Morris County

Community Health Assessment

2025

TCNJ THE COLLEGE OF NEW JERSEY

For the Morris Regional Public Health Partnership (MRPHP)
The College Of New Jersey (TCNJ)

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Executive Summary

Introduction

Morris County is self-described as nestled amid rolling hills, broad valleys, and glittering lakes about thirty miles northwest of New York City. Morris County is New Jersey's seventh largest county and ranks as one of the wealthiest US counties. *US News* ranks Morris County as one of the safest and healthiest US counties.

Like most US counties, Morris is also increasingly diverse with groups that speak many languages including Spanish, Korean, Chinese, Russian, Polish and a range of languages from the Indian subcontinent. While the poverty level is low, residents who have scarce resources face increasing costs for food, housing and utilities making it difficult to make ends meet. The large economic disparity in Morris County can lead those who are well off to overlook the needs of lower-resource families.

Morris County is uniquely positioned to address concerns in the community. Morris county has a wealth of medical facilities, Community Based Organizations, and Departments of Health dedicated to serving their diverse groups. The Community Needs Assessment Process allows health focused organizations to focus their prevention, outreach and intervention efforts and work together to resolve and alleviate many community concerns.

Methodology

Information for the Community Health Needs Assessment (CHNA) is a combination of analysis of ongoing surveillance efforts managed by the New Jersey State Department of Health and many US federal agencies such as the US Census and Behavioral Risk Factor Social Survey among other. The data is supplemented by a short-term county-wide data collection initiative conducted by The College of New Jersey (TCNJ) Department of Public Health, in collaboration with county community partners. The short-term efforts included a brief, online community survey completed online, by phone and by paper, focus groups and Key Informant interviews. The final survey sample included 2395 valid responses. Twenty-six focus groups and 11 Key Informant interviews were conducted. In addition, a window survey taking pictures of areas within select townships was conducted.

Key Findings

While almost every health area had room for improvement, some key factors stood out as important to consider. Almost 1 in 4 residents described having difficulty getting a timely appointment with a health care provider and 36% had difficulty finding a specialist. Residents talked about 3 to 6 month wait times for a specialist or having to go to another county to see a specialist as none in the area of need were practicing in Morris County. Others talked about office groups that were not taking new patients or insurance companies that had few “in network” providers in the area. While most respondents described health provider offices as being culturally aware, about 12% of survey respondents reported that health care providers were not sensitive to their cultural background and 45% of respondents reported that racism in the county was somewhat or a big problem. Over a third (36.8%) said it was difficult to make co-pays.

From the responses to the survey general questions, one area of high concern was access to mental health providers with respondents indicating how difficult it was to find someone who was taking new patients. Beyond access, many residents were concerned about those who need mental health services but, due to stigma or cultural barriers, were unlikely to seek care. This concern was voiced especially about youth and young adults and a few residents specifically mentioned concerns about suicidality.

In line with the US, the highest overall causes of death in Morris County remain cardiovascular disease and cancer, which may be prevented through healthy lifestyles and screening. Lowering costs for screening and providing free events for screening are important, especially for vulnerable and non-English speaking communities.

It was indicated through data collection that wellness activities are frequent in summer but more events or opportunities throughout the year would improve access to physical activity. Many residents also expressed the importance of having more sidewalks and safe zones for bicycling or other activities. While Morris County has a very large county park system, many communities have high traffic areas with a lack of sidewalks which makes physical activity more difficult.

Lastly, the homeless and housing insecure population is growing in Morris County. With increases in the cost of housing and food, a record number of calls were made to helplines and community agencies. Housing for low- income residents is at a minimum with many long wait lists. In addition, many food kitchens and pantries report feeding 700-800 people each day in many cities. Our GIS analysis of food service organizations revealed some geographic areas where there were no services. Addressing food insecurity, specifically, is important.

In December 2024, the Morris Regional Public Health Partnership (MRPHP) convened to discuss the findings of the Community Health Needs Assessment (CHNA). During this meeting the MRPHP selected the top 4 priorities based on the findings of the CHNA process. These 4 priorities will form the Community Health Improvement Plan (CHIP)

CHIP Priorities as selected by the MRPHP assembled group, December 2024

1. Access to Care
2. Mental Health
3. General Wellness (Fitness and Nutrition)
4. Food Insecurity

Acknowledgements

The Morris Regional Public Health Partnership (MRPHP) is a non-profit coalition established in 2004 to "improve the well-being of Morris County residents" (MRPHP, 2024). This partnership consists of public health officials from different departments of health within Morris County as well as representatives from a wide range of Community Based Organizations and hospital/clinic groups. The current leadership of the MRPHP is as follows:

President: Derrick Webb, MPH, HO, REHS, CPM, Health Officer, Mount Olive Health Department
Vice President: Megan Avallone, MS, RN, Health Officer, Westfield Regional Health Department
Treasurer: Elizabeth Zalme, MPH, HO, REHS, CHES, Health Officer, Morris Township Health Department
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A "thank you" goes to Sarah Perramant, Former Health Officer, Dover Department of Health and former Secretary, MRPHP.

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East Hanover Health Department, serving East Hanover Township, Township of Parsippany-Troy Hills
Lincoln Park Health Department, serving Borough of Lincoln Park
Montville Health Department, serving Montville
Morris County Division of Public Health, serving Boonton Township, Denville Township, Hanover Township, Harding Township, Mendham Township, Borough of Morris Plains
Morris Township Health Department, serving Morris Township
Morristown Health Department, serving Morristown

Mount Olive Health Department, serving Mine Hill Township, Mount Arlington Borough, Mount Olive Township, Netcong Borough, Borough of Wharton and Borough of Mountain Lakes
Pequannock Health Department, serving Borough of Florham Park, Kinnelon Borough, Pequannock Township, Borough of Riverdale, Town of Boonton
Randolph Health Department, serving Township of Randolph, Township of Roxbury, Rockaway Borough, Chester Township
Rockaway Township Health Department, Borough of Butler, Jefferson Township, Rockaway Township, Victory Gardens Borough
Union Township Health Department, serving Chatham Township and Town of Dover
Washington Township Health Department, serving Washington Township
Westfield Health Department, serving Chatham Borough, Madison Borough

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Chilton Medical Center
Morristown Medical Center
Newton Medical Center

Saint Claire's Health System
Saint Claire's Hospital - Boonton
Saint Claire's Hospital - Denville
Saint Claire's Hospital - Dover

Organizations
American Diabetes Association
American Heart Association
American Lung Association
American Public Health Association
ASTHO
Homeless Solutions
Johnson & Johnson
Mental Health Association of Morris County
Morris Area Wellness Partnership
Morris County Prevention is Key
National Association of County & City Health Officials
National Environmental Health Association
New Bridge Services
New Jersey Association of County and City Health Officials
New Jersey Environmental Health Association

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The Community Health Needs Assessment (CHA) Methods

What is a Community Health Needs Assessment?

The community health assessment (CHA) process culminates in a final report and involves a comprehensive approach to understanding a community's health landscape. This process includes the systematic collection and synthesis of various data points to paint a clear picture of the community's current health status. Furthermore, the CHA delves into identifying the factors that contribute to elevated health risks or poorer health outcomes within the population. It also maps out the existing community resources that are available and can be leveraged to improve overall health.

To gain a holistic understanding, the CHA examines numerous facets of community life, considering relevant behaviors, lifestyles, and other activities that have a bearing on the health of individuals and the population as a whole. Importantly, the CHA also gathers information regarding the community's concerns and priorities for health improvement, typically employing both quantitative and qualitative data collection methods to ensure a well-rounded perspective.

What kinds of information are available about our community's health?

To gain a comprehensive understanding of the health challenges and associated risk factors in Morris County, along with their evolution over time, a multitude of information sources are readily accessible. Analyzing data such as mortality rates and their temporal trends, often sourced from New Jersey State or federal surveillance reports, empowers organizations and the community to pinpoint both emerging and high-impact health concerns, as well as the specific populations they affect.

Illustrative federal data sources include the Census, the Behavioral Risk Factor Surveillance System, the Youth Behavioral Risk Factor Surveillance System, and the National Health Interview Survey, among others. At the state level, New Jersey gathers data on the causes of death and injury. Frequently, this mortality and morbidity information is synthesized by various groups that integrate numerous variables to provide insightful analyses. As an example, the 2024 County Health Rankings indicate that Morris County demonstrates better health outcomes compared to the average county in both New Jersey and the nation across several indicators, including premature death and self-reported physical health.

Aggregated health information for an entire population can obscure important nuances in health issues and mask disparities in health risk factors and outcomes among smaller communities or specific groups. For instance, overall statistics may not reveal significant health concerns that exist within different age groups, racial populations, genders, or smaller community segments. The statistical component of this report, which is available in a separate document, specifically examines these differences across various demographics such as sex, age, and race. This detailed analysis focuses on key health areas, including access to care, the built environment, the prevalence of chronic and infectious diseases, behavioral risk factors, vector-borne illnesses, maternal and child health, and mental health outcomes.

How was the community interview/survey data collected?

The goal of CHA data collection is to solicit information relevant to health and health-related services from key leaders as well as community residents. The strategy includes asking brief questions where respondents choose from answer options and then asking general questions where respondents can tell stories and/or explain their remarks. Three strategies were used to collect this data: a brief online survey, asking open-ended questions b individually (Key Informants interviews) and in small groups (Focus Groups). The brief survey questions were completed by community members either by filling out the paper version or by using the Qualtrics survey system to answer questions via phone or a computer. The Key informant and Focus Group interviews were recorded either electronically in a zoom meeting or “on paper” by the interviewer. Interviews were then transcribed for analysis.

MRPHP partner organizations and TCNJ volunteers, staff, and students promoted the survey at events and meetings, while numerous organizations shared links/flyers via email and websites, and some conducted door-to-door outreach. Survey participants could volunteer for Key Informant or Group interviews at the end. TCNJ also partnered with community groups serving special populations for focus group recruitment. Department of Health and community organization staff were also recruited for interviews. The survey received 2395 responses. Additionally, TCNJ conducted 26 focus groups, 11 Key Informant interviews, and a window survey of select municipalities.

The CHA Subcommittees and Roles

MRPHP and TCNJ participants were divided into subcommittees that focused on specific tasks for implementation of the CHA as below:

Executive and Planning Committee:

- Review goals for the CHA/CHIP
- Coordinate with city, county, and state organizations to access relevant databases/statistics.
- Monitor timeline and task completion.
- Consider options for furthering progress towards Department of Health accreditation.
- Discuss barriers and solutions for implementation of the community health survey.

Big Data:

- Review national, state and county databases to monitor health concerns and track overtime.
- Refine data and tailor to demographics of target municipalities.
- Determine how to best display new data to highlight health priority areas.

Conducting Community Assessments:

- Adhere to CDC CHA guidelines and integrate requirements for DOH accreditation for the CHA process.
- Revisit & finalize methods and plans for the community survey, key informant, and moderator guides.
- Monitor and evaluate data collection and weekly reports.

Health Communications:

- Identify and disseminate promotions and communication channels for survey distribution.
- Create and tailor materials for different target audiences.
- Plan for community distribution of CHA/CHIP findings

Hospital/Clinical Outreach & Resources:

- Collect information about community healthcare resources (nursing homes, hospitals, etc.)
- Assist with collecting health outcome information from hospital groups.
- Coordinate with major healthcare groups to identify and describe new and existing programs.
- Promoting community health surveys to health and healthcare organizations
- Identify events and opportunities to promote the community health survey focusing on vulnerable populations.

Partnership, Recruitment, & Resources

- Coordinate with community-based organizations to distribute the community health survey and help recruit for Key Informant Interviews and Focus Groups
- Focus recruitment efforts for language specific groups and vulnerable populations.
- Outreach to new organizations involved in health and health related activities to enhance list of community assets.

Data Collection Processes

Administering the Community Survey

Between March and August 2024, a concerted effort involving volunteers, staff, and students from MRPHP partner organizations and TCNJ took place to raise awareness and facilitate participation in the survey. This outreach included attending various community events and meetings to promote the survey and offer direct assistance to residents in completing it. Numerous organizations actively shared survey links and informational flyers with their clients and staff through email communications and website postings. To further broaden reach, some organizations engaged in door-to-door distribution of survey information. Additionally, community establishments such as restaurants and department stores, along with other local groups, were approached to display survey flyers in publicly accessible spaces like shop windows. Specific examples of events where the survey was advertised include the Mount Olive Carnival, Parsippany Farmers Market, Morristown and Morris Township Library, Library of the Chathams, Dover Physical Activity Day, Chatham Fishawack Festival, and various Health and Wellness Fairs. To ensure outreach to diverse populations, the survey flyer and link were also distributed at events and locations serving specific communities, such as Morris County Pride, the First Baptist Church Food Pantry, Table for Hope, Nourish NJ, and the Mine Hill Senior Club.

Community Focus Groups

Online focus groups: Individuals who took the community health survey were asked if they would be willing to opt into a small group chat to discuss community health needs and concerns further. Participants were asked about topics ranging from what was going well to what needed improvement in their community. The moderator guide focused on how to improve and who was most vulnerable. Information collected included stories about how needs were met or unmet. Participants received an Amazon gift card to thank them for their time and input.

In-person focus groups: TCNJ and the MRPHP partnered with two non-profit community organizations that cater to vulnerable populations. Three in-person focus groups were conducted. One focus group took place with Homeless Solutions, a service for individuals experiencing homelessness and other related conditions. The other two focus groups took place at EDGE New Jersey. At EDGE NJ, one focus group recruited participants who identified as transgender/non-binary or HIV/AIDS positive. These participants received an Amazon gift card to thank them for their time and input.

Key Informant Interviews

Health Officers serving Morris County were interviewed individually as Key Informants. Their unique roles in each municipality and in the county allow them to have a broad view of community health conditions, gaps in services and needs. The privacy of an individual interview allowed for more thorough and expressive responses, especially for thoughts on health equity and related issues. Interviewees were not compensated for their contributions.

Department of Health Focus Groups

Focus groups were conducted with professionals from departments of health serving Morris County including Health Officers, Public Health Nurses, Registered Environmental Health Specialists, Community Health Outreach staff and others. Questions asked about the health needs in their area, experiences with the communities they serve, and specific questions about the needs of vulnerable populations. Department of Health staff were not compensated for their contributions.

The Data Analysis Process

Survey data was analyzed using the statistical software SPSS and R. Data was first scrutinized to eliminate anyone who reported being younger than eighteen or did not list an age and to take out responses that did not continue beyond the first 3 questions. In addition, we looked for the same responses from the same IP address and eliminated redundancies. Results were then analyzed looking at the coded responses or frequencies and then looking for relationships between variables using bi-variate statistics (Chi-square, correlations, t-tests, ANOVA) and multiple or logistic regression. A particular focus for analysis was health equity and health outcomes.

Qualitative data from survey responses were coded for keywords (e.g., cancer, diabetes) or themes, especially the social determinants of health and other health indicators. Quotes from these responses are used for this report.

Focus groups and key informant interviews were anonymized where respondent identifiable information was taken out. The recordings or notes were transcribed and analyzed for underlying themes using the software Deduce. Quotes from focus groups and key informant interviews are found throughout this report.

Limits of the Evaluation Methods

The best practices for recruitment were used to collect data that was representative of the socioeconomic demographics of Morris County, a few groups were under sampled. The community health survey was published in six different languages (English, Spanish, Chinese, Portuguese, Hindi, and Arabic). However, only the English and Spanish versions were used consistently. All surveys were translated and included in the final analysis.

Working in the community, pockets of other ethnic groups like Korean and Vietnamese were found.
We designated 2 Graduate Assistants to reach out to the Hindi population, one staff person to reach out to the Chinese groups. They were able to translate the flyers and distribute them in restaurants and to notify organizations serving these groups of the survey. Future recruitment efforts may want to identify organizations that serve these groups or community centers and/or key informants to describe unique health concerns of these groups. Including more Spanish speaking groups, especially newer immigrants as well as

other migration groups to the county would be important to discern their health concerns. A better mix would help represent the wide array of race and ethnic groups.

Women were also over-represented in the survey. Our recruiters at events frequently reported that, when families were approached, a female would be designated as the one to complete the survey. TCNJ designated an Research Assistant to reach out to men's clubs (e.g., Rotary), approach gyms and sporting/fitness clubs to help promote the survey.

Homeless populations were also underrepresented. Although 11-15% of households could be classified as low-resource in the survey, based on responses, none were homeless. A focus group was held with homeless individuals to attain their feedback.
Focus group and key informant interviews were conducted in English and were based on convenience samples to augment survey data. While 3 Spanish speaking focus groups were scheduled, no participants attended.

Departments of Health and Community Based Organizations were key supporters of disseminating the survey. Some organizations posted the QR code for the survey in newsletters and in email blasts. Promotions at events and in partnership with some organizations netted many surveys. Many local organizations and businesses also posted flyers for the survey in visible places in the organization, in windows or had paper copies to take. Participation across municipalities within Morris County varied.

Survey Demographics

Below are summary charts displaying demographics of community health survey participants (Figures 2-6). Note that where respondents could choose more than one answer, sample sizes are not listed.

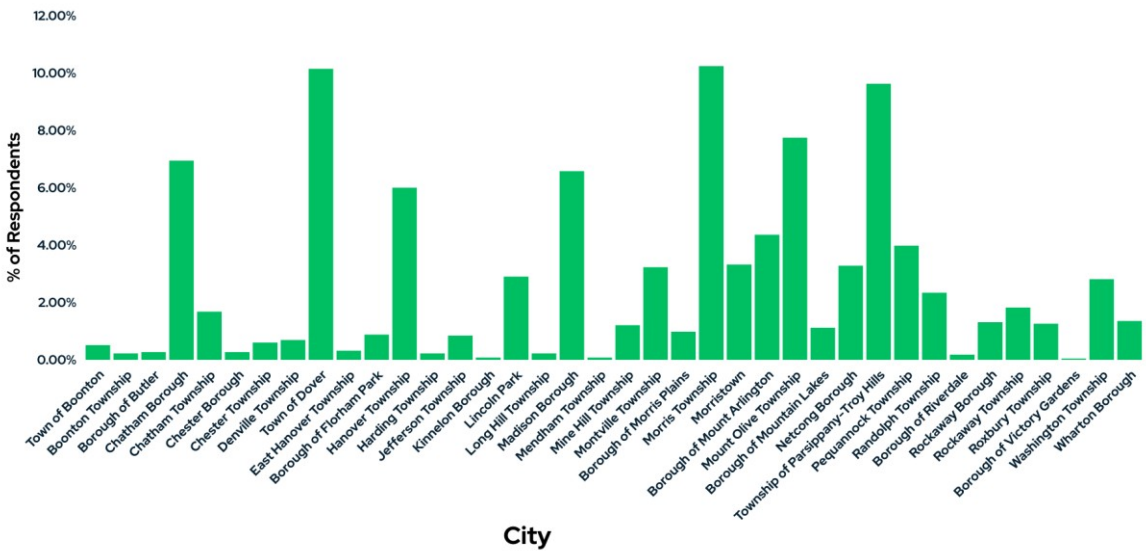


Figure 1. Percent respondents by city. A greater percentage of respondents come from three priority municipalities. (n=2129)

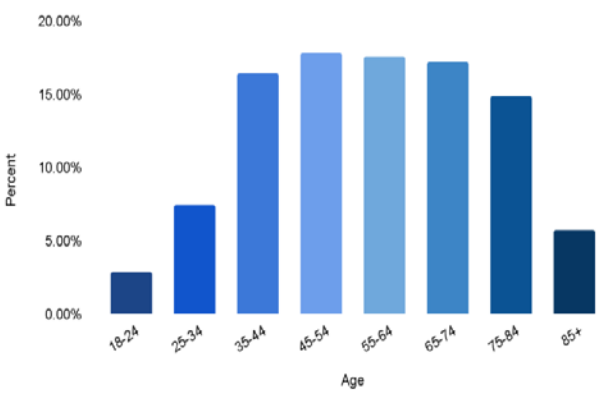


Figure 2. Percent of respondents by age. (n=2394)

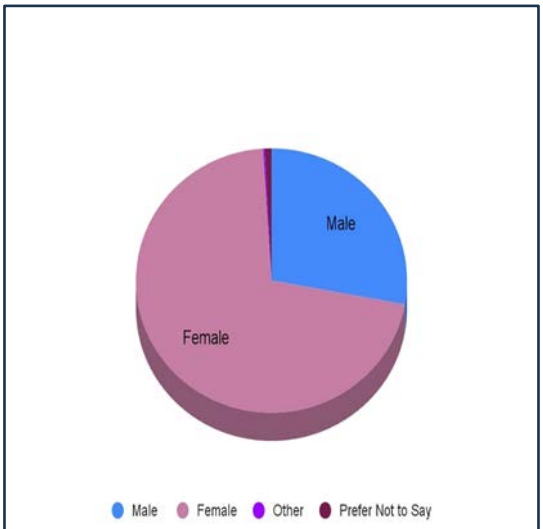


Figure 3. Percent of respondents by gender (n=2386)

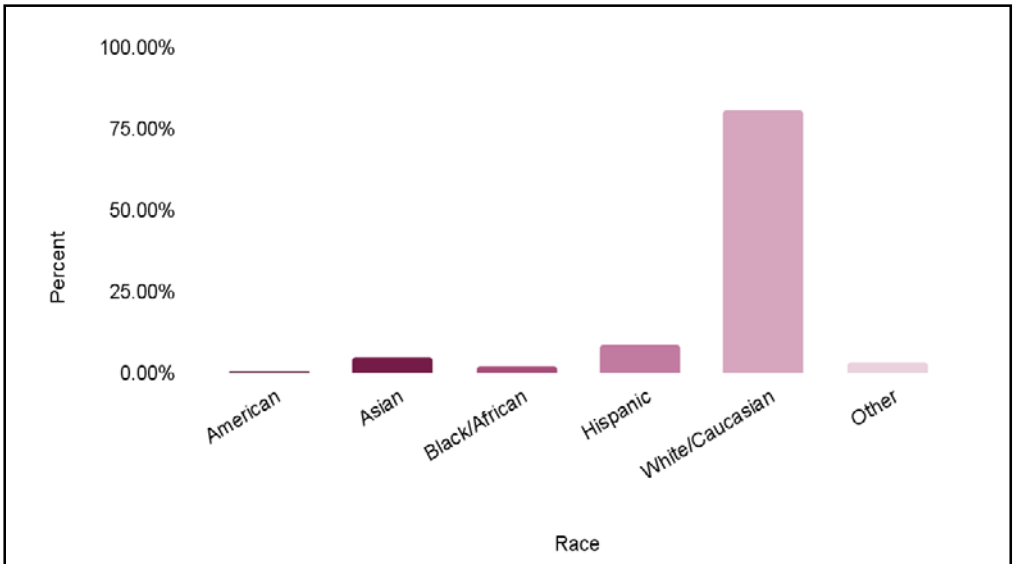


Figure 4. Percent respondents by race.

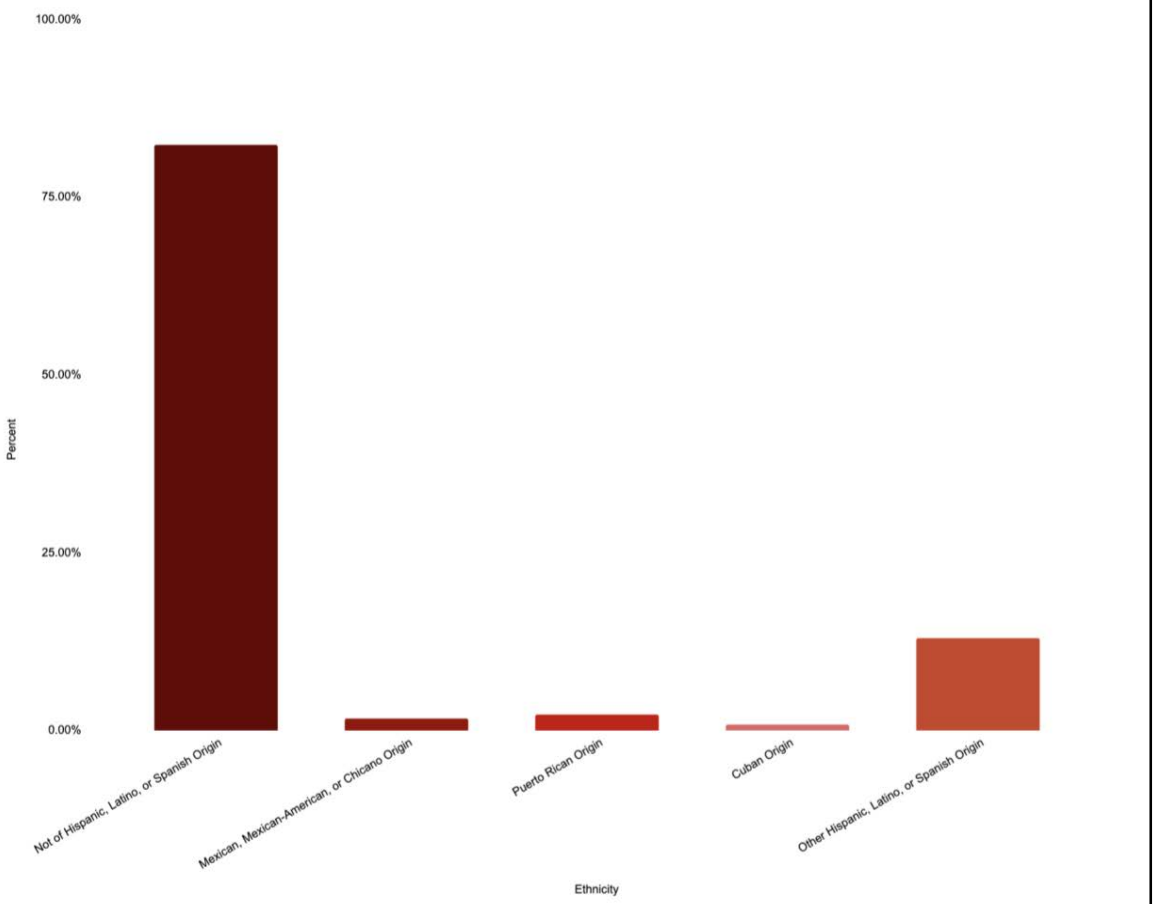


Figure 5. Percent respondents by Spanish ethnicity (n=2307).

