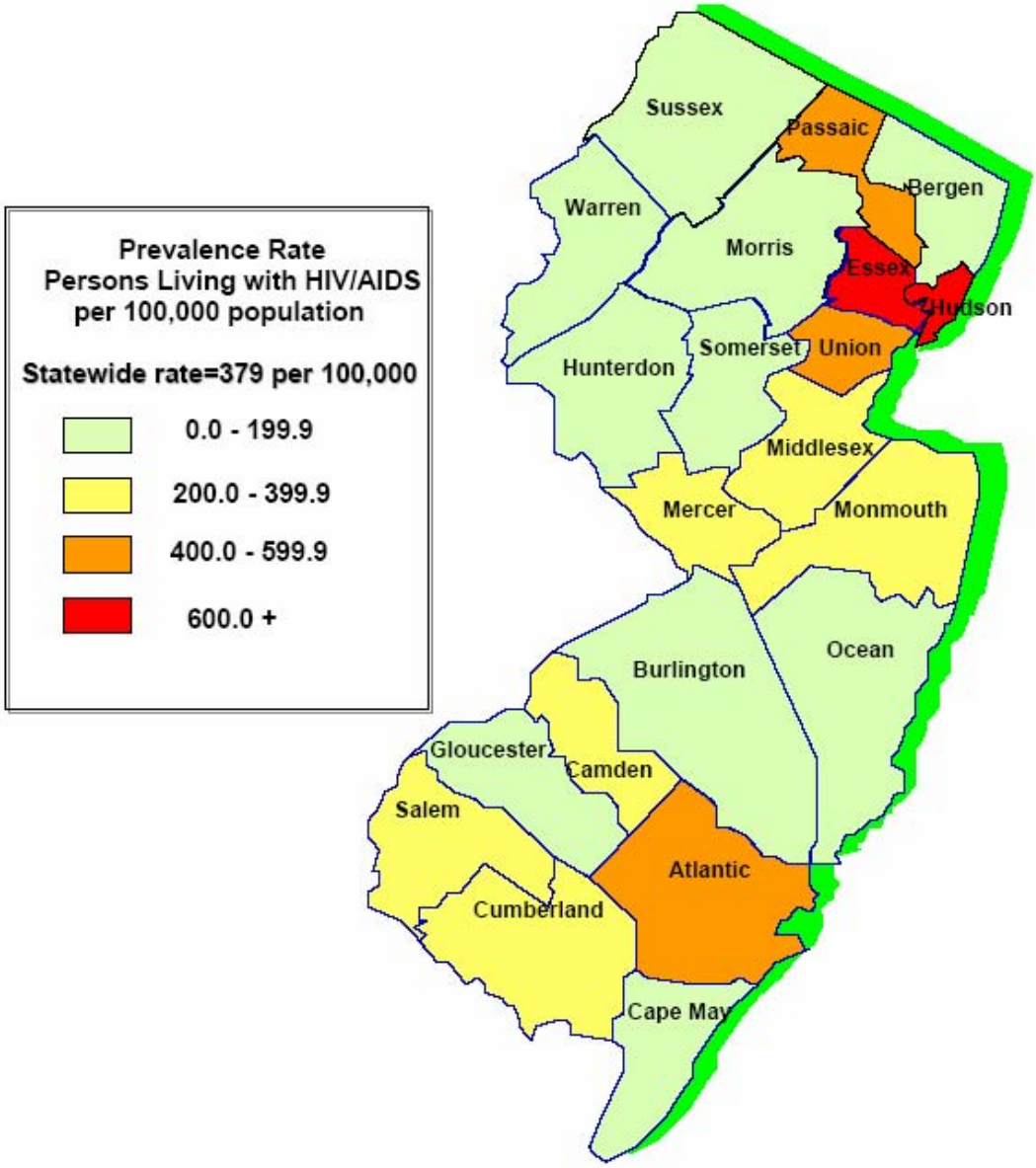
Figure 1, HIV. Estimated Persons Diagnosed with HIV/AIDS in New Jersey in 2002



Note: One dot equals one person. Dots are randomly placed within county.
Source: New Jersey HARS as of 12/31/2004.

Figure 1, above, illustrates the number of people diagnosed with HIV/AIDS in New Jersey by County in 2002. Morris County has far fewer HIV/AIDS cases than Essex, Hudson, Passaic, and Union Counties that surround it.

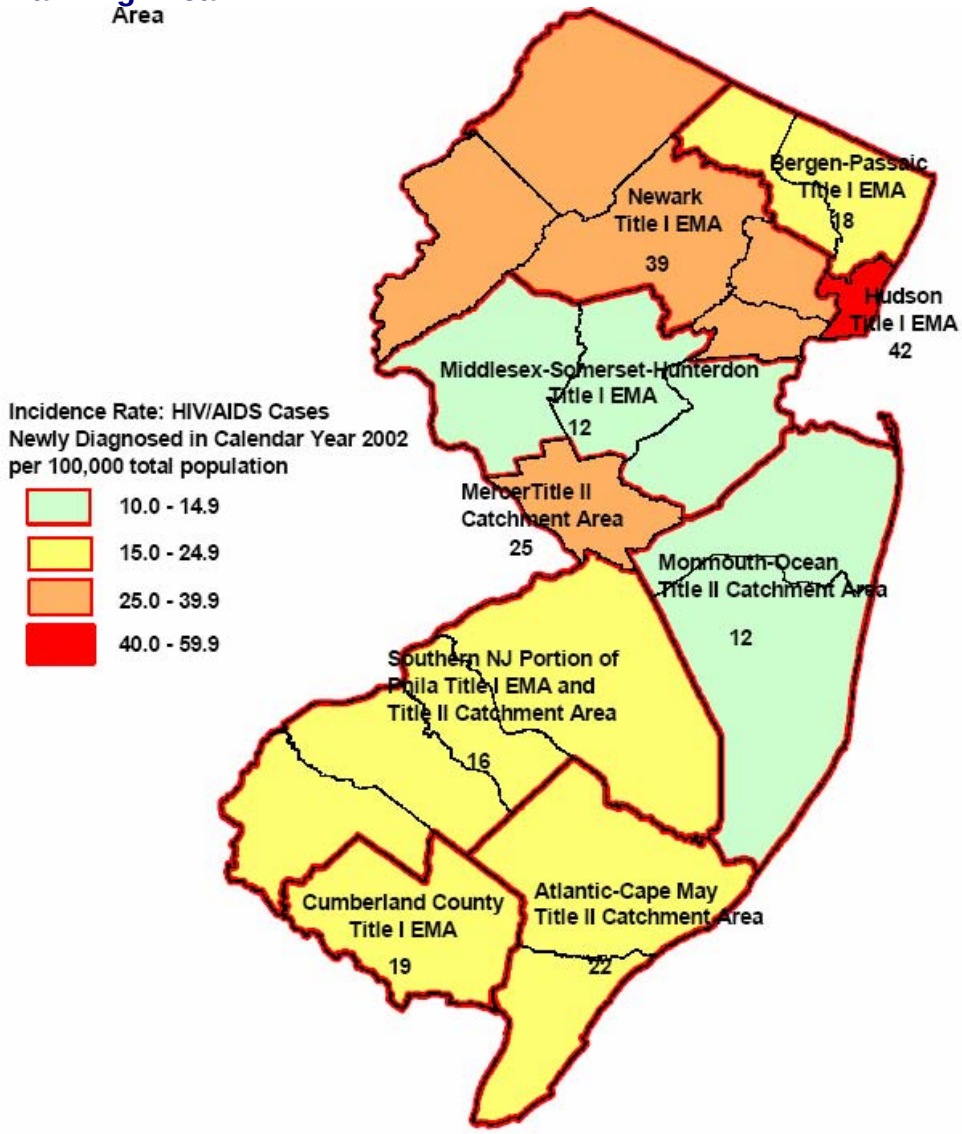
Figure 2, HIV. Estimated Prevalence of Persons Living With AIDS in New Jersey as of December 31, 2004



Note: Nine cases with unknown county of residence and 1,868 cases diagnosed while incarcerated are not included in prevalence rate calculations.
Source: New Jersey HARS as of 12/31/2004. U.S. census July 2003 Bridged Population Estimates.

Figure 2 illustrates the estimated prevalence of people living with HIV/AIDS in New Jersey counties as of December 31, 2004. Morris County has between 0.0 and 199.9 cases of HIV/AIDS per 100,000 population. Passaic and Union Counties have 400.0-599.9 cases, and Essex and Hudson Counties have over 600.0 cases of HIV/AIDS per 100,000 population. The rate for the whole state of New Jersey is 379 per 100,000 population.

Figure 3, HIV. Rates per 100,000 of HIV/AIDS Cases Diagnosed in 2002 by Planning Area



Source: New Jersey HARS as of 12/31/2004. U.S. Census Bureau July 2003 Bridged Population Estimates (State of New Jersey Average Year 2002 Incidence Rate=25 new HIV/AIDS cases per 100,000 population).

Figure 3 illustrates the incidence rate for newly diagnosed HIV/AIDS cases in 2002. The Newark EMA, including Essex, Morris, Sussex, Union, and Warren counties, has a rate of 25.0-39.9. The surrounding EMAs, Bergen-Passaic and Hudson, have incidence rates of 15.0-24.9 and 40.0-59.9, respectively.

Table 1, HIV. New Jersey and Morris County: HIV/AIDS, December 31, 2002

Location	AIDS Cases (cumulative)	Persons Presumed Living with HIV/AIDS
New Jersey	44,414	30,073
Morris County	825	576
Boonton Town & Township	32	17
Butler Borough	11	4
Chatham Borough & Township	20	8
Chester Borough & Township	10	7
Denville Township	NR	NR
Dover Town	74	79
East Hanover Township	NR	NR
Florham Park Borough	9	4
Hanover Township	13	7
Harding Township	1	2
Jefferson Township	17	10
Kinnelon Borough	NR	NR
Lincoln Park Borough	23	15
Long Hill Township*	11	5
Madison Borough	38	21
Mendham Borough & Township	8	7
Mine Hill Township	3	2
Montville Township	18	18
Morris Township	7	5
Morris Plains Borough	28	17
Morristown Town	NR	NR
Mount Arlington Borough	3	3
Mount Olive Township	NR	NR
Mountain Lakes Borough	4	2
Netcong Borough	NR	NR
Parsippany-Troy Hills Township	90	27
Pequannock Township	11	4
Randolph Township	27	17
Riverdale	2	1
Rockaway Borough & Township	41	27
Roxbury Township	NR	NR
Victory Gardens Borough	0	1
Washington Township	9	7
Wharton Borough	NR	NR

Source: Morris County Health Officers

* Passaic Township changes to Long Hill Township in 2003

Table 1, above, reports the cumulative number of AIDS cases and the number of people presumed to be living with HIV/AIDS in Morris County. The information included in this table was obtained from health officers in each township. This table will be completed and updated in the next edition of this profile.

Tables 2 and 3, below, present information about current HIV/AIDS cases by category and include information about opportunistic infections (OI) and white blood cell counts (CD4), which are used as diagnostic criteria for AIDS.

Table 2, HIV. Morris County: Persons Living with HIV/AIDS by Category of Disease as of December 31, 2004

Current HIV/AIDS Category	**Adult/Adolescent* Cases**		**Pediatric Cases***		**Total Cases**	
	# of Cases	% of Cases	# of Cases	% of Cases	# of Cases	% of Cases
AIDS – Any OI	128	21	0	0	128	21
AIDS – CD4 only	#	#	#	#	223	36
*HIV only***	#	#	#	#	268	43
Total	**616**	**100**	**#**	**#**	**619**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
* Classification based on current age at the end of December 2004
** **Includes only those persons known to be infected with HIV*
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 3, HIV. Morris County: HIV/AIDS Cases Reported by Category of Disease as of December 31, 2004

Current HIV/AIDS Category	**Adult/Adolescent ***		**Pediatric***		**Total**	
	# of Cases	% of Cases	# of Cases	% of Cases	# of Cases	% of Cases
AIDS-Any OI	#	#	#	#	551	47
AIDS-CD4 only	#	#	#	#	327	28
HIV only	284	25	8	38	292	25
Total	**1,149**	**100**	**21**	**100**	**1,170**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
*Classification at time of first HIV+/AIDS diagnosis.
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Tables 2 and 3, above, categorize the HIV/AIDS cases in Morris County. Table 2 reports the cumulative number and percentage of people *living* with HIV/AIDS in Morris County as of December 31, 2004 by category of AIDS diagnosis and HIV status. Table 3 reports the *total* numbers and percentages of HIV/AIDS cases for Morris County by category of AIDS diagnosis since December 31, 2004, including those who have died. Table 2 cites 616 adults/adolescents as living with HIV/AIDS, and Table 3 reports that 1,149 adults/adolescents with HIV/AIDS have lived in Morris County cumulatively. The total number of pediatric cases is not reported by the State for current cases, but the cumulative

number of cases living and dead is twenty one. The total number of living HIV/AIDS cases for the county is 619 (Table 2), while the total number of all HIV/AIDS cases ever reported for Morris County is 1,170.

Table 4A, HIV. Morris County: Persons Living with HIV/AIDS by Age, December 31, 2004

Age*	# of Cases	% of Cases
Under 5	0	0
5-12	#	#
13-19	#	#
20-29	22	4
30-39	154	25
40-49	268	43
50+	164	26
Unknown	0	0
Total	***619***	***100%***

Source: NJDHSS, Division of HIV/AIDS Services
* Classification based on current age at the end of December 2004
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 4B, HIV. Morris County: AIDS Cases Reported by Age, December 31, 2004

Age*	Cases	%
Under 5	9	1
5-12	#	#
13-19	#	#
20-29	115	13
30-39	399	45
40-49	249	28
Over 49	98	11
Unknown	0	0
Total	**878**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
* Classification at time of AIDS diagnosis
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 4C, HIV. Morris County: HIV Infection-not-AIDS by Age as of December 31, 2004

Age*	Cases	%
Under 5	5	2
5-12	#	#
13-19	#	#
20-29	51	17
30-39	137	47
40-49	67	23
Over 49	23	8
Unknown	0	0
Total	**292**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
* Classification at time of first HIV+ test or at time of report if not yet confirmed HIV+.
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 4D, HIV. Morris County: HIV/AIDS Cases Reported by Age as of December 31, 2004

Age*	Cases	%
Under 5	14	1
5-12	7	1
13-19	10	1
20-29	197	17
30-39	546	47
40-49	289	25
Over 49	107	9
Unknown	0	0
Total	**1,170**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
* Classification at time of first HIV+/AIDS diagnosis.
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

The four tables above, Tables 4A, 4B, 4C, and 4D, illustrate the number and percent of cases in Morris County by age group for different classifications for the period ending December 31, 2004. Table 4A reports people living with HIV/AIDS by their age, and gives the total as 619. The most affected age group is between the ages of 40 and 49, with 268 persons. A

close second are ages 50+, representing 26% of the total with 164 cases, followed by the cohort 30-39, representing 25% of the total with 154 cases.

Table 4B illustrates the total number of AIDS cases reported, both living and dead, as 878. The largest number of residents with AIDS is in the 30-39 age group, representing 45% of total cases, followed by persons 40-49 years of age, representing 28% of total cases.

Table 4C reports the number of diagnoses of HIV infection that had not developed into AIDS. The total number of people infected is 292, with the largest number of those between the ages of 30 and 39. These represent 47% of total infected.

Table 4D represents all of the HIV/AIDS cases, living and dead, as 1,170. The largest number of these cases is in the 30-39 year old category representing 47% of total cases. The 40-49 year old category has 289 people, representing 25% of total cases; 17% of the total cases are in the 20-29 year old category.

Tables 5A, 5B, 5C, and 5D, below, report the race/ethnicity of different categories of HIV/AIDS for Morris County residents by adult/adolescent and pediatric cases as of December 31, 2004. Table 5A reports the total number of persons living with HIV/AIDS. The total number of adults/adolescents in this category is 616 and the total for both adults/adolescents and children is 619. This chart is incomplete owing to the confidentiality of data and as signified by the symbol "#" for the cohorts white not Hispanic, and for black not Hispanic. However, these two categories contain the majority of persons living with AIDS, with white persons predominating. Pediatric information is not provided due to the small numbers; however, by subtracting the total number of adult/adolescent cases from the total number of cases, it can be concluded that there are three children of unknown race and ethnicity living with HIV/AIDS in Morris County.

Table 5B illustrates the total number of AIDS cases reported, representing all AIDS cases both living and dead, by age category and race/ethnicity. The total number of adult/adolescent cases is 866, and the number of pediatric cases is twelve, making the total for the county 878 AIDS cases. The highest number of cases are among white not Hispanic, followed by black not Hispanic, Hispanic, and "unknown race or ethnicity" in descending order.

Table 5C reports the number of diagnoses of HIV infection that had not developed into AIDS, including all cases both living and dead, by age category and race/ethnicity. The total number of such cases is 284 for adults and eight for children. Minimal information is given for the specific racial/ethnic breakdown by age group, but of the total 292 HIV cases, the majority are white not Hispanic, followed by black not Hispanic, Hispanic, and "unknown race or ethnicity" in descending order.

Table 5D reports the total number of HIV/AIDS cases reported, including all cases both living and dead. Incomplete information is given for some race/ethnic groups, including black not Hispanic, and Hispanic, for both age groups. The largest number of cases are white not Hispanic followed by black not Hispanic, Hispanic, and "unknown race or ethnicity."

Tables 6A, 6B, 6C, and 6D, below, represent transmission modes by age category (adult/adolescent and pediatric), and gender for HIV/AIDS cases among Morris County residents as of December 31, 2004. In Table HIV 6A, transmission modes for adult/adolescents and pediatric cases are reported for persons living with HIV/AIDS. The largest number of total transmissions for both gender categories is reported under "risk not reported/other" followed by Men who have Sex with Men (MSM) transmissions, and then by Intravenous Drug Users (IDU). For males, the majority of transmissions are due to MSM, while more than a quarter became infected under the "risk not reported/other" category. For females, 38% of cases are due to "risk not reported/other," followed by those from heterosexual contact and then by transmissions due to IDU. For pediatric transmission, the overall numbers are small, but most are due to having a parent at risk who has AIDS/HIV. There is one living pediatric case with HIV/AIDS who acquired the disease from "risk not reported/other" category.

