

CAMDEN COUNTY, NEW JERSEY



'2012

Summary: Secondary Data Profile

Report Prepared By:

HOLLERAN
celebrating 20 years

Camden County, New Jersey

SUMMARY: SECONDARY DATA PROFILE

BACKGROUND

The Tri-County Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester Counties came together to undertake a comprehensive regional community health needs assessment (CHNA). A review of existing secondary data was one component of the assessment. This report summarizes the key themes and conclusions for Camden County, New Jersey. The data presented in this report comes from the “2012 County Health Profile” report prepared by Health Research and Educational Trust of New Jersey (HRET). This report was prepared for members of the New Jersey Hospital Association.

Holleran was not involved in any of the data tabulation or gathering and simply served in an advisory role to interpret the key points of the secondary data profile. This summary document is not inclusive of all data points from the full “County Health Profile” report. All data points that are included in this summary document are reported from the HRET full report for Camden County. The county-level data is compared to New Jersey statewide averages.

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A. DEMOGRAPHIC & HOUSEHOLD STATISTICS

This section identifies key descriptive information about Camden County demographics, such as population figures, gender, race, and age statistics as well as social determinants of health such as poverty, education, and select housing characteristics.



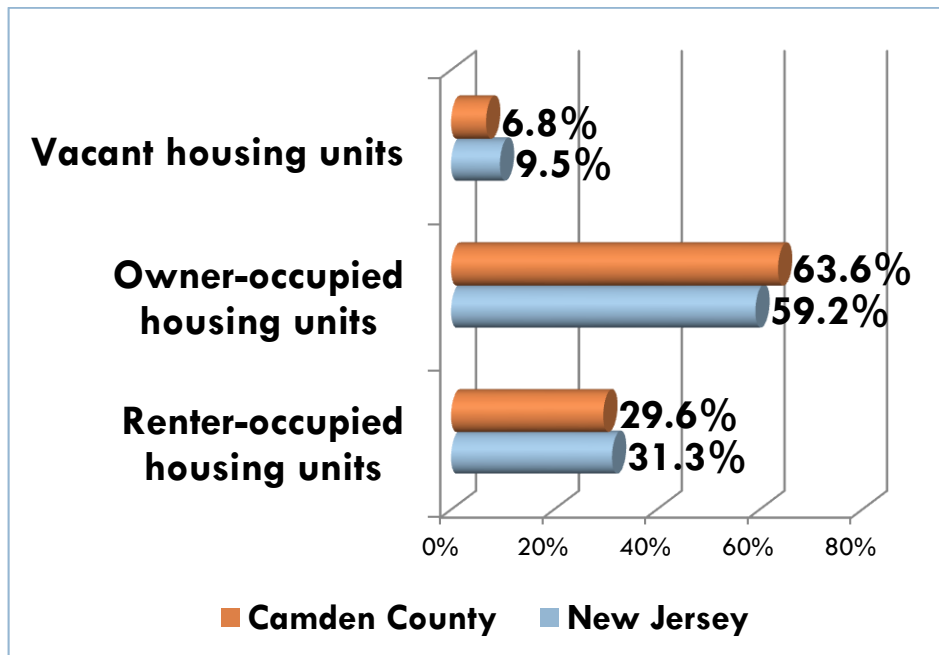
County-wide indicators that compare favorably to the New Jersey overall statistics.

Demographic & Household Statistics

Camden County compares favorably:

- Vacant housing units are less likely in Camden County compared to throughout New Jersey¹.
- The percentage of cost-burdened households in the county is lower than the statewide figure².

It is estimated that there are 204,943 housing units in Camden County. Of those housing units, 6.8% are vacant, 63.6% owner-occupied and the remaining 29.6% are renter-occupied¹. When comparing these statistics to New Jersey overall, Camden County has fewer vacant homes, fewer renter-occupied homes and more owner-occupied homes. There are also 2.6% fewer households that are cost-burdened in Camden County compared to statewide².



Source: U.S. Census Bureau. 2010 Census

¹ U.S. Census Bureau, 2010 Census

² U.S. Census Bureau, 2009 American Community Survey



County-wide indicators that compare unfavorably to the New Jersey overall statistics.

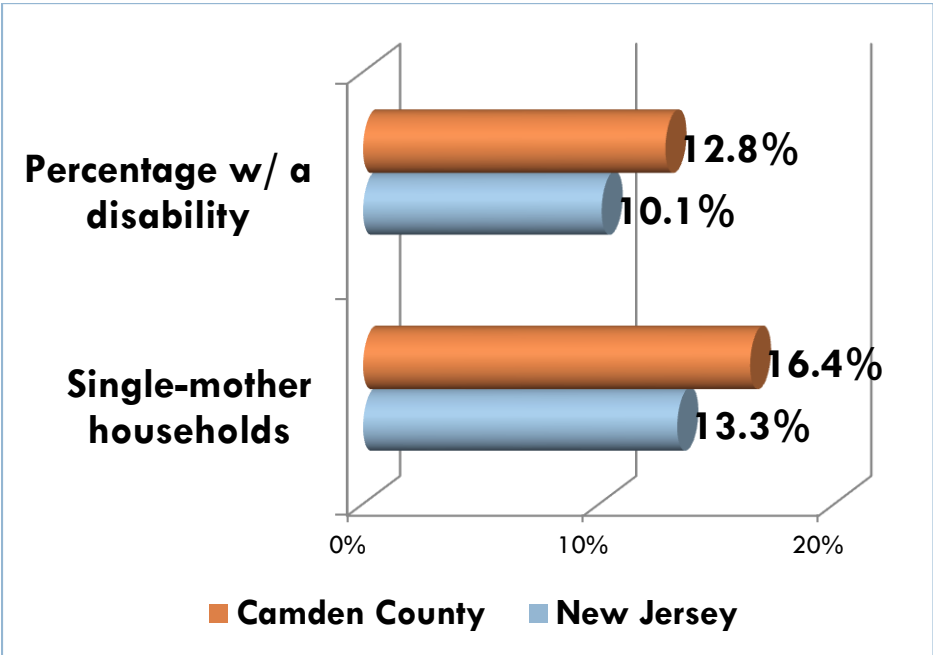
**Demographic
& Household
Statistics**

Camden County compares unfavorably:

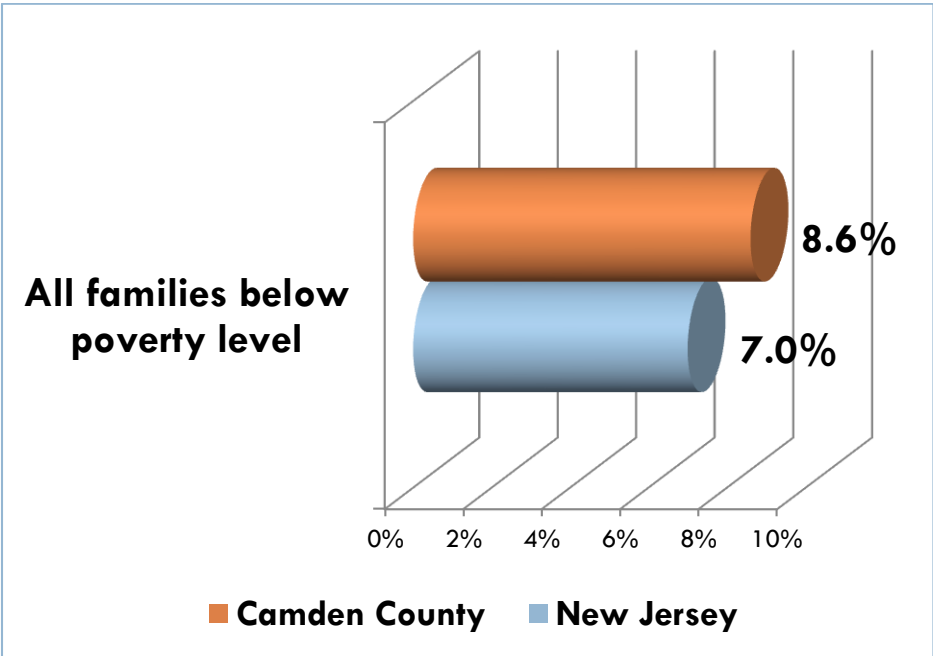
- The percentage of the total population with a disability living in Camden County is higher than statewide².
- There is a greater proportion of single-female households in Camden County compared to the state¹.
- The percentage of children living in single-family households is above state averages¹.
- Adults in Camden County are less likely to have Bachelor's degrees, graduate degrees or professional degrees compared to New Jersey overall².
- The poverty rates and household income statistics for Camden County are less favorable than the New Jersey averages².
- The number of people receiving public assistance (TANF, SNAP, EAP, and/or WIC) increased significantly from 2007-2011³.

