Mercer County Community Health Needs Assessment

As adapted for Robert Wood Johnson University Hospital Hamilton

(Contains supplemental Service Area Information and Data)

November 2021

Robert Wood Johnson University Hospital Hamilton | RWJBarnabas HEALTH

2021 Mercer County Community Health Needs Assessment
RWJUH Hamilton Adaption

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** Member of the RWJBarnabas Health CHNA Steering Committee*

Overview

Community Health Needs Assessment Purpose and Goals

A community health needs assessment (CHNA) is a systematic process to identify and analyze community health needs and assets, prioritize those needs, and then implement strategies to improve community health. In 2021, **Robert Wood Johnson University Hospital Hamilton (RWJUH Hamilton)** undertook its CHNA process as part of the Greater Mercer Public Health Partnership (GMPHP).

RWJUH Hamilton is located in Hamilton, Mercer County, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization which includes 11 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, RWJUH Hamilton had over 6,100 inpatient admissions, around 28,000 emergency department visits, and over 77,200 outpatient visits. The hospital is a key participant in the **Greater Mercer Public Health Partnership (GMPHP).**

The Greater Mercer Public Health Partnership is a collaboration of fifteen organizations including hospitals and health departments whose mission is to measurably improve the health of resident of the greater Mercer County community. In early 2021, GMPHP hired 35th Street Consulting LLC, a New Jersey certified Small Business Enterprise (SBE) and Women Owned Business Enterprise (WBE), to support its CHNA process. At the system level, RWJBH hired Health Resources in Action (HRiA), a non-profit public health consultancy organization, to provide support for the CHNAs across the RWJBH system. RWJUH

Hamilton, GMPHP, 35th Street Consulting, HRiA, and RWJBH partnered to ensure the 2021 GMPHP CHNA efforts were aligned with the CHNA approach across the RWJBH system.

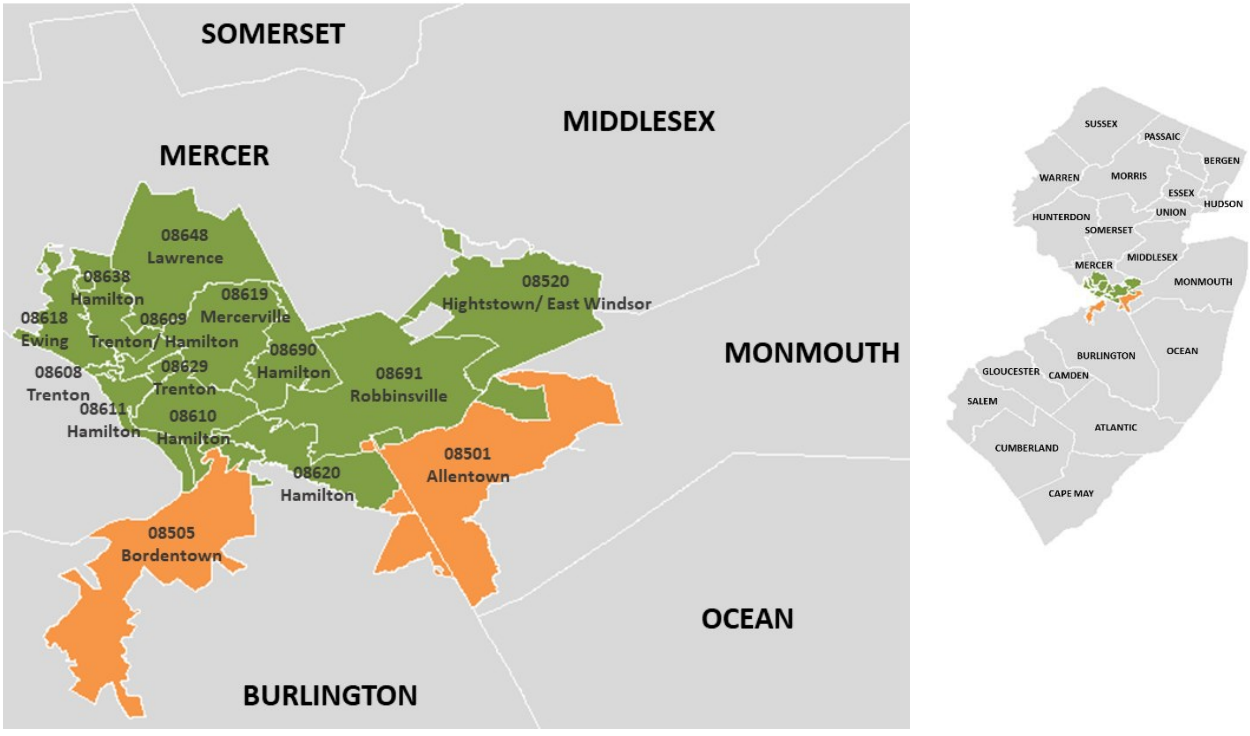
Area of Focus

The comprehensive CHNA completed by The Greater Mercer Public Health Partnership is the basis for the hospital's CHNA and is supplemented with additional information and data to support understanding the health needs of the communities served by the hospital. The GMPHP's focus area is all of Mercer County, with selected information by townships and boroughs. RWJUH's Hamilton's primary service area contains numerous communities in Mercer County (green on map) including parts of Trenton, Ewing, Lawrence, Hightstown/East Windsor, Hamilton, Lawrence, Mercerville, Robbinsville, as well as Bordentown in Burlington County and Allentown in Monmouth County (orange on map). Specifically, RWJUH Hamilton's primary service area includes the zip codes 08022, 08533, 08514, 08550, 08515, 08562, 08628, 08512, 08554, 19067, 08540, 08542, 08544, 08534, 08536, 08518, and 08528.

RWJUH Hamilton's secondary service area includes the zip codes of 08022, 08533, 08514, 08550, 08515, 08562, 08628, 08512, 08554, 19067, 08540, 08542, 08544, 08534, 08536, 08518, and 08528.

RWJUH Hamilton reviewed the geographic area of focus to assure representation of the Hospital's service area and believes it represents its communities that it serves.

Focused RWJUH-Hamilton Primary Service Area Map



RWJBH System Engagement

This CHNA is part of a set of CHNAs being conducted across the entire RWJBH system. Each of these CHNAs will use a consistent framework and minimum set of indicators but the approach and engagement process are tailored for each community. A Systemwide CHNA Steering Committee was

convened twice during the period of the Mercer County CHNA process (early and late June 2021). This Steering Committee provided input and feedback on major data elements (e.g., secondary data key indicators, overall Table of Contents) and core prioritization criteria for the planning process. Prioritization allows organizations and coalitions to target and align resources, leverage efforts, and focus on achievable goals and strategies for addressing priority needs.

Criteria for Prioritization:

The following seven criteria were decided upon by the RWJBH Systemwide CHNA Steering Committee; they were used to guide and inform prioritization discussions with the Hospitals and research consultants. The prioritization criteria are:

- **Burden**: How much does this issue affect health in the community?
- **Equity**: Will addressing this issue substantially benefit those most in need?
- **Impact**: Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/accessibility?
- **Systems Change**: Is there an opportunity to focus on/implement strategies that address policy, systems, environmental change?
- **Feasibility**: Is it possible to take steps to address this issue given current infrastructure, capacity, and political will?
- **Collaboration/Critical Mass**: Are there existing groups across sectors already working on or willing to work on this issue together?
- **Significance to Community**: Was this issue identified as a top need by a significant number of community members?

A list of Systemwide CHNA Steering Committee members can be found in the Appendix.

The Hospital's CHNA incorporates the GMPHP CHNA with additional appendices to provide an inclusive approach for the hospital's communities served. In addition to the core GMPHP CHNA, RWJUH Hamilton's CHNA adaptation includes additional information to support understanding of community needs and resources. To that end, the GMPHP CHNA is incorporated in its entirety in the following pages. After which, additional appendices are attached and include the following:

1. Community Health Needs Assessment Survey Data Hamilton PSA

This survey represents 212 community respondents with the following areas of focus:

- Impact of COVID-19 and vaccination compliance
- Health issues and concerns that impact the community
- Barriers to accessing health care
- Discrimination experienced when receiving health care
- Community safety and quality of life
- Personal health attitudes, conditions and behaviors

This resident survey illuminated complements the work undertaken by GHPHP in the conduction of their CHNA. The impact of COVID was felt in not only health outcomes, but the economic and psychological well-being of the community. Some of the key findings include:

- Over one quarter of respondents reported losing employment during the pandemic and 3% lost housing.

- Over 40% reported difficulty maintaining a good state of mental health and felling lonely/isolated.
- The top three health concerns were weight/obesity, mental health and substance use/abuse. Asians top concerns included violence/community safety as did Blacks. Blacks and Hispanics also noted high diabetes. Hispanics also had high concerns regarding adequate or affordable housing and high stress lifestyle.
- Top barriers to accessing care included the cost of care, insurance problems and ability to schedule convenient appointments.
- Over 11 percent of respondents noted experiencing some degree of racial discrimination when receiving medical care; 28% of Blacks, 22% of Hispanics and 21% of Asians note this discrimination. Others reported discrimination was for body size, income, age and language / speech discrimination, religion/cultural and physical/mental disability.
- The majority of respondents rated their communities higher for positive quality of life attributes but Black and Asians were less positive about these attributes. The qualities that were least favored and presenting as opportunities were affordability (housing and basic needs), transportation services, healthy food choices in schools, violence, availability of educational opportunities and job availability.

2. RWJUH Hamilton results from its 2018 Implementation Strategies

RWJUH Hamilton identifies its priority goals from the 2018 CHNA and reports on the actions taken to address those needs that were identified and prioritized in the past CHNA. Despite the challenges presented by the pandemic, RWJUH Hamilton successfully conducted a multitude of programs to address the overarching health need prioritized in 2018 to assist Mercer County Residents achieve a healthy weight and lifestyle throughout their lives.

3. Hospitalization Data – Inpatient and Emergency Room Data (2017-2019)

The hospitalization data pre-pandemic provides an examination of trends and reflects increased ED use for pediatric and seniors that is higher for Mercer County than statewide. Further, rates are higher for Black or African Americans, by more than double the rate of whites in 2019 for the state and Mercer County. Meanwhile hospital inpatient admission rates are lower in the county than statewide for most age groups and by race, Blacks in the county have higher admission rates than the state rate across all three years.

4. Oncology (Cancer) Data

The trend for Cancer incidence is falling for most cancer sites for Mercer County residents except Kidney/renal pelvis, leukemia, pancreas, thyroid and uterus. Mortality is rising for liver/bile duct and pancreas. RWJUH Hamilton's tumor registry suggests a decrease in late stage (stage 3 and stage 4) identification of breast cancer and prostate cancer from 2018 to 2019; unfortunately, more late stage cases were diagnosed for colon cancer, bronchus/lung and skin cancer which have screening opportunities. The staging for 2019 data showed higher percentage of late stage cases for Asian and Black/African American populations.

The hospital leadership and key advisors believed that the supplemental data strongly supports the adoption of the GMPHP 2021 Community Health Needs Assessment. Disparities and lack of equitable health outcomes were evident. The CHNA identified and prioritized needs of:

1. COVID-19 and the reduction of death disparities among population groups
2. Chronic Disease and Life Expectancy and the achievement of equitable life expectancy among all Mercer County residents
3. Behavioral Health and Trauma and reducing the impact of trauma on health outcomes
4. Maternal and Infant health and achieving equitable outcomes for mothers and babies

The hospital welcomes the opportunities and collaboration presented with its participation in the GMPHP coalition and CHNA process (members of the Partnership are provided as an additional appendix). The GMPHP Needs Assessment follows as Appendix 1 with the supplemental data and information as subsequent appendices. A Table of Contents is provided on the next page.

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Appendix 1:
The Greater Mercer Public Health Partnership CHNA

GMPHP Greater Mercer Public Health Partnership

2021 Community Health Needs Assessment
APPENDIX - 1

Final Report

November 18, 2021

The Greater Mercer Public Health Partnership (GMPHP) is a collaboration of hospitals, health departments, the Mercer County Department of Health and Human Services, and other not-for-profit organizations whose mission is to measurably improve the health of residents of the Greater Mercer County community

About GMPHP

The Greater Mercer Public Health Partnership (GMPHP) is a 501(c)3 collaboration of fifteen core organizations consisting primarily of hospitals and local and county health departments whose mission is to measurably improve the health of greater Mercer County residents. In addition, the GMPHP Community Advisory Board includes over 60 community non-profits, businesses, schools, and governmental organizations committed to the health of Mercer County residents. The GMPHP was formed to identify community health needs within Mercer County, to work collaboratively with stakeholders, and create novel strategies that leverage the collective expertise of the participants to implement a meaningful and measurable Health Improvement Plan for Mercer County, New Jersey.

Participating Hospitals	Participating Health Departments
Capital Health Medical Center-Hopewell	East Windsor Health Department
Robert Wood Johnson University Hospital-Hamilton	Ewing Township Health Department
Saint Francis Medical Center	Township of Hamilton Division of Health
Saint Lawrence Rehabilitation Center	Lawrence Township Health Department
	Mercer County Department of Human Services
	Montgomery Health Department, serving Hopewell and Pennington Boroughs
	Township of Hopewell Department of Health
	Trenton Health Department
	West Windsor Health Department, serving Hightstown and Robbinsville

Our Research Partner:

35TH STREET CONSULTING LLC

A New Jersey certified Small Business Enterprise (SBE) and Women Owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into action that advances health and social equity through practical and impactful strategies. Our interdisciplinary team of community development experts, health planners, researchers, and data analysts have worked with hundreds of healthcare providers, payors, public health departments, government agencies, health and human service providers, and other community-based organizations to direct action and funding to reimagine policies and achieve realistic, measurable social impact.

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CHNA Background

Since 2012, the partners of GMPHP have come together to work on key public and community health challenges. Every three years the GMPHP conducts a Community Health Needs Assessment (CHNA) and develops an accompanying Community Health Improvement Plan (CHIP) to guide collaborative efforts to improve health and wellbeing across Mercer County.

CHNA Research Methods

The 2021 CHNA was conducted from January 2021 to September 2021 and included quantitative and qualitative research methods to determine health trends and disparities across Mercer County. Secondary research methods were used to identify and analyze statistical socioeconomic and health indicators. Data were compared across zip codes and neighborhoods in Mercer County and compared to the county as a whole, New Jersey state, and national benchmarks. Primary research methods were used to solicit input from public health experts and key community stakeholders representing the broad interests of the community.

Through this comprehensive view of statistical health indicators and community stakeholder feedback, a profile was created of health indicators and socioeconomic factors that influence the health and well-being of Mercer County residents. These findings will guide GMPHP and its healthcare, public health, social service, and other community-based partners in creating a collaborative, coordinated effort to address community health needs.

The 2021 CHNA study methods included:

- An analysis of existing secondary data sources, including public health statistics, demographic and social measures, and healthcare utilization
- A key informant survey with nearly 200 health and human service providers among other representatives from education institutions, civic and social associations, faith communities, employers and businesses, elected officials, and other community based organizations
- A convenience survey of more than 1,000 individuals who received a COVID-19 vaccine through one of the four GMPHP hospitals or 11 health departments during 2021
- More than 70 individual and small group discussions with key stakeholders representing diverse, underserved, minority, and historically disenfranchised populations
- Strategic planning to determine priority health needs
- Development of a collective Community Health Improvement Plan (CHIP)

Community Engagement

In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, including underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities.

Determining Community Health Priorities

The GMPHP committee considered statistical data and qualitative feedback to determine community health priorities within Mercer County. Statistical data included health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by Mercer County residents. Perspectives on data trends and direct feedback on community health priorities were collected via a community-wide key stakeholder survey, interviews, and small group dialogue. Participants in this research included more than 200 representatives from healthcare providers, public health departments, social service agencies, schools and higher education, employers, places of worship, civic and social networks, elected officials and policy-makers, among other community-based organizations. Emphasis was placed on collecting diverse perspectives from stakeholders that work with communities of color, medically underserved, vulnerable, and historically disenfranchised populations.

The CHNA was conducted in compliance with IRS Tax Code 501(r) requirements for the conduct a CHNA every three years as set forth by the Patient Protection and Affordable Care Act (PPACA), the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, and the Public Health Accreditation Board Standards and Measures.

Approval and Adoption of CHNA and CHIP

The CHNA Report and CHIP was adopted by the GMPHP in October 2022. Hospital partners presented these documents for approval by their respective board of directors as indicated below:

Capital Health: November 2021
Robert Wood Johnson University Hospital-Hamilton: December 2021
Saint Francis Medical Center: December 2021
Saint Lawrence Rehabilitation Center: December 2021

GMPHP Steering Committee Members

Emily Baggett, Trenton Health Team
David Bosted, Community Member
Thomas Boyle, Saint Lawrence Rehabilitation Center
Karen Buda, Community Member
Stephanie Carey, Montgomery Health Department, serving Hopewell and Pennington Boroughs
Angela Chatman, Community Member
Jeremye Cohen, Capital Health Medical Center
Ann Dorocki, Mercer County Department of Human Services
Yvette Graffie-Copper, Trenton Health Department
Diane Grillo, Robert Wood Johnson University Hospital Hamilton
Jeffrey Grosser, Princeton Health Department
Darlene Hanley, Saint Lawrence Rehabilitation Center
Chris Hellwig, Township of Hamilton Division of Health
Margy Jahn, East Windsor Health Department
Pam Keo, Saint Lawrence Rehabilitation Center
Kathryn Koellner, Saint Francis Medical Center
Keith Levine, Lawrence Township Health Department
Dawn Marling, Township of Hopewell Department of Health
Jennifer McGowan-Smith, Saint Francis Medical Center
Carol Nicolas, GMPHP; Lawrence Township Health Department
Stephen Papenberg, Community Member
Devangi Patel, Montgomery Health Department
Kristin Reed, Mercer County Department of Human Services
Lauren Stabinsky, Robert Wood Johnson University Hospital Hamilton
Jill Swanson, West Windsor Health Department

Executive Summary of CHNA Findings

Viewed as whole, Mercer County has an abundance of social and environmental amenities, economic and educational opportunities, and high-quality healthcare resources, making it a healthy place to live a long life. County-wide measures for most health and social indicators are better in Mercer County than in other New Jersey counties, and as compared to the national benchmark. Examples of these significant assets and quality of life measures are shown below.

Provider Access, Ratio of Residents to Providers

	Primary Care Physicians	Dentists	Mental Health Providers
Mercer County	999:1	1,185:1	295:1
New Jersey	1,179:1	1,135:1	415:1
United States	1,320:1	1,400:1	380:1

Source: County Health Rankings, 2021

Educational Attainment (Population 25 Years and Older)

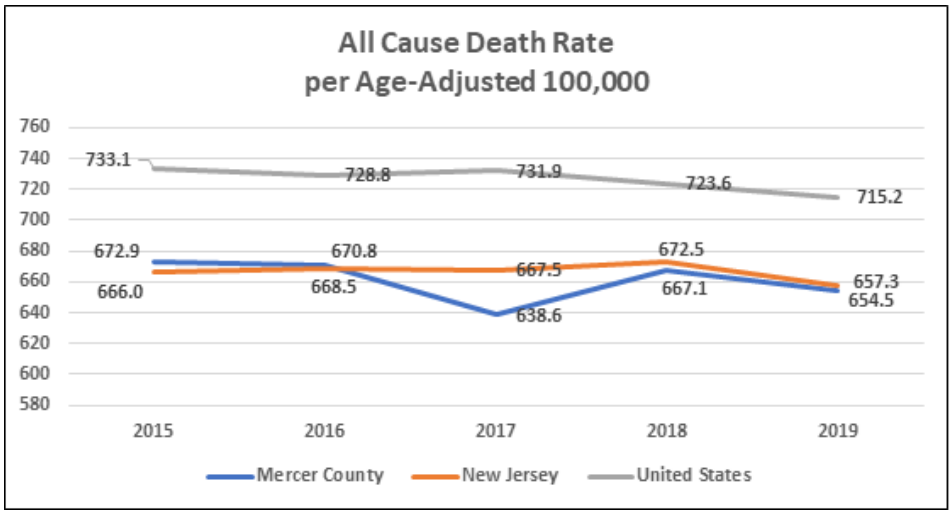
	Less than High School Graduate	High School Graduate or GED	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Mercer County	11.5%	24.6%	21.3%	22.0%	20.6%
New Jersey	10.2%	27.2%	22.9%	24.2%	15.5%
United States	12.0%	27.0%	28.9%	19.8%	12.4%

Source: United States Census Bureau, 2015-2019

Median Household Income and Poverty Indicators

	Median Household Income	People in Poverty	Children in Poverty	Households with SNAP Benefits
Mercer County	$81,057	11.6%	15.7%	8.4%
New Jersey	$82,545	10.0%	14.0%	8.7%
United States	$62,843	13.4%	18.5%	11.7%

Source: United States Census Bureau, 2015-2019



Source: CDC, 2015-2019

However, this Mercer County experience is not shared by all residents. While significant portions of our community benefit from a high quality of life, whole neighborhoods and populations experience a starkly different Mercer County. Disparities among population groups within Mercer County—and within all communities—often point toward underlying social inequities.

Data across virtually all measures of health and social indicators consistently demonstrate that Black/African Americans experience more poverty, lower median wages, and less homeownership; achieve lower levels of education attainment than their neighbors; and are less likely to receive preventive and life-saving healthcare. While other people of color in Mercer County, including Latinx, Asian, and indigenous people, also experience more socioeconomic barriers, they do not experience the same negative health outcomes as Black/African Americans.

These examples swell beyond disparities—or differences between outcome measures between population groups—in how Black/African American residents experience health and socioeconomics in Mercer County, they point at underlying *inequities*, driven by long-standing systemic racism. These inequities culminate in higher poverty levels, higher death rates from preventable diseases, and increased trauma, which accumulates in significant differences in overall death rates and length of life. While Mercer County is not unique in experiencing disparity impacted by long-standing systemic racism, as evidenced through findings through the Centers for Disease Control[1] and the State of New Jersey[2], among others. The collaborative partners of GMPHP are uniquely situated to work towards addressing these inequities in Mercer County through reframing policy and action through an upstream, equity based focus. The following tables demonstrate some of these measures.

Bachelor's degree or Higher (Population 25 Years and Older) by Race and Ethnicity

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Mercer County	44.9%	18.4%	80.1%	16.0%	34.3%	15.4%
New Jersey	40.5%	24.3%	70.0%	13.9%	37.5%	19.4%
United States	33.5%	21.6%	54.3%	12.0%	31.9%	16.4%

Source: United States Census Bureau, 2015-2019

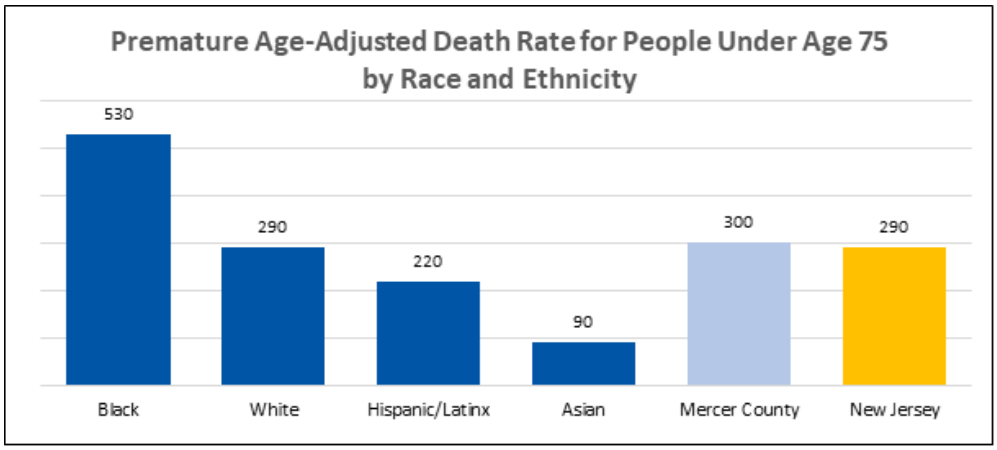
People in Poverty by Race and Ethnicity

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Mercer County	9.3%	19.8%	5.8%	22.6%	15.0%	21.7%
New Jersey	7.8%	17.3%	6.7%	21.3%	13.1%	17.9%
United States	11.1%	23.0%	10.9%	21.0%	16.7%	19.6%

Source: United States Census Bureau, 2015-2019

Key Stakeholder Feedback: *"There is a lot of opportunity in Mercer County (jobs, higher ed, etc.) as well as excellent healthcare institutions, but the county is highly inequitable."*

[1] https://www.cdc.gov/healthequity/racism-disparities/index.html
[2] https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf



Source: National Center for Health Statistics – Mortality Files, 2017-2019

The inequitable experiences of Black/African Americans living in Mercer County is most evident in Trenton City, a majority minority city. Nearly half of residents identify as Black/African American (49.5%) and 38.1% identify as Latinx of any race. Differences in socioeconomic and health outcomes are stark compared to the rest of Mercer County. Within Trenton, median household income is less than half of the county median, and more than twice as many individuals and children live in poverty. There is a nearly 17-year gap between life expectancy in parts of Trenton (69.4 years) and the highest life expectancy in Mercer County (86.5 years in the north central area). Of note, while Trenton is a majority minority community, poverty levels are similarly high across racial and ethnic groups in the city, compounding the impact of disadvantages based on historical race-based barriers such as lack of access to quality housing, employment restrictions, and other resources.

Median Household Income and Poverty Indicators

Blue = Economic wealth compared to state and nation

Orange = Economic disparity compared to state and nation

	Median Household Income	People in Poverty	Children in Poverty	Households with SNAP Benefits
Trenton City	$35,402	28.7%	38.5%	26.2%
Hamilton Twp	$78,177	7.9%	12.5%	5.0%
Ewing Twp	$78,876	10.2%	8.5%	4.5%
Hightstown Boro	$80,410	10.8%	13.8%	8.0%
East Windsor Twp	$88,795	7.4%	10.9%	5.3%
Lawrence Twp	$103,690	6.0%	2.3%	2.0%
Hopewell Boro	$109,231	6.3%	10.5%	1.3%
Pennington Boro	$132,500	2.6%	0.7%	0.0%
Hopewell Twp	$136,231	2.5%	2.0%	1.8%
Princeton	$137,672	7.8%	2.1%	2.6%
Robbinsville Twp	$155,107	0.9%	0.2%	2.4%
West Windsor Twp	$169,312	1.8%	1.1%	1.2%
Mercer County	**$81,057**	**11.6%**	**15.7%**	**8.4%**
New Jersey	**$82,545**	**10.0%**	**14.0%**	**8.7%**
United States	**$62,843**	**13.4%**	**18.5%**	**11.7%**

Source: United States Census Bureau, 2015-2019

Community Health Priorities and Goals

In every community there are infinite opportunities to improve access and availability of health and social services, the built environment, social context, and myriad factors that influence overall quality of life and well-being. Determining the needs on which to focus, and what initiatives to undertake requires input from stakeholders from all walks of life. Ensuring representation from service providers, policy makers, planners, and perhaps—most importantly—those that experience disparities and inequities, is essential to determining where investments can have the broadest impact and what strategies will be effective.

In defining priority health issues on which to focus GMPHP's collective efforts, the CHNA compared trends in statistical data with stakeholder perceptions about the most pressing needs within Mercer County. The concerns outlined here were determined through statistical data analysis and confirmed with qualitative research to be the most pressing needs to address at this time.

COVID-19

Guiding Goal: Reduce death disparities among vulnerable population groups.

COVID-19 has created unprecedented challenges for people across Mercer County—and the world—and has demanded equal measure in response from healthcare, social services, government, businesses, families, and individuals.

COVID-19 has not impacted all people equally. Rather, certain structural issues including population density, poverty, crowded housing, and unsafe work environments have contributed to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases.

COVID exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society. This is evidenced in the following table documenting the leading causes of death in New Jersey in 2020. In alignment with these data and the CDC COVID-19 Response Health Equity Strategy, GMPHP partners recognize the ongoing needs, and recovery that will be required over the coming years should include actions to reduce health disparities and the unequal death toll among Black, Indigenous, and other People of Color (BIPOC).

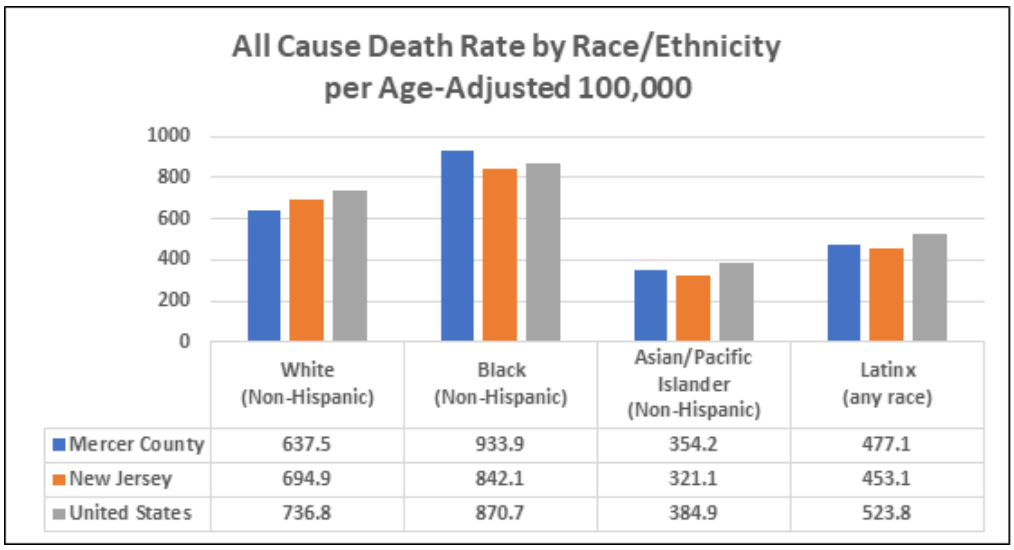
Leading Causes of Death among New Jersey Residents by Race/Ethnicity, Preliminary 2020 Data

	White, non-Hispanic		Black, non-Hispanic		Hispanic (of any race)		Asian, non-Hispanic	
Rank	Cause	Count	Cause	Count	Cause	Count	Cause	Count
	All causes of death	65,243	All causes of death	13,623	All causes of death	10,831	All causes of death	3,795
1	Heart disease	14,585	COVID-19	2,544	COVID-19	3,505	COVID-19	947
2	Cancer	11,415	Heart disease	2,502	Heart disease	1,478	Heart disease	623
3	COVID-19	8,801	Cancer	1,867	Cancer	1,301	Cancer	610
4	Unintentional injuries	2,785	Unintentional injuries	742	Unintentional injuries	640	Stroke	168
5	Stroke	2,550	Stroke	585	Diabetes	352	Diabetes	149
6	CLRD	2,366	Diabetes	536	Stroke	305	Unintentional injuries	119
7	Alzheimer disease	2,163	Kidney disease	345	Alzheimer disease	210	Septicemia	89
8	Septicemia	1,401	CLRD	335	Influenza and pneumonia	203	Kidney disease	82
9	Diabetes	1,293	Septicemia	324	Septicemia	193	Influenza and pneumonia	80
10	Influenza and pneumonia	1,103	Essential hypertension	276	Chronic liver disease	169	Alzheimer disease	58

Chronic Disease and Life Expectancy

Guiding Goal: Achieve equitable life expectancy among all residents in Mercer County.

Prior to COVID, the top leading causes of death among all populations in the US were chronic diseases including (in order of US mortality rates) heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, and Alzheimer's disease. In Mercer County, it is evident that prevention, identification, and treatment of chronic disease is efficacious and high quality, but not for everyone. Applying lessons learned through COVID-19, we need to apply understanding of persistent disparities among Black/African American people in particular, and respond to the wide inequality in death rates due to chronic disease. As such, the GMPHP redefined its goals toward reducing and responding to chronic disease to focus on the underlying inequities that contribute towards greater risk among Black/African Americans in Mercer County than other populations.



Source: CDC, 2019

Behavioral Health and Trauma

Guiding Goal: Reduce the impact of trauma on health outcomes.

Adverse Childhood Experiences (ACES) are traumatic or stressful events that occur before the age of 18. While these incidents are individual in nature, they are compounded by exposure to adverse community environments, and ameliorated through supportive community environments. Traumatic or stressful events in childhood have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals, and are associated with decreased life expectancy.

Adult Mental Health Measures

	Mercer County	New Jersey	United States
History of diagnosed depression, 2017 (age-adjusted)	20.1%	14.8%	20.5%*
Average number of mentally unhealthy days, 2018	4.3	3.8	4.1

Source: New Jersey State Health Assessment Data, 2017; CDC, 2017, 2018

*Data reflect a crude percentage, not age-adjusted, based on availability.

In recognition of the wide impact of ACES, the GMPHP has focused its goals for behavioral health on the prevention, identification, and treatment of ACES at a community and individual level. This includes screening for ACES among current patients, leveraging collaboration to connect patients with useful services, promoting education and employment opportunities for local diverse populations, educating providers about ACES, and promoting policies that allow children and families to thrive. This way we can positively impact the root causes of existing mental and physical health concerns among adults, as well as create a healthier future for children.

Maternal and Infant Health

Guiding Goal: Achieve equitable outcomes for mothers and babies.

The factors that lead to high infant death rates among Black/African American infants exist well before a mother becomes pregnant or gives birth. Infant mortality is widely regarded as an important community health indicator because it is particularly sensitive to structural community factors. These factors, including housing insecurity, educational attainment of the mother, and ACES, have a significant impact on the health of infants in their first year of life and the life of their mothers.

In Mercer County, the rate of infant deaths among Black/African Americans is 205% (11.9) higher than the combined statewide rate (3.9). In Trenton, the rate of infant deaths among Black/African Americans (13.9) is 256% higher than the statewide rate. These high rates indicate the need to address structural factors at the community-level that are impacting this negative outcome and loss of life.

In alignment with recommendations by the Nurture New Jersey Strategic Plan, GMPHP's strategies reflect the stated values of promoting equity, fostering meaningful community engagement, driving multisector collaboration to address upstream root causes, and a commitment to remove barriers to resources, especially within high need or low resourced communities. GMPHP and its partners have taken action to leverage their collaboration to increase access to care through home- and community-based supports, as well as work to dismantle long-standing community based social inequities that disproportionately impact Black/African American families.

2015-2019 Infant Death Rate per 1,000 Live Births by Race/Ethnicity

	Mercer County	Trenton City	New Jersey
White, non-Hispanic	NA	NA	2.9
Black/African American, non-Hispanic	11.9	13.9	9.2
Asian, non-Hispanic	NA	NA	2.5
Hispanic (of any race)	5.0	6.8	4.2
All Races Combined	5.7	9.9	3.9

Source: New Jersey State Health Assessment Data, 2015-2019

CHNA Study Methods and Background

Secondary data sources were used to collect and analyze social, economic, and health indicators including demographics, socioeconomic measures, public health statistics, utilization of health and social services, behavioral and mental health indicators, maternal and child health trends, and COVID-19 impact, among other relevant measures of health and well-being. Data sources included national, state, and local reporting entities including the U.S. Centers for Disease Control; the U.S. Census Bureau; New Jersey State resources including NJBRFS, NJSHAD, NJVDRS, NJHIN, municipal and county health departments, and local partners. A full list of reference sources is included in Appendix A.

When available, data were presented alongside New Jersey (NJ) state and national benchmarks (US) to assess areas of strength and opportunity for the region. To align with the national Healthy People 2030 (HP 2030) initiative, these goals are displayed for comparison when applicable. Healthy People 2030 is a US Department of Health and Human Services health promotion and disease prevention initiative that sets science-based, 10-year national objectives for improving the health of all Americans.

As available, data were collected and compared across municipalities, zip codes, or populations to demonstrate different experiences among places and people. This close-up comparison of neighborhoods underscored differences and similarities to document disparities and illuminate inequities, particularly among special populations including racial and ethnic minorities, seniors, children and youth, and pre-and postpartum mothers. Age-adjusted rates are referenced throughout the report to depict a comparable burden of disease among residents. Age-adjusted rates are summary measures adjusted for differences in age distributions so that data from one year to another, or between one geographic area and another, can be compared as if the communities reflected the same age distribution.

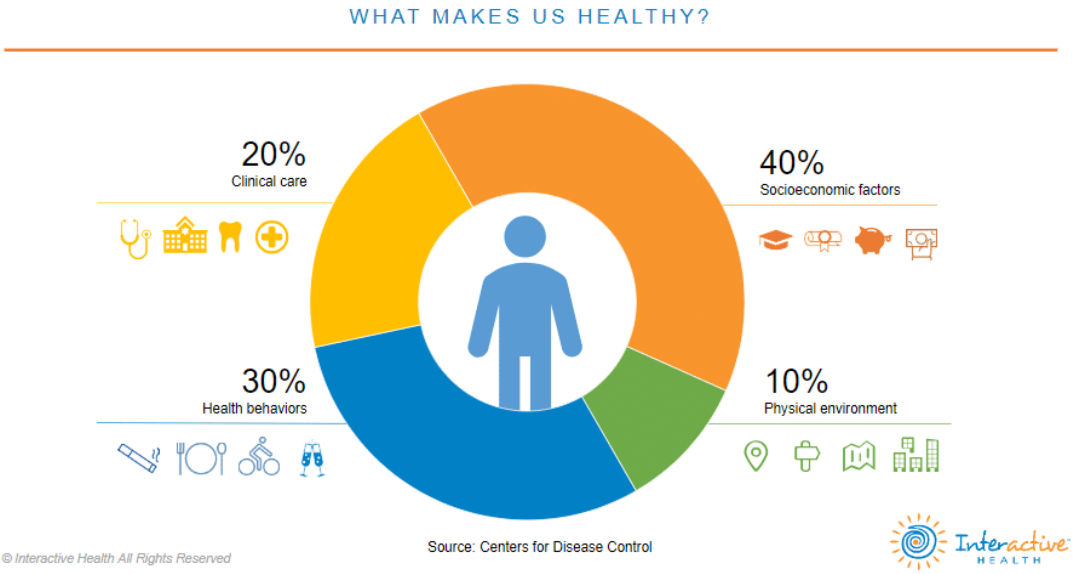
Qualitative research was conducted to collect perspectives of community stakeholders related to health status, care delivery, access to care, socioeconomic measures, and social context. These data were essential to capturing real-time experiences during COVID-19 as much of the statistical data measures reflect the years prior to COVID-19. Qualitative research included a Key Stakeholder Survey administered via an electronic survey. Nearly 200 responses were received from health and human service providers, community and civic leaders, first responders and community activists, faith and school-based leaders, among others that shared unique perspectives from working with diverse populations across Mercer County. During the height of COVID-19 vaccination roll out in early 2021, a survey was created to garner information regarding perceptions of reliable information sources about COVID and vaccination from individuals at all GMPHP partner vaccination sites. A total of 1,071 people completed the COVID survey. In addition, more than 70 interviews and small group discussions were held with individuals representing a wide range of institutions and perspectives throughout Mercer County. A full list of interviewees is included in Appendix B.

Research findings from secondary data analysis were compared to qualitative research findings to compare perceptions to statistical data, identify root causes, and contextualize data trends to contributing factors for identified health needs.

Understanding Social Determinants of Health and Health Equity: The connection between our communities and our health

The mix of ingredients that influence each person's overall health profile include individual behaviors, genetics, accessibility and quality of health services, the physical or built environment, and socioeconomic conditions known as "social determinants of health." Differences in health outcomes such as incidence of disease and death that result from these factors are called *disparities*.