Table 6B reports the transmission modes for AIDS cases reported as of December 31, 2004, for Morris County residents, including all infected people living and dead. The largest number of transmissions for total AIDS cases among adults/adolescents is in the IDU category, followed by MSM transmissions, and then by "risk not reported/other." For men, the largest number of AIDS cases is due to MSM, followed by transmissions due to IDU. Women maintained the highest number of transmissions by IDU, followed by transmissions due to "risk not reported/other." For pediatric cases, most are a result of parents' risk for or infection with AIDS/HIV and one case is due to "risk not reported/other."

Table 6C identifies transmission modes for HIV infection-not-AIDS as of the end of December 2004 for Morris County residents including cases both living and dead. The highest number of transmissions for adults/adolescents under this characterization is under "risk not reported/other," followed by MSM and IDU. The highest number of HIV infections in males result from MSM while the highest number of transmissions for females occurred in the "risk not reported/other" category. All pediatric transmission is due to "parent at risk/has AIDS/HIV."

Table 6D represents the number of HIV/AIDS cases reported as of the end of December 31, 2004, among Morris County residents, including all HIV/AIDS cases, both living and dead. The largest number of adult/adolescent transmissions occurred in the IDU category, followed by MSM transmissions and those characterized as "risk not reported/other." For males, the largest number of HIV/AIDS cases is due to MSM, while the highest concentration of cases for females is from IDU (112 cases). Pediatric transmissions are predominately due to "parent at risk/has AIDS/HIV," with one case due to "risk not reported/other."

Table 5A, HIV. Morris County: Persons Living with HIV/AIDS by Age Category, Race/Ethnicity as of December 31, 2004

Race/Ethnicity	Adult/Adolescent Cases		Pediatric Cases		Total	
	#	%	#	%	#	%
White, not Hispanic	#	#	#	#	351	57
Black, not Hispanic	#	#	#	#	144	23
Hispanic	105	17	0	0	105	17
Other/Unknown	19	3	0	0	19	3
Total	***616***	***100***	***#***	***#***	***619***	***100***

Source: NJDHSS, Division of HIV/AIDS Services
* Classification based on current age at the end of December 2004
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 5B, HIV. Morris County: AIDS Cases Reported by Age Category, Race/Ethnicity as of December 31, 2004

Race/Ethnicity	Adult/ adolescent		Pediatric		Total	
	# cases	% cases	# cases	% cases	# cases	% cases
White, not Hispanic	582	67	5	42	587	67
Black, not Hispanic	180	21	5	42	185	21
Hispanic	#	#	#	#	92	10
Other/Unknown	#	#	#	#	14	2
Total	**866**	**100**	**12**	**100**	**878**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
* Classification at time of AIDS diagnosis
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 5C, HIV. Morris County: HIV Infection-not-AIDS Reports by Age Category and Race/Ethnicity as of December 31, 2004

Race/Ethnicity	Adult/adolescent		Pediatric		Total	
	# cases	% cases	# cases	% cases	# cases	% cases
White, not Hispanic	#	#	#	#	158	55
Black, not Hispanic	#	#	#	#	67	23
Hispanic	#	#	#	#	53	18
Other/Unknown	13	5	0	0	13	4
Total	**284**	**100**	**8**	**100**	**292**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
* Classification at time of first HIV+ test or at time of report if not yet confirmed HIV+.
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 5D: Morris County: HIV/AIDS Cases by Age Category and Race/Ethnicity as of December 31, 2004

Race/Ethnicity	Adult/ adolescent		Pediatric		Total	
	# cases	% cases	# cases	% cases	# cases	% cases
White, not Hispanic	737	64	9	43	746	64
Black, not Hispanic	#	#	#	#	252	22
Hispanic	#	#	#	#	145	12
Other/Unknown	27	2	0	0	27	2
Total	**1149**	**100**	**21**	**100**	**1170**	**100**

Source: NJDHSS, Division of HIV/AIDS Services
*Classification at time of first HIV+/AIDS diagnosis.
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 6A, HIV. Morris County: Persons Living with HIV/AIDS by Transmission Modes, Age Group and Gender as of December 31, 2004

Adult/Adolescent Transmission Modes**						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Men sex with men (MSM)	173	42	0	0	173	29
Injection drug user (IDU)	93	22	60	31	153	25
MSM/IDU	14	3	0	0	14	2
Heterosexual contact	27	7	60	31	87	14
Risk not reported/other***	107	26	73	38	180	30
Total	**414**	**100**	**193**	**100**	**607**	**100**
Pediatric Transmission Modes						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Parent at risk/has AIDS/HIV	6	86	5	100	11	92
Risk not reported/other***	#	#	0	0	#	#
Total	**7**	**100**	**5**	**100**	**12**	**100**

Source: NJDHSS, Division of HIV/AIDS Services

** 9 patients are currently of adult/adolescent age (13+ years old), but have evidence of having been HIV-infected as children. They are counted as pediatric reports in this table

*** Included in this category are persons with modes of transmission of coagulation disorder and transfusion wit blood/blood products.

# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 6B, HIV. Morris County: AIDS Cases Reported by Transmission Modes, Age Group and Gender as of December 31, 2004

Adult/Adolescent Transmission Modes**						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Men sex with men (MSM)	287	44	0	0	287	33
Injection drug user (IDU)	205	31	89	43	294	34
MSM/IDU	23	4	0	0	23	3
Heterosexual contact	32	5	57	27	89	10
Risk not reported/other***	110	17	62	30	172	20
Total	**657**	**100**	**208**	**100**	**865**	**100**
Pediatric Transmission Modes						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Parent at risk/has AIDS/HIV	6	86	6	100	12	92
Risk not reported/other***	#	#	0	0	#	#
Total	**7**	**100**	**6**	**100**	**13**	**100**

Source: NJDHSS, Division of HIV/AIDS Services

** 1 patient was diagnosed with AIDS as an adult, but there is evidence of having been HIV-infected or of having acquired AIDS as a child. They are counted as pediatric reports in this table.

*** Included in this category are persons with modes of transmission of coagulation disorder and transfusion wit blood/blood products.

Table 6C, HIV. Morris County: HIV Infection-not-AIDS Reported by Transmission Modes, Age Group and Gender as of December 31, 2004

Adult/Adolescent Transmission Modes						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Men sex with men (MSM)	77	39	0	0	77	27
Injection drug user (IDU)	52	27	23	26	75	26
MSM/IDU	#	#	0	0	#	#
Heterosexual contact	#	#	#	#	#	#
Risk not reported/other***	52	27	34	39	86	30
Total	**196**	**100**	**88**	**100**	**284**	**100**
Pediatric Transmission Modes						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Parent at risk/has AIDS/HIV	#	#	#	#	8	100
Risk not reported/other***	0	0	0	0	0	0
Total	**#**	**#**	**#**	**#**	**8**	**100**

Source: NJDHSS, Division of HIV/AIDS Services

*** Included in this category are persons with modes of transmission of coagulation disorder and transfusion with blood/blood products.

# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 6D, HIV. Morris County: HIV/AIDS Cases Reported by Transmission Modes, Age Group and Gender as of December 31, 2004

Adult/Adolescent Transmission Modes						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Men sex with men (MSM)	364	43	0	0	364	32
Injection drug user (IDU)	257	30	112	38	369	32
MSM/IDU	27	3	0	0	27	2
Heterosexual contact	43	5	88	30	131	11
Risk not reported/other	162	19	96	32	258	22
Total	**853**	**100**	**296**	**100**	**1149**	**100**
Pediatric Transmission Modes						
Patient Group	***Males***		***Females***		***Total***	
	#	*%*	*#*	*%*	*#*	*%*
Parent at risk/has AIDS/HIV	11	92	9	100	20	95
Risk not reported/other	#	#	0	0	#	#
Total	**12**	**100**	**9**	**100**	**21**	**100**

Source: NJDHSS, Division of HIV/AIDS Services

# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 7, HIV. Morris County: AIDS Cases – Adult and Pediatric - by Opportunistic Infection and Cause of Death – Cumulative to December 31, 2004

Disease Category	Adult/Adolescent*		Pediatric*		Total	
	# (%)	*Deaths (%)*	*# (%)*	*Deaths (%)*	*# (%)*	*Deaths (%)*
PCP	# (#)	# (#)	# (#)	# (#)	265 (30)	211 (80)
Other OI w/o PCP	# (#)	# (#)	# (#)	# (#)	251 (29)	182 (73)
KS Alone	35 (4)	30 (86)	0 (0)	0 (0)	35 (4)	30 (86)
No Disease Listed	327 (38)	104 (32)	0 (0)	0 (0)	327 (97)	104 (32)
Total	***866 (100)***	***518 (60)***	***12 (100)***	***9 (75)***	***878 (100)***	***527 (60)***

Source: NJDHSS, Division of HIV/AIDS Services
* Classification at time of AIDS diagnosis
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 7 reports all AIDS cases (living and dead) by age category (adult/adolescent and pediatric), opportunistic infection (OI) contracted which includes Pneumocystis Carinii pneumonia (PCP) and Kaposi's Sarcoma, as well as cause of death up until December 31, 2004, among Morris County residents. Both the adult/adolescent and the pediatric columns include incomplete information (see note), but the total columns include full data. There are 878 total AIDS cases since December 31, 2004 among Morris County residents. Sixty percent of these people have died. The largest number of total cases is categorized as "no disease listed," followed by those with PCP infection and those with "other OI without PCP." For deaths, the largest number is due to PCP followed by "other OI without PCP."

Table 8A, HIV Morris County: AIDS Case by Year of Diagnosis

Year of Diagnosis	# of Cases	# of Deaths	Case-Fatality Rate
Before 1985	12	12	100%
1985	12	12	100%
1986	28	25	89%
1987	46	44	96%
1988	47	45	96%
1989	43	41	95%
1990	42	34	81%
1991	42	39	93%
1992	63	56	89%
1993	109	87	80%
1994	87	50	57%
1995	70	28	40%
1996	62	19	31%
1997	47	12	26%
1998	24	6	25%
1999	29	5	17%
2000	29	8	28%
2001	30	#	#
2002	28	#	#
2003	19	0	0%
2004	9	0	0%
Total	**878**	**527**	**60%**

Source: NJDHSS, Division of HIV/AIDS Services
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Table 8B HIV. Morris County: HIV/AIDS Cases by Year of First Diagnosis

Year of First HIV/AIDS Diagnosis	# of Cases	# of Known Dead	Case-Fatality Rate
Before 1985	15	15	100%
1985	21	17	81%
1986	39	31	79%
1987	63	54	86%
1988	65	56	86%
1989	64	53	83%
1990	72	51	71%
1991	75	52	69%
1992	85	49	58%
1993	114	71	62%
1994	83	34	41%
1995	68	20	29%
1996	71	13	18%
1997	67	11	16%
1998	45	8	18%
1999	50	#	#
2000	58	8	14%
2001	37	#	#
2002	33	#	#
2003	28	0	0%
2004	17	0	0%
Total	**1170**	**551**	**47%**

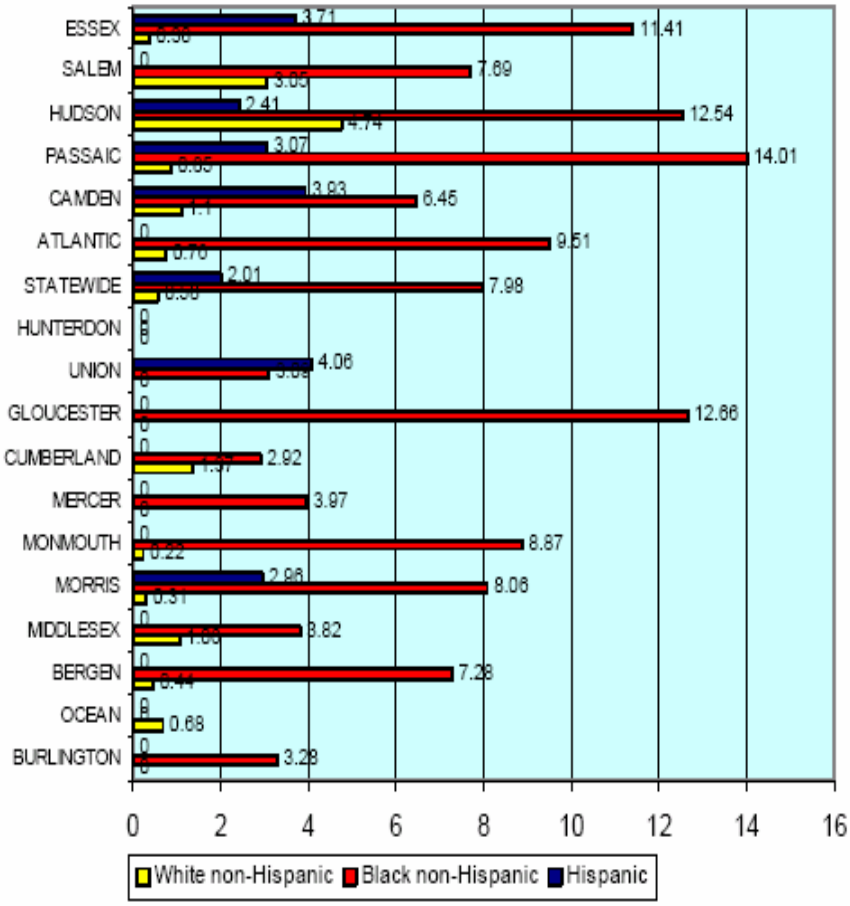
Source: NJDHSS, Division of HIV/AIDS Services
# Indicates that number is not shown due to small cell size, in accordance with NJDHSS security and confidentiality policies.

Tables 8A and 8B report AIDS and HIV/AIDS cases by year of first diagnosis for Morris County residents as of December 31, 2004, including the number of cases, number of deaths, and the case-fatality rate. Table HIV 8A reports the AIDS cases, living and dead, as a total of 878 cases reported since before 1985. The overall case-fatality rate is 60%. The year with the highest number of AIDS diagnosis is 1993, followed by 1994 with 87 AIDS diagnosis. The highest number of deaths among AIDS diagnosis occurs in 1993, while the case-fatality rate—100%—is highest before and during 1985. During the ensuing years, there is a similar case-fatality rate varying from 80-96%, until the rate drops in 1994 to 57%.

Table 8B reports the number of living and dead HIV/AIDS cases by year of first diagnosis among Morris County residents as of the end of December 2004. The total number of

HIV/AIDS diagnosis is 1,170 and the case-fatality rate is 47%. The largest number of HIV/AIDS diagnosis occurs in 1992 and 1993, while the highest case-fatality rate occurs before 1985 followed by 1987 and 1988. The case-fatality rate fluctuates between 62% and 86% from 1985 to 1993 and then declines steeply to a 41% case-fatality rate.

Figure 1, HIV. HIV Prevalence Rate Among New Jersey Resident Childbearing Women By County, 2001-2003.



Note: Rates are per 100,000 women with live births. Cape May, Somerset, Sussex and Warren counties are not shown as there were no HIV+ births in the sample for the years shown in those counties. The rate for Hunterdon County is rounded to zero although there were HIV+ cases during the years shown.
Source: DHAS-SCBW

Figure 1, above, illustrates the HIV prevalence rate among New Jersey resident childbearing women by county for 2001-2003. Rates are per 100,000 women with live births. Morris County has a rate of 2.96 for Hispanic women, 9.06 for black non-Hispanic, and .31 for white non-Hispanic.

Bibliography

1. NJDHSS, Division of HIV/AIDS Services, Epidemiologic Services Unit, *HIV/AIDS Epidemiologic Profile for the State of New Jersey*, 2004 released 9/21/05.

2. NJDHSS, Division of HIV/AIDS Services, *New Jersey HIV/AIDS Report* (HARS) *2004*.

3. NJDHSS, Division of HIV/AIDS Services *HIV Prevention Grantees and Division of HIV/AIDS Services, 2005 Prevention and Education Unit* (The document can be found at www.state.nj.us/health/aids/grantees.pdf.)

4. Rutgers the State University of New Jersey, *Comprehensive HIV Prevention Plan, 2004* www.hpcpsdi.rutgers.edu

Other Information

HIV/AIDS is a public health problem for which planning is accomplished statewide by state and regional organizations. The NJDHSS Web site provides an extensive list of documents that address the following HIV/AIDS topics:

- Organization of the Division of HIV/AIDS Services (DHAS)
- Upcoming events
- HIV/AIDS Services Rules
- HIV/AIDS Facts and Figures
- HIV/AIDS Presentations
- HIV/AIDS Literature and Training
- Medication/Health Insurance Continuation/Home Care
- Counseling and Resource Centers
- Publications
- Other Links (to assist the planning process)

Of interest to local planners, the HIV Prevention Grantees and Division of HIV/AIDS Services, 2005 Prevention and Education Unit (3) provides basic information and contact information regarding HIV prevention projects funded by the DHAS, and information describing the guiding principles upon which these activities are grounded. It reports that forty-four community-based projects provide HIV prevention services with funding from DHSS. All projects are located in urban, suburban, and rural areas heavily impacted by the HIV epidemic. Morris County does not have a prevention project. Projects are located in seventeen cities and the state's counties that are most heavily impacted by HIV infection. Information describing the projects is included by county in this directory.

The HIV Prevention Community Planning Support and Development Initiative (CPSDI) (see Bibliography item 3 for Web site) is a joint program of the New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services (NJDHSS, DHAS) and the Edward J. Bloustein School of Planning and Public Policy for Rutgers, The State University

of New Jersey. CPSDI provides statewide technical assistance in New Jersey through two programs: New Jersey HIV Prevention Community Planning Group (NJHPCPG) and Organizing for Community Development (OCD).

