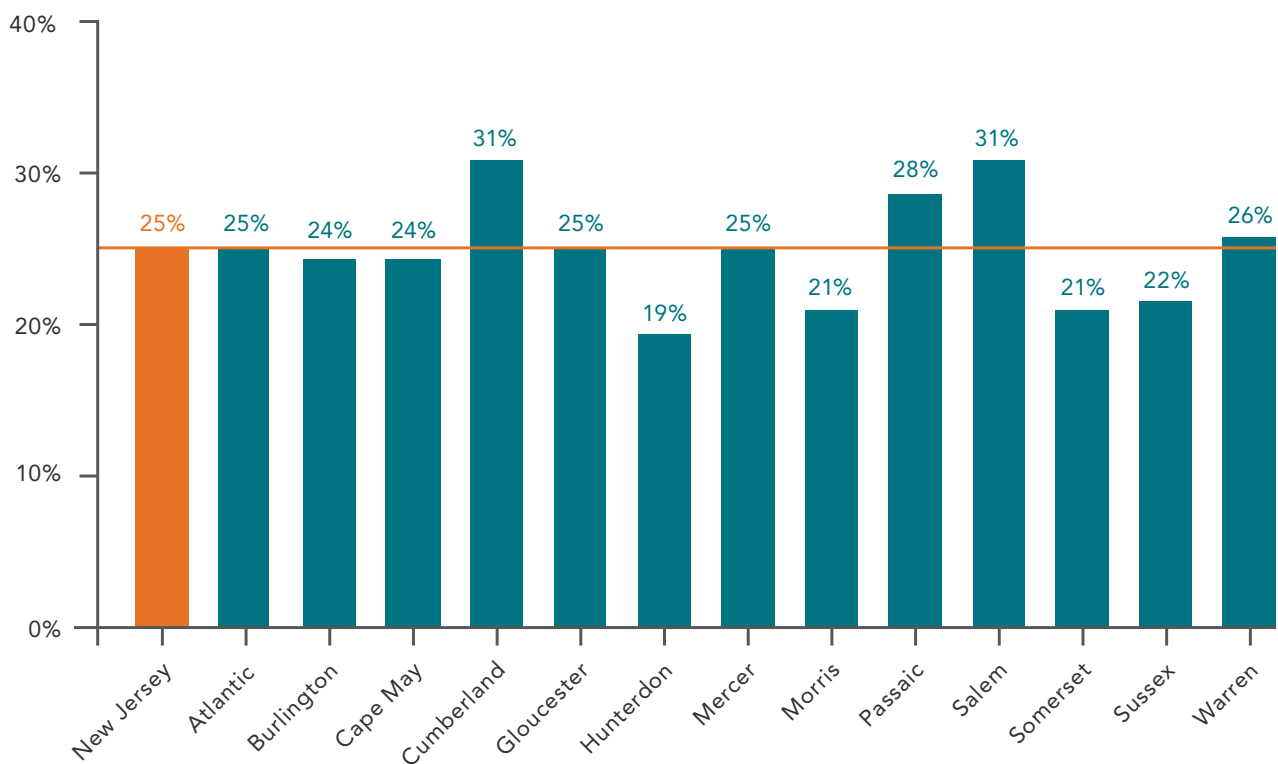# HEALTH BEHAVIORS

This section examines lifestyle behaviors among state and county residents that either support or hinder health. This includes individuals' personal health behaviors and risk factors (including physical activity, nutrition, alcohol and other substance use) that result in morbidity and mortality among state and county residents.

Healthy Eating, Physical Activity, and Overweight/Obesity

**Healthy Eating and Physical Activity**

As seen in Figure 14, in the State of New Jersey overall, one-fourth of adults aged 20 years and over reported no leisure time physical activity in 2009, a proportion that was largely consistent across the 13-county focus area. Cumberland (31.0%), Salem (31.0%), and Passaic (28.0%) were the three counties with the highest percentage of physically inactive adults. Conversely, Hunterdon (19.0%), Morris (21.0%), and Somerset (21.0%) were the three counties with the lowest percentage of physically inactive adults.

Figure 14: Percent of Adults Aged 20 and Over Reporting No Leisure Time Physical Activity, 2009

DATA SOURCE: 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, 2009, as cited by County Health Rankings, 2013.