It is estimated that almost 13% of the county population lives with a disability compared to approximately 10% in New Jersey. Households in Camden County are also more likely to have single-parent households (female head of household). When looking at key economic and education indicators for the county, Camden also compares less favorably. Fewer adults in the county have a Bachelor's or graduate degree. There are more than 11,000 families living below the poverty level in Camden County, a portion that is higher than the proportion statewide.

³ N.J. Department of Human Services, Division of Family Development, Current Program Statistics, 2011; N.J. Department of Health and Senior Services, Division of Family Health Services, 2011



Source: U.S. Census Bureau, 2009 American Community Survey



Source: U.S. Census Bureau, 2009 American Community Survey

B. HEALTHCARE ACCESS

Healthcare access can be defined in many ways. This section primarily notes access to healthcare via health insurance coverage and physician access. Specifically, statistics detail the proportion of Camden County residents who have private insurance or are on some form of government assistance program.



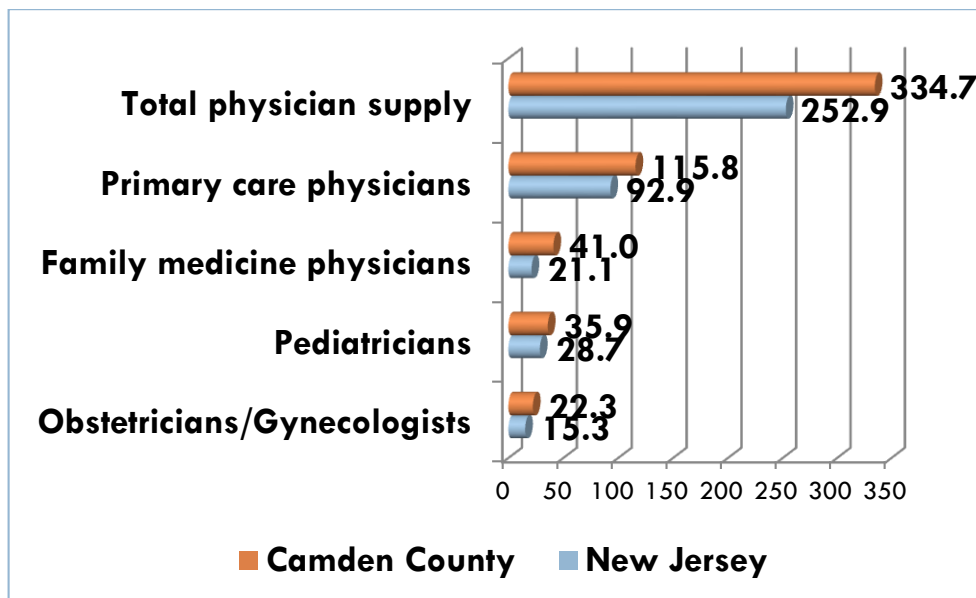
County-wide indicators that compare favorably to the New Jersey overall statistics.

Healthcare Access

Camden County compares favorably:

- The total physician supply is much greater in Camden County than throughout New Jersey⁴.
- The number of physicians in Camden County for: primary care, family medicine, pediatrics, OB/GYN, cardiology, surgical specialists, and psychiatrists exceed the state averages⁴.

With a few exceptions, the physician density in Camden County is far greater than New Jersey as a whole. The density rates reflect the number of physicians per 100,000 population. The countywide rate for all physicians is 334.7 compared to 252.9 statewide. Similar positive comparisons exist for a number of other specialties as well⁴.



Source: N.J. Council of Teaching Hospitals, New Jersey Physician Workforce Task Force Report, 2008

⁴ N.J. Council of Teaching Hospitals, New Jersey Physician Workforce Task Force Report, 2008



County-wide indicators that compare unfavorably to the New Jersey overall statistics.

**Healthcare
Access**

Camden County compares unfavorably:

- The percentage of individuals receiving Medicaid in Camden County is greater than the percentage for New Jersey².
- The number of general Internal Medicine physicians in Camden County is below the statewide rate⁴.
- Emergency department visits in Camden County greatly exceed the state benchmarks⁵.
- Emergency department visits for primary care conditions exceed state figures (both adults and children)⁶.
- Hospital admissions for both adults and the elderly are higher in Camden County⁶.
- Hospital admissions for ambulatory care sensitive conditions among adults (18-64) are higher than statewide⁷.
- Medicare 30-day readmissions are higher in Camden County⁷.
- Substance abuse treatment admissions in Camden County exceed admission rates for New Jersey overall⁸.

Overall, the percentage of individuals with health insurance does not differ from the state (87.4%); however, individuals in Camden County are more likely to have public health insurance coverage. There are more than 76,000 individuals in Camden County who receive Medicaid, which is 2.6% above the proportion statewide². The availability of providers in the county is generally above the state, the density of general Internal Medicine physicians is lower (38.9 per 100,000 versus 43.2)⁴.

Emergency department (ED) use for primary care conditions and hospital admissions for ambulatory care sensitive conditions are not favorable when comparing Camden County to the state. Residents of all ages in Camden County are more likely to visit the ED, and adults and the elderly are more likely to be admitted to the hospital⁷.

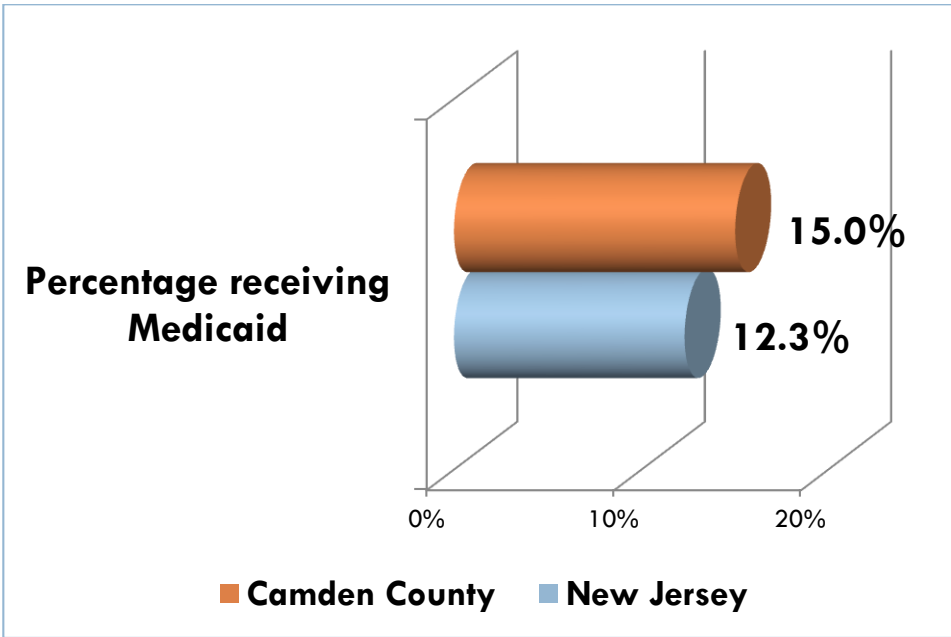
⁵ New Jersey Discharge Data Collection System, 2011