The New Jersey HIV Community Planning Group (NJHPCPG) was created in 1994 in response to a condition the Centers for Disease Control (CDC) attached to allocating federal HIV prevention funds to the states. The CDC mandate required that states create locally based community planning groups to develop a statewide comprehensive HIV prevention plan. NJHPCPG is a statewide planning body consisting of NJDHSS staff, representatives of other state and local governmental agencies, community-based organizations, and community consumers of HIV prevention services. It develops a bi-annual *Comprehensive HIV Prevention Plan.* (4). NJHPCPG recommendations provide the framework for HIV prevention initiatives funded by the New Jersey Department of Health and Senior Services. The 2004 plan identifies core objectives of the NJHPCPG as:

- Prioritizing target populations at risk for HIV infection
- Identifying gaps in HIV prevention services and service delivery systems
- Making recommendations to NJDHSS to assist them in the delivery of population-specific HIV prevention services to support reducing HIV infection in New Jersey communities

Organizing for Community Development (OCD) provides statewide, community capacity building and technical assistance to AIDS Service Organizations (ASOs) and Community Based Organizations (CBOs). OCD technical assistance services are offered free for grantees of DHSS, DHAS. Services include:

- Data Collection and Analysis
- Organizational Needs
- Needs Assessment, Program Planning and Evaluation
- Grant Writing

The Ryan White CARE Act provides federal funds for HIV/AIDS care and treatment. Title I provides funds to eligible metropolitan areas (EMA) that are statistical areas, have a population of at least 500,000, and have reported more than 2,000 AIDS cases within the past five years. New Jersey Title I EMAs and the counties they include are:

- Bergen-Passaic EMA;
- Hudson County EMA;
- Middlesex-Somerset and Hunterdon County EMA;
- Newark EMA (Essex, Morris, Sussex, Union, and Warren);
- Vineland-Millville-Bridgeton EMA, and the
- Philadelphia EMA (New Jersey counties of Camden, Burlington, Gloucester and Salem).

The State of New Jersey also receives Ryan White Title II funds, to maintain a statewide planning body known as the New Jersey Statewide Coordinated Statement of Need Planning Task Force (NJSCSNPTF). This planning group collaborates to identify significant issues related to the needs of PLWHA and to maximize coordination of services statewide. The NJSCSNPTF represents Atlantic, Cape May, Mercer, Monmouth, and Ocean Counties, and the New Jersey part of the Philadelphia EMA.

Subsection Preparation

Dina Stonberg, MPH – December 2005
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MENTAL ILLNESS

Mental illness is a term that is often used to refer collectively to all diagnosable mental disorders. A partial listing of their general types is suggested by the National Institute of Mental Health to include:

Anxiety Disorders
Attention Deficit Hyperactivity Disorder
Autism Spectrum Disorders
Bipolar Disorder
Borderline Personality Disorder
Depression
Eating Disorders
Generalized Anxiety Disorder
Obsessive Compulsive Disorder
Panic Disorder
Post-Traumatic Stress Disorder
Schizophrenia
Social Phobia

Data Availability

No data is available that reports the incidence of specific mental health disorders in Morris County or the state.

Data Indicators

1. The 2004 *Morris County Department of Human Services Priorities Planning Document*, published on September, 2005, cites an estimate of 24,921 Morris County adult residents having a ". . . serious mental illness," and further estimates that within that group some 12,226 persons suffer with ". . . severe and persistent mental illness."

These estimates repeat those previously published in the *2002-2003 Update of the Behavioral Health Needs Assessment & Activities Report for Morris County* published by the Morris County Mental Health Substance Abuse Advisory Board in November 2002.

Some information in the County plan reports the number of persons in 2001 in Morris County utilizing services that are paid for by State and County funding.

2. The New Jersey Department of Health and Senior Services Behavioral Risk Factor Surveillance System (BRFSS) collects self reported information on the number of good and bad mental health days (see p. 233, General Health Status and Trends). As displayed in Table 1, all racial and ethnic classifications averaged 27.2 self-reported days of good mental health per month. In 2003, this cohort reported 27.0 good mental health days compared with a statewide average of 26.6 (not shown here).

Table 1, Mental. Morris County: Mean Number of Good Mental Health Days in Past Month for all Adults*, by Race and Ethnicity, 2003 and 2004

Stratum		Stratum Sample Size	Weighted Size	Small N	Weighted Mean	Margin of Error for Mean**	95% CL for Mean	
							lower	upper
Any Racial/Ethnic Classification	**Combined Years**	1451	368,296		27.2	+/- 0.4	26.8	27.6
	2003	724			27.0	+/- 0.6	26.4	27.7
	2004	727			27.4	+/- 0.5	26.9	27.9
Asian/Pacific Islander only, non-Hispanic	**Combined Years**	52	22,660		27.2	+/- 2.2	25.0	29.5
	2003	21		***	28.4	+/- 1.6	26.8	30.1
	2004	31		***	26.6	+/- 3.1	23.5	29.8
Black only, non-Hispanic	**Combined Years**	25	7,991	***	28.9	+/- 1.6	27.2	30.5
	2003	10		***	29.6	+/- 0.5	29.1	30.1
	2004	15		***	28.4	+/- 2.5	25.8	30.9
White only, non-Hispanic	**Combined Years**	1266	300,362		27.3	+/- 0.4	26.9	27.7
	2003	643			27.1	+/- 0.6	26.5	27.8
	2004	623			27,4	+/- 0.5	26.9	28.0
Other, non-Hispanic	**Combined Years**	15	4,553	***	26.8	+/- 3.1	23.6	30.0
	2003	4		***	30.0	+/- 0.0	30.0	30.0
	2004	11		***	25.6	+/- 4.2	21.4	29.8
Hispanic	**Combined Years**	62	27,125		25.9	+/- 2.1	23.8	28.1
	2003	30		***	22.8	+/- 4.6	18.1	27.4
	2004	32		***	28.0	+/- 1.3	26.6	29.3

* Refused/Unknown outcome responses have been excluded from the analysis. Spanish language interviewing began in 1999.

** The margin of error is equal to the standard error of the estimate multiplied by =/- = 1.96

*** Does not meet the CDC's minimum sample size (i.e., N<50)

Source: NJDHSS, Center for Health Statistics, *Behavioral Risk Factor Survey, Morris County, 28 June 2005*

3. Table 2 reports all age classifications 18 years of age and older averaged 27.2 self-reported days of good mental health per month. In 2003, this cohort reported 27.0 good mental health days compared with a statewide average of 26.6 (not shown here).

Table 2, Mental Illness Morris County: Mean Number of Good Mental Health Days in Past Month for all Adults*, by Age Group, 2003 and 2004

Stratum		Stratum Sample Size	Weighted Size	Small N	Weighted Mean	Margin of Error for Mean**	95% CL for Mean	
							lower	upper
All Age Groups Combined	Combined Years	1441	367,469		27.2	+/- 0.4	26.8	27.6
		716			27.0	+/- 0.6	26.4	27.7
		725			27.4	+/- 0,5	26.9	27.9
18-64	Combined Years	1108	298,697		27.0	+/- 0.4	26.5	27.5
		564			26.9	+/- 0.7	26.1	27.6
		544			27.2	+/- 0.6	26.6	27.9
65+	Combined Years	306	63,452		27.8	+/- 0.7	27.1	28.6
		139			27.5	+/- 1.2	26,2	28.8
		167			28.1	+/- 0.8	27,3	29.0

* Refused/Unknown outcome responses have been excluded from the analysis. Spanish language interviewing began in 1999.

** The margin of error is equal to the standard error of the estimate multiplied by =/- = 1.96

*** Does not meet the CDC's minimum sample size (i.e., N<50)

Source: NJDHSS, Center for Health Statistics, *Behavioral Risk Factor Survey, Morris County, 28 June 2005*

4. Table 4 below provides mortality figures for Morris County residents who committed suicide, 1998 - 2002.

Table 3, Mental Illness. Mortality of Morris Residents by Suicide, 1998 -2002

	1998	1999	2000	2001	2002
Morris County	34	28	20	31	27
New Jersey	563	573	560	588	553

Source: New Jersey Department of Health and Senior Services, *Mortality by Cause Group and County*, 1998, 1999, 2000, 2001, 2002.

Bibliography

1. 2004 *Morris County Department of Human Services Priorities Planning Document*, September, 2005, Division of Behavioral Health and Youth Services.
This document is adopted by the Morris County Board of Chosen Freeholders as the plan of the Morris County Morris County Department of Human Services and includes a mental health component.

2. *2002-2003 Update of the Behavioral Health Needs Assessment & Activities Report for Morris County*, Morris County Mental Health Substance Abuse Advisory Board, November 2002.

3. New Jersey Department of Health and Human Services, *Healthy New Jersey 2010*, Volume 2, 4. Preventing and Reducing Major Diseases, 4E. Mental Health pp 155-163.

4. New Jersey Department of Health and Senior Services, Center for Health Statistics, *Behavioral Risk Factor Survey, Morris County, 28 June 2005*.

5. New Jersey Department of Health and Senior Services, Center for Health Statistics, *Behavioral Risk Factor Survey, Prevalence Estimates, 2003*.

Other Information and Sources

1. New Jersey Department of Human Services, Directory of Mental Health Services (revised October, 2005) www.state.nj.,us/humanservices/dmhs/publications.html

2. National Institute of Mental Health: www.nimh.nih.gov/healthinformation/index.cfm

NJDHSS *Causes of Death By County*: www.state.nj.us/health/chs

Subsection Preparation

Joseph Incagnoli, BA – April 2006

Natality

Data Availability

There is extensive statistical data and other information directly relevant to Morris County and the State for natality. A summary of these data are displayed in the tables below. References to other, more detailed data are described in the sub-section "Bibliography."

Morris County and state data are available that describe the total number of births and healthy birth outcomes. Data are available at the county level for live births as well as infant and fetal deaths by race/ethnicity. Information is available at the municipality level for maternal age at birth as well as maternal race/ethnicity and marital status.

Data Indicators

A note for all tables included in this section that contain a variable for "race": The author was informed by a NJDHSS representative on January 24, 2006 that tables including "race" as a variable do not include a column for "not stated"; therefore, the sum of all "race" columns do not equal the number listed in the "total" column. This is true for 2000 and 2003 data tables.

Table 1 below reports the number of total births and the birth rates for New Jersey, Morris County, and all municipalities in Morris County for 2000 and 2003.

Table 1, Natality. New Jersey and Morris County: Total Births and Birth Rate, 2000 and 2003

	2000		2003	
Location	**Total Births**	**Birth Rate[1]**	**Total Births**	**Birth Rate[1]**
New Jersey	115,542	13.7	116,823	13.5
Morris County	6,438	13.7	6,404	13.3
Boonton Town	133	15.7	134	15.9
Boonton Township	49	11.4	53	12.2
Butler Borough	79	10.6	128	15.8
Chatham Borough	180	21.3	192	22.7
Chatham Township	126	12.5	131	13.0
Chester Borough	28	17.1	23	13.9
Chester Township	76	10.4	85	11.1
Denville Township	213	13.5	188	11.8
Dover Town	311	17.1	328	17.9
East Hanover Township	143	12.6	113	9.9
Florham Park Borough	99	11.2	125	10.0
Hanover Township	176	13.6	119	8.9
Harding Township	45	14.2	34	10.4
Jefferson Township	309	15.7	299	14.5
Kinnelon Borough	105	11.2	109	11.5
Lincoln Park Borough	132	12.1	145	13.3
Long Hill Township**	135	15.4	106	12.1
Madison Borough	214	12.9	226	14.7
Mendham Borough	67	13.1	55	10.7
Mendham Township	60	11.1	65	11.6
Mine Hill Township	58	15.8	54	14.7
Montville Township	276	13.2	268	12.6
Morris Plains Borough	99	18.9	97	17.6
Morristown Town	296	16.0	266	14.1
Morris Township	280	12.8	311	14.6
Mount Arlington Borough	60	12.9	73	14.6
Mountain Lakes Borough	42	9.9	44	10.2
Mount Olive Township	456	18.8	359	14.1
Netcong Borough	42	16.3	38	11.6
Parsippany-Troy Hills Township	615	12.1	647	12.6
Pequannock Township	150	10.8	145	10.0
Randolph Township	349	14.0	353	13.8
Riverdale Borough	25	10.0	49	18.8
Rockaway Borough	85	13.1	81	12.6
Rockaway Township	357	15.6	308	12.3
Roxbury Township	253	10.6	323	13.6
Victory Gardens Borough	20	12.9	21	13.7
Washington Township	213	12.1	202	11.1
Wharton Borough	82	13.0	102	16.4

[1] Birth rates per 1,000 population Source: NJDHSS, Center for Health Statistics

* cell value less than 5 are not recorded to protect confidentiality ** Passaic Township changes to Long Hill Township in 2003.

State - http://www.state.nj.us/health/chs/stats00/natality.htm County - http://www.state.nj.us/health/chs/stats00/natality.htm

Municipalities: Special Report, NJDHSS, Center for Health Statistics

Municipalities: http://www.state.nj.us/health/chs/stats00/natality.htm

Municipality Population Source: U.S. Census Bureau, Census 2000. Prepared by: New Jersey State Data Center, New Jersey Department of Labor, March 2001.

Tables 2A and 2B report live birth data by race/ethnicity of the mother for New Jersey and Morris County. The total birth rate for state and county are the same, but the rates for white, non-Hispanic, Hispanic and Asian, and Pacific Islanders is higher in Morris County than in the state as a whole, while the birth rate for blacks is lower at the county level than for the state. The overall teen birth rate is higher for the state than for the county. The percentage of state residents receiving no prenatal care is much higher than the percentage for the county.

Table 2A, Natality. New Jersey: Live Birth Data by Race/Ethnicity of Mother, 2000 and 2003

	2000					2003				
Birth Variable	**Total**	**White Non-Hispanic**	**African American Non-Hispanic**	**Hispanic**	**API**	**Total**	**White Non-Hispanic**	**African American Non-Hispanic**	**Hispanic**	**API**
Total births	**115,542**	**62,167**	**18,706**	**22,044**	**8,931**	**116,823**	**59,603**	**17,238**	**26,124**	**10,061**
Birth rate per 1,000 people	13.7	11.0	16.4	19.7	17.7	13.5	10.6	14.6	20.8	17.5
Teen mothers 15 to 17 years old	2,642	466	1,085	1,038	23	2,364	357	868	1093	15
Teen birth rate[1]	16.6	4.8	40.6	41.6	2.3	NA	NA	NA	NA	NA
Unmarried mothers	32,917	8,178	12,359	11,630	461	33,879	8,005	11,179	12,975	464
Percent unmarried	28.5	13.2	66.1	52.8	5.2	29.0	13.4	64.9	53.5	4.6
First trimester prenatal care	86,045	53,001	11,093	12,277	7,091	89,138	51,823	10,752	17,696	8,447
Percent first trimester prenatal care	74.5	85.3	59.3	64.8	79.4	76.3	86.9	62.4	67.7	84.0
No prenatal care	1,376	281	794	247	22	1,294	305	632	313	28
Percent no prenatal care	1.2	0.5	4.2	1.1	0.2	1.1	0.5	3.7	1.2	0.3
Premature (less than 37 weeks gestation)	10,881	5,127	2,832	2,084	717	11,293	5477	2523	2432	782
Percent premature	9.4	8.2	15.1	9.5	8.0	9.7	9.2	14.6	9.3	7.8
Smoking during pregnancy[2]	10,990	6,938	2,535	1,291	121	8,906	5582	1939	1201	108
Percent smoking during pregnancy	9.5	11.2	13.6	5.9	1.4	7.6	9.4	11.2	4.6	1.1
Drinking during pregnancy[2]	1,523	816	476	188	22	1,229	702	313	172	30
Percent drinking during pregnancy	1.3	1.3	2.5	0.9	0.2	1.1	1.2	1.8	0.7	0.3
Drug use during pregnancy[2]	1,959	554	1,072	291	12	1,744	566	825	307	18
Percent drug use during pregnancy	1.7	0.9	5.7	1.3	0.1	1.5	0.9	4.8	1.2	0.2
Low birth weight (< 2500 grams)	8,702	3,870	2,472	1,599	645	9,244	4195	2295	1889	786
Percent low birth weight	7.5	6.2	13.2	7.3	7.2	7.9	7.0	13.3	7.2	7.8
Very low birth weight (< 1500 grams)	1,755	708	619	325	65	1,872	786	578	381	104
Percent very low birth weight	1.5	1.1	3.3	1.5	0.7	1.6	1.3	3.4	1.5	1.0

SOURCE: New Jersey Department of Health and Senior Services, Center for Health Statistics
API= Asian/Pacific Islander
Percentages are computed per 100 live births in the race/ethnicity group.
NA= information is not available at this time
Percentages based on fewer than 20 births should be interpreted with caution.
1. Teen birth rates are computed per 1,000 females aged 15-17.
2. Use of these substances by the mother is self-reported and under-reporting is possible.