Priority Municipalities

How were these towns selected? The priority municipalities (Dover, Wharton, Parsippany Troy-Hills, Victory Gardens, Netcong, and Morristown) were selected because these cities had higher rates of poverty and/or foreign-born populations and may need additional resources. Collecting sufficient information on these groups helps to inform decision-makers about existing and new needs in these vulnerable groups. The following table presents the racial breakdown for the priority cities based on Census data:

Town	White	Black/African American	American Indian/Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Other
Dover	25.57%	5.17%	2.04%	2.39%	0.03%	40.27%
Wharton	46.37%	3.62%	0.52%	5.5%	0.01%	22.73%
Parsippany	46.28%	3.6%	0.25%	38.72%	0.01%	3.92%
Victory Gardens	20.80%	10.75%	0.88%	2.72%	0.06%	43.68%
Morristown	49.29%	10.05%	1.71%	4.8%	0.06%	20.47%
Netcong	68.77%	4.68%	0.62%	3.5%	0%	12.39%
SOURCE: United States Census Bureau - data.census.gov						

Table 1. Priority Cities' race demographics.

Summary

Statistical analysis concluded that within the three of the priority towns, the top health concerns were:

Morristown	Parsippany	Dover
• High potential for radon risk in Morristown Residences. • Majority of houses were built before 1960, indicating high potential for lead exposure. • High detected levels of PFOS and PFOA were in drinking water meeting current standards but not the 2024 EPA limit of 4.0 ppt. • Exposure to highway pollutants has risen in almost all census tracts over the past decade. • 9.9% (124) of all Morris County EMS opioid overdose responses between 2020 and 2024 occurred in Morristown.	• High potential for radon risk for Parsippany Residences • Many homes built between 1960 and 1979 indicating potential for lead exposure • 1.9% of children who had their blood lead levels tested in Parsippany had elevated blood lead levels. • 29.6% of Parsippany are uninsured, with the largest group being Hispanic/Latino non-citizens. • 5.4% (68) of all Morris County EMS opioid overdose responses between 2020 and 2024 occurred in Parsippany. • Census Tracts 417.06 and 418.03 are the least walkable areas in Parsippany.	• About 12.3% of Dover residents live below the poverty level. Black/African-American, Some Other Race, Two or More Races, and Hispanic/Latinx were disproportionately poor. • 21.9% of Dover is uninsured, with Hispanic/Latinx non-citizens disproportionately without insurance. • 8.6% (1,251) of all Morris County EMS opioid overdose responses between 2020 and 224 occurred in Dover. • Residents living close to highways, especially in census tract 450, face heightened pollutant exposure risks. • The majority of individuals without internet access are 65 and older.

Table 2. Key health concerns for the top 3 Priority Cities.

Table 3. Top 10 Causes of Death: Morris County Community Health Profile

Indicator	Morris County	New Jersey	Compared to New Jersey	United States	Compared to United States
Deaths due to Heart Disease *(Age-adjusted Rate per 100,000 Population, 2020)*	139.6 *(129.1 - 150.0)*	166.1	Better	168.2	Better
Deaths due to COVID-19 *(Age-adjusted Rate per 100,000 Population, 2020)*	117.5 *(107.9 - 127.1)*	141.6	Better	85.0	Worse
Deaths due to Cancer *(Age-adjusted Rate per 100,000 Population, 2020)*	121.6 *(111.8 - 131.3)*	133.3	Better	144.1	Better
Deaths due to Unintentional Injury *(Age-adjusted Rate per 100,000 Population, 2020)*	35.0 *(29.8 - 40.2)*	50.5	Better	57.6	Better
Deaths due to Stroke *(Age-adjusted Rate per 100,000 Population, 2020)*	27.3 *(22.7 - 31.9)*	31.8	Similar	38.8	Better
Deaths due to Chronic Lower Respiratory Diseases *(Age-adjusted Rate per 100,000 Population, 2020)*	20.2 *(16.3 - 24.2)*	25.0	Better	36.4	Better
Deaths due to Alzheimer's Disease *(Age-adjusted Rate per 100,000 Population, 2019-2021)*	27.2 *(25.0 - 29.4)*	21.8	Worse	31.1	Better
Deaths due to Diabetes *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	14.7 *(12.7 - 16.6)*	18.2	Better	22.6	Better
Deaths due to Septicemia *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	13.8 *(11.9 - 15.6)*	17.3	Better	9.8	Worse
Deaths due to Kidney Disease *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	10.5 *(8.9 - 12.2)*	14.3	Better	12.8	Better

- Better is when the community's rate is better than New Jersey's rate and the difference is statistically significant (community confidence interval does not include comparison value).
- Similar is when the community's rate is not statistically different from New Jersey's rate (community confidence interval includes comparison value).
- Worse is when the community's rate is worse than New Jersey's rate and the difference is statistically significant (community confidence interval does not include comparison value).

Note: These 10 leading causes of death are for New Jersey as a whole. The Top 10 for a particular community may vary. Reports and data for other causes of death are linked on the Mortality and Leading Causes of Death Health Topic page. Click here for more information about NJSHAD Community Profiles.

Source: NJSHAD https://www-doh.nj.gov/doh-shad/community/indicators/LCOD/GeoCnty/14.html

Understanding the Social Determinants of Health

What are the social determinants of health?

The social determinants of health encompass the diverse conditions present in the environments where individuals are born, live, learn, work, play, worship, and age, that significantly influence a broad spectrum of health, functioning, quality-of-life outcomes, and associated risks (Healthy People 2030, 2024). These encompassing conditions include critical elements such as economic stability, access to quality education, access to quality healthcare, the characteristics of the neighborhood and built environment, and the nature of the social and community context. Each of these interconnected factors exerts either a direct or indirect impact on an individual's overall health status.

What is health equity?

Health equity is founded on the principle that every individual should possess the capacity and resources necessary to attain a healthy lifestyle. Recognizing that individual needs can vary significantly, the concept of health equity focuses on identifying these disparities and establishing societal mechanisms to support individuals in overcoming their unique challenges. This principle underscores the understanding that while programs and policies can be instrumental in improving health outcomes, a uniform approach is insufficient. An individual's physical, emotional, and social well-being is significantly influenced by their environment and the conditions in which they live. Therefore, effective solutions must be tailored to the specific lifestyle and practices of both the individual and their broader community.

What is the difference between equity and equality?

While often used interchangeably, equity and equality represent distinct approaches to achieving desired outcomes. Equality focuses on providing everyone with the same or equivalent resources, whereas equity takes a more nuanced approach by recognizing that individuals have diverse needs based on their unique circumstances. Consequently, equity involves providing individuals with the specific resources they require to reach the desired outcome. The principle of equality, by treating everyone the same, overlooks the significant impact of diverse upbringings and access to resources in shaping individuals and their personal needs, influencing their potential for achievement.

Why is health equity important?

Policies designed to promote health equity aim to create conditions where all individuals have the opportunity to attain their highest possible level of health, irrespective of their sociodemographic background. The realization of health equity signifies a significant advancement towards a fairer and more just society. To this end, the Society actively strives to identify and dismantle or alleviate barriers that disproportionately disadvantage individuals based on factors such as race, ethnicity, income level, sexual identity, and other sociodemographic characteristics.

Image 1: https://www.rwjf.org/en/insights/blog/2022/11/we-used-your-insights-to-update-our-graphic-on-equity.html

Health Equity

Groups who need better links to health care? *"(It) may be those who are new to the community… (and) those who are immigrants."* - Focus group participant

Questions	Strongly Disagree	Somewhat disagree	Somewhat Agree	Strongly Agree
People in my community have access to new and experimental treatment options such as opportunities to participate in clinical trials. (n=1507)	15.3	30.6	43.1	10.9
People in my community have good access to mental health services and care. (n=1582)	14.7	25.4	44.6	15.2
Seniors in my community have access to quality healthcare. (n=1609)	6.5	17.5	49.5	26.5
People living in poverty in my community have access to quality healthcare. (n=1467)	20.5	33.9	34.3	11.3
People with disabilities in my community have access to quality healthcare. (n=1493)	10.3	26.7	46.9	16.1
I feel comfortable talking to a doctor about any health concerns. (n=1746)	4.5	5.7	34.2	55.6
My doctor and the office staff are sensitive to my culture and background. (n=1581)	3.9	8.5	38.5	49.2
Do you travel far and pay more to get culturally aware and trusted healthcare. (n=1469)	48.0	22.8	19.1	10.1
When I go for mental healthcare services, the office staff and the providers are sensitive to my culture and background. (Only answer it if apply) (n=687)	11.9	14.8	41.2	32.0
How much do you trust the information about health from government sources? (n=1478)	15.0	22.5	41.7	20.7

Table 3. Percentages of responses for health equity scales.

Almost half of the sample (45.9%) disagreed that there is good access to experimental treatments while 40.1% disagreed about good access to mental health services. For special populations who had good access to quality care, seniors faired the best (75.0%) followed by those with disabilities (63.0%), and last, those living in poverty (45.6%).

Healthcare and mental health providers were generally described as comfortable to talk to about health concerns and were culturally sensitive; however, an important percentage (12.4% disagreed). 29.1% traveled far or paid more to get culturally aware and trusted healthcare. Again, an important 37.5% did not trust the health information from government sources. This underlines a need for Departments of Health to improve and expand outreach into communities.

As shown in Figure 6, over 45% of survey respondents reported that racism is "somewhat" or "a big" problem in their community. This felt presence of racism may be an indicator of social injustice that could result in disproportional health outcomes among marginalized groups. Identifying and remediating prejudice in healthcare practices is important to address health disparities and reverse many trends of poorer health outcomes.

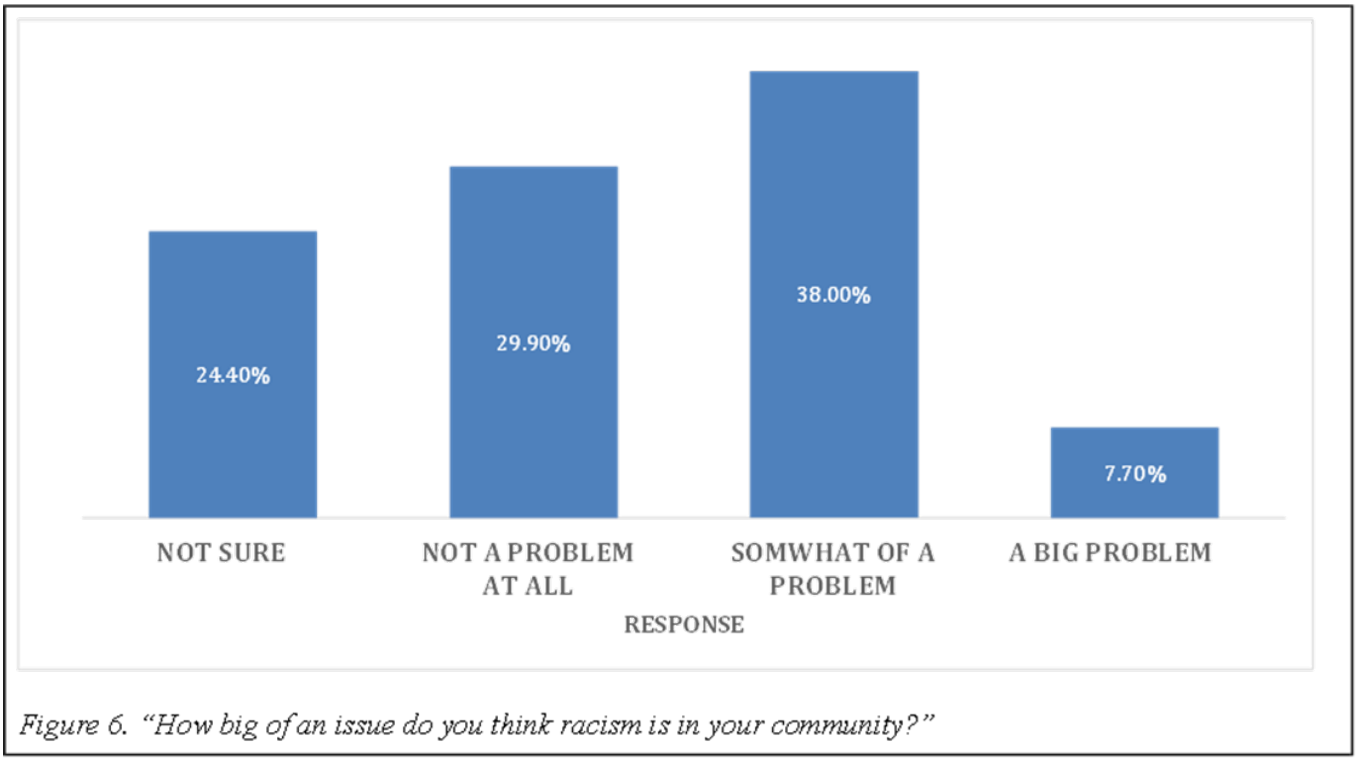


Figure 6. "How big of an issue do you think racism is in your community?"

As shown in Figure 6, over 45% of survey respondents reported that racism is "somewhat" or "a big" problem in their community. This felt presence of racism may be an indicator of social injustice that could result in disproportional health outcomes among marginalized groups. Identifying and remediating prejudice in healthcare practices is important to address health disparities and reverse many trends of poorer health outcomes.

Access to Care

Morris County residents reported conflicting opinions on healthcare accessibility:

- *"(I like) the ease of access to everything, the ease to get to…very high-quality health care"* - Focus group participant.
- *"Moving into Morris County, it was really difficult to figure out what the health systems even provided…(I)t was more difficult than other states I lived in"* - Focus group participant.
- *"Seems like the norm is to ask a question on the Facebook forum for whatever community you live in and wait for answers which are not always accurate."* - Focus group participant

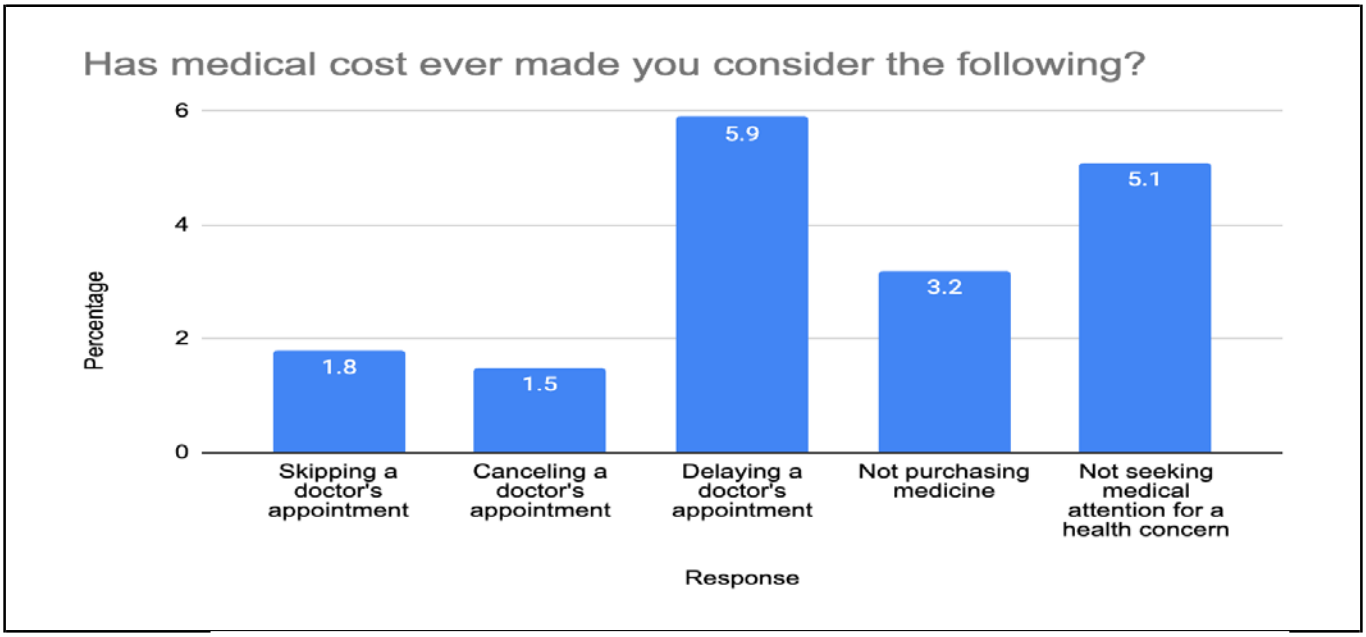


Figure 7. "Has medical cost ever made you consider the following?

Figure 7 notes the percentage of respondents reporting that medical costs have made them consider: skipping, canceling, or delaying a medical appointment. 3.2% did not purchase needed medication. 5.1% did not seek medical care for a health concern due to cost; delaying medical attention

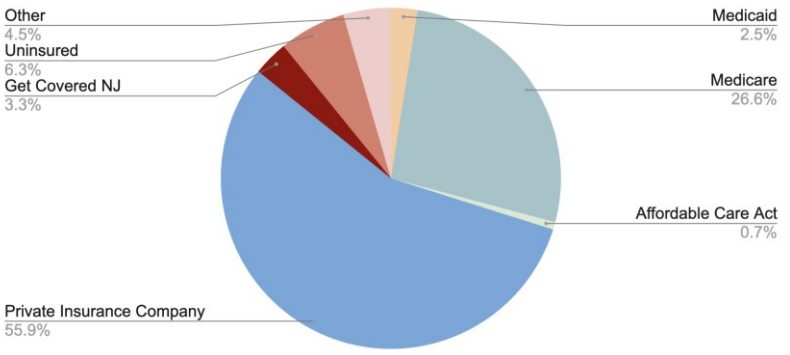


Figure 8. "What medical insurance are you covered under?" for those who answered the question about insurance.

Figure 8 details insurance coverage reported by participants. Fully 55.9% of respondents were covered by private insurance, 26.6 had Medicare, 2.5% had Medicaid, 3.3% had Get Covered NJ, and 6.3 uninsured.

Figures 9, 10, and 11 reflect respondents' answers to healthcare costs and affordability. Specifically, 19.75% of respondents find it somewhat or very difficult to find a healthcare provider that accepts their insurance and 25.77% reported this for dental care. Another 18.88% reported not having dental insurance.

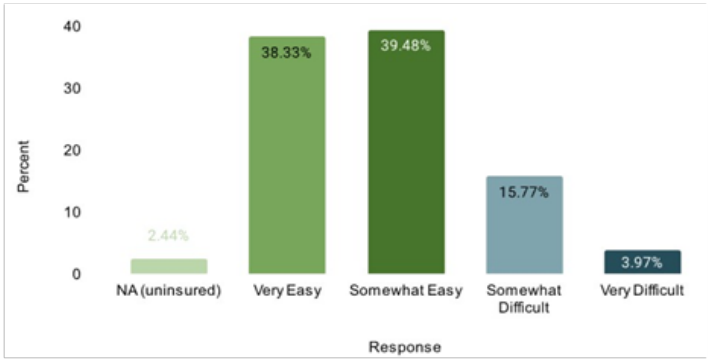


Figure 9. "How easy is it for you to find a doctor or care provider that takes your insurance?" (n=2168)

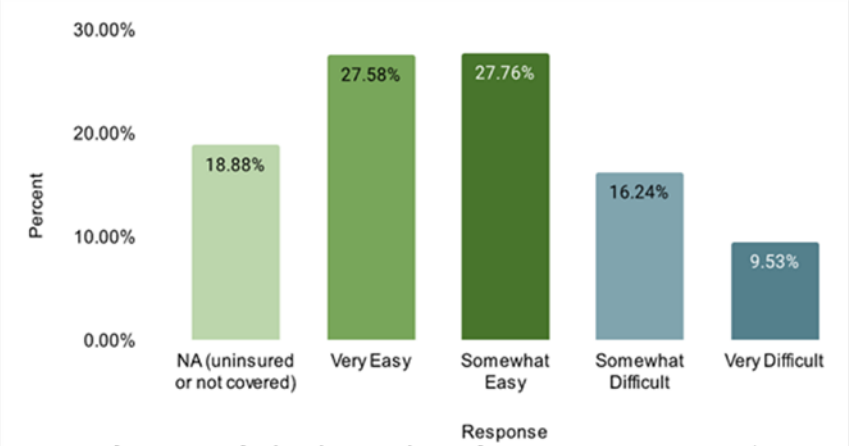


Figure 10. "How easy is it for you to find a dentist that takes your insurance?" (n=2161)

When discussing insurance, one focus group participant said "*we don't have enough health access for those who are underinsured or not insured at all ... (T)he waiting list is too long. People call for an appointment and it's 3-4 months. That's too long.*"

Another participant noted, *"Even when you have health insurance, we just don't have enough practitioners."*

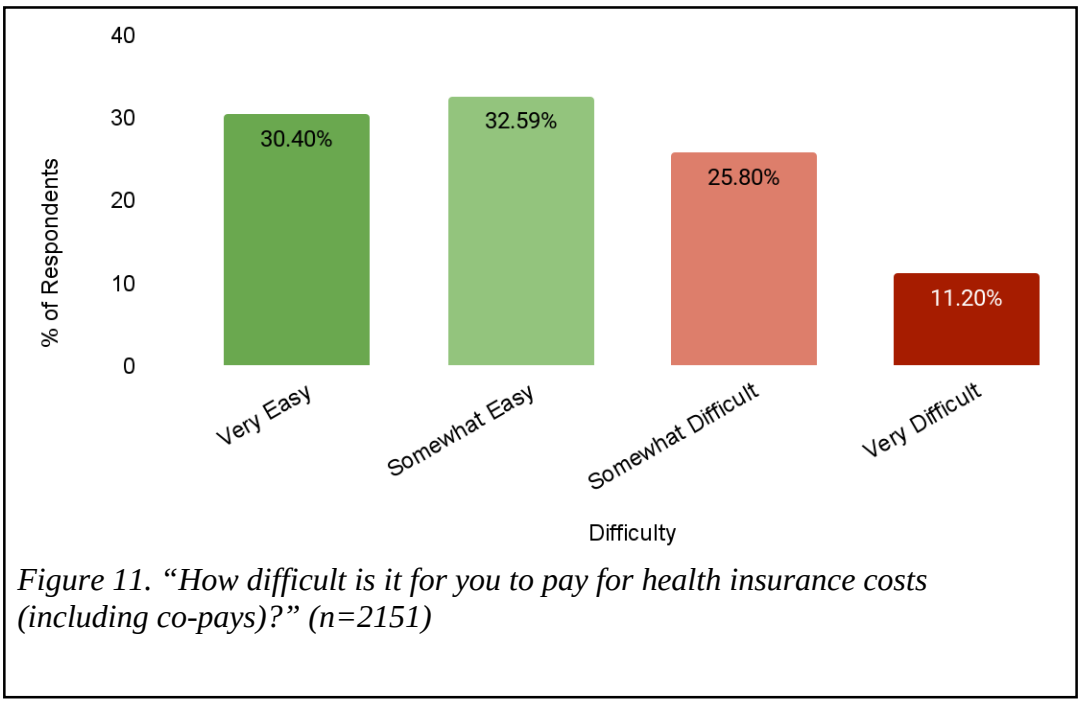


Figure 11. "How difficult is it for you to pay for health insurance costs (including co-pays)?" (n=2151)

Survey respondents were also asked about the ability to get a timely appointment. 24% reported that they "strongly disagree" or "somewhat disagreed" that they could get a timely appointment with a healthcare provider. 26.7 reported that "strongly disagree" or "somewhat disagreed" that they could get a timely appointment with a healthcare specialist.

Evidence Based Interventions

Improving Access to Care and Health Equity comes in many forms, mostly lowering barriers including expanding Telehealth and free clinics, lowering costs for insurance and co-pays, simplifying paperwork to be eligible for services, improving transportation including working with bus routes and services like Uber to make it easier for vulnerable populations to get care, and expanding services to neighborhoods, senior centers, and childcare centers. Additionally, flexible appointment scheduling and collaborating with patients to ensure that they know how to use patient portals, can complete paperwork for enrollment in programs like Medicare and negotiate phone lines make a big difference in closing gaps in care. Having enough healthcare and mental health providers is also critical to lowering wait times to get appointments and improving quality care.

Intervention Name	Strategy	Results	Source
Mobile Clinics & Alternative Sites	Implement mobile clinics at multiple sites, use alternative locations like libraries and farmers' markets, include dental services at events.	Expands healthcare reach, improves preventive care access, and reduces transportation barriers.	USCPrice: https://healthadministrationdegree.usc.edu/blog/how-to-improve-access-to-health-care
Culturally Responsive Care	Foster a positive caregiving environment, reduce bias and stigma, offer services in multiple languages, create welcoming spaces with cultural symbols and celebrations.	Increases patient trust and engagement, improves satisfaction, and enhances adherence to care plans.	USCPrice: https://healthadministrationdegree.usc.edu/blog/how-to-improve-access-to-health-care
Community-Based Referral & Support Programs	Increase community programs linked to key leaders and organizations, develop strong referral systems for housing, food security, utility assistance, and transportation.	Addresses social determinants of health, improves patient well-being, and enhances coordination of care.	USCPrice: https://healthadministrationdegree.usc.edu/blog/how-to-improve-access-to-health-care
Patient Navigation & Education	Improve coordination for specialist services, assist with in-network referrals, promote education in multiple languages through familiar community sites.	Reduces confusion in healthcare navigation, improves adherence to treatment, and enhances access to services.	USCPrice: https://healthadministrationdegree.usc.edu/blog/how-to-improve-access-to-health-care
Workforce Expansion & Support	Expand residency and clinical education slots,	Increases provider availability, reduces	AMA: https://www.ama-assn.org/health-care-

	provide loan forgiveness, create pathways for foreign-trained physicians, diversify staff language capabilities, and reduce insurance burdens.	workforce shortages, and enhances cultural competency in care.	advocacy/access-care/5-ways-improve-access-health-care
Screening & Preventive Health	Increase screenings for cancers, cardiovascular diseases, and mental health, establish referral pathways, and ensure continuous monitoring for early	Improves early diagnosis rates, enhances treatment outcomes, and reduces healthcare disparities.	Healthy People 2030: https://odphp.health.gov/healthypeople/tools-action

Table 4. Evidence-Based Interventions to improve Access to Care and Health Equity

Built Environment

Housing

"When you go to the library and those computers are full, it means that those people probably don't have computers in their home(s), so we need to not make the assumption that everybody's always online all the time." - Focus group participant

"There's no central spot in town where people can get on-time information" - Focus group participant.

"I like the convenience [of housing in Morris County]. It has some rural areas, some urban flair…" - Focus group participant.