The root causes of health disparities are most driven by social determinants of health. Public health agencies, including the US Centers for Disease Control (CDC), widely hold that at least **50% of a person's health profile is determined by social determinants of health.**



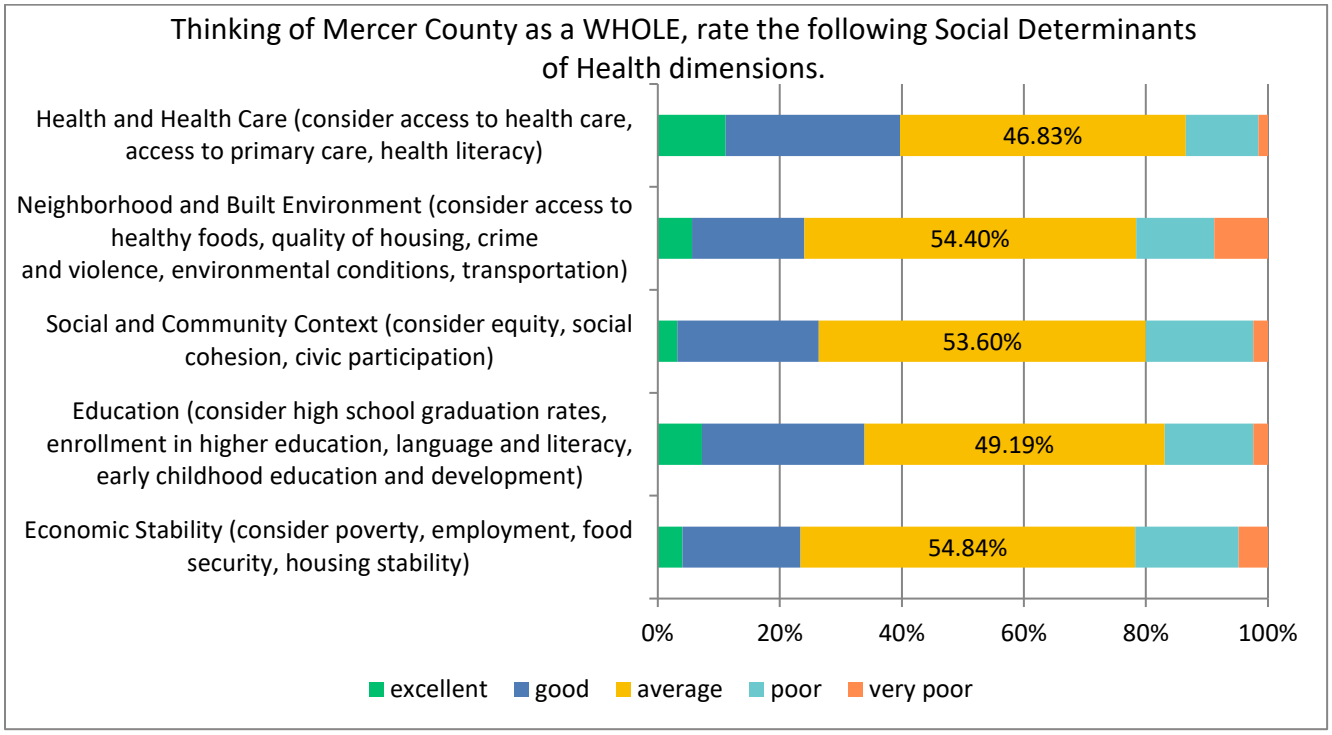
Social determinants of health are typically grouped into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Addressing social determinants of health is a primary approach to achieving *health equity.*

Health equity encompasses a wide range of social, economic, and health measures but can be simply defined as "a fair opportunity for every person to be as healthy as possible."

In order to achieve health equity, we need to look beyond the healthcare system to dismantle systemic inequities born through racism and discrimination that have overt and implied in many of our social structures, like power and wealth distribution, education and job opportunities, and housing and safe environments. By acknowledging the impact of many of the structural inequities that have existed in our communities, we can make more equitable and effective plans to build a healthier community for all people now and in the future.

Community Perceptions of Social Determinants of Health

As part the of the CHNA process, nearly 200 community representatives participated in a Key Stakeholder Survey. Among the survey questions, participants were asked to rate their impressions of the five key domains of social determinants of health as recognized by the CDC and World Health Organization (WHO) for Mercer County as a whole. The responses are reflected in the graph below.



This graph shows that across each social determinant of health dimension, most Key Stakeholder Survey respondents scored these factors as "average." When asked to expand upon the factors that influenced their scoring, survey respondents repeatedly noted the wide dichotomy in Mercer County between communities of privilege and vulnerable communities.

Key Stakeholder Feedback:

"Some towns have award winning school districts, while others have sub-par schooling."

"We have areas of great need in Mercer County as well as areas of abundance. Overall, it averages out, but this does not represent the vast differences in the County"

"We really have areas of Mercer County that are desperately poor, and other areas where multimillionaires reside."

Experiences in Mercer County vary greatly between zip codes, towns, and neighborhoods. Across Mercer County, communities of color—particularly Black/African Americans—experience disparities in socioeconomic and health outcomes compared to White, Asian, Latinx, and other population groups. The City of Trenton, a majority-minority city, consistently demonstrates lower socioeconomic indicators and poorer health outcomes than other municipalities in Mercer County.

How We Rank for Health and Quality of Life

A host of indexes are available to illustrate the potential for health disparities and inequities at the community-level based on social determinants of health (SDoH). A description of each index used in this report is provided below, followed by data visualizations of each tool that show how well Mercer County communities fare compared to state and national benchmarks.

Community Need Index (CNI): The CNI is a zip code-based index of community need calculated nationwide, based on socioeconomic barriers, including income, culture, education, insurance, and housing.
The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating a zip code with the least need and 5.0 indicating a zip code with the most need compared to the US national average of 3.0. The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community's demand for a range of healthcare services.

GINI Index: (World Bank estimate) The Gini Index, measures the distribution of income across a population. The GINI Index combines a variety of economic and social indicators to create an index score ranging from 0-100, with a score of 0 representing perfect equality and a score of 100 representing perfect inequality. This GINI Index is used to identify the level of economic inequality within a municipality, demonstrating the breadth of disparity within a town or city.

Vulnerable Population Footprint: The Vulnerable Population Footprint identifies Census tracts where more than 30% of people are living in poverty or where more than 25% ofadults do not have a high school diploma and the areas where both indicators overlap. Census tracts are statistical subdivisions of a county that have roughly 4,000 inhabitants.

Area Deprivation Index (ADI): The ADI has been in use by Heath Resources and Services Administration (HRSA) for more than 30 years to inform health care delivery and policy. The ADI provides a census block group measure of socioeconomic disadvantage based on income, education, employment, and housing quality. A block group is a subdivision of a census tract and typically contains between 250 and 550 housing units.

County Health Rankings (CHR): The CHR captures a wide range of health, economic, and social indicators on a county level for all counties across the US. Each year CHR publishes key indicators and ranks each county by state based on their reported outcomes. The CHR model illustrates where action can be taken to improve health and eliminate disparate barriers to opportunity.

Asset Limited Income Constrained Employed (ALICE): The ALICE threshold is an index that measures the minimum income level required for survival for an average sized household, based on localized cost of living and local average household sizes. The ALICE index captures the percent of households whose income is above the federal poverty level, but below the threshold necessary to meet all basic needs according to the cost of living in specific communities.

COVID-19 Community Vulnerability Index (CCVI): The CCVI, developed by Surgo Ventures, assesses every US community 's vulnerability to infectious disease spread based on existing health, economic, and social factors. These factors include socioeconomic status, language barriers, population density, and housing insecurity with access to healthcare and comorbidities among the population. Communities with higher vulnerability have pre-existing economic, social, and physical conditions that may make it hard to respond to and recover from an outbreak like COVID-19.

Community Need Index (CNI) for Mercer County

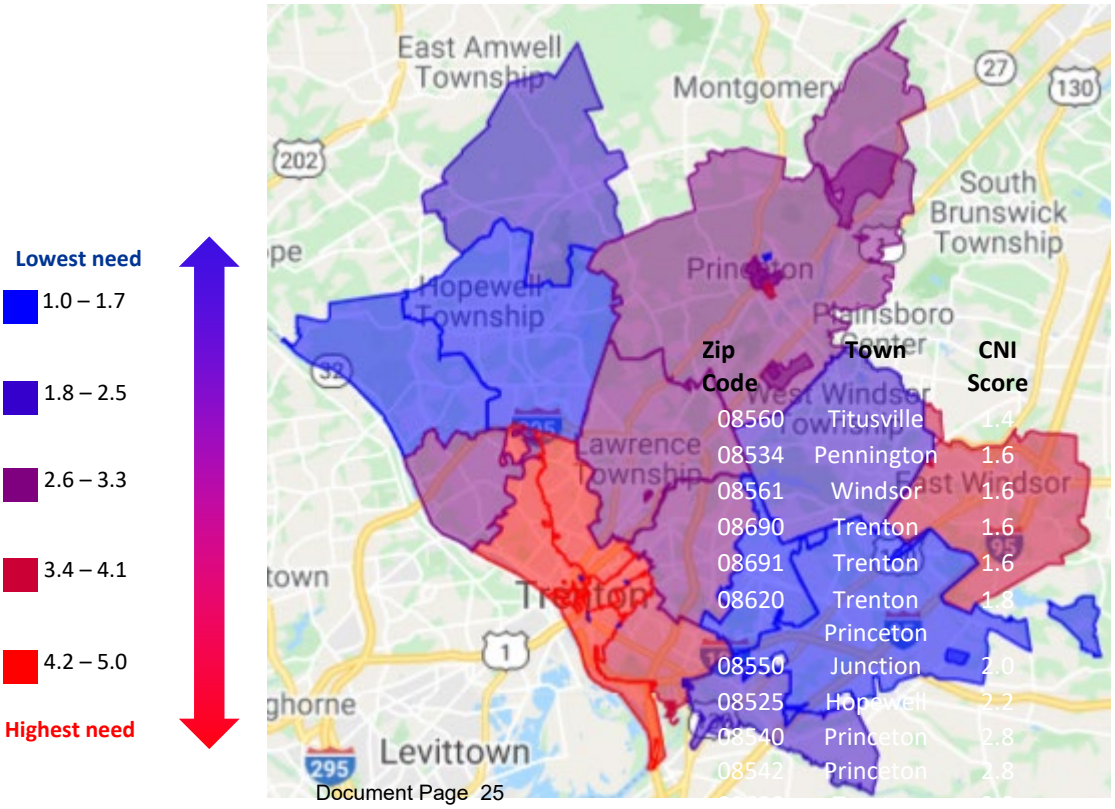
Developed in 2004 by Dignity Health and IBM Watson Health™, the CNI score is an average of five different factors that measure various socioeconomic indicators (income, cultural barriers, education, health insurance, housing) for each community using 2020 source data to determine overall health needs. The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community's demand for a range of healthcare services, and as such, represents a useful planning tool for prioritization of geographic interventions.

Zip Code	Town	CNI Score
08560	Titusville	1.4
08534	Pennington	1.6
08561	Windsor	1.6
08690	Trenton/ Hamilton	1.6
08691	Trenton/ Hamilton	1.6
08620	Trenton/ Hamilton	1.8
08550	West Windsor	2.0
08525	Hopewell	2.2
08540	Princeton	2.8
08542	Princeton	2.8
08628	Trenton	3.0
08648	Lawrence Township	3.0
08619	Trenton/ Hamilton	3.2
08520	Hightstown/East Windsor	3.4
08544	Princeton	3.8
08610	Trenton/Hamilton	3.8
08629	Trenton/ Hamilton	4.2
08618	Trenton	4.6
08638	Trenton	4.6
08609	Trenton	4.8
08611	Trenton/ Hamilton	4.8
08608	Trenton	5.0

The zip codes within Mercer County reflect the full CNI spectrum from lowest possible need (1.4 in Titusville) to highest possible need (5.0 in Trenton zip code 08608).

The map demonstrates that across Mercer County, pockets of high need exist in tandem to well-resourced communities. The distinct socioeconomic characteristics that make up neighborhoods drive overall need. For example, zip codes in Trenton score among the highest and lowest CNI scores.

The CNI helps better target specific neighborhoods that may need more robust exploration, intervention, and opportunity in order to increase health equity for all.



GINI Index by Municipality

The GINI Index measures economic inequality within municipalities, combining standardized economic indicators to measure the economic heterogeneity of a community. The index derived for each municipality comprises a variety of social and economic indicators that are combined and weighted to create a score for each community that can be compared to any other municipality.

The GINI Index looks within each town to measure the inequities within the town borders, and determines a score that can be compared to other towns. This approach helps identify areas where systemic barriers and social determinants of health can be addressed at a small scale level.

A large GINI Index represents more inequality, while a smaller GINI Index represents greater economic equity. The municipalities within Mercer County generally have greater economic equity than New Jersey (48.14%) or the US (48.23%) as a whole, with the exceptions of Princeton (56.27%) and Trenton (51.65%) which have greater economic inequality. This means, that within both Trenton and Princeton, there is a wide variability between wealthy and poor, but the other communities are more economically homogenous.

GINI Index by Municipality

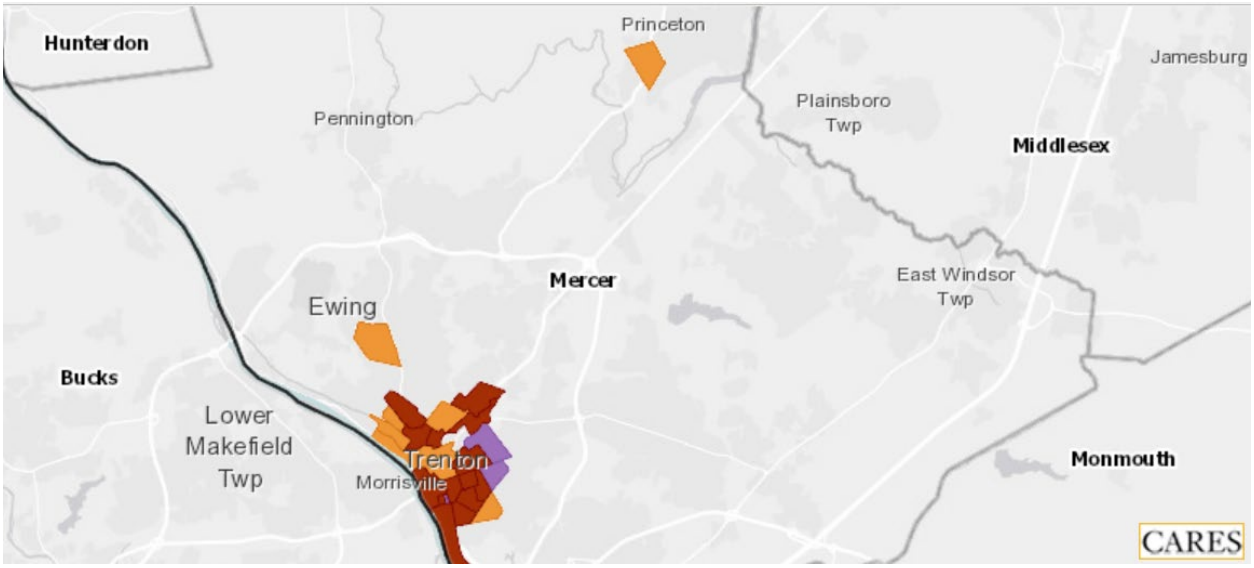
	HHs in Poverty	HHs Receiving Food Stamps/ SNAP	Children in Poverty	Language Other than English Spoken at Home	Unemp-loyment	Less than HS Diploma	Without Health Insurance	GINI Index
Princeton	7.8%	2.6%	2.1%	35.3%	3.3%	3.7%	1.7%	56.27%
Trenton, City of	28.7%	26.2%	38.5%	39.0%	11.4%	28.6%	17.6%	51.65%
Pennington, Borough of	2.6%	0.0%	0.7%	10.1%	2.1%	1.1%	0.4%	46.02%
Hopewell Township	2.5%	1.8%	2.0%	15.3%	3.8%	6.3%	2.4%	45.99%
Hopewell, Borough of	6.3%	1.3%	10.5%	8.6%	3.7%	2.1%	5.6%	44.30%
East Windsor Township	7.4%	5.3%	10.9%	44.6%	3.9%	9.2%	9.3%	43.89%
Hightstown, Borough of	10.8%	8.0%	13.8%	36.9%	5.9%	14.6%	16.6%	43.84%
Lawrence Township	6.0%	2.0%	2.3%	28.8%	4.8%	5.7%	3.4%	41.61%
West Windsor Township	1.8%	1.2%	1.1%	45.2%	5.1%	1.5%	2.8%	41.27%
Hamilton Township	7.9%	5.0%	12.5%	22.7%	5.1%	9.0%	6.2%	40.48%
Robbinsville Township	0.9%	2.4%	0.2%	27.7%	3.4%	3.2%	1.5%	38.18%
Ewing Township	10.2%	4.5%	8.5%	16.2%	7.4%	8.1%	5.0%	38.12%
Mercer County	**11.6%**	**8.4%**	**15.7%**	**30.5%**	**6.1%**	**11.5%**	**7.7%**	**50.25%**
United States	**13.4%**	**11.7%**	**18.5%**	**21.6%**	**5.3%**	**12.0%**	**8.8%**	**48.23%**
New Jersey	**10.0%**	**8.7%**	**14.0%**	**31.3%**	**5.5%**	**10.2%**	**7.8%**	**48.14%**

Source: US Census Bureau, 2015-2019

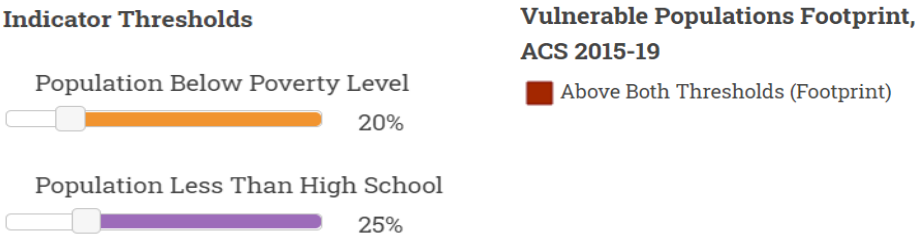
Vulnerable Population Footprint for Mercer County

The map below indicates the Vulnerable Population Footprint (VPF) in Mercer County. The areas indicated in orange represent census tracts where 20% or more of the population is below 100% of the federal poverty level. The areas marked in purple indicate areas where 25% or more of the population age 25 or older have not completed a high school diploma. The areas marked in red indicate areas where more than 20% of the population is below 100% of the Federal Poverty Level, and greater than 25% of the population 25 years or older have less than a high school diploma.

This indicator is important because researchers at the CDC have shown that low education and poverty are both root causes and symptoms of Adverse Childhood Experiences (ACES), and exposure to ACES results in a higher likelihood of negative health and behavioral outcomes later in life, such as heart disease, diabetes, and premature death. ACES can follow an intergenerational pattern, perpetuating negative outcomes. Therefore, the measure of Vulnerable Populations provides a geographic starting point for addressing social determinants of health to prevent ACES in young people at a community level, build resilience in communities, and treat the impact of ACES in adults.[3]



Source: https://careshq.org/map-room/?action=tool_map&tool=footprint



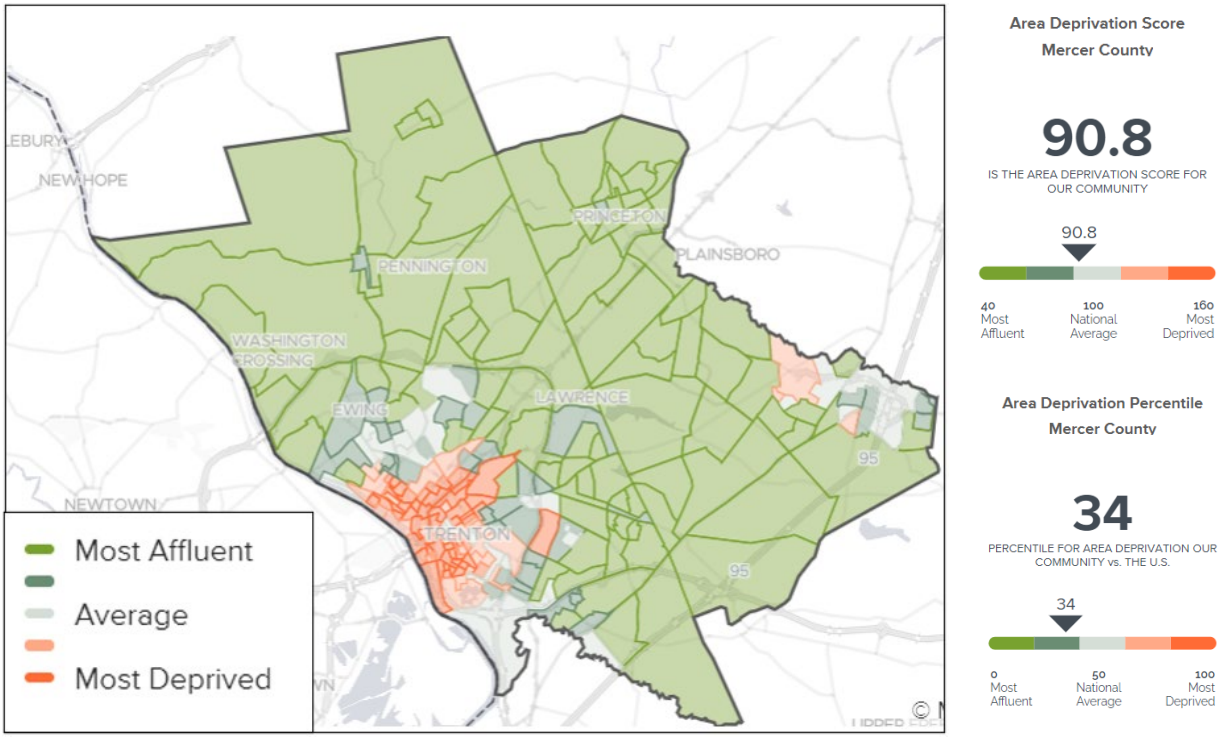
[3] https://www.ncsl.org/research/health/adverse-childhood-experiences-aces.aspx

Area Deprivation Index (ADI)

The ADI is a national index that enables ranking of neighborhoods by a weighted measurement of socioeconomic disadvantage. The ADI allows particular neighborhoods to be compared with surrounding neighborhoods by census block group, as well as with neighborhoods measured in the same way throughout the United States. All of Mercer County has an ADI score of 90.8, which ranks it among the top 34% of most affluent communities in the United States. However, the map included below shows that the higher level of affluence measured for Mercer County as a whole, is not equally distributed across every neighborhood and town.

This finding is important because systemic economic disparity can contribute towards intergenerational poverty and disadvantage, both drivers of and outcomes from ACES. This map and data help identify geographic areas within Mercer County where structural interventions to address social determinants of health, such as local hiring initiatives, investments in local educational opportunities, and utilizing local vendors, can work towards preventing and addressing ACES and build community resilience.

Area Deprivation Index



Source: https://www.neighborhoodatlas.medicine.wisc.edu/

County Health Rankings (CHR)

Each year, the University of Wisconsin Population Health Institute, in partnership with the Robert Woods Johnson Foundation, releases the County Health Rankings report measuring the health of every county in every state in the nation. These data are then analyzed to create rankings of counties within each state based on standardized indicators that impact health.

The CHR shows how Mercer County lines up on key indicators compared to other New Jersey Counties. It also shows how Mercer County has improved or not on certain key metrics over time. According to the most recent CHR, Mercer County is generally in the middle of all NJ counties for most indicators. In overall health outcomes, in 2021 Mercer County saw a one place increase, from #13 to #12 from 2019. However, Mercer County fell one place in Health Factors from #9 in 2019 to #10 in 2021.

County Health Rankings

Mercer County Ranking Out of 21 Counties in New Jersey

(1 is the best, 21 is the lowest)

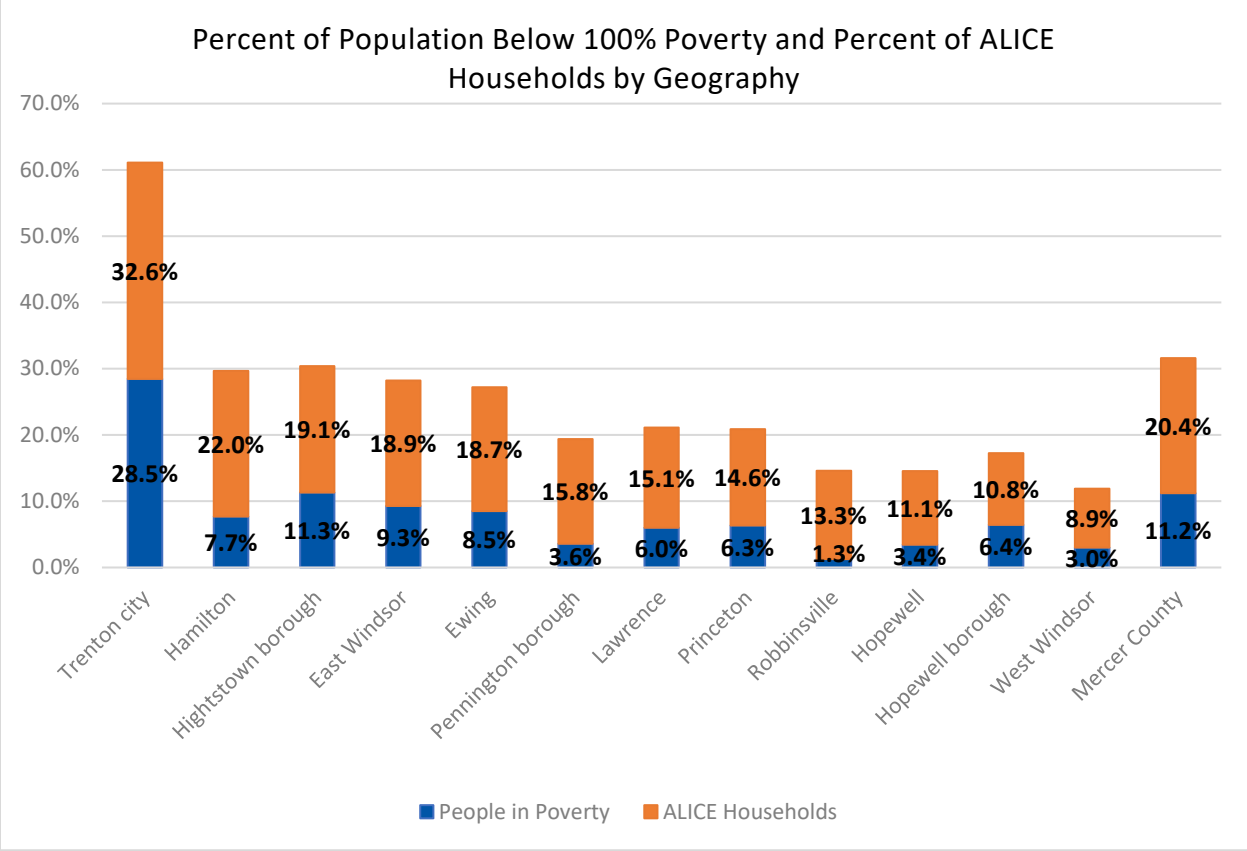
	Mercer County		
	2021 Ranking	2020 Ranking	2019 Ranking
Health Outcomes	**12**	**10**	**13**
Length of life	10	10	10
Quality of life	13	10	13
Health Factors	**10**	**10**	**9**
Health behaviors	8	10	7
Clinical care	9	9	7
Social and economic factors	12	11	11
Physical environment	7	4	3

Source: County Health Rankings, 2019-2021

Asset Limited Income Constrained Employed (ALICE)

The ALICE threshold is an index that measures the minimum income level required to meet all basic needs for an average sized household, based on localized cost of living and local average household sizes. The ALICE index captures the percent of households whose income is above the federal poverty level, but below the threshold necessary to meet all basic needs according to the cost of living in specific communities. ALICE measures the proportion of working poor and households who struggle to meet basic needs and are a paycheck or two away from acute financial strife.

The graph below shows that although most Mercer County municipalities have relatively few people living below 100% of the federal poverty level, at least 1 in 10 people living in every Mercer County municipality fell within the ALICE thresholds before COVID-19. This means that, regardless of the relative affluence of the community in which they live, 1 out of every 5 people living in Mercer County were working but unable to meet their basic needs before the health, social, and economic impact of COVID began**.** Income constraints affect individual's ability to prioritize their health, in part, because of the pressure to make basic ends meet.



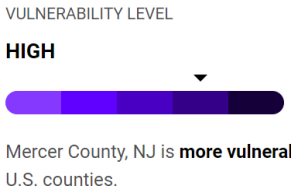
Source: United for ALICE, 2014-2018

Mercer County COVID-19 Vulnerability Index by Census Tract

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases.

Surgo Ventures developed the COVID-19 Community Vulnerability Index (CCVI) to measure existing structural issues, such as population density, existing levels of chronic disease, proportions of uninsured, and others, to determine the scale of a community's vulnerability to an infectious disease event such as COVID-19.

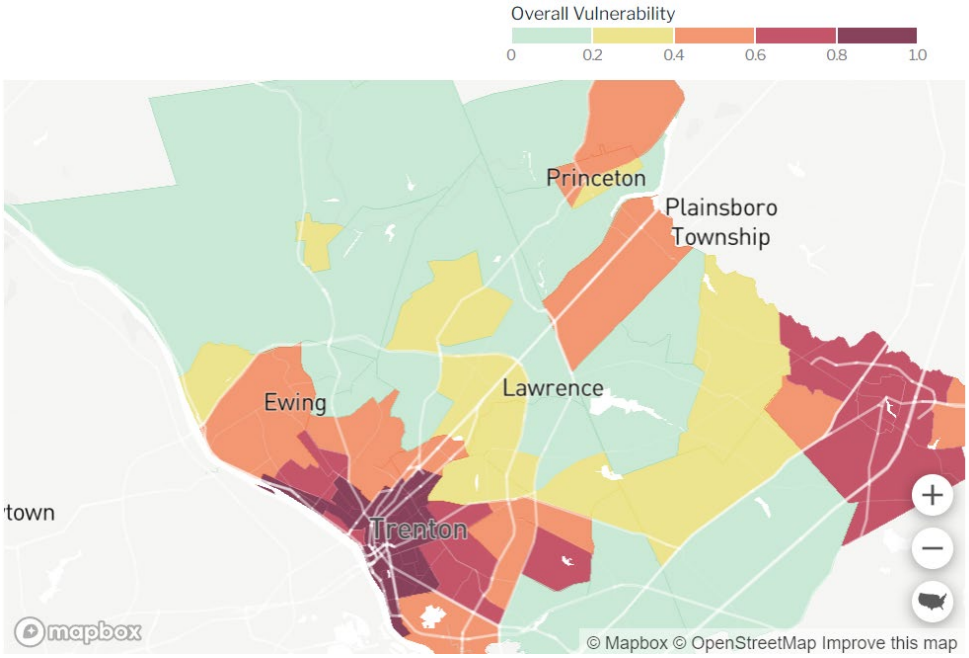
Using this scale, Mercer County has a "High" vulnerability score compared to other parts of the US. Among the factors impacting this score is population density, which refers not only to the number of people per area, but it also incorporates the HUD Housing Problems indicator that measures overcrowding and housing affordability concerns.



https://covidactnow.org/us/new_jersey-nj/county/mercer_county/?s=24031316

What makes Mercer County Vulnerable	
Population density	VERY HIGH
Minorities & non-English speakers	VERY HIGH
Unemployment & low income	HIGH
Crowded living & working areas	MEDIUM
Housing & transport challenges	MEDIUM
Health system challenges	LOW
Older age & health issues	VERY LOW

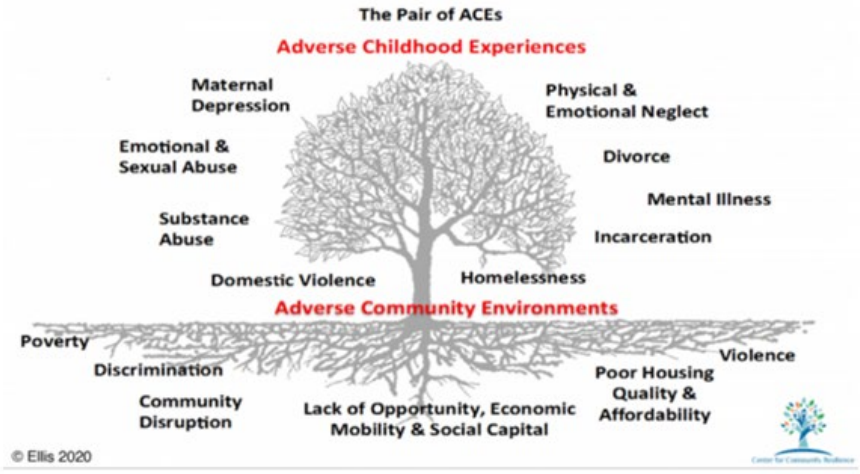
Mercer County is more vulnerable to infectious disease spread than 69% of US counties. Communities with higher vulnerability have pre-existing economic, social, and physical conditions that may make it hard to respond to and recover from a COVID-19 or other infectious disease outbreak.



Source: https://covidactnow.org/us/new_jersey-nj/county/mercer_county/?s=20951016

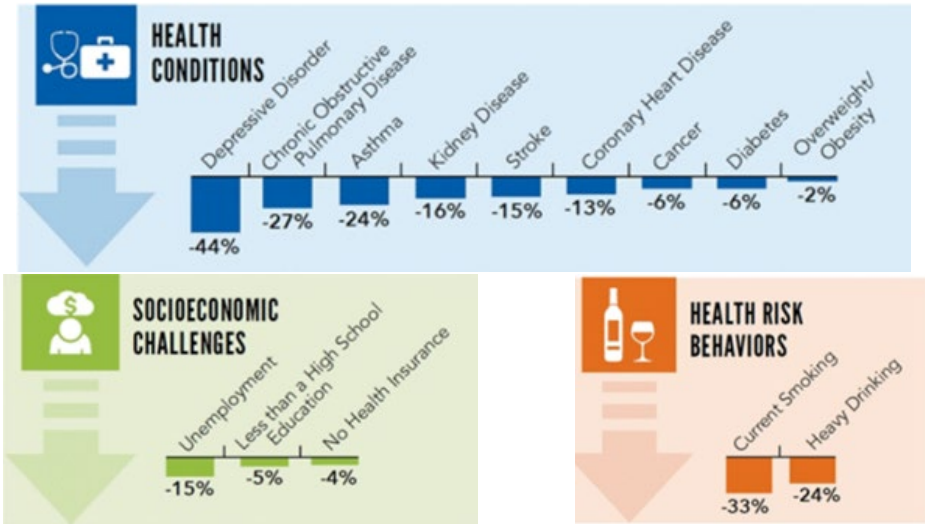
Adverse Childhood Experiences (ACES)

Mental and behavioral health disorders can be both the result of and the cause of Adverse Childhood Experiences (ACES), defined as traumatic or stressful events that occur before the age of 18. ACEs can have lifelong impacts on the economic, educational, mental, and physical health outcomes for individuals, and are associated with decreased life expectancy. While most ACES are the result of individualized experiences, the graphic below represents how adverse community environments amplify the impact of individual ACES.



By taking an upstream approach to emphasize interventions that address adverse community environments such as promoting "trauma informed care," we can prevent, identify, and ameliorate the negative impacts of ACES. Focusing community health interventions on underlying social determinants of ACES, such as poverty and discrimination, can yield more effective and impactful treatment of downstream disease conditions, and pave the way for equitable health outcomes. The following diagrams created by the CDC illustrate the potential positive impact of addressing and preventing ACES on health conditions, socioeconomic challenges, and health risk behaviors.

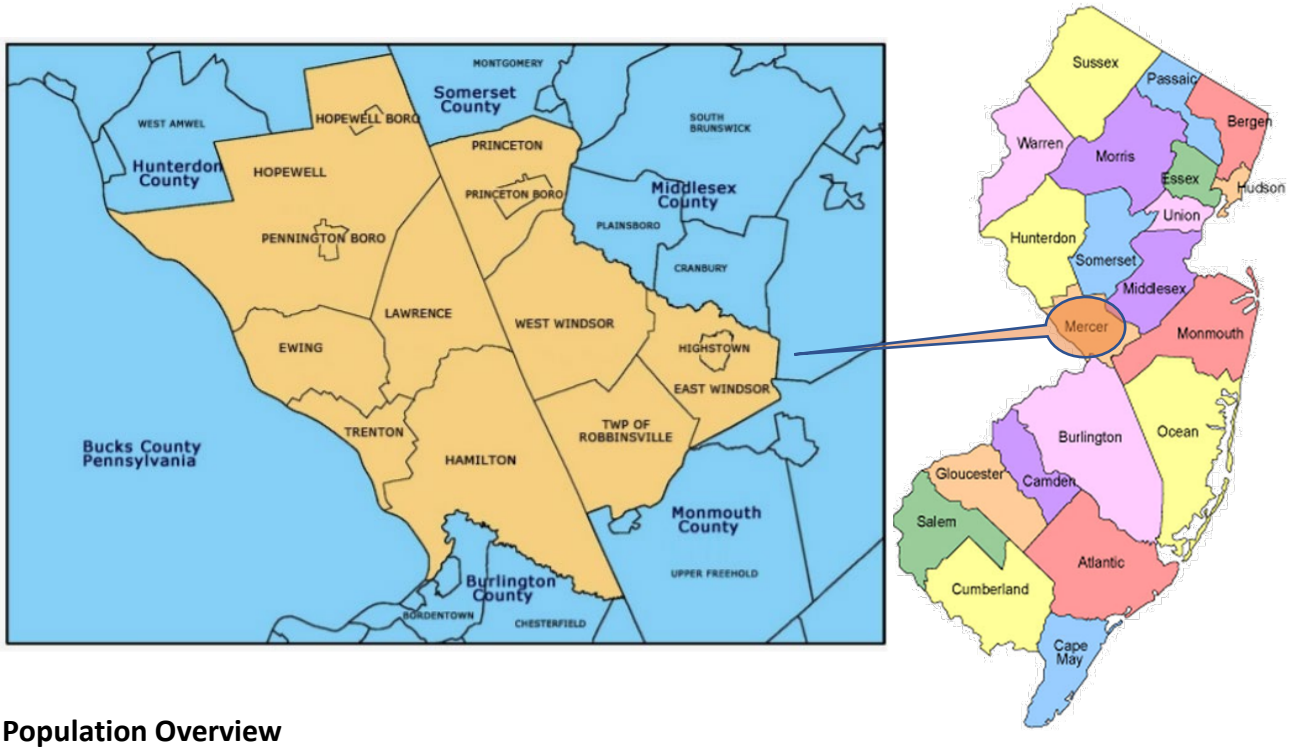
Potential Reduction of Negative Outcomes in Adulthood if ACES Were Prevented



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Our Communities and Residents

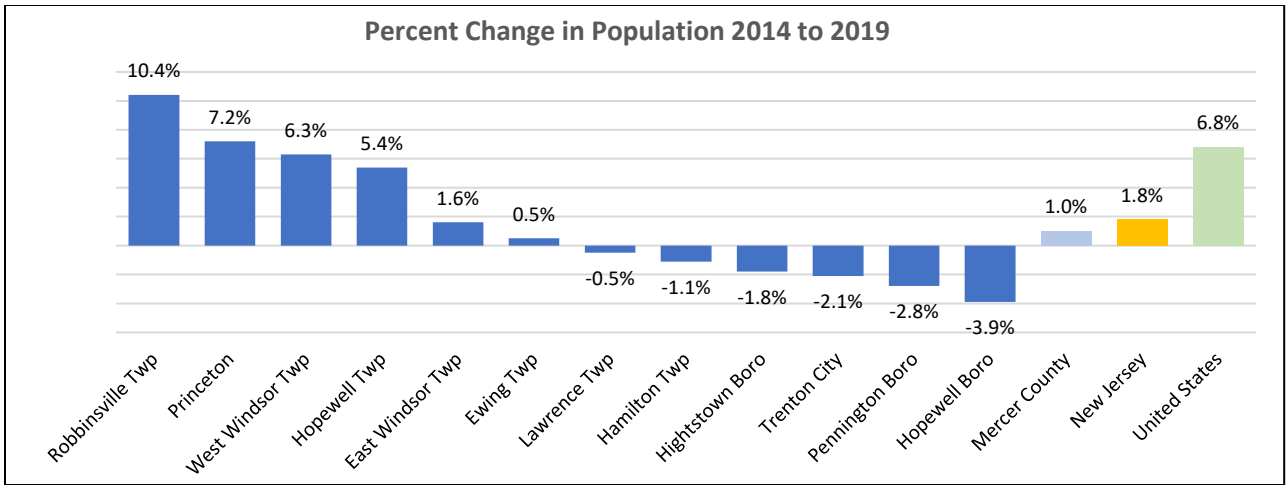
Mercer County comprises twelve distinct and diverse municipalities and is home to four hospitals and 11 health departments. Mercer County is home to Trenton, the state capitol of New Jersey. The following pages provide an in-depth view of the demographic and socioeconomic factors that contribute significantly to the health status and well-being of the residents of Mercer County.



Population Overview

Between 2010 and 2019, the population of Mercer County increased 1%, slightly less than the increase across New Jersey and much lower than the national increase of 6.8%. However, when we examine the change in population in Mercer County by municipality, a more complex story of change emerges.

Population increased in half of Mercer County's municipalities, and decreased in the other half, resulting in a 1% increase overall. Understanding changes in population demographics is critical to plan for changes in healthcare, housing, economic opportunity, education, social services, transportation, and other essential infrastructure elements.



Source: United States Census Bureau, 2010-2014; 2015-2019

Population Change 2010-2019, in Descending order by Highest to Smallest Percent Change

Green = Population growth greater than state and nation

Blue = In line with NJ State

Orange = Population decline

	2010-2014	2015-2019	% Change
Robbinsville Twp	13,016	14,365	10.4%
Princeton	28,922	31,000	7.2%
West Windsor Twp	26,283	27,937	6.3%
Hopewell Twp	17,137	18,067	5.4%
East Windsor Twp	26,817	27,245	1.6%
Ewing Twp	35,843	36,037	0.5%
Lawrence Twp	32,762	32,614	-0.5%
Hamilton Twp	88,412	87,424	-1.1%
Hightstown Boro	5,475	5,375	-1.8%
Trenton City	85,181	83,412	-2.1%
Pennington Boro	2,605	2,531	-2.8%
Hopewell Boro	1,992	1,915	-3.9%
Mercer County	**364,445**	**367,922**	**1.0%**
New Jersey	**8,721,577**	**8,878,503**	**1.8%**
United States	**303,965,272**	**324,697,795**	**6.8%**

Source: United States Census Bureau, 2010-2014; 2015-2019

Health needs change as individuals age and age distribution across a community impacts the needed investments and services. The median age in Mercer County is 38.8, generally consistent with New Jersey (39.9) and the US (38.1).