Table 2B, Natality. Morris County: Live Birth Data by Race/Ethnicity of Mother, 2000 and 2003

	2000					2003				
Birth Variable	**Total**	**White Non-Hispanic**	**African American Non-Hispanic**	**Hispanic**	**API**	**Total**	**White Non-Hispanic**	**African American Non-Hispanic**	**Hispanic**	**API**
Total births	**6,438**	**4,846**	**156**	**742**	**570**	**6,404**	**4,547**	**140**	**947**	**649**
Birth rate per 1,000 people	13.7	12.5	11.7	20.3	18.5	13.3	11.6	10.2	22.1	18.3
Teen mothers 15 to 17 years old	36	6	6	20	4	30	10	2	17	1
Teen birth rate[1]	4.3	0.9	22	27.1	6.7	NA	NA	NA	NA	NA
Unmarried mothers	638	250	62	305	15	761	268	67	441	12
Percent unmarried	9.9	5.2	39.7	41.1	2.6	11.9	5.9	47.9	46.6	1.8
First trimester prenatal care	5,806	4,558	121	581	507	5,723	4,302	109	723	575
Percent first trimester prenatal care	90.2	94.1	77.6	78.3	88.9	89.4	94.6	77.9	76.3	88.6
No prenatal care	16	6	2	7	0	19	9	4	5	1
Percent no prenatal care	0.2	0.1	1.	0.9	0	0.3	0.2	2.9	0.5	0.2
Premature (less than 37 weeks gestation)	539	407	19	60	48	590	446	19	74	51
Percent premature	8.4	8.4	12.2	8.1	8.4	9.2	9.8	13.6	7.8	7.9
Smoking during pregnancy[2]	315	270	19	21	4	331	275	17	32	4
Percent smoking during pregnancy	4.9	5.6	12.2	2.8	0.7	5.2	6.0	12.1	3.4	0.6
Drinking during pregnancy[2]	71	62	2	3	2	82	76	0	4	2
Percent drinking during pregnancy	1.1	1.3	1.3	0.4	0.4	1.3	1.7	0.0	0.4	0.3
Drug use during pregnancy[2]	36	28	4	3	1	32	23	6	1	2
Percent drug use during pregnancy	0.6	0.6	2.6	0.4	0.2	0.5	0.5	4.3	0.1	0.3
Low birth weight (< 2500 grams)	395	287	17	43	43	351	14	47	56	351
Percent low birth weight	6.1	5.9	10.9	5.8	7.5	7.7	10.0	5.0	8.6	7.7
Very low birth weight (< 1500 grams)	60	38	5	8	7	70	2	16	6	70
Percent very low birth weight	0.9	0.8	3.2	1.1	1.2	1.5	1.4	1.7	0.9	1.5

SOURCE: New Jersey Department of Health and Senior Services, Center for Health Statistics
API= Asian/Pacific Islander
Percentages are computed per 100 live births in the race/ethnicity group.
NA= information is not available at this time
Percentages based on fewer than 20 births should be interpreted with caution.
1. Teen birth rates are computed per 1,000 females aged 15-17. 2. Use substances by the mother are self-reported and under-reporting is possible.

Tables 3A and 3B, below, illustrate maternal age at birth for New Jersey, Morris County, and all Morris County municipalities for 2000 and 2003.

Table 3A, Natality. New Jersey and Morris County: Maternal Age at Birth, 2000

Location	Age of Mother															
	10-14		15-19		20-24		25-29		30-34		35-39		40-44		45+	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
New Jersey	825	0.1	8,027	6.9	18,890	16.3	28,606	24.8	36,157	31.3	19,596	17.0	3,902	3.4	221	0.2
Morris County	0	0.0	117	1.8	405	6.3	1,312	20.4	2,723	42.3	1,563	24.3	304	4.7	13	0.2
Boonton Town	*	-	*	-	9	6.8	30	22.6	56	42.1	29	21.8	5	3.8	*	-
Boonton Township	*	-	*	-	*	-	*	-	22	44.9	15	30.6	5	10.2	*	-
Butler Borough	*	-	*	-	*	-	20	25.3	41	51.9	9	11.4	*	-	*	-
Chatham Borough	*	-	*	-	*	-	23	12.8	90	50.0	55	30.6	10	5.6	*	-
Chatham Township	*	-	*	-	*	-	14	11.1	71	56.3	32	25.4	8	6.3	*	-
Chester Borough	*	-	*	-	*	-	7	25.0	13	46.4	5	17.9	*	-	*	-
Chester Township	*	-	*	-	*	-	9	11.8	30	39.5	32	42.1	*	-	*	-
Denville Township	*	-	*	-	11	5.2	33	15.5	91	42.7	66	31.0	11	5.2	*	-
Dover Town	*	-	28	9.0	73	23.5	77	24.8	84	27.0	45	14.5	*	-	*	-
East Hanover Township	*	-	*	-	8	5.6	23	16.1	56	39.2	48	33.6	7	4.9	*	-
Florham Park Borough	*	-	*	-	5	5.1	21	21.2	45	45.5	22	22.2	5	5.1	*	-
Hanover Township	*	-	*	-	8	4.5	32	18.2	75	42.6	53	30.1	7	4.0	*	-
Harding Township	*	-	*	-	*	-	5	11.1	18	40.0	14	31.1	7	15.6	*	-
Jefferson Township	*	-	*	-	22	7.1	70	22.7	132	42.7	67	21.7	15	4.9	*	-
Kinnelon Borough	*	-	*	-	*	-	16	15.2	39	37.1	35	33.3	10	9.5	*	-
Lincoln Park Borough	*	-	*	-	10	7.6	33	25.0	45	34.1	33	25.0	10	7.6	*	-
Long Hill Township**	*	-	*	-	*	-	19	14.1	68	50.4	36	26.7	10	7.4	*	-
Madison Borough	*	-	*	-	8	3.7	31	14.5	103	48.1	55	25.7	14	6.5	*	-
Mendham Borough	*	-	*	-	*	-	*	-	28	41.8	28	41.8	5	7.5	*	-
Mendham Township	*	-	*	-	*	-	6	10.0	20	33.3	29	48.3	5	8.3	*	-
Mine Hill Township	*	-	*	-	*	-	16	27.6	27	46.6	10	17.2	*	-	*	-
Montville Township	*	-	*	-	11	4.0	54	19.6	121	43.8	75	27.2	11	4.0	*	-
Morris Plains Borough	*	-	*	-	*	-	14	14.1	48	48.5	30	30.3	*	-	*	-
Morristown Town	*	-	22	7.4	32	10.8	75	25.3	105	35.5	54	18.2	8	2.7	*	-
Morris Township	*	-	*	-	7	2.5	44	15.7	124	44.3	89	31.8	14	5.0	*	-
Mount Arlington Borough	*	-	*	-	*	-	14	23.3	29	48.3	11	18.3	*	-	*	-
Mountain Lakes Borough	*	-	*	-	*	-	*	-	14	33.3	23	54.8	*	-	*	-
Mount Olive Township	*	-	5	1.1	36	7.9	119	26.1	188	41.2	90	19.7	16	3.5	*	-
Netcong Borough	*	-	*	-	7	16.7	13	31.0	12	28.6	6	14.3	*	-	*	-
Parsippany-Troy Hills Twp	*	-	12	2.0	49	8.0	176	28.6	232	37.7	15	18.7	30	4.9	*	-
Pequannock Township	*	-	*	-	*	-	38	25.3	67	44.7	37	22.0	9	6.0	*	-
Randolph Township	*	-	*	-	9	2.6	72	20.6	172	49.3	70	20.1	22	6.3	*	-
Riverdale Borough	*	-	*	-	5	20.0	*	-	14	56.0	*	-	*	-	*	-
Rockaway Borough	*	-	*	-	5	5.9	16	18.8	40	47.1	21	24.7	*	-	*	-
Rockaway Township	*	-	5	1.4	25	7.0	66	18.5	158	44.3	87	24.4	15	4.2	*	-
Roxbury Township	*	-	*	-	13	5.1	58	22.9	117	46.2	54	21.3	7	2.6	*	-
Victory Gardens Borough	*	-	*	-	9	45.0	*	-	*	-	*	-	*	-	*	-
Washington Township	*	-	*	-	*	-	28	13.1	95	44.6	72	33.8	12	5.6	*	-
Wharton Borough	*	-	*	-	13	15.9	23	28.0	29	35.4	11	13.4	*	-	*	-

Note: Values will not add to total in cases where records had missing data for a given variable.
* cell value less than 5 are not recorded to protect confidentiality
** Passaic Township changes to Long Hill Township in 2003.
API – Asian/Pacific Islander
- percent cannot be calculated due to lack of data
N/S – Not Stated
SOURCE: NJDHSS, Center for Health Statistics
Municipalities: Special Report, NJDHSS, Center for Health Statistics
State - http://www.state.nj.us/health/chs/stats00/natality.htm
Municipalities: http://www.state.nj.us/health/chs/stats00/natality.htm
County - http://www.state.nj.us/health/chs/stats00/natality.htm

Table 3B, Natality. New Jersey and Morris County: Maternal Age at Birth, 2003

Location	Total	Age of Mother								
		10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
New Jersey	116,823	90	2,364	4,755	19,316	28,361	36,766	20,463	4,395	295
Morris County	6,404	1	30	75	460	1,218	2,635	1,645	319	21
Boonton Town	134	0	0	2	23	25	58	22	4	0
Boonton Township	53	0	0	0	2	4	19	18	8	2
Butler Borough	128	0	0	3	9	29	67	17	3	0
Chatham Borough	192	0	0	0	1	25	97	56	12	1
Chatham Township	131	0	0	0	0	13	60	45	13	0
Chester Borough	23	0	0	1	3	1	11	6	1	0
Chester Township	85	0	0	0	2	7	33	35	8	0
Denville Township	188	0	1	1	5	34	74	65	7	1
Dover Town	328	0	10	17	82	87	86	35	11	0
East Hanover Township	113	0	0	0	4	16	51	36	6	0
Florham Park Borough	125	0	0	1	2	20	58	41	3	0
Hanover Township	119	0	0	0	9	20	47	39	4	0
Harding Township	34	0	0	0	1	3	19	10	1	0
Jefferson Township	299	0	1	2	19	66	136	65	10	0
Kinnelon Borough	109	0	0	1	1	15	52	37	3	0
Lincoln Park Borough	145	0	0	1	10	37	52	38	6	1
Long Hill Township**	106	0	0	2	2	13	51	32	5	1
Madison Borough	226	0	1	3	11	30	102	66	12	1
Mendham Borough	55	0	0	0	0	4	29	17	5	0
Mendham Township	65	0	0	0	2	7	21	26	8	1
Mine Hill Township	54	0	0	1	2	10	25	14	2	0
Montville Township	268	0	2	1	8	52	102	81	20	2
Morris Plains Borough	97	0	0	0	4	12	40	31	9	1
Morristown Town	266	1	3	11	42	58	77	61	13	0
Morris Township	311	0	0	1	15	44	135	92	21	3
Mount Arlington Borough	73	0	1	2	7	17	31	11	4	0
Mountain Lakes Borough	44	0	0	0	0	3	18	13	10	0
Mount Olive Township	359	0	0	6	41	83	146	67	14	2
Netcong Borough	38	0	1	1	4	8	15	9	0	0
Parsippany-Troy Hills Township	647	0	3	2	56	173	256	136	21	0
Pequannock Township	145	0	0	1	6	22	65	43	8	0
Randolph Township	353	0	1	2	14	74	140	100	21	1
Riverdale Borough	49	0	2	0	5	10	18	14	0	0
Rockaway Borough	81	0	0	1	3	19	41	17	0	0
Rockaway Township	308	0	0	2	25	75	127	73	6	0
Roxbury Township	323	0	1	4	14	58	155	75	14	2
Victory Gardens Borough	21	0	0	2	7	6	4	0	2	0
Washington Township	202	0	0	0	4	18	81	80	17	2
Wharton Borough	102	0	3	4	15	19	34	20	7	0

Note: Values will not add to total in cases where records had missing data for a given variable.
*Data for white, black, Asian/Pacific Islander, and Other Race do not include Hispanics. Hispanic ethnicity includes persons of any race.
** Passaic Township changes to Long Hill Township in 2003. API – Asian/Pacific Islander
Note that prior to 2000, race and ethnicity were tabulated separately. Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Tables 4A and 4B, below, report maternal race at the state, county and municipality level for 2000 and 2003.

Table 4A, Natality. New Jersey and Morris County: Maternal Race, 2000

Location	Race/Ethnicity of Mother

	White		Black		Hispanic		API		Other		N/S	
	#	%	#	%	#	%	#	%	#	%	#	%
New Jersey	62,167	53.8	18,706	16.2	22,044	19.1	8,931	7.7	425	0.4	3,269	2.8
Morris County	4,846	75.3	156	2.4	742	11.5	570	8.9	15	0.2	109	1.7
Boonton Town	104	78.2	*	-	11	8.3	12	9.0	*	-	*	-
Boonton Township	42	85.7	*	-	*	-	*	-	*	-	*	-
Butler Borough	73	92.4	*	-	*	-	*	-	*	-	*	-
Chatham Borough	159	88.3	*	-	5	2.8	5	2.8	*	-	10	5.6
Chatham Township	111	88.1	*	-	*	-	10	7.9	*	-	*	-
Chester Borough	25	89.3	*	-	*	-	*	-	*	-	*	-
Chester Township	67	88.2	*	-	*	-	6	7.9	*	-	*	-
Denville Township	195	91.5	*	-	6	2.8	10	4.7	*	-	*	-
Dover Town	61	19.6	10	3.2	235	75.6	*	-	*	-	*	-
East Hanover Township	112	78.3	*	-	7	4.9	18	12.6	*	-	*	-
Florham Park Borough	90	90.9	*	-	*	-	5	5.1	*	-	*	-
Hanover Township	141	80.1	*	-	12	6.8	18	10.2	*	-	*	-
Harding Township	39	86.7	*	-	*	-	*	-	*	-	5	11.1
Jefferson Township	281	90.9	*	-	10	3.2	12	3.9	*	-	6	1.9
Kinnelon Borough	95	90.5	*	-	*	-	*	-	*	-	*	-
Lincoln Park Borough	112	84.8	*	-	5	3.8	11	8.3	*	-	*	-
Long Hill Township**	112	83.0	*	-	5	3.7	12	8.9	*	-	*	-
Madison Borough	168	78.5	*	-	12	5.6	20	9.3	*	-	10	4.7
Mendham Borough	60	89.6	*	-	*	-	*	-	*	-	*	-
Mendham Township	53	88.3	*	-	*	-	*	-	*	-	*	-
Mine Hill Township	77.6	21.2	*	-	10	17.2	*	-	*	-	*	-
Montville Township	212	76.8	*	-	13	4.7	43	15.6	*	-	5	1.8
Morris Plains Borough	86	86.9	*	-	*	-	7	7.1	*	-	*	-
Morristown Town	112	37.8	35	11.8	126	42.6	20	6.8	*	-	*	-
Morris Township	235	83.9	10	3.6	16	5.7	12	4.3	*	-	*	-
Mount Arlington Borough	49	81.7	*	-	*	-	*	-	*	-	*	-
Mountain Lakes Borough	36	85.7	*	-	*	-	*	-	*	-	*	-
Mount Olive Township	338	74.1	18	3.9	49	10.7	47	10.3	*	-	*	-
Netcong Borough	37	88.1	*	-	*	-	*	-	*	-	*	-
Parsippany-Troy Hills Twp	357	58.0	22	3.6	61	9.9	160	26.0	5	0.8	10	1.6
Pequannock Township	142	94.7	*	-	*	-	*	-	*	-	*	-
Randolph Township	261	74.8	7	2.0	18	5.2	56	16.0	*	-	*	-
Riverdale Borough	23	92.0	*	-	*	-	*	-	*	-	*	-
Rockaway Borough	70	82.4	*	-	7	8.2	6	7.1	*	-	*	-
Rockaway Township	287	80.4	7	2.0	30	8.4	29	8.1	*	-	*	-
Roxbury Township	214	84.6	*	-	22	8.7	14	5.5	*	-	*	-
Victory Gardens Borough	5	25.0	*	-	13	65.0	*	-	*	-	*	-
Washington Township	190	89.2	*	-	8	3.8	9	4.2	*	-	*	-
Wharton Borough	47	57.3	*	-	29	35.4	*	-	*	-	*	-

* cell value less than 5 are not recorded to protect confidentiality
** Passaic Township changes to Long Hill Township in 2003 API – Asian/Pacific Islander N/S – Not Stated
- percent cannot be calculated due to lack of data SOURCE: NJDHSS, Center for Health Statistics
Municipalities: Special Report, NJDHSS, Center for Health Statistics State - http://www.state.nj.us/health/chs/stats00/natality.htm
Municipalities: http://www.state.nj.us/health/chs/stats00/natality.htm County - http://www.state.nj.us/health/chs/stats00/natality.htm

Table 4B, Natality. New Jersey and Morris County: Maternal Race, 2003

Location	Race/Ethnicity of Mother									
	White		Black		Hispanic		API		Other	
	#	%	#	%	#	%	#	%	#	%
New Jersey	116823	59,603	51.0	17,238	14.8	26,124	22.4	10,061	8.6	305
Morris County	6404	4,846	75.7	156	2.4	742	11.6	570	8.9	10
Boonton Town	88	65.7	11	8.2	13	9.7	20	14.9	2	1.5
Boonton Township	44	83.0	2	3.8	0	0.0	5	9.4	0	0.0
Butler Borough	109	85.2	1	0.8	16	12.5	1	0.8	0	0.0
Chatham Borough	168	87.5	0	0.0	8	4.2	9	4.7	0	0.0
Chatham Township	96	73.3	0	0.0	9	6.9	14	10.7	0	0.0
Chester Borough	20	87.0	0	0.0	3	13.0	0	0.0	0	0.0
Chester Township	76	89.4	0	0.0	5	5.9	3	3.5	0	0.0
Denville Township	149	79.3	2	1.1	15	8.0	20	10.6	0	0.0
Dover Town	42	12.8	6	1.8	268	81.7	10	3.0	2	0.6
East Hanover Township	93	82.3	0	0.0	7	6.2	12	10.6	0	0.0
Florham Park Borough	108	86.4	3	2.4	5	4.0	7	5.6	0	0.0
Hanover Township	98	82.4	1	0.8	7	5.9	12	10.1	0	0.0
Harding Township	28	82.4	1	2.9	2	5.9	2	5.9	0	0.0
Jefferson Township	260	87.0	2	0.7	21	7.0	14	4.7	1	0.3
Kinnelon Borough	93	85.3	0	0.0	7	6.4	5	4.6	0	0.0
Lincoln Park Borough	121	83.4	2	1.4	12	8.3	7	4.8	0	0.0
Long Hill Township**	86	81.1	0	0.0	9	8.5	9	8.5	0	0.0
Madison Borough	175	77.4	5	2.2	22	9.7	14	6.2	1	0.4
Mendham Borough	49	89.1	0	0.0	1	1.8	4	7.3	0	0.0
Mendham Township	58	89.2	0	0.0	2	3.1	4	6.2	0	0.0
Mine Hill Township	42	77.8	2	3.7	6	11.1	4	7.4	0	0.0
Montville Township	195	72.8	2	0.7	13	4.9	49	18.3	0	0.0
Morris Plains Borough	76	78.4	6	6.2	4	4.1	8	8.2	0	0.0
Morristown Town	106	39.8	25	9.4	116	43.6	14	5.3	0	0.0
Morris Township	239	76.8	9	2.9	39	12.5	18	5.8	0	0.0
Mount Arlington Borough	56	76.7	3	4.1	7	9.6	7	9.6	0	0.0
Mountain Lakes Borough	38	86.4	0	0.0	0	0.0	3	6.8	0	0.0
Mount Olive Township	260	72.4	13	3.6	40	11.1	41	11.4	2	0.6
Netcong Borough	28	73.7	0	0.0	9	23.7	1	2.6	0	0.0
Parsippany-Troy Hills Twp	335	51.8	14	2.2	87	13.4	203	31.4	2	0.3
Pequannock Township	134	92.4	0	0.0	6	4.1	3	2.1	1	0.7
Randolph Township	257	72.8	9	2.5	32	9.1	50	14.2	0	0.0
Riverdale Borough	43	87.8	0	0.0	3	6.1	3	6.1	0	0.0
Rockaway Borough	59	72.8	2	2.5	15	18.5	4	4.9	0	0.0
Rockaway Township	234	76.0	6	1.9	35	11.4	31	10.1	0	0.0
Roxbury Township	256	79.3	4	1.2	31	9.6	27	8.4	1	0.3
Victory Gardens Borough	2	9.5	2	9.5	17	81.0	0	0.0	0	0.0
Washington Township	180	89.1	0	0.0	10	5.0	8	4.0	1	0.5
Wharton Borough	46	45.1	7	6.9	45	44.1	3	2.9	0	0.0

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

** Passaic Township changes to Long Hill Township in 2003.

Tables 5A and 5B, below, report mother's marital status at the state, county and municipality level for 2000 and 2003.