## Counties with the Lowest Percentage of Physically Inactive Adults

21%
Somerset

21%
Morris

19%
Hunterdon

Counties with the Highest Percentage of Physically Inactive Adults

28%
Passaic

31%
Salem

31%
Cumberland
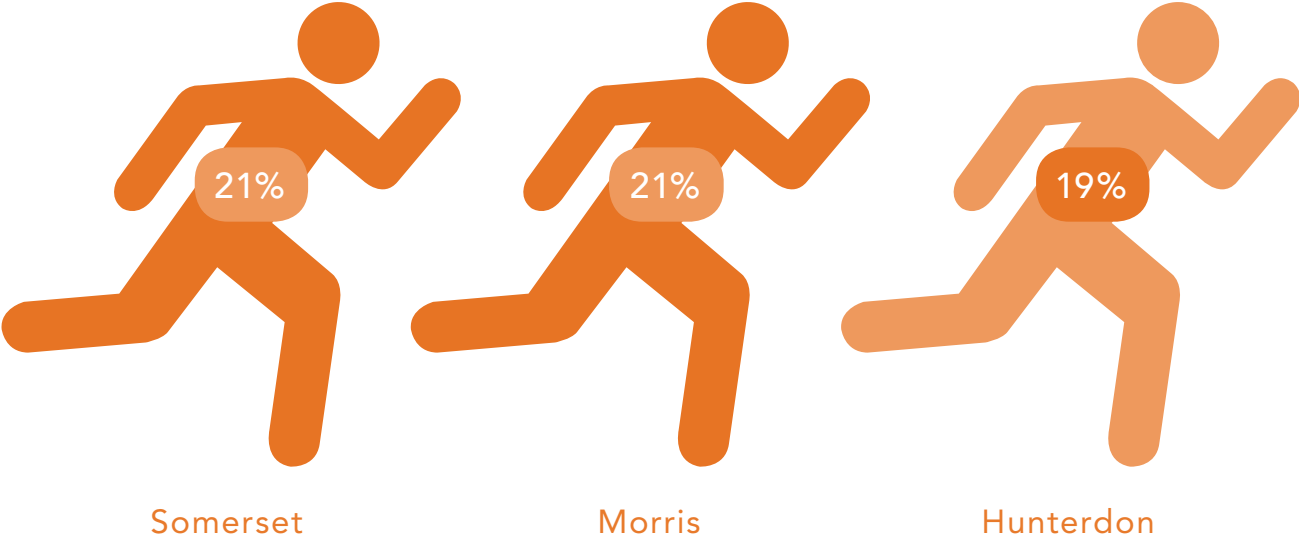
Overweight/Obesity

The results of poor diet, lack of physical activity, being overweight and/or obese or any combination of any of these factors are often associated with increased risk of certain health conditions (e.g., high blood pressure, type 2 diabetes, etc.). According to the Behavioral Risk Factor Surveillance System (BRFSS) survey, 34.8% of New Jersey's population is overweight, while an additional 23.6% is obese (Figure 15). The age-adjusted prevalence of obesity among New Jersey adults (23.6%) is slightly lower than in the U.S. as a whole at 27.6%. In New Jersey, Cumberland (34.0%) and Salem (34.7%) counties had notably higher percentages of obese residents as compared to the state and the other counties in the 13-county focus area. In 2010, adult males in New Jersey had much higher rates of being overweight (42.6%) than females (29.2%), albeit both rates are lower than 2009 (44.3% and 31.8% respectively).
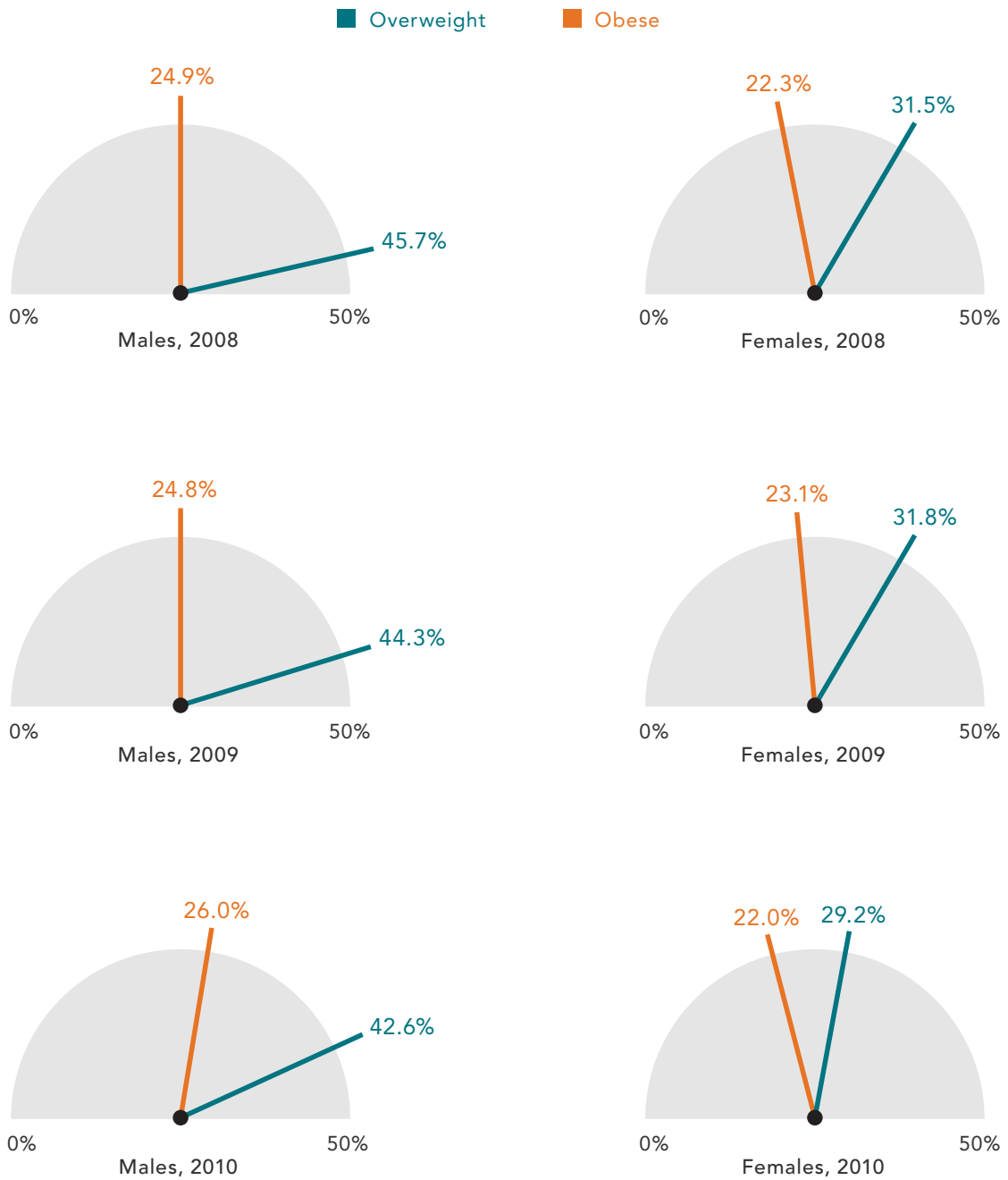
Figure 15: Percent of Population that is Overweight or Obese, 2010
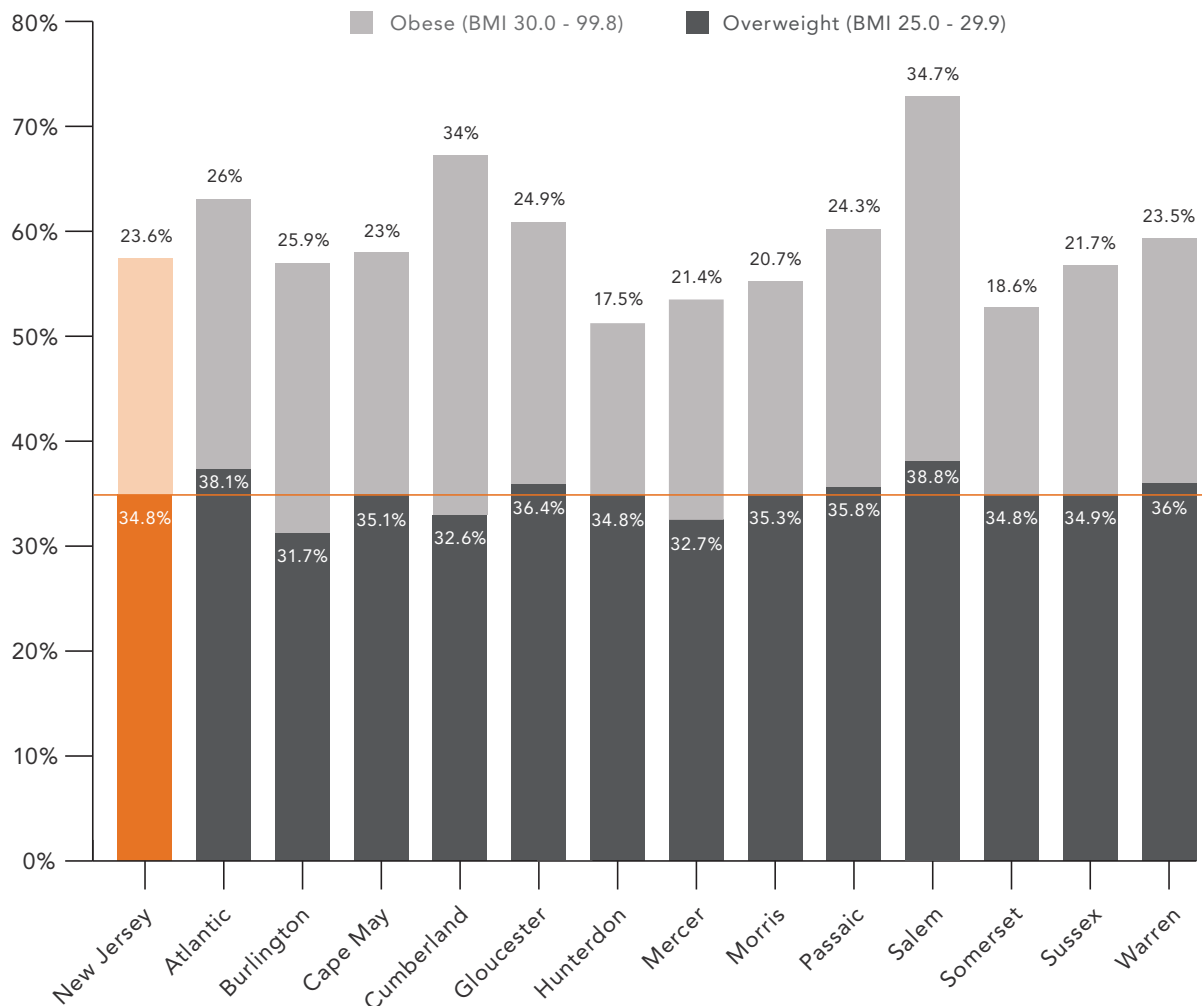
DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010, as cited by Health Research and Education Trust of New Jersey: Community Health Needs Assessment & Improvement NJ Hospital Association.
NOTE: Percentages of reported BMI are calculated based on total number of survey respondents.

New Jersey Prevention Network

■ Overweight   ■ Obese

24.9%
45.7%
0%   50%
Males, 2008

22.3%   31.5%
0%   50%
Females, 2008

24.8%
44.3%
0%   50%
Males, 2009

23.1%   31.8%
0%   50%
Females, 2009

26.0%
42.6%
0%   50%
Males, 2010

22.0%   29.2%
0%   50%
Females, 2010

DATA SOURCE: New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health and Senior Services, http://www4.state.nj.us/dhss-shad, 2013.
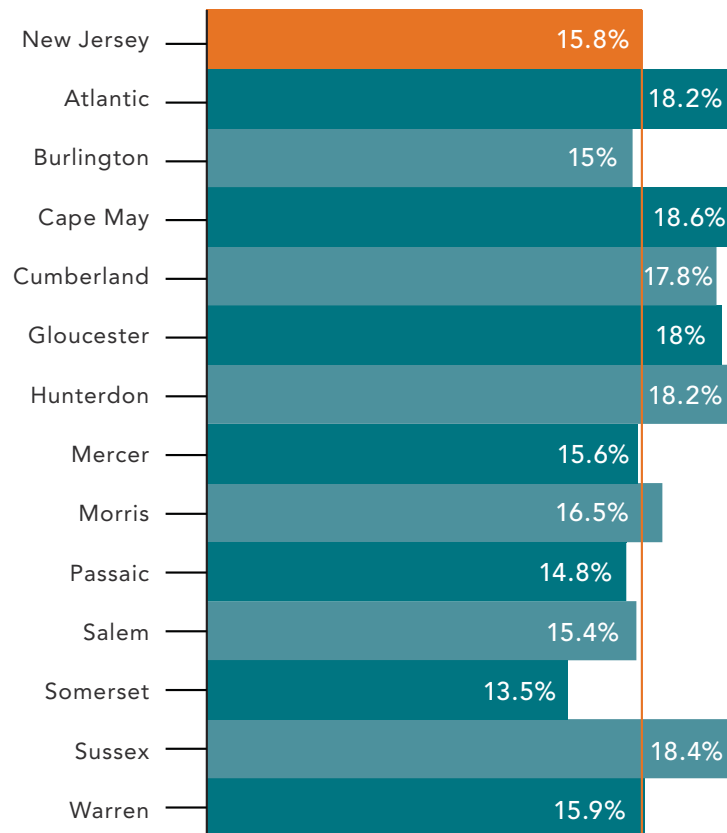
Substance Use and Abuse

This section discusses substance use and abuse as related to alcohol consumption, tobacco use, and other drug use.

Excessive Alcohol Consumption

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. According to the County Health Rankings, it is a risk factor for several adverse health outcomes, including but not limited to alcohol poisoning and hypertension.