However, when we break down the distribution of ages among the 12 municipalities in Mercer County, significant differences emerge. Ewing Township, Princeton, and Trenton have greater proportions of young people (ages 24 and younger) than any other municipality, New Jersey, or the nation.

Hamilton Township, Hopewell Borough, Hopewell Township, Lawrence Township, Pennington Borough, Robbinsville Township, and West Windsor Township all have larger proportions of older people than the state, nation, and other townships. In Pennington Borough, the proportion of adults ages 75 or older is nearly two times greater than the national average.

These differences in age distribution among the municipalities in Mercer County indicate that their social and healthcare needs and interests likely vary widely. Similarly, healthcare and prevention interventions, such as injury prevention activities, will likely manifest differently in communities comprised of a large proportion of youth and young adults versus predominantly older adults.

2019 Population by Generation

Blue = Younger than state and nation; Orange = Older than state and nation

	Gen C	Gen Z	Millennial	Gen X	Boomer	Silent	Median Age	% Pop Change
	Under 5 years	5-24 years	25-39 years	40-54 years	55-74 years	75 years and over		
Pennington Boro	4.9%	25.3%	7.6%	24.7%	25.4%	12.0%	47.8	-2.8%
Hopewell Twp	4.8%	25.5%	11.3%	23.4%	27.6%	7.3%	46.1	5.4%
Hopewell Boro	6.3%	25.7%	14.1%	23.9%	23.6%	6.5%	43.0	-3.9%
Robbinsville Twp	3.5%	27.4%	15.3%	29.6%	19.2%	4.9%	41.9	10.4%
Hamilton Twp	5.9%	22.0%	20.2%	19.7%	24.5%	7.6%	41.6	-1.1%
Lawrence Twp	4.6%	25.9%	18.0%	20.0%	23.3%	8.2%	41.1	-0.5%
West Windsor Twp	4.5%	27.1%	17.3%	24.4%	20.7%	6.0%	40.7	6.3%
East Windsor Twp	7.3%	25.0%	19.0%	22.3%	19.3%	7.2%	39.2	1.6%
Hightstown Boro	6.2%	21.4%	27.5%	14.9%	23.1%	7.0%	38.4	-1.8%
Ewing Twp	5.3%	30.7%	16.1%	17.2%	23.9%	6.9%	37.8	0.5%
Trenton City	7.2%	28.9%	23.3%	19.9%	16.6%	4.3%	34.0	-2.1%
Princeton	3.3%	36.7%	14.6%	17.4%	20.8%	7.3%	33.8	7.2%
Mercer County	**5.7%**	**27.1%**	**18.9%**	**20.4%**	**21.5%**	**6.5%**	**38.8**	**1.0%**
New Jersey	**5.9%**	**24.9%**	**19.3%**	**20.5%**	**22.6%**	**6.9%**	**39.9**	**1.8%**
United States	**6.1%**	**25.9%**	**20.4%**	**19.1%**	**22.0%**	**6.5%**	**38.1**	**6.8%**

Source: United States Census Bureau, 2015-2019

Community Diversity

Compared to the overall demographic make-up of New Jersey and the United States, Mercer County has proportionately more people who identify as Black/African American or Asian, and fewer people who identify as White.

When these categories are broken down by municipality, there is wide variability in racial and ethnic makeup. For example, the proportion of people who identify as White in Hopewell Borough (97%) is two times greater than the proportion of people identifying as White in Trenton and West Windsor. In West Windsor, nearly half of the population (47.1%) identifies as Asian, nearly 10 times greater than the national percent (5.5%), and 40 times greater than the number of people identifying as Asian in Trenton (1.4%). In East Windsor, nearly 1 in 4 people identify as Latinx of any race (23.5%), more than the county, state, and nation, and nearly 10 times more than in Pennington (2.6%) or West Windsor (2.9%).

These distinct differences in populations form the social context of Mercer County communities. As much as communities are shaped by those who live there, people are also impacted by the social determinants of health that exist within the places they live. For example, the experience of residents living in Pennington varies greatly from those living in Trenton, regardless of race and ethnicity. The following pages reveal these distinct and nuanced differences that drive health and socioeconomic outcomes.

Population by Race/Ethnicity in Order of Ascending Diversity

Blue = More diverse than state and nation; Orange = Less diverse than state and nation

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Trenton City	40.9%	49.5%	1.4%	6.3%	1.4%	38.1%
West Windsor Twp	45.8%	3.4%	47.1%	0.6%	2.3%	2.9%
Ewing Twp	60.8%	29.9%	4.6%	1.8%	2.7%	8.7%
East Windsor Twp	66.8%	8.7%	20.0%	2.4%	2.1%	23.5%
Robbinsville Twp	70.0%	5.6%	21.5%	0.8%	2.2%	5.1%
Lawrence Twp	70.1%	11.1%	15.3%	1.6%	1.8%	9.0%
Princeton	72.5%	5.7%	16.9%	1.0%	3.7%	7.5%
Hamilton Twp	75.2%	14.9%	4.4%	3.2%	2.1%	15.8%
Hightstown Boro	81.4%	12.1%	4.5%	1.9%	0.0%	29.2%
Hopewell Twp	81.8%	4.5%	10.5%	0.7%	2.5%	4.8%
Pennington Boro	91.2%	4.4%	2.9%	0.0%	1.5%	2.6%
Hopewell Boro	97.0%	0.4%	1.0%	0.0%	1.3%	4.7%
Mercer County	**62.9%**	**20.7%**	**11.1%**	**2.9%**	**2.1%**	**17.5%**
Camden County	**66.0%**	**21.4%**	**6.5%**	**8.7%**	**3.2%**	**16.8%**
New Jersey	**67.8%**	**13.5%**	**9.5%**	**6.3%**	**2.7%**	**20.2%**
United States	**72.5%**	**12.7%**	**5.5%**	**4.9%**	**3.3%**	**18.0%**

Source: United States Census Bureau, 2015-2019

The diversity of the country of origin of the population in Mercer County demonstrates a commitment and belief that the communities within Mercer County offer opportunity for a better life. In Mercer County as a whole, 1 in 4 residents was born outside of the US, most of whom (1 in 10) have been naturalized as US Citizens. In East and West Windsor, Hightstown, Trenton, and Princeton, approximately 3 in 10 residents were born outside of the US and nearly 2 in 10 residents are not US citizens. Because the countries of origin of the immigrant populations in these municipalities are also diverse, there are an array of languages and cultural understanding that must be equitably considered when designing and delivering services.

People who have immigrated to Mercer County come from all over the world. Among immigrants who have settled in Mercer County, 40.9% come from Latin America, 35% come from Asia, 14.5% come from Europe, and 7.7% from Africa.

Approximately 30% of households in Mercer County speak a language other than English at home, compared to 22% in the US in general. This diversity of language, culture, and perspective enriches these communities as well as Mercer County as a whole. If this wide diversity is not considered in planning for service delivery and infrastructure, disparities in accessing and receiving services will present distinct barriers among immigrant communities.

Birthplace, Citizenship Status, and Language Spoken at Home

Blue = More diverse than state and nation; Orange = Less diverse than state and nation

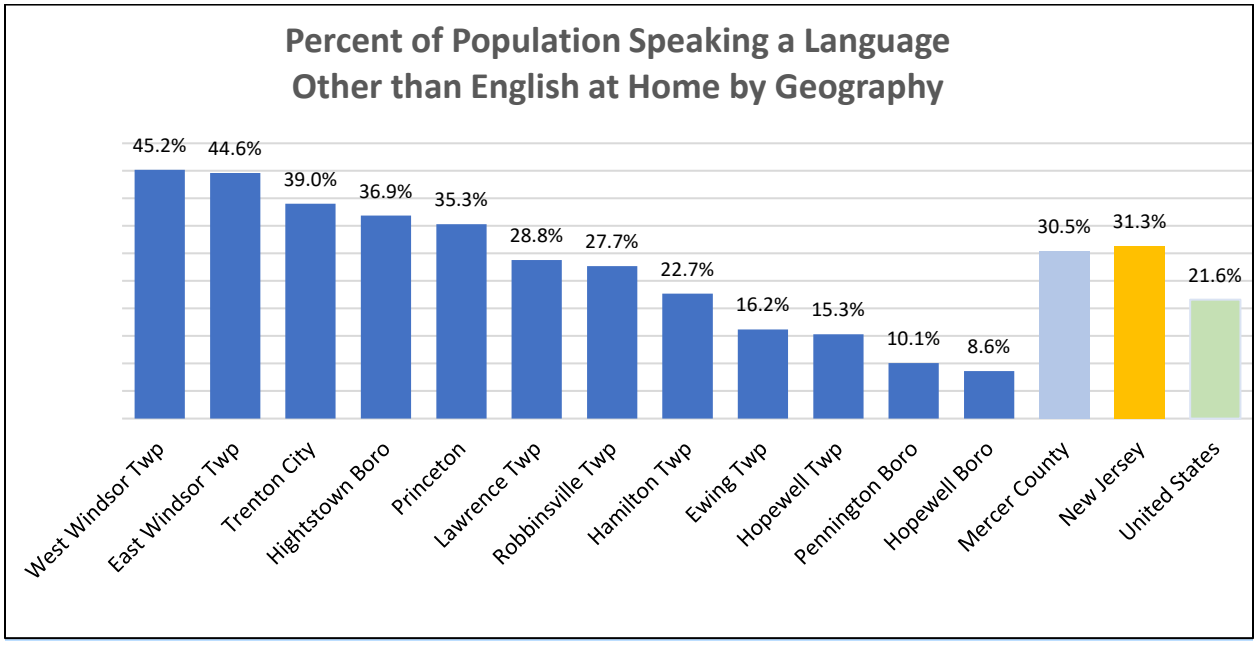
	US Citizen				Not a U.S. citizen	Primary Language Other than English
	Born in U.S.	Born in Puerto Rico / US Island	Born abroad of American parent(s)	Naturalized		
East Windsor Twp	64.5%	1.0%	0.6%	18.4%	15.5%	44.6%
Ewing Twp	84.2%	1.0%	0.9%	8.6%	5.4%	16.2%
Hamilton Twp	80.6%	1.9%	0.9%	8.7%	7.9%	22.7%
Hightstown Boro	66.3%	0.0%	0.8%	13.6%	19.4%	36.9%
Hopewell Boro	89.5%	0.2%	1.7%	4.4%	4.2%	8.6%
Hopewell Twp	84.7%	0.4%	2.2%	8.7%	4.0%	15.3%
Lawrence Twp	75.7%	0.4%	0.6%	12.1%	11.2%	28.8%
Pennington Boro	88.5%	0.0%	1.7%	6.8%	3.0%	10.1%
Princeton	69.1%	0.3%	2.1%	12.9%	15.6%	35.3%
Robbinsville Twp	76.1%	1.2%	0.4%	15.2%	7.1%	27.7%
Trenton City	70.5%	4.7%	0.7%	6.8%	17.4%	39.0%
West Windsor Twp	58.9%	0.0%	1.1%	22.9%	17.0%	45.2%
Mercer County	**74.3%**	**1.8%**	**1.0%**	**11.0%**	**11.9%**	**30.5%**
New Jersey	**75.2%**	**1.5%**	**0.9%**	**12.7%**	**9.8%**	**31.3%**
United States	**84.9%**	**0.6%**	**1.0%**	**6.7%**	**6.8%**	**21.6%**

Source: United States Census Bureau, 2015-2019

Foreign-Born Population (excluding population born at sea) by Continent of Origin

	Mercer County	New Jersey	United States
Europe	14.5%	14.6%	10.8%
Asia	35.4%	32.6%	31.0%
Africa	7.7%	5.6%	5.1%
Oceania	0.2%	0.2%	0.6%
Latin America	40.9%	46.1%	50.6%
North America	1.3%	0.8%	1.9%

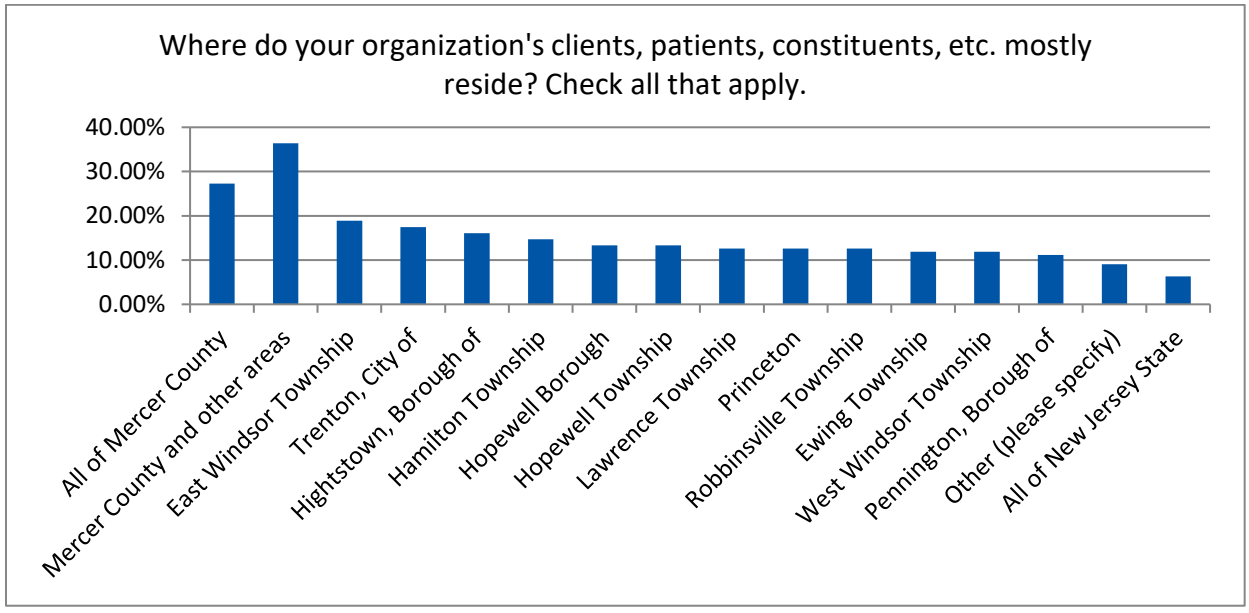
Source: U.S. Census Bureau, 2015-2019



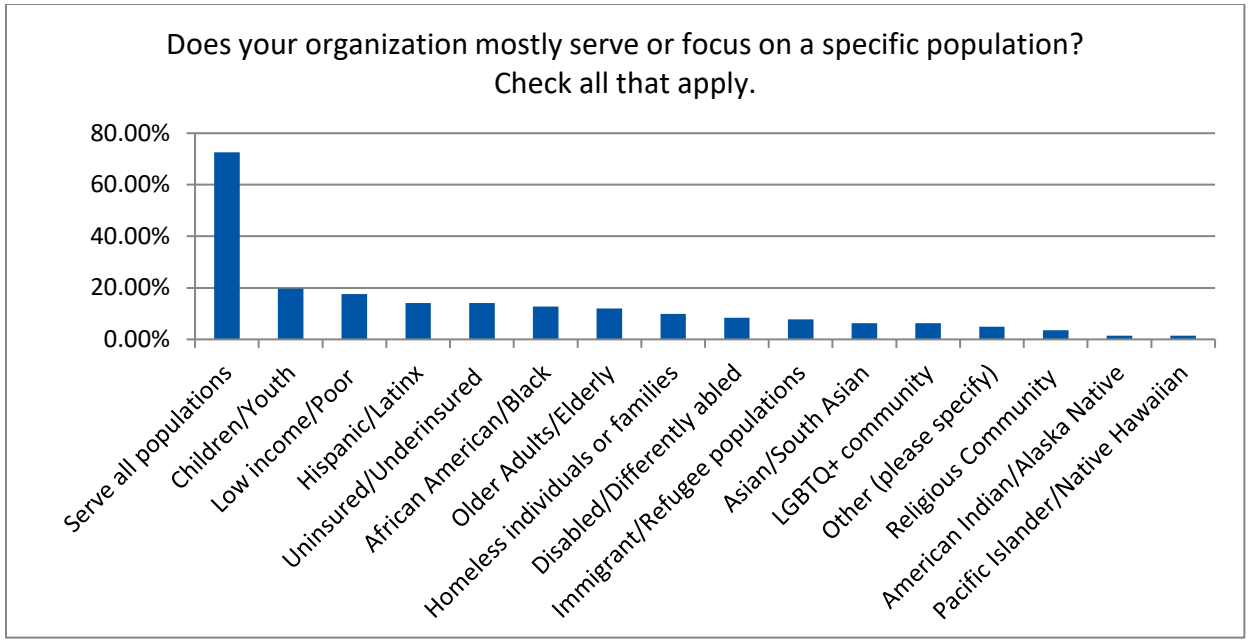
Source: United States Census Bureau, 2015-2019

Engaging Our Diverse Community

The individuals who completed the Key Stakeholder Survey comprise people in key community-facing roles, serving every community in Mercer County and beyond. The graph below represents the communities served by the survey respondents.



The Key Stakeholder Survey respondents indicated that the agencies and services they represent serve a diversity of Mercer County residents. The majority of respondents indicated that the services and support they provide are available to anyone in Mercer County.

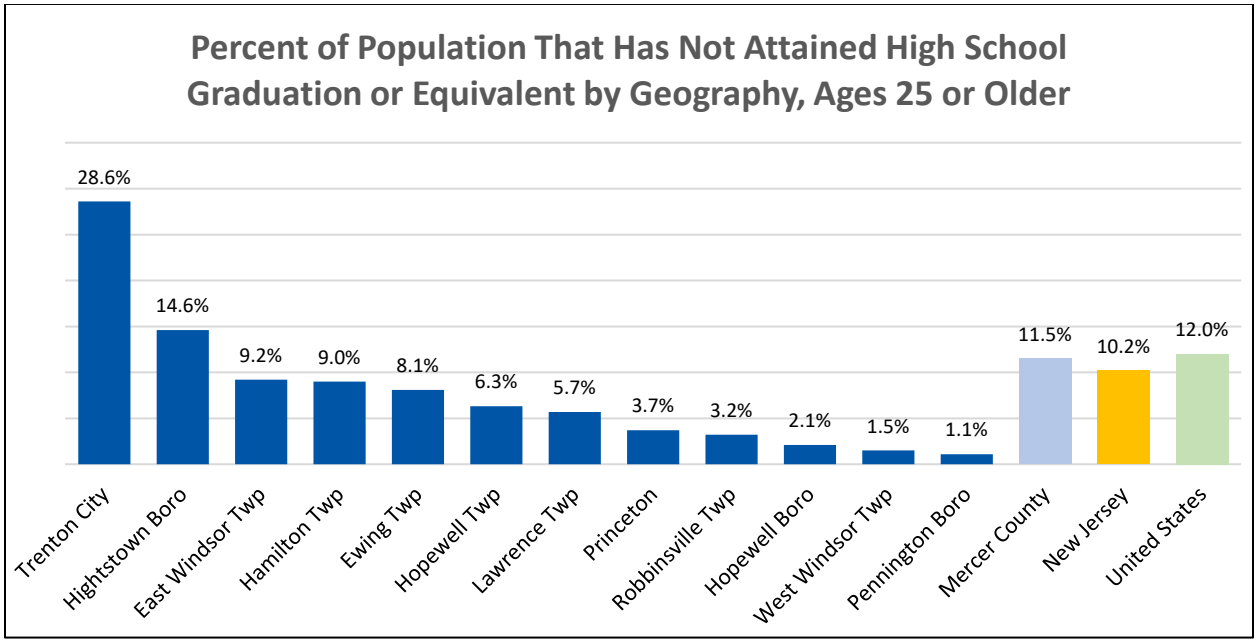


Education, Workforce, and Income

Education

The progression from educational attainment to job prospects and lifelong earnings can both create opportunities or reinforce inequities. According to the National Institutes of Health (NIH), "Education leads to better, more stable jobs that pay higher income and allow families to accumulate wealth that can be used to improve health."

As a whole, people living in Mercer County achieve higher education attainment in advanced degrees compared with New Jersey and the US. However, the county also lags behind the state in high school graduation and completion of associate's or bachelor's degrees. **These generalizations do not hold true across municipalities or population groups where we see stark differences in education attainment. These disparities point toward underlying inequities in educational opportunities across the county.**



Source: United States Census Bureau, 2015-2019

Educational Attainment (Population 25 Years and Older)

Blue = Higher educational attainment than state and nation

Orange = Lower educational attainment than state and nation

	Less than High School Graduate	High School Graduate or GED	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
East Windsor Twp	9.2%	20.8%	19.1%	30.1%	20.8%
Ewing Twp	8.1%	30.5%	23.9%	23.1%	14.4%
Hamilton Twp	9.0%	31.9%	28.4%	21.0%	9.6%
Hightstown Boro	14.6%	20.3%	24.1%	26.5%	14.5%
Hopewell Boro	2.1%	13.6%	16.9%	35.1%	32.2%
Hopewell Twp	6.3%	13.9%	15.4%	31.1%	33.4%
Lawrence Twp	5.7%	18.8%	20.1%	24.3%	31.1%
Pennington Boro	1.1%	10.3%	13.3%	34.4%	41.0%
Princeton	3.7%	7.5%	7.7%	25.3%	55.7%
Robbinsville Twp	3.2%	14.9%	17.7%	35.6%	28.7%
Trenton City	28.6%	34.9%	24.4%	7.7%	4.5%
West Windsor Twp	1.5%	6.3%	9.6%	34.5%	48.1%
Mercer County	**11.5%**	**24.6%**	**21.3%**	**22.0%**	**20.6%**
New Jersey	**10.2%**	**27.2%**	**22.9%**	**24.2%**	**15.5%**
United States	**12.0%**	**27.0%**	**28.9%**	**19.8%**	**12.4%**

Source: United States Census Bureau, 2015-2019

High School Graduate (Population 25 Years and Older) by Race and Ethnicity

Orange = Lower educational attainment than state and nation

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
East Windsor Twp	90.1%	96.7%	90.7%	90.2%	89.8%	73.9%
Ewing Twp	92.7%	89.6%	98.1%	94.1%	87.7%	82.9%
Hamilton Twp	93.1%	87.4%	84.8%	64.4%	71.4%	75.2%
Hightstown Boro	84.6%	86.2%	92.9%	100%	NA	58.3%
Hopewell Boro	97.9%	100% (n=8)*	90.0% (n=18)*	NA	100% (n=10)*	84.6%
Hopewell Twp	94.9%	67.3%	95.8%	84.3%	100%	69.4%
Lawrence Twp	94.6%	93.1%	96.8%	41.7%	100%	71.4%
Pennington Boro	98.8%	100%	100%	NA	100% (n=3)*	100%
Princeton	97.9%	76.1%	97.5%	64.5%	100%	87.4%
Robbinsville Twp	97.8%	91.6%	95.7%	100%	89.8%	98.0%
Trenton City	63.2%	80.7%	67.3%	51.9%	90.1%	50.4%
West Windsor Twp	99.1%	95.2%	98.0%	100%	100%	96.2%
Mercer County	**89.9%**	**84.4%**	**94.1%**	**62.3%**	**87.7%**	**63.7%**
New Jersey	**91.4%**	**88.2%**	**92.5%**	**70.6%**	**87.7%**	**74.4%**
United States	**89.9%**	**86.0%**	**87.1%**	**62.7%**	**88.5%**	**68.7%**

Source: United States Census Bureau, 2015-2019

*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Bachelor's degree or Higher (Population 25 Years and Older) by Race and Ethnicity

Orange = Lower educational attainment than state and nation

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
East Windsor Twp	48.1%	31.3%	70.1%	27.5%	38.3%	20.2%
Ewing Twp	43.1%	24.4%	69.4%	24.7%	16.5%	25.6%
Hamilton Twp	31.2%	17.8%	62.4%	25.1%	17.9%	20.6%
Hightstown Boro	41.0%	13.8%	92.9%	75.9%	NA	11.4%
Hopewell Boro	67.2%	50.0% (n=4)*	65.0% (n=13)*	NA	100% (n=10)*	28.2% (n=11)*
Hopewell Twp	64.5%	22.4%	85.9%	36.1%	54.1%	38.0%
Lawrence Twp	52.7%	44.7%	76.9%	10.0% (n=24)*	76.7%	31.9%
Pennington Boro	78.9%	18.4% (n=19)*	82.9%	NA	NA	51.7% (n=15)*
Princeton	83.3%	48.4%	88.2%	26.5%	51.1%	33.7%
Robbinsville Twp	59.8%	52.3%	86.0%	NA	43.7%	53.7%
Trenton City	12.9%	11.4%	47.3%	4.5%	20.6%	5.8%
West Windsor Twp	76.7%	57.2%	91.4%	75.7%	81.0%	55.9%
Mercer County	**44.9%**	**18.4%**	**80.1%**	**16.0%**	**34.3%**	**15.4%**
New Jersey	**40.5%**	**24.3%**	**70.0%**	**13.9%**	**37.5%**	**19.4%**
United States	**33.5%**	**21.6%**	**54.3%**	**12.0%**	**31.9%**	**16.4%**

Source: United States Census Bureau, 2015-2019

*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Workforce

Education attainment is a key driver for wage-earning. Consistent with education statistics for the county, the proportion of workers engaged in blue collar work versus white collar work is in line with the state. White collar employment most often references salaried work with benefits included, while blue collar work, generally reflects hourly wage work including skilled trades that may not include benefits such as health insurance. The percent unemployed is slightly higher in Mercer County.

When these indicators are reviewed at the municipality level, clear differences emerge across municipalities. For example, more than 80% of workers residing in Hopewell Township, Pennington, and Princeton are classified as white collar, as are more than 90% of West Windsor workers. At the same time, less than half of Trenton workers (39%) are classified as white collar workers.

While both blue and white collar professions can provide financial security, differences in career advancement, potential earnings, benefits like employer-sponsored health insurance, access to retirement, health and childcare savings accounts, predictable and flexible work schedules, vacation, and sick days, among other employee benefits, have significant impact on overall health and well-being.

Civilian Workforce and Unemployment

Blue = Lower unemployment than state and nation by >1 percentage point
Orange = Higher unemployment than state and nation by >1 percentage point

	Employed Population Age 16 or Over by Workforce Type		Unemployed Labor Force
	Blue Collar	White Collar	
Trenton City	61%	39%	11.4%
Ewing Twp	32%	68%	7.4%
Hightstown Boro	33%	67%	5.9%
Hamilton Twp	39%	61%	5.1%
West Windsor Twp	9%	91%	5.1%
Lawrence Twp	23%	77%	4.8%
East Windsor Twp	35%	65%	3.9%
Hopewell Twp	19%	81%	3.8%
Hopewell Boro	21%	79%	3.7%
Robbinsville Twp	21%	79%	3.4%
Princeton	15%	85%	3.3%
Pennington Boro	16%	84%	2.1%
Mercer County	**34%**	**66%**	**6.1%**
New Jersey	**35%**	**65%**	**5.5%**
United States	**40%**	**60%**	**5.3%**

Source: United States Census Bureau, 2015-2019

Household Economics

Mercer County as a whole has a similar profile as New Jersey and fares better than the US benchmarks for median household income, poverty, and SNAP benefits. However, wide differences emerge when the individual municipalities are reported independently. There is a distinct contrast in wealth between Trenton City and other Mercer County municipalities. **Two-thirds of Mercer County's municipalities are noticeably wealthier than the state and the US, while proportionately more than twice as many people live in poverty in Trenton City compared to the state and the nation.**

When viewed by race and ethnicity, proportionally more people who are Black/African American, Some Other Race, and/or Latinx of any race are living at or below the poverty level, regardless of municipality. Latinx people experience the most economic disparity compared to Whites within all Mercer County municipalities.

Median Household Income and Poverty Indicators

Blue = Economic wealth compared to state and nation
Orange = Economic disparity compared to state and nation

	Median Household Income	People in Poverty	Children in Poverty	Households with SNAP Benefits
Trenton City	$35,402	28.7%	38.5%	26.2%
Hamilton Twp	$78,177	7.9%	12.5%	5.0%
Ewing Twp	$78,876	10.2%	8.5%	4.5%
Hightstown Boro	$80,410	10.8%	13.8%	8.0%
East Windsor Twp	$88,795	7.4%	10.9%	5.3%
Lawrence Twp	$103,690	6.0%	2.3%	2.0%
Hopewell Boro	$109,231	6.3%	10.5%	1.3%
Pennington Boro	$132,500	2.6%	0.7%	0.0%
Hopewell Twp	$136,231	2.5%	2.0%	1.8%
Princeton	$137,672	7.8%	2.1%	2.6%
Robbinsville Twp	$155,107	0.9%	0.2%	2.4%
West Windsor Twp	$169,312	1.8%	1.1%	1.2%
Mercer County	**$81,057**	**11.6%**	**15.7%**	**8.4%**
New Jersey	**$82,545**	**10.0%**	**14.0%**	**8.7%**
United States	**$62,843**	**13.4%**	**18.5%**	**11.7%**

Source: United States Census Bureau, 2015-2019

People in Poverty by Race and Ethnicity

Orange = Economic disparity compared to Whites in the same geography
based on difference of 5 percentage points or greater

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Trenton City	28.9%	28.2%	32.8%	31.1%	34.2%	29.8%
Ewing Twp	12.0%	7.6%	9.7%	2.2% (n=14)*	9.4%	11.5%
Hightstown Boro	11.5%	12.1%	0.0%	0.0%	0.0%	16.1%
East Windsor Twp	8.2%	11.5%	3.8%	1.4%* (n=9)	9.3%	13.4%
Princeton	6.7%	9.0%	12.2%	17.0%	7.0%	10.4%
Hopewell Boro	6.3%	0.0%	25.0% (n=5)*	0.0%	0.0%	51.1%
Hamilton Twp	5.7%	12.9%	14.1%	13.6%	27.8%	15.3%
Lawrence Twp	4.9%	8.3%	4.3%	53.7%	0.0%	13.9%
Pennington Boro	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Hopewell Twp	2.4%	5.8%	1.0% (n=19)*	31.8%	2.5% (n=11)*	9.2%
West Windsor Twp	1.9%	0.3% (n=3)*	2.0%	2.8% (n=5)*	0.0%	9.5%
Robbinsville Twp	1.0%	0.6% (n=5)*	1.1%	0.0%	0.0%	1.4% (n=10)*
Mercer County	**9.3%**	**19.8%**	**5.8%**	**22.6%**	**15.0%**	**21.7%**
New Jersey	**7.8%**	**17.3%**	**6.7%**	**21.3%**	**13.1%**	**17.9%**
United States	**11.1%**	**23.0%**	**10.9%**	**21.0%**	**16.7%**	**19.6%**

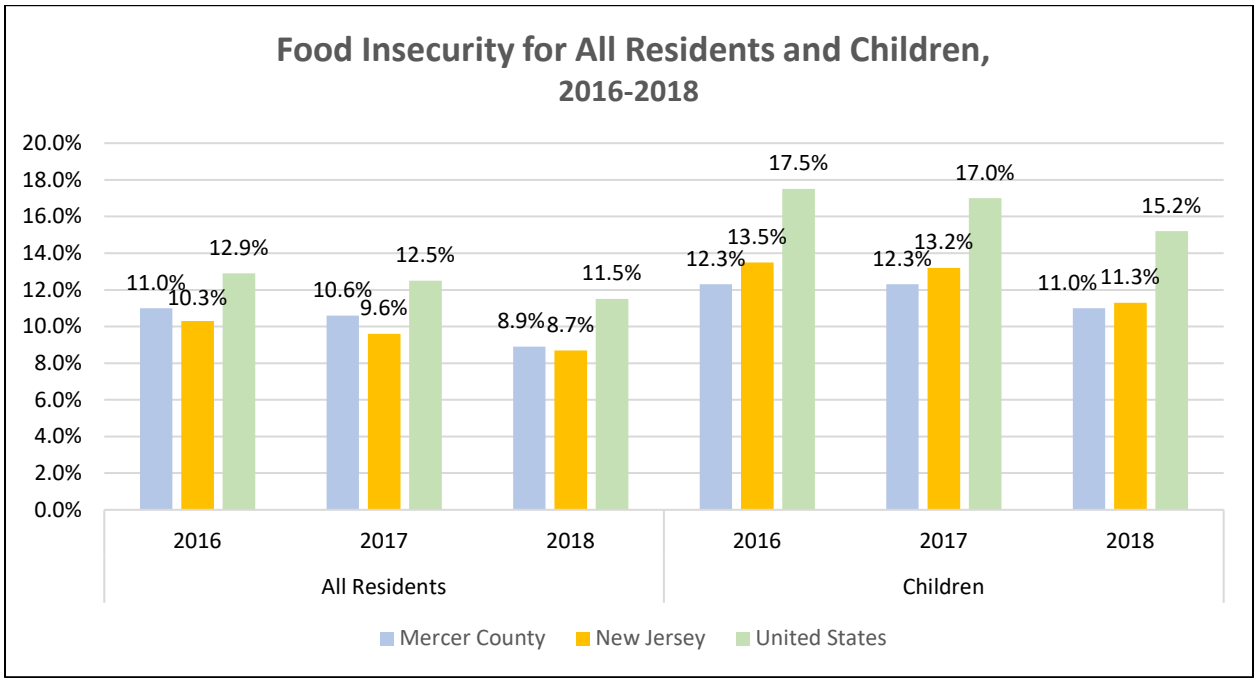
Source: United States Census Bureau, 2015-2019
*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program. SNAP provides benefits to eligible low-income individuals and families.

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. The following graph demonstrates that between 2016-2018, the proportion of all residents in Mercer County experiencing food insecurity decreased somewhat. However**, nearly 1 in 10 Mercer County residents were food insecure, as well as a slightly higher proportion of children**.

While reliable data for the period of 2020-2021 during the COVID pandemic is not yet available, job loss, remote schooling, and other factors likely led to increased food insecurity.



Source: Feeding America, 2016-2018

Key Stakeholder Responses to Socioeconomics

When asked, "What are the most pressing concerns among the people your organization serves?" financial concerns topped the list. This finding is consistent with the household economic data, particularly when stratified by municipality and by race. The underlying data show that although many people living in Mercer County are affluent, wide differences in wealth exist between Trenton and other areas, and within neighborhoods in many municipalities. Disparities in income are evident between people of different races in most municipalities in the county.

When asked, "Within the population your organization serves, what are the biggest barriers that prevent people from living their best life?" again, financial barriers topped the list. Given that the most recently available Census data regarding income, education, and work was collected before the COVID-19 pandemic, these responses from the Key Stakeholders emphasize the role of income and financial security on well-being. It also suggests that despite the incremental upticks in the economy we are seeing in late 2021, the financial impact of the pandemic continues to be a significant concern in Mercer County.

Key Stakeholder Feedback:

"Lack of affordable healthy foods, along with lack of medical guidance for families that feed their families on a budget. There are many programs [in the community] that could help these families, but the hours and classes aren't aligned with hours that these caregivers work."

This statement aligns with the notion that quality services, including access to healthy foods, healthy eating, and healthy living resources are available in Mercer County. However, the barriers to accessing the existing high quality resources in the area include financial barriers, time, and location.

Our Homes and Where We Live

Housing

The median home value in New Jersey ($335,600) exceeds the national median ($217,500), and the Mercer County median home value ($291,100) lies between the two. Consistent with other socioeconomic measures, median home value within Mercer County varies widely between municipalities. Median home value in Trenton ($95,800) is less than half of the national median, while median home value in Princeton ($866,200) is four times greater than the national median, and more importantly, nearly 10 times greater than in Trenton.

Housing is the often the largest single monthly expense for households and should represent 30% of a household's monthly income. The table below demonstrates that *before* COVID, **more than 50% of all renters in all Mercer County Municipalities paid more than 30% of their income towards housing costs.** Among homeowners, roughly one-third paid more than 30% of their income towards housing, ranging from a low of 22.7% in West Windsor to a high of 37.2% in Trenton.

This information is important because it indicates that a notable proportion of people in all Mercer County communities were struggling to meet basic household needs—regardless of community area or homeownership status—before COVID impacted our health and economy. It also demonstrates the increased cost burden among renters versus homeowners.

Household Type and Housing Cost Burden

Blue = Higher home ownership and/or fewer cost burdened homeowners than state and nation
Orange = Higher renter proportion and/or more cost burdened renters than state and nation

	Renter-Occupied	Cost Burdened* Renters	Owner-Occupied	Cost Burdened* Homeowners	Median Home Value
Trenton City	64.0%	59.3%	36.0%	37.2%	$95,800
Ewing Twp	32.4%	50.0%	67.6%	37.0%	$215,500
Hamilton Twp	28.9%	51.2%	71.1%	31.2%	$248,000
Hightstown Boro	37.8%	65.3%	62.2%	28.6%	$282,700
East Windsor Twp	36.9%	51.9%	63.1%	28.1%	$301,700
Lawrence Twp	31.7%	34.9%	68.3%	35.8%	$326,400
Hopewell Boro	24.9%	40.1%	75.1%	35.4%	$412,700
Robbinsville Twp	12.0%	48.5%	88.0%	25.6%	$412,800
Hopewell Twp	10.2%	65.7%	89.8%	25.1%	$460,100
Pennington Boro	26.6%	60.2%	73.4%	23.8%	$564,000
West Windsor Twp	29.7%	35.1%	70.3%	22.7%	$620,600
Princeton	39.8%	49.0%	60.2%	23.9%	$866,200
Mercer County	**36.9%**	**51.9%**	**63.1%**	**30.7%**	**$291,100**
New Jersey	**36.1%**	**51.4%**	**63.9%**	**35.3%**	**$335,600**
United States	**36.0%**	**49.6%**	**64.0%**	**27.8%**	**$217,500**

Source: United States Census Bureau, 2015-2019

*Defined as spending 30% or more of household income on rent or mortgage expenses.

Subsidized Housing

In most places there is a shortage of affordable, appropriate housing for individuals and families; Mercer County also has a deficit of available housing for those in need. The following table identifies the profile of people living in subsidized housing in Mercer County during 2020.

Housing and Urban Development (HUD) Subsidized Housing

Orange = Socioeconomic vulnerability compared to state and nation

	Mercer County	New Jersey	United States
Subsidized units available	7,937	168,370	5,076,615
Percent occupied	93%	93%	90%
Number of people per unit	1.7	1.9	2.0
Percent very low income	98%	95%	95%
Percent extremely low income	86%	79%	78%
Percent female headed household	72%	75%	75%
Percent female headed household with children	25%	25%	32%
Percent with a household member with a disability	27%	21%	23%
Percent minority	81%	74%	66%
Average months of waiting list	38	40	27

Source: United States Department of Housing and Urban Development (HUD), 2020

Lead Exposure

Lead is a toxin that damages developing brains in children, leading to changes in learning, memory, and behavior that last a lifetime. There is no documented safe level of lead exposure. Older houses built before the ban of lead paint in 1978—particularly rental properties in low-income areas—are more likely to contain lead-based paint and plumbing fixtures. Half or more of housing stock across Mercer County was built before 1978. Collective action in Mercer County lead to statewide law signed in July 2021 that requires a proactive lead inspection for all rental properties built before 1978. In states where similar policies have been enacted, significant decreases in the numbers of children exposed to lead have followed.

Housing Age and Availability

Blue = Newer housing than state and nation, Orange = Older housing than state and nation

	Built 2014 or Later	Built 1980 to 2013	Built 1940 to 1979	Built 1939 or Earlier	Vacant Housing Units
Princeton	4.5%	26.3%	43.8%	25.3%	9.5%
West Windsor Twp	3.0%	68.0%	25.8%	3.3%	5.8%
Robbinsville Twp	2.5%	76.1%	18.1%	3.2%	3.5%
Hightstown Boro	2.4%	27.4%	38.0%	32.4%	6.4%
Ewing Twp	2.2%	18.4%	67.0%	12.3%	10.0%
East Windsor Twp	1.2%	33.0%	62.8%	3.1%	8.2%
Hopewell Twp	0.7%	46.8%	37.9%	14.6%	6.2%
Hamilton Twp	0.5%	24.4%	60.1%	15.0%	5.7%
Trenton City	0.4%	8.9%	30.1%	60.6%	20.4%
Pennington Boro	0.3%	34.0%	32.0%	33.9%	5.2%
Lawrence Twp	0.1%	48.0%	42.5%	9.4%	8.3%
Hopewell Boro	0.0%	10.7%	26.8%	62.4%	2.1%
Mercer County	**1.3%**	**29.1%**	**45.2%**	**24.4%**	**10.3%**
New Jersey	**1.6%**	**32.0%**	**48.1%**	**18.3%**	**10.6%**
United States	**2.5%**	**44.0%**	**41.0%**	**12.6%**	**12.1%**

Source: United States Census Bureau, 2015-2019

Housing Problems

The US Department of Housing and Urban Development (HUD) tracks the reporting of housing problems and severe housing problems nationwide. Housing problems are defined as units with incomplete kitchens, incomplete plumbing facilities, overcrowding representing more than one person per bedroom, and cost burden representing more than 30% of household income for housing expenses. Severe housing problems are defined as housing units with incomplete kitchens or plumbing, overcrowding representing more than 1.5 persons per bedroom, and households where more than 50% of income is required for housing costs.