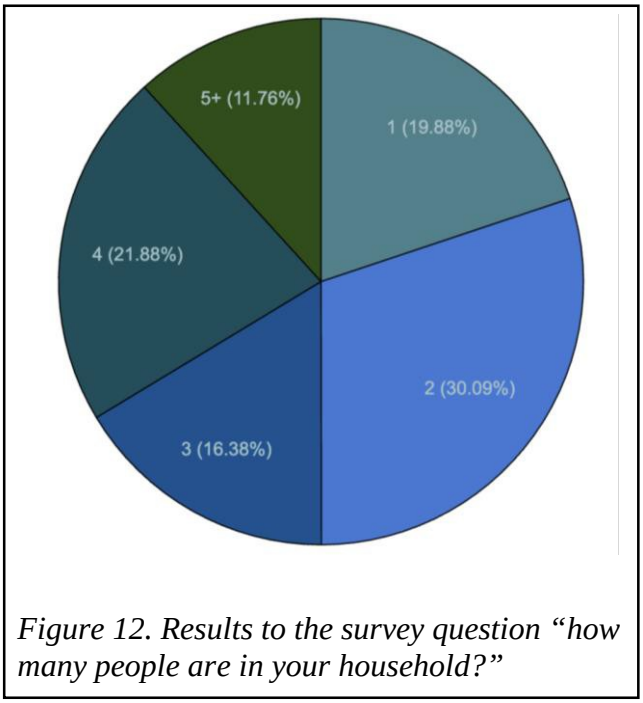


Figure 12. Results to the survey question "how many people are in your household?"

Survey data revealed that 28.2 % of respondents do not own their own home and 71.8% of respondents own their own home. This rate of home ownership is likely due to the median household income in 2024 being $135,000 (US Census, 2024). Additionally, most respondents do not experience overcrowding in their homes, as over 65% of respondents live with three or less individuals in their households (see Figure 12). Note that almost 20% of people are living alone, which may be an issue to address if those are elders or disabled.

Transportation

Traffic Volume and Commute Times

Morris County has experienced a consistent increase in traffic volume, with the average daily number of vehicles per meter of roadway rising from 482 in 2021 to 519 in 2023. This escalating traffic volume is associated with a heightened risk, frequency, and severity of traffic crashes. Furthermore, residents living near heavily trafficked roads face increased exposure to air and noise pollution, which can negatively impact their health. These environmental factors are linked to a greater incidence of adverse health outcomes, including the exacerbation of asthma symptoms and respiratory distress, potentially contributing to higher rates of asthma and, ultimately, increased mortality.

In Morris County, the average commute time to work is 30.2 minutes (Figure 13). In 2022, most workers (70.4%) drove alone, while 3.7% used public transportation, a figure that has decreased with the rise of remote work. However, focus groups highlighted the need for better transit options, particularly healthcare facilities.

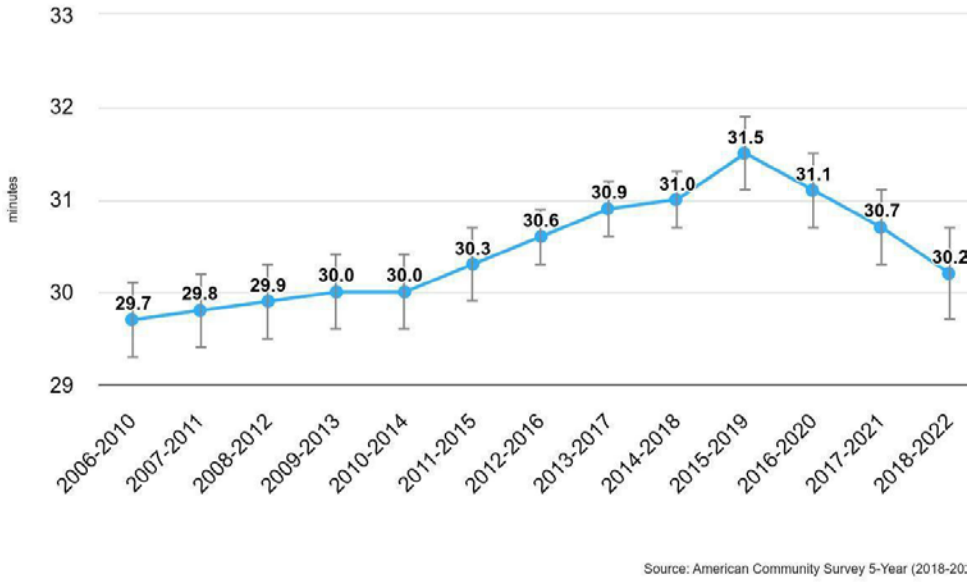


Figure 13. Average travel time to work in Morris County

Traffic Accidents and Pedestrian Safety

In 2021, Morris County experienced a decrease in the total number of motor vehicle crashes, reporting 10,432 incidents compared to 14,742 in 2018, despite an increase in traffic volume. However, concerningly, the number of fatalities resulting from these crashes saw a slight increase, rising from 20 deaths in 2018 to 27 deaths in 2021, marking the highest fatality count since 2012. This suggests that while the frequency of accidents decreased, the severity of crashes likely increased, potentially due to the growing presence of larger vehicles such as SUVs, which tend to cause more substantial damage in collisions.

The walkability of neighborhoods within the region varies significantly, ranging from areas with below-average walkability to those considered highly walkable, as indicated by the National Walkability Index. This index assesses factors such as the density of street intersections, the proximity of public transit stops, and the diversity of land uses, all of which play a crucial role in determining the likelihood of residents choosing walking as a mode of transportation. Low walkability can contribute to reduced levels of physical activity, create difficulties in accessing essential services, and raise safety concerns for pedestrians. Enhancements such as the addition of more sidewalks and dedicated bicycle lanes are crucial for improving pedestrian and cyclist safety.

The number of pedestrian fatalities in motor vehicle-related incidents in the county remained stable, with six deaths reported in both 2017 and 2021. This contrasts with a national trend of increasing pedestrian fatalities. In 2022, 7,522 pedestrians were killed in traffic crashes across the United States, representing a significant 12.7% increase from the 6,565 fatalities recorded in 2020 (U.S. Department of Transportation - NHTSA's National Center for Statistics and Analysis).

One focus group participant noted that "*many towns… don't have transportation ... (Transportation) would be very helpful to get more engagement with seniors*."

Many focus group participants noted how nice the parks were but that more sidewalks were needed, especially in residential areas and between residential areas and shopping centers.

Survey Results

- 8.4% of participants said transportation hinders their ability to go to the doctor's office and 91.6% of participants said it did not.
- Note that 18% said transportation is not easily accessible, indicating that some populations may need support for transit needs (Figure 14).
- 14.7% of participants say they do not own their own motor vehicle, 85.3% own a private vehicle. Most residents report that they primary use a private vehicle to get around (Figure 15).

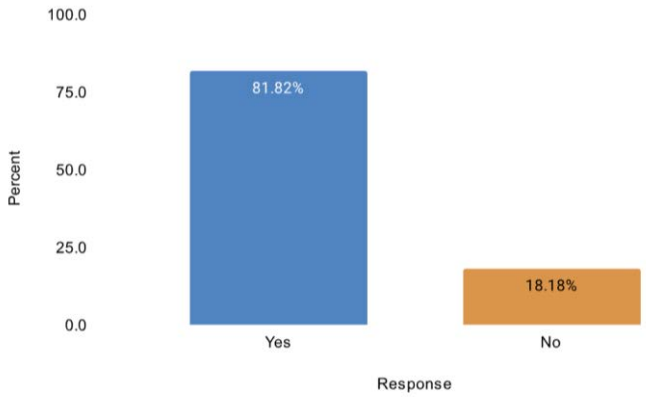


Figure 14. "Is transportation easily accessible?"

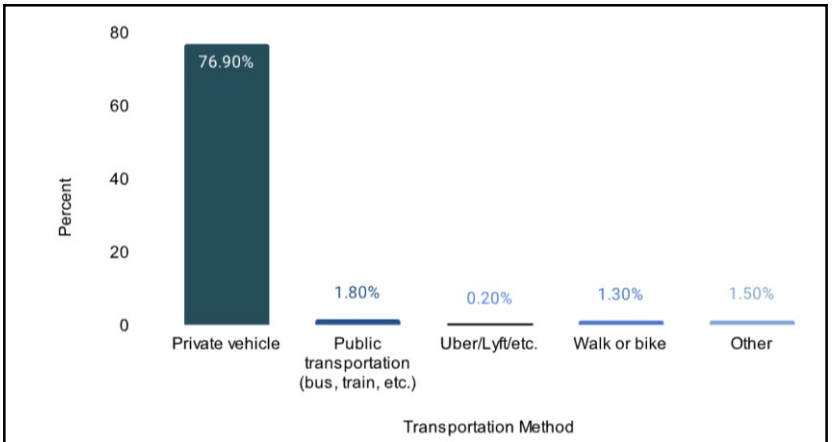


Figure 15. "What transportation do you mostly use?"

Best Practices for Pedestrian, Bicycle and Vehicles

Safe System Approach – NHTSA (https://www.nhtsa.gov/book/countermeasures-that-work/about-guide/understanding-human-behavior)

- Safe People: Encourage safe, responsible behavior by people who use our roads, and create conditions that prioritize their ability to reach their destination unharmed.
- Safe Speeds: Promote safer speeds in all roadway environments through a combination of thoughtful, targeted, context-appropriate outreach campaigns, as well as judicious enforcement.
- Safe Roads: To encourage safer behaviors, and to facilitate safe travel by the most vulnerable users, design roadway environments to accommodate human mistakes and injury tolerances.
- Safe Vehicles: Expand the availability of vehicle designs and features that help to prevent crashes and minimize the impact of crashes on both occupants and non-occupants.
- Post-Crash Care: Enhance the survivability of people in crashes through expedient access to emergency medical care. Create a safe working environment for vital first responders and prevent secondary crashes through robust traffic incident management practices.

The Bipartisan Infrastructure Law (BIL) established the Safe Streets and Roads for All (SS4A) discretionary program with $5 billion in appropriated funds over 5 years, 2022-2026. The SS4A program funds regional, local, and Tribal initiatives through grants to prevent roadway deaths and serious injuries. Almost $2 billion is still available for future funding rounds. https://www.transportation.gov/grants/SS4A

Environmental Health: Clean Water, Air, and Lead-Free

Water

Morris County is served by a combination of private wells, confined and unconfined municipal ground water, and municipal surface water predominantly sourced from the Pequannock, Wanaque, and Rockaway Rivers. Water in Morris County is used mainly as potable sources with some used for power generation and agriculture. All municipal water sources in Morris County are regulated by the Federal Environmental Protection Agency (EPA) as well as the New Jersey Department of Environmental Protection (NJDEP) and must meet the standards outlined in the Safe Drinking Water Act (SWDA). While private drinking wells do not need to meet these standards, the Private Well Testing Act, implemented in 2002, requires that drinking water wells must be tested for contaminants upon selling a property or every 5 years for a leased property. While the results must be supplied to the buyer or lessee, there are no regulations for contamination levels or treatment standards.

PFAS - Emerging Water Quality Concerns

Per- and polyfluoroalkyl substances (PFAS) are a group of synthetic “forever chemicals” which are known to be persistent in the environment breaking down very slowly over time. They are linked with a variety of adverse health effects such as lowered immunity, thyroid dysfunction, liver disease, endocrine dysregulation, and cancers. PFAS contamination can occur in surface water but is more common at higher rates in groundwater. Almost half of the private wells in New Jersey tests for PFAS were positive, with the highest percentage occurring in Rockaway Township with 54 of the 70 private wells tested being contaminated. Other notable towns were Roxbury Township (5 of 8 wells) and Flanders (3 of 8 wells).

Chemicals in fire extinguishers using aqueous film-forming foams are a common source of PFAS contamination. Potential contamination sites in Morris County include Picatinny Arsenal, Roxbury Auto Wreckers, and the Combe Fill South Landfill Superfund Site in Mount Olive. New Jersey implemented some of the strictest PFAS regulations in the country at 14 ppt. The new EPA standards will lower the maximum contaminant concentration to 4 ppt.

Water infrastructure risk:

The main risks to water infrastructure include aged treatment and distribution systems, vulnerability to contamination, and vulnerability to physical or cyber-attacks which would prevent plant operators from controlling the system and waterflow. Towns in Morris County that were identified as having elevated water infrastructure risks are identified below:

- Mount Olive Township has elevated contamination potential in Well 1
- Dover Township has elevated contamination potential in Well 4 as well as aging infrastructure including a water main and lead service lines that require replacement.
- Parsippany-Troy Hills Township has an aging infrastructure requiring pump station and sanitary sewer modifications.
- Morris Township is at risk of groundwater contamination through improper disposal of chemical waste.
- Chatham Borough is at risk for infrastructure damage due to urban flooding.

Flooding

Flooding poses a significant risk to communities, impacting both safety and property. Beyond property damage, flooding can cut off access to utilities, emergency services, and transportation, significantly impacting the overall economic wellbeing of an area. Climate change is causing sea levels to rise and storms to intensify, leading to increased flooding across the US. Understanding these zones is crucial for effective planning, preparedness, and mitigation efforts to protect those residing in Morris County. Towns in Morris County with elevated flooding risk include Mount Olive Township, The Borough of Rockaway, Parsippany-Troy Hills Township, Morris Township, East Hanover Township, and Chatham Borough.

Sidewalks

Increasing physical activity has been shown repeatedly to improve both physical and mental health. It is one of the most accessible activities to assist in weight management and heart health. Therefore, improving access to sidewalks in some communities can have a positive effect by increasing biking and walking as a means of transportation. Many focus group participants complained about not having enough sidewalks, especially in residential and between residents and shopping areas. Improving sidewalks along major roadways may also improve safety.

In NJ, the New Jersey Dept of Education announced that it is awarding 31 ($19.6 million) under the Safe Routes to School (SRTS) Program. According to The National Center for Safe Routes to School improving and building new sidewalks and bike routes increased walking and riding significantly. Increasing the amount of people walking and biking for transportation will not only improve the health of the population, but improve the health of the environment.

Air Quality

Air Quality Outdoor

Morris County faces moderate air quality risks, with an expected increase in poor air quality days (AQI -Air Quality Index over one hundred) over the next 30 years. Currently, Morris County has better air quality than 15% of counties in New Jersey.

The link between high air pollution, particularly fine particulate matter and ozone, and health problems is well established. Air pollution can cause decreased lung function, chronic bronchitis, asthma, and other respiratory issues. Long-term exposure to PM2.5 raises the risk of premature death in people over sixty-five, even at levels below national standards. PM2.5 is particulate matter made up of tiny particles and liquid droplets, including acids, organic chemicals, metals, and soil. These harmful particles can come directly from sources like forest fires or form when gases from power plants, industrial activities, and cars react in the air.

As shown in Figure 16, average annual concentrations of PM2.5 are lower in Morris County than both the Northeast and U.S. averages. Average concentrations decreased in Morris County from 10 in 2014 to 5 in 2022. This is lower than the National Ambient Air Quality Standard of nine.

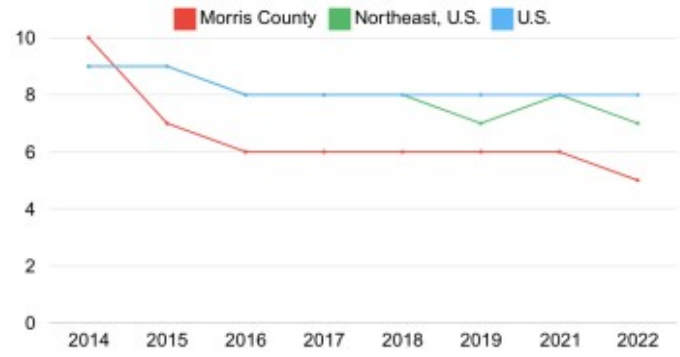


Figure 16. Average Annual PM2.5 Concentrations according to Morris County, State of New Jersey, and U.S., 2014-2022.

Indoor Air Quality

Radon is a radioactive gas that forms from the decay of uranium in soil and rock. It can seep into homes through cracks and openings in the foundation. Since radon is invisible and odorless, it can only be detected with specialized tests. It is the second leading cause of lung cancer overall and the top cause among non-smokers. Lowering radon levels reduces the risk of lung cancer. The Department of Environmental Protection recommends testing all homes and acting if radon levels are four pCi/L or higher.

Figure 17 shows that most buildings and homes in Morris County are classified as Tier 1 or Tier 2 for radon potential. Tier 1 indicates a high potential, with at least twenty-five homes tested and 25% or more having radon levels of 4 pCi/L or higher. Tier 2 indicates a moderate potential, with at least twenty-five homes tested and 5% to 24% having radon levels of four pCi/L or higher. The number of buildings tested in Morris County has risen in recent years, from 5,982 in 2014 to 8,193 in 2021.

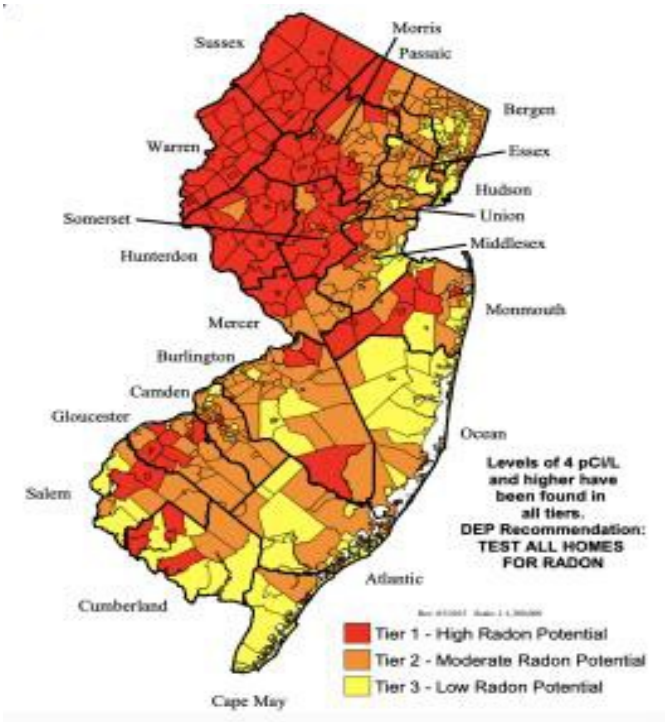


Figure 17. Distribution of Levels of Radon Potential in New Jersey, 2015.

Source: NJDEP, 2015

Age of Housing Stock and Lead Exposure

As shown in Figure 18, a sizable portion of Morris County's housing stock, or 84,738 homes, were constructed between 1950 and 1979. Notably, residences built prior to 1980 pose an increased risk of lead exposure for occupants. This potential health hazard shows the importance of proactive measures, such as regular inspections and remediation efforts, in order to ensure the safety of Morris County residents.

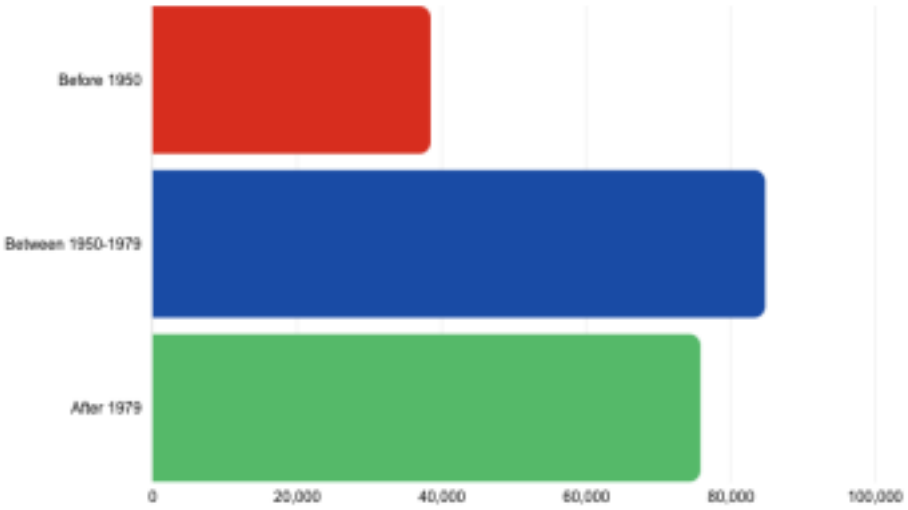


Figure 18. Morris County houses by year.

Children under six are at higher risk for harmful health effects from lead exposure. Even low levels of lead in their blood can cause learning and behavioral problems. In 2022, 17.4% of children under six in Morris County were tested for high blood lead levels, compared to 23.1% statewide. Among those tested, 1.2% had elevated lead levels above 5 µg/dL, compared to 1.9% statewide.[6] This rate has stayed about the same since 2019.

Chronic Disease: a health condition that lasts at least one year and requires on-going medical treatment (CDC).

When examined next to NJ state and US national rates, Morris County has comparable rates of chronic disease occurrence: NJSHAD - Cancer and Chronic Disease (Appendix A).

Specific Disease brief reports are below of select chronic diseases in Morris County.

Survey Data

Figure 19 shows 432 of respondents (19.3%) reported that they live with a physical and/or mental challenge. 291 (13.4%) of respondents reported that they do not attend annual primary care physician physicals and other doctors' appointments. From the focus groups, residents explained not going to annual exams due to time constraints and financial obligations (like taking off work). The number of individuals that do not attend regular doctor appointments suggests that the prevalence of chronic disease may indicate higher current estimates.

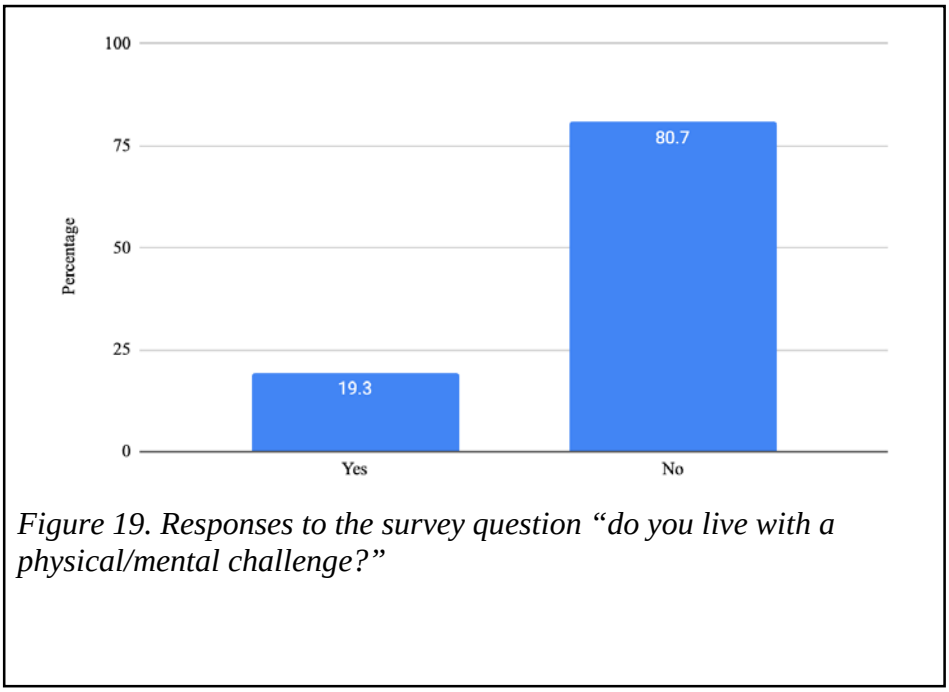


Figure 19. Responses to the survey question "do you live with a physical/mental challenge?"

Survey respondents identified diabetes (n = 203), cancer (n = 301), obesity (n = 115), and heart disease (n = 191) as chronic diseases of concern within Morris County.

Diabetes

Compared to the rest of the state, Morris County has relatively low rates of diabetes with 6.7% of the total adult population being affected from 2018-2021 (New Jersey Department of Health). The Healthy NJ reports that, although the diabetes death rate has decreased, lower extremity amputations and increased dilated eye exams are not making progress. (Healthy NJ 2020).

When asked what health conditions are of top concern to the community you live in, 203 participants named diabetes. One focus group participant noted that "*it would be nice if [Morris County] had more health information fair type of things, like for diabetes screenings*." Another focus group participant shared that

"*There is a lot of obesity [causing] diabetes… I have so many friends with type two diabetes, and… I don't think our town sends the right message*."

Evidence Based Interventions

There are many phone apps available for patients to download that allows them to track and manage their diabetes symptoms, while directly connecting them with their healthcare provider. Understanding one's symptoms and communicating with one's physician is a key in diabetes control. Patients that downloaded the app experienced lower blood glucose levels and lower A1c levels (TFFRS – Diabetes Management: Mobile Phone Applications Used Within Healthcare Systems for Type 1 Diabetes Self- Management). Other interventions are listed below.

Interventions to Prevent or Manage Diabetes

Intervention	CPSTF Finding
Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk	Recommended (strong evidence) July 2014
Intensive Lifestyle Interventions for Patients with Type 2 Diabetes	Recommended (sufficient evidence) October 2016
Interventions Engaging Community Health Workers for Diabetes Management	Recommended (strong evidence) April 2017
Interventions Engaging Community Health Workers for Diabetes Prevention	Recommended (sufficient evidence) August 2016
Lifestyle Interventions to Reduce the Risk of Gestational Diabetes	Recommended (strong evidence) December 2017
Mobile Phone Applications Used Within Healthcare Systems for Type 1 Diabetes Self-Management	Insufficient Evidence August 2017
Mobile Phone Applications Used Within Healthcare Systems for Type 2 Diabetes Self-Management	Recommended (sufficient evidence) August 2017
Team-Based Care for Patients with Type 2 Diabetes	Recommended (strong evidence) December 2016

Table 5. Interventions for Diabetes Prevention and Management from CDC. Guide to Preventive Services. Diabetes. https://www.thecommunityguide.org/pages/task-force-findings-diabetes.html

Obesity

Adult obesity rates in the United States have continued to climb steadily since 2004, with an increase of at least 30% in 43 of the 50 states. Twenty-two of these states had rate increases of more than 35% (TFAH). According to data from National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES) during August 2021–August 2023, the prevalence of obesity in adults was 40.3%, with a higher prevalence in adults ages 40–59 than in ages 20–39 and 60 and older (Figure 20).