As seen in Figure 17, 15.8% of New Jersey residents reported excessive drinking. Further, Cape May (18.6%) and Sussex (18.4%) Counties reported the highest percentage of excessive drinking between 2005 and 2011.
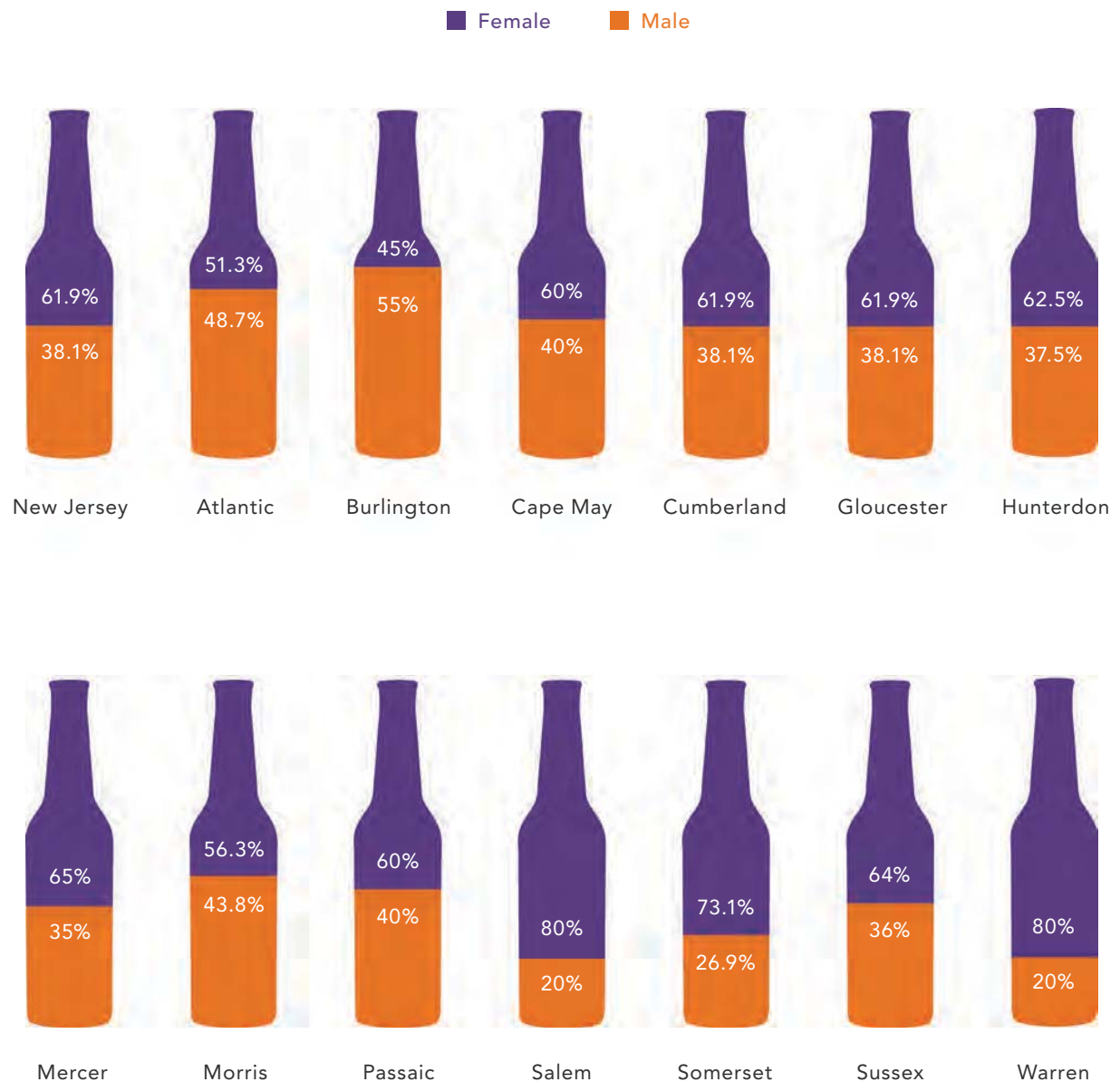
Figure 17: Percent of Excessive Drinking, 2005-2011

County	Percent
New Jersey	15.8%
Atlantic	18.2%
Burlington	15%
Cape May	18.6%
Cumberland	17.8%
Gloucester	18%
Hunterdon	18.2%
Mercer	15.6%
Morris	16.5%
Passaic	14.8%
Salem	15.4%
Somerset	13.5%
Sussex	18.4%
Warren	15.9%

DATA SOURCE: 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, 2009, as cited by County Health Rankings, 2013.

New Jersey Prevention Network

When stratified by sex, the percentage of female heavy drinkers in the 13-county focus area, as well as in the state, continuously exceeds that of male heavy drinkers (Figure 18). Salem and Warren Counties have the highest percentage of female heavy drinkers (80.0% each).

Figure 18: Percentage of Heavy Drinkers by Sex, 2010

■ Female   ■ Male

	New Jersey	Atlantic	Burlington	Cape May	Cumberland	Gloucester	Hunterdon
Female	61.9%	51.3%	45%	60%	61.9%	61.9%	62.5%
Male	38.1%	48.7%	55%	40%	38.1%	38.1%	37.5%

	Mercer	Morris	Passaic	Salem	Somerset	Sussex	Warren
Female	65%	56.3%	60%	80%	73.1%	64%	80%
Male	35%	43.8%	40%	20%	26.9%	36%	20%

DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010, as cited by Health Research and Education Trust of New Jersey: Community Health Needs Assessment & Improvement NJ Hospital Association.
NOTE: Heavy Drinkers are defined as adult men having more than 2 drinks per day / adult women having more than 1 drink per day.
NOTE: Percentages of reported alcohol consumption are calculated based on total number of survey respondents.

Substance Abuse Treatment

Table 3 depicts substance abuse treatment admissions stratified by primary drug type for the State of New Jersey as well as the 13-county focus area. According to this data, Hunterdon (48.5%) and Somerset (45.4%) Counties had the highest percentage of treatment admissions for alcohol abuse. Salem (13.1%) and Cumberland (11.8%) Counties had the highest percentage of treatment admissions for cocaine abuse. Atlantic (51.7%) and Sussex (48.7%) Counties had the highest percentage of treatment admissions for heroin and opiates abuse. Lastly, Mercer (23.2%) and Salem (22.2%) Counties had the highest percentage of treatment admissions for marijuana abuse.

Table 3: Substance Abuse Treatment Admissions by Primary Drug, 2011					
Geography	Alcohol	Cocaine	Heroin & Opiates	Marijuana	Other
New Jersey	31.8%	6.4%	41.8%	16.7%	3.3%
Atlantic	26.6%	6.6%	51.7%	12.7%	2.5%
Burlington	36.8%	4.9%	41.1%	13.9%	3.4%
Cape May	30.3%	7.2%	41.6%	17.3%	3.7%
Cumberland	32.4%	11.8%	32.3%	20.1%	3.5%
Gloucester	27.1%	5.8%	46.3%	16.4%	4.3%
Hunterdon	48.5%	3.3%	26.0%	18.7%	3.5%
Mercer	32.5%	10.9%	30.7%	23.2%	2.7%
Morris	41.0%	4.6%	40.3%	11.9%	2.2%
Passaic	29.7%	7.6%	45.0%	13.6%	4.1%
Salem	26.2%	13.1%	34.8%	22.2%	3.7%
Somerset	45.4%	5.5%	28.1%	18.3%	2.7%
Sussex	36.1%	2.4%	48.7%	10.5%	2.4%
Warren	39.9%	5.1%	33.6%	19.3%	2.1%

Tobacco Use

Figure 19 illustrates the smoking status of New Jersey state and county residents in 2010. For the state overall, 54.1% of residents reported never having smoked, 30.8% were former smokers, 10.7% currently smoke every day, and 3.9% reported currently smoking some days. While this pattern was largely consistent across the counties, Somerset County had the highest percentage of residents who reported

never having smoked (62.2%). Of those who do smoke, the highest rates were among those 45 to 64 years old ranging from 42% (Gloucester County) to 69% (Hunterdon County) within the 13-county region. Smoking rates for whites were significantly higher compared to other racial/ethnic groups for the given counties.

Figure 19: Smoking by Age and Race/Ethnicity, 2010
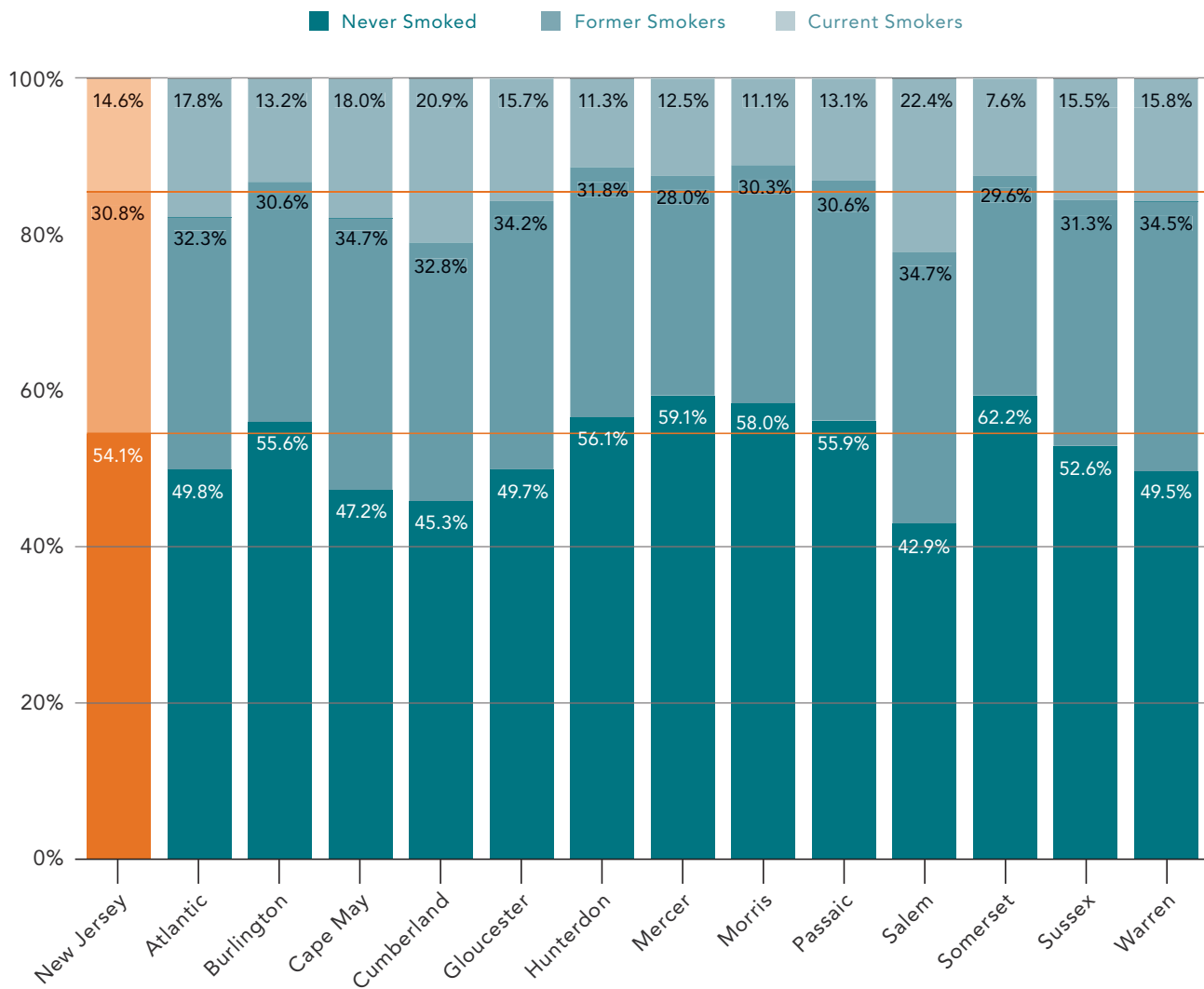
Legend: ■ Never Smoked ■ Former Smokers ■ Current Smokers