The table below indicates that although many Mercer County municipalities are better than state and national percentages regarding documented housing problems, nearly 1 in 3 homeowners and half of all renters were living in housing with documented housing problems before COVID. In addition, more than 1 in 10 homeowners and nearly 1 in 3 renters in Mercer County have documented severe housing problems. In some communities, there is a notable disparity in the presence of problems between homeowners and renters.

During 2020, COVID required children to attend school remotely and many adults worked from home or lost their jobs. The presence of these documented housing problems reflects added risks for impacted households during COVID when many families experienced extended exposure to household contaminants such as lead as well as financial hardships.

Housing Units with at Least One Problem and Percentage of Total Units by Geography

Blue = Lower proportion of housing units with at least one problem than state and nation
Orange = Higher proportion of housing units with at least one problem than state and nation

	Housing Problems		Severe Housing Problems	
	Owners	Renters	Owners	Renters
Trenton City	3,695 (36.5%)	9,775 (57.4%)	1,795 (17.8%)	6,200 (36.4%)
Hamilton Twp	7,125 (30.1%)	4,515 (50.2%)	2,960 (12.5%)	2,470 (27.5%)
Ewing Twp	2,980 (33.4%)	1,970 (51.2%)	1,400 (15.7%)	1,070 (27.8%)
Princeton	1,255 (21.3%)	1,855 (45.2%)	595 (10.1%)	750 (18.3%)
East Windsor Twp	1,845 (29.9%)	1,735 (49.6%)	850 (13.8%)	1,000 (28.6%)
Lawrence Twp	2,285 (27.6%)	1,515 (38.7%)	965 (11.6%)	915 (23.4%)
West Windsor Twp	1,455 (19.9%)	905 (36.4%)	515 (7.1%)	495 (19.9%)
Hightstown Boro	315 (26.3%)	470 (56.3%)	85 (7.1%)	335 (40.1%)
Robbinsville Twp	1,045 (24.6%)	335 (45.6%)	445 (10.5%)	225 (30.6%)
Hopewell Twp	1,540 (25.4%)	210 (42.9%)	645 (10.6%)	100 (20.4%)
Pennington Boro	170 (23.0%)	150 (60.0%)	95 (12.8%)	105 (42.0%)
Hopewell Boro	130 (22.4%)	85 (45.9%)	70 (12.1%)	55 (29.7%)
Mercer County	**23,835 (28.7%)**	**23,510 (50.7%)**	**10,420 (12.5%)**	**13,715 (29.6%)**
New Jersey	**683,230 (33.3%)**	**595,380 (51.9%)**	**316,200 (15.4%)**	**361,950 (31.6%)**
United States	**18,420,125 (24.0%)**	**21,144,060 (48.7%)**	**8,597,800 (11.2%)**	**12,466,715 (28.7%)**

Homelessness

The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January, which is mandated by the U.S. Department of Housing and Urban Development (HUD) in every community nationwide. Sheltered locations include emergency shelters and transitional housing. Unsheltered locations include cars, streets, parks, etc. PIT data provides insight into the numbers of people experiencing homelessness in communities and service gaps. Monarch Housing Associates conducts the PIT Count for all of New Jersey including Mercer County.

The 2021 PIT count was greatly affected by the COVID-19 pandemic, and does not reflect the same data collected in previous years. Mercer County decided to not conduct the unsheltered count for 2021 to protect the health and safety of its clients and staff. As a result, the 2021 counts do not fully reflect the total population experiencing homelessness and are not comparable to previous PIT counts. Therefore, the results from the 2021 PIT count was excluded from this CHNA study.

Mercer County Point-In-Time (PIT) Count of People Experiencing Homelessness

	Total Population Experiencing Homelessness (Percent of County Total)	Total Sheltered Population (Percent of County Total)	Total Unsheltered Population (Percent of County Total)
2020 PIT Count			
Ewing	96 (20.8%)	95 (25.9%)	1 (1.1%)
Hamilton	15 (3.2%)	15 (4.1%)	0 (0.0%)
Hightstown	1 (0.2%)	0 (0.0%)	1 (1.1%)
Lawrence	2 (0.4%)	1 (0.3%)	1 (1.1%)
Princeton	1 (0.2%)	0 (0.0%)	1 (1.1%)
Trenton	347 (75.1%)	256 (69.8%)	91 (95.8%)
Total	**462***	**367**	**95**
2019 PIT Count			
Ewing	77 (19.0%)	77 (23.0%)	0 (0.0%)
Hamilton	15 (4.0%)	15 (4.0%)	0 (0.0%)
Hightstown	0 (0.0%)	0 (0.0%)	0 (0.0%)
Lawrence	0 (0.0%)	0 (0.0%)	0 (0.0%)
Princeton	0 (0.0%)	0 (0.0%)	0 (0.0%)
Trenton	324 (78.0%)	247 (73.0%)	77 (100.0%)
Total	**416**	**339**	**77**

Source: Monarch Housing Associates, 2020; 2021

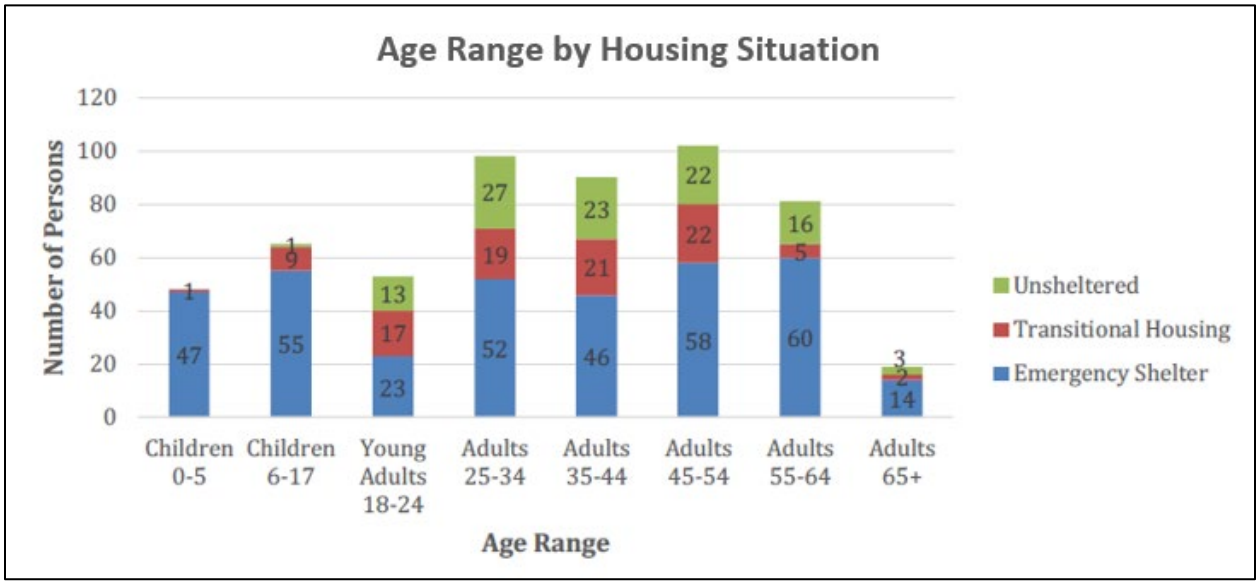
*Does not reflect total persons experiencing homelessness as some survey responses may not have included municipality. On the night of January 28th, 2020, a total of 431 households, including 556 persons, were experiencing homelessness in Mercer County.

2020 Point-In-Time (PIT) Count Average Monthly Income for Mercer County Households Experiencing Homelessness

Emergency Shelter	Transitional Housing	Unsheltered
$718.68	$824.92	$1,030.65

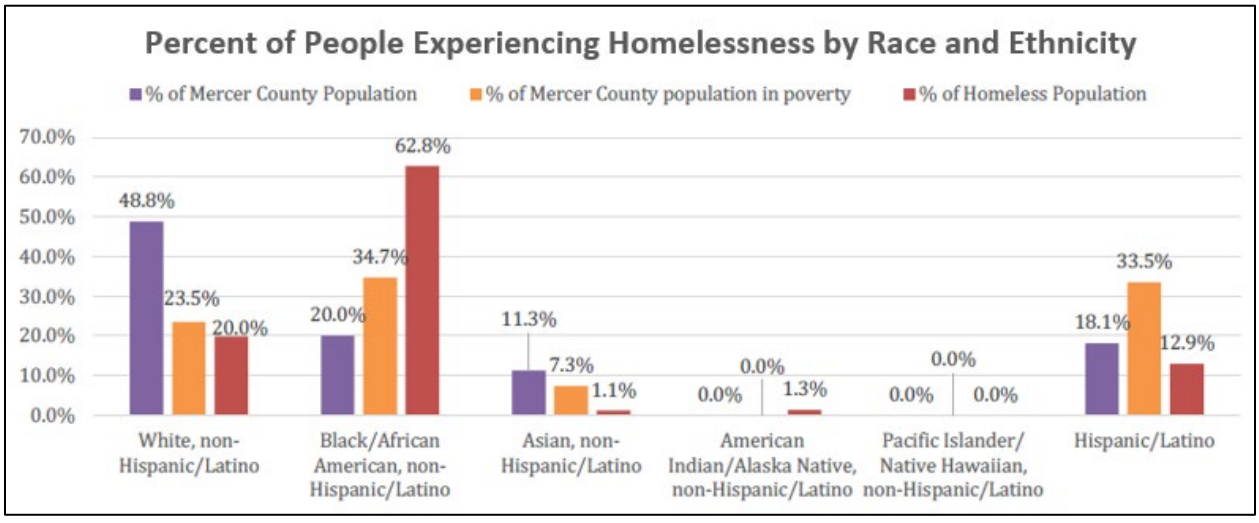
Source: Monarch Housing Associates, 2020

The 2020 PIT survey showed that about 12.8% of homeless individuals were chronically homeless, or had been homeless for at least one year. There were 63 victims of domestic violence, representing 11.3% of homeless individuals and 36.5% of individuals in an emergency shelter. Homeless youth represented 10.6% of the homeless population and Veterans represented 4.7% of the population.



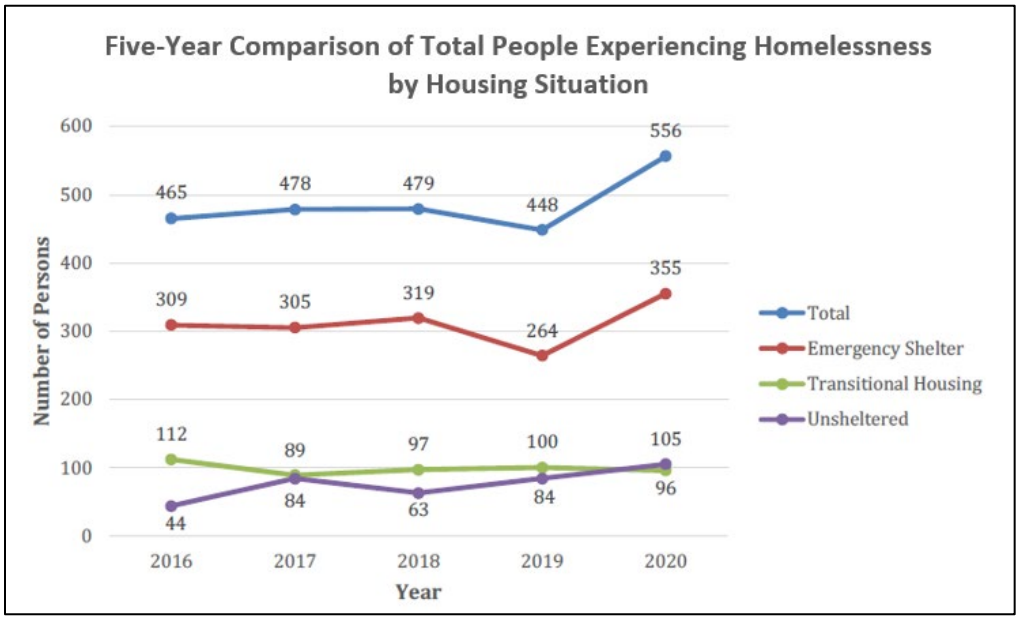
Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

The graph below shows the proportion of poverty and homelessness by race and ethnicity in relation to their overall representation within Mercer County. **While Black/African American residents make up one fifth of the overall Mercer County population, they represent one-third of those in poverty and two-thirds of the homeless population.** Similarly, **Latinx residents make up about 18% of the overall Mercer County, but 33.5% of the population in poverty and 13% of the homeless population.** Conversely, while nearly half of the overall Mercer County population is White, this group represents less than one-quarter of those living in poverty and makes up 20% of the overall homeless population.

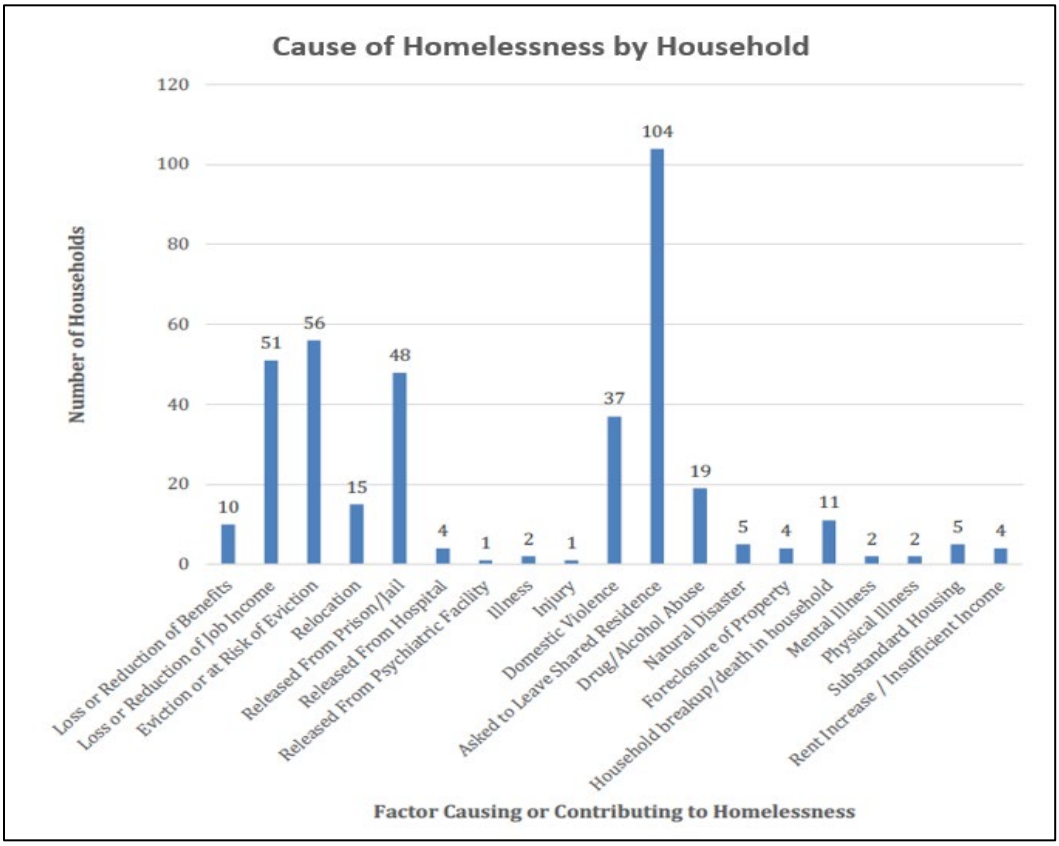


Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

Homelessness presents challenges in both receiving and delivering care for chronic conditions. Mental health, substance use disorder, other chronic health conditions, and physical disabilities were common issues among those that participated in the 2020 PIT count.



Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless



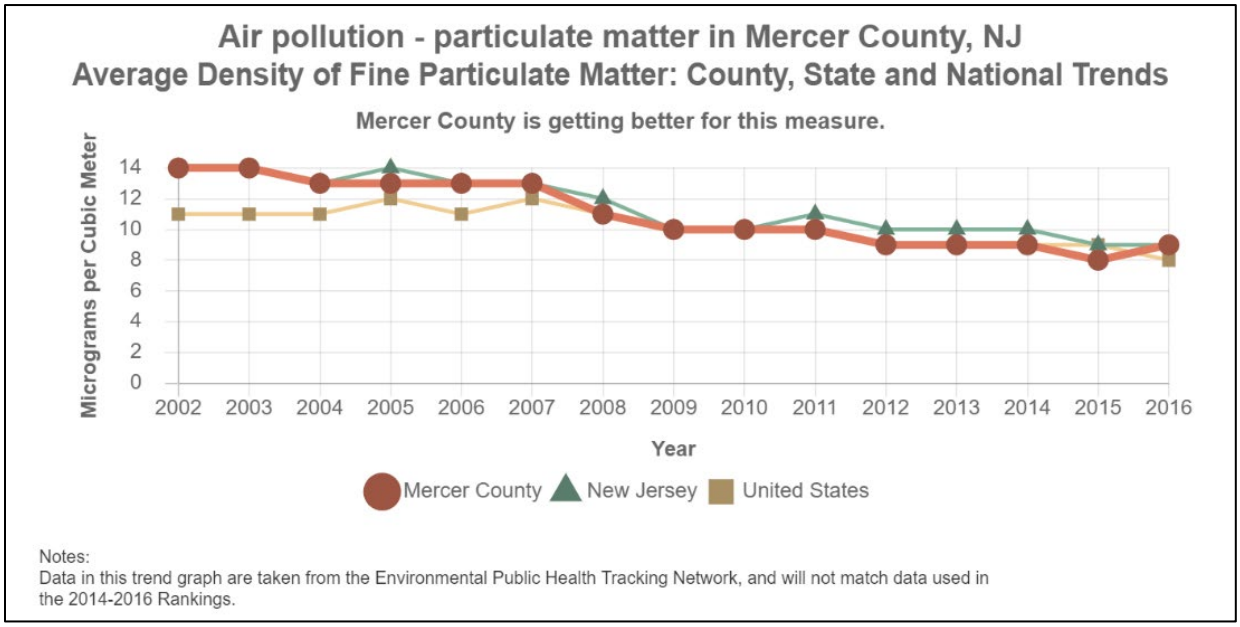
Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

Environmental Factors

According to the World Health Organization (WHO), air pollution contributes to one-third of all deaths from stroke, heart disease, and lung cancer worldwide.[4]

The graph below measures particulate matter, one form of outdoor air pollution, over time. The National Institute of Environmental Health Sciences defines particulate matter (PM) as, "composed of chemicals such as sulfates, nitrates, carbon, or mineral dusts. Vehicle and industrial emissions from fossil fuel combustion, cigarette smoke, and burning organic matter, such as wildfires, all contain PM. A subset of PM, fine particulate matter (PM 2.5) is 30 times thinner than a human hair. It can be inhaled deeply into lung tissue and contribute to serious health problems. PM 2.5 accounts for most health effects due to air pollution in the U.S."[5]

The graph below shows that air pollution in Mercer County has generally decreased since 2002. It has followed a similar trajectory as New Jersey and the US in general over the same time period.



Source: Environmental Public Health Tracking Network

[4] https://www.who.int/news-room/spotlight/how-air-pollution-is-destroying-our-health#:~:text=The%20health%20effects%20of%20air,are%20due%20to%20air%20pollution.&text=Microscopic%20pollutants%20in%20the%20air,our%20lungs%2C%20heart%20and%20brain.

[5] https://www.niehs.nih.gov/health/topics/agents/air-pollution/index.cfm

Our Health and Well-being

Health Insurance

Having health insurance creates opportunity to better access preventive care and treatment. While almost 1 in 10 people living in New Jersey do not have health insurance, there are generally fewer uninsured people statewide than in the US as a whole. Mercer County overall has fewer uninsured than New Jersey or the US. However, when viewed by municipality, pockets of disparities emerge, including nearly 1 in 4 uninsured adults ages 19-64 in Hightstown and Trenton, representing twice the national, state, and county standards. These statistics indicate notable barriers to health and healthcare among the working age populations in these areas.

Population without Health Insurance Coverage

Blue = Lower uninsured than state and nation

Orange = Higher uninsured than state and nation

	Total Population	Under 19 Years	19 to 64 Years	65 Years and Over
East Windsor Twp	9.3%	3.7%	13.9%	0.0%
Ewing Twp	5.0%	1.8%	6.9%	1.6%
Hamilton Twp	6.2%	3.4%	8.9%	0.1%
Hightstown Boro	16.6%	5.2%	25.2%	0.0%
Hopewell Boro	5.6%	3.7%	7.9%	0.0%
Hopewell Twp	2.4%	2.1%	3.2%	0.0%
Lawrence Twp	3.4%	0.5%	4.9%	0.9%
Pennington Boro	0.4%	0.0%	0.8%	0.0%
Princeton	1.7%	0.0%	2.7%	0.1%
Robbinsville Twp	1.5%	0.3%	2.2%	0.0%
Trenton City	17.6%	4.3%	26.3%	1.5%
West Windsor Twp	2.8%	2.0%	3.8%	0.0%
Mercer County	**7.7%**	**2.7%**	**11.3%**	**0.5%**
New Jersey	**7.8%**	**3.8%**	**11.0%**	**1.1%**
United States	**8.8%**	**5.1%**	**12.4%**	**0.8%**

Source: United States Census Bureau, 2015-2019

The majority of insured people living throughout Mercer County have health insurance through their employer. The exception to this finding is in Trenton, where only 29% of insured people have insurance through their job and 1 in 3 insured people are insured through Medicaid.

Type of Health Insurance Coverage

Blue = Higher employer-based coverage than state and nation

Orange = Higher Medicaid coverage than state and nation

	Employer-based	Direct-purchase	Medicare	Medicaid	TRICARE/ VA Healthcare	Two or more types
Trenton City	28.9%	1.9%	4.0%	33.8%	0.1%	13.8%
Hightstown Boro	47.1%	3.5%	6.0%	9.1%	0.0%	17.6%
Hamilton Twp	56.5%	3.3%	4.6%	11.6%	0.2%	17.6%
Ewing Twp	60.7%	4.3%	3.6%	8.3%	0.1%	18.0%
East Windsor Twp	60.8%	2.2%	4.1%	9.7%	0.2%	13.7%
Hopewell Boro	63.1%	8.1%	3.3%	8.1%	0.0%	11.7%
Pennington Boro	63.9%	6.3%	4.2%	3.6%	0.0%	21.5%
Princeton	65.3%	10.9%	3.4%	4.1%	0.1%	14.6%
Lawrence Twp	67.1%	5.4%	3.8%	5.4%	0.3%	14.6%
Hopewell Twp	68.7%	7.6%	3.6%	1.8%	0.3%	15.6%
West Windsor Twp	75.9%	6.1%	2.4%	1.1%	0.0%	11.6%
Robbinsville Twp	77.4%	5.8%	2.1%	2.2%	0.0%	11.1%
Mercer County	**55.6%**	**4.4%**	**3.9%**	**13.1%**	**0.1%**	**15.2%**
New Jersey	**53.6%**	**5.6%**	**5.1%**	**12.6%**	**0.4%**	**14.8%**
United States	**46.7%**	**6.6%**	**5.2%**	**15.0%**	**1.3%**	**16.3%**

Source: United States Census Bureau, 2015-2019

When stratified by race, ethnicity, and municipality, patterns among people who do not have health insurance begin to emerge. For example, the percent of uninsured people who are White is below 10% everywhere except in Hightstown (18.7%) and Trenton (24.8%). The percent of uninsured people who are Asian is generally consistent with or lower than national and statewide numbers in all municipalities. Among people who are Black/African American, the percent uninsured is generally consistent with national and statewide averages except in Hopewell Township where nearly 1 in 5 African American people are uninsured. **Substantial proportions of people who identify as Latinx of any race are uninsured in all municipalities, reaching a high of 42.5% of Latinx people living in Hightstown reporting no insurance.**

The following table demonstrates the proportion of uninsured residents in each municipality by race and ethnicity, with comparisons to their overall representation within the community.

Comparison: Racial and Ethnic Representation as a Percentage of Total Population and Population without Health Insurance Coverage

Orange = Higher uninsured percent than state and nation

		White	Black / African American	Asian	Some Other Race	Two or More Races	Hispanic or Latinx (any race)
Trenton City	% of Total Pop.	40.9%	49.5%	1.4%	6.3%	1.4%	38.1%
	% Uninsured	24.8%	10.3%	8.9%	30.1%	7.6%	30.6%
Hightstown Boro	% of Total Pop.	81.4%	12.1%	4.5%	1.9%	0.0%	29.2%
	% Uninsured	18.7%	0.0%	5.0% (n=12)*	57.7%	N/A	42.5%
East Windsor Twp	% of Total Pop.	66.8%	8.7%	20.0%	2.4%	2.1%	23.5%
	% Uninsured	9.7%	11.3%	6.7%	4.1%	18.7%	21.1%
Hopewell Boro	% of Total Pop.	97.0%	0.4%	1.0%	0.0%	1.3%	4.7%
	% Uninsured	5.8%	0.0%	0.0%	N/A	0.0%	17.8% (n=16)*
Hamilton Twp	% of Total Pop.	75.2%	14.9%	4.4%	3.2%	2.1%	15.8%
	% Uninsured	5.4%	8.1%	6.5%	11.4%	10.4%	15.5%
Lawrence Twp	% of Total Pop.	70.1%	11.1%	15.3%	1.6%	1.8%	9.0%
	% Uninsured	3.8%	0.8%	2.1%	14.8%	2.9% (n=17)*	8.7%
Ewing Twp	% of Total Pop.	60.8%	29.9%	4.6%	1.8%	2.7%	8.7%
	% Uninsured	3.7%	7.5%	3.3%	11.9%	3.7%	11.5%
West Windsor Twp	% of Total Pop.	45.8%	3.4%	47.1%	0.6%	2.3%	2.9%
	% Uninsured	2.5%	8.1%	3.0%	0.0%	0.0%	0.6% (n=5)*
Hopewell Twp	% of Total Pop.	81.8%	4.5%	10.5%	0.7%	2.5%	4.8%
	% Uninsured	1.9%	18.2%	0.0%	15.5% (n=20)*	6.0%	17.2%
Robbinsville Twp	% of Total Pop.	70.0%	5.6%	21.5%	0.8%	2.2%	5.1%
	% Uninsured	1.8%	0.0%	1.0%	0.0%	0.0%	0.0%
Princeton	% of Total Pop.	72.5%	5.7%	16.9%	1.0%	3.7%	7.5%
	% Uninsured	1.6%	5.1%	1.1%	0.0%	0.0%	8.7%
Pennington Boro	% of Total Pop.	91.2%	4.4%	2.9%	0.0%	1.5%	2.6%
	% Uninsured	0.5% (n=11)*	0.0%	0.0%	N/A	0.0%	9.1% (n=6)*
Mercer County	% of Total Pop.	**62.9%**	**20.7%**	**11.1%**	**2.9%**	**2.1%**	**17.5%**
	% Uninsured	**7.5%**	**8.8%**	**3.4%**	**20.2%**	**6.0%**	**23.0%**
New Jersey	% of Total Pop.	**67.8%**	**13.5%**	**9.5%**	**6.3%**	**2.7%**	**20.2%**
	% Uninsured	**6.3%**	**8.9%**	**6.6%**	**23.2%**	**6.7%**	**18.6%**
United States	% of Total Pop.	**72.5%**	**12.7%**	**5.5%**	**4.9%**	**3.3%**	**18.0%**
	% Uninsured	**7.9%**	**10.1%**	**6.7%**	**20.4%**	**7.7%**	**18.2%**

Source: United States Census Bureau, 2015-2019

*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Provider Availability

Having health insurance reduces some barriers to accessing care but having enough providers, and capacity among available providers, are also critical components.

The following table demonstrates the ratio of key healthcare provider types to population. This table indicates that Mercer County has proportionately more primary care providers and mental health providers per person than New Jersey and the US, and slightly fewer dentists per person. This is a positive finding suggesting that the resources exist to provide the first level of physical, mental, and dental healthcare. However, these ratios do not capture what kind of insurance any of these providers accept, their hours of operation, language capacity beyond English, or cultural competence.

Provider Access, Ratio of Residents to Providers

Blue = Lower patient to provider ratio than state and nation

	Primary Care Physicians	Dentists	Mental Health Providers
Mercer County	999:1	1,185:1	295:1
New Jersey	1,179:1	1,135:1	415:1
United States	1,320:1	1,400:1	380:1

Source: County Health Rankings, 2021

Key Stakeholder Feedback:

"In your experience, what should be the top three priorities for Mercer County to tackle in order to improve health and well-being of the populations you serve?"

Access to care, followed by community outreach, topped the list of priorities named by key stakeholders. Taken in combination, these two priorities confirm the nuances in the access to care data demonstrated above. Mercer County has high quality care and large numbers of providers available, but barriers exist that prevent equitable access to those resources for all people. Some of the barriers include a lack of health insurance, particularly among specific population groups such as Black/African Americans, Latinx, and adults between 19-64 years old.

"What should healthcare and public health entities do differently to address the priority areas you indicated?"

Respondents overwhelmingly responded that providers, organizations, and others focused on serving the community need to go to where the people are rather than waiting for people to come to services. This was a more common answer than community outreach, which is focused on increasing awareness of existing services and opportunities. This finding adds an additional dimension to the "access to care" question, reinforcing the notion that there are available options for care, service, and opportunity, but they are not equally accessible to everyone.

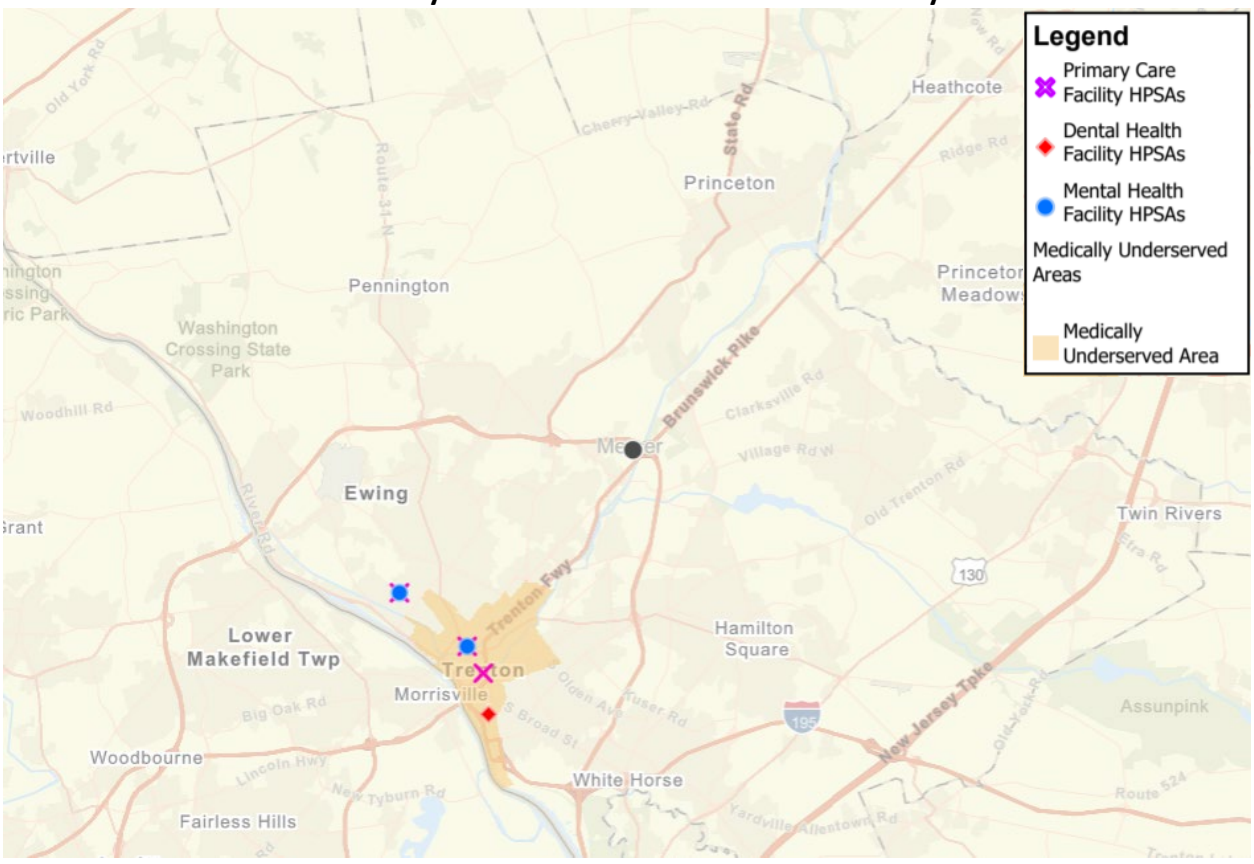
Medically Underserved Areas and Medically Underserved Populations

Federal designations of Medically Underserved Areas/Medically Underserved Populations (MUA/MUP) indicate eligibility for specific resources from the Health Resources and Services Administration (HRSA).

MUA/MUPs are areas or populations that have too few primary care providers, high infant mortality, high poverty, and/or a high elderly population. Facility Health Professional Shortage Areas (HPSA) are HRSA designated public or non-profit facilities serving MUAs/MUPs.

Federally Qualified Health Centers (FQHC), such as Henry J. Austin in Trenton, are designated HPSA facilities and are indicated on the map below. FQHCs must be located in a MUA/MUP area and follow a specific mandate in order to qualify for this federal designation. FQHC's offer complete primary care services, including dental and mental healthcare, to all people using a sliding scale fee. They have an ongoing quality assurance program and are governed by a board of directors that includes representation from their patient population within the MUA/MUP where they are located.

Health Professional Shortage Facilities and Medically Underserved Areas in Mercer County



Source: Health Resources and Services Administration, 2021

Utilization of Healthcare

Utilization of healthcare services is a key component of access to care. The following table indicates that in Mercer County, individuals reported fewer barriers to accessing care than the state and nation. **It is worth noting that while the proportion of people who were unable to afford care is consistent with the state and the nation, it reflects more than 1 in 10 people in Mercer County.**

Age-Adjusted Adult Healthcare Access

Blue = Fewer healthcare access barriers than state and nation

	Unable to Afford Care (2017)	Without a Regular Doctor (2017)	Routine Health Visit in Last Year (2017)	Dental Visit in Last Year (2016)
Mercer County	13.6%	16.1%	78.8%	74.0%
New Jersey	14.6%	22.6%	74.5%	73.1%
United States	12.4%*	22.5%*	70.4%*	66.2%

Source: New Jersey State Health Assessment Data, 2016, 2017; CDC, 2016, 2017
*Data reflect crude percentages, not age-adjusted, based on availability.

Consistent with preventative and maintenance healthcare visits, the utilization rate of inpatient hospitalization and ED visits in Mercer County has been consistently higher than the state and the nation.

Inpatient and Emergency Department Utilization, Age-Adjusted Rates per 10,000

Orange = Higher healthcare utilization than state

	2018	2017	2016
Inpatient Hospitalizations			
Mercer County	1,013,3	1,038.9	1,075.9
New Jersey	953.0	970.5	1,005.4
Emergency Department Visits			
Mercer County	4,659.8	4,747.4	4,767.8
New Jersey	3,436.1	3,502.8	3,619.2

Source: New Jersey State Health Assessment Data, 2016-2018

Key Stakeholder Feedback:

Statistical data related to access to healthcare are consistent with feedback from key stakeholders who affirmed that high quality healthcare providers are available in Mercer County. Comments from key stakeholders stated that if access to these services were equitably available to all people in Mercer County, utilization would increase. Stakeholder recommendations to increase access to healthcare are outlined below.

Recommendations to Increase Access to Care:

1. **Go to where the people are**

   "Meet the people where they are at. Literally. In the streets."

   "Maintain a consistent presence among the population in need."

   "Have more accessible educational programs for health such as in barber shops, housing developments etc.; Assist people with community gardens etc. to overcome food insecurity and have healthy food choices."

2. **Collaborate between agencies**

   "Work together and not in silos!"

   "Partner, partner, partner...collaborative, plan, execute platforms to share information."

   "The leaders of the community must come together to unify and make the health and well-being of the community a priority."

   "You need to have team members who reflect the variety of racial and ethnic groups, socioeconomic classes, generations, genders, job levels and functions, and personalities that are present in your target audience. Such diversity brings a broad but representative range of perspectives to the table address the needs and problems of a diverse community."

3. **Community outreach**

   "Provide more outreach services to the elderly and most vulnerable. Offer mental health support to all ages."

   "Providing services and communication at the local level. Come into the communities and share what services are being offered."

4. **Access to care**

   "Work with health insurance companies to develop more affordable plans that actually provide GOOD coverage."

   "Ensure accessibility, meet the community where they are; start home visits again. Build community centers with a medical component."

Health Status and Disparities

Health Behaviors

Tobacco use including cigarette smoking has been directly linked to cancers, heart disease, diabetes, COPD, and other chronic disease. **People living in Mercer County are more likely to smoke cigarettes than other New Jerseyans, but less likely to smoke than other Americans.**

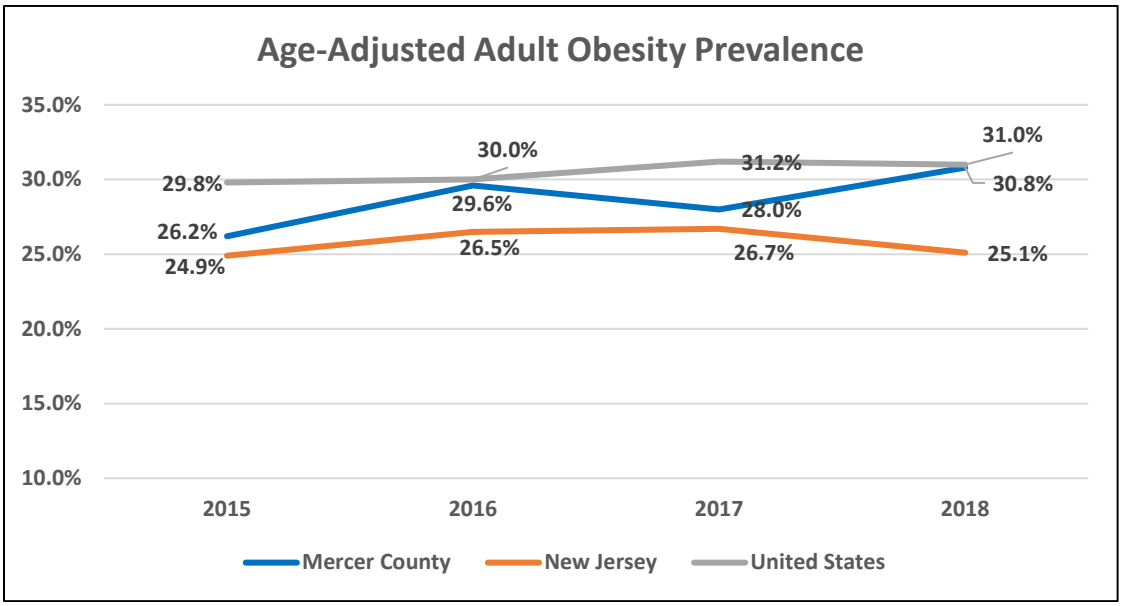
Age-Adjusted Adult Tobacco Use

	Current Cigarette Smoker (2018)	Current Smokeless Tobacco User (2017)
Mercer County	15.0%	1.7%
New Jersey	13.1%	2.2%
United States	16.6%	4.3%

Source: New Jersey State Health Assessment Data, 2017; CDC, 2018

Obesity

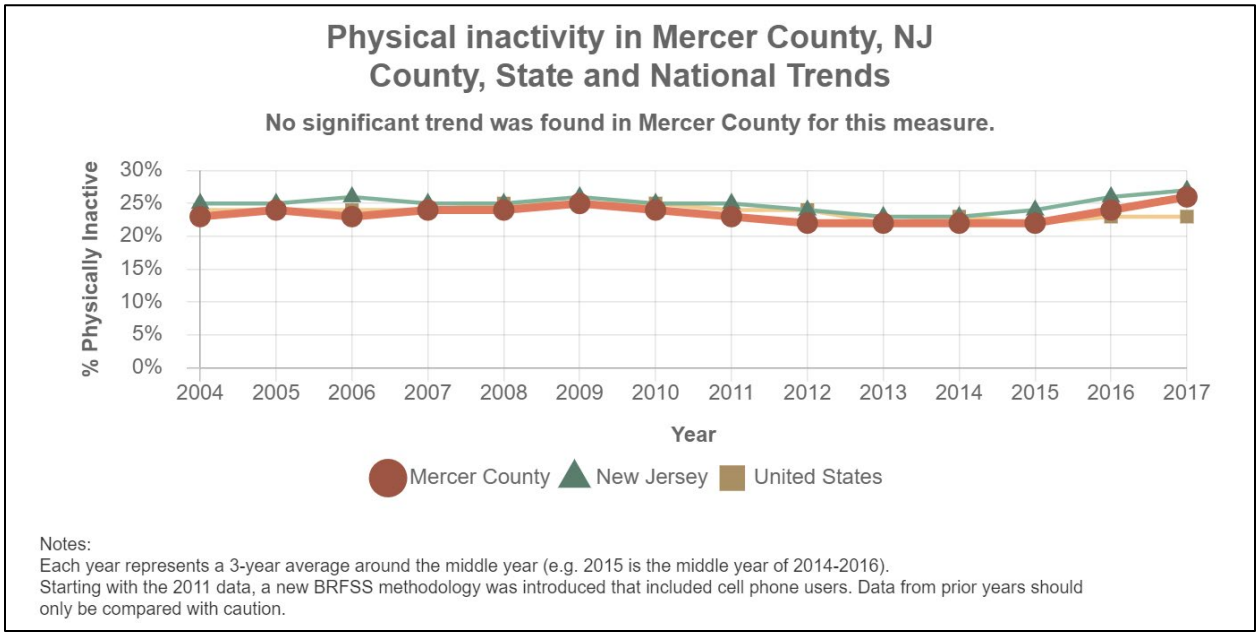
Obesity and overweight are risk factors for chronic disease such as heart disease, diabetes, and cancer, and can lead to a decreased quality of life. Many factors contribute towards the prevalence of obesity including the presence of ACES, access to affordable healthy foods, time, knowledge and access to appropriate cooking spaces, and exercise opportunities, among other factors. While the prevalence of obesity in Mercer County has also consistently been below national averages, is has regularly been greater than statewide averages, and is trending upward.