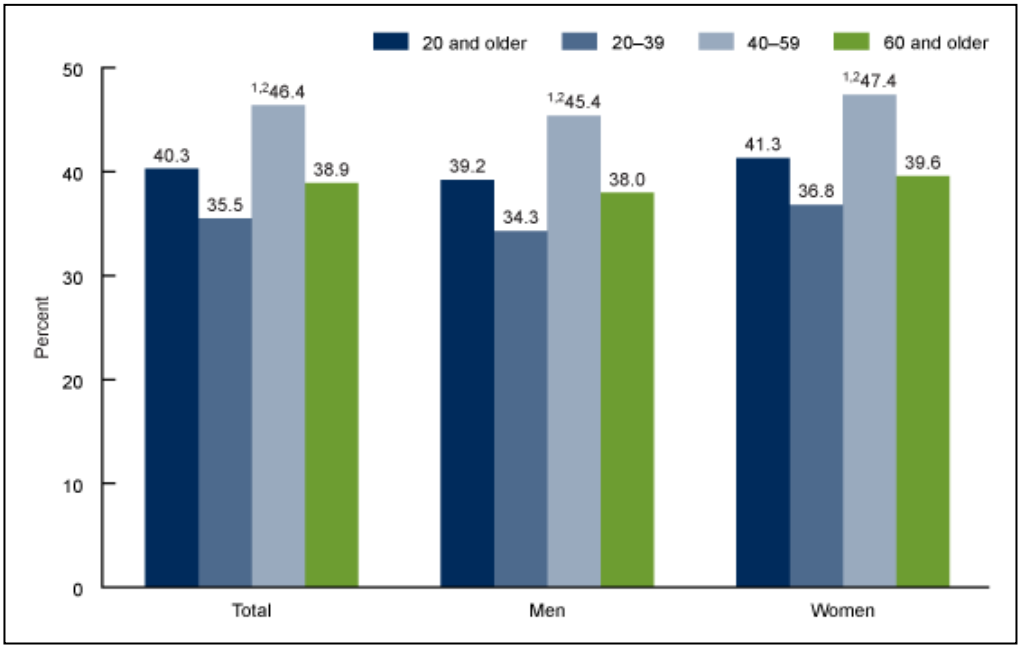


Figure 20. Prevalence of obesity in adults aged 20 and older, by sex and age: United States, August 2021–August 2023

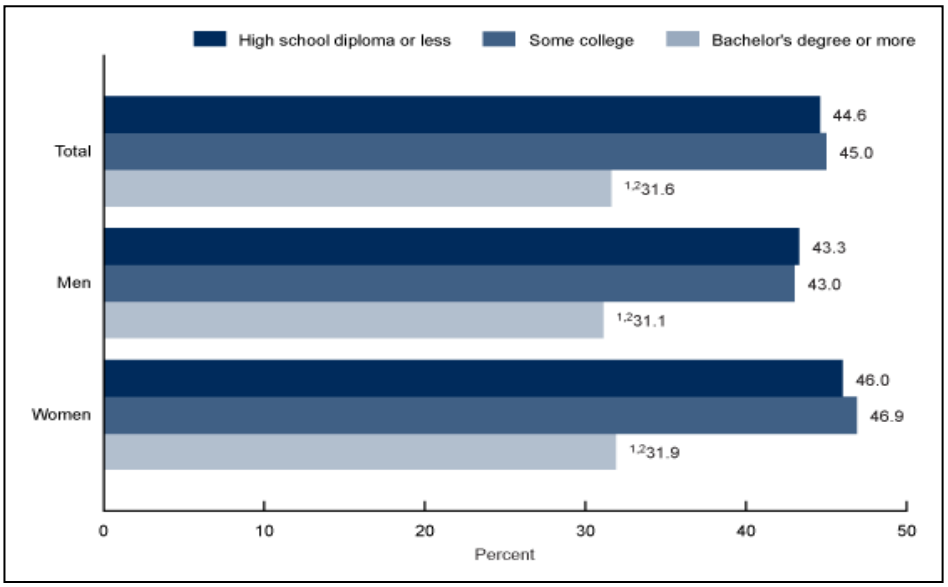
1. Significantly different from ages 20–39 ($p < 0.05$).
2. Significantly different from age 60 and older ($p < 0.05$).
   NOTE: Age-adjusted estimates for adults aged 20 and older are 40.3% for the total population, 39.3% for men, and 41.4% for women and were age adjusted by the direct method to the U.S. Census 2000 population using age groups 20–39, 40–59, and 60 and older.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, August 2021–August 2023.

While there were no significant differences between men and women in overall obesity prevalence, the prevalence of severe obesity in adults was 9.4% and was higher in women than men for each age group and lower for those with any college (Figure 21).

Obesity rates in Morris County were 25.9% (Data Commons). These rates are lower than the 2020 state (28.6%) and national (32.2%) averages.

Figure 21. Prevalence of obesity in adults aged 20 and older, by sex and education level: United States, August 2021–August 2023



1. Significantly different from adults with a high school diploma or less ($p < 0.05$).
2. Significantly different from adults with some college ($p < 0.05$).

NOTE: The category of high school diploma or less includes GED.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, August 2021–August 2023.

Evidence Based Interventions

Risk factors for obesity include stress and insomnia, but these are not well addressed from an intervention approach. While the focus of most health education is on nutrition and physical activity (covered separately in this report), obesity rates are still increasing. One often overlooked component to weight loss is hydration. There is a significant association between inadequate hydration and elevated BMI as well as inadequate hydration and obesity. Therefore, increasing access to water in the community could positively affect obesity rates, but also high blood pressure, cancer and other illnesses**.** Below are interventions to reduce obesity for providers, schools, and the community. (The Community Guide to Prevention Services).

Provider-Oriented Interventions

Intervention	CPSTF Finding
Provider Education	Insufficient Evidence October 2007
Provider Education with a Patient Intervention	Insufficient Evidence February 2008
Provider Feedback	Insufficient Evidence October 2007
Provider Reminders	Insufficient Evidence October 2007
Multicomponent Provider Interventions	Insufficient Evidence February 2008
Multicomponent Provider Interventions with Patient Interventions	Insufficient Evidence February 2008

Interventions in Schools

Intervention	CPSTF Finding
Read a separate summary of CPSTF findings for school-based interventions.	
Healthy Eating Interventions in Schools	
Multicomponent Interventions to Increase Availability of Healthier Foods and Beverages in Schools	Recommended (sufficient evidence) December 2016
Meal or Fruit and Vegetable Snack Interventions to Increase Healthier Foods and Beverages Provided by Schools	Recommended (sufficient evidence) December 2016
Supporting Healthier Snack Foods and Beverages Sold or Offered as Rewards in Schools	Insufficient Evidence December 2016
Increasing Water Access in Schools	Insufficient Evidence December 2016
Healthy Eating Interventions Combined with Physical Activity Interventions in Schools	
Meal or Fruit and Vegetable Snack Interventions Combined with Physical Activity Interventions in Schools	Recommended (sufficient evidence) April 2018
Multicomponent Interventions (Meal or Fruit and Vegetable Snack Interventions + Healthier Snack Foods and Beverages) Combined with a Physical Activity Intervention in Schools	Insufficient Evidence October 2018
Supporting Healthier Snack Foods and Beverages Sold or Offered Combined with Physical Activity Interventions in Schools	Insufficient Evidence October 2018
Increasing Water Access Combined with Physical Activity Interventions in Schools	Insufficient Evidence April 2018

Interventions in Community Settings

Intervention	CPSTF Finding
Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children	Recommended (strong evidence) August 2014
Digital Health Interventions for Adolescents with Overweight or Obesity	Recommended (sufficient evidence) July 2019
Worksite Programs	Recommended (sufficient evidence) February 2007
Technology-Supported Multicomponent Coaching or Counseling Interventions	
To Reduce Weight	Recommended (sufficient evidence) June 2009
To Maintain Weight Loss	Recommended (sufficient evidence) June 2009

Table 6. Evidence Based Interventions to reduce Obesity.

Heart Disease

High blood pressure, high blood cholesterol and smoking are key risk factors for heart disease, a term that can refer to several types of heart conditions including coronary artery disease (CAD)-- the most common form of heart disease in the US. Unhealthy diet, physical inactivity and excessive alcohol consumption are also leading underlying factors contributing to heart disease. Heart Disease remains the number one cause of mortality (CDC).

According to the Data Commons, CDC (2022), the coronary heart disease rate in Morris County was 4.7% and 3.9% for Chronic Obstructive Pulmonary Disease. As with the United States, males have a higher mortality rate from coronary heart disease than women. The rate for stroke is 2.2%. Notable differences exist between cities for coronary heart disease with a range of around 3.7 to 6.4%:

Coronary Heart Disease in Cities of Morris County (2022)

Source: cdc.gov • Show metadata

1.	Dover, NJ	6.4%	2022
2.	Netcong, NJ	5.7%	2022
3.	Wharton, NJ	5.6%	2022
4.	Beattystown, NJ	5.2%	2022
5.	Port Morris, NJ	5.1%	2022
...			
47.	Chatham, NJ	4%	2022
48.	Troy Hills, NJ	3.9%	2022
49.	Rainbow Lakes, NJ	3.9%	2022
50.	Cedar Knolls, NJ	3.9%	2022
51.	Mendham Borough, NJ	3.7%	2022

Top recommended interventions from the Community Preventive Services Task Force to address heart disease and underlying factors are in Table 7:

Intervention Name	Strategy	Results	Source
Interactive Digital Interventions for Blood Pressure Self-Management	Provide self-management information and support via digital platforms, leveraging cell phones and computer access.	Increases accessibility to health information and supports self-management of blood pressure.	Community Preventive Services Task Force
Engaging Community Health Workers	Utilize community health workers to provide culturally appropriate education, social support, informal counseling, and health services like blood pressure screening.	Reduces cardiovascular disease risk factors, improves patient engagement, and increases service access.	Community Preventive Services Task Force
Team-based Care to Improve Blood Pressure Control	Establish multidisciplinary teams, including nurses, pharmacists, dietitians, and social workers, to support primary care providers in blood pressure management.	Enhances quality of care, improves medication adherence, and supports long-term blood pressure control.	Community Preventive Services Task Force
Reducing Out-of-Pocket Costs for Cardiovascular Disease Preventive Services	Reduce costs for blood pressure and cholesterol medications while integrating patient education and provider interactions.	Improves medication adherence, lowers blood pressure and cholesterol levels, and enhances outcomes.	Community Preventive Services Task Force

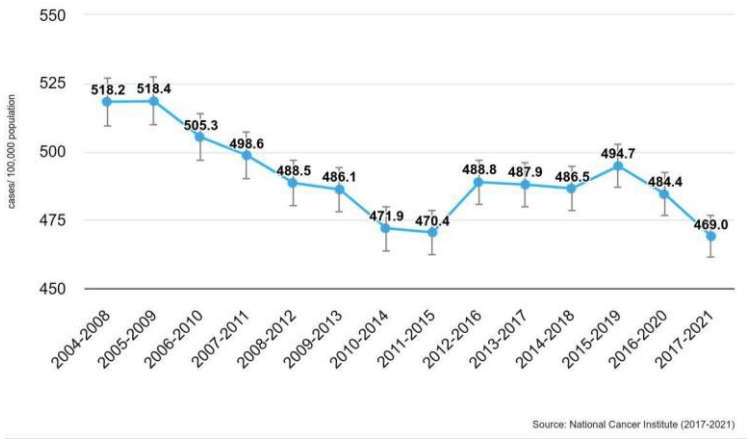
Cancer

All Cancer Incidence Rate

Cancer is the second leading cause of death in the United States (CDC).

According to the North Jersey Health Collaborative, the incidence rate for all cancer sites in Morris County is 469 cases per 100,000 Population. Rates have been decreasing over the past few years (Figure 22).

Figure 22. All cancer incidence rate in Morris County.



Prevention strategies from the Community Guide to Prevention Services focus on screening and lifestyle changes as in Table 8 below: https://www.thecommunityguide.org/topics/cancer.html

Intervention Name	Strategy	Results	Source
Regular Cancer Screenings	Encourage routine screenings for breast, cervical, and colorectal cancers to detect cancer early when treatment is most effective.	Increases early detection rates, improving treatment success and survival outcomes.	CDC: https://www.cdc.gov/cancer/prevention/
UV Protection for Skin Cancer Prevention	Promote shade structures, protective clothing, and sunscreen to reduce exposure to ultraviolet rays.	Lowers the likelihood of developing skin cancer.	CDC: https://www.cdc.gov/skin-cancer/prevention/
Lifestyle Modifications to Reduce Cancer Risk	Encourage avoiding tobacco, limiting alcohol intake, maintaining a healthy weight, and protecting skin from UV rays.	Reduces overall cancer risk and improves long-term health outcomes.	ACS: https://www.cdc.gov/cancer/dcpc/prevention/other.htm
Patient Navigation & Cost Reduction for Cancer Screenings	Provide patient reminders, remove barriers to screenings, and reduce costs associated with cancer testing.	Increases screening rates, leading to earlier cancer detection and reduced mortality.	TFFRS – Cancer Screening: Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity

Table 8 Prevention Strategies Cancer, Community Guide to Prevention Services

Infectious Disease

In comparison to NJ state and US national rates, Morris County generally has low to moderate levels of Infectious Diseases as indicated from information from: NJSHAD - Infectious and Communicable Diseases

A table with reportable diseases is in Appendix B. Note that all rates are moderate to low based on data from this table for Morris County. Note that while Septicemia is high for Morris County as noted in the top ten causes of death above, this rate was not reported in the state-wide or county NJ SHAD database or in CDC available data.

Specific Disease brief reports are below which indicate medium to low rates of select infectious diseases:

COVID-19 – Note that Morris County's mortality rate is high compared to the US (see above table on top ten causes of death).

Confirmed Morris County COVID cases: 12,767 (medium for NJ); Rate COVID: 2,507/100,000 population.

COVID Mortality: Morris County cases: sixty-six; which is a rate of: 282/100,000.

Source: https://www.nj.gov/health/covid-19/information/data-and-dashboards/

Influenza and Pneumonia

The age adjusted overall rate for 2018-2020 is 10.3/100,000, a low rate for the state of New Jersey. There are significant differences by age and race as illustrated in the charts below (Figures 23 and 24).

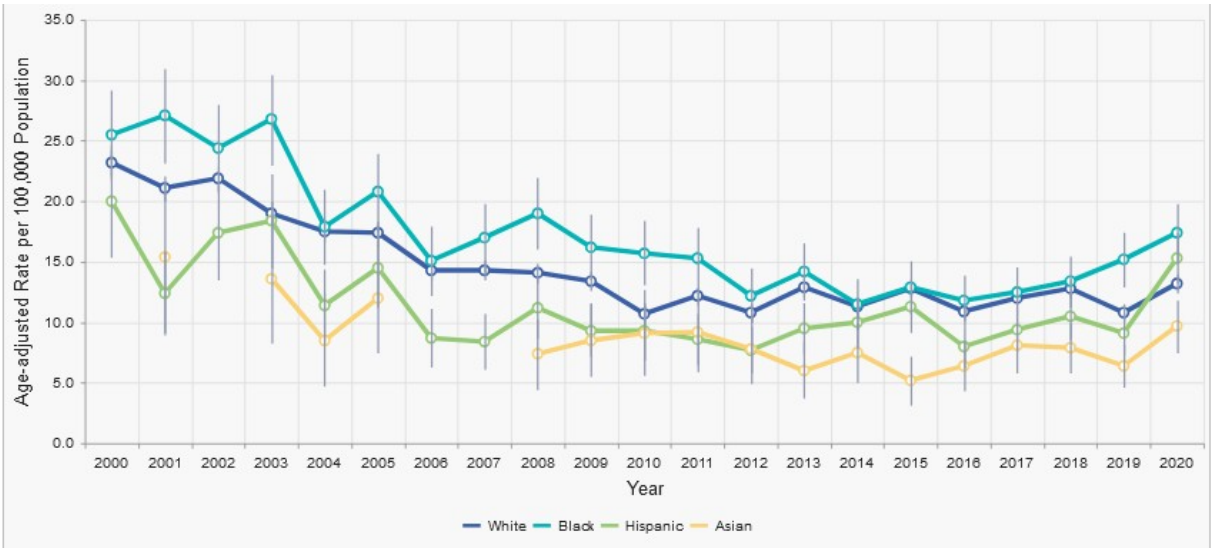


Figure 23. Deaths due to influenza and pneumonia by race/ethnicity in New Jersey, 2000 to 2020

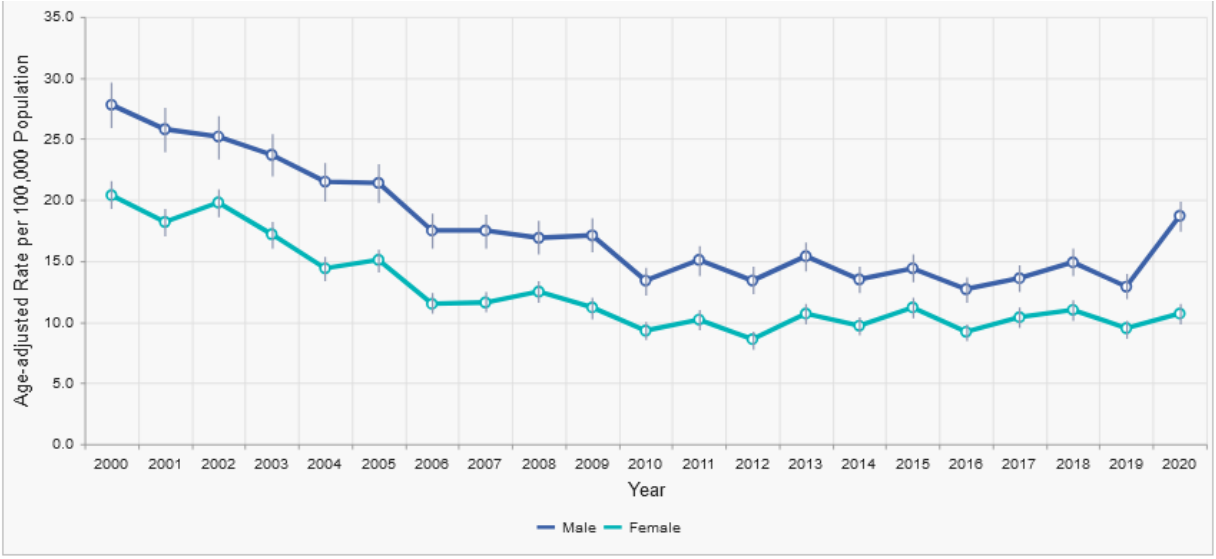


Figure 24. Deaths due to influenza and pneumonia by sex in New Jersey, 2000 to 2020

Source: https://www-doh.nj.gov/doh-shad/indicator/view/PneuFluDeath.County.html
https://www-doh.nj.gov/doh-shad/indicator/summary/PneuFluDeath.html

Lyme Disease

The crude rate for 2023 is: 132/100,000 (medium for NJ). Note that in 2023 New Jersey had the highest state-wide rate in recent history with the highest incidence rates in June, July and August.

Source: https://www-doh.nj.gov/doh-shad/indicator/summary/LymeDisease.html

Legionellosis

For 2019-2023, the crude rate was: 2.7/100,000 population. (Moderate for NJ)

Source: Legionellosis https://www-doh.nj.gov/doh-shad/indicator/summary/Legionellosis.html

Tuberculosis (TB)

These rates are only available for NJ state, not by county. Because of the significant differences by race, the overall rates are illustrated in the chart below. Note that most TB rates are cases where the infected person was born outside of the US (Figure 25).

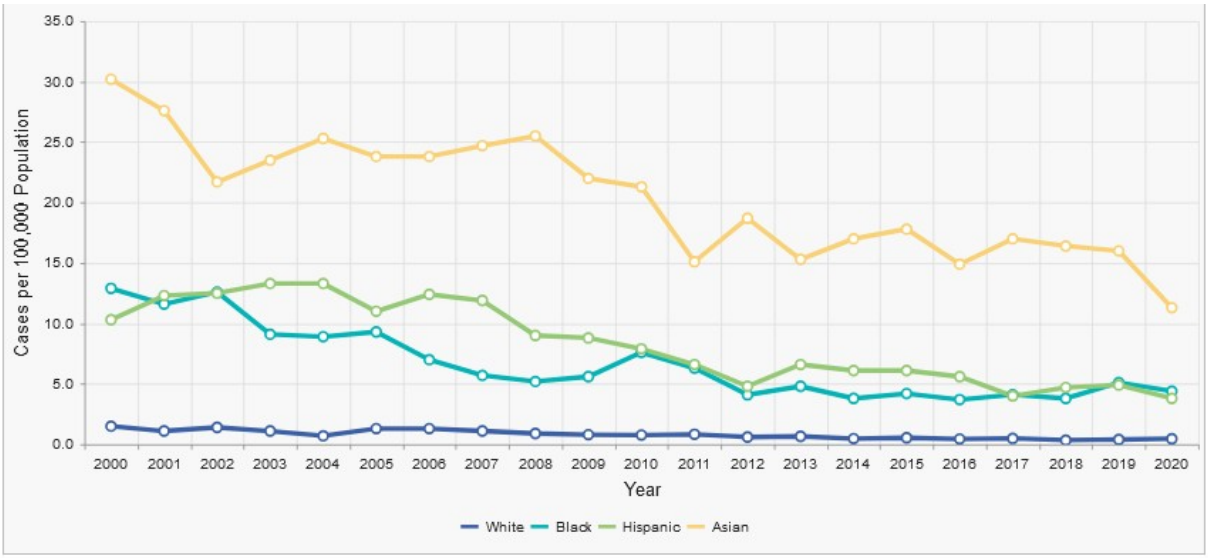


Figure 25. Tuberculosis incidence by race/ethnicity in New Jersey, 2000 to 2020

Source: https://www-doh.nj.gov/doh-shad/indicator/summary/TuberCases.html

Sexually Transmitted Infections or Diseases (STIs)

In general, infection specific rates are available for New Jersey only, not by county. However, the 2023 crude STI rate for Morris County was 241.6/100,000. Source: https://www-doh.nj.gov/doh-shad/query/result/std/STD/CrudeRate.html

The Source for the following select STI rates is: https://www-doh.nj.gov/doh-shad/indicator/summary/StdSyph.html

Syphilis: The overall rates are illustrated below by Race/Ethnicity for New Jersey (Figure 26).

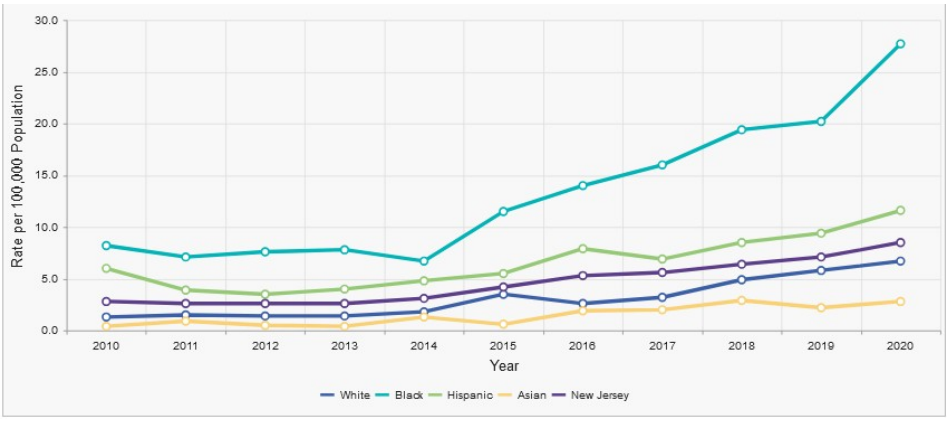


Figure 26. Sustained domestic transmission of primary and secondary syphilis incidence by race and ethnicity in New Jersey, 2010 to 2020

Chlamydia: The New Jersey 2019 rate for Chlamydia was 3,127/100,000.

Gonorrhea: The overall rate for New Jersey for people under thirty was 217/100,000.

Human immunodeficiency virus (HIV)

Incident cases of HIV/AIDS diagnoses by sex/gender are shown below with a trend for higher incidence and prevalence among men and differences by race for Black and Hispanic groups. The last chart shows the declining mortality rate with some race/ethnic disparities (Figures 27 to 29).