Table 5A, Natality. New Jersey and Morris County, Marital Status at Birth, 2000

Location	Marital Status					
	Married		Unmarried		N/S	
	#	%	#	%	#	%
New Jersey	79,705	69.0	32,91	28.5	2,92	2.5
Morris County	5,718	88.8	638	9.9	82	1.3
Boonton Town	118	88.7	14	10.5	*	-
Boonton Township	43	87.8	6	12.2	*	-
Butler Borough	75	94.9	*	-	*	-
Chatham Borough	168	93.3	*	-	*	-
Chatham Township	120	95.2	*	-	*	-
Chester Borough	26	92.9	*	-	*	-
Chester Township	73	96.1	*	-	*	-
Denville Township	197	92.5	16	7.5	*	-
Dover Town	166	53.4	145	46.6	*	-
East Hanover Township	135	94.4	*	-	*	-
Florham Park Borough	94	94.9	*	-	*	-
Hanover Township	166	94.3	9	5.1	*	-
Harding Township	41	91.1	*	-	*	-
Jefferson Township	270	87.4	33	10.7	6	1.9
Kinnelon Borough	99	94.3	6	5.7	*	-
Lincoln Park Borough	120	90.9	10	7.6	*	-
Long Hill Township**	132	97.9	*	-	*	-
Madison Borough	189	88.3	17	7.9	8	3.7
Mendham Borough	63	94.0	*	-	*	-
Mendham Township	54	90.0	*	-	*	-
Mine Hill Township	52	89.7	6	10.3	*	-
Montville Township	261	94.6	10	3.6	5	1.8
Morris Plains Borough	95	95.0	*	-	*	-
Morristown Town	198	66.9	95	32.1	*	-
Morris Township	262	93.6	13	4.6	5	1.8
Mount Arlington Borough	56	93.3	*	-	*	-
Mountain Lakes Borough	39	92.9	*	-	*	-
Mount Olive Township	418	91.7	37	8.1	*	-
Netcong Borough	34	81.0	8	19.0	*	-
Parsippany-Troy Hills Twp	554	90.1	55	8.9	6	1.0
Pequannock Township	147	98.0	*	-	*	-
Randolph Township	326	93.4	19	5.4	*	-
Riverdale Borough	23	92.0	*	-	*	-
Rockaway Borough	77	90.6	6	9.4	*	-
Rockaway Township	326	91.3	30	8.4	*	-
Roxbury Township	227	89.7	26	10.3	*	-
Victory Gardens Borough	8	40.0	12	60.0	*	-
Washington Township	204	95.8	8	3.8	*	-
Wharton Borough	62	75.6	19	23.2	*	-

Source: NJDHSS, Center for Health Statistics - percent cannot be calculated due to lack of data
* cell value less than 5 are not recorded to protect confidentiality
** Passaic Township changes to Long Hill Township in 2003

Table 5B, Natality. New Jersey and Morris County, Marital Status at Birth, 2003

Location	Marital Status	
	Married	Unmarried
Boonton Town	111	23
Boonton Township	47	4
Butler Borough	108	19
Chatham Borough	181	4
Chatham Township	119	0
Chester Borough	19	4
Chester Township	81	3
Denville Township	175	11
Dover Town	160	168
East Hanover Township	107	5
Florham Park Borough	116	7
Hanover Township	109	9
Harding Township	30	3
Jefferson Township	263	36
Kinnelon Borough	102	3
Lincoln Park Borough	132	12
Long Hill Township**	96	8
Madison Borough	197	20
Mendham Borough	53	1
Mendham Township	62	2
Mine Hill Township	52	2
Montville Township	244	15
Morris Plains Borough	88	6
Morristown Town	169	92
Morris Township	276	28
Mount Arlington Borough	65	8
Mountain Lakes Borough	40	1
Mount Olive Township	320	36
Netcong Borough	27	11
Parsippany-Troy Hills Township	586	55
Pequannock Township	135	9
Randolph Township	318	31
Riverdale Borough	46	3
Rockaway Borough	71	9
Rockaway Township	279	27
Roxbury Township	285	34
Victory Gardens Borough	10	11
Washington Township	191	8
Wharton Borough	68	33

Source: New Jersey Department of Health and Senior Services Center for Health Statistics
Note: Values will not add to total in cases where records had missing data for a given variable.
** Passaic Township changes to Long Hill Township in 2003.

Table 6, below, illustrates the period after the onset of pregnancy during which trimester prenatal care commenced for the state, county, and municipality during 2003.

Table 6, Natality. New Jersey and Morris County: Prenatal Care, 2003

Municipality Name	Trimester Prenatal Care Began			
	First	Second	Third	No Care
Boonton Town	113	18	3	0
Boonton Township	50	1	0	0
Butler Borough	122	4	0	1
Chatham Borough	181	2	1	0
Chatham Township	115	4	0	0
Chester Borough	21	2	0	0
Chester Township	78	5	0	0
Denville Township	166	17	1	0
Dover Town	238	73	13	1
East Hanover Township	104	5	2	1
Florham Park Borough	119	3	0	0
Hanover Township	111	4	2	1
Harding Township	31	2	0	0
Jefferson Township	277	19	2	1
Kinnelon Borough	101	3	1	0
Lincoln Park Borough	137	4	2	1
Long Hill Township**	97	4	3	0
Madison Borough	200	13	2	0
Mendham Borough	50	2	1	0
Mendham Township	62	2	0	0
Mine Hill Township	50	4	0	0
Montville Township	241	13	1	3
Morris Plains Borough	91	1	1	0
Morristown Town	199	55	5	2
Morris Township	283	20	1	0
Mount Arlington Borough	65	6	1	0
Mountain Lakes Borough	40	1	0	0
Mount Olive Township	320	30	4	1
Netcong Borough	34	3	0	0
Parsippany-Troy Hills Township	583	52	3	2
Pequannock Township	135	8	1	0
Randolph Township	328	13	3	1
Riverdale Borough	47	2	0	0
Rockaway Borough	75	4	0	0
Rockaway Township	280	20	4	1
Roxbury Township	292	23	4	0
Victory Gardens Borough	14	7	0	0
Washington Township	192	6	1	0
Wharton Borough	81	12	4	3

Note: Values will not add to total in cases where records had missing data for a given variable.
Source: New Jersey Department of Health and Senior Services Center for Health Statistics
** Passaic Township changes to Long Hill Township in 2003

Table 7, below, reports mother's substance use during pregnancy for 2003 for Morris County municipalities.

Table 7, Natality. Morris County: Substance Use by Mother's Municipality, 2003

Municipality Name	Total Births for Municipality	Tobacco Use During Pregnancy	Alcohol Use During Pregnancy	Drug Use During Pregnancy
Boonton Town	134	14	0	2
Boonton Township	53	2	2	0
Butler Borough	128	5	1	0
Chatham Borough	192	1	1	0
Chatham Township	131	1	0	0
Chester Borough	23	0	0	0
Chester Township	85	3	3	0
Denville Township	188	15	6	0
Dover Town	328	15	1	1
East Hanover Township	113	2	0	1
Florham Park Borough	125	4	2	1
Hanover Township	119	4	1	0
Harding Township	34	1	2	0
Jefferson Township	299	30	4	2
Kinnelon Borough	109	4	1	0
Lincoln Park Borough	145	4	0	0
Long Hill Township**	106	0	1	0
Madison Borough	226	2	2	2
Mendham Borough	55	2	0	0
Mendham Township	65	1	1	0
Mine Hill Township	54	3	2	1
Montville Township	268	9	2	2
Morris Plains Borough	97	2	1	0
Morristown Town	266	9	2	2
Morris Township	311	8	3	2
Mount Arlington Borough	73	7	2	1
Mountain Lakes Borough	44	1	2	0
Mount Olive Township	359	23	8	2
Netcong Borough	38	5	1	0
Parsippany-Troy Hills Township	647	41	8	3
Pequannock Township	145	12	4	2
Randolph Township	353	13	2	0
Riverdale Borough	49	4	0	0
Rockaway Borough	81	4	1	0
Rockaway Township	308	24	3	2
Roxbury Township	323	24	5	5
Victory Gardens Borough	21	5	1	0
Washington Township	202	15	6	0
Wharton Borough	102	12	1	1

Note: Values will not add to total in cases where records had missing data for a given variable.
Source: New Jersey Department of Health and Senior Services Center for Health Statistics
** Passaic Township changes to Long Hill Township in 2003.

Table 8, below, reports birth characteristics including gestation and birth weight by mother's municipality for 2003.

Table 8, Natality. Morris County: Births by Mother's Municipality, Gestation and Birth Weight

Municipality Name	Total	Premature (<37 weeks gestation)	Birth Weight		
			<1500 grams	1500-2499 grams	2500+ grams
Boonton Town	134	9	2	5	127
Boonton Township	53	3	0	3	48
Butler Borough	128	13	3	8	116
Chatham Borough	192	14	4	6	175
Chatham Township	131	7	2	4	113
Chester Borough	23	1	0	0	23
Chester Township	85	10	0	6	78
Denville Township	188	20	6	13	167
Dover Town	328	27	9	16	303
East Hanover Township	113	12	4	6	102
Florham Park Borough	125	12	2	9	112
Hanover Township	119	16	3	8	107
Harding Township	34	1	0	1	32
Jefferson Township	299	26	4	15	280
Kinnelon Borough	109	12	1	5	99
Lincoln Park Borough	145	20	4	10	130
Long Hill Township**	106	11	2	6	96
Madison Borough	226	17	4	6	207
Mendham Borough	55	6	0	4	50
Mendham Township	65	9	2	5	57
Mine Hill Township	54	8	0	5	49
Montville Township	268	36	3	24	232
Morris Plains Borough	97	9	0	10	84
Morristown Town	266	41	7	21	233
Morris Township	311	31	4	16	285
Mount Arlington Borough	73	3	0	2	71
Mountain Lakes Borough	44	1	0	1	40
Mount Olive Township	359	29	4	18	334
Netcong Borough	38	4	1	0	37
Parsippany-Troy Hills Township	647	70	9	51	580
Pequannock Township	145	13	1	9	134
Randolph Township	353	33	2	25	322
Riverdale Borough	49	6	3	4	42
Rockaway Borough	81	6	3	1	76
Rockaway Township	308	18	1	23	282
Roxbury Township	323	18	2	11	306
Victory Gardens Borough	21	0	0	1	20
Washington Township	202	14	1	10	188
Wharton Borough	102	4	1	6	94

Note: Values will not add to total in cases where records had missing data for a given variable.
Source: New Jersey Department of Health and Senior Services Center for Health Statistics
** Passaic Township changes to Long Hill Township in 2003.

Infant death data for New Jersey and Morris County are presented in Tables 9A, 9B, and 9C by race/ethnicity of the mother for 2000 and 2003. The top five causes of death in infants for 2000 are in order of prevalence: congenital malformations, low birth weight, sudden infant death syndrome (SIDS), respiratory distress syndrome, and cord and placenta complications. The top five causes of death for 2003 are in order of prevalence: short gestation/low birth weight, congenital malformations, sudden infant death syndrome (SIDS), respiratory distress, and maternal complications of pregnancy. County data reporting infant deaths are not available for 2003.

Table 9A, Natality. New Jersey: Infant Deaths by Race/Ethnicity of Mother, 2000

Infant Variable	Total	White Non-Hispanic	African American Non-Hispanic	Hispanic	Asian and Pacific Islander Non-Hispanic
Infant deaths	**723**	**245**	**246**	**127**	**26**
Infant mortality rate[1]	6.3	3.9	13.2	5.8	2.9
Leading causes of infant death[2]					
Congenital malformations	140	59	31	26	6
Short gestation/low birth weight	107	25	49	22	3
Sudden Infant Death Syndrome (SIDS)	62	25	20	13	2

1. The infant mortality rate is the number of deaths under 1 year of age per 1,000 live births in the same calendar year. Rates based on fewer than 20 deaths should be interpreted with caution.
2. These are the leading causes for the entire state. These may not be the leading causes for each race/ethnicity.
Data Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, County Health Reports
http://www.state.nj.us/health/chs/county00.pdf#mor

Table 9B, Natality. New Jersey: Infant Deaths by Race/Ethnicity of Mother, 2003

Infant Variable	Total	White Non-Hispanic	African American Non-Hispanic	Hispanic	Asian and Pacific Islander Non-Hispanic
Infant deaths	**662**	**207**	**206**	**135**	**48**
Infant mortality rate[1]	5.7	3.5	12.0	5.2	4.8
Leading causes of infant death[2]					
Short gestation/low birth weight	161	46	53	31	17
Congenital malformations	105	38	29	21	6
Sudden Infant Death Syndrome (SIDS)	38	10	21	5	1

1. The infant mortality rate is the number of deaths under 1 year of age per 1,000 live births in the same calendar year. Rates based on fewer than 20 deaths should be interpreted with caution.
2. These are the leading causes for the entire state. These may not be the leading causes for each race/ethnicity.
Data Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, County Health Reports
http://www.state.nj.us/health/chs/county00.pdf#mor

Table 9C, Natality. Morris County: Infant Deaths by Race/Ethnicity of Mother, 2000

Infant Variable	Total	White Non-Hispanic	African American Non-Hispanic	Hispanic	Asian and Pacific Islander Non-Hispanic
Infant deaths	**21**	**15**	**3**	**0**	**0**
Infant mortality rate[1]	3.3	3.1	19.2	0.0	0.0
Leading causes of infant death[2]					
Congenital malformations	7	5	0	0	0
Short gestation/low birth weight	2	0	1	0	0
Sudden Infant Death Syndrome (SIDS)	1	1	0	0	0

[1]The infant mortality rate is the number of deaths under 1 year of age per 1,000 live births in the same calendar year. Rates based on fewer than 20 deaths should be interpreted with caution.
[2]These are the leading causes for the entire state. These may not be the leading causes for the county or race/ethnicity.
Data Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, County Health Reports
http://www.state.nj.us/health/chs/county00.pdf#mor

Bibliography

1. NJDHSS, Center for Health Statistics, http://www.state.nj.us/health/chs/index.html retrieved January 2006.
2. Morris Regional Public Health Partnership Community Health Profile Committee (MCHPC) retrieved 2/17/05
3. New Jersey Department of Health and Senior Services, Center for Health Statistics, County Health Reports http://www.state.nj.us/health/chs/county00.pdf#mor

Other Information

1. Information about natality in Morris County is available from the Morris County Regional Public Health Partnership database 2000, which is kept on file at the Partnership office.
2. Additional information about natality is available from the NJDHSS, Center for Health Statistics, and can be queried for a variety of variables from the NJ State Health Assessment Data web page http://njshad.doh.state.nj.us/infant2.html.

Subsection Preparation

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Mortality

Data Availability

There is extensive statistical data and other information relevant to Morris County and the state for mortality. A summary of these data are displayed in the tables below. References to other, more detailed data are described in the sub-section "Bibliography."

Morris County and state data are available that describe mortality by race, age, and leading cause of death. Information from state sources is available for the six largest municipalities in Morris County and the balance of the county, and includes the number of deaths and the associated crude death rates by gender, race, and cause of death. Years of Potential Life Lost (YPLL) data is also available for these municipalities. Information from the 2000 Census reports all of the county's municipalities, and is on file at MRPHP's offices; however, the data reported is collected from the State Health Assessment Data (SHAD) system and does not report information below the county level.

Data Indicators

A note for all tables included in this section that contain a variable for "race": The author was informed by a NJDHSS representative on January 24, 2006 that tables including "race" as a variable do not include a column for "not stated"; therefore, the sum of all "race" columns do not equal the number listed in the "total" column. This is true for 2000 and 2003 data tables.

Tables 1A, 1B, 1C, and 1D contain mortality data by race for New Jersey and Morris County residents, including total deaths, crude death rate, age-adjusted death rate, age group and leading cause of death for 2000 and 2003. It should be noted that for this set of tables, data for Hispanics and Asians and Pacific Islanders are represented by "other," and are not separately displayed. This is because there is evidence of ethnicity and race misclassification particularly affecting those decedents not classified as white or black. Hispanics are reported in the race group (if white or black) indicated on their death certificates. Tables 1C and 1D include information from the NJDHSS Center for Health Statistic's SHAD system which utilizes different categories for race and age than information that might be obtained from Census 2000 data. The patterns for age-adjusted death rate at the state and county level are the same—the rate for blacks is higher than that of whites. The rate for whites in Morris County is lower than that of the state, while the rate for blacks at the county level is higher than at the state level.