⁶ New Jersey Discharge Data Collection System, Uniform Billing Data, 2010

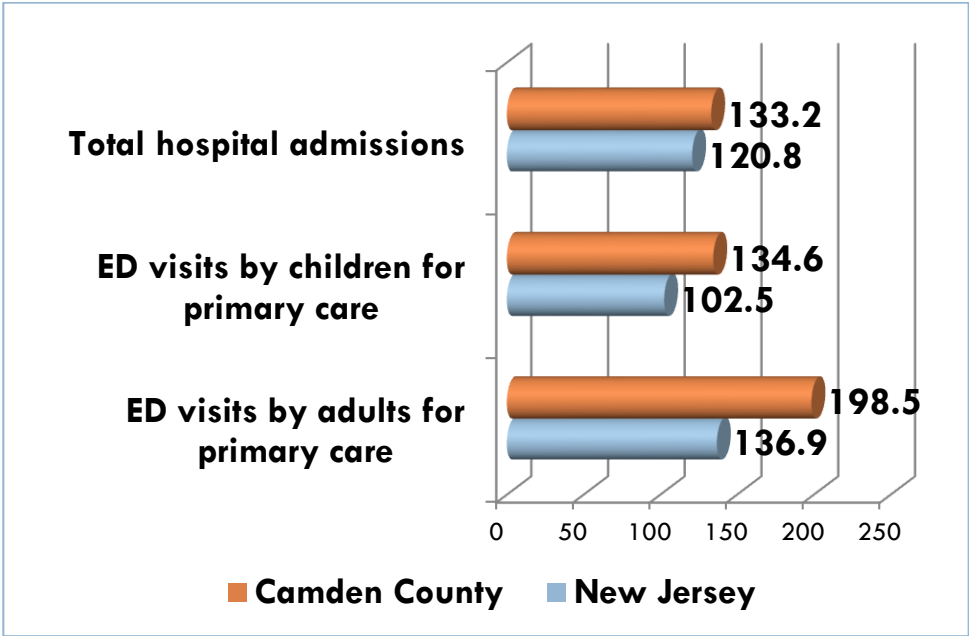
⁷ Healthcare Quality Strategies, Inc. (HQS), Report of Medicare FFS claims for New Jersey, 2011

⁸ N.J. Department of Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment, 2009

Readmissions within the 30-day period among Medicare beneficiaries are well above state benchmarks⁷. It should also be noted that treatment admissions for substance abuse are more likely in Camden County (1108.9 per 100,000 versus 797.9)⁸.



Source: U.S. Census Bureau, 2009 American Community Survey



Rates per 1,000 population

Source: New Jersey Discharge Data Collection System, 2011; Uniform Billing Data, 2010

SAFETY

Public safety and the social environment are also key components of overall health and wellness. This section includes domestic abuse, child abuse, and childhood screening for harmful contaminants such as lead.



County-wide indicators that compare unfavorably to the New Jersey overall statistics.

Safety

Camden County compares unfavorably:

- The percentage of children tested for lead poisoning (ages 6 to 29 months) is lower than the percentage for New Jersey overall⁹.
- Reports of child abuse/neglect are higher in Camden County¹⁰.
- The number of children under DYFS supervision and receiving in-home services is greater in Camden County than in other New Jersey counties¹¹.
- Domestic violence offenses in the county are above state rates¹².
- The overall crime rate for the county is above the state crime Rate¹².
- Juvenile arrests for being a “runaway” are higher in Camden County as well as adult arrests for drug abuse violations¹².

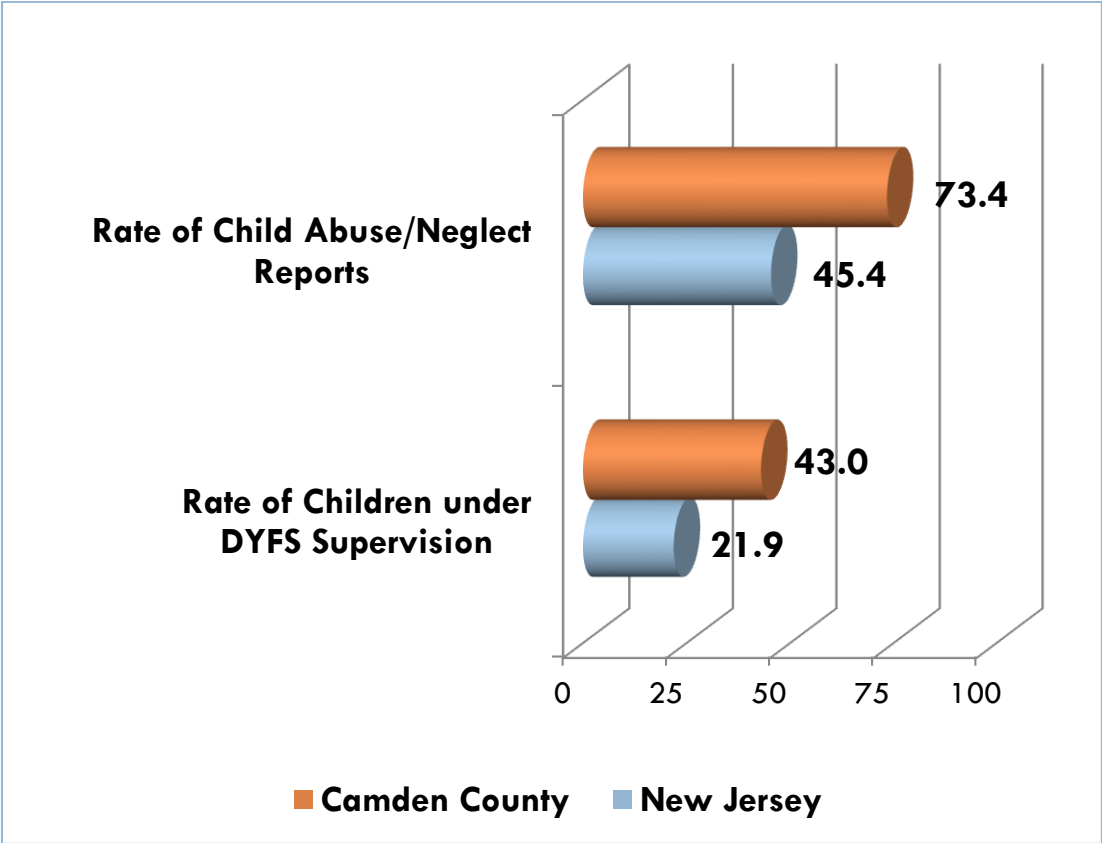
Fewer Camden County children between the ages of 6 and 29 months are tested for lead poisoning compared to statewide (33.5% in Camden County compared to 45.6% tested in New Jersey)⁹. In 2010, there were 9,184 children reported as being abused or neglected in Camden County. Roughly 13% of those reports were substantiated. Camden County has a higher rate of child abuse being reported, but also has a higher rate of substantiated cases compared to the state¹⁰. Aligned with these statistics is the number of children under DYFS supervision, a figure that is 21% above New Jersey¹¹. Rates of domestic violence offenses in Camden County are also higher than throughout New Jersey as is overall crime¹².