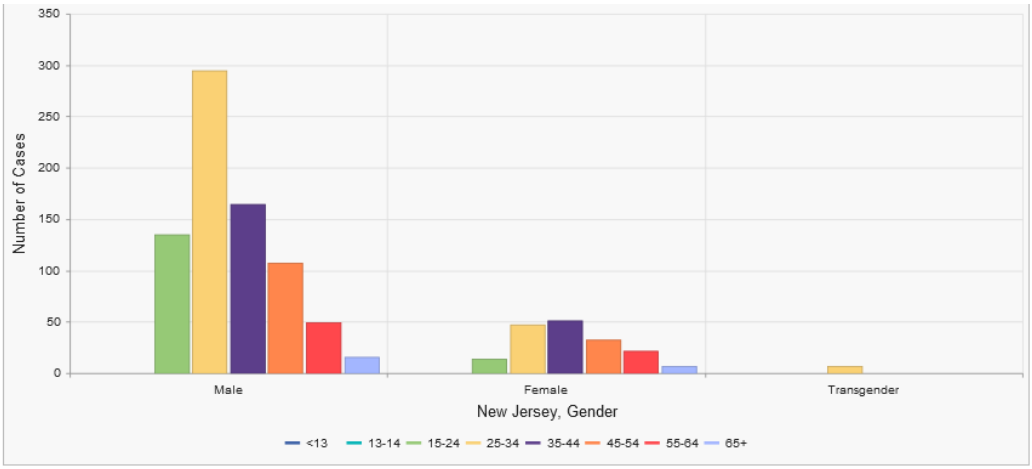


Figure 27. New HIV/AIDS diagnoses by gender and age in New Jersey, 2023

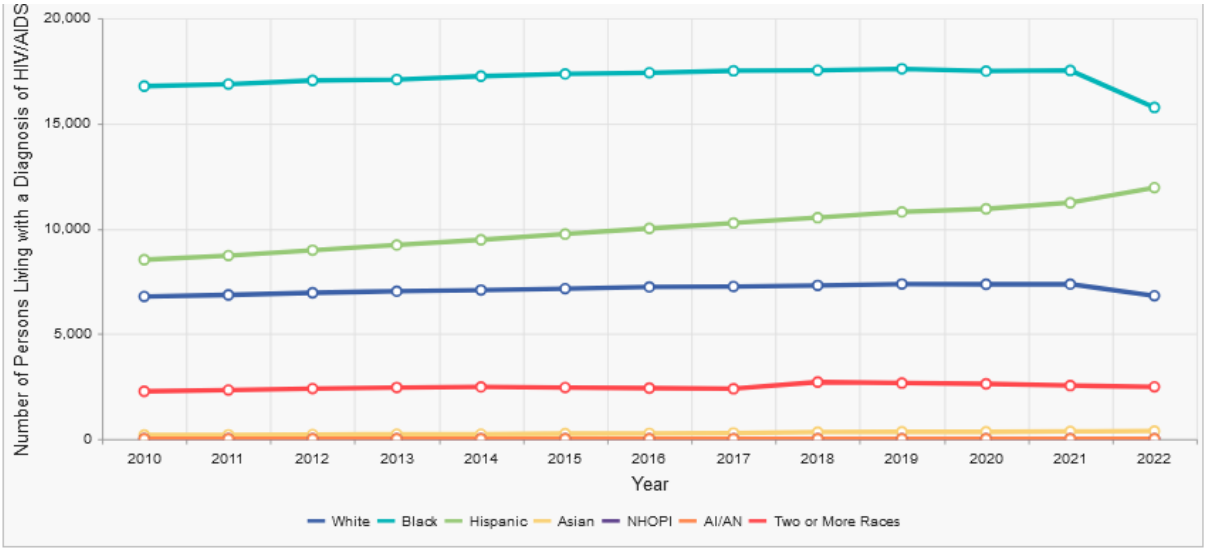


Figure 28. People Living with HIV/AIDS by race and ethnicity in New Jersey, 2010 to 2022

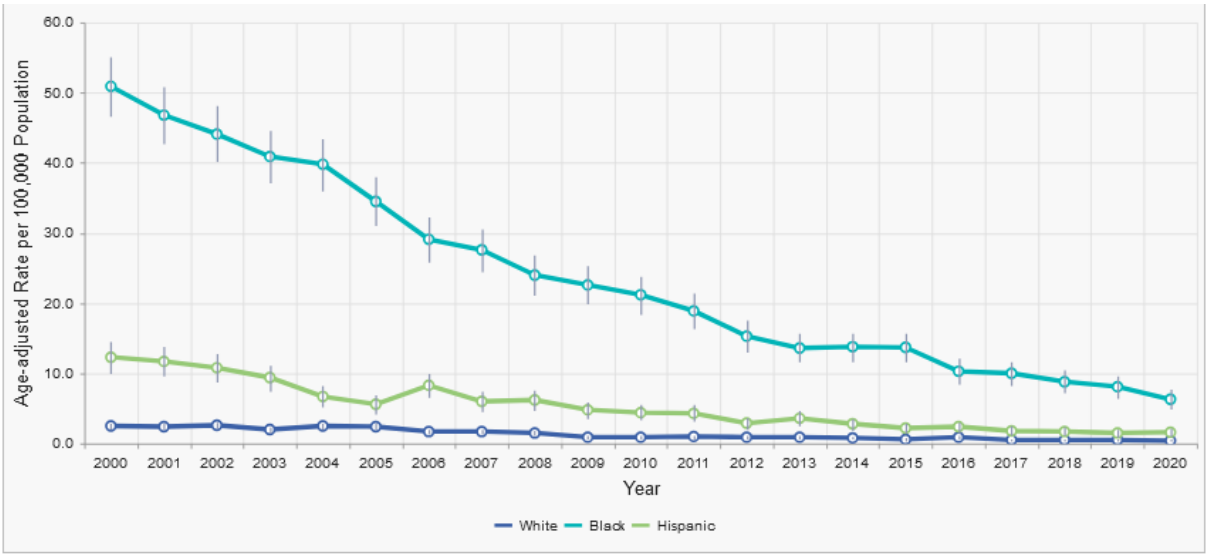


Figure 29. Deaths due to HIV by race and ethnicity in New Jersey, 2000 to 2020

Sources:
https://www-doh.nj.gov/doh-shad/indicator/summary/HIVDeath.html
https://www-doh.nj.gov/doh-shad/query/result/hiv/Death/Rate.html
https://www-doh.nj.gov/doh-shad/indicator/summary/HIVPrevalence.html

Evidence Based Interventions

Infection control is a basic need for health and public facilities. The CDC provides guidance for many settings by different kinds of diseases and can be found here: https://www.cdc.gov/infection-control/hcp/index.html

For STI infections, the CDC guide to Preventive Services focuses on programs that can help prevent STIs as well as decrease Teen Pregnancies and enhance HIV Prevention services. (Source: https://www.thecommunityguide.org/pages/task-force-findings-hivaids-stis-and-teen-pregnancy.html)

The CDC also offers advice on how to prevent STIs directly as seen in Table 9 below: https://www.cdc.gov/sti/prevention/index.html

Intervention Name	Strategy	Results	Source
General Infection Control Guidance	Provide disease-specific infection control guidelines for healthcare and public facilities.	Reduces the spread of infections in healthcare and community settings.	CDC: https://www.cdc.gov/infection-control/hcp/index.html
STI Prevention Programs	Implement programs to prevent STIs, decrease	Lowers STI rates, reduces unintended	Community Preventive Services Task Force:

	teen pregnancies and enhance HIV prevention services.	pregnancies, and improves public health.	https://www.thecommunityguide.org/pages/task-force-findings-hivaids-stis-and-teen-pregnancy.html
Direct STI Prevention Measures	Promote condom use, regular testing, vaccination (e.g., HPV, Hepatitis B), mutual monogamy, and abstinence.	Reduces STI transmission and improves sexual health outcomes.	CDC: https://www.cdc.gov/sti/prevention/index.html

Table 9 STI Interventions

Behavioral Risk Factors

Physical Activity

According to the CDC, adults need at least 150 minutes of moderate-intensity physical activity a week. Additionally, it is recommended that adults add two days of strength training weekly. Our findings, which can be seen in Figure 30, show that 34.33% of the population of Morris County meet the current recommendations. Note that the survey did not assess days of strength training. Out of the total respondents, 25.48% reported being active, practicing 101 to 150 minutes of physical activity weekly. 36.07% of survey respondents reported being active less than 190 minutes per week. People that do not exercise accounted for 4.13% of the respondents.

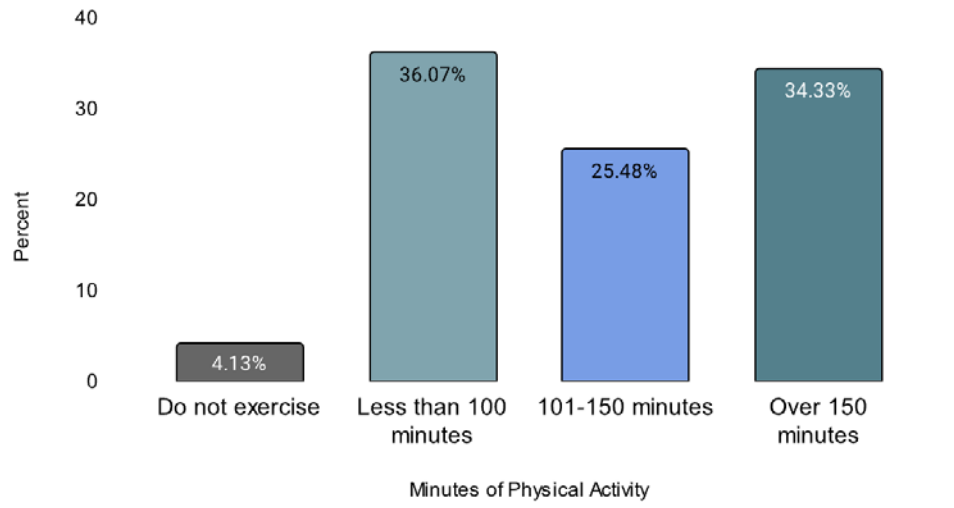


Figure 30. "Last week, how many minutes did you do physical activity?"

The CDC recommends a lengthy list of programs that can increase physical activity. Examples of these can be seen in Table 10 below.

Intervention	CPSTF Finding
Behavioral and Social Approaches	
Classroom-based Physical Activity Break Interventions	Recommended (sufficient evidence) March 2021
Classroom-based Physically Active Lesson Interventions	Recommended (sufficient evidence) March 2021
Digital Health Interventions for Adults 55 Years and Older	Recommended (sufficient evidence) April 2019
Enhanced School-Based Physical Education	Recommended (strong evidence) December 2013
Family-Based Interventions	Recommended (sufficient evidence) October 2016
Home-based Exercise Interventions for Adults Aged 65 years and Older	Recommended (sufficient evidence) July 2022
Individually-Adapted Health Behavior Change Programs	Recommended (strong evidence) February 2001
Interventions Including Activity Monitors for Adults with Overweight or Obesity	Recommended (sufficient evidence) August 2017
Social Support Interventions in Community Settings	Recommended (strong evidence) February 2001
Campaigns and Informational Approaches	
Community-Wide Campaigns	Recommended (strong evidence) February 2001
Stand-Alone Mass Media Campaigns	Insufficient Evidence March 2010
Environmental and Policy Approaches	
Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design	Recommended (sufficient evidence) December 2016
Creating or Improving Places for Physical Activity	Recommended (strong evidence) May 2001
Interventions to Increase Active Travel to School	Recommended (sufficient evidence) August 2018
Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions	Recommended (sufficient evidence) July 2021
Park, Trail, and Greenway Infrastructure Interventions when Implemented Alone	Insufficient Evidence July 2021
Point-of-Decision Prompts to Encourage Use of Stairs	Recommended (strong evidence) June 2005

Table 10 CDC evidence-based interventions and approaches to increase physical activity

Nutrition

"We don't believe food is medicine. We don't think about that and now we're all suffering."
-Focus group participant

It is recommended that a balanced and healthy diet should include vegetables, whole grains, proteins, and healthy plant oils. As a reference, the U.S. Department of Agriculture, Food and Nutrition Service the Food, recommends that individuals use "*My Plate" as a guide for a healthy and balanced diet (https://www.myplate.gov/*), stating that half (½) of a healthy plate should be vegetables and fruits, ¼ of whole grains, ¼ of proteins, and healthy plant oils in moderation. Eating healthy is an important ally to prevent, delay, and control heart disease, diabetes, and other diseases.

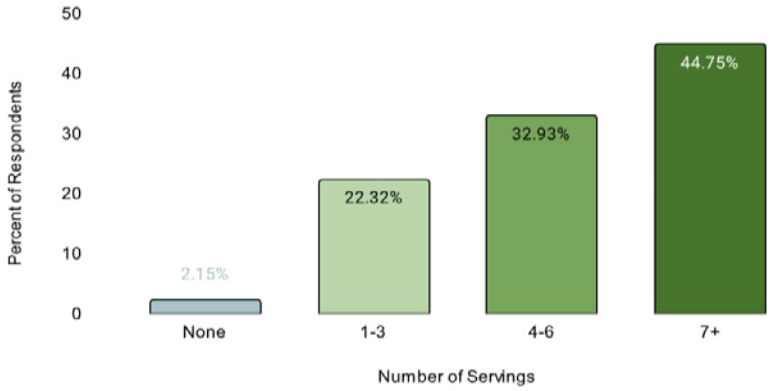


Figure 31. "Last week, how many servings of fruits and vegetables did you eat?"

The CHA survey revealed that most residents eat too little fruit and vegetables, 77.68% of Morris County respondents said that they consume four or more servings of fruits and vegetables in a week (Figure 31).

The frequency of fruit and vegetables consumption was as follows: 2.25% reported not eating any, 22.32% consumed 1 to 3 servings, 32.93% consumed 4 to 6 servings, and 44.75% consumed seven or more servings. Although this is one rough indicator, US food consumption trends show increasing reliance on fast foods and prepared foods which generally have high sodium and low levels of nutrition, including fibers. This trend is particularly important to address in teens and children as well as pregnant women. Please see Table 11 for examples of CDC recommended evidence-based interventions recommended to increase consumption of healthy foods.

Interventions to Promote Good Nutrition

Intervention	CPSTF Finding
Community-based Digital Health and Telephone Interventions to Increase Healthy Eating and Physical Activity	Recommended (sufficient evidence) December 2020
Digital Health and Telephone Interventions to Increase Healthy Eating and Physical Activity Among Students at Institutions of Higher Education	Recommended (sufficient evidence) July 2021
Gardening Interventions to Increase Vegetable Consumption Among Children	Recommended (sufficient evidence) December 2017
Home-delivered and Congregate Meal Services for Older Adults	Recommended (sufficient evidence) December 2021
Worksite Digital Health and Telephone Interventions to Increase Healthy Eating and Physical Activity	Recommended (sufficient evidence) March 2021

Table 11. Best-Practices to improve nutrition from CDC Community Guide to Preventive Services

Food Insecurity

Food insecurity, as defined by the USDA, is not always having enough food for a healthy, active life and lacking access to nutritious food. This inconsistency can negatively affect the health of people of all ages. In the U.S., adults in food-insecure households are more likely to suffer from hypertension, diabetes, heart disease, and other chronic conditions. While food insecurity is harmful to everyone, it is especially detrimental to children, as it can lead to long-term issues with their physical and mental health, as well as their academic performance.

In 2022, the food insecurity rate in Morris County was 7.8%, which is lower than the state average of 10.7% and the national average of 13.5%. However, this rate has increased from 5.6% in 2017.[14]In 2022, food insecurity in Morris County was highest among Black and Latino populations, at 16% and 17% respectively, and lowest among the White population at 5%. Rates have worsened for all racial groups since 2019.

The official Morris County website indicates there are around 50 meal services and food pantries, mostly located in the central part of the county, as shown on Figure 32 which also highlights food deserts, where access to meal services is limited, in the southern and mid-northern parts of the county.

When residents were asked about aspects of the Morris County community services they used on a regular basis, food pantries or soup kitchens accounted for 0.6% of the respondents. When explicitly asked about accessibility, fifteen survey participants responded that access to healthy food is an area of concern within their Morris County community. More significantly, over six hundred survey respondents noted that food is an important part of maintaining a healthy lifestyle, with individuals noting that accessibility could be improved.

Figure 32. Meal services and food pantries in Morris County.

Residents showed awareness of how food availability and access play an essential role in life and health as seen in the excerpts below from Morris County residents:

- *"Our organization serves between 700-800 meals each day and that's only one city."*
- *"Food for seniors is really hard [especially] for people who have mobility issues."*
- *"There's a lot of insecurity around food and housing."*
- *"Our local food bank gives out between 46 and 75 bags of family units to families per month."*
- *"I think access to healthy food is a big one (contributor to a healthy life)–whether you can afford it, get to it, where you can obtain it. You don't have grocery stores on every corner anymore."*

Evidence Based Interventions

The Community Preventive Services Task Force (CPSTF) recognizes several community-based interventions that prove effective in reducing food insecurity. These interventions include the following (Table 12):

Intervention Name	Strategy	Results	Source
Social Determinants of Health: Healthy School Meals for All	Make school meal programs more user friendly through accessible language and less extreme economic requirements.	Eliminates stigma surrounding supplemental nutrition programs, increases food accessibility for students from lower income families.	TFFRS – Social Determinants of Health: Healthy School Meals for All
Nutrition: Home-delivered and congregate meal services for older adults	Provide home delivered meals or joint dining events for older adults living alone.	Decreases the amount of malnourished older adults, improve well-being, and increases energy levels of the target population.	TFFRS – Nutrition: Home-delivered and Congregate Meal Services for Older Adults
Social Determinants of Health: Fruit and Vegetable Incentive Programs	Offer discounts, subsidies, and incentives when buying nutritious fruits and vegetables for eligible lower income households	Reduces household food insecurity and increases consumption of healthy fruit and vegetables.	CPSTF Finding – SDOH: Fruit and Vegetable Incentive Programs

Table 12 Community Preventive Services Task Force community based interventions to reduce food insecurity

Vector Borne Diseases

A vector-borne disease is an illness transmitted by the infected vector, such as mosquitoes, ticks, flies, and fleas. A wide variety of diseases are transmitted from vectors such as Lyme disease, Malaria, Dengue Fever, Zika, and West Nile Virus (See Figure 33). Vector-borne diseases increasingly threaten the health and well-being of people in the United States, with reported cases doubling over the last two decades (CDC, 2024). In New Jersey alone, there have been 5,693 cases of Lyme disease and 37 cases of West Nile Virus with 7 deaths reported (NJDOH, 2024). As of November 16, 2024 there have been 112 cases of dengue virus reported, which is considerably higher than the number reported this time last year.

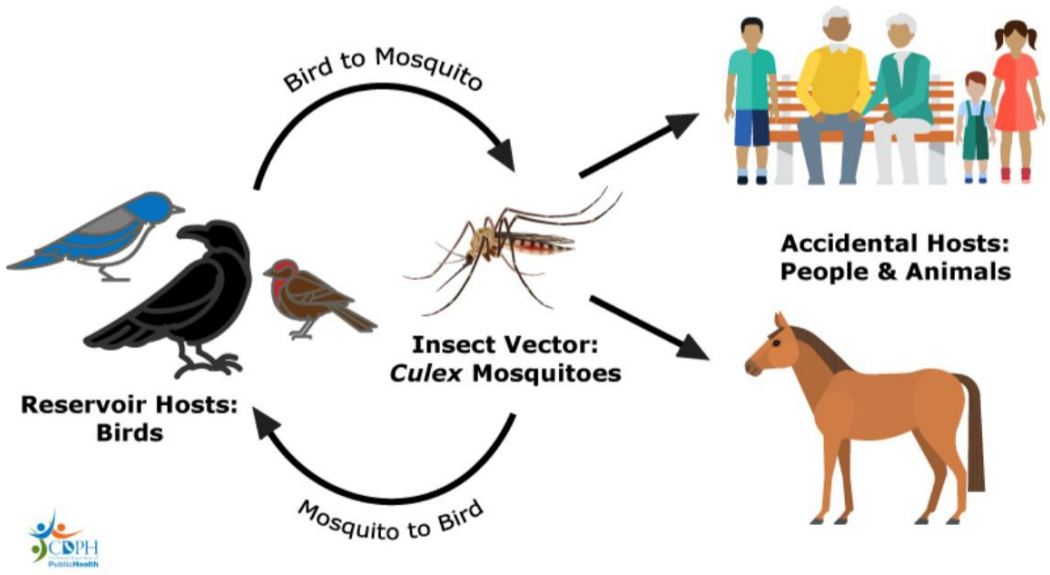


Figure 33. West Nile Virus Transmission Cycle, sourced from Mosquito and Vector Control District, https://www.msmosquito.org/west-nile-virus

According to the World Health Organization, vector-borne diseases account for more than 17% of all infectious diseases, causing more than 700,000 deaths annually (2024). Between 2001 and 2023, there were more than one million cases of vector-borne diseases being reported in the United States (CDC, 2024). Nonetheless, many cases are not reported - it is estimated that only 1 in 10 West Nile virus cases are reported, and the number of treated Lyme disease cases is possibly ten times higher than the number reported to CDC (2024). People who are at a higher risk of vector-borne diseases include those who spend more time outdoors such as children, outdoor workers, outdoor enthusiasts, dog owners, and older adults.

The state of New Jersey maintains a weekly Vector-Borne Surveillance Report to keep people informed during the vector-borne disease season (NJDOH, 2024). This report covers incident rates and activity on West Nile Virus, Dengue Virus, Lyme Disease, and even Eastern Equine Encephalitis (EEE) in horses. Through the NJ Department of Health website, more information can be found about the Fight the Bite Campaign along with tick and mosquito borne diseases. In 2024, U.S. federal entities developed The National Public Health Strategy to Prevent and Control of Vector-Borne Diseases in People (VBD National Strategy) to target the increasing number of vector-borne disease cases and its threat to public health. Their mission is to protect people from illness, suffering, and death due to vector-borne diseases. Some of their goals include understanding when, where, and how people are exposed to and get sick or die from vector-borne diseases. They would also like to disseminate and implement public health tools, programs, and collaborations to prevent, detect, diagnose, and respond to VBD threats (CDC, 2024). See Table 13 below for details on effective strategies.

In 2017, the World Health Assembly approved the Global Vector Control Response (GVCR) 2017–2030 which provides guidance to countries and development partners for urgently strengthening vector control to prevent disease and responding to outbreaks. The WHO aims to support countries to improve their reporting systems and capture the true burden of the disease. In addition to providing training (capacity building) on clinical management, diagnosis, and vector control with support from some of its collaborating centers (WHO, 2024).

Intervention Name	Strategy	Results	Source
New Jersey Vector-Borne Surveillance Report	Monitors incident rates and activity of vector-borne diseases like West Nile Virus, Lyme Disease, and Dengue Virus.	Keeps the public informed and helps track disease trends during vector-borne season.	NJDOH, 2024
Fight the Bite Campaign	Provides education on tick and mosquito-borne diseases and prevention methods.	Raises awareness and promotes protective measures to reduce disease transmission.	NJDOH, 2024
National Public Health Strategy for Vector-Borne Diseases	Develops tools, programs, and collaborations to prevent, detect, and respond to vector-borne disease threats.	Enhances public health response and reduces illness, suffering, and death.	CDC, 2024
Global Vector Control Response (GVCR) 2017-2030	Strengthens vector control, improves reporting, and provides clinical and diagnostic training.	Supports countries in reducing the burden of vector-borne diseases worldwide.	WHO, 2024

Table 13. Evidence Based Interventions for vector borne illness prevention and control.

Figure 34. Seven Practical Precautions to Avoid Tick Bites, sourced from Beaumont Health System, https://www.beaumont.org/health- wellness/blogs/7-tips-to-tackle-ticks

Health Education

Encouraging people to take necessary precautions in preventing vector borne disease is critical for prevention. When going to a park or other outdoor locations, use 20%+ DEET, picaridin, or IR3535 repellent on exposed skin. Wear long sleeves, pants, and light-colored clothing to spot ticks. Check for ticks after outdoor activities, focusing on hidden areas. Remove attached ticks for diagnosis if symptoms appear. Stick to trail centers and clear standing water to reduce mosquitoes. Before traveling to tropical areas, consult a doctor 4–6 weeks ahead for vaccines and health advice. Pack repellent and mosquito nets.

Conclusion

Vector-borne diseases are rising globally. New Jersey saw fewer Lyme cases but more Dengue in 2024 which can be prevented (Figure 34). Many cases go unreported. The CDC and WHO aim to reduce these diseases through initiatives like the VBD National Strategy and GVCR 2017–2030.

Sources:
CDC: https://www.cdc.gov/vector-borne-diseases/about/index.html
NJDOH: https://www.nj.gov/health/cd/statistics/arboviral-stats/
UC Davis Health: https://health.ucdavis.edu/conditions/infectious-diseases/vector-borne-diseases
WHO: https://www.who.int/news-room/fact-sheets/detail/vector-borne-diseases

Maternal and Child Health

The NJ SHAD report shows that maternal and child outcomes in Morris County are better or similar to other counties and the US as shown below in Table 14:

Indicator	Morris County	New Jersey	Compared to New Jersey	United States	Compared to United States
Births to Teen Mothers *(Live Births per 1,000 Females, 2018-2022)*	0.9	3.6	Measure missing confidence interval	6.3	Measure missing confidence interval
First Trimester Prenatal Care *(Percentage of Live Births, 2020-2022)*	82.1% *(81.4% - 82.7%)*	74.2%	Better	76.0%	Better
Preterm Births *(Percentage of Live Births, 2022)*	7.2% *(6.5% - 7.9%)*	9.3%	Better	10.4%	Better
Low Birth Weight *(Percentage of Live Births, 2022)*	5.5% *(4.9% - 6.1%)*	7.8%	Better	8.6%	Better
Cesarean Deliveries among Low Risk Women *(Percentage of Live Births, 2018-2022)*	26.8% *(25.9% - 27.8%)*	26.6%	Similar		No comparison value
Infant Mortality *(Deaths per 1,000 Live Births, 2017-2021)*	2.8 *(2.2 - 3.5)*	4.0	Better	5.6	Better
Fetal Mortality *(Fetal Deaths per 1,000 Live Births Plus Fetal Deaths, 2018-2021)*	5.6 *(4.5 - 6.6)*	6.6	Similar	5.8	Similar

Table 14. Morris County Community Health Profile - Birth and Infant Health Key Indicators:

- Better is when the community's rate is better than New Jersey's rate and the difference is statistically significant (community confidence interval does not include comparison value).
- Similar is when the community's rate is not statistically different from New Jersey's rate (community confidence interval includes comparison value).

Source: NJSHAD https://www-doh.nj.gov/doh-shad/community/indicators/Births/GeoCnty

Because of the strength of these indicators, the community needs assessment survey didn't include direct questions for Maternal and Child Health. However, after reviewing the latest available New Jersey Maternal Mortality Report 2016-2018, the Northern region had the highest number of total live births, and among the pregnancy related deaths, 47.7% of women lived in the Northern region (Table 15).

	All live births (2016-2018)	All pregnancy-associated deaths		Pregnancy-related deaths		Pregnancy-associated, but not related deaths	
	Count (%)	Count (%)	MR	Count (%)	MR	Count (%)	MR
All	304,803 (100.0)	125 (100.0)	41.0	44 (100.0)	14.4	74 (100.0)	24.3
North	150,543 (49.4)	55 (44.0)	36.5	21 (47.7)	14.0	29 (39.2)	19.3
Central	95,761 (31.4)	24 (19.2)	25.1	7 (15.9)	7.3	15 (20.3)	15.7
South	58,499 (19.2)	46 (36.8)	78.6	16 (36.4)	27.4	30 (40.5)	51.3

Note: 7 deaths were unable to determine pregnancy-relatedness. MR = mortality ratio

Table 15. Pregnancy-associated deaths by region of last residence at the time of death, New Jersey, 2016-2018
Source:https://www.nj.gov/health/fhs/maternalchild/documents/New%20Jersey%20Maternal%20Mortality%20Report%202016-2018.pdf

Many of the pregnancy-related deaths could be prevented. Morris County could play an important role in improving maternal and child outcomes. Because of this, the TCNJ assessment team added four (4) questions related to maternal and child health to the moderator guides for focus groups and Key Informant Interviews as below:

Questions:
1. What are key child and maternal health issues that your local health department has identified as priorities for improvement?
2. In what ways does your local health department ensure families are maintaining the childhood immunization schedule? What are patterns that you have noticed about apprehensions regarding vaccinations? Which areas/populations had high concentrations of these patterns?
3. What are some common obstacles that you have observed within your line of work in regard to reducing instances of teen pregnancy? How can we better engage and equip stakeholders with the resources necessary to do so?
4. How is your local health department working to address healthy births for mothers and babies? In what ways have these efforts been effective and in what ways can they be improved?

While some groups/interviews did answer the questions with valuable information, the sampling scheme did not include a focus on parents, or new mothers/fathers or service providers for parents. Hence, while these themes were analyzed, the needs of new families may go beyond these results and interpreted should be with caution.

"The maternal child health consortiums, they really do a lot of work in that, and we do partner with them, you know… your… you know… Any of their programs that they have, we promote, you know, when they have literature that comes out, you know, or do health education documents, we always disseminate."

"In school, [when] a public health nurse goes out, and she audits the schools for vaccine compliance and to make sure the kids have the proper vaccines."

"Claim a religious exemption on them and all this is leading to the current problem that we have probably with measles."

"I mean, in the private school, we have a more diverse group of students, more colors, more languages and getting awareness out for that is like, I think would improve quite a bit, especially for the kids, because for them, everything is the same, right? You don't build racial gaps when you're a kid."