County	Never Smoked	Former Smokers	Current Smokers
New Jersey	54.1%	30.8%	14.6%
Atlantic	49.8%	32.3%	17.8%
Burlington	55.6%	30.6%	13.2%
Cape May	47.2%	34.7%	18.0%
Cumberland	45.3%	32.8%	20.9%
Gloucester	49.7%	34.2%	15.7%
Hunterdon	56.1%	31.8%	11.3%
Mercer	59.1%	28.0%	12.5%
Morris	58.0%	30.3%	11.1%
Passaic	55.9%	30.6%	13.1%
Salem	42.9%	34.7%	22.4%
Somerset	62.2%	29.6%	7.6%
Sussex	52.6%	31.3%	15.5%
Warren	49.5%	34.5%	15.8%

DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2006, 2008, 2010, as cited by Health Research and Education Trust of New Jersey: Community Health Needs Assessment & Improvement NJ Hospital Association.
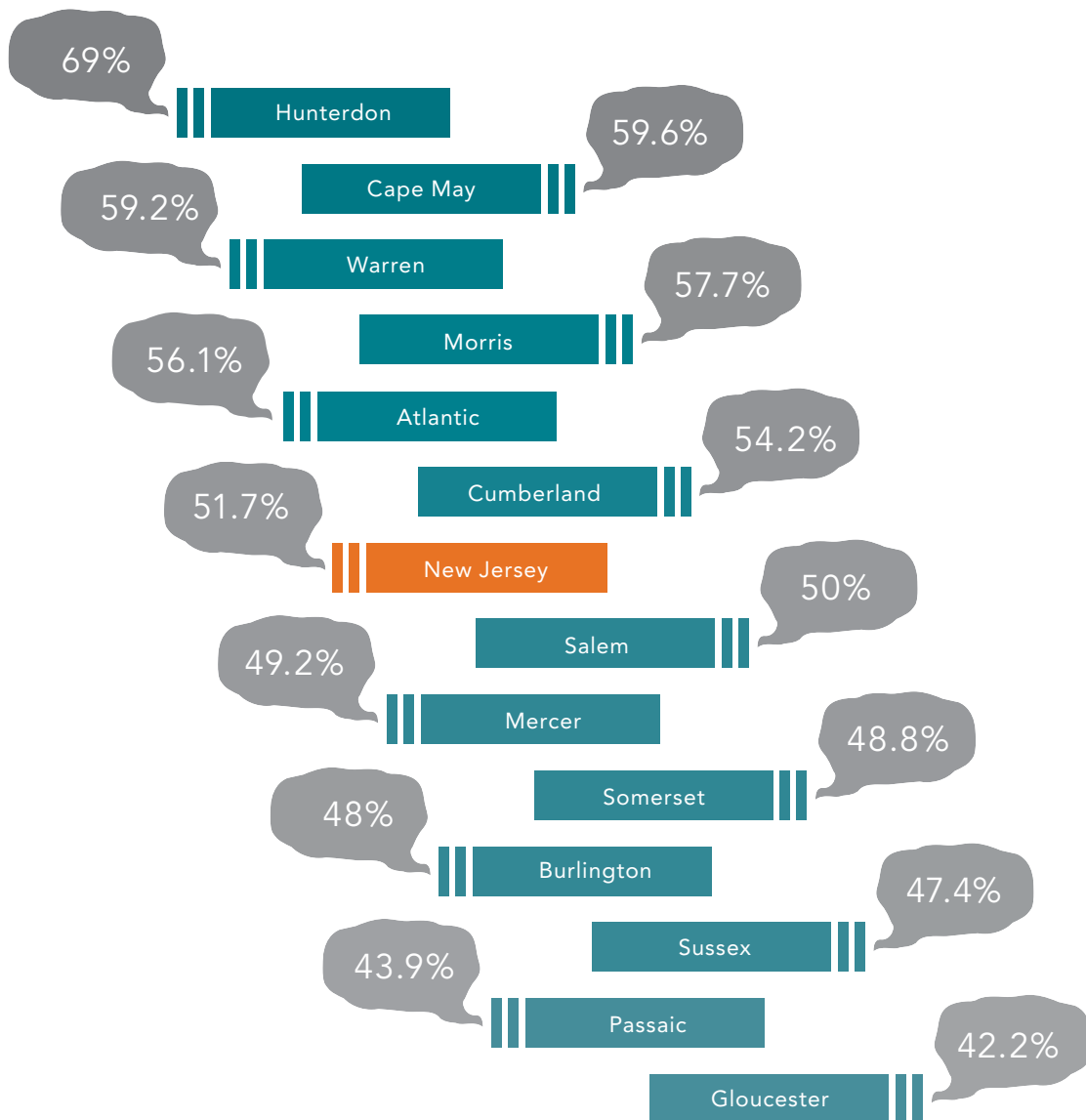
Place	Age				Race				Hispanic origin
	18 to 24 years	25 to 44 years	45 to 64 years	65 yrs and older	White	Black	Asian	Other races	Hispanic or Latino
New Jersey	3.5%	27.5%	51.7%	17.2%	76.9%	14.7%	1.2%	5.0%	7.9%
Atlantic	4.9%	17.7%	56.1%	21.3%	78.0%	17.1%	0.0%	3.0%	5.5%
Burlington	0.0%	32.0%	48.0%	20.0%	84.0%	13.3%	0.0%	1.3%	4.0%
Cape May	5.3%	22.3%	59.6%	12.8%	91.5%	5.3%	0.0%	2.1%	0.0%
Cumberland	8.3%	22.2%	54.2%	15.3%	80.6%	12.5%	0.0%	5.6%	4.2%
Gloucester	4.8%	33.7%	42.2%	19.3%	86.7%	4.8%	0.0%	4.8%	7.2%
Hunterdon	3.4%	12.1%	69.0%	15.5%	93.1%	6.9%	0.0%	0.0%	0.0%
Mercer	4.8%	28.6%	49.2%	17.5%	76.2%	19.0%	0.0%	1.6%	4.8%
Morris	2.6%	24.4%	57.7%	15.4%	88.5%	5.1%	1.3%	3.8%	6.4%
Passaic	3.0%	42.4%	43.9%	10.6%	84.8%	9.1%	0.0%	4.5%	10.6%
Salem	4.5%	36.4%	50.0%	9.1%	77.3%	18.2%	0.0%	4.5%	4.5
Somerset	0.0%	31.7%	48.8%	19.5%	90.2%	4.9%	0.0%	4.9%	9.8%
Sussex	2.6%	34.6%	47.4%	15.4%	93.6%	1.3%	0.0%	3.8%	2.6%
Warren	3.9%	19.7%	59.2%	17.1%	92.1%	2.6%	3.9%	1.3%	2.6%

Table 4: Smoking by Age and Race/Ethnicity, 2010

New Jersey Prevention Network

High Smoking Rates of Those Who Smoke, 45 to 64 year olds

69% — Hunterdon

59.6% — Cape May

59.2% — Warren

57.7% — Morris

56.1% — Atlantic

54.2% — Cumberland

51.7% — New Jersey

50% — Salem

49.2% — Mercer

48.8% — Somerset

48% — Burlington

47.4% — Sussex

43.9% — Passaic

42.2% — Gloucester

HEALTH OUTCOMES

This section of the report provides an overview of primary health conditions by state and county from an epidemiological perspective of examining incidence, hospitalization, and mortality data.

Mortality

Years of potential life lost (YPLL) is an estimate of the average years a person would have lived if he or she had not died prematurely. It is calculated here as a rate of years of potential life lost before either age 65 or 75 per 100,000 population. Overall, between 1998 and 2010, New Jersey YPLL before age of 65 and 75 has decreased, following similar trends of the nation. New Jersey overall reported 5,636.2 YPLL before age 75 per 100,000 population (Figure 21). Cumberland County (with a mortality ranking of 21 among the 21 New Jersey counties) had the greatest number of YPLL, with 8,144.5 per 100,000 population followed by Salem County (ranked 20) with 8041.9 YPPL. Somerset County (ranked 1) had the lowest rate of premature death before age 75 with a rate of 3,680.4 YPLL per 100,000 population followed by Morris County (ranked 2) with 3860.6 YPLL per 100,000 population.