⁹ N.J. Department of Health and Senior Services, Division of Family Health Services, Maternal and Child Health Services, Child and Adolescent Health Program, 2010

¹⁰ N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2010

¹¹ N.J. Department of Children and Families, Division of Youth and Family Services, 2011

¹² N.J. Department of Law and Public Safety, Division of State Police, Uniform Crime Reporting Unit, 2009



Rates per 1,000 population under 18

Source: N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2010; N.J. Department of Children and Families, Division of Youth and Family Services, 2011

C. HEALTH BEHAVIORS

So called “risky behaviors” have been long noted as having significant influence on health outcomes. Specifically, alcohol and tobacco use as well as how often individuals receive regular health screenings are all tied to favorable or unfavorable health.



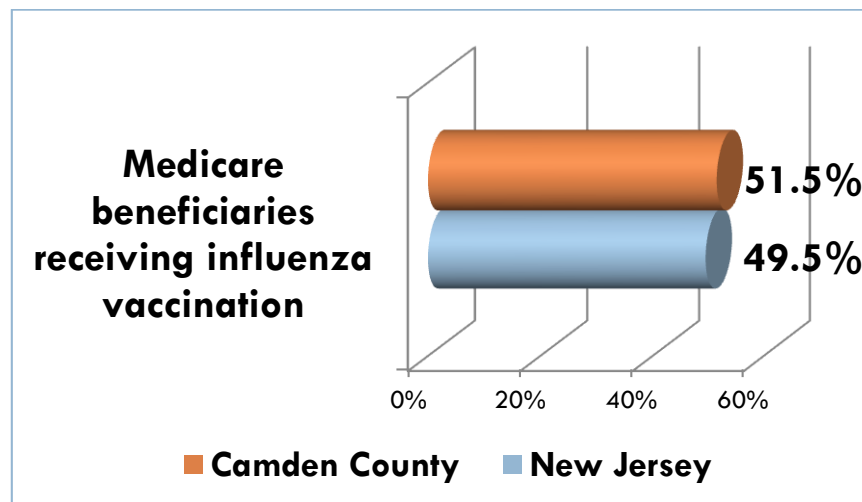
County-wide indicators that compare favorably to the New Jersey overall statistics.

Health Behaviors

Camden County compares favorably:

- Adults 50+ are more likely to have had a sigmoidoscopy or colonoscopy¹³.
- Males 40+ are more likely to have had a PSA test in the past 2 years¹³.
- Medicare beneficiaries in Camden County are more likely to have had a flu vaccine than beneficiaries throughout the state¹⁴.

Approximately 66% of adults 50 years and over in Camden County have had a sigmoidoscopy or colonoscopy compared to 63.7% statewide. Nearly 60% of men 40 years and over in Camden County have had a PSA test in the past two years compared to 57% in New Jersey¹³. In 2010, 51.5% of Medicare beneficiaries (65 or older) received an influenza vaccination. This is slightly above the 49.5% for New Jersey overall¹⁴.



Source: Healthcare Quality Strategies, Inc. (HQSI), Report of Medicare FFS claims for New Jersey, 2011

¹³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010

¹⁴ Healthcare Quality Strategies, Inc. (HQSI), Report of Medicare FFS claims for New Jersey, 2011



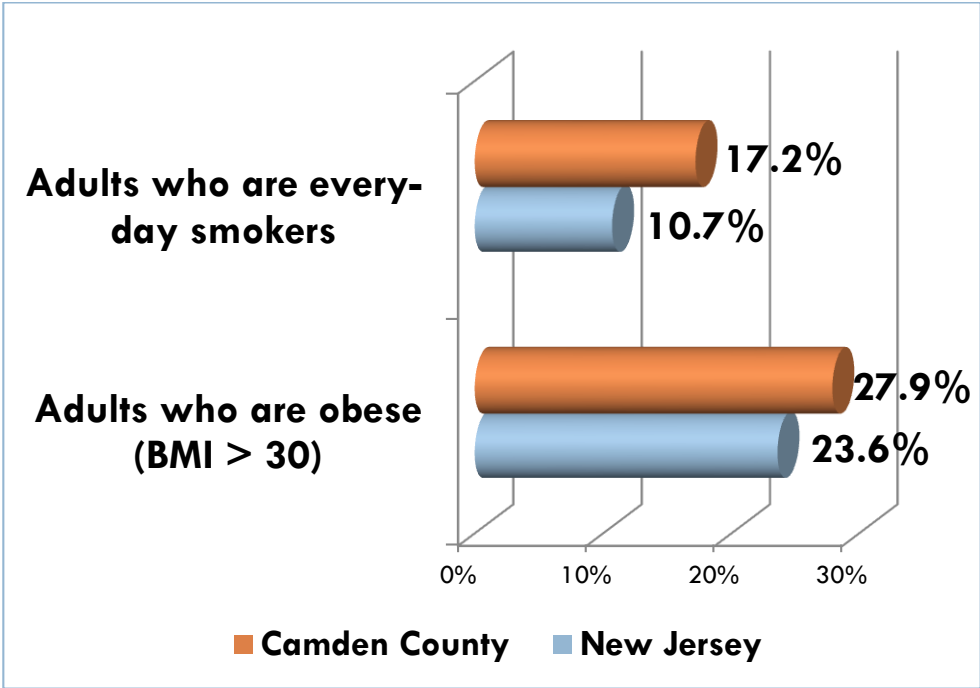
County-wide indicators that compare unfavorably to the New Jersey overall statistics.

Health Behaviors

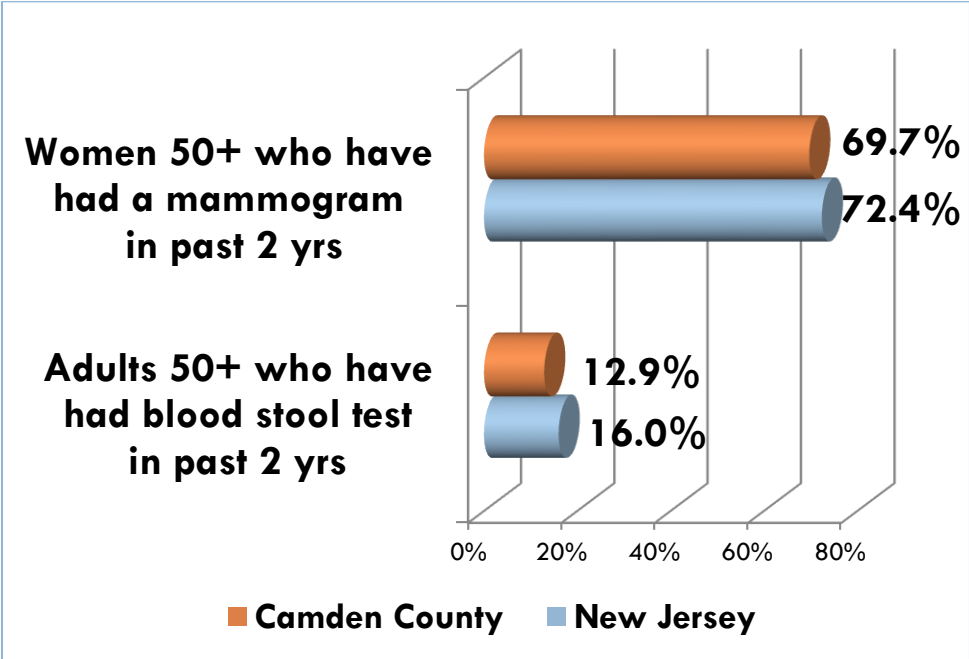
Camden County compares unfavorably:

- Regular tobacco use (cigarette smoking) is higher in Camden County compared to New Jersey overall¹³.
- Tobacco use as well as heavy drinking among Blacks is proportionally higher in Camden County compared to Blacks statewide¹³.
- The proportion of obese adults in the county exceeds the statewide average¹³.
- The proportion of females 50+ who have had a mammogram is below the state proportion¹³.
- Adults 50+ in Camden County are less likely to have had a blood stool test compared to those throughout the state¹³.
- Medicare beneficiaries in Camden County who have had a pneumonia vaccination are proportionally lower than beneficiaries throughout New Jersey¹⁴.
- The percentage of Medicare beneficiaries who have had cancer screenings is lower in Camden County¹⁴.
- The percentage of Medicare beneficiaries who have had diabetes screenings is lower in Camden County¹⁴.