Table 1A, Mortality. New Jersey: Death Rates by Age, Race, and Cause, 2000[1]

Death Variable	Number				Rate[2]			
	Total	White	African American	Other	Total	White	African American	Other
Total deaths and crude death rate[3]	**74,800**	**64,239**	**9,642**	**919**	**889.0**	**968.9**	**776.7**	**169.2**
Age-adjusted death rate[4]					852.4	831.6	1,107.7	382.5
Age group[5]								
Under 5 years	827	488	315	24	146.7	116.0	314.3	55.8
5 to 14 years	155	96	48	11	13.0	10.7	21.9	**
15 to 24 years	648	433	192	23	64.5	58.0	103.1	31.9
25 to 34 years	1,158	748	389	21	97.4	84.1	200.0	19.9
35-44 years	2,693	1,797	847	49	187.7	159.0	417.1	48.0
45-54 years	4,648	3,383	1,172	93	401.1	359.0	812.0	128.6
55-64 years	6,927	5,420	1,369	138	918.7	875.0	1,443.8	347.0
65-74 years	13,478	11,293	1,988	197	2,345.4	2,278.2	3,331.5	1,021.4
75-84 years	22,743	20,566	1,956	221	5,650.9	5,635.9	6,608.8	2,776.7
85 + years	21,506	20,004	1,360	142	15,813.4	16,043.5	14,300.7	7,875.8
Leading Causes of Death[6]								
Heart Disease	23,724	21,090	2,394	240	269.4	268.3	300.3	119.0
Cancer	18,073	15,656	2,162	255	205.9	204.7	250.9	87.3
Stroke	4,316	3,681	571	64	49.0	46.7	71.5	28.6
Chronic Lower Respiratory Disease	3,007	2,712	270	25	34.1	34.5	34.0	12.3
Diabetes	2,483	1,990	449	44	28.2	25.8	54.6	19.8
Unintentional Injuries	1,512	1,260	234	18	17.5	17.61	21.5	**

Data Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, http://www.state.nj.us/health/chs/county00.pdf#mor

** Number is too small to calculate a reliable rate.

[1] There is evidence of ethnicity and race misclassification affecting particularly those decedents not classified as white or African American. Therefore, data for Hispanics and Asians and Pacific Islanders are not separately displayed here. Hispanics are reported in the race group (if white or African American) indicated on their death certificates.

[2] Rates are calculated per 100,000 population and data are age-adjusted directly using the year 2000 standard population of the United States.

[3] Crude death rates are computed per 100,000 population.

[4] Age-adjusted rates are computed per 100,000 based on the 2000 standard population.

[5] Age-specific rates are computed per 100,000 population in the age group.

[6] These are the leading causes for the entire state. These may not be the leading causes for the county or race.

Table 1B, Mortality. New Jersey: Death Rates by Age, Race, and Cause, 2003[1]

Death Variable	Number				Rate[2]			
	Total	White	African American	Other	Total	White	African American	Other
Total deaths and crude death rate[3]	**73,410**	**61,905**	**9,613**	**1,153**	**849.8**	**920.0**	**744.9**	**186.3**
Age-adjusted death rate[4]					791.7	764.9	1026.9	353.6
Age group[5]								
Under 5 years	770	425	273	43	135.7	102.6	253.7	94.1
5 to 14 years	147	91	48	5	12.1	10.1	21.7	**
15 to 24 years	730	465	212	21	67.7	57.9	107.4	27.2
25 to 34 years	1,053	651	335	29	94.3	79.8	181.0	25.1
35-44 years	2,430	1,572	736	56	169.8	142.1	351.3	48.6
45-54 years	4,813	3,325	1,277	123	385.2	331.5	798.4	142.4
55-64 years	7,099	5,286	1,508	162	825.6	748.3	1,452.8	326.1
65-74 years	11,906	9,694	1,854	228	2,143.3	2,074.5	2,952.3	897.3
75-84 years	22,112	19,740	1,966	276	5,321.6	5,314.0	5,935.6	2,527.0
85 + years	22,336	20,651	1,400	209	14,616.	14,776	13,808.	7,157.5
Leading Causes of Death[6]								
Heart Disease	21,801	19,235	2,270	294	252.4	285.8	175.9	47.5
Cancer	17,551	15,112	2,141	297	203.2	224.6	165.9	48.0
Stroke	3,914	3,304	526	83	45.3	49.1	40.8	13.4
Chronic Lower Respiratory Disease	2,890	2,618	249	23	33.5	38.9	19.3	3.7
Diabetes	2,470	1,930	496	44	28.6	28.7	38.4	7.1
Unintentional Injuries	1,524	1,263	246	11	17.6	18.8	19.1	**

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, SHAD query
http://njshad.doh.state.nj.us/death1119.html
** Number is too small to calculate a reliable rate.
[1] There is evidence of ethnicity and race misclassification affecting particularly those decedents not classified as white or African American. Therefore, data for Hispanics and Asians and Pacific Islanders are not separately displayed here. Hispanics are reported in the race group (if white or African American) indicated on their death certificates.
[2] Rates are calculated per 100,000 population and data are age-adjusted directly using the year 2000 standard population of the United States.
3. Crude death rates are computed per 100,000 population.
4. Age-adjusted rates are computed per 100,000 based on the 2000 standard population.
5. Age-specific rates are computed per 100,000 population in the age group.
6. These are the leading causes for the entire state. These may not be the leading causes for the county or race.

Table 1C, Mortality. Morris County: Death Rates by Age, Race, and Cause, 2000[1]

Death Variable	Number				Rate[2]			
	Total	White	African American	Other	Total	White	African American	Other
Total deaths and crude death rate[3]	**3,527**	**3,367**	**	**53**	**750.1**	**794.6**	**737.7**	**165.7**
Age-adjusted death rate[4]					798.9	805.5	1,176.0	363.9
Age group[5]								
Under 5 years	26	22	3	1	79.0	75	**	**
5 to 14 years	11	8	2	1	**	**	**	**
15 to 24 years	20	19	0	1	42.4	**	**	**
25 to 34 years	32	31	1	0	50.2	55.7	**	**
35-44 years	86	79	5	2	99.5	101.9	**	**
45-54 years	189	173	9	7	263.0	265.3	**	**
55-64 years	327	308	11	8	696.8	713.1	**	**
65-74 years	621	584	25	12	2,112.9	2,116.1	3,822.6	**
75-84 years	1089	1,054	24	11	5,890.6	5,971.3	7,017.5	**
85 + years	1125	1,088	27	10	16,912.2	16,920.7	25,961.5	**
Leading Causes of Death[6]								
Heart Disease	1,125	1,076	29	11	257.5	258.8	331.6	**
Cancer	875	838	26	4	193.5	197.0	251.5	**
Stroke	212	194	11	1	49.2	47.3	**	**
Chronic Lower Respiratory Disease	190	183	3	20	44.1	44.6	**	154.1
Diabetes	89	85	3	1	20.3	20.5	**	**
Unintentional Injuries	93	91	1	7	20.7	22.1	**	**

Data Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, http://www.state.nj.us/health/chs/county00.pdf#mor

** Number is too small to calculate a reliable rate.

[1] There is evidence of ethnicity and race misclassification affecting particularly those decedents not classified as white or African American. Therefore, data for Hispanics and Asians and Pacific Islanders are not separately displayed here. Hispanics are reported in the race group (if white or African American) indicated on their death certificates.

[2] Rates are calculated per 100,000 population and data are age-adjusted directly using the year 2000 standard population of the United States.

3. Crude death rates are computed per 100,000 population.

4. Age-adjusted rates are computed per 100,000 based on the 2000 standard population.

5. Age-specific rates are computed per 100,000 population in the age group.

6. These are the leading causes for the entire state. These may not be the leading causes for the county or race.

Table 1D, Mortality. New Jersey: Death Rates by Age, Race and Cause, 2003[1]

Death Variable	Number				Rate[2]			
	Total	White	African American	Other	Total	White	African American	Other
Total deaths and crude death rate[3]	**3,392**	**3,198**	**101**	**61**	**702.1**	**741.2**	**675.7**	**166.1**
Age-adjusted death rate[4]					712.9	716.6	930.9	320.2
Age group[5]								
Under 5 years	33	26	1	3	103.1	92.0	**	**
5 to 14 years	6	5	0	0	**	**	**	**
15 to 24 years	31	25	3	3	57.8	53.0	**	**
25 to 34 years	26	19	1	1	47.4	**	**	**
35-44 years	96	85	8	1	112.4	112.0	**	**
45-54 years	197	178	12	3	260.4	261.8	**	**
55-64 years	326	296	15	8	591.5	586.4	**	**
65-74 years	568	519	29	11	1,829.2	1,807.7	3,790.8	**
75-84 years	967	931	18	17	4,878.4	4,952.1	**	**
85 + years	1,142	1,114	14	14	15,828.1	16,121.6	**	**
Leading Causes of Death[6]								
Heart Disease	974	933	24	17	201.6	216.2	160.6	**
Cancer	917	877	22	18	189.8	203.3	147.2	**
Stroke	180	166	7	7	37.3	38.5	**	**
Chronic Lower Respiratory Disease	128	124	4	0	26.5	28.7	**	**
Diabetes	89	81	6	2	18.4	18.8	**	**
Unintentional Injuries	72	63	6	3	14.9	14.6	**	**

Data Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, SHAD query
http://njshad.doh.state.nj.us/death1119.html
** Number is too small to calculate a reliable rate.
[1] There is evidence of ethnicity and race misclassification affecting particularly those decedents not classified as white or African American. Therefore, data for Hispanics and Asians and Pacific Islanders are not separately displayed here. Hispanics are reported in the race group (if white or African American) indicated on their death certificates.
[2] Rates are calculated per 100,000 population and data are age-adjusted directly using the year 2000 standard population of the United States.
[3] Crude death rates are computed per 100,000 population.
[4] Age-adjusted rates are computed per 100,000 based on the 2000 standard population.
[5] Age-specific rates are computed per 100,000 population in the age group.
[6] These are the leading causes for the entire state. These may not be the leading causes for the county or race.

Tables 1E and 1F, below, report Morris County death statistics by cause of death and age for 2000 and 2003, respectively. The rates fluctuate between 2000 and 2003, but the rate for all deaths all ages is lower in 2003 than in 2000.

Table 1E, Mortality. Morris County: Death Statistics by Cause of Death and Age, 2000

Cause of Death	Age Group																					
	Under 5		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		All Ages	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Cancer	0	*	3	*	4	*	4	*	28	32.4	65	90.4	145	309.0	231	786.0	259	1,401.0	136	2,044.5	875	193.5
Chronic Respiratory Disease	0	*	0	*	0	*	0	*	1	*	1	*	12	*	35	119.1	85	459.8	56	841.9	190	44.1
Diabetes	0	*	0	*	1	*	1	*	1	*	5	*	8	*	18	*	32	173.1	23	345.8	89	20.3
Heart Disease	1	*	0	*	1	*	2	*	8	*	40	55.7	85	181.1	180	612.4	342	1,849.9	465	6,990.4	1,125	257.5
Unintentional Injuries	2	*	0	*	4	*	10	*	11	*	6	*	4	*	5	*	17	*	12	*	71	15.7
Stroke	0	*	0	*	0	*	0	*	4	*	5	*	8	*	31	105.5	87	470.6	77	1,157.5	212	49.2
Total	**3**	*****	**3**	*****	**10**	*****	**17**	*****	**53**	**61.3**	**122**	**169.8**	**262**	**558.3**	**500**	**1,701.2**	**822**	**4,446.4**	**769**	**11,560.4**	**2,562**	**580.4**

Source: NJDHSS, Center for Health Statistics, SHAD query http://njshad.doh.state.nj.us/death1119.html
Rates Per 100,000
Rates for "All Ages" are Age-adjusted. Others are age group specific.
* indicates numerator too small for rate calculation
Age-Adjustment Uses 2000 Standard Population

Table 1F, Mortality. Morris County: Death Statistics by Cause of Death and Age, 2003

Cause of Death	Age Group																					
	Under 5		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		All Ages	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Cancer	0	*	2	*	7	*	3	*	28	32.8	79	104.4	136	246.7	239	769.7	277	1,397.4	146	2,023.6	917	188.8
Chronic Respiratory Disease	0	*	0	*	0	*	0	*	0	*	6	*	10	*	25	80.5	50	252.2	37	512.8	128	27.2
Diabetes	0	*	0	*	0	*	0	*	3	*	7	*	16	*	16	*	25	126.1	22	304.9	89	18.1
Heart Disease	0	*	1	*	3	*	2	*	12	*	37	48.9	66	119.7	128	412.2	291	1,468.1	434	6,015.2	974	207.1
Unintentional Injuries	0	*	1	*	5	*	6	*	12	*	16	*	6	*	2	*	7	*	17	*	72	14.7
Stroke	0	*	0	*	1	*	0	*	4	*	2	*	8	*	20	64.4	54	272.4	91	1,261.3	180	38.7
Total	**0**	*****	**4**	*****	**16**	*****	**11**	*****	**59**	**69.1**	**147**	**194.3**	**242**	**439.1**	**430**	**1,384.8**	**704**	**3,551.6**	**747**	**10,353.4**	**2,360**	**494.7**

Source: NJDHSS, Center for Health Statistics, SHAD query http://njshad.doh.state.nj.us/death1119.html
Rates Per 100,000
Rates for "All Ages" are Age-adjusted. Others are age group specific.
* indicates numerator too small for rate calculation
Age-Adjustment Uses 2000 Standard Population

Table 2, Mortality. New Jersey and Morris County: Number of Deaths, Crude Death Rate, and Age-Adjusted Death Rate, 2000

	Total Population	Total Death		
		# of deaths	Crude death rate	Age-Adjusted death rate
New Jersey	8,414,350	74,800	889.0	852.4
Morris County	470,212	3,527	750.1	798.9
Denville Township	15,824	144	910.0	NA
Dover Town	18,188	183	1006.2	NA
Hanover Township	12,898	97	752.1	NA
Lincoln Park Borough	10,930	153	1,399.8	NA
Madison Borough	16,530	126	762.3	NA
Pequannock Township	13,888	128	921.7	NA
Balance of County	381,954	2,696	705.8	NA

Source: http://www.state.nj.us/health/chs/deathchar00.xls
NA – information not available
Rates are computed per 100,000 population.
Age-Adjustment Uses 2000 Standard Population

Table 2, above, reports the total number of deaths and the crude death rate for New Jersey, Morris County, and for the six municipalities with the highest population, and the balance of the county. The age-adjusted death rate is only available at the state and county level. Both the crude and age-adjusted death rates are lower in Morris County than they are in the state. All six municipalities listed have crude death rates higher than that of Morris County. Lincoln Park Borough maintains the highest crude death rate and the balance of the county maintains the lowest crude death rate.

Table 3A, below, reports the number of deaths, crude death rate, and age-adjusted death rate by gender for New Jersey, Morris County, and the six municipalities with the highest population, and the balance of the county for 2000. Table 3B illustrates the number of deaths, crude death rate, and age-adjusted death rate by race for New Jersey, Morris County, six municipalities with the highest population, and the balance of the county for 2000. It should be noted that reporting for races other than white and black and reporting of Hispanic ethnicity on death certificates is incomplete; therefore, data presented in the death section are only given for white and black races, regardless of ethnicity. Persons who are identified as Hispanic have been included in the analysis of mortality data by race based on the race (white or African American) reported on the decedent's death certificate. Asians and Pacific Islanders are included in the “other race” category.

Tables 3C and 3D contain the same information, but for 2003. The crude and age-adjusted rates for males and females in Morris County are lower than that of the state in both 2000 and 2003. The same is true for whites and blacks in Morris County, but the 2003 age-adjusted rate for blacks in Morris County is higher than the corresponding rate for the state. In addition, the 2000 crude rate for “other” in Morris County is higher than the corresponding rate for the state but, for 2003, all Morris County rates are lower than those for the state.

Table 3A, Mortality. New Jersey and Morris County: Number of Deaths, Crude Death Rate, and Age-Adjusted Death Rate by Gender, 2000

	Gender					
	Male			Female		
	# of deaths	Crude death rate	Age-Adjusted Rate	# of deaths	Crude death rate	Age-Adjusted Rate
New Jersey	35,749	875.6	1,039.7	39,051	901.6	719.6
Morris County	1,579	686.4	919.9	1,948	811.1	713.8

Source: NJDHSS, Center for Health Statistics, SHAD query http://njshad.doh.state.nj.us/death1119.html
Rates are computed per 100,000 population.
Age-Adjustment Uses 2000 Standard Population

Table 3B, Mortality. New Jersey and Morris County: Number of Deaths, Crude Death Rate, and Age-Adjusted Death Rate by Race, 2000

	Race								
	White			Black			Other		
	# of deaths	Crude death rate	Age-Adjusted Rate	# of deaths	Crude death rate	Age-Adjusted Rate	# of deaths	Crude death rate	Age-Adjusted Rate
New Jersey	64,239	1,052.3	831.6	9,642	844.4	1,107.7	919	78.7	382.5
Morris County	3,367	794.6	805.5	107	737.7	1,176.0	53	133.6	363.9

Source: NJDHSS, Center for Health Statistics, SHAD query http://njshad.doh.state.nj.us/death1119.html
Rates are computed per 100,000 population.
Age Adjustment Uses 2000 Standard Population

Table 3C, Mortality. New Jersey and Morris County: Number of Deaths, Crude Death Rate, and Age-Adjusted Rate by Gender, 2003

	Gender					
	Male			Female		
	# of deaths	Crude death rate	Age-Adjusted Rate	# of deaths	Crude death rate	Age-Adjusted Rate
New Jersey	34,756	826.8	943.1	38,654	871.6	677.6
Morris County	1,589	670.5	836.4	1,803	732.4	622.9

Source: NJDHSS, Center for Health Statistics, SHAD query
http://njshad.doh.state.nj.us/death1119.html
Rates are computed per 100,000 population.
Age-Adjustment Uses 2000 Standard Population

Table 3D, Mortality. New Jersey and Morris County: Number of Deaths, Crude Death Rate, and Age-Adjusted Rate by Race, 2003

	Race								
	White			Black			Other		
	# of deaths	Crude death rate	Age-Adjusted Rate	# of deaths	Crude death rate	Age-Adjusted Rate	# of deaths	Crude death rate	Age-Adjusted Rate
New Jersey	61,905	920.0	764.9	9,613	744.9	1,026.9	1153	186.3	353.6
Morris County	3,198	741.2	716.6	101	675.7	930.9	61	166.1	320.2

Source: NJDHSS, Center for Health Statistics, SHAD query http://njshad.doh.state.nj.us/death1119.html
Rates are computed per 100,000 population.
Age-Adjustment Uses 2000 Standard Population

Table 4, below, illustrates the number of deaths and crude death rates by age group for New Jersey, Morris County, six municipalities with the highest population, and the balance of the county for 2000. Information at the municipality level is not available via the SHAD system; therefore, the table could not be updated with 2003 data.