Heart Disease is the leading cause of death in New Jersey across race and ethnicity (Figure 22). For the two leading causes of death, non-Hispanic black rates are roughly twice as high as those reported for Hispanics and Asians. In addition, non-Hispanic blacks are twice as likely to die from diabetes as whites and Asians.
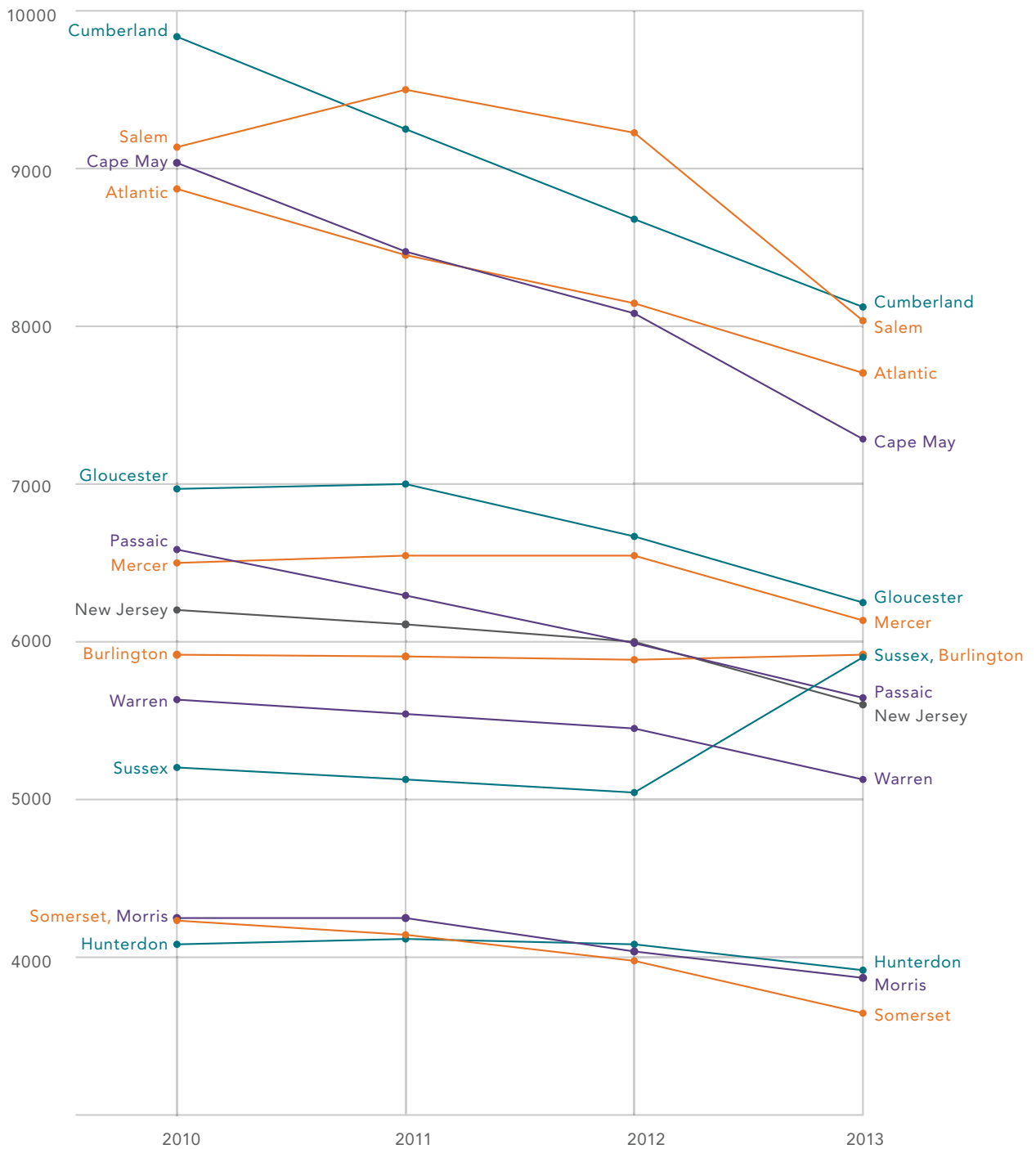
New Jersey Prevention Network

● New Jersey　　● United States

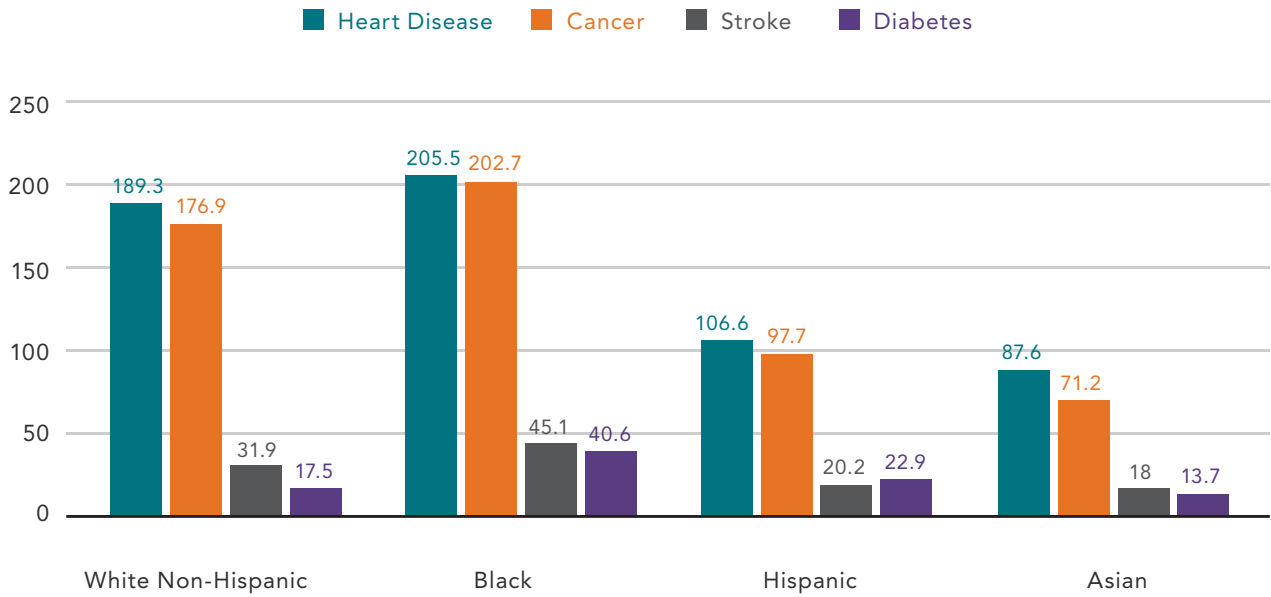DATA SOURCE: Center for Health Statistics, New Jersey Department of Health, www.nj.gov/health/chs, 2013.

Figure 21: Years of Potential Life Lost (YPLL) Before 75 Years of Age, by Year, New Jersey and County, 2004-2010

New Jersey Prevention Network

■ Heart Disease ■ Cancer ■ Stroke ■ Diabetes

Source: Center for Health Statistics, New Jersey Department of Health, www.nj.gov/health/chs, 2013.
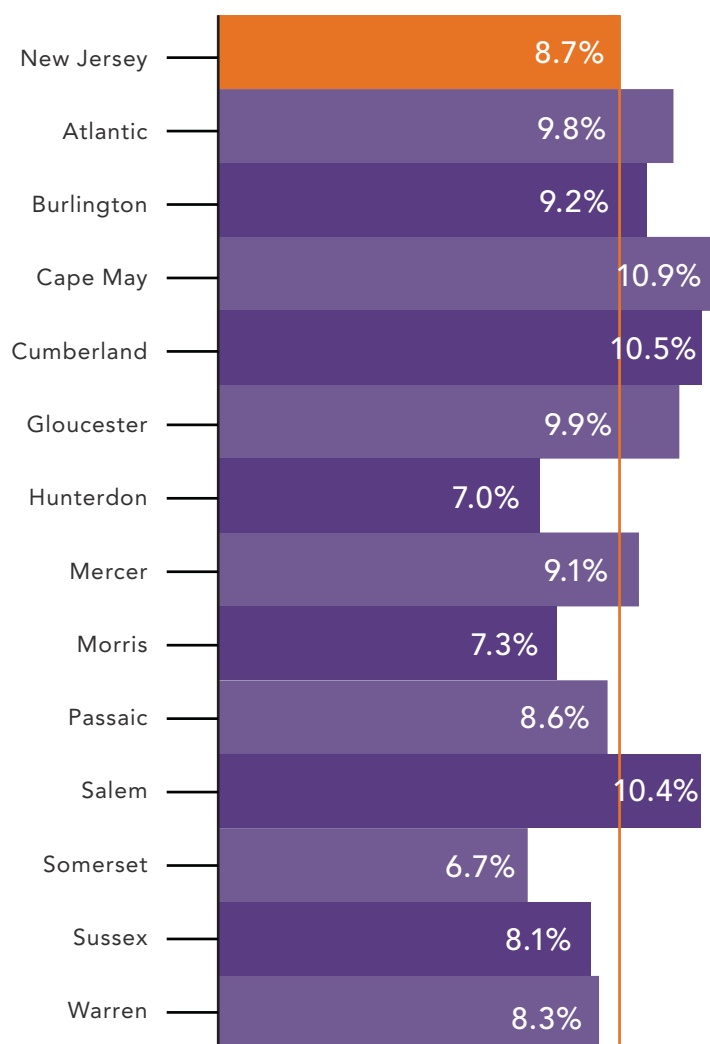*CLRD = Chronic Lower Respiratory Disease

Chronic Disease

This section reports on a selection of chronic diseases afflicting adult populations by state and county. These chronic diseases include diabetes, asthma and heart disease.