The incidence of cigarette smoking in Camden County is well above state percentages. Roughly 17% of the adults smoke every day compared to 10.7% for New Jersey overall. When looking at BMI (Body Mass Index) statistics, nearly 28% of county residents are obese. This exceeds the state's obesity percentage by 4.3%. The proportion of adults who are having recommended screenings and preventive services is below state benchmarks as well. Specifically, Camden County is 2.7% below the state in the number of females 50+ who have had a mammogram in the past two years and is 3.1% below the state average in the number of adults 50+ who have had a blood stool test in the past two years¹³. Medicare beneficiaries in the county show similar trends.



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010

D. MATERNAL & CHILD HEALTH

Maternal and child health indicators generally represent statistics such as prenatal care, birth weight, prenatal risk factors, and infant characteristics among others.



County-wide indicators that compare unfavorably to the New Jersey overall statistics.

Maternal & Child Health

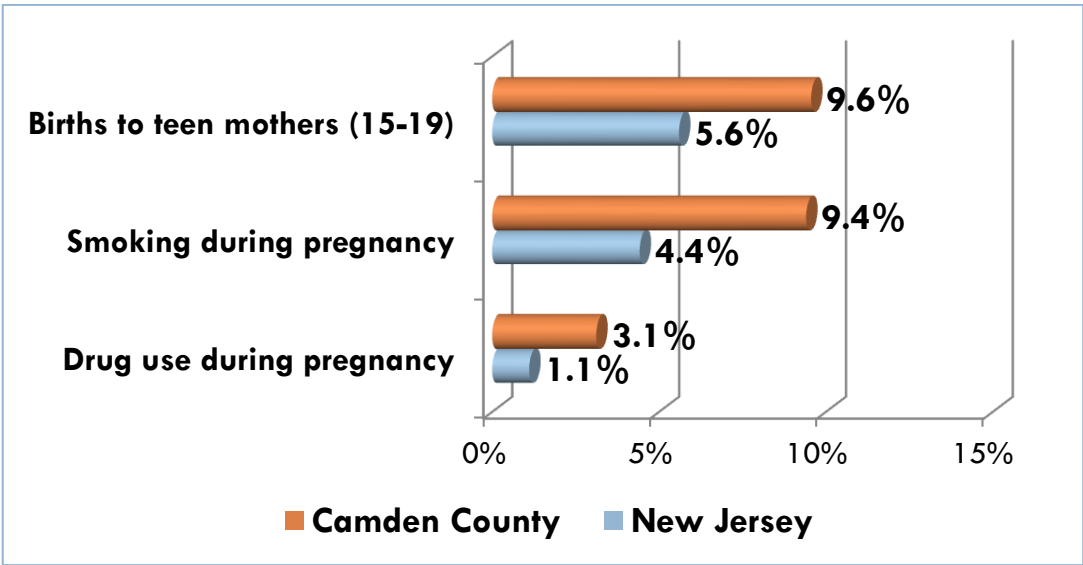
Camden County compares unfavorably:

- Teen pregnancy rates (ages 15-19) exceed the rate for New Jersey overall¹⁵.
- The percentage of births to unmarried mothers is greater in Camden County¹⁵.
- Smoking and use of drugs during pregnancy is elevated among Camden County mothers¹⁵.
- The proportion of expectant mothers receiving first trimester prenatal care is lower in Camden County than in other New Jersey counties¹⁵.
- The overall infant mortality rate in Camden County exceeds the rate statewide¹⁶.
- The infant mortality rate among Non-Hispanic Blacks in the county exceeds the rate among Non-Hispanic Blacks statewide¹⁶.

Expecting mothers in the county are more likely to be teenagers, unmarried, and to smoke or use drugs during their pregnancy. Additionally, expecting mothers in the county are less likely to seek prenatal care in their first trimester (77% versus 81% statewide)¹⁵. The infant mortality rate is higher in Camden County (7.2) compared to New Jersey (5.1). The infant mortality rate among Non-Hispanic Blacks is nearly 14% which is 3.0 points above the state rate for Non-Hispanic Blacks.

¹⁵ N.J. Department of Health and Senior Services, Bureau of Vital Statistics and Registration, N.J. Birth Certificate Database, 2011

¹⁶ N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011



Source: N.J. Department of Health and Senior Services, Bureau of Vital Statistics and Registration, N.J. Birth Certificate Database, 2011

E. COMMUNICABLE & CHRONIC DISEASE

This section communicates a combination of chronic disease statistics (e.g. cancer, diabetes, etc.) as well as figures for various communicable diseases (e.g. sexually transmitted infections).



County-wide indicators that compare favorably to the New Jersey overall statistics.

**Communicable
& Chronic
Disease**

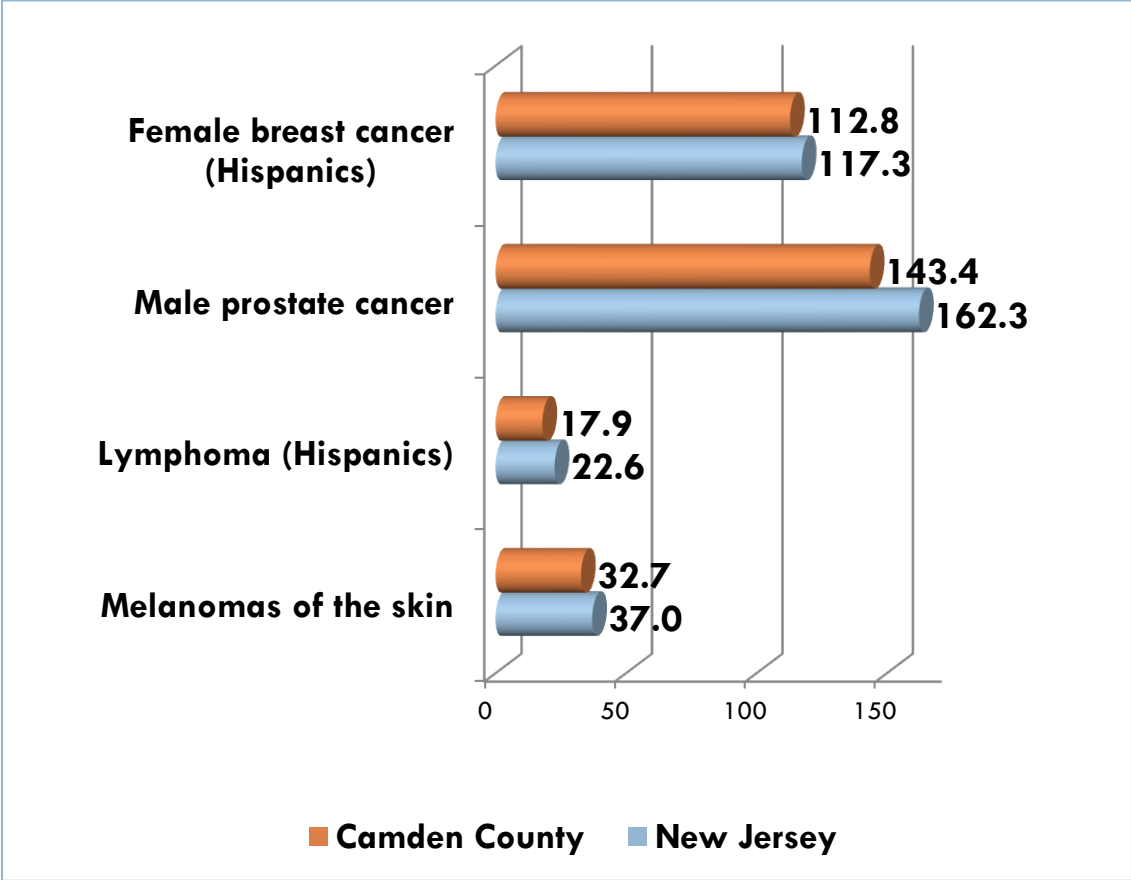
Camden County compares favorably:

- Infectious disease incidence rates for Campylobacteriosis, Hepatitis C, Influenza A, Lyme Disease, and Varicella are all lower than the corresponding rates throughout the state¹⁷.
- The female breast cancer incidence rate among Hispanics in the county is lower than for Hispanics statewide¹⁸.
- The prostate cancer incidence rate among Whites and Blacks is below the statewide rates¹⁸.
- The colon cancer incidence rate among Blacks is lower in Camden County¹⁸.
- The lymphoma incidence rate among Hispanics is lower in Camden County¹⁸.
- The melanoma incidence rate among Males and Whites is lower in Camden County¹⁸.

Camden County compares favorably against the state when it comes to select infectious disease incidence rates including rates for Campylobacteriosis, Hepatitis C, Influenza A, Lyme Disease, and Varicella¹⁷. While overall cancer incidence is elevated in Camden County, select cancers and demographic groups reveal lower incidence rates than New Jersey as a whole¹⁸. The following graph depicts a number of these comparisons.

¹⁷ N.J. Department of Health and Senior Services, Division of Communicable Disease Service, New Jersey Reportable Communicable Disease Report, 2009

¹⁸ N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011



Incidence rates per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011



County-wide indicators that compare unfavorably to the New Jersey overall statistics.

**Communicable
& Chronic
Disease**

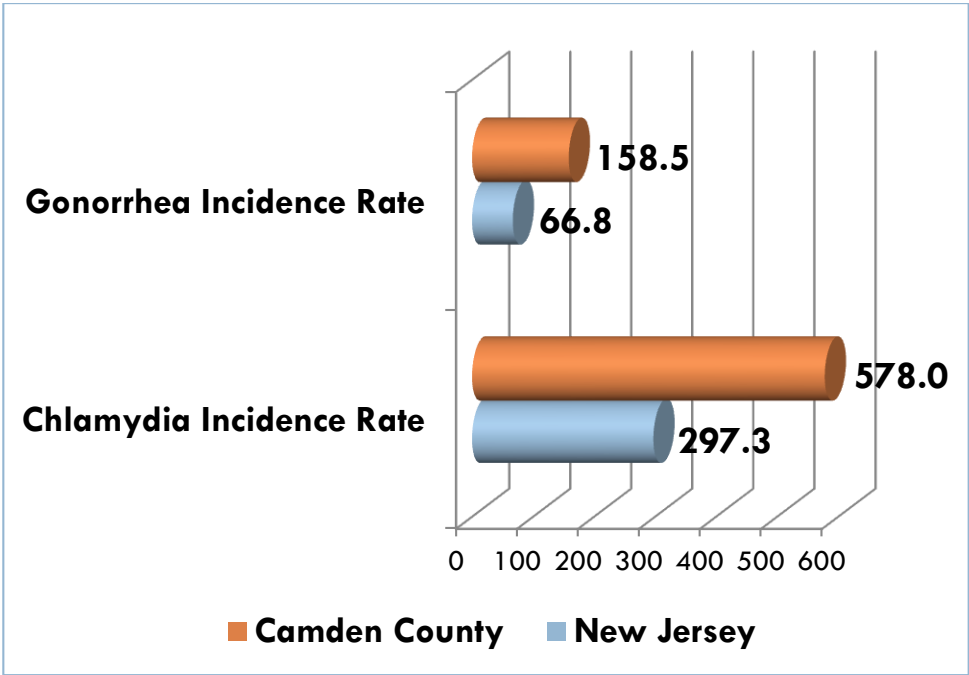
Camden County compares unfavorably:

- The percentage of adults reporting “fair” or “poor” health is greater in Camden County¹³.
- The incidence rates of certain sexually transmitted diseases/infections (Gonorrhea and Chlamydia) are above New Jersey overall¹⁹.
- The overall incidence rates for cancer in Camden County exceed the New Jersey rates¹⁸.
- The female breast cancer incidence rate among Whites and Blacks in the county is above the rate among Whites and Blacks statewide¹⁸.
- The cervical cancer incidence rate among Hispanics is higher in Camden County compared to the state¹⁸.
- The uterine cancer incidence rate among Hispanics is higher in Camden County compared to the state¹⁸.
- The prostate cancer incidence rate among Hispanics is higher in Camden County compared to the state¹⁸.
- The overall lung cancer incidence rate is higher in the county compared to the state¹⁸.
- The colorectal cancer incidence rates among males and Whites in Camden County are above the state rates¹⁸.
- Oral cancer among males in Camden County is more likely than among males statewide¹⁸.

Nearly 2 out of 10 adults in Camden County report “poor” or “fair” health. This is 2.1% above the percentage throughout New Jersey¹³. Sexually transmitted diseases/infections are more common in Camden County, specifically Gonorrhea and Chlamydia¹⁹.

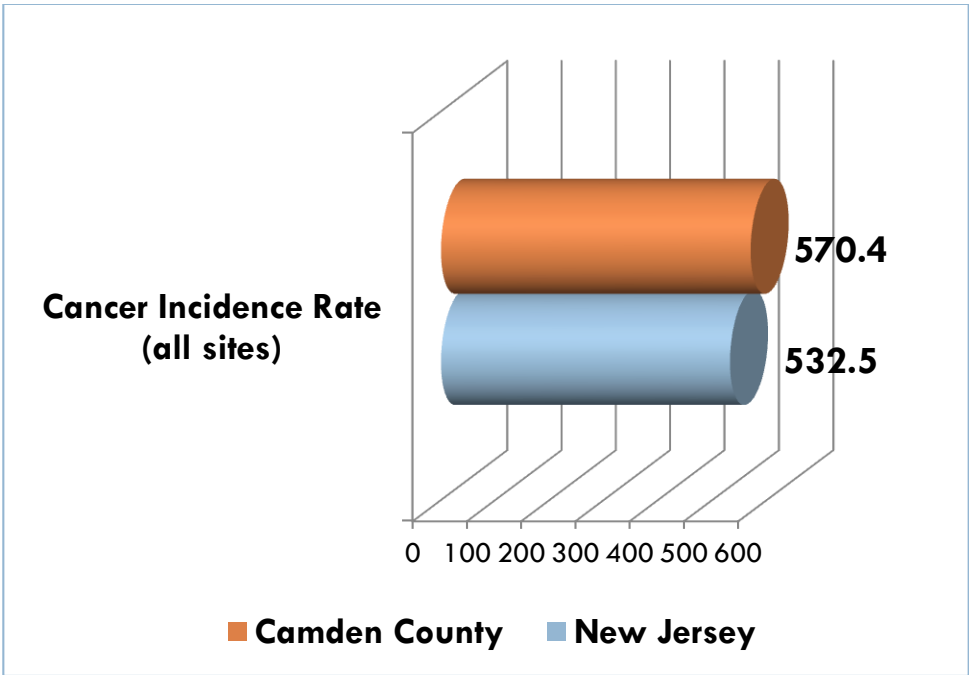
Cancer rates overall are much higher in Camden County than statewide. This holds true for all cancers in combination, but also a number of other cancers for select demographic groups. Hispanics in the county show elevated cancer incidence rates for cervical cancer, uterine cancer, and prostate cancer¹⁸.