Source: New Jersey State Health Assessment Data, 2015-2018; CDC, 2015-2018

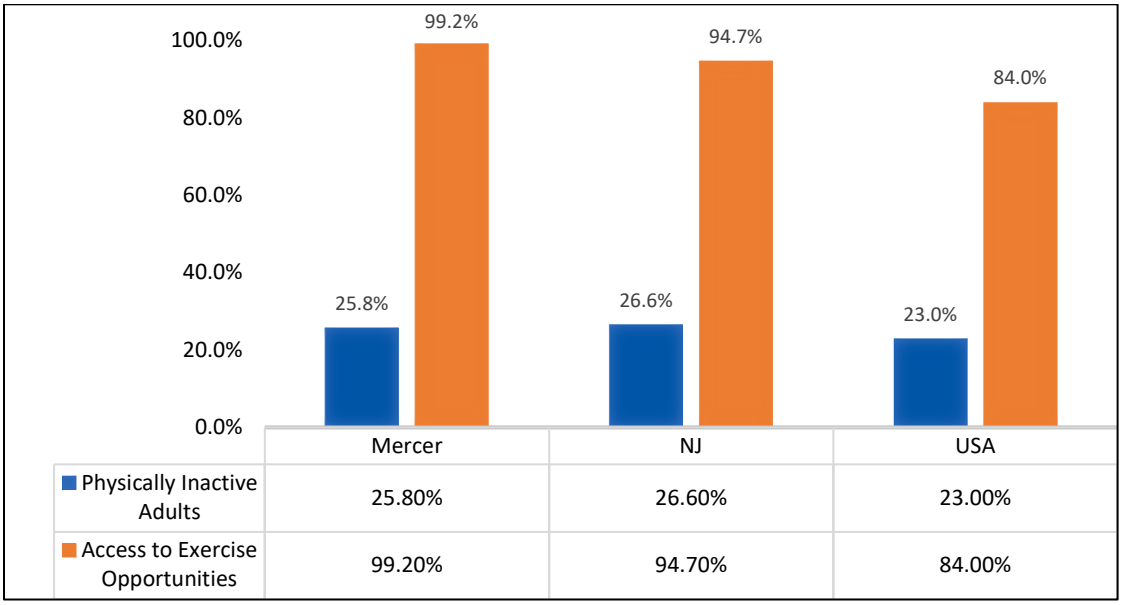
Physical Activity, Access to Exercise Opportunity, and Leisure Time Activity

Physical activity is an important component to maintaining a healthy life and preventing disease. It helps maintain a healthy weight, build strength, and has been shown to improve mental health. The following graph shows that the proportion of adults in Mercer County who engage in physical activity during their leisure time has been consistent with state and national trends for many years.



An important component of engaging in physical activity is access to exercise opportunity. The graph below demonstrates that the proportion of adults in Mercer County engaging in physical activity is consistent with state and national levels, but access to exercise opportunities is 99.2% in Mercer compared to 84.0% nationally. This suggests that access to exercise opportunities should not be a barrier to increasing physical activity in Mercer County.

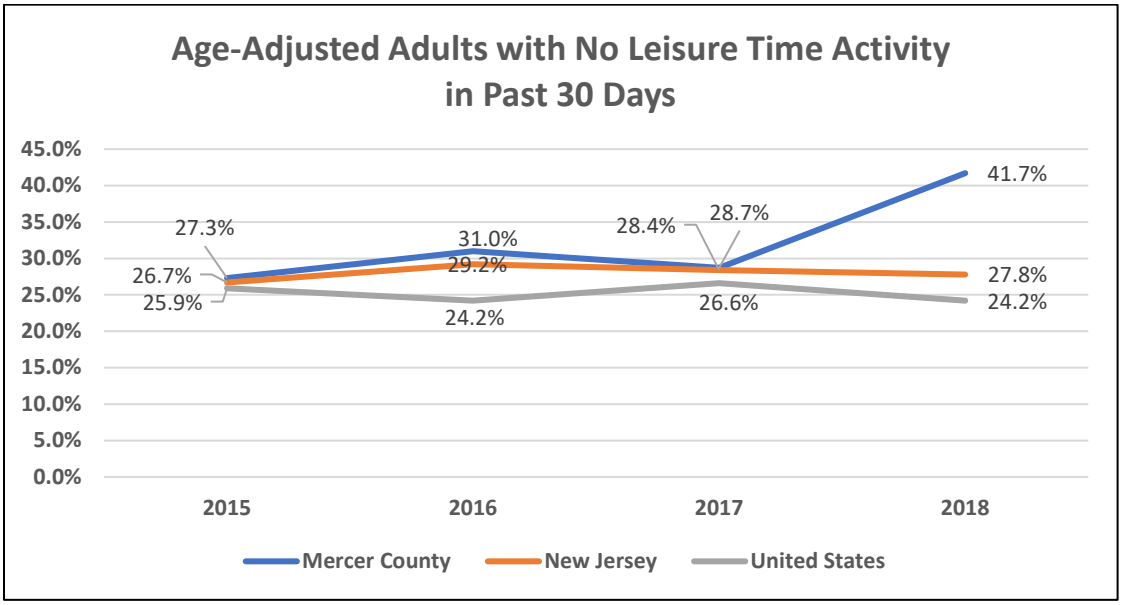
Percent Of Adults Physically Inactive and
Percent of Households with Access To Exercise Opportunities



	Mercer	NJ	USA
Physically Inactive Adults	25.80%	26.60%	23.00%
Access to Exercise Opportunities	99.20%	94.70%	84.00%

Source: New Jersey State Health Assessment Data, 2018; CDC, 2018

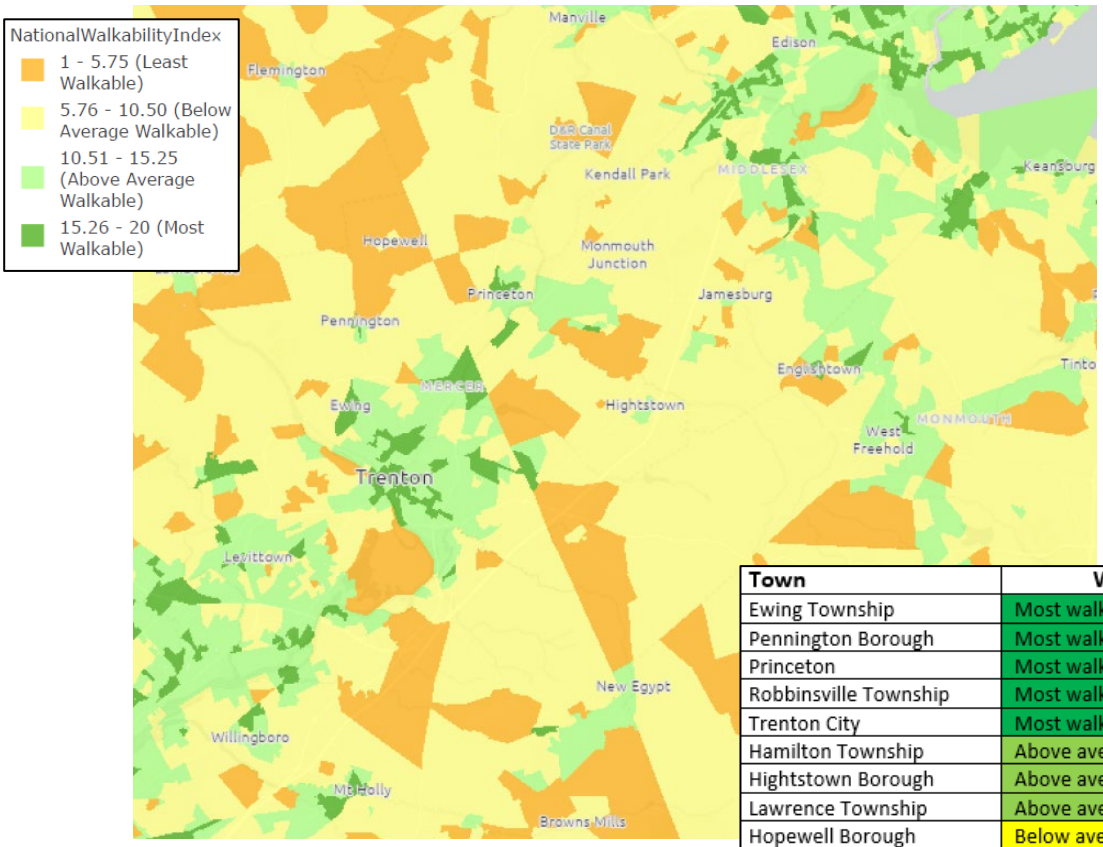
Leisure time is considered time that is "free" from work or household related responsibilities. It is during leisure time that individuals can chose to focus on physical activity. The CDC recommends that all people should engage in at least 30 minute of physical activity per day, and at least 3 ½ hours of leisure time physical activity per week. The graph below shows that adults in Mercer County have consistently reported no leisure time activity in higher numbers than the state and the nation. It should also be noted that there was a notable uptick in the proportion of Mercer County adults reporting no leisure time activity in recent years, indicating 2 in 5 adults report no leisure time activity.



Source: New Jersey State Health Assessment Data, 2015-2018; CDC, 2015-2018
*US data reflect crude percentages, not age-adjusted, based on availability.

The map below represents an EPA walkability measure of each of the major municipalities in Mercer County. This measure indicates how accessible the streets, commercial sectors, sidewalks, and other structural components are for walkers. The least walkable category indicates areas where transportation, such as a personal car or public transportation, is required to access resources such as employment, goods and services. Compared to the national standard, most municipalities are above average for walkability. It should be noted that the municipalities that are below average walkability are also not low-income communities.

Mercer County National Walkability Index



Source: BRFSS 2017, ESRI, and US Census 2019

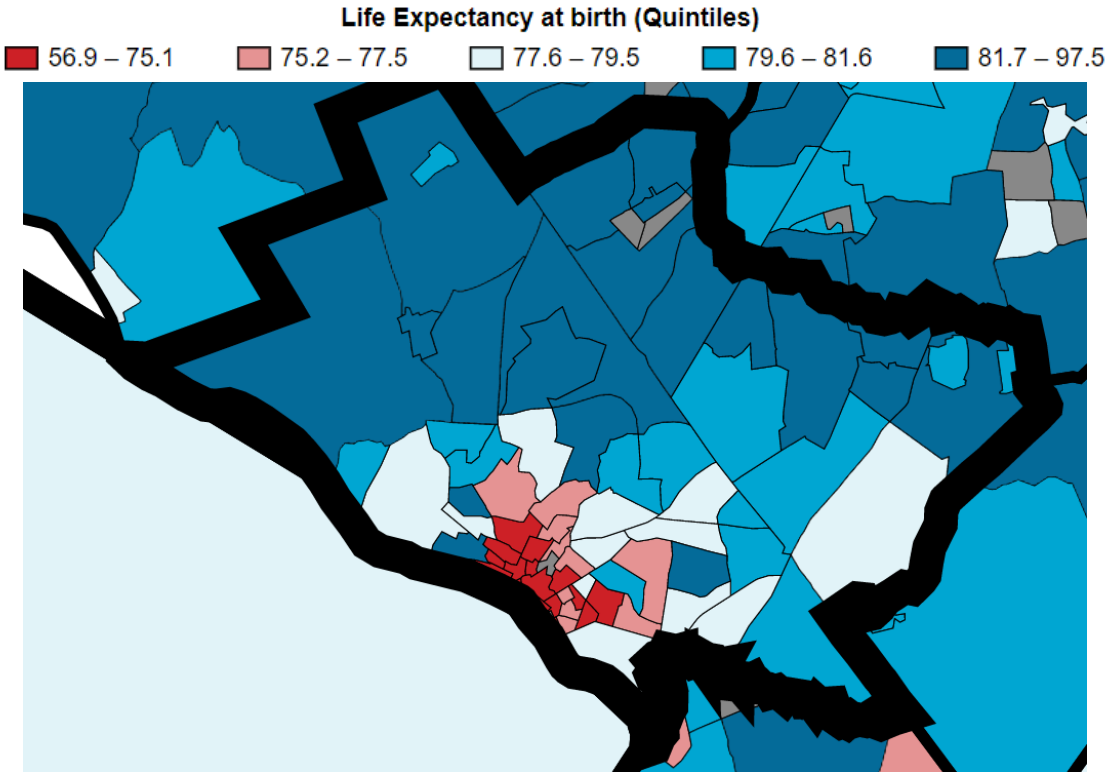
Town	Walkability
Ewing Township	Most walkable
Pennington Borough	Most walkable
Princeton	Most walkable
Robbinsville Township	Most walkable
Trenton City	Most walkable
Hamilton Township	Above average walkable
Hightstown Borough	Above average walkable
Lawrence Township	Above average walkable
Hopewell Borough	Below average walkable
Hopewell Township	Below average walkable
East Windsor Township	Below average walkable
West Windsor Township	Below average walkable

Life Expectancy

Life expectancy is the average number of years of life a person who has attained a given age can expect to live. The map below represents life expectancy at birth in Mercer County by census tract. **The data show a 17-year gap between the highest life expectancy (86.5 years in the north central part of the county) and the lowest life expectancy (69.4 years in parts of Trenton).** This nearly two decade difference in life expectancy clearly indicates that the conditions for optimal health and well-being are unevenly distributed throughout the county.

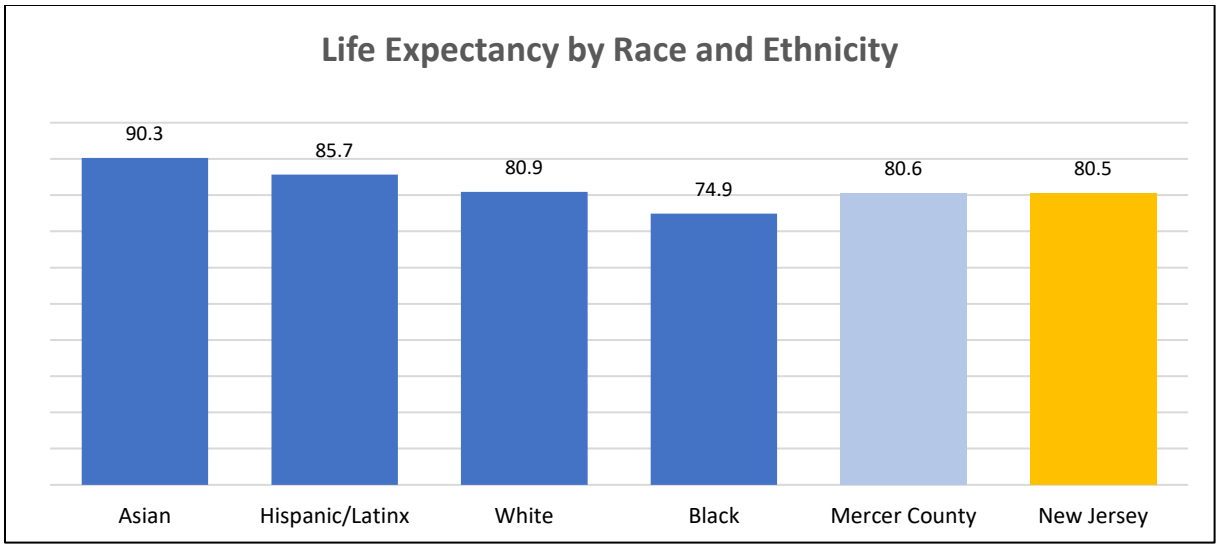
This map shows that where we live impacts how long we live due to underlying social determinants of health and structural factors that can define our neighborhoods. Addressing social inequities and structural racism is the key to improving health outcomes for everyone.

Average Life Expectancy by Mercer County Census Tract



Source: Tejada-Vera B, Bastian B, Arias, Escobedo LA., Salant B, Life Expectancy Estimates by US Census Tract, 2010-2015. National Center for Health Statistics, 2020. Geographic areas with no data are filled in gray.

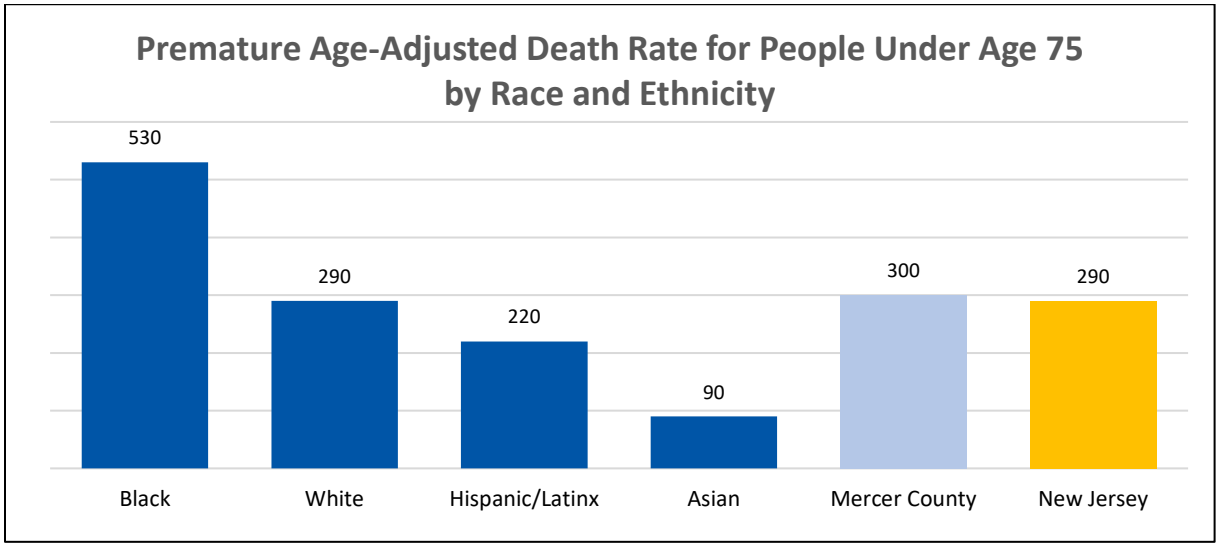
When we stratify life expectancy by race and ethnicity in Mercer County, clear disparities become evident. Mercer County is a place where people can thrive and live long, healthy lives. But those outcomes are not equally available for everyone. **The life expectancy of Black/African American people in Mercer County is between six and fifteen years less than their peers of other races and ethnicities.**



Source: National Center for Health Statistics – Mortality Files, 2017-2019

Premature age-adjusted mortality is another measure of how long people live. The premature age-adjusted mortality rate measures the number of deaths among people younger than 75 years old within a specific geographic area during a specific length of time.

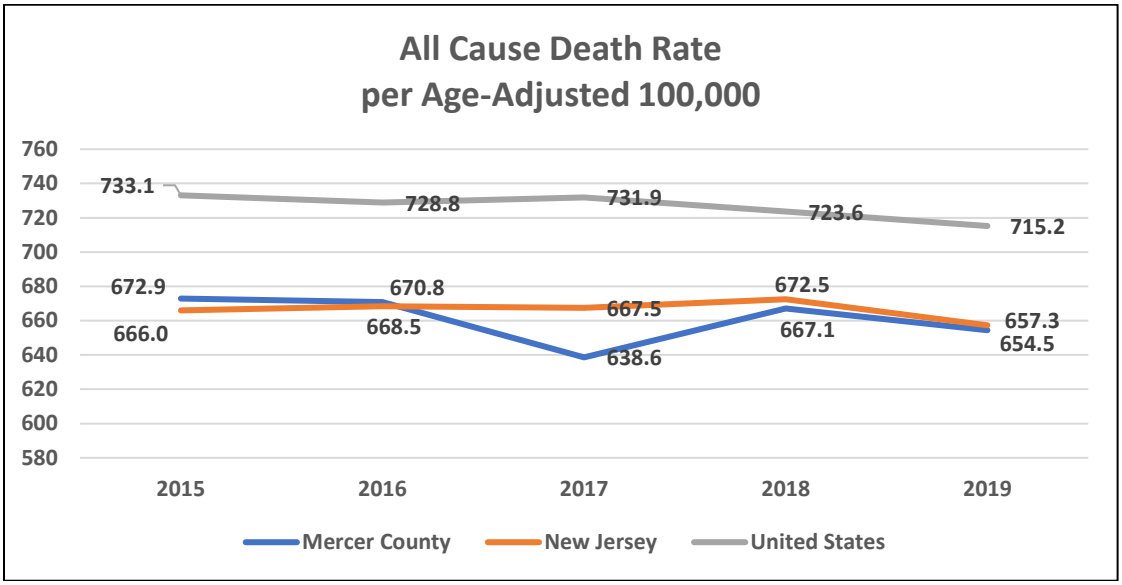
Black/African American people in Mercer County also experience premature death at a rate nearly double the Mercer County rate. The following graph represents the premature age-adjusted mortality rate in Mercer County, stratified by race and ethnicity between 2017-2019.



Source: National Center for Health Statistics – Mortality Files

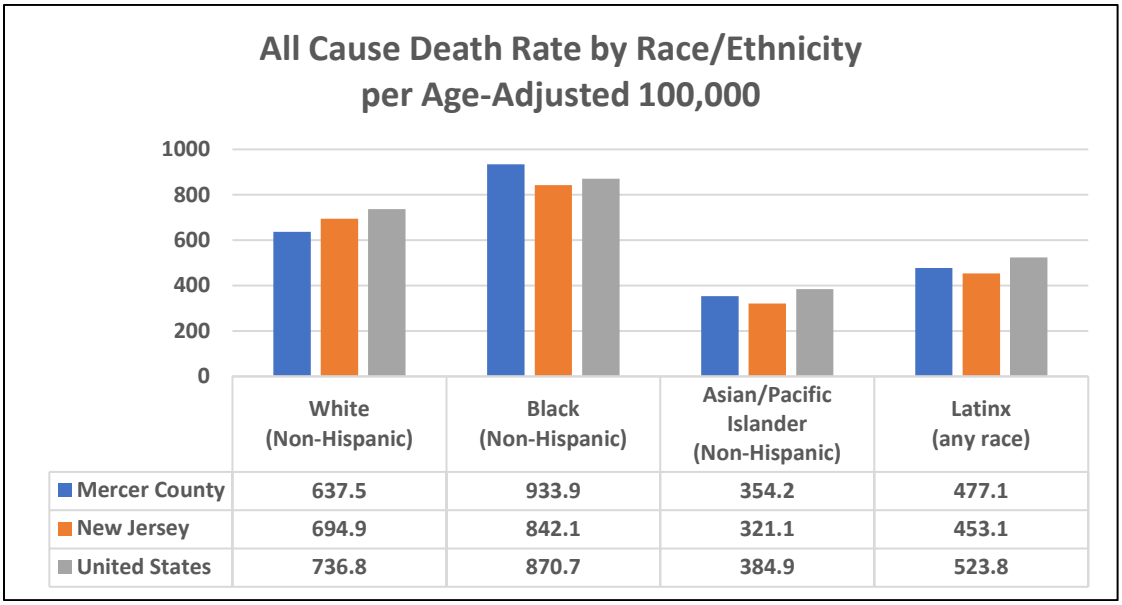
Leading Causes of Death

In general, people in Mercer County live very long lives. When compared to New Jersey and the US, the overall death rate from all causes in Mercer County has consistently been lower than both. However, when stratified by race, , it is not true for everyone in Mercer County.



Source: CDC, 2015-2019

Consistent with state and national statistics, when stratified by race, Black/African Americans have a higher rate of death from all causes than any other race across US, New Jersey, and Mercer County. More concerning, **Black/African Americans in Mercer County have a higher death rate when compared to other Black/African Americans in New Jersey and the US in general.** This indicates a clear disparity by race within Mercer County.



	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	637.5	933.9	354.2	477.1
New Jersey	694.9	842.1	321.1	453.1
United States	736.8	870.7	384.9	523.8

Source: CDC, 2019

Heart Disease

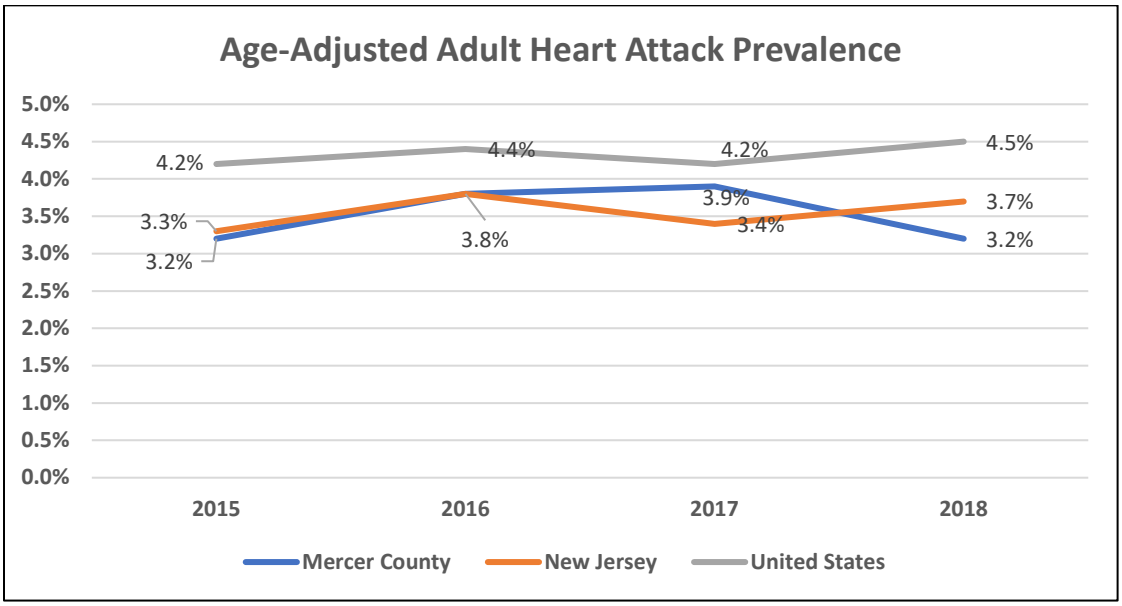
Heart disease is consistently the leading cause of death across the US. The following tables and graphs demonstrate the prevalence of the key clinical indicators of heart disease, which include high blood pressure, high cholesterol, diagnosed heart attacks, diagnosed angina, and diagnosed stroke. These tables and graphs suggest that there is wide variability from year to year in the prevalence of these clinical indicators in Mercer County, ranking Mercer County both above and below statewide and national rates in each category depending on the year.

Age-Adjusted Adult High Blood Pressure and High Cholesterol Prevalence

Blue = Lower prevalence than state and nation
Orange = Higher prevalence than state and nation

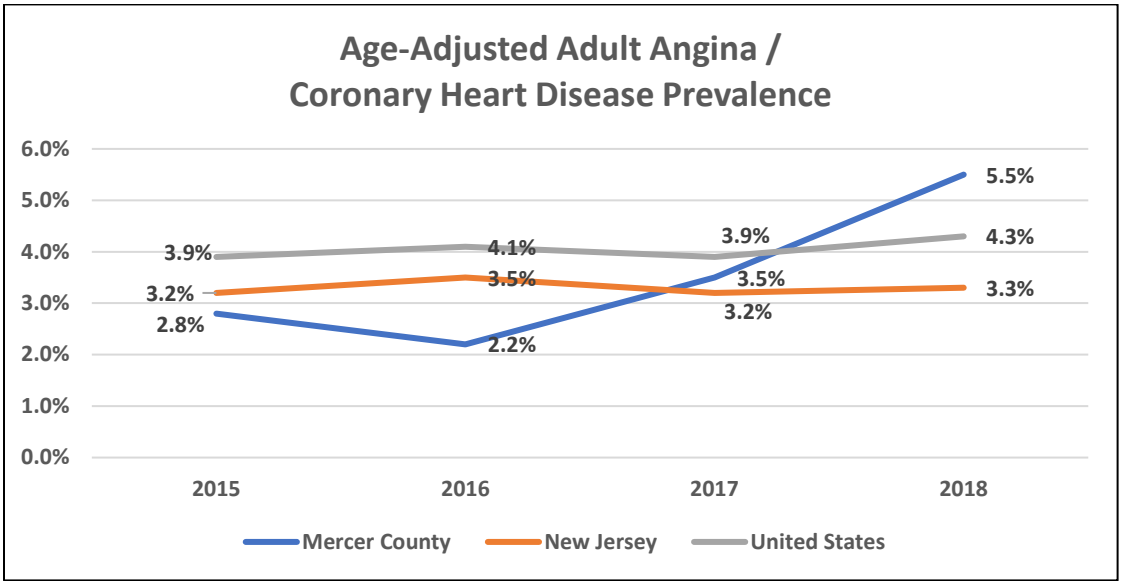
	High Blood Pressure		High Cholesterol	
	2015	2017	2015	2017
Mercer County	28.8%	30.3%	42.2%	28.8%
New Jersey	28.2%	30.2%	31.6%	31.7%
United States	30.9%*	32.3%*	36.3%*	33.0%*

Source: New Jersey State Health Assessment Data, 2015, 2017; CDC, 2015, 2017
*Data reflect crude percentages, not age-adjusted, based on availability.



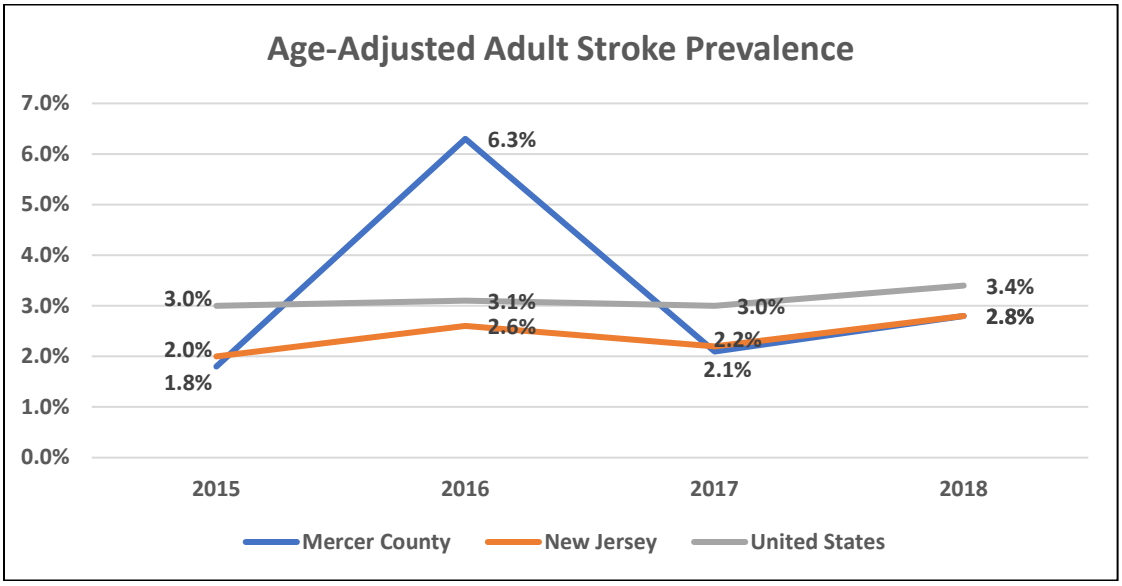
Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018
*US data reflect crude percentages, not age-adjusted, based on availability.

The prevalence of angina and coronary heart disease (CHD) in Mercer County has steadily increased since 2016.



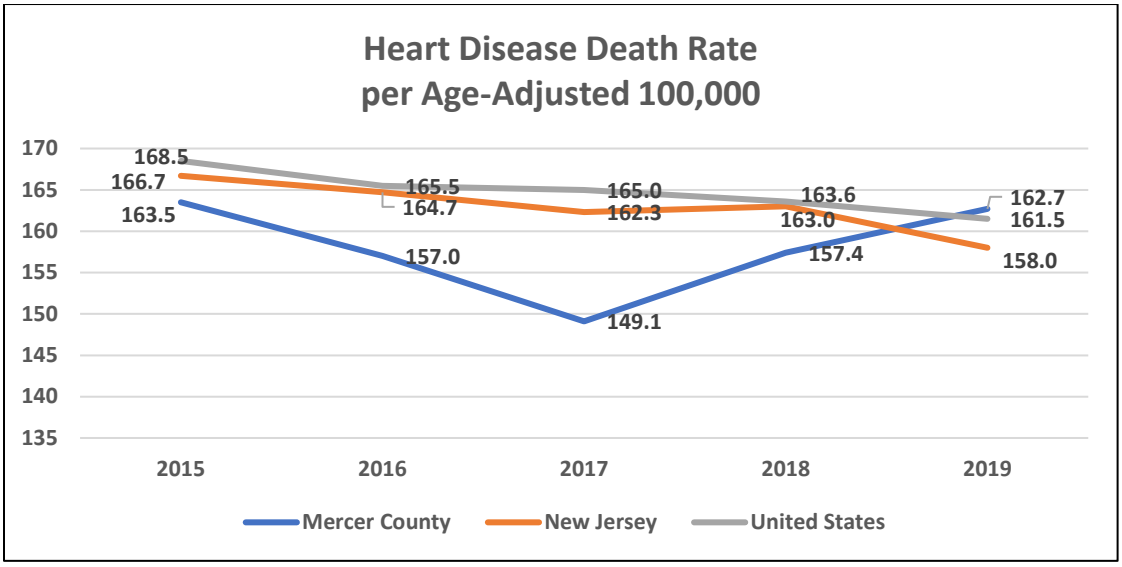
Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018
*US data reflect crude percentages, not age-adjusted, based on availability.

While the prevalence of angina and CHD has increased, the prevalence of stroke in Mercer County has decreased since 2016.



Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018
*US data reflect crude percentages, not age-adjusted, based on availability.

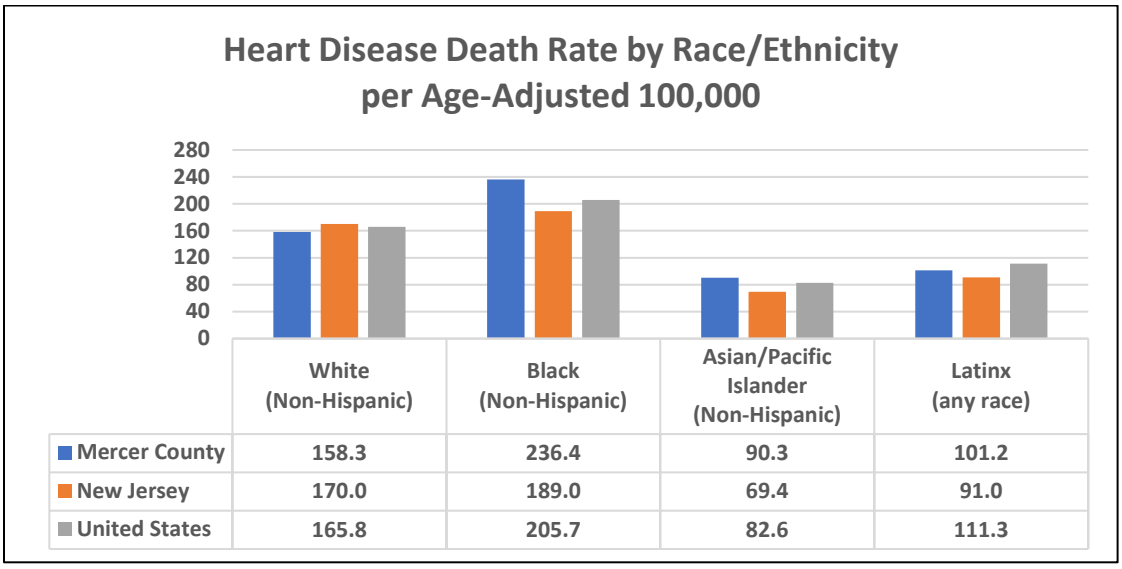
The age-adjusted death rate from heart disease in Mercer County has historically been better than state and national rates, but has been trending upward rapidly since 2017. This increase is consistent with the increased prevalence of angina and CHD shown above. Heart disease death is attributable to a multiplicity of factors at the environmental, social, clinical, and individual level.



Source: CDC, 2015-2019

When death due to heart disease is stratified by race and ethnicity clear disparities emerge. Across the US, New Jersey, and Mercer County, the death rate due to heart disease is notably higher for Black/African Americans than any other race or ethnicity. When heart disease death by race and ethnicity is examined for Mercer County, White non-Hispanic residents have lower rates of death from heart disease (158.3) than White residents in any other reported geographic area.

However, Black/African American non-Hispanic people living in Mercer County have a death rate due to heart disease (236.4) higher than other Black/African Americans in New Jersey (189.0) and across the US (205.7). The heart disease death rate for Whites in Mercer County is 158.3. This disparity in outcomes by race reflects inequity in Mercer County that disproportionately impacts Black/African Americans, resulting in earlier death from heart disease. The graph on the following page suggests that high quality, effective interventions that save lives exist in Mercer County, but do not reach everyone.

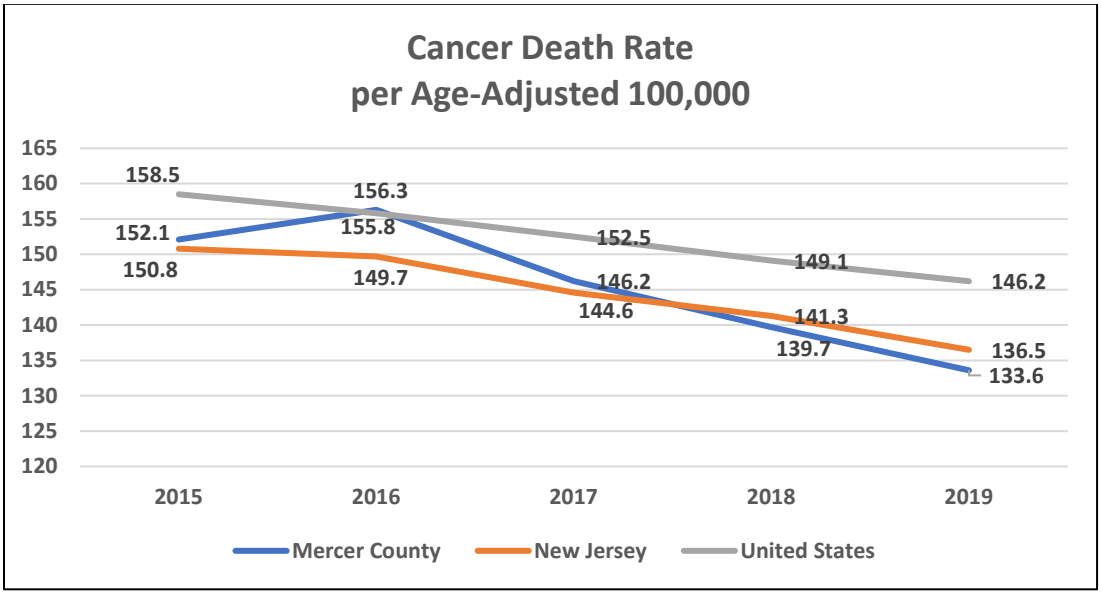


	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	158.3	236.4	90.3	101.2
New Jersey	170.0	189.0	69.4	91.0
United States	165.8	205.7	82.6	111.3

Source: CDC, 2019

Cancer

While the incidence of all cancers is higher in Mercer County for people of all races, the rate of death from cancer is consistently lower in Mercer County than in New Jersey or the US in general. This is a positive finding that suggests that cancer in Mercer County is being detected and that effective treatment is being accessed.



Source: CDC, 2015-2019; New Jersey State Cancer Registry, 2014-2018; Cancer-Rates.info, 2014-2018

Death from cancer is consistently one of the leading causes of death across the US. However, many forms of cancer, if identified early, can be effectively treated and managed. The following table demonstrates the incidence of all invasive cancers diagnosed in Mercer County, New Jersey, and the US by race and ethnicity. This table demonstrates that **the incidence of all forms of cancer is higher in Mercer County than elsewhere in the state or nation. While this may suggest a true high incidence of cancers in Mercer County, it may also indicate effective and widespread screening for various forms of cancer**, which could allow for earlier intervention and treatment.