Diabetes

Somerset County (6.7%) had the lowest percentage of adults diagnosed with diabetes out of the 13-county focus area which is below the statewide average of 8.7% (Figure 23). By contrast, Cape May (10.9%) had the highest percentage of adults diagnosed with diabetes according to BRFSS. Additionally, the CDC data shows the age-adjusted percentage of adults (aged 18 years or older) with diabetes in New Jersey who were overweight or obese was 83.7%.

Figure 23: Percent of Adults (Aged 20+) with Diagnosed Diabetes, 2009

County	Percent
New Jersey	8.7%
Atlantic	9.8%
Burlington	9.2%
Cape May	10.9%
Cumberland	10.5%
Gloucester	9.9%
Hunterdon	7.0%
Mercer	9.1%
Morris	7.3%
Passaic	8.6%
Salem	10.4%
Somerset	6.7%
Sussex	8.1%
Warren	8.3%

DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Diabetes Translation, 2009, as cited by County Health Rankings, 2013.

Asthma

While Cumberland County (16.9%) had the highest percentage of adult residents with asthma, Cape May County (9.8%) had the lowest, with the statewide percentage falling in between (12.8%) (Figure 24). The rest of the 13-county focus area was largely in keeping with the state.

Heart Disease

According to BRFSS, in Cumberland (10.2%) and Burlington (11.2%) Counties, heart disease afflicted at least twice as many adult residents as reported statewide (5.1%) in 2010 (Figure 24). Passaic (3.2%), Hunterdon (3.3%), and Somerset (3.4%) Counties reported the smallest proportions of adult residents with heart disease out of the 13-county focus area.

Figure 24: Percent of Adult Residents with Asthma and Heart Disease, 2010
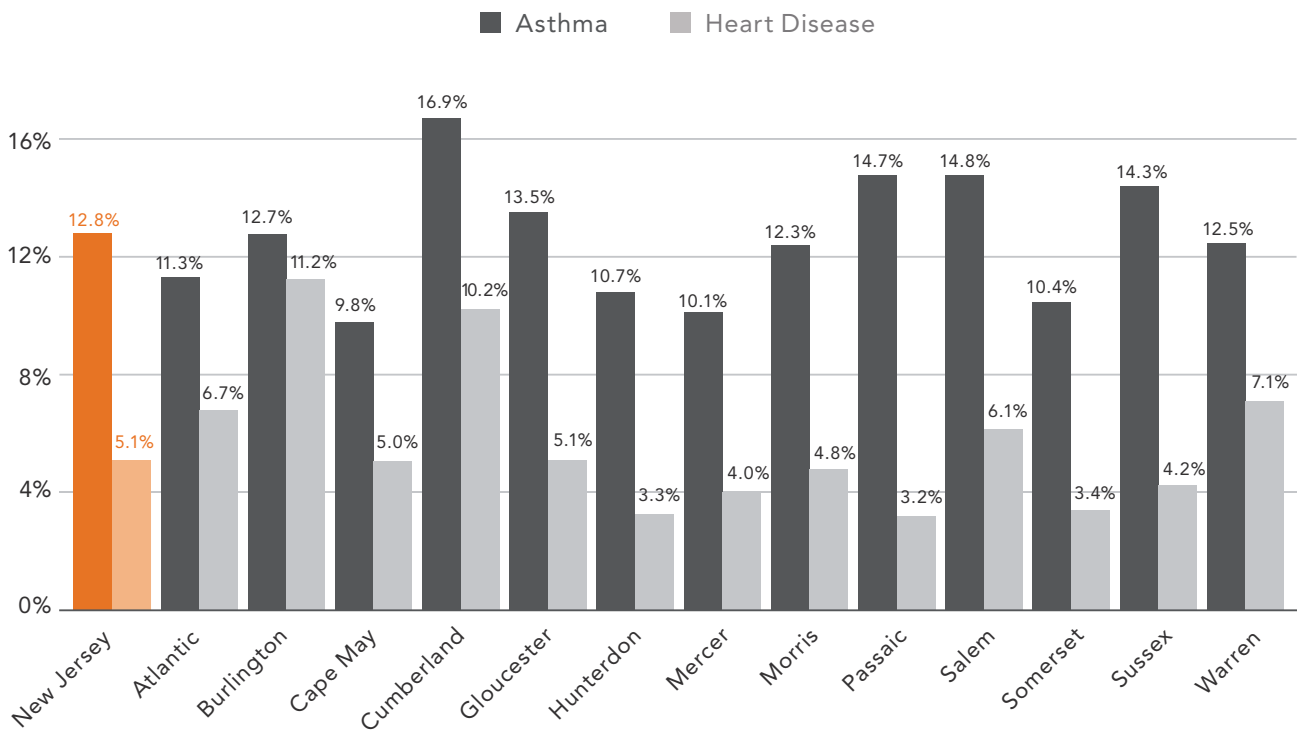
DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010, as cited by Health Research and Education Trust of New Jersey: Community Health Needs Assessment & Improvement NJ Hospital Association.
NOTE: Percentages of reported conditions are calculated based on total number of survey respondents.

Mental Health

Survey respondents who participated in BRFSS were asked to respond to the question, "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The data reported in the County Health Rankings is the average number of days a county's adult respondents reported that their mental health was not good.

On average, residents in the state of New Jersey reported 3.3 poor mental health days per 30 days (Figure 25). This was largely consistent across the 13-county focus area with Cumberland County (4.0 days) reporting the greatest number of mentally unhealthy days, and Hunterdon and Somerset (2.6 each) Counties reporting the fewest.

Figure 25: Average Number of Reported Poor Mental Health Days During the Past 30 Days, 2005-2011
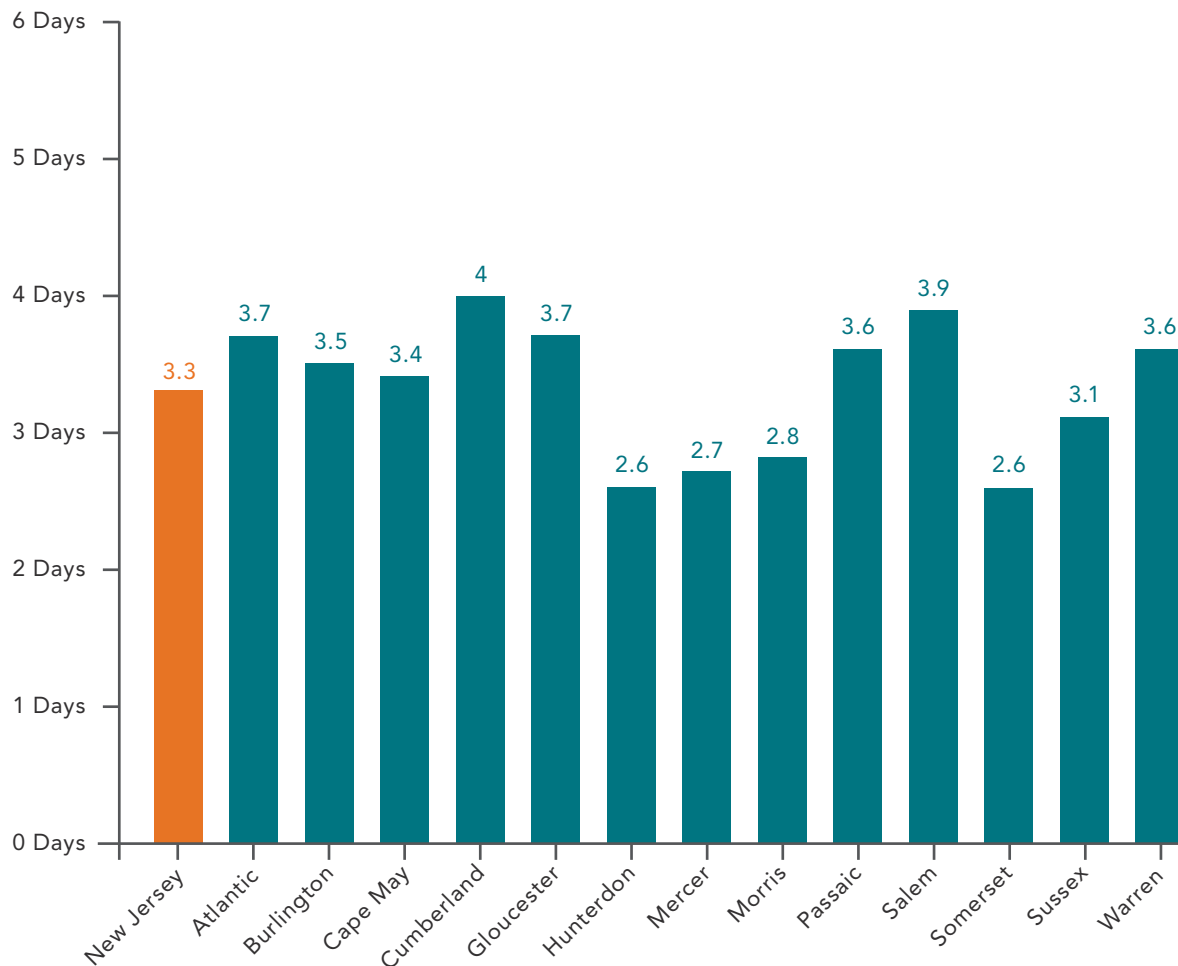
DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2005-2011, as cited by County Health Rankings, 2013.