Table 4, Mortality. New Jersey and Morris County: Number of Deaths, and Crude Death Rate by Age Group, 2000

	Age Group															
	<1		1-4		5-14		15-24		25-44		45-64		65-84		85+	
	# of deaths	Crude death rate	# of deaths	Crude death rate	# of deaths	Crude death rate	# of deaths	Crude death rate	# of deaths	Crude death rate	# of deaths	Crude death rate	# of deaths	Crude death rate	# of deaths	Crude death rate
New Jersey	723	6.3	94	20.7	155	13.0	648	64.5	3,851	146.8	11,575	605.1	36,221	3,706.8	21,506	15,813.4
Morris County	21	3.3	5	18.8	11	0.0	20	42.4	118	78.6	516	434.4	1,710	3,571.6	1,125	16,912.2
Denville Township	*	-	*	-	*	-	*	-	5	103.5	12	295.4	64	3,388.0	62	12,731.0
Dover Town	*	-	*	-	*	-	*	-	11	168.0	27	751.5	84	5,210.9	59	19,032.3
Hanover Township	*	-	*	-	*	-	*	-	*	-	11	320.4	52	2,974.8	30	17,341.0
Lincoln Park Borough	*	-	*	-	*	-	*	-	*	-	23	828.5	74	5,457.2	50	18,797.0
Madison Borough	*	-	*	-	*	-	*	-	5	106.7	10	295.6	63	3,394.4	47	15,614.6
Pequannock Township	*	-	*	-	*	-	*	-	*	-	22	643.3	72	4,114.3	1,301	3,454.0
Balance of County	17	330.6	5	22.8	10	18.1	18	49.4	86	70.3	411	418.8	1,301	3,454.0	847	17,254.0

* No fewer than five events have been reported for municipality data for confidentiality reasons.
- Rate cannot be computed due to lack of data.
1. Age-specific rates are computed per 100,000 population in the age group.
2. The mortality rate for those less than 1 year of age (infants) is the number of deaths per 1,000 live births in the same calendar year.
Source: http://www.state.nj.us/health/chs/deathchar00.xls

Table 5, below, illustrates the years of potential life lost (YPLL) for Morris County, the six municipalities with the highest population, and the balance of the county for 2000. YPLL cannot be queried in the SHAD system; therefore, data for 2003 cannot be presented at this time.

Table 5, Mortality. Morris County: Years of Potential Life Lost, 2000

	Total Deaths <65	Total YPLL <65	Population <65	YPLL per 100,000 <65
Morris County	691	10909.5	415682	2,624.50
Denville Township	18	289.5	**	**
Dover Town	40	709.5	16266	4,361.9
Hanover Township	15	234.5	**	**
Lincoln Park Borough	29	445	9308	4780.8
Madison Borough	16	299.5	**	**
Pequannock Township	26	330	11932	2765.7
Balance of County	547	8601.5	339378	2534.5

** Number of deaths under age 65 is too small to calculate a reliable rate.
Sources:
Deaths: NJDHSS, Center for Health Statistics, 2000 Multiple-Cause-of-Death File
Population: NJDOL, State Data Center, 2000 Census,
http://www.wnjpin.net/OneStopCareerCenter/LaborMarketInformation/lmi25/sf1/prof_ndx.htm

Table 6A, below, illustrates the number of deaths and crude death rate by leading cause of death for 2000, including diseases of the heart, hypertension, cerebrovascular diseases, arteriosclerosis, and total deaths for New Jersey, Morris County, the six municipalities with the highest population, and the balance of the county.

Table 6A, Mortality. New Jersey and Morris County: Number of Deaths and Crude Death Rate by Cause of Death, 2000

	Classification									
	Diseases of the Heart		Hypertension[1]		Cerebrovascular Diseases		Arteriosclerosis		Total	
	# of deaths	*Crude death rate*	*# of deaths*	*Crude death rate*	*# of deaths*	*Crude death rate*	*# of deaths*	*Crude death rate*	*# of deaths*	*Crude death rate*
New Jersey	23,724	281.9	764	9.1	4,316	51.3	393	4.7	29,197	347.0
Morris County	1,1125	239.3	17	***	212	45.1	16	***	1,370	291.4
Denville Township	49	309.7	**	-	11	***	**	-	62	391.8
Dover Town	64	351.9	**	-	10	***	**	-	76	417.9
Hanover Township	26	201.6	**	-	7	***	**	-	34	263.3
Lincoln Park Borough	49	471.6	**	-	10	***	**	-	61	558.1
Madison Borough	40	242.0	**	-	7	***	**	-	50	302.5
Pequannock Township	44	316.8	**	-	12	***	**	-	57	432.2
Balance of County	853	223.3	12	3.1	155	40.6	10	2.6	1030	269.7

* Crude death rates are calculated per 100,000 population. - Rate cannot be computed due to lack of data.
[1]Hypertension is comprised of hypertensive heart disease plus hypertensive heart and renal disease.
** Cells sizes < 5 not releasable at municipality level
*** Number too small to calculate a reliable rate. / NJDHSS, Center for Health Statistics, 2000 Multiple-Cause-of-Death File

Table 6B, below, reports the number of deaths and crude death rate by leading cause of death, including heart disease, cancer, stroke, chronic lower respiratory diseases (CLRD), and diabetes, at the state and county level for 2003. For both tables, the leading cause of death is determined by statewide numbers and not by the county's leading cause of death, which may or may not be the same.

Table 6B, Mortality. New Jersey and Morris County: Number of Deaths and Age-Adjusted Rate by Cause of Death, 2003

County	Heart Disease		Cancer		Stroke		Chronic Lower Respiratory Diseases (CLRD)		Diabetes	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
New Jersey	21,801	232.2	17,551	191.1	3,914	41.6	2,890	31.2	2,470	26.7
Morris	974	207.1	917	188.8	180	38.7	128	27.2	89	18.1

Age-adjusted rates are computed per 100,000 county-specific population based on the 2000 U.S. standard population.
Source: NJDHSS, Center for Health Statistics http://www.state.nj.us/health/chs/stats03/mortality.shtml

Bibliography

1. New Jersey Department of Health and Senior Services, Center for Health Statistics, County Health Reports http://www.state.nj.us/health/chs/county00.pdf#mor
2. NJDHSS, Center for Health Statistics, http://www.state.nj.us/health/chs
3. NJDHSS, Center for Health Statistics, 2000 Multiple-Cause-of-Death File
4. NJDOL, State Data Center, 2000 Census, http://www.wnjpin.net/OneStopCareerCenter/LaborMarketInformation/lmi25/sf1/prof_ndx.htm

Other Information

1. Information reporting Morris County mortality from U.S. Census sources is available from the Morris County Regional Public Health Partnership database 2000, which is kept on file at the Partnership office.
2. Additional information about mortality is available from the NJDHSS, Center for Health Statistics and can be queried for a variety of variables from the NJ State Health Assessment Data Web page http://njshad.doh.state.nj.us/infant2.html

Subsection Preparation

Dina Stonberg, MPH – January 2006
Joseph Incagnoli, BA – April, 2006

OBESITY

Data Availability

No data resources are available on obesity that specifically identifies the population's status in Morris County.

For the State of New Jersey, data was more readily available, but it is still minimal, as follows:

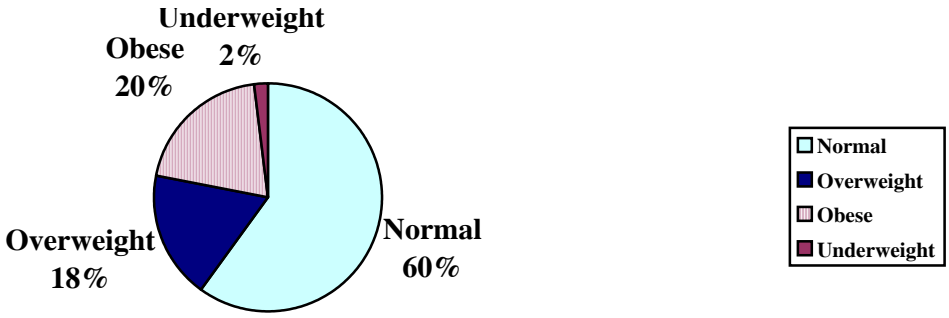
A combined team from the Department of Health and Human Services (DHSS) and the Department of Education (DOE) implemented a retrospective records survey of sixth graders to estimate the overall weight status of school-aged children. This study, which analyzed 2,393 records from forty randomly selected schools and of persons that were from varying socioeconomic levels, was used to guide state policy, program planning, and evaluation regarding obesity. *Childhood Weight Status New Jersey 2003-2004* (1) was released in reaction to the findings by this consortium. This brief synopsis provides data on childhood obesity, but only at the state level.

The Center for Health Statistics, a division of the New Jersey DHSS, released *Obesity and Overweight in New Jersey: Data from the New Jersey BRFSS* (2) in July 2001 as part of their Topics in Health Statistics series. This article reported the results from the New Jersey Behavioral Risk Factor Surveillance System (BRFSS) concerning estimates of overweight and obesity in the state. *Obesity and Overweight in New Jersey* is limited in that the data accumulated by the BRFSS is based on self-reporting that is traditionally not accurate when dealing with issues of overweight and obesity.

Data Indicators

Childhood Weight Status New Jersey 2003-2004 (1) provides a brief synopsis of obesity and overweight among the State's sixth grade population. Using the body mass index (BMI) tables published by the Centers for Disease Control and Prevention (CDC), sixth graders were determined to be of normal weight, overweight, obese, or underweight.

Chart 1, Obesity. Weight Status of New Jersey Sixth Graders



According to Chart 1, 60% of New Jersey's sixth graders maintain a normal BMI. Of the other 40%, 20% are obese and 18% are overweight according to the BMI index. The remaining 2% are underweight.

Obesity levels were stratified by gender, socioeconomic status of school districts, and race.

Chart 2, Obesity. Obesity Levels by Gender

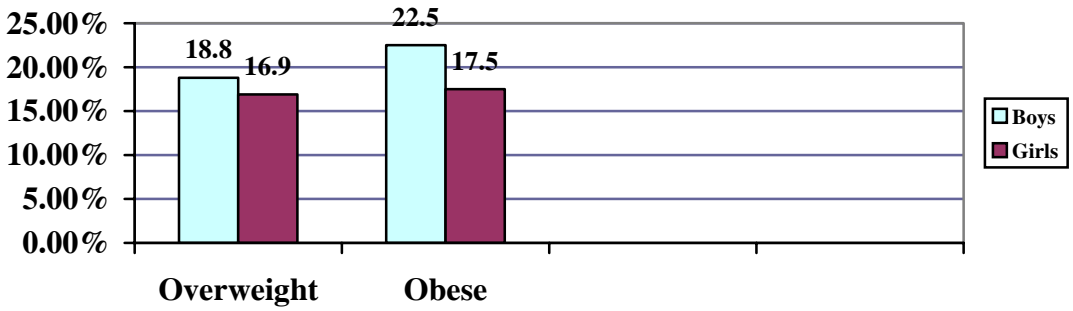


Chart 2 indicates that in the sixth grade, boys have higher obesity and overweight levels than girls. Over eighteen percent of boys are overweight as compared to 16.9% of girls at this age. Twenty two point five percent of boys possess BMI's that are classified as obese in comparison to 17.5% of girls.

Socioeconomic level of school districts was also a good indicator of obesity, as can be readily discerned in the comparison of school districts by socioeconomic position found in Chart 3, below.

Chart 3, Obesity. Obesity Levels by Socioeconomic Level of School District

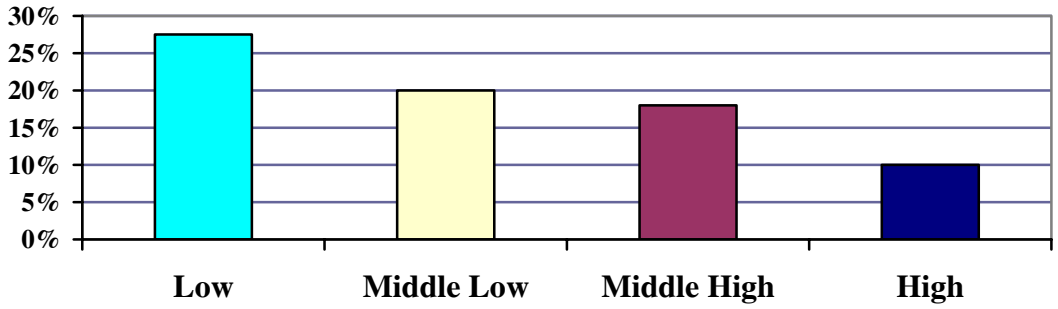
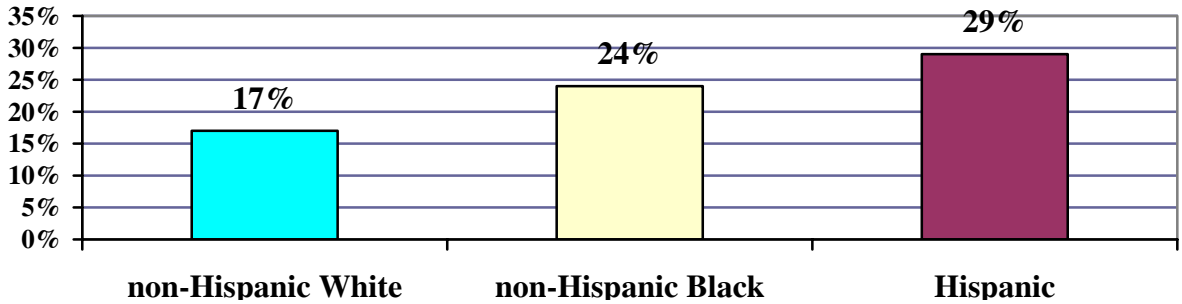


Chart 3 indicates the percentage of obesity by socioeconomic level of school district. From this chart we can clearly see that low socioeconomic school districts have a more than 25% obesity level amongst their sixth graders while high socioeconomic school districts maintain a 10% obesity rate.

Obesity levels are also described by race. Chart 4 indicates that racial minorities including Hispanic persons and non-Hispanic blacks, maintain higher percentages of obesity (29% and 24% respectively) than non-Hispanic white children at 17%.

Chart 4, Obesity. Obesity by Race in New Jersey's Sixth Grade Population



Source: Statewide Weight Status Survey of Sixth Graders in New Jersey during the 2003-2004 School Year (3)

The remainder of the report included recommendations to increase positive behaviors that reduce overweight and obesity among youth.

In *Obesity and Overweight in New Jersey: Data from the New Jersey BRFSS* (2), obese and overweight adults are identified by gender, race/ethnicity, education level, and income.

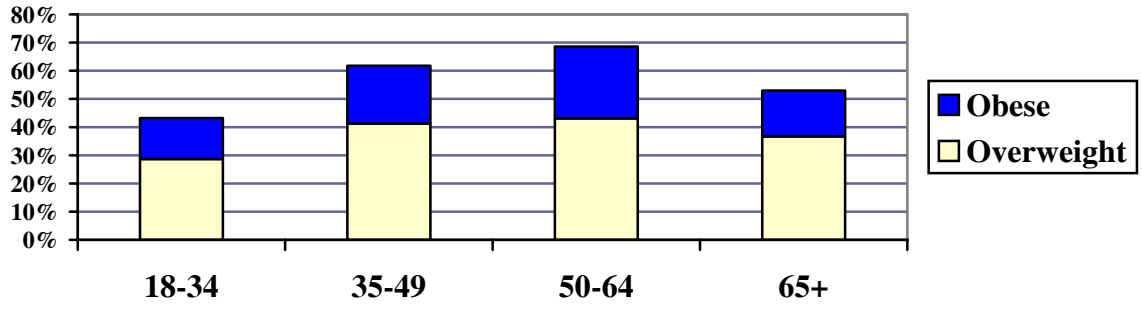
Table 1, Obesity. Overweight and Obese New Jersey Adults. 2000

	Percent	
	Overweight	**Obese**
Demographic Group		
Overall	36.7	17.7
Gender		
Males	47.8	18.2
Females	26.5	17.2
Race/Ethnicity		
White, non-Hispanic	35.7	17.0
Black, non-Hispanic	42.5	25.0
Hispanic	38.3	19.5
Education		
Not a High School graduate	35.7	24.3
High School graduate	36.3	21.4
Some college	34.9	15.5
College graduate	38.6	13.3
Income		
Under $15,000	36.6	25.3
$15,000-24,999	33.7	27.0
$25,000-49,999	35.9	20.7
$50,000-74,999	41.6	16.0
$75,000 or more	38.9	13.5

Source: New Jersey BFRSS

Table 1 indicates that percentage of overweight and obese persons are associated with gender, race/ethnicity, education level, and income level. For gender, a higher percentage of males are overweight and obese than females (47.8% vs. 26.5% and 18.2% vs. 17.2%, respectively). However, females are less likely to self-report overweight or obesity. Since the BRFSS consists of self-reported information, these percentages may be inaccurate. Black, non-Hispanic, and Hispanic maintain higher percentages of overweight and obesity than white, non-Hispanics. Some 42.5% of black, non-Hispanics and 38.3% of Hispanics are overweight as compared to 35.7% of white, non-Hispanics. Twenty five percent of black, non-Hispanics and 19.5% of Hispanics are obese compared with 17% of white, non-Hispanics. Interestingly enough, percentage of overweight increased with the level of education but the level of obesity decreased with the level of education. For percentage of overweight by income level, the lowest percentage of overweight people was reported for $15,000-49,999 while the highest percentages were reported for $50,000 and more. Percentage of obesity was highest for under $15,000 and $15,000-24,999. The lowest percentage of obesity was seen in those earning more than $75,000.