Invasive Cancer Incidence per Age-Adjusted 100,000 by Race and Ethnicity

Orange = Higher incidence than state and nation

	White	Black/African American	Asian/Pacific Islander	Latinx
Mercer County	506.5	523.4	314.8	393.1
New Jersey	499.1	450.7	282.4	392.8
United States	451.0	445.0	292.0	346.0

Source: New Jersey State Cancer Registry, 2014-2018; Cancer-Rates.info, 2014-2018

The following table demonstrates the incidence of diagnosed cancers in Mercer County, New Jersey, and the US by the most frequently diagnosed types of cancers. This table indicates that the incidence of prostate cancer and female breast cancer are higher in Mercer County and New Jersey than the nation, and the incidence of lung and colorectal cancers are lower in Mercer County than the nation. The “All Sites” cancer incidence rate encompasses the four leading cancers indicated in this table plus others.

Invasive Cancer Incidence per Age-Adjusted 100,000

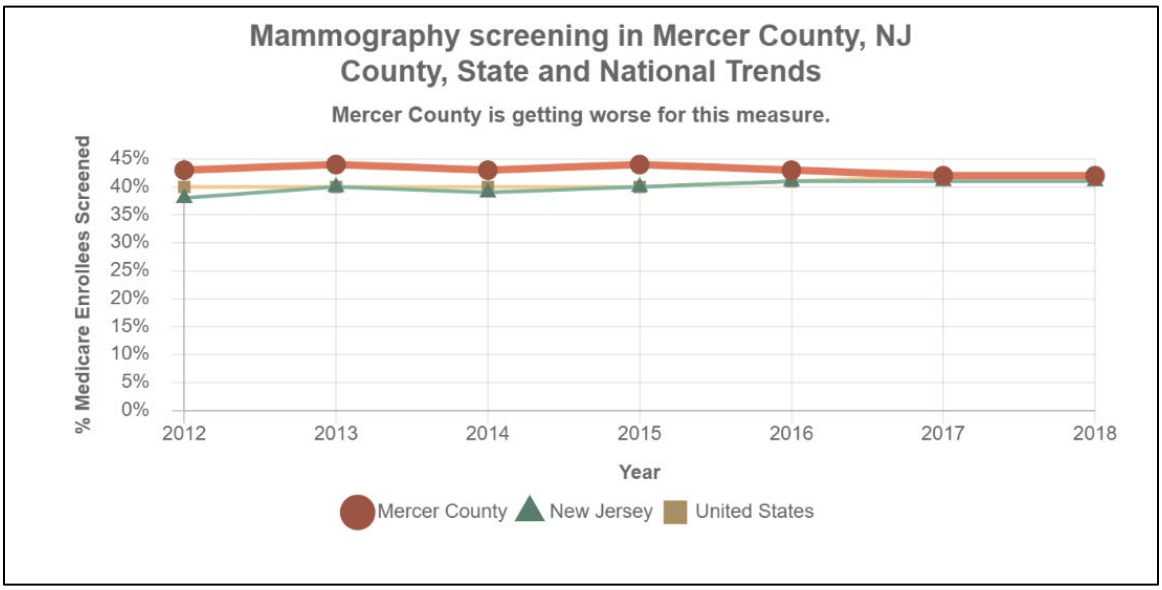
Blue = Lower incidence than state and nation

Orange = Higher incidence than state and nation

	All Sites	Female Breast	Colorectal	Lung and Bronchus	Prostate
Mercer County	501.8	137.0	36.4	54.8	152.8
New Jersey	486.8	137.2	40.1	54.5	134.4
United States	449.0	126.9	38.1	57.3	106.4

Source: New Jersey State Cancer Registry, 2014-2018; Cancer-Rates.info, 2014-2018

Breast cancer is one of the most common forms of cancer in the US. If caught early, many forms of breast cancer can be effectively treated. Regular mammograms for all women age 40 and older are one of the best ways to screen for and detect breast cancer. The graph below shows that while Mercer County has consistently screened a greater proportion of people for breast cancer than the nation and state, the proportion of mammograms in Mercer County has been declining in recent years. This trend is moving in the wrong direction.

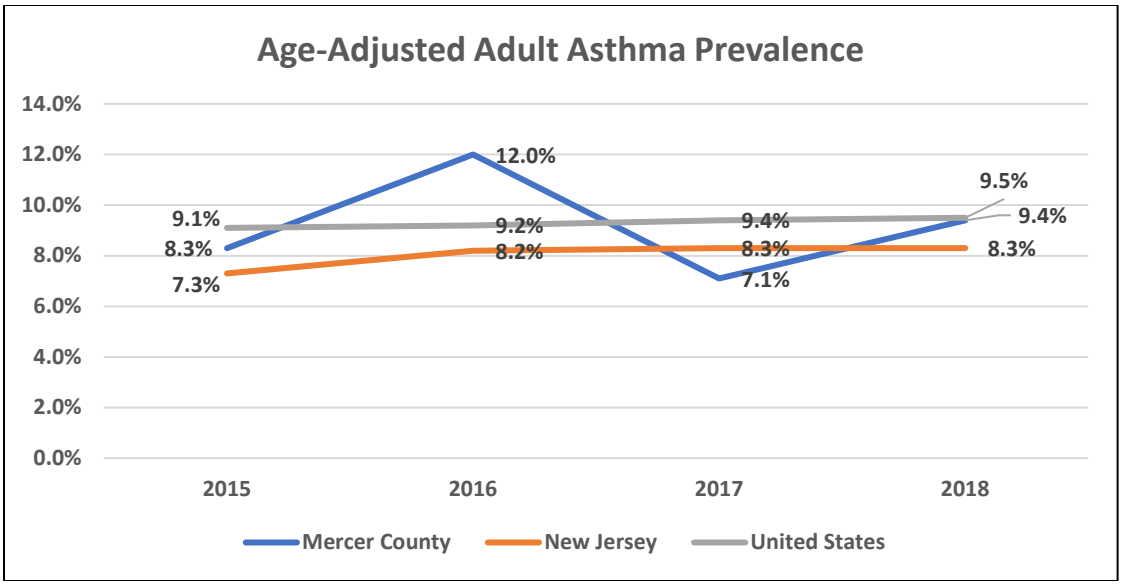


Source: Centers for Medicare and Medicaid Services Mapping Medicare Disparities by Population, 2018

Respiratory Disease

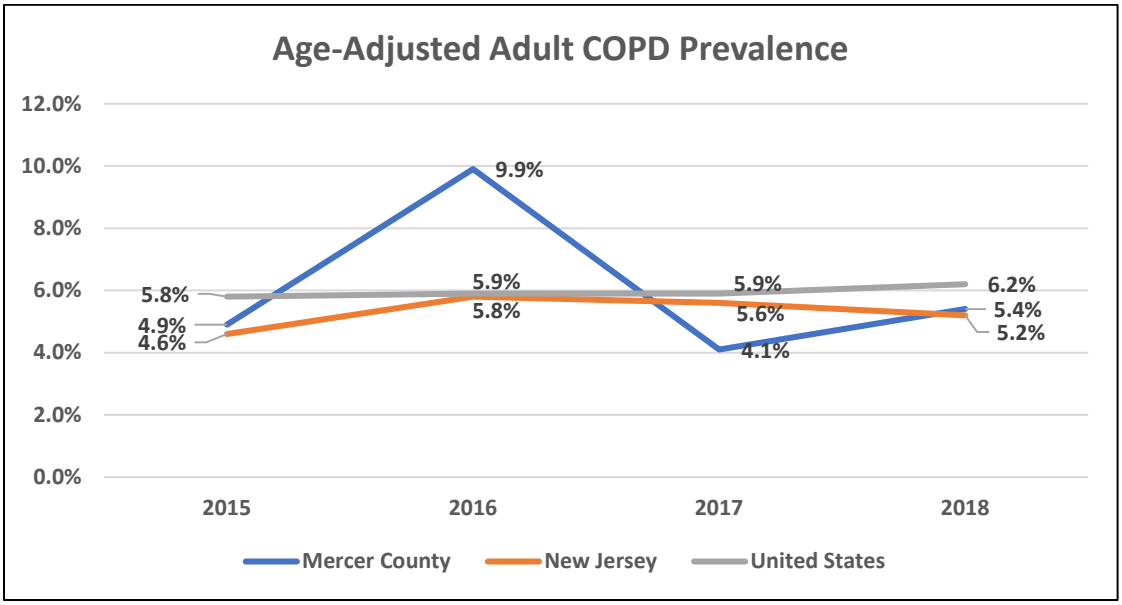
Lung and respiratory diseases are among the leading causes of death nationwide and contribute towards diminished quality of life. The presence of respiratory disease is the result of a variety of environmental, social, clinical, and individual factors. Therefore, interventions aimed at improving quality of life factors and social determinants of health can have a direct impact on the prevention of respiratory disease, as well as an improvement in the quality of life and longevity among people who have already been diagnosed with a respiratory ailment.

The graph below represents the prevalence of asthma among adults in Mercer County, New Jersey, and the nation. While New Jersey has consistently lower prevalence of asthma than the nation, there is notable variability in the prevalence of asthma among adults in Mercer County over time.



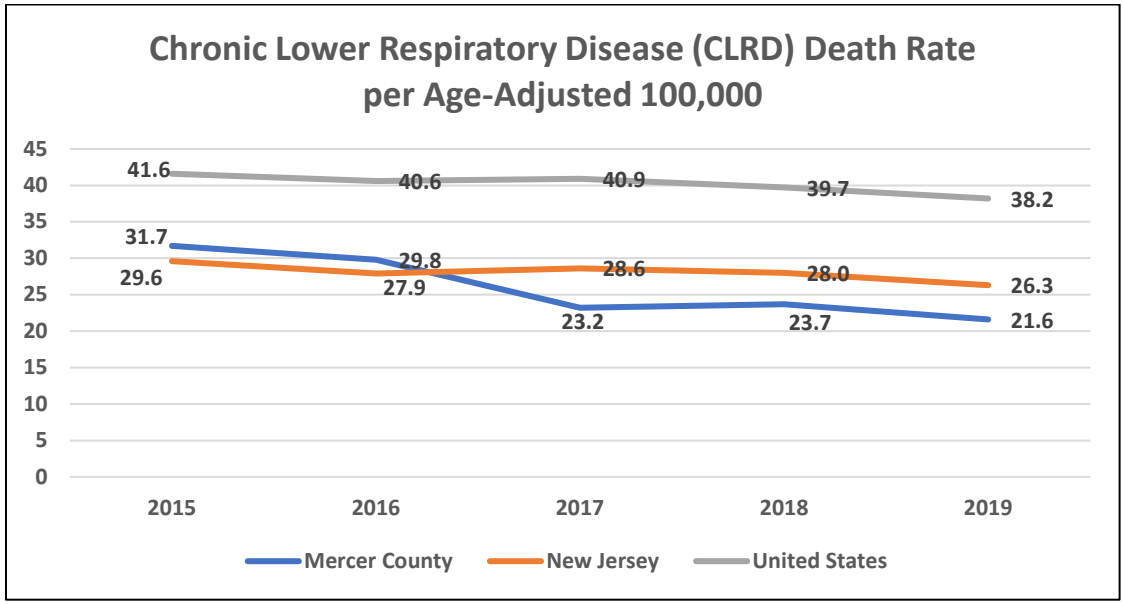
Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause breathing related problems including emphysema and chronic bronchitis. These conditions can lead to diminished quality of life and are a leading cause of early death. Smoking is the primary cause of COPD, but environmental pollutants in the home, community, and workplace also play a role. While there is no cure for COPD, there are interventions that can help manage the effects and progression of the disease, but only if the disease is diagnosed. The graph below shows that the prevalence of COPD has been consistently lower in New Jersey than the nation, but it has been variable over time in Mercer County.

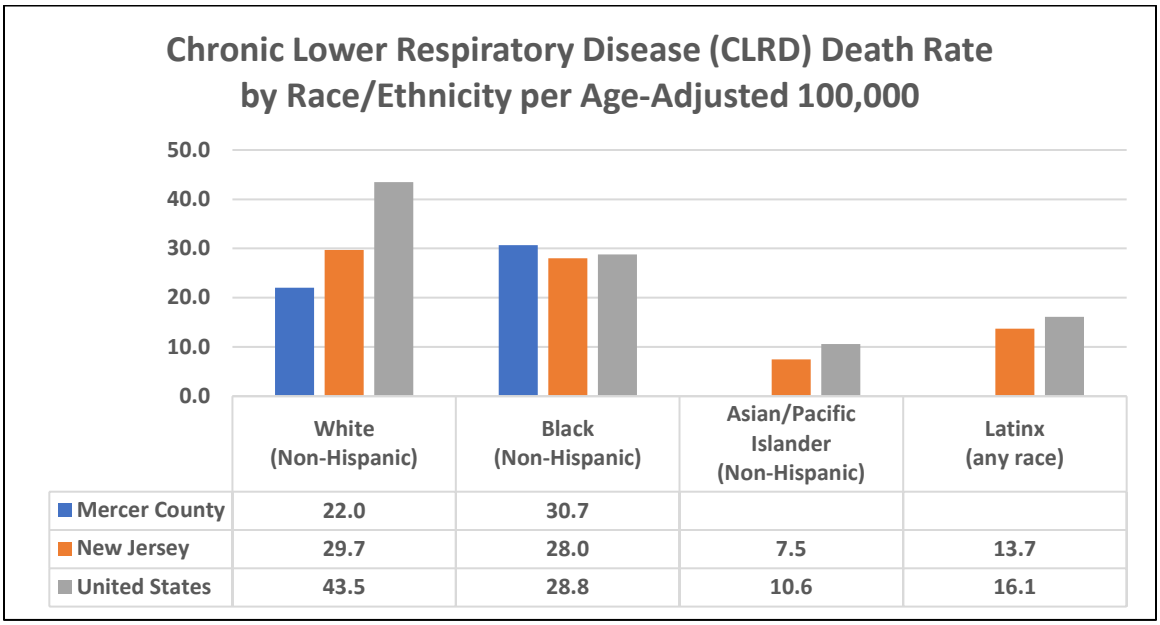


Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

The graph below represents the age-adjusted death rate from chronic lower respiratory disease (CLRD), which includes deaths from both COPD and asthma, for Mercer County, New Jersey, and the nation. Despite the variable prevalence of both asthma and COPD in Mercer County, the death rate from those diseases is lower and trending downward compared to both the state and the nation. This suggests that both COPD and asthma are being effectively treated and managed in Mercer County, resulting in fewer early deaths.



Source: CDC, 2015-2019 Source: CDC, 2019



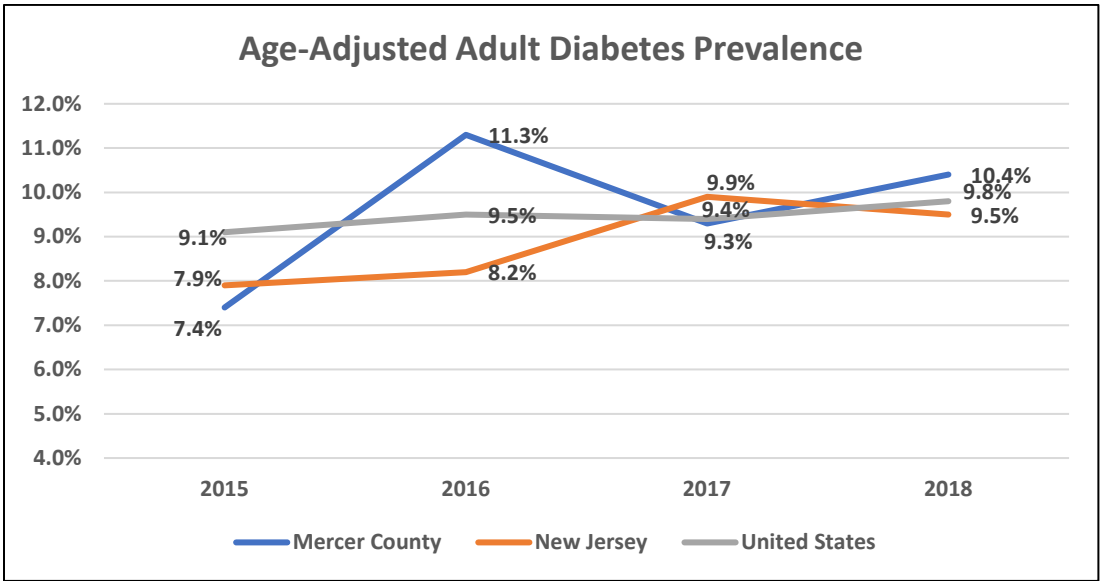
	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	22.0	30.7		
New Jersey	29.7	28.0	7.5	13.7
United States	43.5	28.8	10.6	16.1

Source: CDC, 2019 *Mercer County data are reported as available due to low death counts.

When death rates due to CLRD are stratified by race and ethnicity, disparities emerge in Mercer County. Compared to White people in New Jersey and the US, White people in Mercer County die from CLRD at a noticeably lower rate. In both New Jersey and the US, White people have a higher rate of death due to CLRD than people of any other race. However, in Mercer County, Black/African Americans not only have a higher rate of death due to CLRD (30.7) than Whites (22.0) but also when compared to other Black/African Americans across New Jersey (28.0) and the US (28.8). This disparity in early death from CLRD among Black/African Americans in Mercer County represents an inequity that requires further examination to address potential root causes.

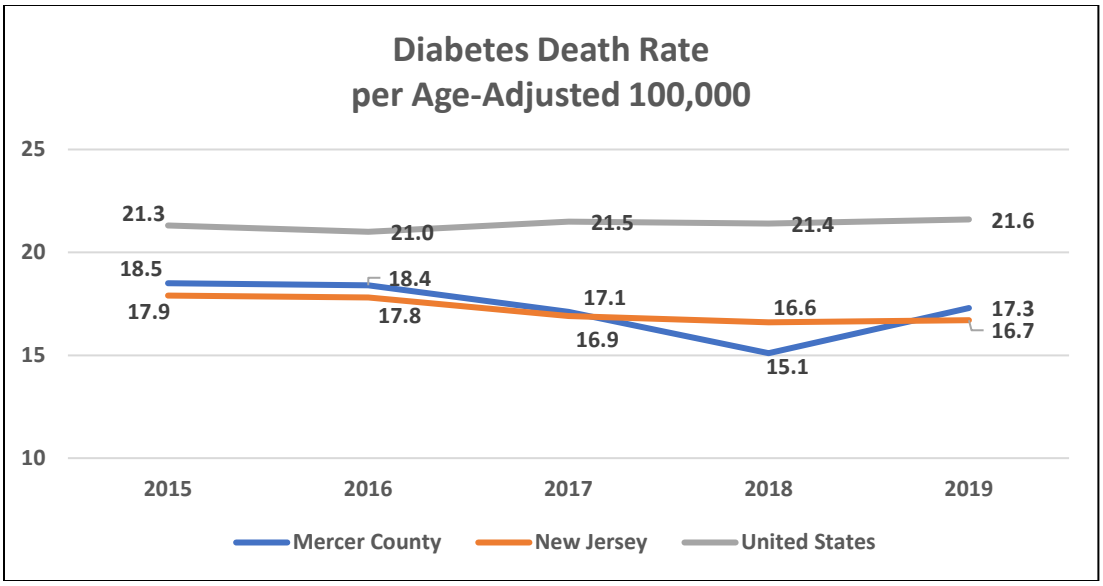
Diabetes

Diabetes is a chronic disease that is a leading cause of death and reduced quality of life in the US. However, there are many effective clinical and lifestyle interventions that can prevent, treat, and manage diabetes to improve quality of life and avoid medical complications and early death from the disease. The graph below shows the prevalence of diagnosed diabetes among adults in Mercer County, New Jersey, and the US. While there is variability in the prevalence of diabetes from year to year in Mercer County, the prevalence of diabetes among adults is trending upwards.



Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

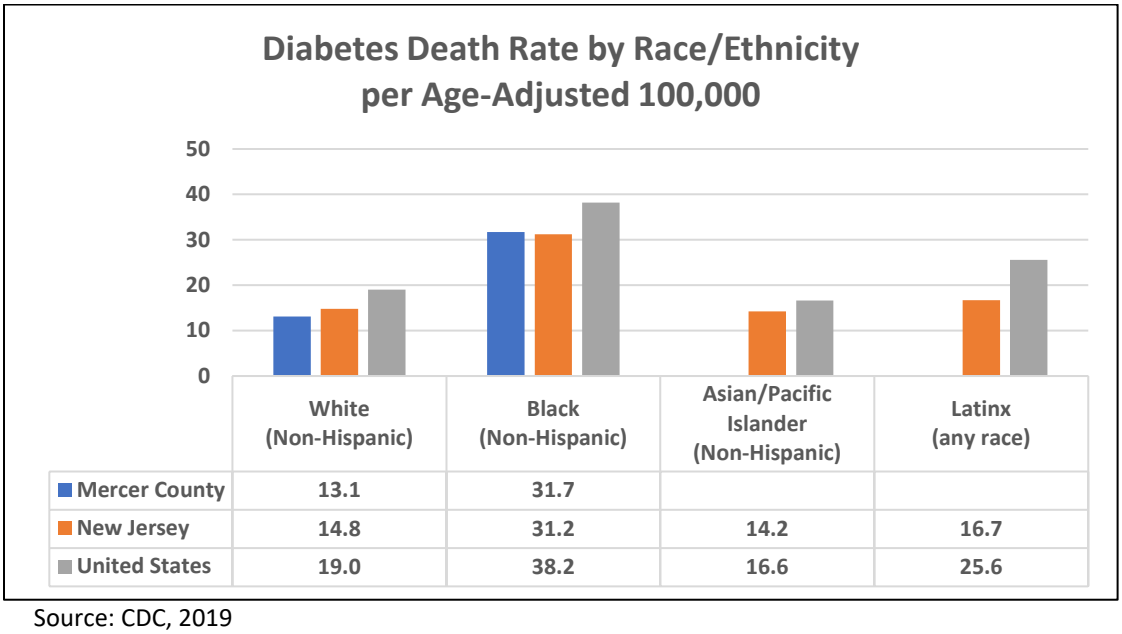
The following graph shows the age-adjusted rate of death from diabetes in Mercer County, New Jersey, and the US over time, demonstrating that the death rate from diabetes in New Jersey and Mercer County is lower than the national rate.



Source: CDC, 2015-2019

In combination, these two graphs suggest that the increase in diabetes prevalence in Mercer County may in fact be a result of uncovering existing disease and providing effective interventions and treatments that are preventing death from diabetes.

The graph below shows the death rate from diabetes stratified by race and ethnicity across Mercer County, New Jersey, and the US. This graph shows that the death rate from diabetes among Whites living in Mercer County (13.1) is lower than among any other race, ethnicity, or geographic area. **In contrast, the death rate from diabetes among Black/African Americans living in Mercer County (31.7) is more than two times higher than among Whites living in Mercer County.**



	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	13.1	31.7		
New Jersey	14.8	31.2	14.2	16.7
United States	19.0	38.2	16.6	25.6

Source: CDC, 2019

*Mercer County data are reported as available due to low death counts.

Mental and Behavioral Health

Mental and behavioral disorders span a wide range of diagnoses, including anxiety disorders, Schizophrenia and other delusional disorders, and mood disorders such as depression or personality disorders. The disorders are not induced by alcohol and other psychoactive substances, but they may co-occur with or be exacerbated by substance use disorder. **The table below indicates that adults living in Mercer County report having more mentally unhealthy days per month than their peers across New Jersey and the nation.** It should be noted that these data come from 2018, two years before the onset of the COVID-19 pandemic.

Adult Mental Health Measures

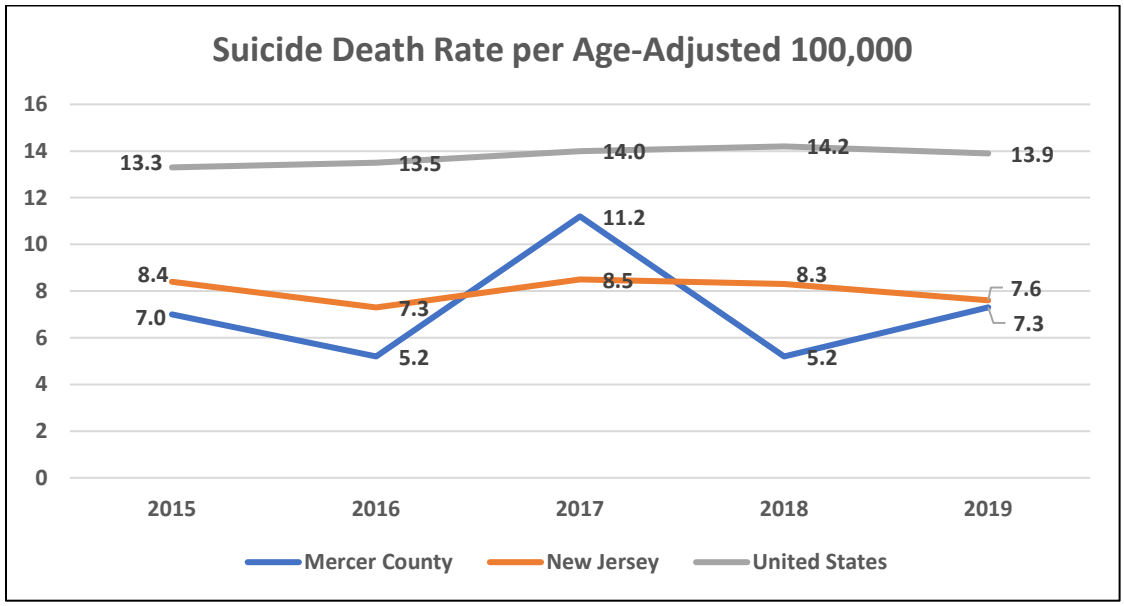
Orange = Higher reported mental distress than state and nation

	Mercer County	New Jersey	United States
History of diagnosed depression, 2017 (age-adjusted)	20.1%	14.8%	20.5%*
Average number of mentally unhealthy days, 2018	4.3	3.8	4.1

Source: New Jersey State Health Assessment Data, 2017; CDC, 2017, 2018

*Data reflect a crude percentage, not age-adjusted, based on availability.

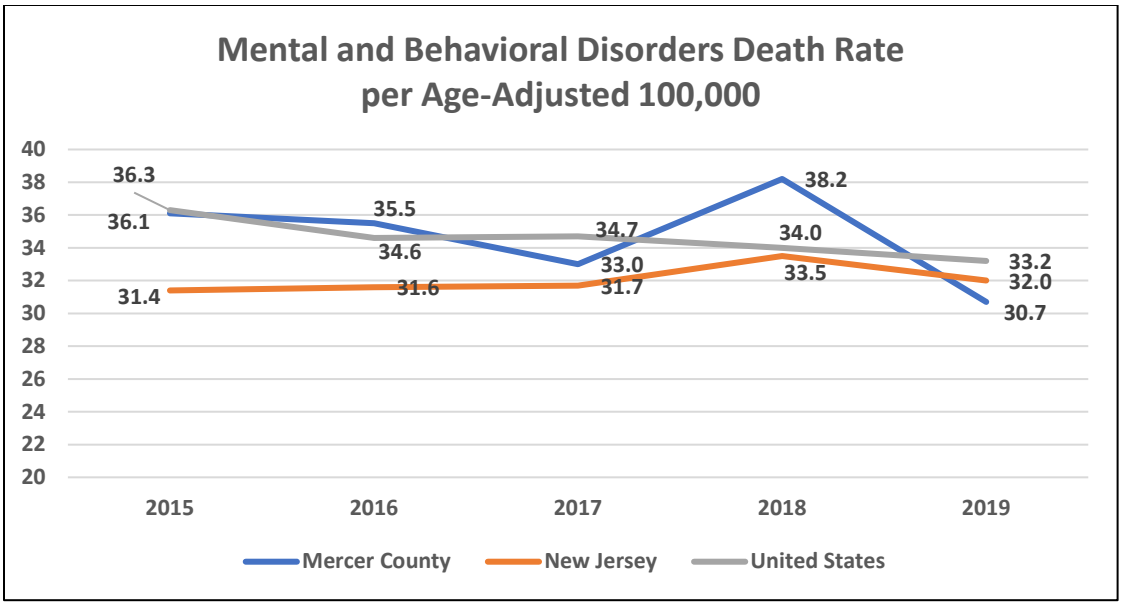
Frequent mental distress is also a risk factor for suicide. The graph below demonstrates that there has been variation in the death rate due to suicide in Mercer County since 2015. It should be noted that these data reflect the rate of death from suicide before the COVID pandemic.



Source: New Jersey State Health Assessment Data, 2015-2019; CDC, 2015-2019

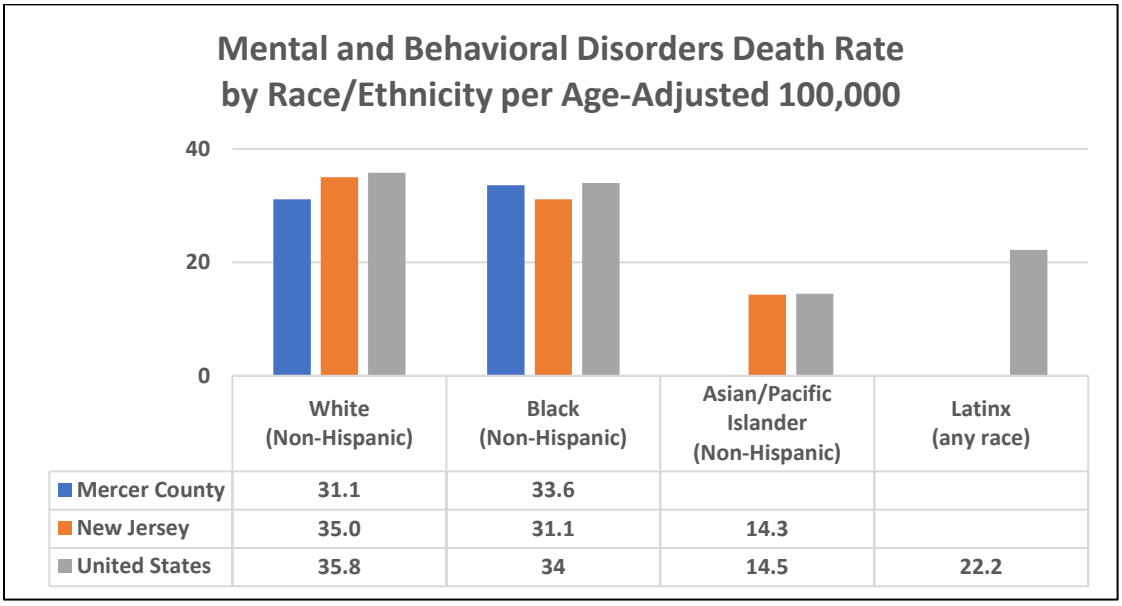
Source: CDC, 2019; *Mercer County data are excluded due to low death counts.

The graph below indicates that there has been variability in the death rate due to mental and behavioral disorders in Mercer County, with a downward trend through 2019. These data do not reflect the COVID pandemic.



Source: CDC, 2015-2019

When stratified by race, Black/African Americans living in Mercer County die from mental and behavioral disorders slightly more frequently than Black/African Americans living throughout the rest of New Jersey, but at a lower rate than the nation overall. White people in Mercer County are less likely to die from mental and behavioral disorders than White people throughout the state and nation, and are less likely to die from mental and behavioral disorders than Black/African Americans in Mercer County.



	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	31.1	33.6		
New Jersey	35.0	31.1	14.3	
United States	35.8	34	14.5	22.2

Source: CDC, 2019

*Mercer County data are reported as available due to low death counts.

Substance Use Disorder

Substance use disorder is a diagnosable disease that affects a person's brain and behaviors and leads to an inability to control the use of substances including alcohol, marijuana, opioids, and other substances. Alcohol use disorder is the most prevalent addictive substance used among adults. Substance use disorder is both a cause of and outcome from ACES. Therefore, the prevalence of substance use disorder suggests the opportunity for interventions to both address current issues and underlying ACES to build resilience and prevent trauma through community-level interventions.

Excessive alcohol use increases the risk for chronic diseases and other problems including high blood pressure, liver disease, cancers, decreased mental health, and injury. Excessive drinking refers to heavy drinking (two or more drinks per day for men and one or more drinks per day for women) and binge drinking (five or more drinks on one occasion for men and four or more drinks on one occasion for women). **The table below demonstrates that people in Mercer County are more likely to drink alcohol, binge drink, and drink heavily than others across New Jersey and the nation.**

Age-Adjusted Adult Alcohol Use Behaviors

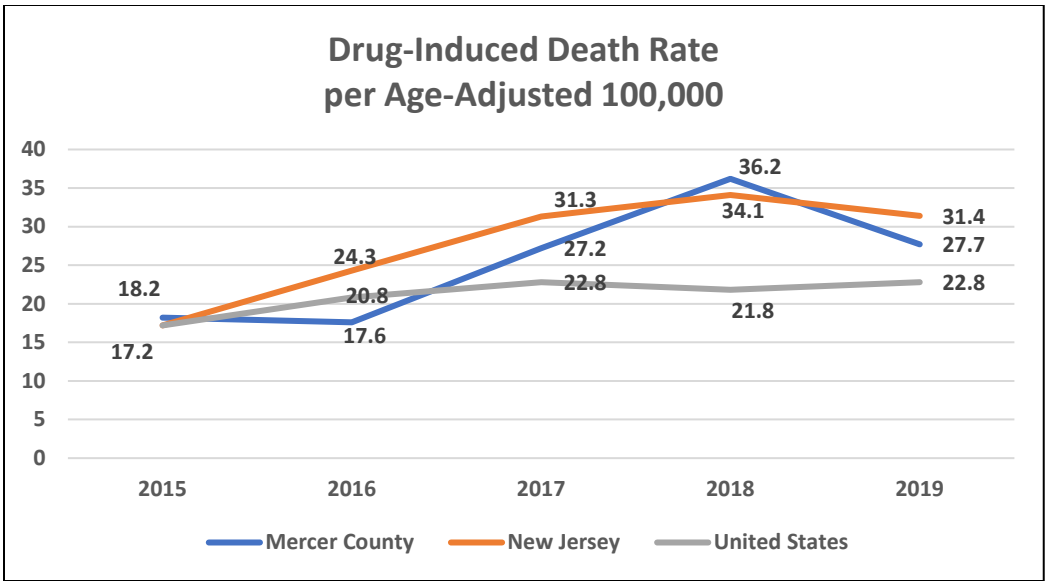
Orange = Higher alcohol use than state and nation

	Mercer County	New Jersey	United States
Drank any alcohol, last 30 days	62.6%	58.0%	55.1%*
Binge drinking	21.2%	17.9%	18.1%
Chronic heavy drinking	7.7%	5.4%	6.4%
Driving deaths with alcohol involvement	21.6%	21.9%	27.0%

Source: New Jersey State Health Assessment Data, 2017; CDC, 2017; Fatality Analysis Reporting System, 2015-2019
*Data reflect a crude percentage, not age-adjusted, based on availability.

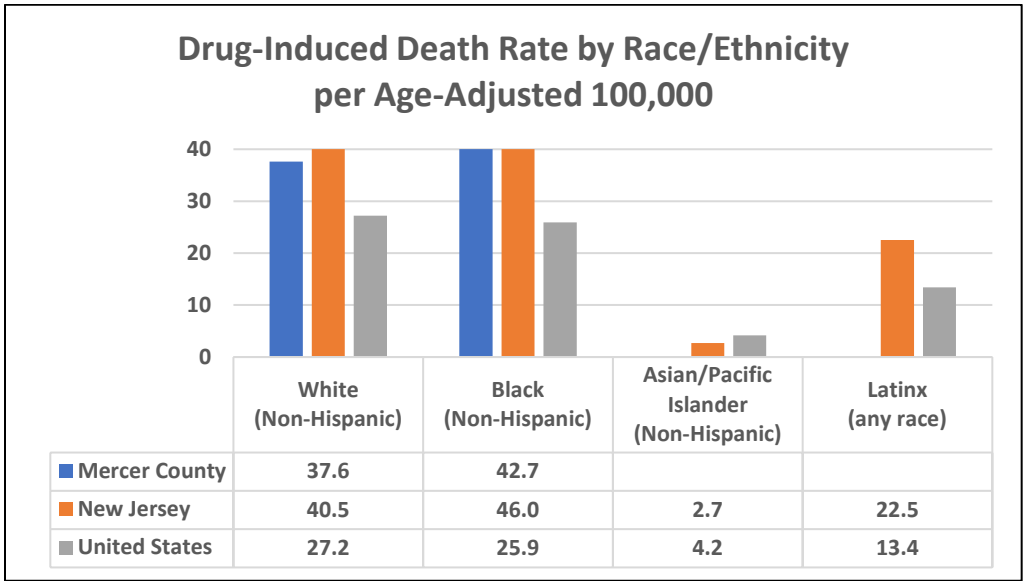
The CDC reports that the number of drug overdose deaths nationwide increased by nearly 5% from 2018 to 2019 and has quadrupled since 1999. Drug-induced deaths include all deaths for which drugs are the underlying cause, including drug overdoses and deaths from medical conditions resulting from chronic drug use. The US saw a 10-point increase in the drug-induced death rate from 2010 to 2019.

The drug-induced death rate in New Jersey and Mercer County has exceeded the national rate since 2017. There has generally been an upward trend in drug-induced deaths in both New Jersey and Mercer County since that time. These data do not reflect drug-induced deaths during the COVID-19 pandemic.



Source: New Jersey State Health Assessment Data, 2015-2019; CDC, 2015-2019

When drug-induced deaths nationwide are stratified by race and ethnicity, the rate is higher for Whites than Black/African Americans. However, in New Jersey and in Mercer County, that finding is reversed with Black/African Americans dying from drugs at a higher rate than Whites. Although the rate of death due to drugs in Mercer County is lower than New Jersey, it is still 10 points higher for Whites and 17 points higher for Black/African Americans in Mercer County than the national rate for those race categories.

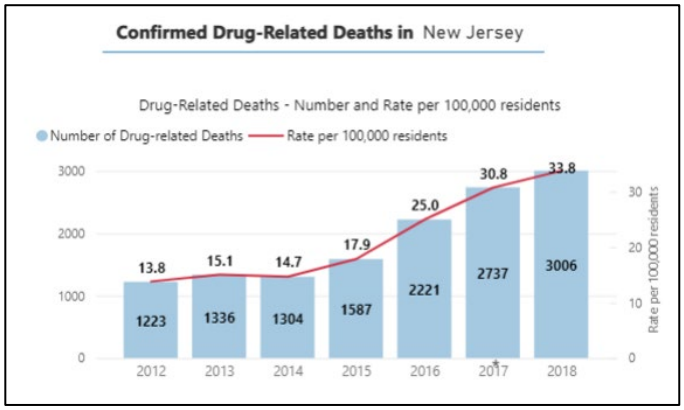


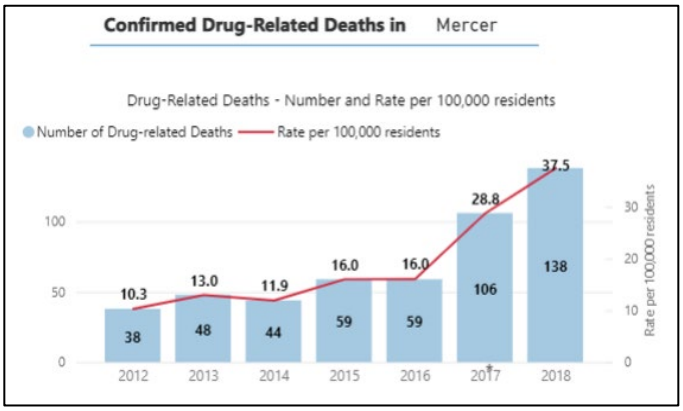
	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	37.6	42.7		
New Jersey	40.5	46.0	2.7	22.5
United States	27.2	25.9	4.2	13.4

Source: CDC, 2019

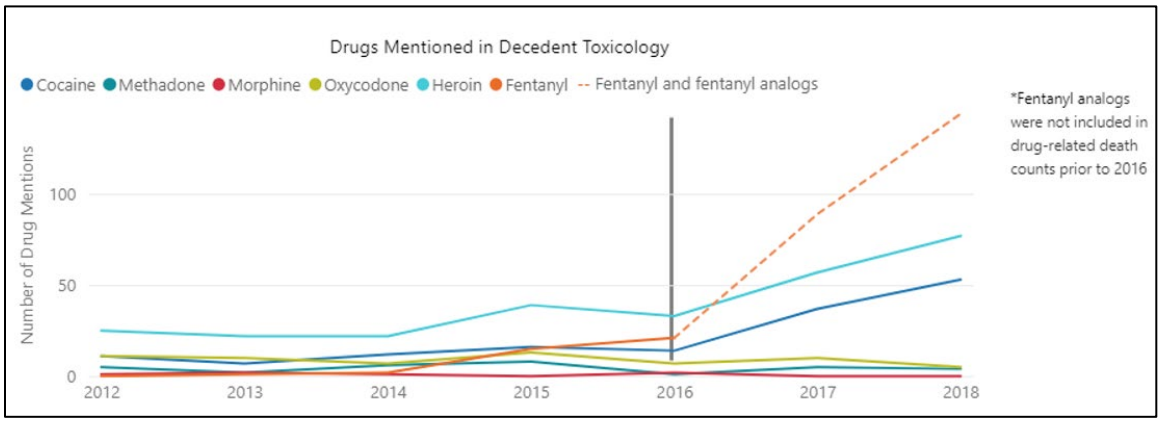
*Mercer County data are reported as available due to low death counts.