New Jersey Prevention Network

As illustrated in Table 5, adults statewide between the ages of 18 and 64 were most likely to visit the emergency department (ED) for the following mental health conditions: alcohol dependence (26.3%) and anxiety disorders, including Post Traumatic Stress Disorder (23.9%). While this pattern held across the 13-county focus area, in Cumberland County adult residents were just as likely to visit the ED for other mental disorders excluding drug or alcohol dependence (19.5%) as they were for alcohol dependence (19.8%). Similarly, in Salem County adult residents were just as likely to visit the ED for depression and other mood disorders (23.2%) as they were for alcohol dependence (24.5%).

Table 5: Emergency Department Visits by Adults (18 to 64 years) for Mental Care Conditions, 2011					
Geography	Anxiety disorders including PTSD	Alcohol dependence	Depression and other mood disorders	Other mental disorders, excluding drug or alcohol dependence	Drug dependence
New Jersey	23.9	26.3	9.4	13.8	8.8
Atlantic	35.2	42.6	9.0	18.0	10.4
Burlington	22.5	14.0	11.8	8.4	8.7
Cape May	35.4	24.9	19.9	13.9	9.2
Cumberland	30.3	19.8	13.8	19.5	10.3
Gloucester	26.9	15.4	10.8	10.1	12.3
Hunterdon	16.9	16.3	6.9	7.6	4.3
Mercer	30.7	48.7	10.9	17.9	6.8
Morris	17.0	14.8	8.6	8.5	4.0
Passaic	26.3	29.6	9.1	16.6	14.7
Salem	33.7	24.5	23.2	9.4	8.2
Somerset	12.8	10.6	5.9	7.6	--
Sussex	21.9	16.9	12.5	8.4	6.2
Warren	29.0	15.5	7.6	10.1	3.8

DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Office of Research, Planning, and Evaluation and Intoxicated Driving Program Unit, 2011, Statistical Summary Report.

HEALTH CARE ACCESS AND UTILIZATION

Disparities in health can be attributed to health care access and use. Therefore, one way to gauge health disparities when outcome data is difficult to isolate to a specific region is to look at access to healthcare. This section will review the existing health care resources and services in New Jersey as well as the challenges to access healthcare services due to cost and insurance coverage.

Resources and Use of Health Care Services

Access to care requires not only financial coverage, but also access to providers. Sufficient availability of primary care physicians is essential for preventive and primary care. The overall rate of primary care physicians in New Jersey is 84.7 per 100,000 population (Figure 26). Cumberland (45.3 per 100,000) and Salem (47.0 per 100,000) Counties had the lowest rates of primary care physicians, whereas Hunterdon (121.5 per 100,000) and Somerset (108.9 per 100,000) Counties had the highest.

Figure 26: Rate of Primary Care Physicians and Mental Health Providers per 100,000 Population, 2011-2012
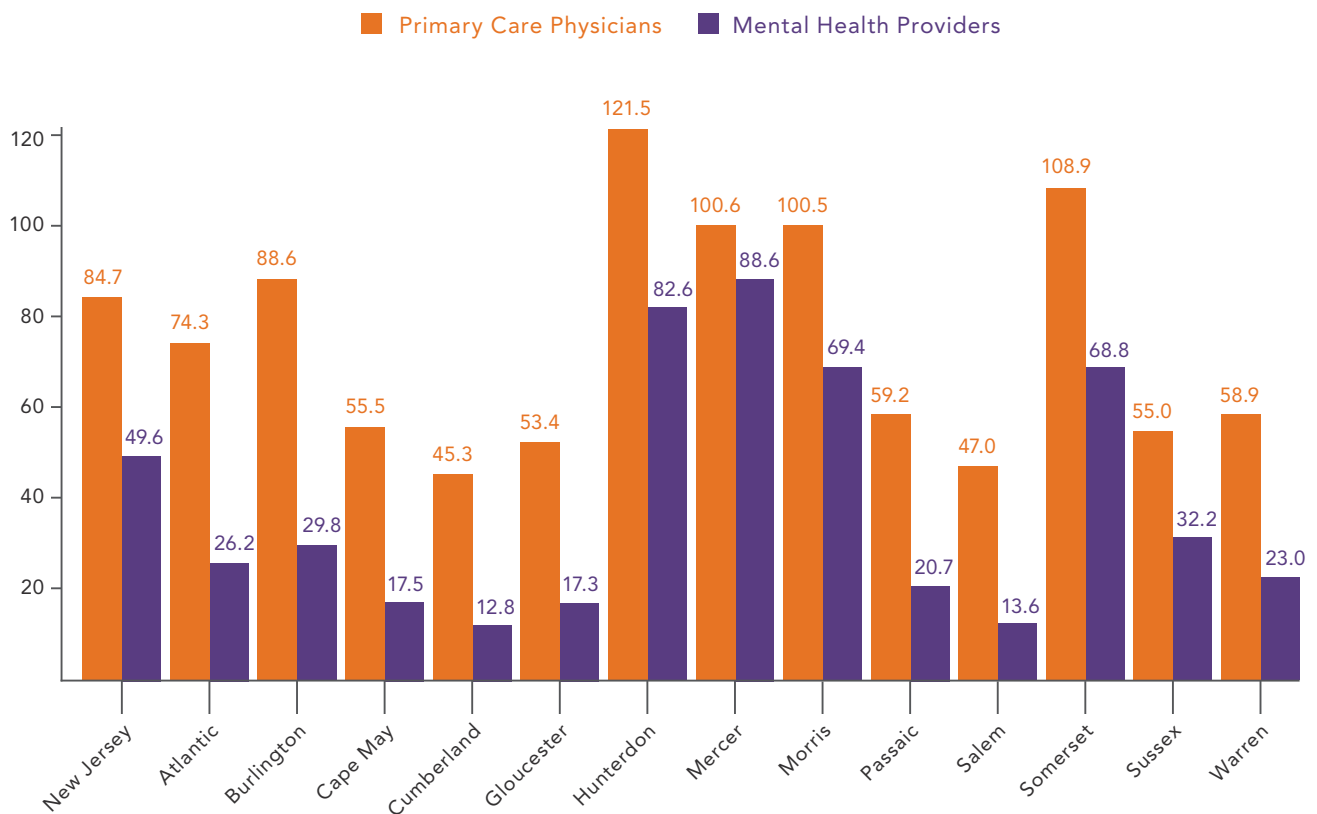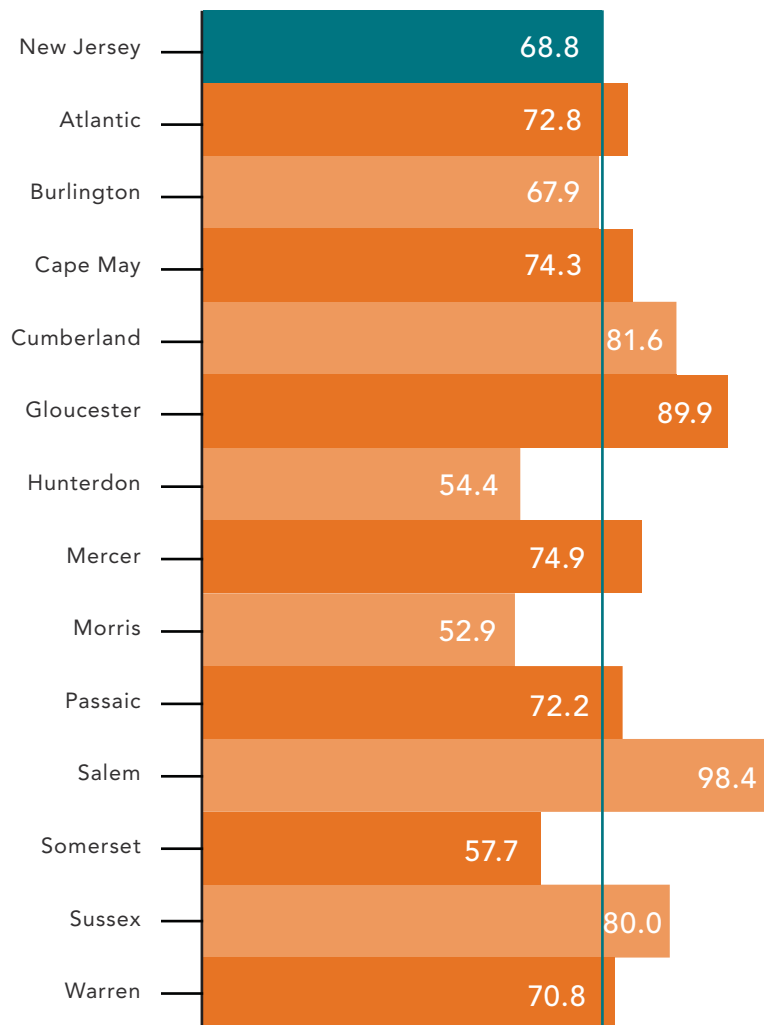

DATA SOURCE: U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Resource File, 2011 as cited in County Health Rankings, 2013.

New Jersey Prevention Network

The statewide rate of mental health providers from 2011 to 2012 was 49.6 per 100,000 population (Figure 26). While several counties were well under that rate, others were well above it. For example, Cumberland (12.8 per 100,000) and Salem (13.6 per 100,000) Counties had the lowest rates of mental health providers among the 13-county focus area. Conversely, Mercer (88.6 per 100,000) and Hunterdon (82.6 per 100,000) Counties had the highest rates.

According to the County Health Rankings, hospitalization for preventable hospital stays is a measure that may also represent a tendency to overuse hospitals as a main source of care. Statewide, the hospitalization rate for preventable hospital stays was 68.8 per 1,000 Medicare enrollees (Figure 27). This rate was lowest in Hunterdon County (54.4 per 1,000), and highest in Salem County (98.4 per 1,000).