¹⁹ N.J. Department of Health and Senior Services, Division of HIV, STD and TB Services, Sexually Transmitted Diseases Program, 2010



Incidence rates per 100,000 population

Source: N.J. Department of Health and Senior Services, division of HIV, STD and TB Services, Sexually Transmitted Diseases Program, 2010



Incidence rate per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011

F. MORTALITY RATES

Mortality rates, also known as causes of death, are reported as the number of deaths per 100,000 population.



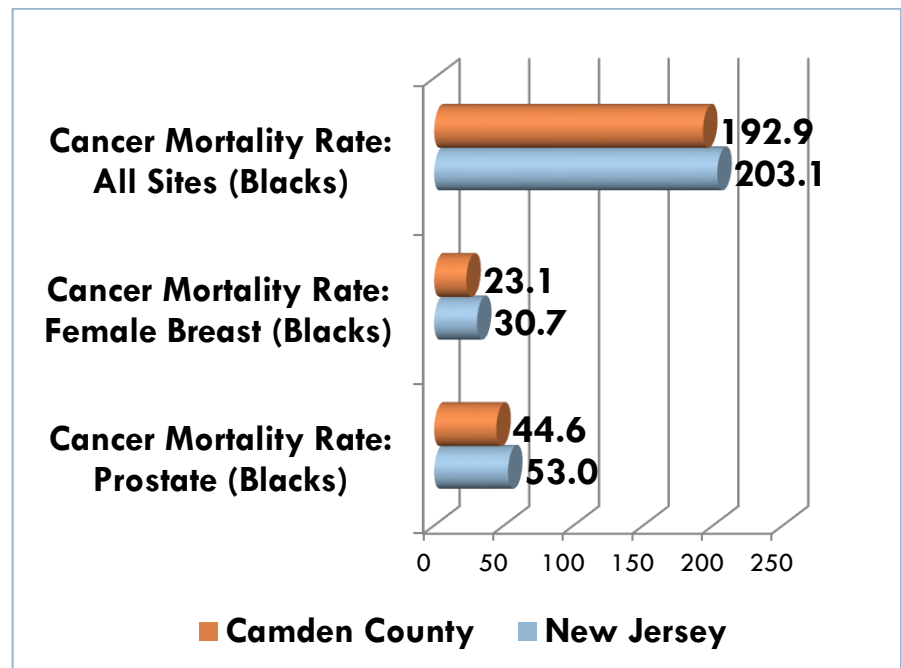
County-wide indicators that compare favorably to the New Jersey overall statistics.

Mortality Rates

Camden County compares favorably:

- Select cancer mortality rates among Blacks in Camden County are lower than the corresponding rates among Blacks throughout New Jersey: female breast cancer, prostate cancer, and lung cancer¹⁸.

For the most part, the cancer mortality rates in Camden County exceed the statewide rates. The exceptions are with the Blacks in the county. Their respective mortality rates for certain types of cancers are significantly below the state rate for Blacks¹⁸. The graph below depicts these comparisons.



Incidence rates per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011



County-wide indicators that compare unfavorably to the New Jersey overall statistics.

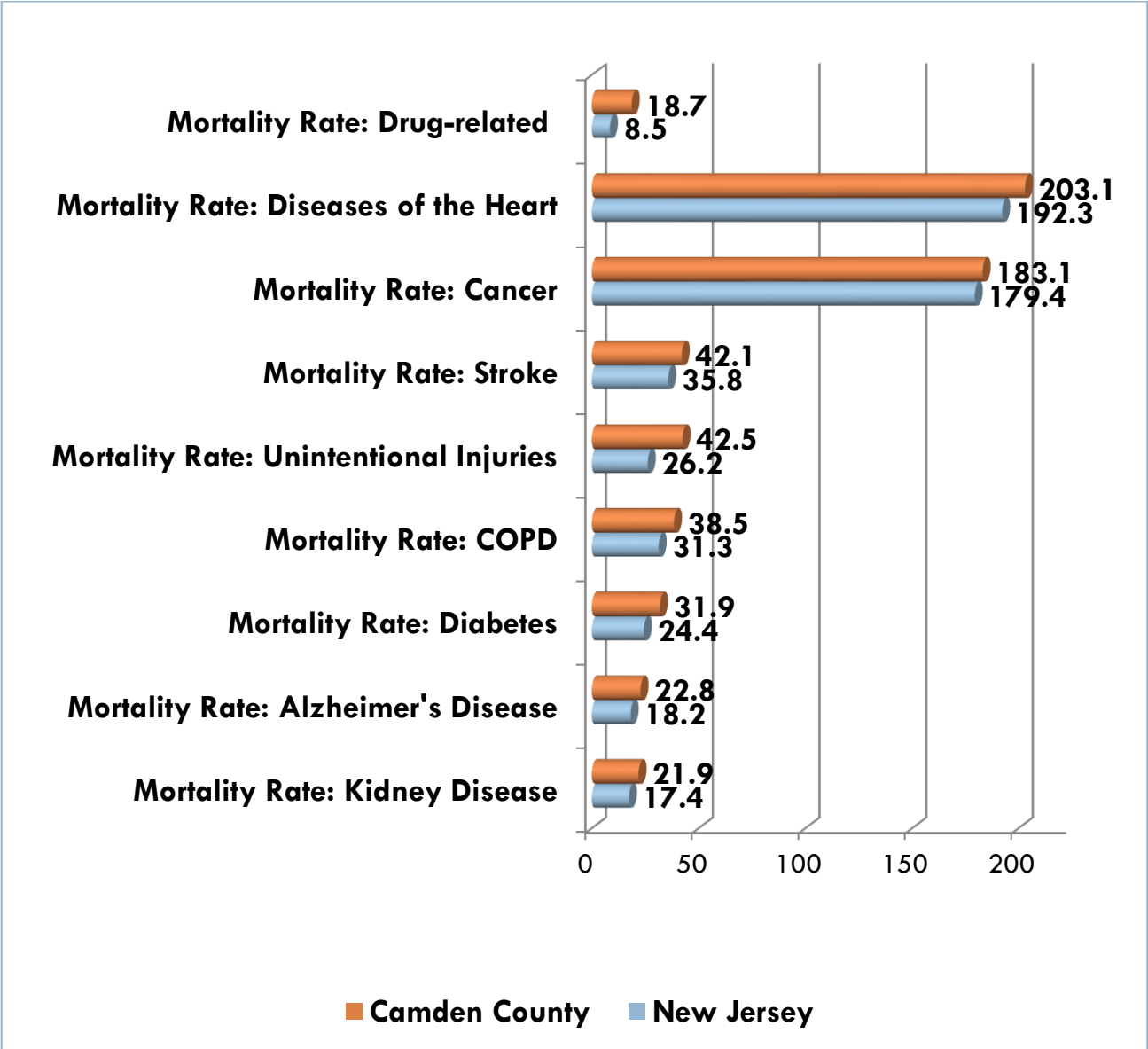
Mortality Rates

Camden County compares unfavorably:

- The overall mortality rate for Camden County is above the state rate¹⁶.
- The number of years per life lost (premature death) in the county is less favorable than the statewide figure²⁰.
- Drug-related mortality rates are higher in Camden County¹⁶.
- Deaths due to heart disease, cancer, stroke, unintentional injuries, respiratory disease, diabetes, Alzheimer's, kidney disease and homicide are all higher in Camden County¹⁶.
- Cancer mortality rates among Camden County Whites for all sites, prostate and lung cancer are higher than statewide¹⁸.
- The cancer mortality rates among males for all sites and lung cancer are above New Jersey overall¹⁸.