Chart 5, Obesity. Overweight and Obesity by Age, NJ Adults 2002



Source: New Jersey BRFSS

Chart 5 illustrates the percentages of overweight vs. obese adults in New Jersey as reported by the BRFSS. Almost 30% (28.7%) of adults ages 18-34 are overweight and 14.5% are obese. Over 41% of adults ages 35-49 and 43.1% of 50-64 year old adults are overweight and 20.5% of 35-49 year old adults and 25.5% of 50-64 year old adults are obese. Among adults ages 65+, 36.7% are overweight and 16.3% are obese.

Bibliography

1. NJDHSS, Division of Family Health Services' *Childhood Weight Status New Jersey 2003-2004*. http://www.state.nj.us/health/fhs/documents/obesity.pdf

2. NJDHSS Center for Health Statistics, Topics in Health Statistics July 2001, *Obesity and Overweight in New Jersey: Data from the New Jersey BRFSS*. http://www.state.nj.us/health/chs/topics0701.pdf

3. Crane G,. Mille K, and Kent M, Morse L, 2004. *Statewide Weight Status Survey of Sixth Graders in New Jersey during the 2003-2004 School Year*. New Jersey Department of Health and Senior Services, Family Health Services, P.O. Box 364, Trenton, NJ 08625-0364. http://www.state.nj.us/health/fhs/documents/obesity_report03_04.pdf

4. NJDHSS Center for Health Statistics, BRFSS homepage under Data in conjunction with the CDC for statistics by age. www.cdc.gov/nccdphp/dnpa/obesity

5. *Childhood Obesity: Most Experts Identified Physical Activity and the Use of Best Practices as Key to Successful Programs* GAO-06-127R October 7, 2005. http://www.gao.gov/new.items/d06127r.pdf

Other Information

Obesity and overweight have been extensively studied nationally and to a lesser degree on a state-by-state basis. In New Jersey, information has not been reported by county.

1. A relatively easy way to identify the rates of obesity and overweight among the school-age population would be to use existing data on weight, height, and age collected by all school nurses in order to provide an overall picture of the rates for obesity and overweight among children in Morris County.

2. For the adult population, the only obesity and overweight data found for the State of New Jersey came from the BRFSS survey. The BRFSS Survey relies on self-report. Though self-reported data is reliable for many health-related issues, it has been shown to be neither effective nor reliable for issues relating to weight, including overweight and obesity.

3. Information about obesity and overweight in school-age children in New Jersey, including ways to influence healthy behaviors in youth, can be downloaded from the NJDHSS Division of Family Health Services. www.state.nj.us/health/fhs/documents/obesity.pdfnder *Childhood Weight Status*.

4. Information about overweight and obese adults in New Jersey can be obtained from NJDHSS Center for Health Statistics in conjunction with the CDC www.cdc.gov/nccdphp/dnpa/obesity under BRFSS. Additional information about obesity from the BRFSS can be found at http://www.state.nj.us/health/chs/topics0701.pdf. This report, entitled *Obesity and Overweight in New Jersey: Data from the New Jersey BRFSS*, includes the causes and effects of obesity and provides detailed numbers on obesity for the state.

5. The Government Accountability Office report offers causes and side-effects of obesity, as well as best practices to reduce the rate of obesity. http://www.gao.gov/new.items/d06127r.pdf

6. General information about obesity can be obtained from:
    a. www.obesity.org – the Web site for the American Obesity Association
    b. www.cdc.gov/nccdphp/dnpa/obesity/ - the Web site for the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity—overweight and obesity section.
    c. The Institute of Medicine www.iom.edu under the "food and nutrition" board.

Subsection Preparation

Dina Stonberg, MPH – November 2005
Joseph Incagnoli, BA – April, 2006

Sexually Transmitted Diseases

Data Availability

There is little data or other information directly relevant to Morris County regarding Sexually Transmitted Diseases (STD). A summary of the available data are displayed in the tables below. References to other more detailed data are described in the sub-section "Bibliography".

The Communicable Disease Service Sexually Transmitted Diseases Program under the NJDHSS publishes the document *Reported Sexually Transmitted Diseases and Tuberculosis Morbidity in Morris County by Municipality for Reporting Year 2003*. (1) This document reports data by municipality in Morris County for the following categories: syphilis primary & secondary, syphilis early latent, syphilis late & late latent, syphilis congenital, gonorrhea, chlamydia, active TB cases and total TB cases. This DHSS program also publishes the *Communicable Disease Reports Data Through December 20, 2005* (2). The report contains information for a variety of communicable diseases by county. The only STD included is Hepatitis B.

It should be noted that a minimal number of STDs are reportable in New Jersey including syphilis, gonorrhea, chlamydia, and Hepatitis B. Other STDs are treated at Morris County clinics, but there are no data on the number of cases since they are not required to be reported.

Data Indicators

Table 1, STD. New Jersey and Morris County, Hepatitis B Cases, 2002-December 20, 2005

	2002	2003	2004 (YTD)	2005 (YTD)	Total
New Jersey	251	200	233	219	1,103
Morris County	12	9	8	5	34

Source: NJDHSS, Communicable Disease Services, Communicable Disease Reports Data through December 20, 2005

Table 1, above, reports the number of Hepatitis B cases in New Jersey and Morris County from 2002-December 20, 2005. Since 2002, there have been a total of 1,103 Hepatitis B infections in New Jersey and 34 Morris County. Starting in 2002, the highest number of infections for the state was 251 in 2002 and 12 at the county level for the same year. The lowest number of cases for the state was 200 in 2003 and for the county in 2005. Hepatitis B can be sexually transmitted; therefore, it is categorized as a STD. However, it can be contracted through non-sexual contact as well. Non-sexual contact that would lead to Hepatitis B infection includes close contact with bodily fluids belonging to a person infected with Hepatitis B.

Table 2A, STD. New Jersey: Reported Sexually Transmitted Diseases Morbidity by County for Reporting Year 2000

County	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Atlantic	16	306	516	838
Bergen	27	102	374	503
Burlington	7	271	430	708
Camden	64	996	1,198	2,258
Cape May	6	36	99	141
Cumberland	19	217	412	648
Essex	378	2,433	2,586	5,397
Gloucester	8	114	179	301
Hudson	61	542	1,049	1,652
Hunterdon	10	14	39	63
Mercer	21	651	641	1,313
Middlesex	35	198	672	905
Monmouth	9	238	436	683
Morris	**13**	**41**	**184**	**238**
Ocean	7	63	168	238
Passaic	43	480	764	1,287
Salem	1	81	93	175
Somerset	11	48	177	236
Sussex	1	6	34	41
Union	63	389	713	1,165
Warren	1	6	50	57
State-Wide-Sum	801	7,232	10,814	18,847

Source: NJDHSS, Communicable Disease Service, STD Program 2000

Table 2B, STD. New Jersey: Reported Sexually Transmitted Diseases Morbidity by County for Reporting Year 2001

County	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Atlantic	20	421	792	1,233
Bergen	36	210	677	923
Burlington	7	287	603	897
Camden	82	1,156	1,738	2,976
Cape May	1	46	152	199
Cumberland	32	217	596	845
Essex	567	2,943	4,079	7,589
Gloucester	8	143	297	448
Hudson	69	595	1,480	2,144
Hunterdon	6	24	70	100
Mercer	14	813	944	1,771
Middlesex	29	281	956	1,266
Monmouth	9	350	862	1,221
Morris	**6**	**52**	**216**	**274**
Ocean	5	124	228	357
Passaic	68	587	1,071	1,726
Salem	3	87	123	213
Somerset	11	85	289	385
Sussex	3	16	58	77
Union	64	467	1,021	1,552
Warren	3	17	60	80
State-Wide-Sum	1,043	8,921	16,312	26,276

Source: NJDHSS, Communicable Disease Service, STD Program 2001

Table 2C, STD. New Jersey: Reported Sexually Transmitted Diseases Morbidity by County for Reporting Year 2002

County	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Atlantic	22	305	692	1,019
Bergen	30	221	639	890
Burlington	12	229	480	721
Camden	58	939	1,503	2,500
Cape May	5	65	135	205
Cumberland	12	205	566	783
Essex	508	2,555	3,448	6,511
Gloucester	7	103	268	378
Hudson	128	482	1,196	1,806
Hunterdon	17	16	73	106
Mercer	13	828	850	1,691
Middlesex	30	335	932	1,297
Monmouth	12	324	588	924
Morris	**21**	**48**	**236**	**305**
Ocean	5	103	310	418
Passaic	89	558	869	1,516
Salem	1	57	104	162
Somerset	13	72	226	311
Sussex	3	10	50	63
Union	76	427	948	1,451
Warren	2	12	51	65
State-Wide-Sum	1,064	7,894	14,164	23,122

Source: NJDHSS, Communicable Disease Service, STD Program 2002

Table 2D, STD. New Jersey: Reported Sexually Transmitted Diseases Morbidity by County for Reporting Year 2003

County	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Atlantic	12	341	805	1,158
Bergen	32	300	737	1,069
Burlington	26	303	666	995
Camden	92	829	1,557	2,478
Cape May	2	66	138	206
Cumberland	10	203	557	770
Essex	537	2,326	3,808	6,671
Gloucester	7	116	298	421
Hudson	97	628	1,458	2,183
Hunterdon	18	30	97	145
Mercer	4	805	972	1,781
Middlesex	21	405	1,168	1,594
Monmouth	20	287	620	927
Morris	12	78	240	330
Ocean	12	81	321	414
Passaic	113	554	1,026	1,693
Salem	1	32	114	147
Somerset	11	124	323	458
Sussex	5	10	47	62
Union	56	400	1,114	1,570
Warren	3	26	103	132
State-Wide-Sum	1,091	7,944	16,169	25,204

Source: NJDHSS, Communicable Disease Service, STD Program 2003.

Table 2E, STD. New Jersey: Reported Sexually Transmitted Diseases Morbidity by County for Reporting Year 2004

County	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Atlantic	9	345	801	1,155
Bergen	37	189	712	938
Burlington	14	240	777	1,031
Camden	93	676	1,671	2,440
Cape May	0	66	142	208
Cumberland	11	165	613	789
Essex	388	2,115	4,091	6,594
Gloucester	7	109	386	502
Hudson	100	435	1,722	2,257
Hunterdon	3	17	78	98
Mercer	3	639	1,047	1,689
Middlesex	9	305	1,225	1,539
Monmouth	10	264	886	1,160
Morris	10	50	260	320
Ocean	4	102	348	454
Passaic	68	374	971	1,413
Salem	0	24	102	126
Somerset	6	119	360	485
Sussex	0	13	72	85
Union	52	420	1,086	1,558
Warren	1	28	91	120
State-Wide-Sum	825	6,695	17,441	24,961

Source: NJDHSS, Communicable Disease Service, STD Program 2004.

Tables 2A–2E, above, represent the number of reportable STDs (syphilis – all stages, gonorrhea, and chlamydia) for 2000 through 2004 by county in New Jersey. For total number of reportable STD cases, Morris County ranks fourteenth in 2000, sixteenth in 2001 and 2002, seventeenth in 2003, and sixteenth in 2004 for highest number of cases out of twenty one counties. Essex County maintains the highest number of total reportable STD cases for 2000-2004, while Sussex County has the lowest number of cases during the same time period. For total number of syphilis cases (all stages), Morris County ranks eleventh in 2000, fifteenth in 2001, ninth in 2002, thirteenth in 2003, and tenth in 2004 for highest number of cases out of twenty one counties. Essex County maintains the highest number of Syphilis cases for the same time period. For Gonorrhea, Morris County ranks seventeetnh for 2000 and 2001, eighteenth in 2002, sixteenth in 2003, and seventeenth in 2004 for highest number of cases out of twenty one counties. Essex County has the highest number of cases for all years and Sussex County has the lowest number of cases 2000, 2001, 2003, and 2004. Salem County has the lowest number of cases for 2002. For chlamydia, Morris County ranks thirteenth in 2000, sixteenth in 2001-2003, and seventeenth in 2004 for highest number of cases out of

twenty one counties. Essex County maintains the highest number of cases for all years and Sussex County has the lowest number of cases for all years.

Table 3A, STD. Morris County: Sexually Transmitted Diseases Morbidity by Municipality for Reporting Year 2000

City	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Boonton	0	0	4	4
Boonton Twp	0	0	0	0
Butler	0	0	1	1
Chatham Borough	0	1	1	2
Chatham Twp	0	1	1	2
Chester	1	1	3	5
Chester Twp	0	0	0	0
Denville Twp	0	2	2	4
Dover	0	5	43	48
East Hanover Twp	1	0	7	8
Florham Twp	0	1	4	5
Hanover Twp	0	1	3	4
Harding Twp	0	0	1	1
Jefferson Twp	0	0	2	2
Kinnelon	0	1	1	2
Lincoln Park	0	0	0	0
Madison	0	1	5	6
Mendham Borough	0	1	1	2
Mendham Twp	0	0	0	0
Mine Hill	0	1	3	4
Montville Twp	0	0	3	3
Morris Plains	1	1	8	10
Morris Twp	1	0	6	7
Morristown	3	10	46	59
Mountain Lakes	0	0	0	0
Mt. Arlington	0	0	1	1
Mt. Olive Twp	1	2	7	10
Netcong	0	1	0	1
Parsippany-Troy Hills Twp	2	5	11	18
Passaic Twp*	0	0	1	1
Pequannock Twp	0	0	0	0
Randolph Twp	1	0	3	4
Riverdale	0	0	2	2
Rockaway Borough	0	2	4	6
Rockaway Twp	0	2	1	3
Roxbury Twp	0	1	3	4
Victory Gardens	0	0	0	0
Washington Twp	0	0	0	0
Wharton	2	1	6	9
Total	13	41	184	238

Source: NJDHSS, Communicable Disease Service, STD Program 2000
* Passaic Township changes to Long Hill Township in 2003

Table 3B, STD. Morris County: Sexually Transmitted Diseases Morbidity by Municipality for Reporting Year 2004

City	Syphilis (any stage)	Gonorrhea	Chlamydia	Total # of Reportable STD cases
Boonton	0	2	7	9
Boonton Twp	0	0	0	0
Butler	0	0	3	3
Chatham Borough	0	5	2	7
Chatham Twp	0	0	0	0
Chester	0	0	1	1
Chester Twp	0	0	0	0
Denville Twp	0	1	4	5
Dover	2	3	49	54
East Hanover Twp	0	0	3	3
Florham Twp	0	0	4	4
Hanover Twp	0	0	3	3
Harding Twp	0	0	1	1
Jefferson Twp	2	1	2	5
Kinnelon	0	1	4	5
Lincoln Park	0	1	6	7
Long Hill Township*	0	1	5	6
Madison	1	3	6	10
Mendham Borough	0	0	2	2
Mendham Twp	0	0	0	0
Mine Hill	0	0	1	1
Montville Twp	0	3	9	12
Morris Plains	2	0	9	11
Morris Twp	0	0	0	0
Morristown	1	15	47	63
Mountain Lakes	0	0	1	1
Mt. Arlington	0	0	1	1
Mt. Olive Twp	0	1	10	11
Netcong	0	0	2	2
Parsippany-Troy Hills Twp	1	3	20	24
Pequannock Twp	0	2	2	4
Randolph Twp	0	1	14	15
Riverdale	0	1	1	2
Rockaway Borough	0	0	11	11
Rockaway Twp	0	2	2	4
Roxbury Twp	0	3	15	18
Victory Gardens	0	0	0	0
Washington Twp	0	0	5	5
Wharton	1	1	8	10
Total	10	50	260	320

Source: NJDHSS, Communicable Disease Service, STD Program 2004.

* Passaic Township changed to Long Hill Township in 2003

Tables 3A and 3B, above, represent the number of reportable STDs (syphilis – all stages, gonorrhea, and chlamydia) by municipality in Morris County for 2000 and 2004, respectively. Morristown has the highest number of syphilis cases in 2000, while Dover has the highest number of cases in 2004. Morristown maintains the highest number of gonorrhea cases in 2000 and 2004. Morristown maintains the highest number of Chlamydia cases in 2000 and Dover has the highest number in 2004 by a slim margin.

Bibliography

1. NJDHSS, Communicable Disease Service, Sexually Transmitted Diseases Program, *Sexually Transmitted Diseases Statistics and Tuberculosis Morbidity 2003*.

2. NJDHSS, Communicable Disease Service Statistics, Communicable Disease Reports Data Through December 20, 2005. This report can be accessed at http://www.state.nj.us/health/cd/web_stat.pdf

Other Information

A. The NJDHSS Communicable Disease Service Sexually Transmitted Disease Program provides technical support and consultation to local health departments and non-government health care providers and organizations; surveillance; STD education; training; gonorrhea and chlamydia screening services; intervention and prevention activities; outreach services; and STD research and manage health service grants. http://www.state.nj.us/health/cd/stdhome.htm
B. Information about specific STDs can be found at http://www.state.nj.us/health/cd/index.html where it is listed in a 'frequently asked questions' format by disease.
C. Information about specific STDs can be found at the Centers for Disease Control and Prevention's Web site for STDs: http://www.cdc.gov/node.do/id/0900f3ec80009a98 . Information about all STDs—reportable and non reportable—can be found at this Web site.

Subsection Preparation

Dina Stonberg, MPH – December, 2005
Joseph Incagnoli, BA – April, 2006

General Health Status and Trends

NJDHSS data includes information from the New Jersey Behavioral Risk Factor Survey (NJBRFS), a telephone survey that is partially funded by the CDC and has been operational since 1991. It is a component of a national project that monitors major behavioral risk factors and chronic conditions associated with disability and death among adults. Only adults over age 18 who live at home (not in dormitories, nursing homes, hospitals, jails, etc.) can participate in the survey. Additional information is available from the NJBRFS Coordinator, NJDHSS, Center for Health Statistics, (609) 984-7633 or e-mail: chs@doh.state.nj.us