"Oh, but as far as like mental health care and for moms in particular, I'm also a parent, I've noticed one thing that Town CC does that is really good is they have a program called [program] which is before and after school care, and it's $360 a month, which, in my view, is affordable for most people and accessible for most people. But it does not mean that my next-door neighbor [nearby towns] has that same accessibility."

After all transcripts were coded, the analysis revealed four predominant themes in Morris County: stakeholder engagement, health education resources, access to care and children development. From these themes, stakeholders, including local hospitals and maternal-child health consortiums, were actively involved in initiatives to improve maternal and child outcomes. Health education emerged as the main strategy to promote informed decisions regarding sexual health, prenatal care, and vaccinations. Accessibility emerged as a common concern, with some resources being inaccessible due to transportation barriers and appointment availability.

However, there are fewer Maternal Health Hospitals in Morris County (only three perinatal centers) compared with other NJ counties (most of them have five). (https://www.nj.gov/health/maternal/morbidity/mhh_reportcard/)

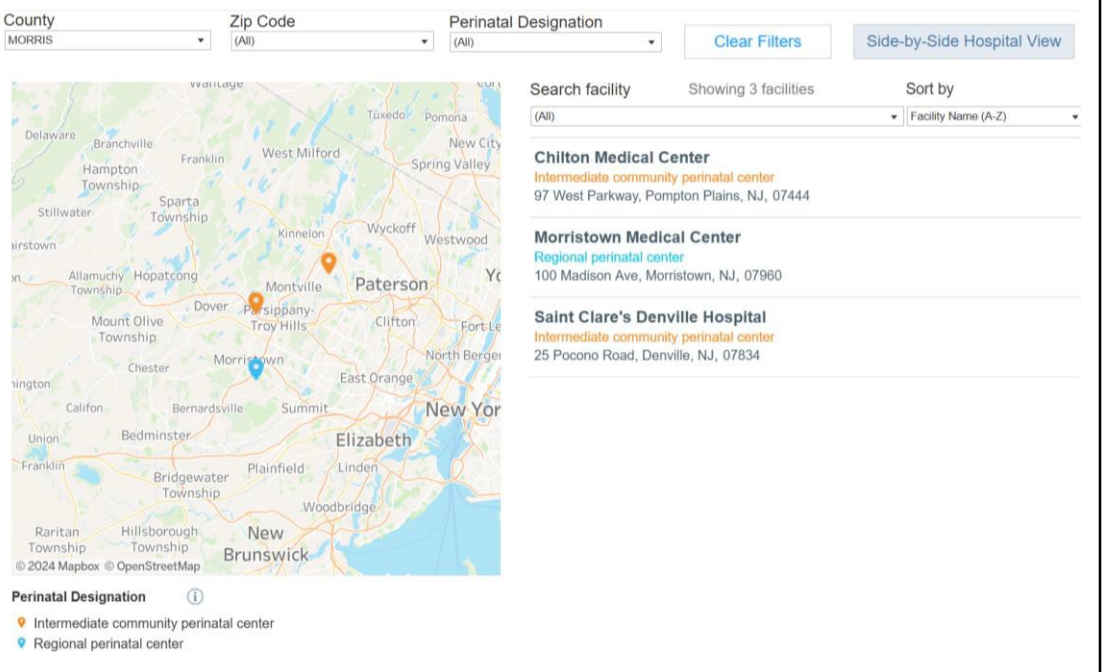


Figure 35. Maternal health hospital report card, 2018-2022

The latest CDC data shows 1 in 5 women impacted by maternal Mental Health Disorders (PMHDs), the statistic for the women of color is 1 in 3. And 1 in 10 partners are impacted by PMHDs as well. Moreover, 75% of women experiencing PMHDs do not get the care they need for recovery. Even though the suicide rate was not large for the maternal mortality; addressing PMHDs is important as it affects broad maternal health outcomes including maternal-child

attachment and maternal and child wellbeing. PMHDs especially contribute to complications linked to chronic diseases, poor health behaviors, as well as delays in care seeking. PMHDs could have a profound effect on maternal mobility and mortality. So, early identification and providing care to new parents can change these outcomes, identifying and satisfying needs for the betterment of the next generation's health.

Currently the Morris County Mental Health Association and the Partnership for Maternal & Child Health of Northern New Jersey provide counseling and support group programs that may help address Postpartum Depression for new mothers and their families. The Morristown Medical Center and Chilton Medical Center as well as the other hospital centers also provide a wide range of services for new families (see Figure 35).

For examples, the **Atlantic Health** systems services can be found here: https://ahs.atlantichealth.org/conditions-treatments/maternity.html and here: https://ahs.atlantichealth.org/conditions-treatments/childrens-health.html

Zufall Health: https://www.zufallhealth.org/services/community-programs/maternal-recovery-support-services/

Saint Clare's Katena Center For Mothers: https://saintclares.com/services/maternity/our-facility/

First Choice Women's Resource Center: https://1stchoice.org/make-an-appointment/morristown/

Our Birthing Center: https://www.ourbirthingcenter.com/

Mental Health

"Mental health is, by far, the top [contributor to a high quality of life]"
– Morris County Resident focus group participant.

From a subsample of respondents above is the analysis outcome of their top health concerns, with the bigger fonts meaning it was mentioned more times.

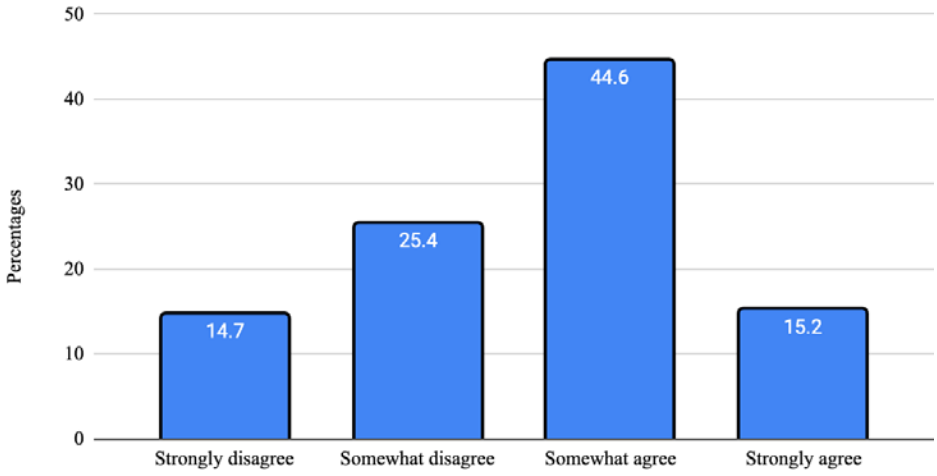


Figure 36. "People in my community have good access to mental health services and care."

Morris County residents recognize mental health as a top concern with 582 respondents reporting a concern with the status of mental health in their community. This ranks significantly higher compared to other concerns such as cancer (identified by 300 respondents), diabetes (identified by 203 respondents), and drug abuse (identified by 109 respondents). Additionally, 19.3% of respondents reported living with a physical and/or mental challenge.

Unfortunately, 40.1% of respondents reported that people do not have access to quality mental health services and care in the county (Figure 36). One survey respondent noted that, "*it's hard to find a mental health therapist or anything like that, because there's so many people that are looking for them that a lot of them aren't even taking new patients*." Another participant reported: "*[It is] hard to find mental healthcare at reasonable hours [because everything is] all booked*."

Over 25% of respondents who received mental health services reported that they do not find the office staff and providers are sensitive to their culture and backgrounds (Figure 37). This should be recognized along with the racial/ethnic distribution of data within this survey, as 17.7% of participants identified as Hispanic, 0.5% identified as Alaskan Native/Native American, 4.4% identified as Asian/Pacific Islander, and about 2% identified as Black/African American. The majority of survey respondents identified as white (76.2%).

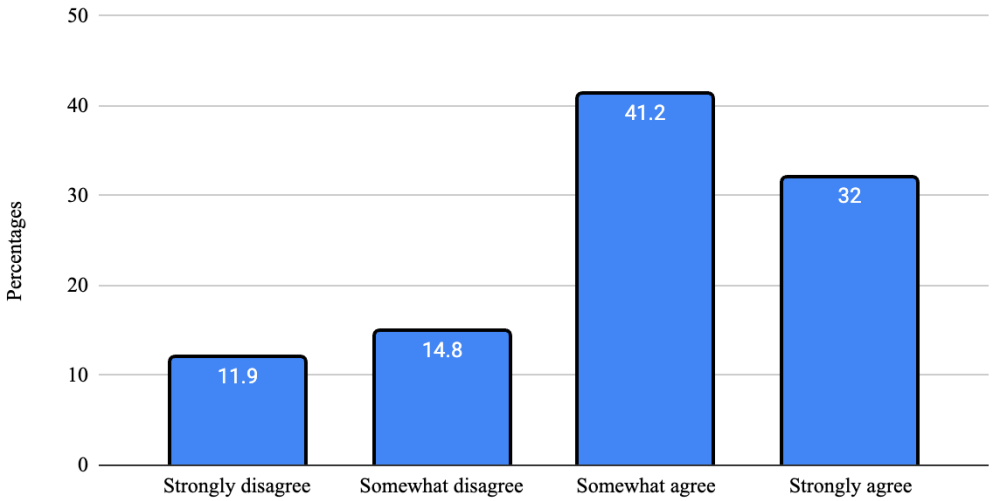


Figure 37. "When I go for mental healthcare services, the office staff and providers are sensitive to my culture and background."

Morris County provides several resources for those seeking information and care regarding mental health. Specific organizations that provide mental health support include:

- Cornerstone Family Programs, 1-(800) 984-1414
- Newbridge Services Incorporated, 1-(973) 316-9333
- Hope House, 1-(973) 361-5555
- Family Intervention Services, 1-(973) 324-7879
- Mental Health Association of Morris County, 1-(973) 334-3496

Evidence Based Interventions

The Community Preventive Services Task Force (CPSTF) recognizes several community-based interventions that prove effective in reducing the negative outcomes associated with mental health. These interventions include the following Table 16:

Intervention Name	Strategy	Results	Source
Multi-Tiered Trauma-Informed School Programs to Improve Mental Health Among Youth	Enhance student coping skills based on exposure to traumatic events and expressed need for mental health support.	Sustained support for families that participated in the program. The program was sustainable financially.	CPSTF Finding – Mental Health: Multi-Tiered Trauma-Informed School Programs to Improve Mental Health Among Youth
Collaborative Care for the Management of Depressive Disorders	Increase access to depression screenings, and enhance clinical support for patients	Increased job retention and productivity rates for patients that participated in the study.	Improving Mental Health and Addressing Mental Illness: Collaborative Care for

	experiencing depression.	Additionally, more patients adhered to treatment for health-related	the Management of Depressive Disorders
Universal School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms	Depression and anxiety support is given to all students regardless of mental health history, current symptoms, and behaviors.	Reduced stigma around receiving mental health support within the student body, but the lack of prescreening may cause some students to be triggered with discussion of more serious topics.	TFFRS – Mental Health: Universal School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms

Table 16 CDC Community Guide to evidence based mental health interventions

Substance Use

A 2024 report by US News noted that the tobacco smoking rate in Morris County is 10.5% (US News, 2024). This statistic is not reflected within survey responses, suggesting the topic was under-reported in the survey.

Figure 38 shows data from the survey indicating 5.1% of respondents used tobacco in cigarettes or vaping, 5.1% alcohol/binge drinking, 7.4% marijuana and 0.2% illegal drugs. Of participants' concerns for the community they live in, only 0.9% answered that smoking/vaping is of concern, 0.4% identified alcohol, and 0.7% of participants answered that illegal drug use is a concern in their area. These percentages are surprisingly low.

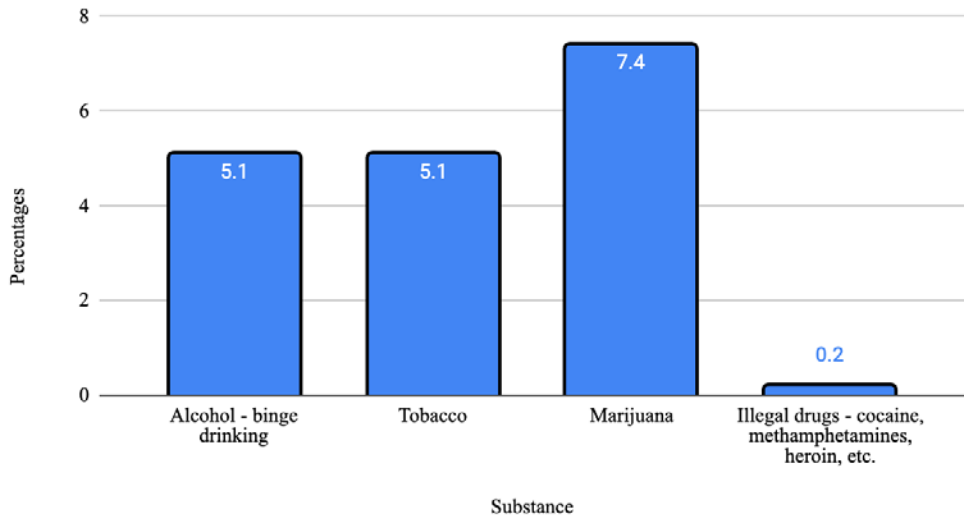


Figure 38. Rates of substance use as reported in the community health survey.

However, one survey respondent noted that there is a problem with "*tobacco/weed vaping, cocktail of drug use including heavy mushrooms, abuse of ADHD prescriptions, and steroid use*". A focus group respondent said that one town in Morris County *"is a big alcohol town. It's probably second only to [other NJ town], and these kids have nothing else to do."*

Community members suggest that to address the issues of drug use, disciplinary actions should be enforced. To accomplish this specifically, authorities must "*get the drugs out of [the] communities, including tobacco, vapes, alcohol and marijuana*" (survey respondent). Another said, "*crack down on alcohol abuse by fulfilling punishment, [and] not sweeping issues under the rug*" (survey respondent).

Some respondents do notice efforts to address drug use. One focus group participant noted that local authorities *"were passing out Narcan and … encouraging people to take it and have it in [their] house."*

Organizations that work to reduce and eliminate substance use within the county include:

- Morris County Prevention is Key, (973) 625-1998
- Center for Addiction, Recovery, Education, and Success, (973) 625-1143
- Hope One, 973-590-0300
- Police Assisted Addiction and Recovery Initiative, paari@co.morris.nj.us
- Prescription Drug Drop Box Program, 973-285-6600

Evidence Based Interventions

The Community Preventive Services Task Force (CPSTF) recognizes several community-based interventions that prove effective in reducing the negative outcomes associated with substance use. These interventions include the following Table 17:

Intervention Name	Strategy	Results	Source
Tobacco Use: Mobile Phone Text Messaging Cessation Interventions	Send motivation text messages to individuals that use tobacco/are interested in quitting tobacco.	Mobile messaging was effective when it was used along other cessation strategies.	TFFRS – Tobacco Use: Mobile Phone Text Messaging Cessation Interventions
Substance Use: Community Interventions involving Coalitions or Partnerships to Prevent Substance Use among Youth	Create groups throughout various levels of society to promote good habits. Groups at various levels include community coalitions and community partnerships.	Efficient in reducing substance abuse among young, shown through a decrease in sales.	CPSTF Finding – Substance Use: Community Interventions involving Coalitions or Partnerships to Prevent Substance Use among Youth
Motor Vehicle Injury Alcohol-Impaired Driving: Publicized Sobriety Checkpoint Programs	Make the public aware of police measures taken in disciplining and identifying driving under the influence. Continue to enforce testing and discipline for driving under the influence.	Police officers were able to identify violations that would have been otherwise missed through random testing.	Reducing Alcohol-impaired Driving: Publicized Sobriety Checkpoint Programs

SOURCE: The Community Guide (CDC) - thecommunityguide.org

Safety and Violence

"Morris County is a very safe county, so maybe not as exposed to as many different issues as other counties."
-- focus group participant

According to the 2024 US. News ranking of Safest Communities in America, (Safest Counties in America), Morris County ranked 23rd in the nation. With an overall Public Safety Score of 83 reflects a low violent crime rate (63.5/100,000) roughly a fourth of the national average, a property crime rate of 872.3/100,000 less than half of the US rate, an accidental death rate of 37/100,000 less than half of the US rate, and a vehicle crash fatality rate of 4/100,000 almost an eighth of the national rate and $421 per capita spending on health and emergency services among other metrics.

From the annual report from JBWS, a non-profit organization that provides safety, support, and solutions for abuse for anyone who lives or works in primarily Morris County, NJ and faces the issues of intimate partner abuse, in 2022, 470 adults and children received comprehensive services from multiple agencies within the Center, a statistic that has significantly increased in 2023. In just the first nine months of 2024, 747 individuals required the same level of assistance. In 2022, JBWS answered 4,532 helpline calls. Financial stressors across the nation play into this, as well as mental health issues. The isolation victims experience continues to hide the issue such that cases are often underreported. And it's hidden in that abusers and victims aren't always obvious. Domestic violence can happen to anyone, and it ruins lives for all families involved.

While statistics for Morris County were unavailable for sexual assault, many resources are available: https://ahs.atlantichealth.org/conditions-treatments/behavioral-health/sexual-assault-program.html

Similarly, while child abuse and neglect statistics are only available statewide (https://njchilddata.rutgers.edu/portal/child-abuse-neglect), the rates have been increasing over the last three years. Data was unavailable for Morris County.

Below are the rates of intentional and unintentional injury from the NJ SHAD database (Figure 39):

Indicator	Morris County	New Jersey	Compared to New Jersey	United States	Compared to United States
Deaths due to Unintentional Injury *(Age-adjusted Rate per 100,000 Population, 2020)*	35.0 *(29.8 - 40.2)*	50.5	Better	57.6	Better
Deaths due to Unintentional Poisoning *(Age-adjusted Rate per 100,000 Population, 2020)*	20.6 *(16.4 - 24.8)*	32.1	Better	26.9	Better
Deaths due to Motor Vehicle-Related Injuries *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	4.1 *(3.1 - 5.2)*	6.5	Better	11.9	Better
Seatbelt Usage (Self-Reported) *(Percentage of persons, 2017-2020)*	93.5% *(91.1% - 95.2%)*	90.5%	Better		No comparison value
Deaths due to Firearm-related Injury *(Age-adjusted Rate per 100,000 Population, 2016-2020)*	2.1 *(1.5 - 2.6)*	5.0	Better	12.2	Better
Homicide *(Age-adjusted Rate per 100,000 Population, 2016-2020)*	undefined	4.1	Measure missing confidence interval	6.4	Measure missing confidence interval
Suicide *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	6.9 *(5.6 - 8.2)*	7.8	Similar	13.9	Better

- Better is when the community's rate is better than New Jersey's rate and the difference is statistically significant (community confidence interval does not include comparison value).
- Similar is when the community's rate is not statistically different from New Jersey's rate (community confidence interval includes comparison value).
- Worse is when the community's rate is worse than New Jersey's rate and the difference is statistically significant (community confidence interval does not include comparison value).

Figure 39. Rates of intentional and unintentional injury from the NJ SHAD database.

Following is a list of the causes of unintentional injury in New Jersey Figure 40

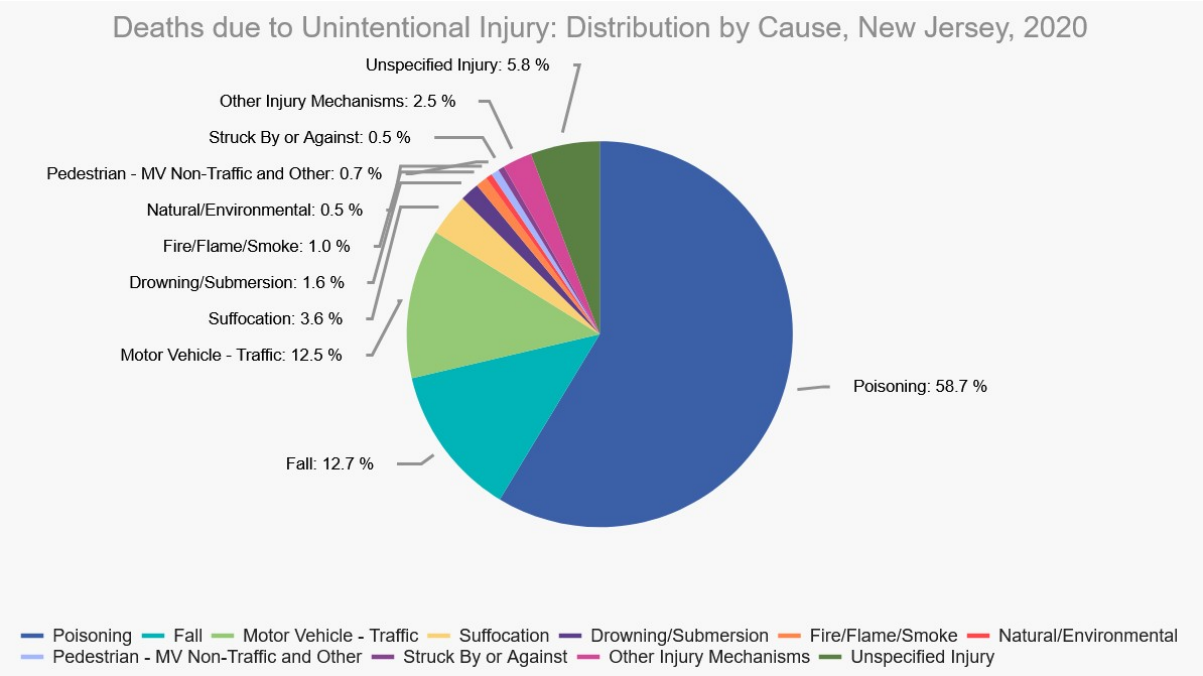


FIGURE 40 Deaths due to unintentional injury in New Jersey, NJSHAD 2020

Violence Prevention

Intervention	CPSTF Finding
Early Childhood Home Visitation to Prevent Child Maltreatment	Recommended (strong evidence) February 2002
Group Cognitive-Behavioral Therapy to Reduce Psychological Harm for Traumatic Events Among Children and Adolescents	Recommended (strong evidence) June 2006
Individual Cognitive-Behavioral Therapy to Reduce Psychological Harm for Traumatic Events Among Children and Adolescents	Recommended (strong evidence) June 2006
Primary Prevention Interventions to Reduce Perpetration of Intimate Partner Violence and Sexual Violence Among Youth	Recommended (sufficient evidence) April 2018
Policies Facilitating the Transfer of Juveniles to Adult Justice Systems	Recommended Against April 2003
School-based Anti-bullying Interventions	Recommended (strong evidence) December 2021
School-based Programs to Reduce Violence	Recommended (strong evidence) June 2005
Therapeutic Foster Care for Chronically Delinquent Juveniles	Recommended (sufficient evidence) June 2002

Table 18 CDC, Community Guide to Preventive Services, evidence-based interventions to address violence

Special Focus Populations

Aging Populations

Of those over 65, 28.2% reported having a physical or mental challenge (vs. 13.9% of younger adults). Yet 54.2% reported being healthy or very healthy. Interestingly, of those over age 65, only about half (50.1%) reported that they had Medicare but 29.9% said it was somewhat or very difficult to pay for healthcare costs (including co-pays). 13% said it was somewhat or very difficult to find a doctor that took their insurance with 24.7% saying the same for dental work. 9.7% of seniors reported difficulty with transportation getting to medical appointments. 90.8% reported having a doctor and staff that were sensitive to their culture and background, yet 25.1% said they traveled far or paid more for culturally sensitive care.

Only 15.9% of older adults disagreed or strongly disagreed that they could get a primary care provide appointment in a timely manner and 27.5% for specialized care. However, in focus groups, seniors talked about facing significant challenges in accessing primary care services in a timely manner. Many respondents talked about delays in scheduling appointments, often citing limited provider availability and inefficiencies within the healthcare system as the primary causes. Such delays, especially for specialty care, can lead to worsening chronic conditions and missed opportunities for preventive care. Ensuring timely access to primary care is crucial, as this age group often requires regular medical attention to manage multiple health conditions and maintain overall well-being. Addressing systemic inefficiencies and increasing the availability of healthcare providers can help mitigate these challenges.

Only 9.3% reported visiting Senior Centers, 3.9% went to parks or recreation centers, and 3% went to community events. 0.6% said they used a food pantry or soup kitchen and 0.7% said they used public transportation. This may be an indication of isolation as 41.2% of elders said they lived alone. More outreach and activities for these seniors may be needed.

One focus group participant noted that there are not "*any real systems in place in Morris County to help seniors really get around easily to various Doctor groups and appointments*." Another noted that it is important to examine the reality of receiving healthcare in 2024, disparagingly affecting the aging population. Specifically, "*managed care has created more of …a web of specialties and we just can't go to our primary care physician just to get that one answer for whatever we're dealing with … (I)t can put in so many layers and factors … you almost feel hopeless because you don't know where to turn*."

Survey data revealed that the majority of respondents aged 65 and older identify as white (76.2%), while smaller proportions identify as Hispanic/Latino (17.7%), Black/African American (2%), and Asian (4.4%) (Figure 41).

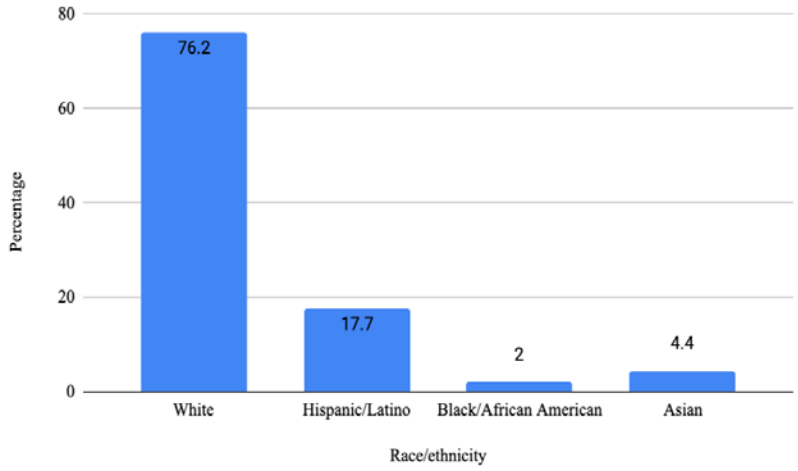


Figure 41. Race and ethnicity of survey respondents age 65+

This demographic breakdown highlights the importance of culturally competent care that respects and responds to the diverse needs of these groups. For minority populations, cultural and linguistic barriers may impede access to healthcare, and historical disparities in treatment can contribute to distrust in the healthcare system. Tailoring care to the unique cultural backgrounds of patients can enhance trust, improve communication, and ultimately lead to better health outcomes for diverse older adults.