Figure 27: Hospitalization Rate for Preventable Hospital Stays per 1,000 Medicare Enrollees, 2010

County	Rate
New Jersey	68.8
Atlantic	72.8
Burlington	67.9
Cape May	74.3
Cumberland	81.6
Gloucester	89.9
Hunterdon	54.4
Mercer	74.9
Morris	52.9
Passaic	72.2
Salem	98.4
Somerset	57.7
Sussex	80.0
Warren	70.8

DATA SOURCE: Dartmouth Atlas of HealthCare, 2010, as cited by County Health Rankings, 2013.
NOTE: Preventable hospital stays is measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

Challenges Accessing Health Care Services

Insurance

The lack of health insurance coverage is a substantial barrier to accessing health care. Overall, 6.3% of children in the State of New Jersey are uninsured (Figure 28). Across the 13-county focus area, this percentage is highest in Cumberland (7.9%) and Passaic (7.8%) Counties, and lowest in Hunterdon (3.9%) and Morris (4.3%) Counties.

Among adults, the proportion of uninsured is 18.5% across the State (Figure 28). Similar to data provided for uninsured children, the percentage of uninsured adults is highest in Cumberland (24.7%) and Passaic (25.3%) Counties, and lowest in Hunterdon (9.2%) and Morris (12.1%) Counties.

Figure 28: Percent of Children Under Age 18 and Adults Under Age 65 Without Health Insurance, 2010
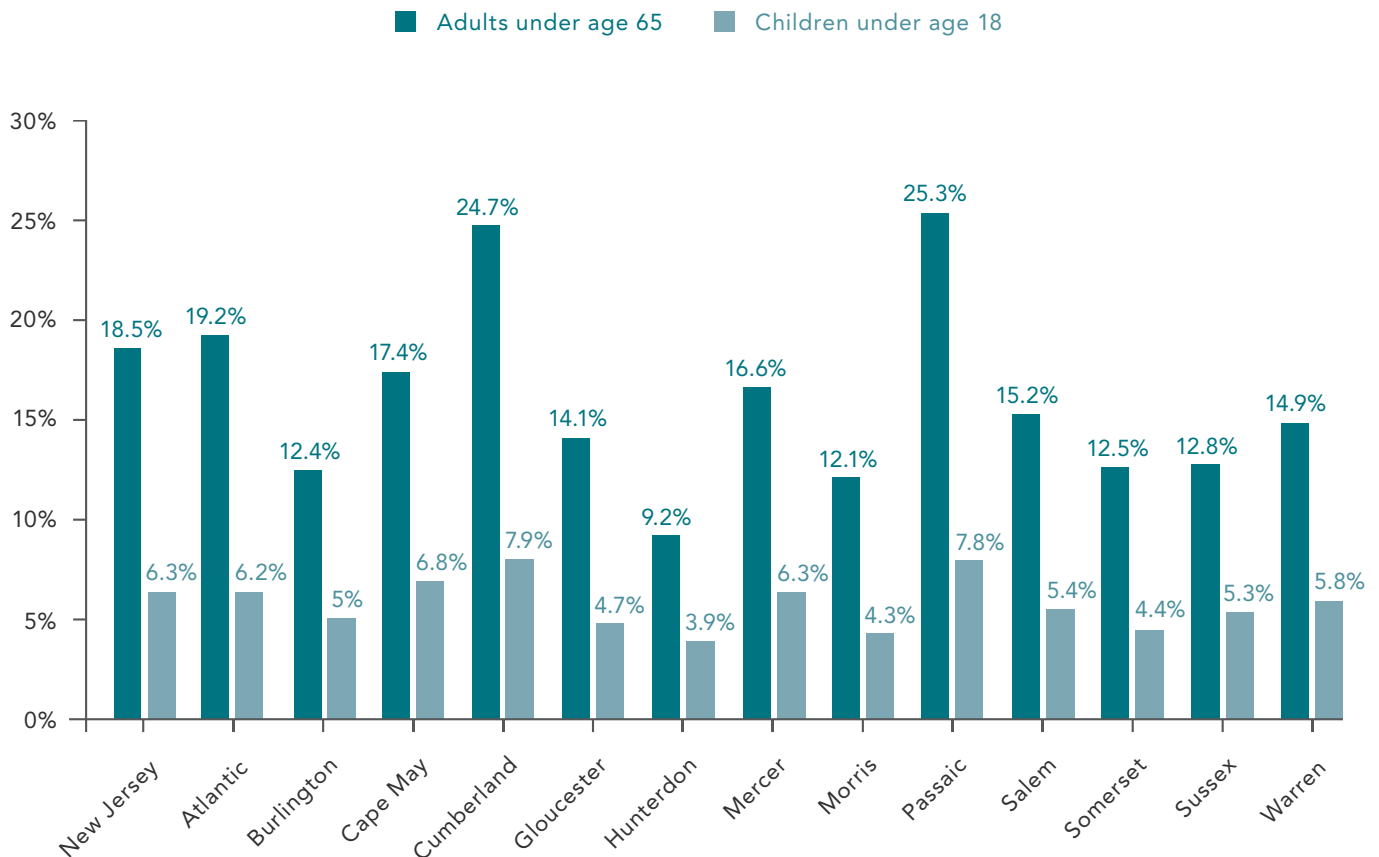

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, Small Area Health Insurance Estimates (SAHIE), 2010, as cited by County Health Rankings, 2013.

Cost

Cost is an often-cited barrier to accessing quality health care. In an average year from 2005 to 2011, 12.9% of New Jersey adults reported that they could not see a doctor due to prohibitive costs (Figure 29). Cost was a barrier to seeing a doctor primarily in Passaic (17.8%), Atlantic (16.1%), and Cumberland (16%) Counties. Adult residents in Hunterdon (7.1%) and Burlington (8.5%) Counties reported this barrier least.

Figure 29: Percent of Adults Who Could Not See a Doctor in the Past 12 Months Due to Cost, 2005-2011
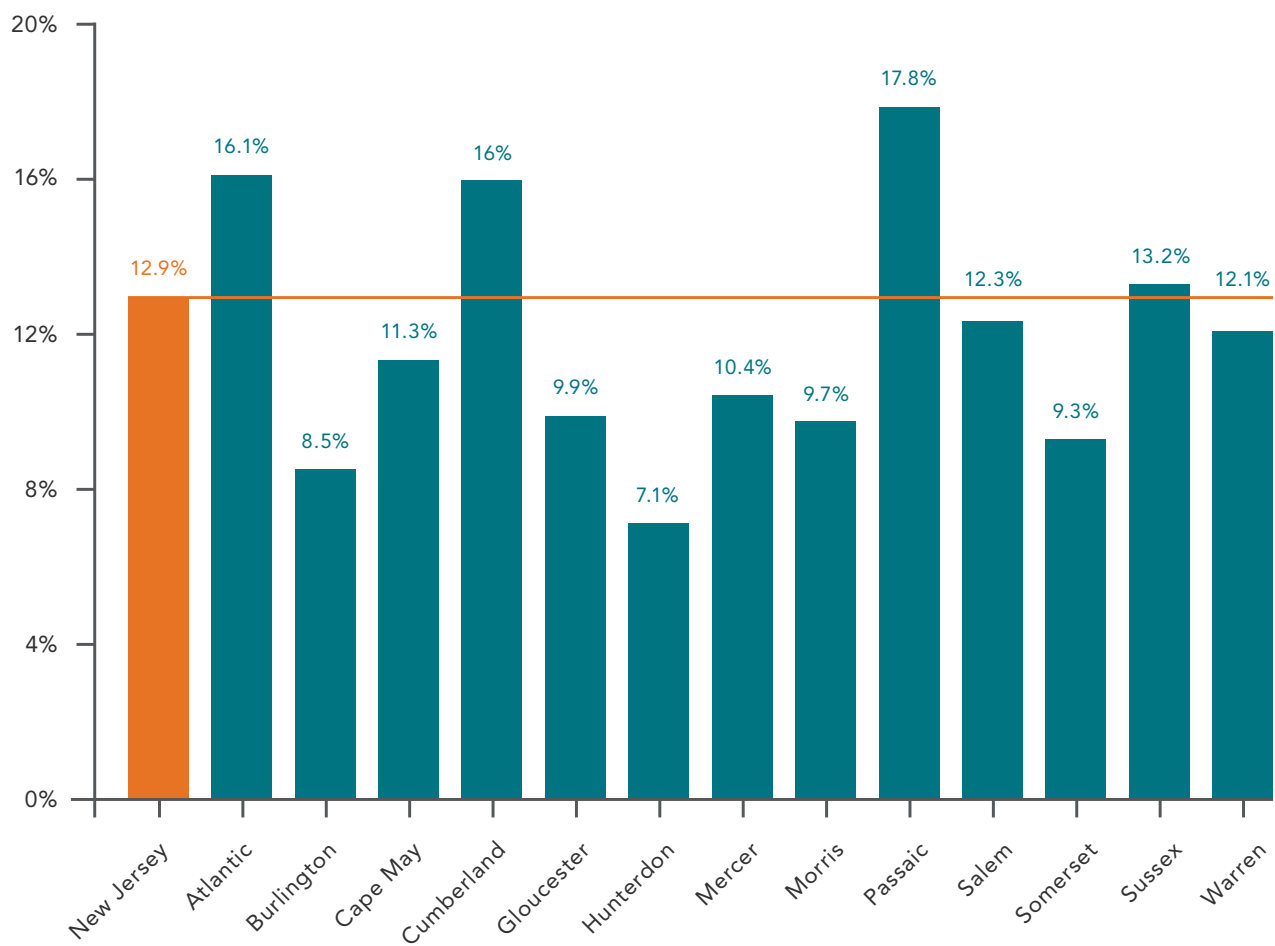
DATA SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2005-2010, as cited by County Health Rankings, 2013.