Camden County's age-adjusted mortality rate is 808.4 per 100,000 population compared to 722.8 throughout New Jersey¹⁶. Premature death, which is mortality prior to 75 years of age, is also higher in Camden County with 6984.8 Years of Potential Life Lost per 100,000 compared to 5619.4 statewide²⁰. There are a number of causes of death where Camden County rates less favorable, including deaths due to drug use, cancer, heart disease, stroke, Alzheimer's disease, kidney disease and homicide¹⁶. Cancer mortality rates in Camden County for select cancers and demographics compared unfavorably to the state. The overall cancer mortality rate for all sites was slightly higher in Camden County (184.4) compared to New Jersey (180.7)¹⁸.

²⁰ N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011; U.S. Census Bureau, 2007 American Community Survey



Rates per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011; N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011

SUMMARY: KEY TAKEAWAYS

Areas of strength and opportunity are outlined below. Strengths and opportunities are based on comparisons to statewide rates, averages, and other statistics. Please note that for a number of the data points, the Hispanic/Latino counts are quite small. Use caution when interpreting the results for this ethnic group.

Areas of Strength

Areas where Camden County has more favorable outcomes than the state of New Jersey

Demographic/Household Indicators:

- Lower percentage of vacant housing units
- Lower percentage of cost-burdened households

Healthcare Access:

- Total physician supply
- Higher physicians density for primary care, family medicine, pediatrics, OB/GYN, cardiology, surgical specialists, and psychiatrists

Health Behaviors:

- Higher PSA screening rates for males 40+
- Higher colonoscopy/sigmoidoscopy screening rates for adults 50+
- More Medicare beneficiaries who have had a flu vaccine

Communicable and Chronic Disease

- Lower infectious disease incidence rates: Campylobacteriosis, Hepatitis C, Influenza A, Lyme Disease, Varicella
- Lower female breast cancer incidence rate among Hispanics
- Lower prostate cancer incidence rate among Whites and Blacks
- Lower colon cancer incidence rate among Blacks
- Lower lymphoma incidence rate among Hispanics
- Lower melanoma incidence rate among Males and Whites

Mortality Rates

- Lower cancer mortality rates among Blacks for select cancers: female breast cancer, prostate cancer, lung cancer

Areas of Opportunity

Areas where Camden County has less favorable outcomes than the state of New Jersey

Demographic/Household Indicators:

- Higher percentage of total population with a disability
- Higher proportion of single-female households
- Higher percentage of children living in single-family households
- Fewer adults with Bachelor's degrees, graduate degrees, or professional degrees
- Higher poverty rates and lower median household income
- Number of people in TANF, SNAP, EAP, and WIC increased from 2007-2011

Healthcare Access:

- Higher percentage on Medicaid or public/government insurance
- Fewer number of general Internal Medicine physicians
- More emergency department visits
- More emergency department visits for primary care
- More hospital admissions (adults and elderly)
- More hospital admissions for ambulatory care sensitive conditions
- More Medicare 30-day readmissions
- More substance abuse treatment admissions

Safety:

- Lower percentage of children tested for lead poisoning
- More reports of child abuse
- Higher number of children under DYFS receiving in-home services
- Higher rates of domestic violence offenses
- Higher overall crime rate
- More juvenile and adult arrests (juveniles-runaways; adults-drug abuse violations)

Health Behaviors:

- More tobacco use (proportion of regular smokers and percentage who have ever smoked in a lifetime)
- More tobacco use among Blacks
- More heavy drinking among Blacks
- Higher proportion of obese adults
- Fewer Females 50+ who have had a mammogram

Health Behaviors (continued):

- Fewer Adults 50+ who have had a blood stool test
- Fewer Medicare beneficiaries who have had a pneumonia vaccine
- Lower Percentage of Medicare beneficiaries who have had cancer screenings
- Lower Percentage of Medicare beneficiaries who have had diabetes screenings

Maternal/Child Health:

- Higher teen pregnancy rates (ages 15-19)
- Higher percentage of births to unmarried mothers
- Higher rates of smoking and/or use of drugs during pregnancy
- Lower proportion of mothers receiving first trimester prenatal care
- Higher overall infant mortality rate
- Higher infant mortality rate among Non-Hispanic Blacks

Communicable and Chronic Disease

- Higher percentage of adults reporting “fair” or “poor” health
- Higher incidence of sexually transmitted infections: Gonorrhea, Chlamydia
- Higher overall incidence rates for cancer
- Higher female breast cancer incidence rate among Whites and Blacks
- Higher cervical cancer incidence rate among Hispanics
- Higher uterine cancer incidence rate among Hispanics
- Higher prostate cancer incidence rate among Hispanics
- Higher overall lung cancer incidence rate
- Higher colorectal cancer incidence rate among males and Whites
- Higher oral cancer incidence rate among males

Mortality Rates

- Overall mortality rate
- More Years per life lost (premature death)
- Higher Drug-related mortality rates
- Higher mortality rates due to heart disease, cancer, stroke, unintentional injuries, respiratory disease, diabetes, Alzheimer’s, kidney disease, and homicide
- Higher cancer mortality rates among Whites: all sites, prostate, lung
- Higher cancer mortality rates among males: all sites and lung cancer

Areas of Difference

Areas where strength/opportunity designation is unclear or not an appropriate label

Demographic/Household Indicators:

- Overall population density greater than statewide
- Higher proportion of Blacks and foreign-born populations
- Lower proportion of Whites, Asian, and Hispanic residents
- Limited English Proficiency (LEP) proportions lower than statewide

REFERENCES

Primary Reference:

New Jersey Hospital Association, Health Research and Educational Trust of New Jersey. (2012). *County Health Profile: Burlington County*. <http://www.njha.com>

Footnoted Source Citations:

1. U.S. Census Bureau, 2010 Census
2. U.S. Census Bureau, 2009 American Community Survey
3. N.J. Department of Human Services, Division of Family Development, Current Program Statistics, 2011; N.J. Department of Health and Senior Services, Division of Family Health Services, 2011
4. N.J. Council of Teaching Hospitals, New Jersey Physician Workforce Task Force Report, 2008
5. New Jersey Discharge Data Collection System, 2011
6. New Jersey Discharge Data Collection System, Uniform Billing Data, 2010
7. Healthcare Quality Strategies, Inc. (HQS), Report of Medicare FFS claims for New Jersey, 2011
8. N.J. Department of Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment, 2009
9. N.J. Department of Health and Senior Services, Division of Family Health Services, Maternal and Child Health Services, Child and Adolescent Health Program, 2010
10. N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2010
11. N.J. Department of Children and Families, Division of Youth and Family Services, 2011
12. N.J. Department of Law and Public Safety, Division of State Police, Uniform Crime Reporting Unit, 2009
13. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010
14. Healthcare Quality Strategies, Inc. (HQS), Report of Medicare FFS claims for New Jersey, 2011
15. N.J. Department of Health and Senior Services, Bureau of Vital Statistics and Registration, N.J. Birth Certificate Database, 2011
16. N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011

17. N.J. Department of Health and Senior Services, Division of Communicable Disease Service, New Jersey Reportable Communicable Disease Report, 2009
18. N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011
19. N.J. Department of Health and Senior Services, Division of HIV, STD and TB Services, Sexually Transmitted Diseases Program, 2010
20. N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011; U.S. Census Bureau, 2007 American Community Survey