Community-based programs, such as senior centers and health clinics, play a pivotal role in mitigating the isolation often experienced by older adults while providing essential resources to support their health and well-being. These programs offer services such as social activities, nutritional support, transportation, and healthcare outreach, which are critical for fostering social connections and addressing the unique needs of aging populations. Expanding the reach and capacity of community engagement services is key to ensuring that all older adults, regardless of their location or socioeconomic status, have the support they need to thrive.

Evidence Based Interventions

The Community Preventive Services Task Force (CPSTF) recognizes several community-based interventions that prove effective in improving the health and well-being of the aging population

Intervention Name	Strategy	Results	Source
Chronic Disease Self-Management Programs	Empower seniors to manage their health through education and support groups.	Improved quality of life and reduced healthcare utilization among participants.	Community Preventive Services Task Force
Mobile Health Clinics for Seniors	Provide preventive and chronic care services directly within communities.	Increased access to care and reduced disparities for underserved older adults.	CPSTF – Mobile Health Clinics for Seniors

Multidisciplinary Geriatric Care Teams	Collaborative care models involving physicians, social workers, and mental health providers.	Improved management of chronic diseases and mental health outcomes among older populations.	CPSTF – Multidisciplinary Geriatric Teams
Subsidized Transportation Programs for Seniors	Offer affordable or free transport to medical appointments and community centers.	Reduced missed appointments and increased participation in social and health-related programs.	CPSTF – Geriatric Transportation Teams

Table 19 CDC: Community Preventive Services Task Force community-based interventions for senior citizens

New Immigrants, Refugees, and other Migrants

New Jersey has one of the highest immigrant populations in the U.S., with over 2.18 million foreign-born residents, comprising about 23.5% of the state's population. That is a 47.7% increase in immigrant population for the state between 2000 and 2022. Immigrants come from diverse origins, the majority coming from Latin America (48% of N.J. immigrants) and Asia (32%), and they contribute significantly to the economy, making up nearly 29% of the workforce. Key industries with notable immigrant representation include healthcare, retail, and technology. Immigrant-owned businesses also play a vital role, operating 45% of small businesses and generating $194 billion annually in economic output. Immigrant communities' economic contributions and growing role in filling in the gaps for healthcare needs for the state's aging population underscore the importance of their inclusion in public health planning.

Immigrants in New Jersey face distinct health challenges primarily stemming from barriers to healthcare access related to limited English proficiency, legal status, and financial limitations. While a significant portion (58%) of New Jersey's immigrant population are naturalized citizens, the state has implemented specific Medicaid options for lawfully present-eligible pregnant individuals and children within their first five years in the country, a provision not universally available across all states, aiming to mitigate some of these obstacles. Furthermore, New Jersey stands as one of twelve states, along with the District of Columbia, which offers state-funded health insurance coverage for children irrespective of their immigration status. Nevertheless, despite these commendable efforts, many immigrants continue to experience difficulties in accessing necessary healthcare services, which unfortunately contributes to higher rates of untreated chronic conditions and delays in seeking timely medical care.

In 2023, 19.3% of the population in Morris County were immigrants. About 25.6% of the population spoke a language other than English at home, which is lower than the rate in N.J. (33%) but higher than the rate in the U.S. overall (22.5%). Among adults 18 and over in Morris County, 12% speak Spanish at home, 9% speak an Indo-European language, and 5% speak an Asian/Islander language.

Limited English proficient (LEP) speakers are at higher risk for poor healthcare outcomes and require access to culturally and linguistically appropriate outreach and services. Promoting cultural competency and training on language access regulations among healthcare and social service providers in the county can help them to better understand and meet the needs of the county's immigrant communities. In Morris County, about 5,000 households are LEP Spanish speakers, 1,275 households are LEP Indo European language speakers, and 1,240 households are LEP Chinese speakers. Only 37.3% of the foreign-born population in Morris County are non-

citizens, and 5.8% of the county population who speak a language other than English at home are below the poverty level.

Another key effort to improve health outcomes would be to create effective messaging in appropriate languages with information about which services immigrants, including undocumented immigrants, can access. In the Morris County Health Officer interviews, they stressed the importance of being visible in the community as a way to build trust as well as hiring staff members who are from or connected to the immigrant community. It is also important to offer services without asking for personal information (like legal status), and building partnerships with local organizations like churches and businesses that serve the immigrant community in order to extend outreach efforts.

Spanish

"*El idioma puede ser un impedimento"* (language can be a barrier) - Spanish speaking survey respondent.

The significant participation of Spanish speakers in the community health survey is evident in the 206 surveys completed in Spanish, highlighting a strong interest in community-level engagement within this linguistic group. Furthermore, nearly ten percent (7.14%) of respondents in Morris County indicated comfort in speaking Spanish, representing the highest percentage of non-English language proficiency reported within the county.

Best practices for improving Immigrant, Refugee and other Migrant Health as recommended by the CDC

1. Medical and Dental Screenings and Treatment especially for TB, STIs, and hepatitis
2. Vaccinating for home country and US diseases
3. Presumptive treatment for common home country parasites
4. Screening for mental health concerns, especially PTSD when coming from war torn or disaster areas.

(CDC: https://wwwnc.cdc.gov/travel/yellowbook/2024/posttravel-evaluation/newly-arrived-immigrants-refugees-and- other-migrants).

Low Resourced Population

The low resourced populations are individuals experiencing limited access to healthcare, food, education, housing, and economic stability as well as other key areas of general wellbeing.

"It's tough. The prices, everything's going up. Price of food, it's like, how do you make it? You know, some people don't have the resources available." - Focus Group participants experiencing homelessness.

"I actually became homeless during COVID, and there was no protection for the unhoused community at all," - Focus Group participant.

While the majority of survey respondents make over $125,000 a year (41.3%), it is important to recognize the significant portion of individuals that make less than that amount. 22.3% of the survey respondents bring home an annual income of less than $44,999 a year and 5.6% make less than $15,000, not considering family and household size (Figure 42).

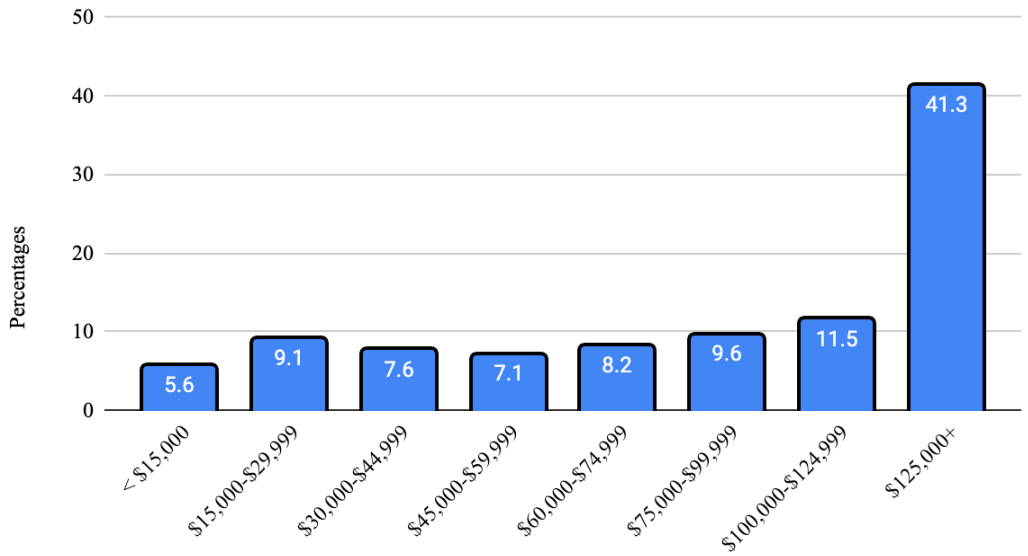


Figure 42. Reported income of survey respondents.

The homeless and housing insecure population is growing in Morris County. Morris County has seen one of the sharpest increases in homelessness, with a 45.9% rise from 466 individuals in 2023 to 680 in 2024 (Parsippany Focus, 2024). This follows a 32.8% increase from 2022 to 2023, when the number rose from 351 to 466. With increases in the cost of housing and food, a record number of calls were made to helplines and community agencies. Housing for low-income residents is at a premium with many long wait lists. In addition, many food kitchens and pantries report feeding 700-800 people each day in many cities. Our GIS analysis of food service organizations revealed some geographic areas where there were no services.

In 2022, Morris County's food insecurity rate stood at 7.8%, lower than the state average of 10.7% and the national average of 13.5%. However, this marks an increase from 5.6% in 2017, highlighting a growing concern. Food insecurity disproportionately affects certain racial and ethnic groups in the county, with rates highest among Black (16%) and Latino (17%) populations, compared to 5% among White residents. Since 2019, food insecurity has worsened across all racial groups, emphasizing the need for targeted interventions.

Morris County currently provides around fifty meal services and food pantries, primarily concentrated in densely populated areas, leaving some communities with limited access to essential resources.

Focus group participants experiencing homelessness and housing insecurity noted the following as major concerns:

- *"When it comes to housing in Morris County, it's very difficult rent wise, because the fair market is just ridiculous and that could have an impact on people's health"* (FG participant).
- *"When you become dual eligible, when you get Medicare and Medicaid, those benefits say, 'yeah, we have dental, we have vision exams. You don't get free glasses, but first you go for an eye exam. You're responsible for that. So that's two-fold"* (FG participant).
- *"I think a definitive word is advocate, specific, advocate for specific work. Now I know that's a larger you know, asthma, OCD, I understand that, but if you have the individual handle these advocacies that could advocate for, say, five fields"* (FG participant).
- *"You're getting underpaid, doing double the hours, and you don't have time left over, and you're still not able to get what you've done"* (FG participant).

Despite existing lapses in care, resources and effort are being put into addressing the needs of the low resourced population. The organizations that exist to assist these communities include:

- Office of Temporary Assistance: Homeless Services, 973-829-8264
- Homeless Solutions, (973) 993-0900 ext. 210
- Family Promise of Morris County, (973) 998-0820
- Hope House, (973) 361-5555
- Nourish NJ, (973) 267-0709

Best practices in decreasing homelessness and increasing housing security.

The National Association of Counties (https://www.naco.org/articles/10-strategies-end-chronic-homelessness) suggests 10 strategies to decrease homelessness:

1. Start at the top: Get state and local leaders to publicly commit to and coordinate efforts on ending chronic homelessness
2. Identify and be accountable to all people experiencing chronic homelessness, including people cycling through institutional settings
3. Ramp up outreach, in reach and engagement efforts
4. Implement a housing first system orientation and response
5. Set and hold partners accountable to ambitious short-term housing placement goals
6. Prioritize people experiencing chronic homelessness in existing supportive housing
7. Project the need for additional supportive housing and reallocate funding to take it to the scale needed
8. Engage and support public housing agencies (PHA) and multifamily affordable housing operators to increase supporting housing through limited preferences and project-based vouchers
9. Leverage Medicaid and behavioral health funding to pay for services in supportive housing
10. Help people increase their income through employment opportunities and connections to mainstream benefits and income supports

The U.S. Interagency Council on Homelessness emphasizes prevention as the most effective approach to addressing homelessness (https://usich.gov/federal-strategic-plan/prevent-homelessness). Their strategic plan outlines several key strategies aimed at reducing housing instability for various at-risk populations.

These strategies include:

1. Enhancing access to sustainable employment, education, mainstream services, opportunities and resources to mitigate housing instability for households most vulnerable to homelessness.
2. Reducing housing instability for families, youth and single adults transitioning from or with prior involvement in publicly funded institutional systems;
3. Increasing access to affordable, accessible, and integrated home and community-based services and housing for older adults and individuals with disabilities, including those with mental health conditions and/or substance use disorders
4. Lessening housing instability for veterans and service members transitioning to civilian life
5. Addressing housing instability among youth and young adults
6. Reducing housing instability for survivors of human trafficking, sexual assault, stalking, and domestic violence encompassing family violence and intimate partner violence.

LGBTQ+ Populations

Lesbian, gay, bisexual, transgender, queer, and all gender and sexual identities.

Of the survey respondents, 24 reported that they do not identify as male or female. This shows there is an existence of an LGBTQ+ population in Morris County.

Some major concerns that arose throughout the LGBTQ+ focus groups include:

- *"Generally speaking, for LGBTQ healthcare, there's extreme lack of just non caring"* (FG participant)
- *Doctors and hospital staff "were constantly misgendering me. And I was like, I am here for mental health. I don't need to be misgendered while I'm here"* (FG participant)
- *"I can't afford the doctor. Primary care providers are not accessible to everybody. We need more, especially trans friendly ones"* (FG participant)
- *"It's a struggle to get a therapist"* (FG participant)

In terms of successes with achieving health equity for the LGBTQ+ population, one focus group participant noted that they *"feel very blessed coming [organization]*". Another participant noted that there is LGBTQ+ representation within the healthcare field. The participant "*went in for some testing, the person who was doing [their] information was a queer woman that was very friendly, very trans friendly*" (Focus group participant). To continue improving inclusivity "*Morris County could have more trans advocacy in the hospitals specifically*", as identified by a focus group participant.

Resources to assist the LGBTQ+ populations:

- EDGE NJ, (973) 285-0006
- Gay Activist Alliance in Morris County
- Garden State Equality's Affirming Healthcare, 973-509-5428
- North Jersey Community Research Initiative, 973-483-3444

Young People/College-Aged Kids: individuals aged 18-25.

3.6% of survey respondents reported they were aged 18-25 years old.

Survey respondents listed youth mental health as an area of top concern within their community. Additionally, youth substance abuse, and vaping were listed.

Youth social involvement was a prominent topic within community focus groups. Focus group participants noted that:

- *"If you're not 21…, how do you meet people? That in-person interaction is lacking"* (FG participant)
- *"Having [events] for young people, because even though they're in school, the actual community engagement, I think, is quite low and being really engaged with where they live and the people around them isn't that high."* (FG participant)
- *"Engagement and understanding could be beneficial" to younger populations* (FG participant)

Morris County works to enhance the health and wellbeing of the young adult population. Examples of local resources include:

- Community & Behavioral Health Services, 973-285-6868
- Employment & Training Services, (800) 870-3478
- County College of Morris, (973) 328-5000
- Morris County Library, (973) 285-6930

Best Practices for improving adolescent health resources include:

World Health Organization: https://www.who.int/news-room/spotlight/six-actions-to-improve-adolescent-health

Healthy People 2030: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents

American Academy of Pediatrics: https://www.aap.org/en/patient-care/adolescent-sexual-health/equitable- access-to-sexual-and-reproductive-health-care-for-all-youth/best-practices-for-adolescent-sexual-and- reproductive-health-care-in-clinical-settings/

The Center for Healthcare Strategies: https://www.chcs.org/resource/addressing-adolescent-health-care-and-well-being-through-financial-incentives/

Local Resources and Strengths

Food pantries & meal services

Morris County provides its residents with over 40 food pantries and meal services. Each municipality hosts a Nourish NJ site and the Morris County Nutrition Project for older adults. For a complete list of the food pantries and meal services that are accessible within Morris County visit Morris County Food Pantries and Meal Services. Table 20 shows examples of meal services for Dover, Morristown, and Parsippany.

Town	Name	Address	Phone Number
Dover	First Memorial Presbyterian	51 West Blackwell St.1st Floor	973-366-0216
Morristown	Nourish NJ	36 Sussex Ave	973-267-0709
Parsippany	Parsippany Christian Church	205 Vail Rd	973-335-6387

Table 20. Examples of meal services providers for Dover, Morristown and Parsippany

Hospitals & healthcare services

Morris County is home to several major hospitals and healthcare providers including Morristown Medical Center, St. Clare's Health System, Chilton Medical Center, and Atlantic Health System. Additionally, Zufall Health Care (FQHC) services offer free routine clinics for underserved populations and individuals that struggle to afford healthcare costs.

Other non-profit organizations within the county address specific areas of concern. A complete list of the healthcare resources available in Morris County can be found in the Morris County Services Directory. An overview of select organizations is provided in Table 21 below.

Name	Focus Area	Phone Number
Morris County Prevention is Key	Alcoholism and substance abuse	(973) 625-1998
Hope House	Mental Health	(973) 361-5555
Office of Aging, Disabilities and Community Programming	Medicaid Assistance	(800) 564-4656
American Cancer Society, Northwest NJ Region	Cancer Programs, Support, and Rehabilitation	(973) 331-9300
American Heart and Stroke Association	Cardiovascular Disease Morbidity	(609) 208-0020

Morris County residents recognize local strengths and resources:

- The mayor got *"a benefactor in the community (to donate) $1 million to enhance trails."*
- *"I think most towns have trails and trail committees."*
- There is *"so much to do in the arts and nature."*
- The county is *"very diverse… [a] good place to raise a family."*
- Morris County is *"...good at keep[ing] food safe…. With all our inspections, I think the public can be reassured that the risk of food borne and waterborne illness is minimal."*
- *"I am pretty satisfied living in Morris County and mountain lakes in particular, and I don't have a lot of complaints. I don't have a lot of drawbacks."*
- *"I think that we have an excellent health system in this area. We have access to Morristown hospital, and what always gets rated in the top hospitals in the area. Plus, we're 45 minutes from New York City, so when I was seriously ill, I could cross the river.*

39 Township Overviews

Link to towns: **https://www.morriscountynj.gov/Residents/Community-Information/Cities-and-Towns**

1 The Town of Boonton:

https://www.boonton.org/
Health Department: Pequannock Health Department
530 Newark Pompton Turnpike
Pompton Plains, NJ 07444
https://www.peqtwp.org/170/Health-Department
"Boonton is a vibrant community which is grounded in its historical past. A rich cultural background has been passed down the years from immigrants who came to Boonton to work in its iron industry. Boonton has been home to abolitionists, a stop on the Underground Railroad and home of the world famous Boontonware. Trolley cars, vaudeville theaters and hotels thrived on Main Street at the turn of the century. Now the home of high-tech companies, a wide range of restaurants and antique stores, the town has grown and diversified both in its industry and in its ethnic population."

2 Boonton Township:

https://www.boontontownship.com/
Health Department: Morris County Division of Public Health
634 W. Hanover Avenue
Morristown, NJ 07963
https://www.morriscountynj.gov/Departments/Public-Health
"Boonton Township is a pastoral community comprised of approximately 8 square miles nestled among the rolling hills and fields of the Rockaway Valley in north central Morris County. Boonton Township has managed to preserve much of its natural character and rural charm despite development pressure from neighboring municipalities, which today makes Boonton Township one of the more desirable communities in Morris County."

3 Borough of Butler:

https://www.butlerborough.com/
Health Department: Rockaway Township Health Department
65 Mount Hope Road
Rockaway, NJ 07866
https://www.rockawaytownship.org/160/Health
"On March 13, 1901, New Jersey's Legislature established the Borough of Butler, with its organizational meeting on April 1, 1901. Butler's government follows a Borough structure with a Mayor and a six-member Borough Council, elected at-large during the November general election. The mayor serves a four-year term, while council members serve staggered three-year terms, with two seats up for election annually. This "weak mayor/strong council" system means council members function as the legislative body, with the mayor voting only to break ties and holding the power to veto ordinances, which a two-thirds council vote can override. The mayor assigns committee roles and makes most appointments with council consent."

4 Chatham Borough:

https://www.chathamborough.org/
Health Department: Westfield Regional Health Department
425 E Broad Street
2nd Floor
Westfield, NJ 07090
https://www.westfieldnj.gov/health
"The character of Chatham Borough still reflects its early roots. The town grew as real estate developers purchased land and built homes for commuters in the early part of the 20th Century. Within the Borough's 2.4 square miles, there are residential areas reflecting the wide range of housing styles popular in America in the late-nineteenth and early twentieth centuries, a charming central business district on Main Street, small retail centers on the east and west ends of Main Street, several garden apartment complexes, and small industrial areas on the periphery of the town. As of the 2010 census, the population of Chatham Borough is 8962. (The population of neighboring Chatham Township is 10,452.)"

5 Chatham Township:

https://chathamtownship.org/
Health Department: Union Township Health Department
https://www.uniontownship.com/167/Health-Department
"The Great Swamp wilderness, together with its proximity to metropolitan New York, makes Chatham an attractive place to live." (https://chathamtownship.org/resources/history/)

6 Chester Borough:

https://www.chesterborough.org/
Health Department: Bernards Township Health Department
262 South Finley Avenue Basking Ridge, NJ 07920
https://www.bernardshealth.org/
"In the 1970s, Chester underwent an exciting evolution with the establishment of a major retail shopping area, which featured unique antique and collectible shops. Throughout the 1990s, this retail 'Antique Mecca' was expanded to offer residents and visitors an even greater selection of specialty merchandise. Today, you'll find over 80 shops in Historic Chester, selling everything from one-of-a-kind gifts, mouthwatering confections and stunning jewelry to trendy clothing and accessories. And let's not forget the town's vast selection of eateries that offer something to please every palate. Although Chester is in many ways a contemporary suburban town, its streets and storefronts still exude a quiet country 'hometown' charm that's reminiscent of the past. In fact, you might say Chester offers the "best of both worlds" – a rich and fascinating historical heritage combined with the comforts and innovations of the modern world!" (https://www.ilovechester.com/about)

7 Chester Township:

https://chestertownship.org/
Health Department:
Randolph Health Department
502 Millbrook Avenue
Randolph, NJ 07869

https://www.randolphnj.org/245/Health
"Chester Township is a peaceful wooded community in Morris County, New Jersey encompassing almost thirty square miles of land and water, much of which is preserved as Open Space, parkland, and agricultural land. Parks include many miles of wooded hiking trails, recreational fields, and a 120-plot community garden. Chester Township has excellent schools, including Dickerson Elementary, Bragg Elementary, Black River Middle School (a national 'School to Watch'), and two high schools in the West Morris Regional High School District (West Morris Mendham and West Morris Central). The Chester Science Fair is a renowned annual event at Black River Middle School. Chester hosts many events including concerts, sporting events, an annual 4H Fair, a Fireman's Carnival, Food Festivals, Craft Fairs and more." (https://www.chestertownship.org/index.php/about/community-links)

8 Denville:

https://www.denvillenj.gov/
Health Department: Morris County Division of Public Health
634 W. Hanover Avenue
Morristown, NJ 07963
https://www.morriscountynj.gov/Departments/Public-Health
(Township of Denville Open Space and Recreation Plan Page 53)
"Denville known as the 'Hub of Morris County', started as a small mining and farming community. Its location on the Morris Canal, the establishment of major railways, and beautiful scenery made it a tourist destination in the 18th and 19th centuries. Separating from Rockaway Township in 1913, Denville became a place for permanent residents with much of its tourist history preserved as historical sites."

9 Dover:

https://www.dover.nj.us/
Health Department: Dover Health Department
37 N. Sussex Street
Dover NJ, 07801
https://www.dover.nj.us/cn/webpage.cfm?tpid=2381
"Enhance and create a sense of place that encourages economic vitality and community activity through well-designed land development consistent with established neighborhoods and land use patterns, while preserving the community's suburban and urban landscapes. Dover is a unique community within Morris County with a pedestrian scale central downtown business district, parks, river and historic canal resources, railroads, industrial activity, a variety of housing types, and a high number of churches serving as neighborhood and regional centers, all of which make Dover a desirable place to live, work and play."

10 East Hanover:

https://www.easthanovertownship.com/

Health Department: East Hanover Health Department
411 Ridgedale Avenue
East Hanover, NJ 07936
https://www.easthanovertownship.com/Departments/health-department
"Incorporated in 1928, the Township of East Hanover covers an area of 8.2 square miles. It is 25 miles west of New York City and 15 miles west of the City of Newark. The Passaic River is on its Eastern border and the Whippany River is on its Western side. Largely developed, East Hanover

is proud of such major corporations as Novartis and Nabisco in addition to more than 2100 other business enterprises operating in industrial parks, contemporary office complexes and retail stores. East Hanover is in the 26th state legislative district."

11 Florham Park:

https://www.florhamparknj.gov/
Health Department: Pequannock Health Department
530 Newark-Pompton Turnpike
Pompton Plains, NJ 07444
https://www.peqtwp.org/170/Health-Department
"Welcome to the Borough of Florham Park, often referred to as "A Community of Volunteers". Florham Park is a small suburban community located in Southeastern Morris County, approximately 30 miles west of New York City. We are bordered on the south by Madison and Chatham Boroughs; on the north by Hanover and East Hanover Townships; on the west by Morris Township; and on the east by the Passaic River. Our residents enjoy excellent schools, a wide variety of recreational activities, a beautiful library as well as many other activities such as our Summer Gazebo Concerts and our awesome 4th of July Parade and Fireworks Display. Florham Park's convenient location to trains, buses, and major airports, and a friendly small-town atmosphere make it easy to understand why Florham Park is one of Morris County's most desirable communities to live in."

12 Hanover:

https://www.hanovertownship.com/
Health Department: Morris County Division of Public Health
PO Box 900
Morristown, NJ 07963
https://www.morriscountynj.gov/Departments/Public-Health
"Stretching across 10.8 square miles of Morris County, Hanover Township presents an ideal suburban tapestry of residential neighborhoods, parkland and commercial and industrial businesses. The Township, comprised of Cedar Knolls and Whippany, is home to close to 14,000 residents. Convenient to the metropolitan area and to a network of major highways, the community borders the Townships of Morris, Parsippany-Troy Hills, East Hanover and the Boroughs of Morris Plains and Florham Park."

13 Harding:

https://www.hardingnj.org/
Health Department: Morris County Division of Public Health
PO Box 900
Morristown, NJ 07963
https://www.morriscountynj.gov/Departments/Public-Health
"Harding Township has long recognized the value of building a community consensus around a vision of the future of the township. Two substantial areas of the township, the Great Swamp National Wildlife Refuge and the Morristown National Historical Park, represent national importance because of their environmental and historical significance. The remainder of the township lies between these areas and contains extensive and sensitive ecological resources. To a remarkable degree, the township has retained the characteristics of a historic rural community because of private and public efforts over many decades. The overall purpose of this plan is to continue this legacy of

preservation, which began in 1922 when the township was founded upon the principle of protecting these characteristics."

14 Jefferson Township:

https://www.jeffersontownship.net/
Health Department: Rockaway Township Health Department
65 Mount Hope Road
Rockaway, NJ 07866
https://www.rockawaytownship.org/160/Health
"Jefferson Township encompasses approximately forty-two square miles, 70% of its land is forest and undeveloped in the Highlands Region and contains many private lake communities throughout its borders. The Township contains Mahlon Dickerson Reservation, the largest park in Morris County Park System, encompasses 3,200 acres of near wilderness and recreational areas, with over 20 miles of multi-use trails, located along Weldon Road in the township. One of the Reservation's outstanding features is Headley Overlook, one of the highest points in the Morris County Park System along with the County-owned Berkshire Valley Golf course. Along the Pine Swamp trail, the highest point in Morris County, at 1395 feet, can also be found."