Over 70% of the 70,630 overdose deaths nationally in 2019 involved an opioid. Synthetic opioids such as fentanyl are laboratory produced and have similar effects as natural opioids, but can have far greater potency, increasing the risk for overdose and death. Across the US, heroin- and prescription opioid-involved deaths are declining, while synthetic opioid-involved deaths are increasing. The graphs below demonstrate that the same trends towards synthetic opiates can be seen in both Mercer County and across New Jersey.

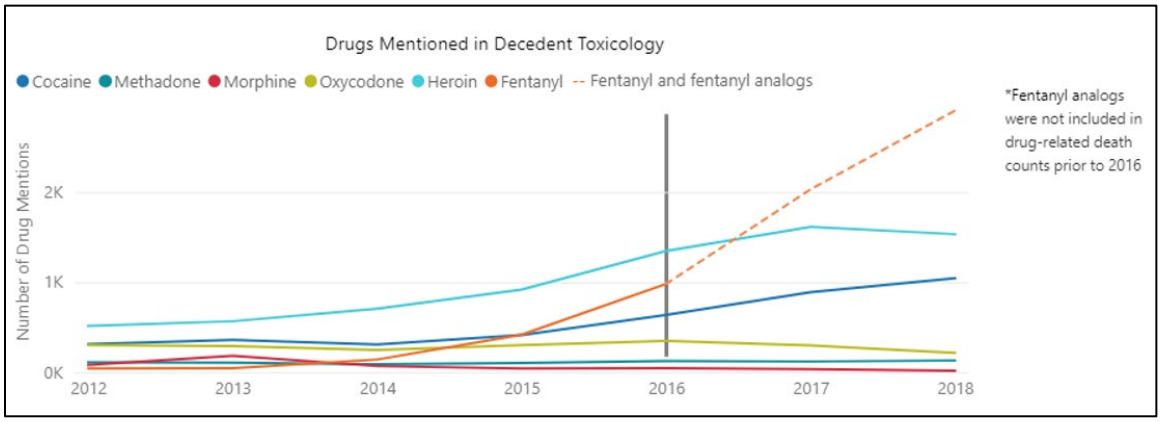




Drug-Related Death Toxicology: Mercer County



Drug-Related Death Toxicology: New Jersey



Source: New Jersey Department of Health Population Health, 2012-2018

Populations of Special Interest

Older Adults

Older adults are generally considered a vulnerable population due to increasing likelihood of chronic disease, risk of social isolation, and economic instability, among other factors. Adhering to recommended schedules for preventive care can help reduce the burden of disease, limit healthcare utilization and costs, and improve quality of life for older adults.

Nationally, among Medicare beneficiaries aged 65 years or older, the most common chronic conditions are hypertension, high cholesterol, and arthritis. Healthcare utilization and costs increase significantly with a higher number of reported chronic diseases, due in part to increased emergency department (ED) visits and readmissions.

Mercer County has a higher prevalence of nearly all chronic diseases among senior Medicare beneficiaries than New Jersey or the US in general. And, **in Mercer County, nearly half of all Medicare beneficiaries have four or more diagnosed chronic conditions**.

Number of Chronic Conditions among Medicare Beneficiaries (65 Years and Over)

Blue = Lower prevalence than state and nation
Orange = Higher prevalence than state and nation

	Mercer County	New Jersey	United States
0 to 1 condition	23.2%	24.4%	29.7%
2 to 3 conditions	29.4%	29.4%	29.4%
4 to 5 conditions	25.9%	25.3%	22.8%
6 or more conditions	21.6%	20.9%	18.2%

Source: Centers for Medicare and Medicaid Services, 2018

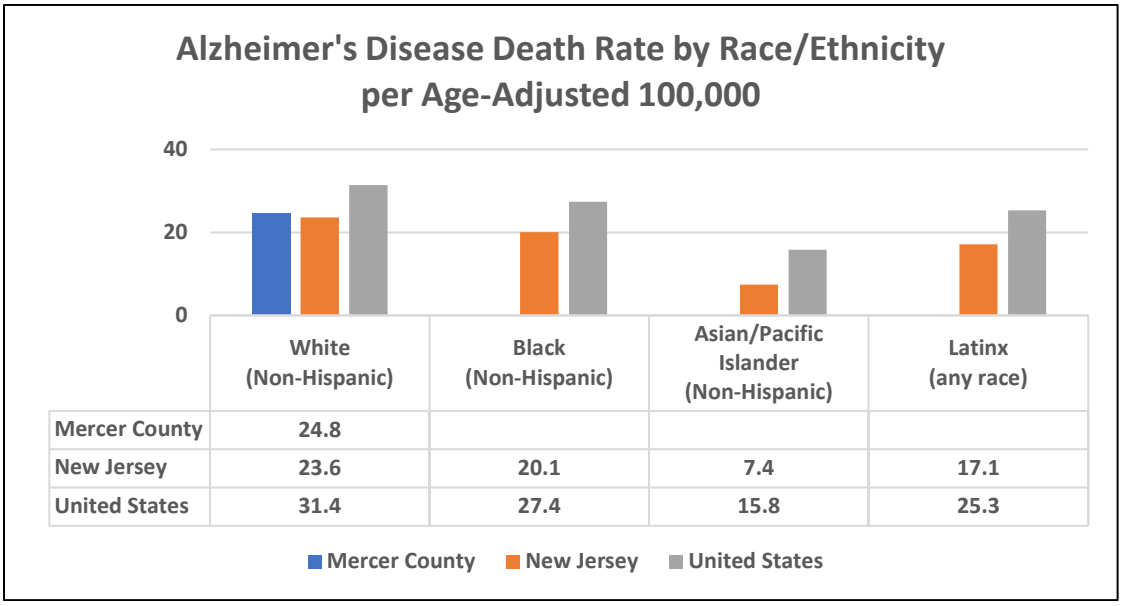
Chronic Conditions among Senior Medicare Beneficiaries (65 Years or Older)

Blue = Lower prevalence than state and nation
Orange = Higher prevalence than state and nation

	Mercer County	New Jersey	United States
Hypertension	65.9%	65.2%	59.8%
High Cholesterol	59.7%	59.2%	50.5%
Arthritis	37.5%	36.3%	34.6%
Ischemic Heart Disease	33.9%	33.5%	28.6%
Diabetes	30.7%	31.5%	27.1%
Depression	16.4%	14.5%	16.0%
Alzheimer's Disease	16.0%	12.8%	11.9%
Heart Failure	15.9%	15.8%	14.6%
COPD	10.7%	11.1%	11.4%
Cancer	10.5%	10.7%	9.3%
Stroke	5.7%	5.1%	3.9%
Asthma	5.1%	5.3%	4.5%

Source: Centers for Medicare and Medicaid Services, 2018

Alzheimer's disease is complex and has a diversity of risk factors. There are a variety of strategies to delay progression of the disease, but to date there is no cure. As Alzheimer's disease progresses, people diagnosed with Alzheimer's require increasing levels of social, physical and medical support. There is a higher prevalence of Alzheimer's disease (16.0%) in Mercer County than in the state or the nation, which may indicate a true increased prevalence or increased screening. Among non-Hispanic White people in Mercer County, the rate of death due to Alzheimer's disease is lower than the national rate, and commensurate with the statewide rate. The death rate is too infrequent among communities of color in Mercer County to be calculated, which may reflect less prevalence or reduced detection.



	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	24.8			
New Jersey	23.6	20.1	7.4	17.1
United States	31.4	27.4	15.8	25.3

Source: CDC, 2015-2019; CDC, 2019 *Mercer County data reported as available due to low death counts.

Social isolation, particularly among older adults, can impede effective chronic illness management and accelerate the negative impact of chronic diseases. A key indicator of social isolation among older adults is the percentage of adults ages 65 or older who live alone. In Mercer County, there is wide variability between the municipalities for this indicator, ranging from a low of 5.0% in West Windsor to a high of 17.1% in Pennington. These indicators can be useful for allocating resources based on the needs and capacity of each community.

Seniors Living Alone

Blue = Lower percentage than state and nation by >1 percentage point
Orange = Higher percentage than state and nation by >1 percentage point

Geography	Percent	Geography	Percent
Pennington Boro	17.1%	Hightstown Boro	5.9%
East Windsor Twp	9.8%	Hopewell Twp	5.3%
Ewing Twp	9.4%	West Windsor Twp	5.0%
Robbinsville Twp	9.0%	Trenton City	8.0%
Lawrence Twp	8.6%	Princeton	7.8%
Hamilton Twp	8.4%	Hopewell Boro	6.9%
Mercer County: **8.1%**			
New Jersey: **8.1%**			
United States: **7.5%**			

Source: United States Census Bureau, 2015-2019

Mothers and Babies

In 2019, there were 4,056 births in Mercer County, representing an overall birth rate of 11.0 per 1,000 people, that is consistent with state and national birth rates. However, six of the 12 Mercer County municipalities had birth rates noticeably lower than the county, state, and national rates. At the same time, **Trenton experienced a birth rate of 17.3 representing 1,443 births or 36% of all births in Mercer County in 2019.** The birth rate in Trenton reflects a higher overall birth rate than any other reported geography.

2019 Births

Blue = Higher birth rate than state and nation by >2 points
Orange = Lower birth rate than state and nation by >2 points

	Number of Births	Birth Rate per 1,000
Trenton City	1,443	17.3
East Windsor Twp	317	11.6
Hamilton Twp	979	11.2
Hightstown Boro	57	10.8
Ewing Twp	341	9.4
Lawrence Twp	299	9.2
Pennington Boro	22	8.5
Robbinsville Twp	112	7.7
West Windsor Twp	196	7.0
Hopewell Twp	110	6.2
Princeton	161	5.2
Hopewell Boro	18	**
Mercer County	**4,056**	**11.0**
New Jersey	**99,309**	**11.2**
United States	**3,747,540**	**11.4**

Source: New Jersey State Health Assessment Data, 2019; CDC, 2019
**Data is suppressed due to low counts.

When stratified by race and ethnicity, the rate of births to White and Asian mothers in Mercer County is noticeably lower than the rate of births to White and Asian mothers in New Jersey and across the US. The birth rate among Black/African American mothers in Mercer County is generally consistent with the state and the nation. At the same time, **the rate of births to mothers of Hispanic ethnicity of any race in Mercer County was 20.2, higher than any other geography, race, or ethnicity.**

2019 Birth Rates per 1,000 by Race and Ethnicity

Blue = Higher birth rate than state and nation
Orange = Lower birth rate than state and nation

	Mercer County	New Jersey	United States
White, non-Hispanic	6.8	9.0	9.8
Black/African American, non-Hispanic	11.8	10.9	13.4
Hispanic (of any race)	20.2	14.8	14.6
Asian and Native Hawaiian/Pacific Islander, non-Hispanic	9.6	12.2	13.0 / 17.0^
American Indian/Alaska Native, non-Hispanic	**	4.8	11.9

Source: New Jersey State Health Assessment Data, 2019; CDC, 2019
**Data is suppressed due to low counts. ^These data reported separately for US. The Asian birth rate is 13.0. The Native Hawaiian or Other Pacific Islander birth rate is 17.0.

Births to teen mothers ages 15-17 in Mercer County were higher than the state and the nation. While Mercer County also experienced a higher birth rate among teens ages 18–19 than New Jersey, the rate was still 10 points lower than national rate for this age group.

2019 Teen Birth Rates per 1,000 Live Births

Orange = Higher teen birth rate than state and nation

	10-14 years old	15-17 years old	18-19 years old
Mercer County	**	9.7	21.8
New Jersey	0.1	4.1	19.5
United States	0.2	6.7	31.1

Source: New Jersey State Health Assessment Data, 2019; CDC, 2019
**Data is suppressed due to low counts.

The following table describes the workforce status of women who gave birth during the previous 12 months stratified by married and unmarried mothers. In Mercer County, 70% of married and unmarried new mothers are working, consistent with state percentages but higher than national proportions.

Working mothers make up a significant proportion of our overall national workforce and are essential to the economics of any community. Working mothers of new babies require available, affordable, and quality childcare to be successful in the workforce. According to the Census Bureau, mothers with bachelor's degrees are more likely than all new mothers to be working, contributing to higher household incomes, better access to health insurance, and better health outcomes overall for the family.

Workforce Status among Women Who Had a Birth in the Past 12 Months

Blue = Higher percentage in labor force than state and nation
Orange = Lower percentage in labor force than state and nation

	Now Married		Unmarried	
	In labor force	Not in labor force	In labor force	Not in labor force
Hightstown Boro	100.0%	0.0%	N/A	N/A
Hopewell Twp	91.0%	9.0%	0.0%	100.0%
Lawrence Twp	91.0%	9.0%	46.2%	53.8%
Princeton	87.5%	12.5%	85.7%	14.3%
Hopewell Boro	80.0%	20.0%	N/A	N/A
Hamilton Twp	73.5%	26.5%	62.1%	37.9%
Trenton City	65.3%	34.7%	67.0%	33.0%
Ewing Twp	60.7%	39.3%	97.6%	2.4%
West Windsor Twp	53.3%	46.7%	N/A	N/A
East Windsor Twp	50.0%	50.0%	100.0%	0.0%
Robbinsville Twp	44.1%	55.9%	N/A	N/A
Pennington Boro	N/A	N/A	N/A	N/A
Mercer County	**70.1%**	**29.9%**	**70.0%**	**30.0%**
New Jersey	**69.6%**	**30.4%**	**71.1%**	**28.9%**
United States	**63.2%**	**36.8%**	**66.0%**	**34.0%**

Source: United States Census Bureau, 2015-2019

Having a healthy pregnancy is the best way to have a healthy birth. According to the March of Dimes, infants born to mothers who have not received prenatal care have an infant death rate five times the rate of infants born to mothers accessing prenatal care starting in the first trimester of pregnancy.

The Healthy People 2030 target is 80.5% of pregnant mothers accessing prenatal care during the first trimester. **As a whole, only 65.7% of all mothers in Mercer County accessed prenatal care during their first trimester of pregnancy, far lower than the state (74.5%) and national (77.6%) percentages.** Four municipalities have lower percentages than Mercer County for accessing prenatal care in the first trimester: Trenton (52.0%), Hightstown Borough (61.4%), East Windsor Township (63.1%), and Hamilton Township (70.8%). Pennington Borough, West Windsor Township, and Hopewell Township exceed the Healthy People 2030 target. Further exploration must be done to better identify and address the barriers underlying this finding.

2019 Maternal and Child Health Indicators

Blue = Positive health outcomes compared to state and nation by >2 percentage points
Orange = Negative health outcomes compared to state and nation >2 percentage points

	Prenatal Care in First Trimester	No Smoking during Pregnancy	Low Birth Weight	Preterm Births	Breastfeeding*
Hopewell Boro	**	100.0%	**	**	91.0%
Trenton City	52.0%	94.7%	9.5%	9.7%	80.2%
Hightstown Boro	61.4%	100.0%	8.8%	**	87.7%
East Windsor Twp	63.1%	99.1%	6.0%	7.9%	80.4%
Hamilton Twp	70.8%	97.1%	6.9%	9.0%	84.8%
Ewing Twp	73.9%	93.8%	9.1%	9.4%	85.6%
Lawrence Twp	75.6%	100.0%	8.4%	10.7%	88.6%
Princeton	75.8%	98.1%	5.6%	6.2%	88.8%
Robbinsville Twp	78.6%	99.1%	5.4%	8.9%	82.1%
Hopewell Twp	84.5%	97.3%	8.2%	10.9%	91.0%
West Windsor Twp	87.8%	100.0%	8.2%	10.2%	87.8%
Pennington Boro	90.9%	100.0%	**	**	95.5%
Mercer County	**65.7%**	**96.6%**	**8.1%**	**9.2%**	**83.7%**
New Jersey	**74.5%**	**96.8%**	**7.9%**	**9.5%**	**75.1%**
United States	**77.6%**	**94.0%**	**8.3%**	**10.2%**	**83.6%**

Source: New Jersey State Health Assessment Data, 2019; CDC, 2019
*Data are recorded at the time of hospital discharge and includes breastfeeding exclusive or in combination with another feeding method (e.g., formula).
**Data is suppressed due to low counts.

When broken down by race and ethnicity, differences within Mercer County regarding prenatal care become more evident. **Just over half of Black/African American (55.7%) and Latinx (51.8%) mothers in Mercer County received prenatal care during the first trimester, the lowest proportion of any race or ethnicity in any geography measured below.** Meanwhile, roughly 4 out of 5 White (83.6%) and Asian (79.4%) mothers in Mercer County receive prenatal care during the first trimester. While the percent of low birth weight and preterm babies born to Black/African American mothers in Mercer County is lower

when compared to the state and nation, it exceeds any other racial or ethnic group in Mercer County. Similarly, while the breastfeeding percentage among Black/African American mothers in Mercer County exceeds state and national benchmarks, the percentage is the lowest in Mercer County. These inequities in prenatal care, low birth weight, preterm births, and breastfeeding provide opportunities for further exploration to craft effective interventions.

Maternal and Child Health Indicators by Race and Ethnicity

	Prenatal Care in First Trimester	No Smoking during Pregnancy	Low Birth Weight	Preterm Births	Breast-feeding*
Mercer County					
White, non-Hispanic	83.6%	95.4%	5.7%	8.6%	85.4%
Black/African American, non-Hispanic	55.7%	93.9%	10.9%	11.6%	75.1%
Asian, non-Hispanic	79.4%	98.8%	8.5%	8.3%	85.1%
Latinx (of any race)	51.8%	98.8%	8.0%	8.3%	86.9%
New Jersey					
White, non-Hispanic	83.4%	95.8%	6.1%	8.3%	75.0%
Black/African American, non-Hispanic	61.2%	95.0%	13.0%	13.8%	67.1%
Asian, non-Hispanic	81.5%	99.4%	9.0%	8.3%	76.4%
Latinx (of any race)	61.2%	98.1%	7.7%	9.9%	78.6%
United States					
White, non-Hispanic	82.8%	91.2%	6.9%	9.3%	85.0%
Black/African American, non-Hispanic	67.6%	95.2%	14.2%	14.4%	73.1%
Asian, non-Hispanic	82.1%	99.6%	8.7%	8.7%	90.1%
Latinx (of any race)	72.1%	98.5%	7.6%	10.0%	87.0%

Source: New Jersey State Health Assessment Data, 2019; CDC, 2019

*Data are recorded at the time of hospital discharge and includes breastfeeding exclusive or in combination with another feeding method (e.g., formula).

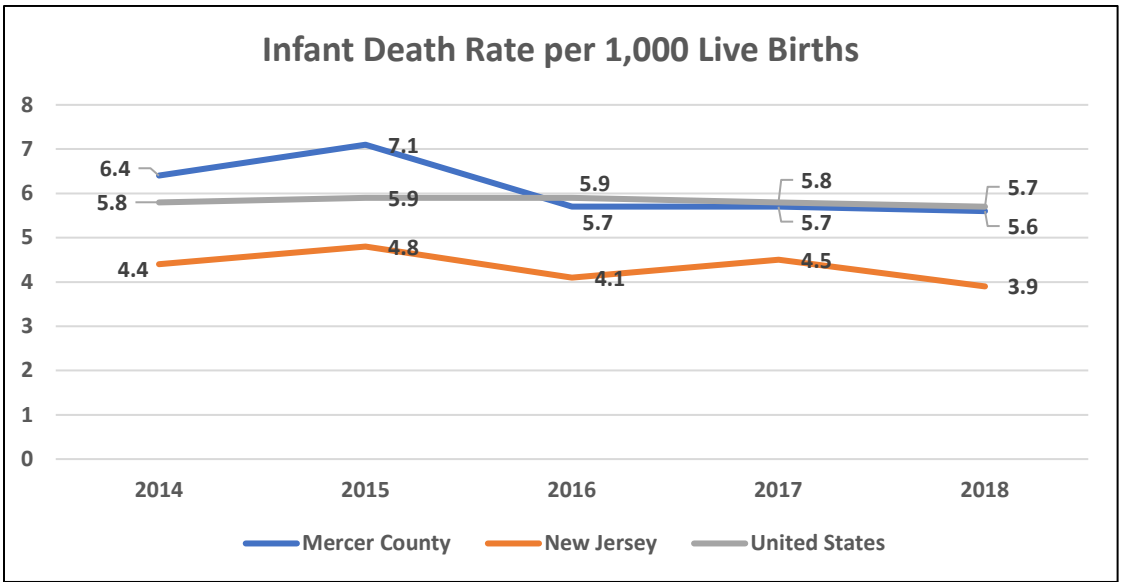
Mercer County has numerous, high quality programs in place that provide world class care, support, and engagement for expectant mothers. However, many pregnant women, particularly Black/African American and Latina women, are still not receiving prenatal care during the first trimester. The CHNA qualitative and quantitative research determined the following barriers that impede onset of first trimester prenatal care:

- ☐ Transiency of the population; just arrived in the area, unstable housing
- ☐ People are not aware that they are pregnant yet
- ☐ Lack of health insurance
- ☐ Logistical issues – transportation, work schedule, childcare needs for other children, time
- ☐ Historical experience – “My last pregnancy was uneventful, this one will be, too.”
- ☐ Fear–for their and their babies’ health, of their babies being taken away from them, of immigration issues, of an inequitable system

Infant mortality or the infant death rate measures the rate of death among people under one year of age per 1,000 live births and is internationally utilized as a key community health indicator. Infant mortality is widely regarded as an important community health indicator because it is particularly sensitive to structural factors including social and economic factors and quality of life conditions. Structural conditions, such as housing insecurity, educational attainment of the mother, and ACES have a significant impact on the health of infants in their first year of life and the life of their mothers. High infant mortality rates also create lowered life expectancy for a community because deaths during infancy represent many decades of life lost prematurely.

Disparities in infant mortality are measures of structural socioeconomic inequities that are at play well before a mother gets pregnant or gives birth. Therefore, upstream strategies that address the root causes of inequities can have far reaching impact on infant mortality.

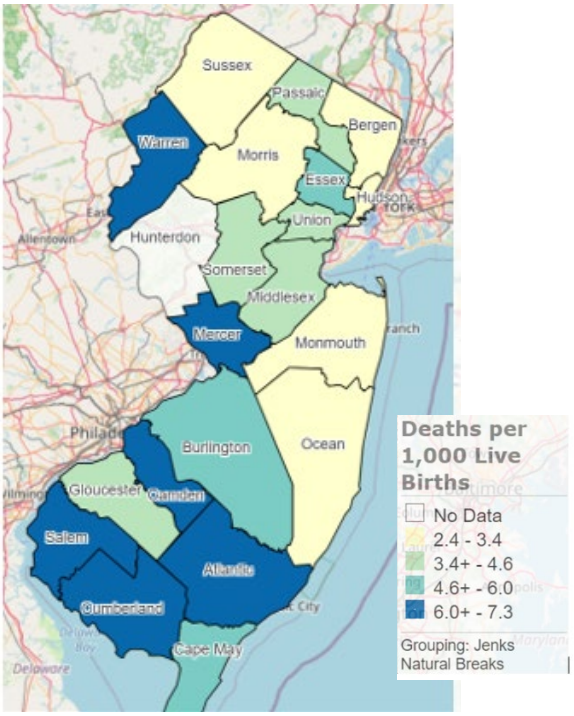
The graph below shows that New Jersey has historically had a lower infant death rate than the nation. The Mercer County infant death rate has been variable, but consistently above the state rate.



Source: New Jersey State Health Assessment Data, 2014-2018; CDC, 2014-2018

The map below shows the infant mortality rate by New Jersey county based on the mother's geographic area of residence. Mercer County has a higher rate of infant mortality than its neighboring counties, and most other New Jersey counties.

Infant Mortality Rate by Mother's County of Residence



Source: New Jersey State Health Assessment Data, 2014-2018

When stratified by race, the infant death rate in Mercer County demonstrates notable inequity. The table below shows that infant deaths are so infrequent among Mercer County residents who are White or Asian that it is not possible to calculate an infant death rate. However, when compared to all infant deaths in Mercer County (5.7) the infant death rate among Black/African American infants in Mercer County (11.9)is double the county rate, nearly three times greater than the statewide combined rate (4.3) and 3 points higher than the statewide infant death rate among Black/African Americans. In Trenton, the infant death rate among Black/African American infants (13.9) is even higher. This data suggests that the high rate of infant mortality in Mercer County is driven almost entirely by Black/African American infant deaths, a substantial inequity that results in lives lost, suffering for families, and community absence lasting decades.

The very high infant death rate among Black/African Americans in Mercer County compared to other racial and ethnic groups is a quantifiable metric of the structural inequities disproportionately impacting Black/African American families.

2015-2019 Infant Death Rate per 1,000 Live Births by Race/Ethnicity

Orange = Higher death rate than Mercer County overall rate

	Mercer County	Trenton City	New Jersey
Overall population	5.7	9.9	4.3
White, non-Hispanic	NA	NA	2.9
Black/African American, non-Hispanic	11.9	13.9	9.2
Asian, non-Hispanic	NA	NA	2.5
Hispanic (of any race)	5.0	6.8	4.2

Source: New Jersey State Health Assessment Data, 2015-2019

Youth

Trenton Public Schools has the most diverse student population and the highest percentage of students that qualify for free or reduced-price lunch in Mercer County. Students in Trenton are less likely to have a computer and broadband internet at home than students in other Mercer County municipalities. These inequities combined with other social and economic disparities indicated above contribute towards poorer outcomes among students in the Trenton Public Schools compared to their peers in other districts within Mercer County.

Mercer County School District Enrollment by Race and Ethnicity, English Learners

Blue = More diverse than state

	White	Black / African American	Asian	Two or More Races	Latinx (any race)	English Learners
Trenton Public Schools	1.0%	38.4%	0.2%	0.7%	59.7%	29.7%
West Windsor-Plainsboro Regional S.D.	16.2%	4.9%	71.8%	2.2%	4.7%	3.7%
Mercer County Special Services S.D.	17.1%	43.6%	6.0%	2.6%	30.5%	2.0%
Marie H. Katzenbach School For The Deaf	21.3%	25.8%	3.9%	1.3%	46.5%	2.6%
Ewing Township School District	24.3%	46.0%	4.5%	4.3%	20.7%	5.2%
East Windsor Regional School District	27.5%	8.8%	17.1%	2.3%	44.0%	14.5%
Area VoTech Schools of Mercer County	32.7%	21.4%	8.2%	1.8%	35.6%	1.3%
Lawrence Township Public School District	40.5%	14.5%	19.0%	5.1%	20.8%	3.6%
Hamilton Township Public School District	40.8%	16.9%	3.8%	3.6%	34.8%	5.3%
Princeton Public Schools	48.9%	5.9%	21.6%	8.2%	15.4%	4.1%
Robbinsville Public Schools	51.6%	2.8%	38.2%	2.0%	5.1%	1.2%
Hopewell Valley Regional School District	72.9%	2.4%	13.3%	5.4%	5.8%	0.6%
New Jersey	41.0%	14.8%	10.5%	2.6%	30.7%	6.9%

Source: New Jersey Department of Education, 2020-2021 School Year

Mercer County Students Enrolled in Free or Reduced-Price Lunch Program by School District

Orange = Higher program enrollment than state

	Total Student Enrollment	Free Lunch	Reduced-Price Lunch
Trenton Public Schools	12,879	49.5%	2.0%
Mercer County Special Services School District	498	43.8%	3.8%
Ewing Township School District	3,347	37.5%	8.5%
Hamilton Township Public School District	11,388	34.5%	6.4%
East Windsor Regional School District	4,985	29.7%	8.8%
Area Vocational Technical Schools of Mercer County	669	29.3%	5.8%
Lawrence Township Public School District	3,632	20.4%	6.8%
Marie H. Katzenbach School For The Deaf	78	15.5%	7.7%
Princeton Public Schools	3,638	10.6%	2.3%
West Windsor-Plainsboro Regional School District	9,274	3.8%	1.1%
Robbinsville Public Schools	3,077	2.7%	0.9%
Hopewell Valley Regional School District	3,383	2.3%	1.0%
New Jersey	1,343,440	31.0%	4.4%

Source: New Jersey Department of Education, 2020-2021 School Year

Household Digital Access

Blue = Greater digital access than state and nation
Orange = Lower digital access than state and nation

	Has a Computer	Has a Computer and Broadband Internet
Trenton City	83.2%	62.3%
Hightstown Boro	91.0%	75.9%
Pennington Boro	87.1%	82.7%
Ewing Twp	91.5%	82.9%
Hamilton Twp	91.8%	86.5%
East Windsor Twp	93.6%	87.4%
Lawrence Twp	93.7%	88.0%
Hopewell Boro	96.9%	88.8%
Princeton	96.9%	90.0%
Robbinsville Twp	95.2%	90.6%
Hopewell Twp	96.9%	93.8%
West Windsor Twp	98.5%	94.0%
Mercer County	**91.5%**	**82.4%**
New Jersey	**91.4%**	**85.1%**
United States	**90.3%**	**82.0%**

Source: United States Census Bureau, 2015-2019

Obesity and overweight are risk factors for chronic disease such as heart disease, diabetes, and cancer, and can lead to a decreased quality of life. Many factors contribute towards the prevalence of obesity including the presence of ACEs, access to affordable healthy foods, and exercise opportunities. Data for youth obesity is not available at the county or municipality level. However, compared to the nation, youth in New Jersey are generally less likely to be overweight or obese than American teens in general.

Youth Overweight and Obesity (High School, Grades 9-12)

Blue = Lower overweight/obesity than nation by >1 percentage point
Orange = Higher overweight/obesity than nation by >1 percentage point

	Overweight		Obesity	
	New Jersey	United States	New Jersey	United States
Total	14.7%	16.1%	11.9%	15.5%
Female	14.2%	17.4%	9.9%	11.9%
Male	15.1%	14.9%	13.9%	18.9%
White	11.9%	14.6%	10.4%	13.1%
Black/African American	19.2%	16.4%	19.9%	21.1%
Asian	11.8%	11.0%	3.4%	6.5%
Two or More Races	NA	18.5%	NA	15.6%
Hispanic or Latino	18.0%	19.6%	15.2%	19.2%

Source: CDC Youth Risk Behavior Surveillance System, 2019

Tobacco use, including cigarette smoking, has been directly linked to cancers, heart disease, diabetes, COPD, and other chronic disease. Tobacco has been proven to be highly addictive, so prevention of early use has long-term benefits. Vaping has become increasingly more common among young people than cigarette smoking, but it is still harmful and addictive. In general, teens across New Jersey use tobacco in both forms less frequently than their peers across the US.

Youth Tobacco Use (High School, Grades 9-12)

Blue = Lower tobacco use than nation by >1 percentage point
Orange = Higher tobacco use than nation by >1 percentage point

	Cigarette Use at Least Once During Past 30 Days		Electronic Vapor Product Use at Least Once During Past 30 Days	
	New Jersey	United States	New Jersey	United States
Total	3.8%	6.0%	27.6%	32.7%
Female	4.0%	4.9%	26.7%	33.5%
Male	3.5%	6.9%	28.3%	32.0%
White	4.5%	6.7%	31.6%	38.3%
Black/African American	3.9%	3.3%	18.4%	19.7%
Asian	2.1%	2.3%	17.8%	13.0%
Two or More Races	NA	8.0%	NA	33.5%
Hispanic or Latino	2.3%	6.0%	28.0%	31.2%

Source: CDC Youth Risk Behavior Surveillance System, 2019

Disconnected youth include teens ages 16-19 who are not in school and not working. Disconnected youth have a greater risk of substance use, violence, educational deficits, and poor physical and mental health than their peers who are in school. Disconnected youth are less likely to complete high school and are at greater risk for poverty, poor health outcomes, and decreased life expectancy than their peers who stay in school. Therefore, interventions designed to prevent young people from leaving school can have a sizeable impact on individuals, families, and communities in the short and long term.

Mercer County generally has more youth enrolled in school compared to national benchmarks. Consistent with national and statewide percentages, more Mercer County males are more likely to be disconnected than females. However, as the table and map below demonstrate, the distribution of disconnected youth is uneven throughout Mercer County. Together, the table and map can be used to craft interventions to help prevent and engage youth in school.

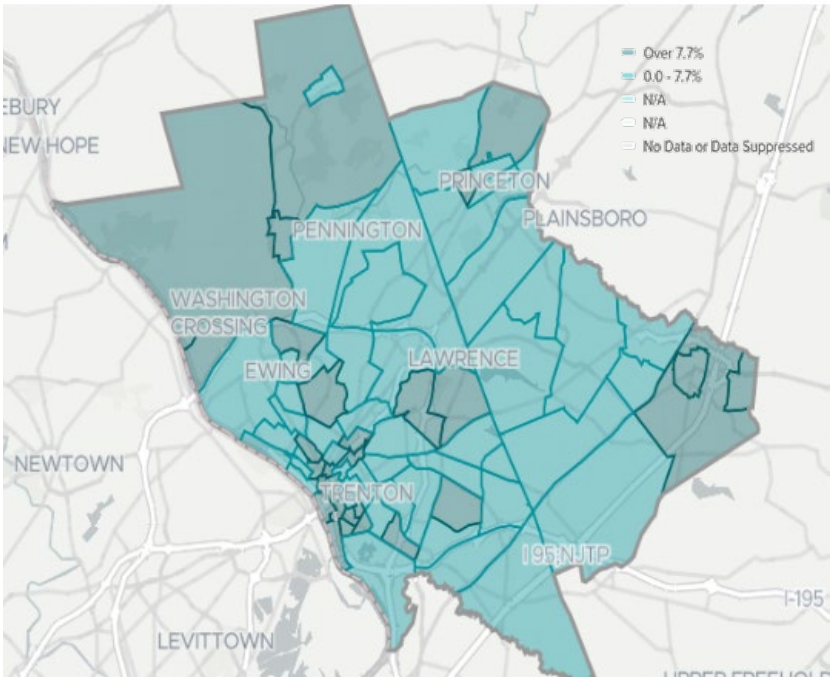
Disconnected Youth

Blue = Higher percentage enrolled in school than state and nation
Orange = Lower percentage enrolled in school than state and nation

	Enrolled in School		Not Enrolled in School	
	Male	Female	Male	Female
Trenton City	82.6%	80.3%	17.4%	19.7%
Pennington Boro	100.0%	82.6%	0.0%	17.4%
East Windsor Twp	76.5%	88.7%	23.5%	11.3%
Hamilton Twp	81.7%	90.0%	18.3%	10.0%
Robbinsville Twp	100.0%	94.3%	0.0%	5.7%
Hopewell Twp	83.7%	94.9%	16.3%	5.1%
Ewing Twp	92.0%	95.6%	8.0%	4.4%
Lawrence Twp	89.7%	99.0%	10.3%	1.0%
Princeton	92.5%	99.6%	7.5%	0.4%
Hightstown Boro	0.0%	100.0%	0.0%	0.0%
West Windsor Twp	91.0%	100.0%	9.0%	0.0%
Hopewell Boro	90.9%	100.0%	9.1%	0.0%
Mercer County	**86.9%**	**92.7%**	**13.1%**	**7.3%**
New Jersey	**88.2%**	**90.7%**	**11.8%**	**9.3%**
United States	**83.9%**	**87.5%**	**16.1%**	**12.5%**

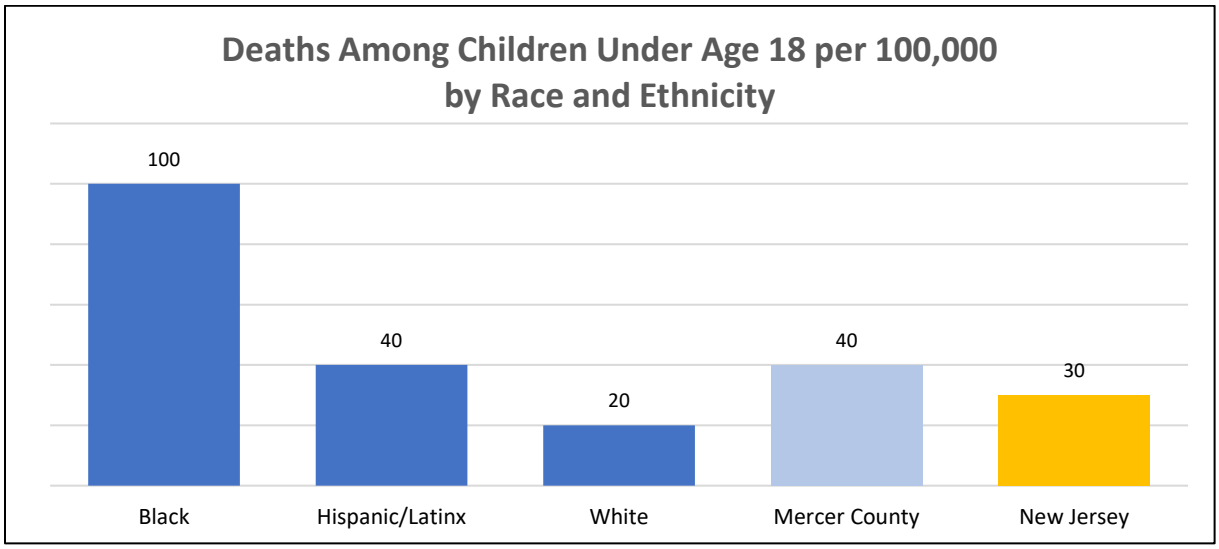
Source: United States Census Bureau, 2015-2019

Idle and Disconnected Youth (Ages 16-19 Years)
Not in School and Not Working



Source: United States Census Bureau, 2015-2019

The child mortality rate calculates the rate of death of children under the age of 18 per 100,000 population, including children under the age of one year. While child mortality is a rare event, it is an important measure of a community's years of life lost or life expectancy. The graph below shows that the child mortality rate in Mercer County overall is higher than New Jersey. When stratified by race and ethnicity, **the child mortality rate among Black/African American children is more than two times higher than the county-wide total and five times greater than the rate for White children. High rates of infant mortality directly impact child mortality rates, and are a likely driver of the high rates of child mortality among Black/African American children in Mercer County.**



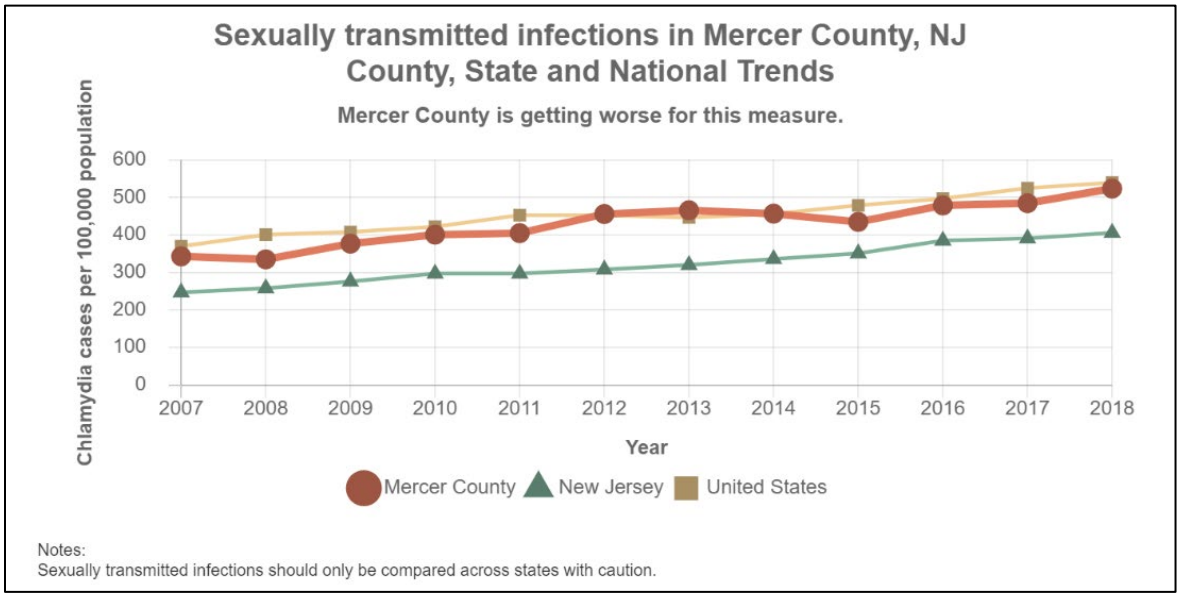
Source: National Center for Health Statistics – Mortality Files, 2017-2019 (from County Health Rankings)

Reportable Diseases, Prevention, and Screening

Infectious Diseases

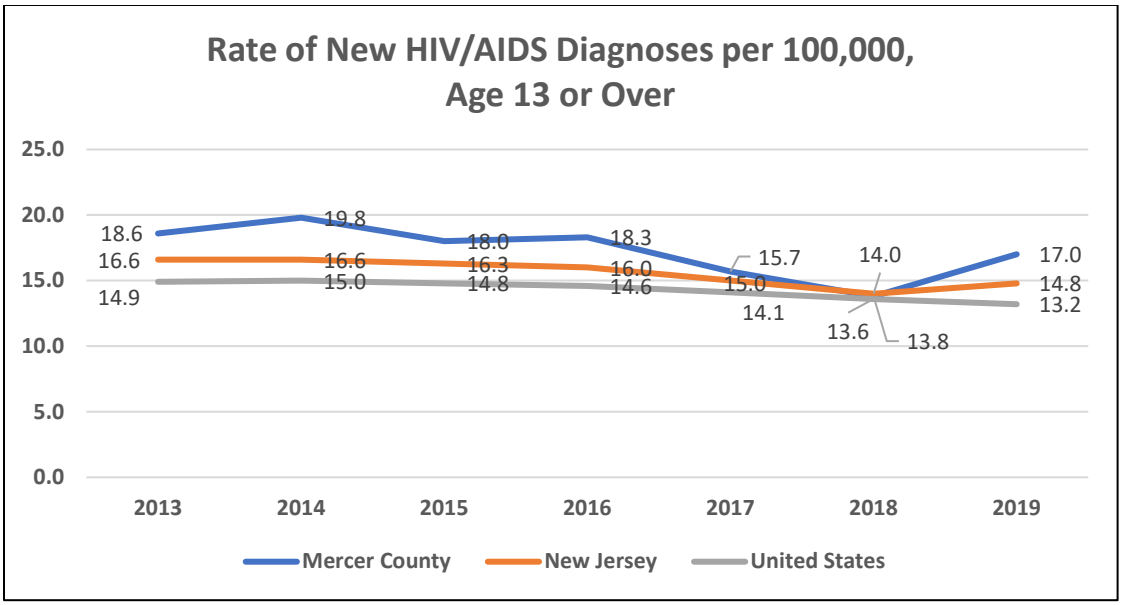
Sexually transmitted infections (STIs) are among the infectious diseases that require reporting to the CDC and state and local health departments upon detection due to their highly contagious nature. Reportable STI's include chlamydia, gonorrhea, and HIV. All of these infections can be prevented and respond favorably to treatment, but only when detected. The key to preventing the debilitating effects of these infections and the spread of disease is ensuring testing, detection and treatment occurs and education regarding prevention is widespread.