15 Kinnelon:

https://www.kinnelonboro.org/
Health Department: Pequannock Health Department
530 Newark-Pompton Turnpike
Pompton Plains, NJ 07444
https://www.peqtwp.org/170/Health-Department
"On Behalf of the Borough Council, Borough Employees and myself, I would like to extend a warm and cordial welcome to beautiful Kinnelon. I am confident that you will find our charming borough a wonderful place to enjoy the outdoors and raise your family or just visit. We are home to several pristine lakes and reservoirs and two amazing Morris County Parks with hiking, boating and great fishing. We have a broad range of year-round activities for residents and families, and we also have a very active senior community. Our schools are a top-rated school system with amazing teachers. You can live in a caring community with a small-town atmosphere and still take advantage of our proximity to the city."
(Mayor's message to residents)

16 Lincoln Park:

https://www.lincolnpark.org/
Health Department: Lincoln Park Health Department
34 Chapel Hill Road
Lincoln Park, NJ 07035
https://www.lincolnpark.org/184/Health-Department
In recent years, Lincoln Park has ranked as high as 5th in The Best Places to Live in NJ by New Jersey Magazine, 11th best place in the Nation for Healthy Retirement by CNN/Money Magazine and the 10th Safest Town in NJ according to the Movoto Real Estate Blog. Lincoln Park is one of the few communities in the state that has been named a Healthy Community by the New Jersey Mayors Wellness Campaign, achieved silver status in the Sustainable Jersey program and has a nationally accredited Police Department. Lincoln Park has a strong tradition of volunteerism. A fully volunteer Fire Department and First Aid Squad, Police Athletic League

and so many town and civic organizations create a sense of community and pride to those of us who call Lincoln Park “home”.

17 Long Hill Township:

https://www.longhillnj.gov/
Health Department: Bernards Township Health Department
262 South Finley Ave
Basking Ridge, NJ
https://www.bernardshealth.org/
“Long Hill Township, Morris County's southeastern-most municipality, covers 12.1 square miles and has a population of about 8,800. Named for a ridge of the Watchung Mountains, the township also encompasses parts of the Great Swamp and the Passaic River valley.
In 1992 the community changed its name to Long Hill Township. Today, despite commercial and suburban development, Long Hill has many historic structures ranging from eighteenth century farmhouses to the twenty-first century September 11 monument. They remind us of Long Hill's legacy as a place of villages, farms, mills, and factories, where working men and women of many nationalities contributed to the development of our nation.”

18 Madison:

https://rosenet.org/
Health Department: Westfield Health Department
425 East Broad Street
Westfield, NJ 07090
https://www.westfieldnj.gov/health
The Borough of Madison is a small suburban community in southeast Morris County, New Jersey, about twenty miles due west of Times Square. Madison borders on five other municipalities: the boroughs of Florham Park and Chatham are to the north and east, the townships of Chatham, Harding and Morris are to the south and west. Morristown and Summit are nearby, to the northwest and southeast, respectively.

19 Mendham Borough:

https://www.mendhamnj.org/
Health Department: Bernards Township Health Department
262 South Finley Avenue Basking Ridge, NJ 07920
https://www.bernardshealth.org/
“The Borough of Madison is a small suburban community in southeast Morris County, New Jersey, about twenty miles due west of Times Square. Madison borders on five other municipalities: the boroughs of Florham Park and Chatham are to the north and east, the townships of Chatham, Harding and Morris are to the south and west. Morristown and Summit are nearby, to the northwest and southeast, respectively.”

20 Mendham Township:
https://www.mendhamtownship.org
Health Department: Morris County Division of Public Health
634 W. Hanover Avenue
Morristown, NJ 07963
https://www.morriscountynj.gov/Departments/Public-Health

"Since its founding in 1749, families have been living, playing and working in the scenic rolling hills of Mendham Township. The community combines a cozy, small-town lifestyle with nationally ranked schools and easy access to urban spaces. With almost 6,000 residents, the township is home to families and retirees who enjoy natural areas of open space, parks, streams and playgrounds, and annual events that date back decades. There are distinct neighborhoods with single-family homes on quiet, tree-lined cul-de-sacs, and a convenient central shopping district in Mendham Borough."

21 Mine Hill:

https://minehill.com/
Health Department: Mount Olive Health Department
204 Flanders Drakestown Rd P.O. Box 450
Budd Lake, NJ 07828
https://www.mountolivetwpnj.org/health-department
"Nestled between Roxbury and Dover along Route 46, Mine Hill Township is home to 1,400 families and many local businesses. Once an industrial center, Mine Hill now boasts an award winning elementary school, as well as extensive recreational opportunities for you and your family to enjoy!"

22 Montville:

https://www.montvillenj.org/
Health Department: Montville Health Department
195 Changebridge Road
Montville, NJ 07045
https://www.montvillenj.org/174/Health
"The Township of Montville is a municipal corporation which was established by special charter of the New Jersey State Legislature in 1867. The Township is a suburban community located in the County of Morris in the northwest portion of New Jersey. Montville Township is 20 square miles and is comprised of 3 sections: Towaco, Pine Brook and Montville. There are approximately 20,000 residents. Montville is an active, vibrant community providing services, activities and volunteer opportunities in everything from sports and 4th of July celebrations to youth and senior groups."

23 Morris Plains:

http://www.morrisplainsboro.org/
Health Department: Morris County Division of Public Health
634 W. Hanover Avenue
Morristown, NJ 07963
https://www.morriscountynj.gov/Departments/Public-Health
"The Borough of Morris Plains was incorporated on January 15, 1926 with an elected Mayor and Council that included one woman and five men. Prior to incorporation, the area that is Morris Plains was under the jurisdiction of Hanover Township."

24 Morris Township:

http://www.morristwp.com/
Health Department: Morris Township Health Department
50 Woodland Ave
Morristown, NJ 07960
https://www.morristwp.com/124/Public-Health
"On March 25th, 1740, Morris Township was created by the State Legislature. The Township was named for then •Governor Col. Lewis Morris who was the last colonial governor of the State of New Jersey. As of 2010, there were 22,306 people living in the township, which is 10,000 more than there were in 1960, and 20,000 more than in 1900. The township, much like it was to the first settlers from eastern New Jersey and New England, is still a desirable place to live, work and play. The township continues to appreciate its remaining historic properties, while also committed to smart growth."

25 Morristown:

http://www.townofmorristown.org/
Health Department: Morristown Health Department
200 South Street
Morristown, NJ 07960
https://www.townofmorristown.org/health
The Town of Morristown was founded in 1715 and incorporated in 1865. The Town's rich history is visible and is known as the Capital of the American Revolution. Morristown National Historical Park, which is the country's first National Park, consists of four important sites during the Revolutionary War: Washington's Headquarters, Jockey Hollow, Ford Mansion, and Fort Nonsense. Morristown is about 3 square miles with a population of 20,180 and is the county seat of Morris County.

26 Mount Arlington:

http://mountarlingtonnj.org/
Health Department: Mount Olive Health Department
204 Flanders Drakestown Rd P.O. Box 450
Budd Lake, NJ 07828
https://www.mountolivetwpnj.org/health-department
"One of the most desirable places in Northern New Jersey. Mount Arlington is situated in the western portion of Morris County less than 50 miles from New York City. Comprising 2.9 square miles, Mount Arlington is an area of rich history with a bright future. The Borough offers community-focused amenities and convenient access to public transit. Close proximity to Minisink County Park and Lake Hopatcong provides countless opportunities for outdoor recreation including lake activities and hiking trails. Just under an hour from Manhattan, the Borough of Mount Arlington provides unique opportunities for all lifestyles."

27 Mount Olive:

https://www.mountolivetwpnj.org/
Health Department: Mount Olive Health Department
204 Flanders Drakestown Rd P.O. Box 450
Budd Lake, NJ 07828
https://www.mountolivetwpnj.org/health-department

“Mount Olive Township is comprised of 32 square miles. It consists of two sections: Budd Lake, named for John Budd, who acquired 1,300 acres of land in the area in 1714, and Flanders, named for a group of early settlers who vacationed in Flanders, Long Island. Roads in the Township are named after settlers such as: Smithtown because of the many Smiths that lived here; Drakestown named for the Drakes; Bartley Road for the Bartley family; Waterloo, which had served as a French Army Officer’s hospital in 1740.”

28 Mountain Lakes:

https://mtnlakes.org/
Health Department: Mount Olive Health Department
204 Flanders Drakestown Rd P.O. Box 450
Budd Lake, NJ 07828
https://www.mountolivetwpnj.org/health-department
“Mountain Lakes is located in north-central New Jersey where the rolling hills of the New Jersey's Piedmont region meet the rocky outcroppings of the Highlands.”

29 Netcong:

http://www.netcong.org/
Health Department: Mount Olive Health Department
204 Flanders Drakestown Rd P.O. Box 450
Budd Lake, NJ 07828
https://www.mountolivetwpnj.org/health-department
“Nestled in the mountains of Morris County, the Borough of Netcong is small in size but lacks for nothing. Still maintaining our small-town appearance, we have a bustling Main Street enhanced by Lake Musconetcong on its perimeter. With The Growing Stage Theater, Netcong is in the forefront of children’s theater. Our education system contains both parochial and public schools. Our 10 student per teacher ratio allows the children better access to their teachers, emphasizing the learning process.”

30 Parsippany-Troy Hills:

http://www.parsippany.net/
Health Department: East Hanover Health Department
411 Ridgedale Avenue East Hanover, NJ 07936
https://www.easthanovertownship.com/Departments/health-department
“The Township of Parsippany-Troy Hills was incorporated on May 9, 1928, after separating from the larger township of Hanover. Its history began as early as 6,000 years ago with the summer occupation by Native Americans who hunted and fished in the area. The name Parsippany derives from the Lenni-Lenape Dealware term “Parseponong”, which means where the waters come together. Evidence of this early occupation of the Township is found at the Dale Road rockshelter and Petroclyph sites. During the 19th century, dairy farming became the main occupation of the Township residents, producing milk and milk products for the Newark and New York City markets. In the early 20th century, many of the lake communities were formed as vacation spots and became permanent communities after World War II. Many of the farms were subdivided for housing developments in the mid-20th century to accommodate the Township’s growing population.” (https://parsippanyhistoricalsociety.org/)

31 Pequannock:

http://www.peqtwp.org/
Health Department: Pequannock Health Department
530 Newark Pompton Turnpike
Pompton Plains, NJ 07444
https://www.peqtwp.org/170/Health-Department
The Township is a political subdivision of the State of New Jersey and encompasses two communities, Pequannock and Pompton Plains, each served by their own post office. The Township is primarily residential, with a population of 14,506 residents. It covers a land area of just under 7 square miles. During the early 1990s, a Planned Residential Development known as "The Glens" was constructed, adding 583 townhouses, coach homes and condominium apartments to the housing stock of the Township. Within the past ten years, Cedar Crest, a 1,500-unit Continuing Care Retirement Community, has also contributed to our recent population. The residents of this facility have become an active and integral part of Pequannock Township.

32 Randolph:

http://www.randolphnj.org/
Health Department: Randolph Health Department
502 Millbrook Avenue
Randolph, NJ 07869
https://www.randolphnj.org/245/Health
Today, Randolph is recognized as a superb town to live and raise a family. Located in the center of Morris County, Randolph benefits from excellent schools, beautiful parks, and terrific recreation programs.

33 Riverdale:

https://www.riverdalenj.gov/
Health Department: Pequannock Health Department
530 Newark-Pompton Turnpike
Pompton Plains, NJ 07444
https://www.peqtwp.org/170/Health-Department
“Riverdale is a great community and a wonderful place to raise a family.”

34 Rockaway Borough:

http://rockawayborough.org/
Health Department: Randolph Health Department
502 Millbrook Avenue
Randolph, NJ 07869
https://www.randolphnj.org/245/Health
“Rockaway Borough is a community located in the northern portion of Morris County and is approximately 35 miles west of New York City. Its 2.1 square miles is home to approximately 6800 residents. The Borough is nestled between two major thoroughfares; Interstate 80 and NJ State Highway 46. The Borough is governed by our elected Mayor and six Council Members. Morris Canal routes and locations are currently marked with identifying wayfinding signs and interpretative panels. Many of the homes in the Borough date back to the 1800’s and have been preserved with their stately original architectural appearance.” (https://rockawayborough.org/)

35 Rockaway Township:

https://www.rockawaytownship.org/
Health Department: Rockaway Township Health Department
65 Mount Hope Road
Rockaway, NJ 07866
https://www.rockawaytownship.org/160/Health
"Rockaway Township is a thriving community offering one of the best environments in which families and businesses can grow and prosper. Within our boundaries, we are home to the most beautiful & picturesque parts of Morris County, three beautiful lake communities, many small rivers and streams, miles of hiking trails, Farny State Park, Wildcat Ridge & Mount Hope Historical Park, all that along with mountain ranges covered by many varieties of foliage and wildlife. The Township is also home to Splitrock and Charlotteburg Reservoirs providing drinking water to the cities of Jersey City and Newark respectively."

36 Roxbury:

http://www.roxburynj.us/
Health Department: Randolph Health Department
502 Millbrook Avenue
Randolph, NJ 07869
https://www.randolphnj.org/245/Health
"Roxbury is a family friendly community recognized as a great place to live, work and raise a family. It is home to over 23,000 residents and covers an area of approximately 22 square miles. There are six communities within the Township: Berkshire Valley, Kenvil, Landing, Ledgewood, Port Morris and Succasunna. The Township offers a diversity of housing, cultural opportunities, active recreation, and library programs, with 16 award-winning parks and three lakes including Lake Hopatcong (NJ's largest lake). The Township also has a top-notch school system consistently ranking within the Top 10% in the state."

37 Victory Gardens:

http://www.victorygardensnj.gov/
Health Department: Rockaway Township Health Department
65 Mount Hope Road
Rockaway, NJ 07866
https://www.rockawaytownship.org/160/Health
"Victory Gardens is Morris County's smallest municipality, measured both by size and population, and its most densely populated. Victory Gardens was incorporated as a borough by an Act of the New Jersey Legislature on June 20, 1951, from portions of Randolph Township, based on the results of the referendum passed on September 18, 1951."

38 Washington Township:

http://www.wtmorris.org/
Health Department: Washington Township Health Department
43 Schooley's Mountain Road

Long Valley, NJ 07853
https://www.wtmorris.org/index.php/departments/health
Washington Township earned an A grade for residential quality at niche.com. In 2020, it was ranked the 10th safest municipality of those with over 10,000 residents in NJ, moving to 49th in 2021 and 43rd in 2022 according to Safewise. On a national level, Safewise ranked it as the 24th safest municipality of 10,000+ residents in 2020. Washington Township has preserved nearly 5,000 acres of farmland, the highest amount among Morris County municipalities, and has set aside over 800 acres as open space. It features more than 400 acres of picturesque state, county, and municipal parks equipped with athletic fields, tennis and basketball courts, ponds, a lake, streams, and pavilions.

39 Wharton:

http://www.whartonnj.com/
Health Department: Mount Olive Health Department
204 Flanders Drakestown Rd P.O. Box 450
Budd Lake, NJ 07828
https://www.mountolivetwpnj.org/health-department
"Wharton is a community of approximately 6,500 residents in the highlands of Morris County. Wharton is located between Routes 15, 46 and 80, stretching south from the main entrance of Picatinny Arsenal, a major army research and development center, to Route 46 abounded on the west by Roxbury Township and the east by Dover and Rockaway Township. The Borough is approximately 2.2 square miles."

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Appendices

Appendix A: NJSHAD Chronic Disease

Indicator	Morris County	New Jersey	Compared to New Jersey	United States	Compared to United States
Alcohol Consumption - Binge Drinking *(Percentage of persons, 2015, 2017, 2021)*	13.7% *(11.0% - 16.9%)*	15.7%	Similar		No comparison value
Arthritis Prevalence *(Percentage, Age-adjusted, 2015-2017)*	18.4% *(16.1% - 21.1%)*	20.6%	Similar		No comparison value
Asthma Prevalence in Adults *(Percentage, Age-adjusted, 2020-2022)*	6.0% *(4.5% - 7.9%)*	8.9%	Better		No comparison value
Deaths due to Colorectal Cancer *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	10.1 *(8.7 - 11.5)*	12.6	Better	13.1	Better
Deaths due to Breast Cancer *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	19.1 *(16.5 - 21.8)*	20.1	Similar	19.4	Similar
Deaths due to Lung Cancer *(Age-adjusted Rate per 100,000 Population, 2020)*	22.7 *(19.1 - 26.3)*	26.5	Better	31.9	Better
Deaths due to Prostate Cancer *(Age-adjusted Rate per 100,000 Population, 2018-2020)*	13.8 *(11.3 - 16.2)*	16.2	Similar	18.5	Better
Self-Reported Colorectal Cancer Screening *(Percentage, Age-adjusted, 2017-2020)*	74.9% *(69.6% - 79.3%)*	69.2%	Better		No comparison value
Incidence of All Invasive Cancers *(Age-adjusted Rate per 100,000 Population, 2020)*	433.0 *(418.9 - 448.6)*	442.1	Similar		No comparison value
Deaths due to Cancer *(Age-adjusted Rate per 100,000 Population, 2020)*	121.6 *(111.8 - 131.3)*	133.3	Better	144.1	Better
Self-Reported Breast Cancer Screening Among Women *(Percentage, Age-adjusted, 2018-2021)*	78.9% *(71.6% - 84.7%)*	77.3%	Similar		No comparison value
Self-Reported Cervical Cancer Screening *(Percentage, Age-adjusted, 2017-2020)*	78.1% *(70.2% - 84.4%)*	80.6%	Similar		No comparison value

Cardiovascular Disease - High Blood Pressure (Percentage, Age-adjusted, 2015, 2017, 2021)	28.8% (25.5% - 32.3%)	28.9%	Similar		No comparison value
Cardiovascular Disease - High Cholesterol (Percentage, Age-adjusted, 2015, 2017, 2021)	29.9% (26.1% - 33.9%)	32.0%	Similar		No comparison value
Deaths due to Stroke (Age-adjusted Rate per 100,000 Population, 2020)	27.3 (22.7 - 31.9)	31.8	Similar	38.8	Better
Deaths due to Coronary Heart Disease (Age-adjusted Rate per 100,000 Population, 2020)	88.6 (80.3 - 96.9)	99.5	Better	107.8	Better
Deaths due to Heart Disease (Age-adjusted Rate per 100,000 Population, 2020)	139.6 (129.1 - 150.0)	166.1	Better	168.2	Better
Chronic Obstructive Pulmonary Disease (COPD) Prevalence (Percentage, Age-adjusted, 2018-2021)	3.1% (2.3% - 4.3%)	4.8%	Better		No comparison value
Diabetes (Diagnosed) Prevalence (Percentage, Age-adjusted, 2018-2021)	6.7% (5.2% - 8.5%)	8.8%	Better		No comparison value
Disability Status (Percentage of persons, 2023)	9.0% (8.3% - 9.7%)	10.9%	Better	13.4%	Better

General Health Status (Percentage of persons, 2018-2021)	92.7% (90.7% - 94.3%)	86.4%	Better		No comparison value
Life Expectancy at Birth (Number of Years, 2020)	80.3 (80.2 - 80.4)	77.7	Better		No comparison value
Immunization - Influenza, Adults (Percentage of persons, 2018-2021)	69.8% (61.0% - 76.7%)	65.3%	Similar		No comparison value
Immunizations - Pneumococcal Vaccination (Percentage of persons, 2015-2017)	70.7% (63.5% - 77.0%)	68.2%	Similar		No comparison value
Mental Health: Depression (Percentage, Age-adjusted, 2018-2021)	13.9% (11.2% - 17.1%)	16.1%	Similar		No comparison value
Mental Health: Adult Self-reported Mental Distress (Percentage, Age-adjusted, 2018-2021)	11.3% (8.9% - 14.3%)	13.0%	Similar		No comparison value
Physical Activity among Adults (Percentage, Age-adjusted, 2013, 2015, 2017)	54.8% (50.9% - 58.7%)	49.3%	Better		No comparison value
Obesity Among Adults (Percentage, Age-adjusted, 2017-2020)	20.4% (16.5% - 25.0%)	27.9%	Better		No comparison value
Oral Health - Annual Dental Visits Among Adults (Percentage, Age-adjusted, 2016, 2018, 2020)	77.1% (72.0% - 80.8%)	70.1%	Better		No comparison value

Appendix B: Reportable Infectious Diseases

NJ Statewide Reportable Diseases 2023							
	Reportable Diseases	Year of Report	Crude Rates (Cases Per 100,000 Population)	95% Confidence Interval, Lower Limit	95% Confidence Interval, Upper Limit	Number of Cases	Population Count Estimate
Alpha-gal Syndrome							
	Alpha-gal Syndrome	2023	0.4	0.0	0.9	2	514,423
Amoebiasis							
	Amoebiasis	2023	0.8	0.0	1.5	4	514,423
Babesiosis							
	Babesiosis	2023	5.0	3.1	7.0	26	514,423
Campylobacteriosis							
	Campylobacteriosis	2023	34.6	29.5	39.7	178	514,423
Chikungunya							
	Chikungunya	2023	0.2	0.0	0.6	1	514,423
Cryptosporidiosis							
	Cryptosporidiosis	2023	5.0	3.1	7.0	26	514,423
Cyclosporiasis							
	Cyclosporiasis	2023	1.9	0.7	3.2	10	514,423
Dengue Fever - Dengue							
	Dengue Fever - Dengue	2023	1.0	0.1	1.8	5	514,423
Ehrlichiosis/Anaplasmosis - Anaplasma Phagocytophilum (Previously HGE)							
	Ehrlichiosis/Anaplasmosis - Anaplasma Phagocytophilum (Previously HGE)	2023	5.6	3.6	7.7	29	514,423
Ehrlichiosis/Anaplasmosis - Ehrlichia Chaffeensis (Previously HME)							
	Ehrlichiosis/Anaplasmosis - Ehrlichia Chaffeensis (Previously HME)	2023	0.2	0.0	0.6	1	514,423
Giardiasis							
	Giardiasis	2023	8.2	5.7	10.6	42	514,423
Haemophilus Influenzae							
	Haemophilus Influenzae	2023	1.9	0.7	3.2	10	514,423
Hepatitis A							
	Hepatitis A	2023	1.0	0.1	1.8	5	514,423
Hepatitis B - Acute							
	Hepatitis B - Acute	2023	0.4	0.0	0.9	2	514,423
Hepatitis B - Chronic							
	Hepatitis B - Chronic	2023	1.2	0.2	2.1	6	514,423
Hepatitis C - Acute							
	Hepatitis C - Acute	2023	0.8	0.0	1.5	4	514,423
Hepatitis C - Chronic							
	Hepatitis C - Chronic	2023	15.0	11.6	18.3	77	514,423

Influenza, Human Isolates - Type 2009 H1N1							
	Influenza, Human Isolates - Type 2009 H1N1	2023	137.4	127.3	147.6	707	514,423
Influenza, Human Isolates - Type A (Subtyping Not Done)							
	Influenza, Human Isolates - Type A (Subtyping Not Done)	2023	143.1	132.7	153.4	736	514,423
Influenza, Human Isolates - Type A H3							
	Influenza, Human Isolates - Type A H3	2023	33.4	28.4	38.4	172	514,423
Influenza, Human Isolates - Type B							
	Influenza, Human Isolates - Type B	2023	68.2	61.1	75.4	351	514,423
Legionellosis							
	Legionellosis	2023	3.7	2.0	5.4	19	514,423
Listeriosis							
	Listeriosis	2023	0.6	0.0	1.2	3	514,423
Lyme Disease							
	Lyme Disease	2023	131.8	121.9	141.7	678	514,423
Malaria							
	Malaria	2023	0.2	0.0	0.6	1	514,423
Mpox							
	Mpox	2023	0.2	0.0	0.6	1	514,423
Novel Coronavirus-2019 NCOV							
	Novel Coronavirus-2019 NCOV	2023	2,685.1	2,641.0	2,729.3	13,813	514,423
Pertussis							
	Pertussis	2023	3.3	1.7	4.9	17	514,423
Salmonellosis - Non-Typhoid							
	Salmonellosis - Non-Typhoid	2023	17.3	13.7	20.9	89	514,423
Shiga Toxin-Producing E.Coli (STEC)							
	Shiga Toxin-Producing E.Coli (STEC)	2023	8.2	5.7	10.6	42	514,423
Shiga Toxin-Producing E.Coli (STEC) - O157:H7							
	Shiga Toxin-Producing E.Coli (STEC) - O157:H7	2023	0.4	0.0	0.9	2	514,423
Shigellosis							
	Shigellosis	2023	7.4	5.0	9.7	38	514,423
Spotted Fever Group Rickettsiosis							
	Spotted Fever Group Rickettsiosis	2023	0.2	0.0	0.6	1	514,423
Streptococcus Agalactiae (GBS)							
	Streptococcus Agalactiae (GBS)	2023	0.6	0.0	1.2	3	514,423
Streptococcus Pneumoniae							
	Streptococcus Pneumoniae	2023	8.2	5.7	10.6	42	514,423

Streptococcus Pyogenes (GAS) - With Toxic Shock Syndrome							
	Streptococcus Pyogenes (GAS) - With Toxic Shock Syndrome	2023	0.2	0.0	0.6	1	514,423
Streptococcus Pyogenes (GAS) - Without Toxic Shock Syndrome							
	Streptococcus Pyogenes (GAS) - Without Toxic Shock Syndrome	2023	2.9	1.4	4.4	15	514,423
Typhoid Fever							
	Typhoid Fever	2023	0.4	0.0	0.9	2	514,423
Varicella							
	Varicella	2023	2.3	1.0	3.6	12	514,423
Vibrio Infections (Other Than V.Cholerae Spp.)							
	Vibrio Infections (Other Than V.Cholerae Spp.)	2023	2.7	1.3	4.2	14	514,423
West Nile Virus (WNV)							
	West Nile Virus (WNV)	2023	0.2	0.0	0.6	1	514,423
Yersiniosis							
	Yersiniosis	2023	1.6	0.5	2.6	8	514,423
	Overall		3,342.8	3,293.6	3,391.9	17,196	514,423

Morris County

Community Health Assessment

2025

TCNJ THE COLLEGE OF NEW JERSEY

Morris Regional Public Health Partnership

For the Morris Regional Public Health Partnership (MRPHP)
The College Of New Jersey (TCNJ)