The graph below shows that the rate of chlamydia infection in Mercer County has consistently been greater than the statewide rate. It also shows that the rate of chlamydia infection in Mercer County is increasing.



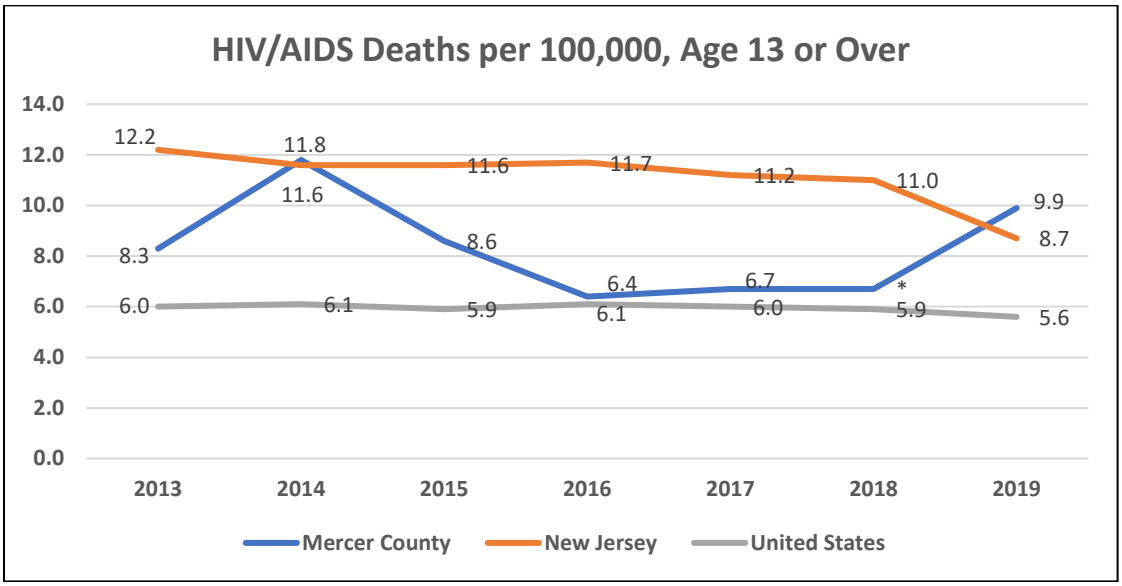
Source: Centers for Disease Control and Prevention Atlas Plus, 2018

The rate of HIV infection in Mercer County has consistently been higher than statewide and national rates and is increasing. A consistently higher rate of infection may also indicate increased testing for HIV, a potentially positive finding that creates opportunity for early treatment and management.



Source: New Jersey State Health Assessment Data, 2013-2019; CDC, 2013-2019

While the rate of HIV diagnosis has consistently been higher in Mercer County than New Jersey or the US, the rate of death due to HIV/AIDS in Mercer County has consistently been lower than statewide rates. However, while statewide rates have begun to decrease in recent years, the rate of death due to HIV/AIDS increased in Mercer County in 2019, surpassing the state and national rates.



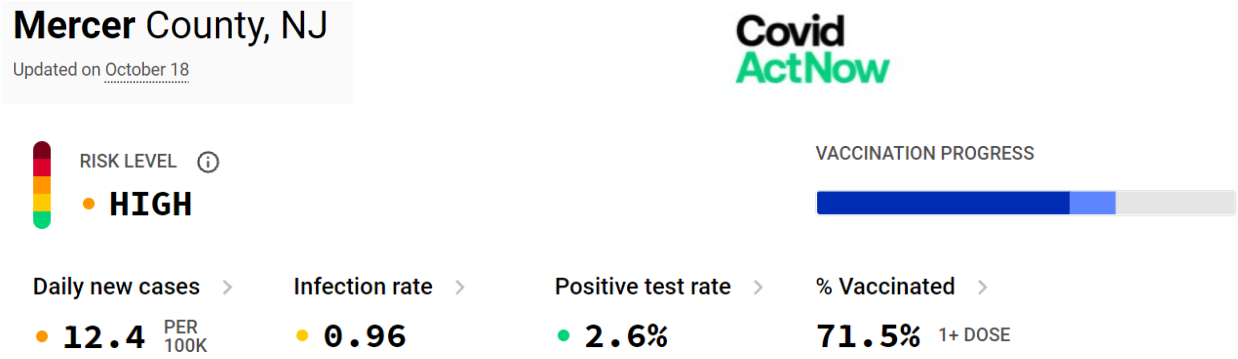
Source: New Jersey State Health Assessment Data, 2013-2019; CDC, 2013-2019
*2018 data for Mercer County is not reported due to a death count less than 20.

COVID-19

COVID-19 is the name of the disease caused by the SARS-CoV-2 virus. "CO" stands for corona, "VI" for virus, and "D" for disease. The number "19" refers to the year 2019 when the first case of COVID-19 was identified. Some refer to COVID-19 as simply “COVID.”

COVID-19 Prevalence

The prevalence of COVID-19 infection in a community is typically measured by case incidence, which looks at the number of daily new cases per 100,000 population. It also is important to identify differences in the spread of infection along racial, ethnic, and economic lines. Nationwide, it has been documented that Black/African American and Latinx people are much more likely than others to be infected with COVID-19 and to die from the disease. Although data is still sparse, we know Indigenous people and other people of color are also infected at much higher rates. In the future, it will be possible to get these data specific to Mercer County to understand the nature and severity of these disparities. Currently, the following aggregate data paint a picture of the impact of the pandemic across our communities.



Age Adjusted Rates

The CDC and the State of New Jersey track COVID-19 infections and deaths by race and ethnicity to identify, prevent, treat, and vaccinate communities most impacted by COVID-19. The method of determining effects between different groups is by calculating an age adjusted rate per 100,000 population. Age adjusting is a statistical method of making a fair comparison of two or more groups who have different age distributions. For example, in New Jersey, Black/African American and Latinx racial and ethnic groups have younger age distributions than White non-Hispanics. Since negative outcomes such as hospitalization and death from COVID-19 increase with advanced age, by age adjusting, the impact of COVID-19 on groups with different distributions of age can be compared as if the effect of age distribution is the same in all populations.

Although the number of infections, hospitalizations, and deaths among Whites in New Jersey are larger numbers, **when the raw numbers are adjusted to reflect a standardized age distribution that are also proportional to the number of individuals of each race and ethnic category in New Jersey, the negative impact of COVID-19 is more significant among Black/African Americans and Latinx people.**

In fact, the preliminary list of the leading causes of death in New Jersey during 2020 indicate that for Black/African American, Asian, and Latinx/Hispanic people, COVID-19 became the #1 leading cause of death in 2020, but is #3 among White non-Hispanic New Jerseyans.

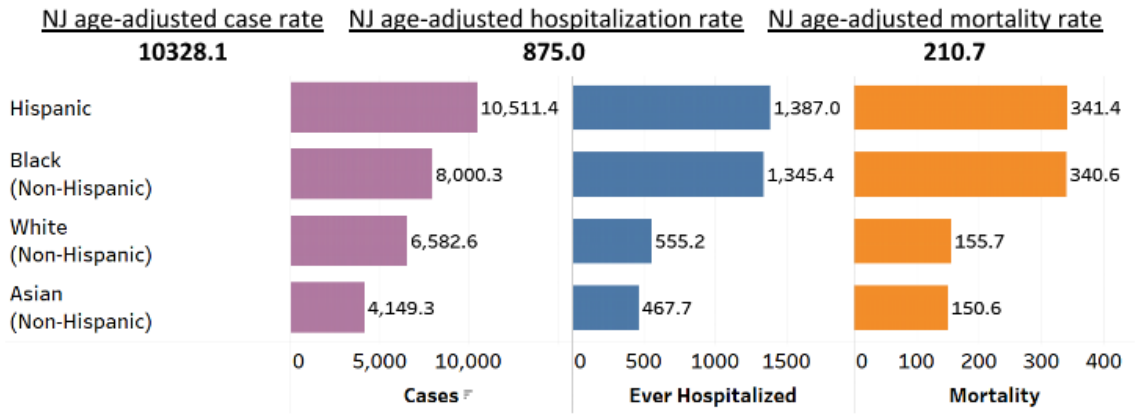
Leading Causes of Death among New Jersey Residents by Race/Ethnicity, Preliminary 2020 Data

	White, non-Hispanic		Black, non-Hispanic		Hispanic (of any race)		Asian, non-Hispanic	
Rank	Cause	Count	Cause	Count	Cause	Count	Cause	Count
	All causes of death	65,243	All causes of death	13,623	All causes of death	10,831	All causes of death	3,795
1	Heart disease	14,585	COVID-19	2,544	COVID-19	3,505	COVID-19	947
2	Cancer	11,415	Heart disease	2,502	Heart disease	1,478	Heart disease	623
3	COVID-19	8,801	Cancer	1,867	Cancer	1,301	Cancer	610
4	Unintentional injuries	2,785	Unintentional injuries	742	Unintentional injuries	640	Stroke	168
5	Stroke	2,550	Stroke	585	Diabetes	352	Diabetes	149
6	CLRD	2,366	Diabetes	536	Stroke	305	Unintentional injuries	119
7	Alzheimer disease	2,163	Kidney disease	345	Alzheimer disease	210	Septicemia	89
8	Septicemia	1,401	CLRD	335	Influenza and pneumonia	203	Kidney disease	82
9	Diabetes	1,293	Septicemia	324	Septicemia	193	Influenza and pneumonia	80
10	Influenza and pneumonia	1,103	Essential hypertension	276	Chronic liver disease	169	Alzheimer disease	58

The following graphics were designed by the New Jersey Department of Health to demonstrate the counts and age adjusted rates of COVID-19 infections, hospitalizations and deaths by race and ethnicity in New Jersey as of August 2021.

All data are preliminary and subject to change

Age-adjusted laboratory confirmed case, hospitalization, and mortality rates by race/ethnicity as of *August 19, 2021*, New Jersey



Age-adjusted laboratory confirmed case, hospitalization, and mortality rates by race/ethnicity per 100,000:

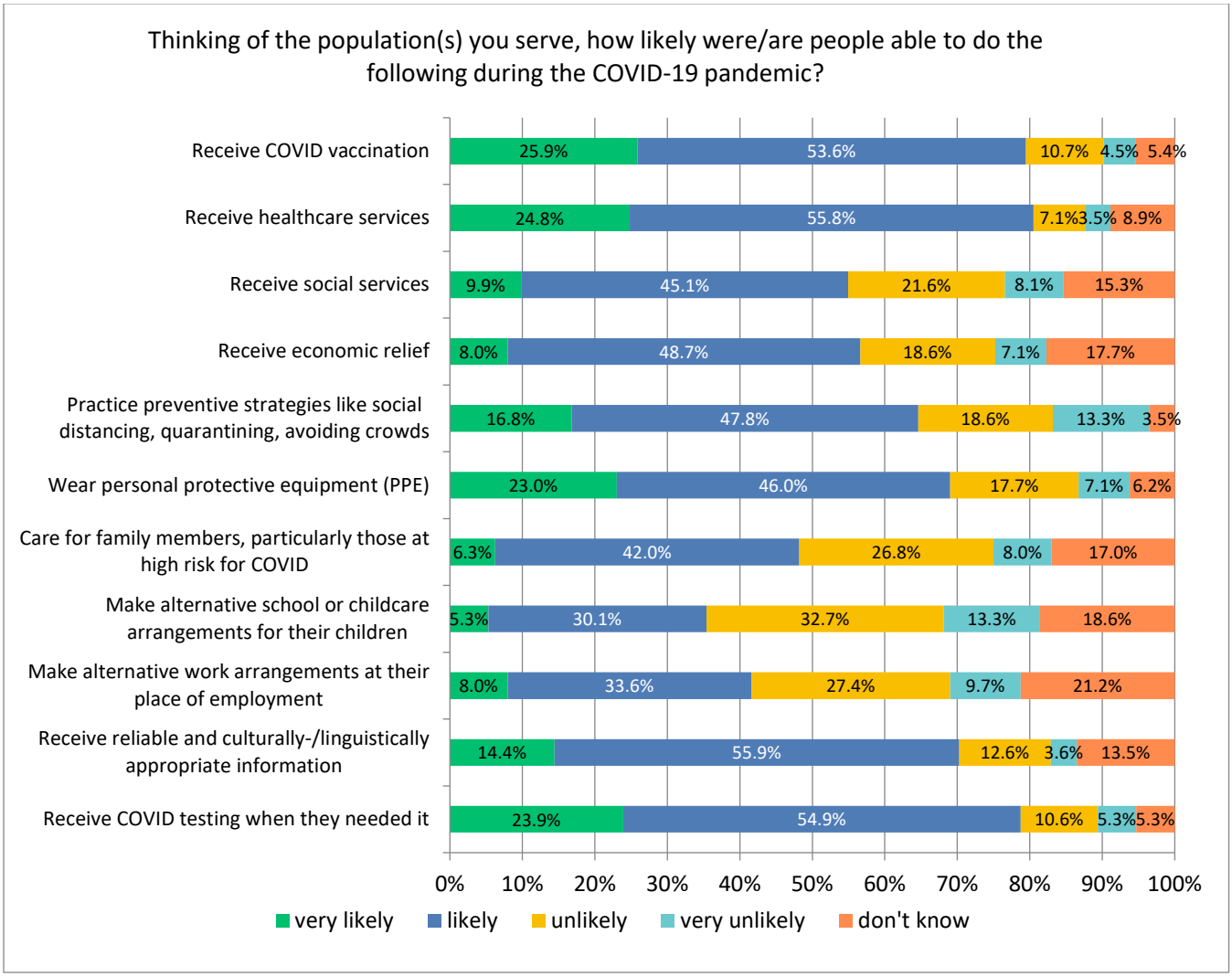
	Race/Ethnicity	Cases	Ever Hospitalized	Mortality
Age-adjusted rate per 100,000	White	6582.6	555.2	155.7
	Black	8000.3	1345.4	340.6
	Hispanic	10511.4	1387.0	341.4
	Asian	4149.3	467.7	150.6
Crude rate per 100,000	White	6601.0	790.1	265.3
	Black	8142.1	1407.3	343.8
	Hispanic	10231.8	1166.5	242.4
	Asian	4262.9	464.6	131.7
Case counts	White	322979	38657	12980
	Black	93646	16186	3954
	Hispanic	188200	21456	4459
	Asian	37223	4057	1150
Case counts (%)	White	42.2%	44.3%	54.9%
	Black	12.2%	18.6%	16.7%
	Hispanic	24.6%	24.6%	18.9%
	Asian	4.9%	4.7%	4.9%
	Total cases (N)	765307	87168	23628
Total laboratory-confirmed cases: 930,076 **Total hospitalized cases:** 91,711 **Total deaths:** 24,000	**Percent of total records with age and race/ethnicity data**	82.3%	95.0%	98.5%

Notes

- This report includes PCR positive records (cases, hospitalized and mortality) with known race/ethnicity and age information.
- Data are obtained from Communicable Disease Reporting and Surveillance System (CDRSS).
- COVID-19 associated deaths are identified through public health investigations (i.e., Disease Surveillance) and NJDOH's vital statistics system.
- Hospitalization data have been collected through public health investigations.
- Age-adjusted rates on cases who identify as American Indian/Alaska Native and Native Hawaiian/Pacific Islander, or Other race categories were excluded. Hispanic/Latino includes people of any race; White, Black, Asian and Other exclude Hispanic ethnicity.
- Confirmed case rates include cases who died, case and mortality data are not ***mutually exclusive***.
- Age is standardized using U.S. 2000 standard population, source: https://www-doh.state.nj.us/doh-shad/home/AARate.html
- Crude rates are calculated using 2018 NJ population estimates obtained from NJ Department of Labor.

COVID-19 Community Perspectives

The Key Stakeholder Survey collected input from nearly 200 community representatives from health and human service providers; civic, social, and faith-based entities; employers; elected officials; and other community-based organizations. The following graph reflects respondents' observations related to COVID-19.



The experience of the COVID-19 pandemic has brought out many changes, particularly in healthcare and public health as agencies have pivoted to address new and growing needs. This has created opportunities for collaboration in new ways.

Key Stakeholder Feedback:

"COVID brought together organizations to solve the problem even when they would normally compete. I wish we could see that happen more often: work towards the good of the people instead of their own individual gain. For example, different hospitals working together in committees to solve healthcare problems statewide rather than competing with each other."

COVID-19 Vaccines

Social distancing and wearing masks can help protect us all from the spread of the disease. When a large portion of a community (the herd) becomes immune to a disease, the spread of disease from person to person becomes less likely. This phenomenon is called herd immunity. Vaccines are a necessary component of reaching herd immunity, since it is still unclear how well natural immunity protects people from reinfection.

The process of mass vaccination that took place in Mercer County during 2021 was at a scale and pace rarely seen, and was extremely effective in reaching and vaccinating residents, resulting in countless lives saved. Governor Phil Murphy has set a target of vaccinating 85% of all eligible people in New Jersey. As of October 13, 2021, the following numbers of vaccines have been administered in Mercer County.

Mercer County, NJ COVID-19 Vaccination Count and Percent by Age and Dosage as of 10.19.2021

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	262,872	222,897
% of Total Population	71.5%	60.7%
Population ≥ 12 Years of Age	262,829	222,888
% of Population ≥ 12 Years of Age	83.1%	70.4%
Population ≥ 18 Years of Age	241,987	205,403
% of Population ≥ 18 Years of Age	83.6%	71%
Population ≥ 65 Years of Age	53,379	44,589
% of Population ≥ 65 Years of Age	92.9%	77.6%

Source: https://covid.cdc.gov/

COVID-19 Vaccination by Municipality as of 10.13.2021

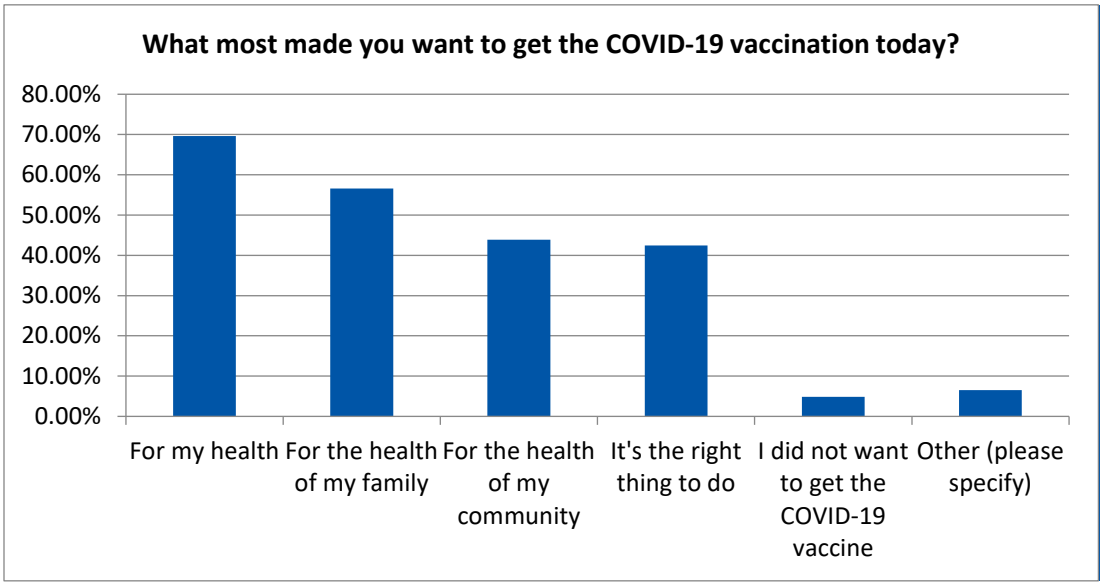
	Percent Vaccinated
East Windsor Twp	85%
Ewing Twp	61%
Hamilton Twp	71%
Hightstown Boro	88%
Hopewell Boro	79%
Hopewell Twp	71%
Lawrence Twp	72%
Pennington Boro	91%
Princeton	80%
Robbinsville Twp	77%
Trenton City	60%
West Windsor Twp	84%
Mercer County	**71.5%**
New Jersey	**73.9%**
United States	**66.0%**

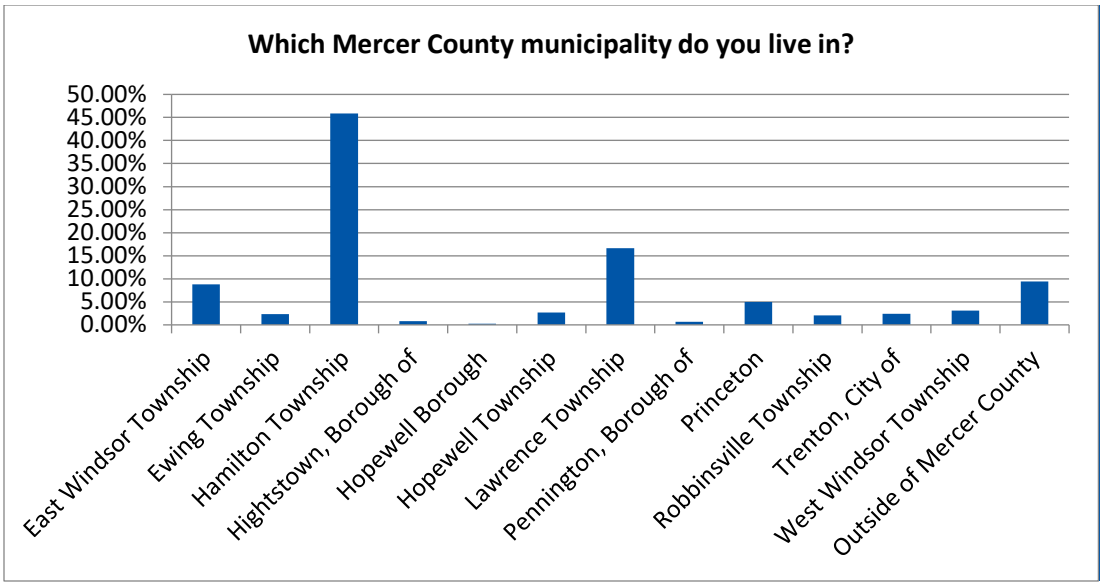
Source: https://covid19.nj.gov/; COVIDActNow

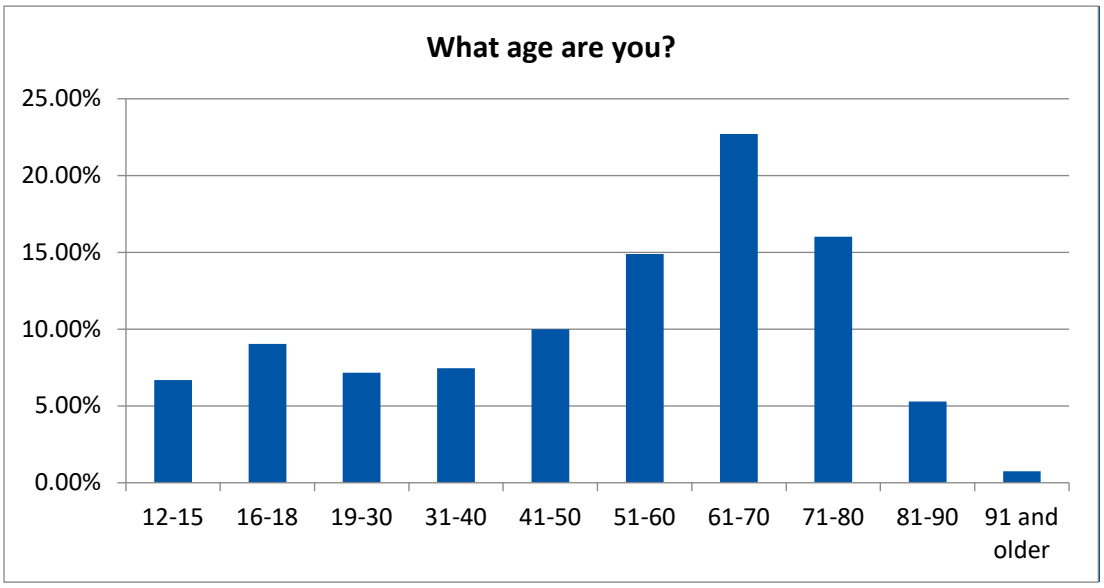
As the vaccination campaign began to roll out, GMPHP in partnership with 35th Street Consulting rolled out a convenience survey available in English and Spanish at all of the large vaccination sites hosted by its healthcare partners throughout Mercer County. This survey was designed to capture information about trusted sources of information about COVID and the vaccine, the ease or difficulty people experienced in making their vaccine appointment, the convenience and ease of access of the vaccination location they attended, and the motivations for getting the COVID vaccine. While not a statistically representative sample, these responses shed light on:

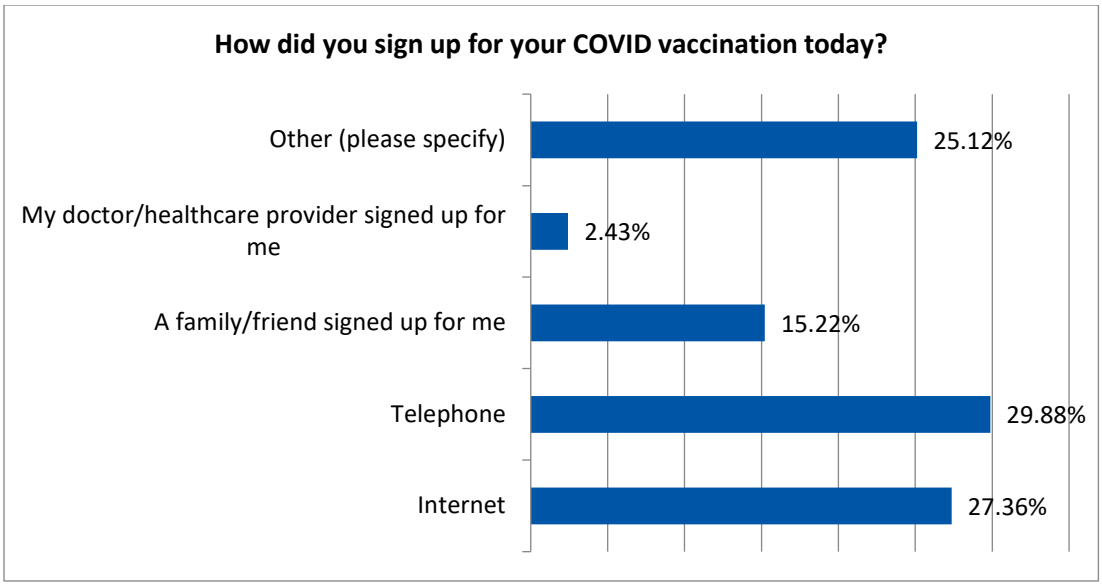
- ☐ The best methods and communication channels to share reliable health information;
- ☐ The efficacy of using email, phone, or other forms of registration for key appointments;
- ☐ The convenience and accessibility of the venues utilized for vaccination; and
- ☐ The motivations of individuals who have taken advantage of vaccination.

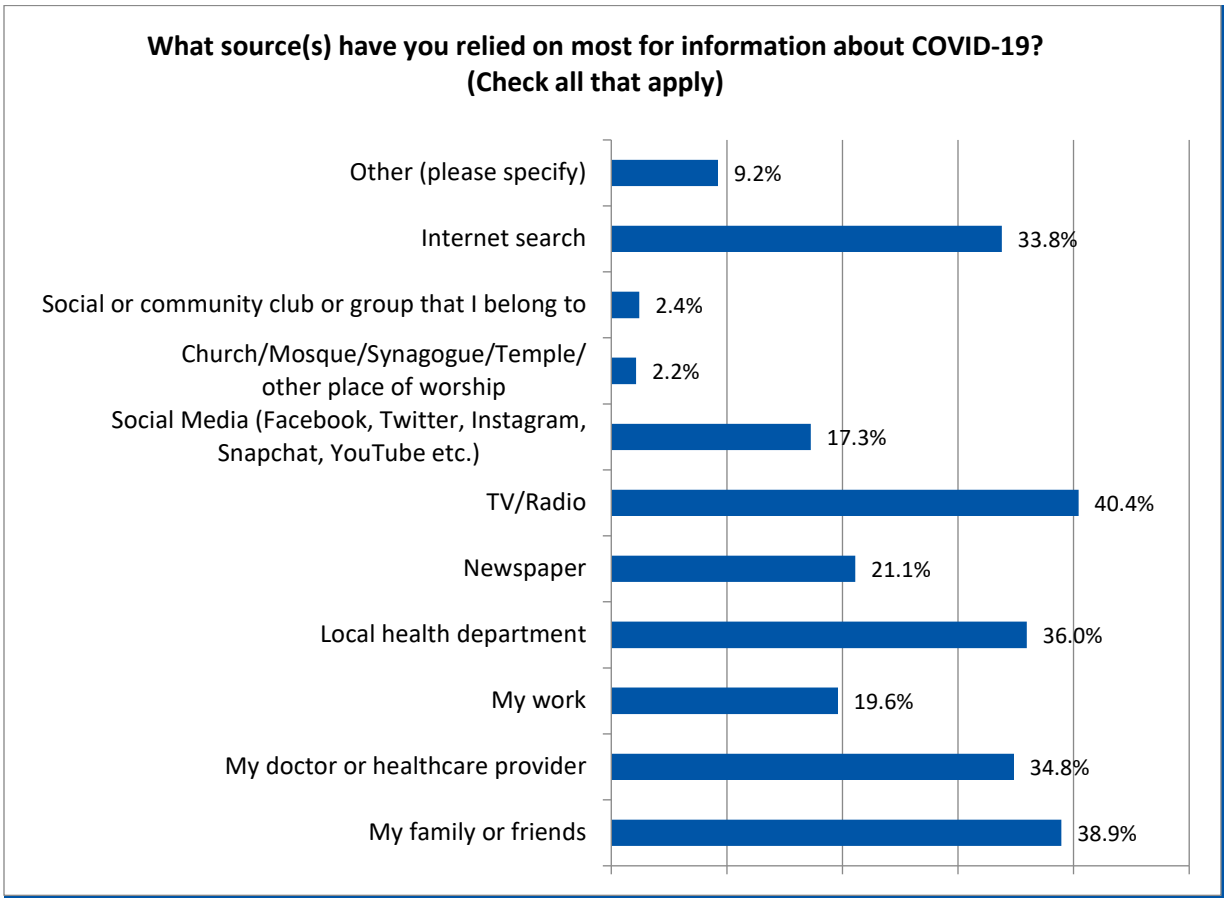
All of these lessons learned can be applied to current and future messaging regarding COVID-19 and other health issues. In total 1,071 individuals completed the online convenience survey available by QR code at each of the sites. Following is a summary of the survey findings.

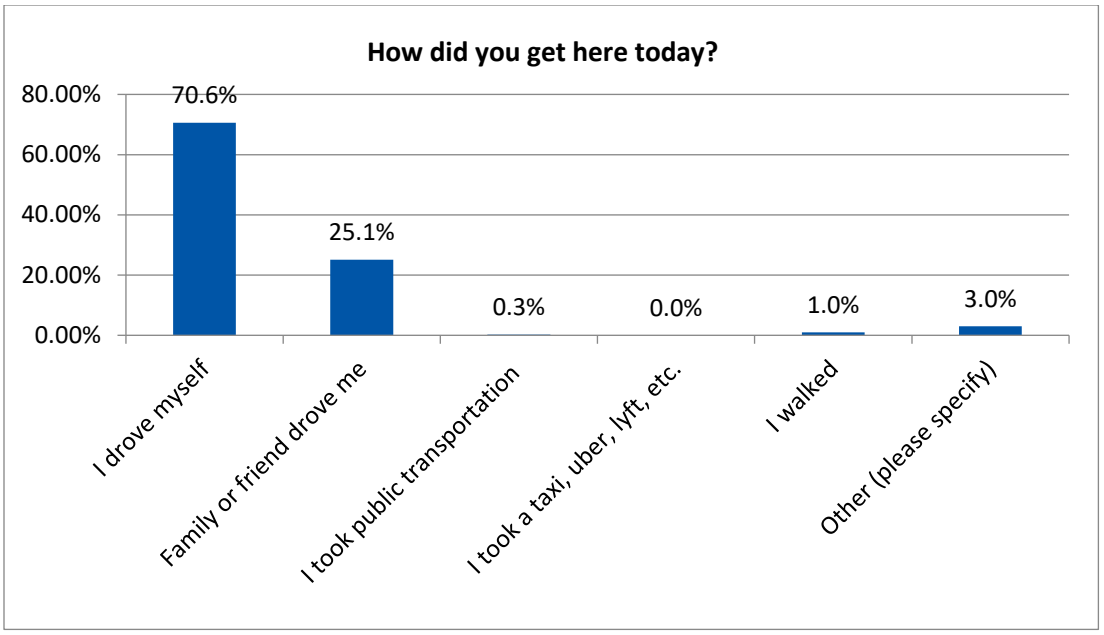


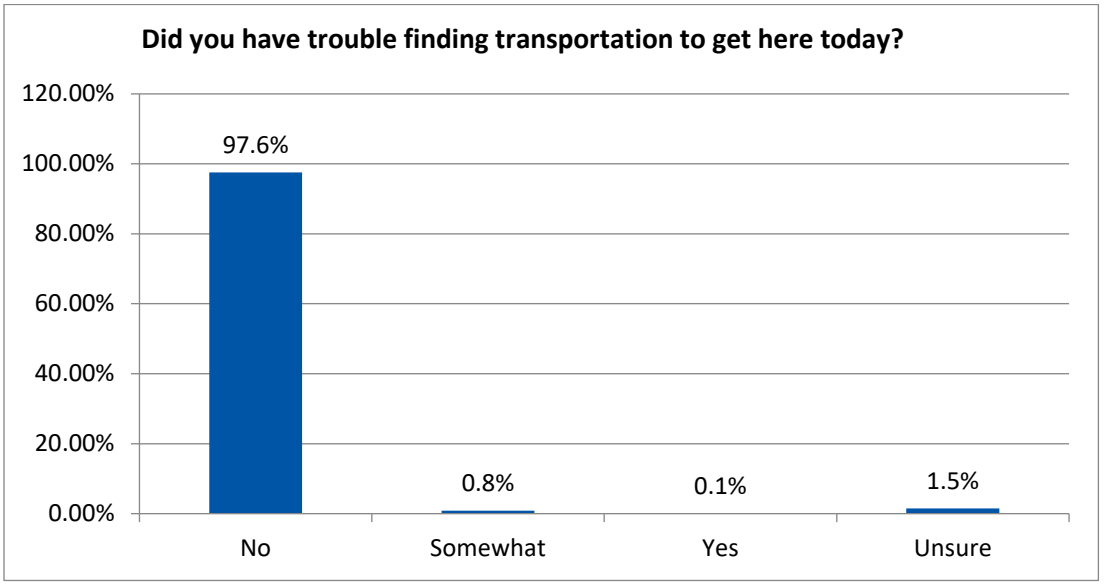

Which Mercer County municipality do you live in?
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
East Windsor Township
Ewing Township
Hamilton Township
Hightstown, Borough of
Hopewell Borough
Hopewell Township
Lawrence Township
Pennington, Borough of
Princeton
Robbinsville Township
Trenton, City of
West Windsor Township
Outside of Mercer County

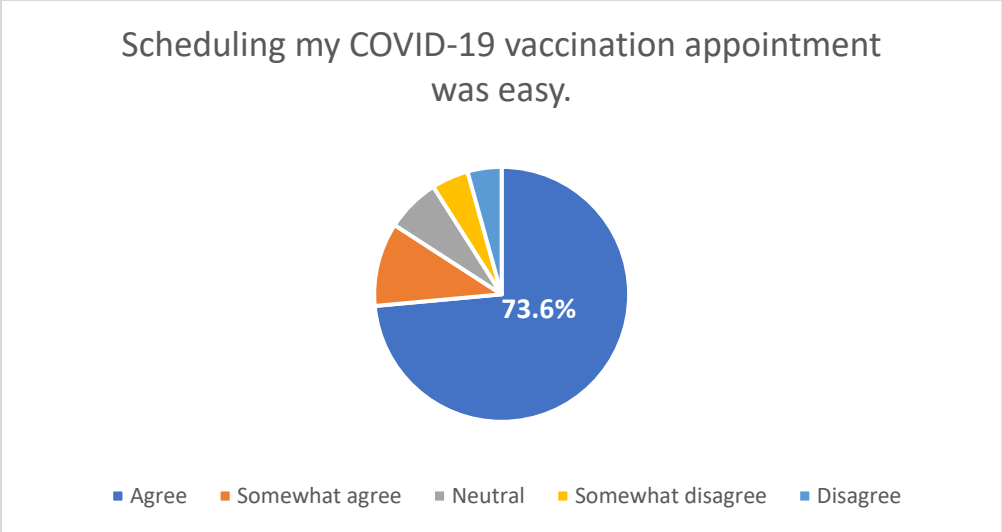

What age are you?
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
12-15
16-18
19-30
31-40
41-50
51-60
61-70
71-80
81-90
91 and older

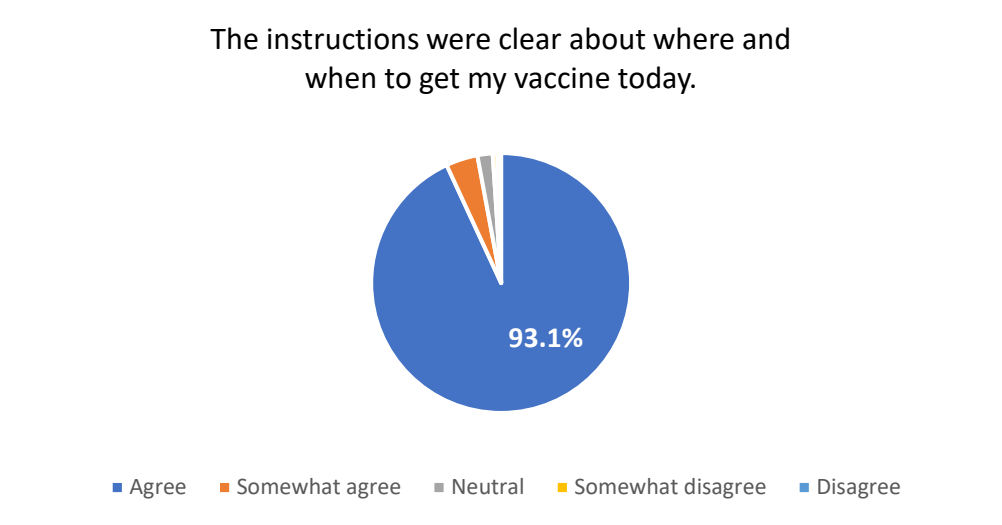

How did you sign up for your COVID vaccination today?
Other (please specify)
25.12%
My doctor/healthcare provider signed up for me
2.43%
A family/friend signed up for me
15.22%
Telephone
29.88%
Internet
27.36%

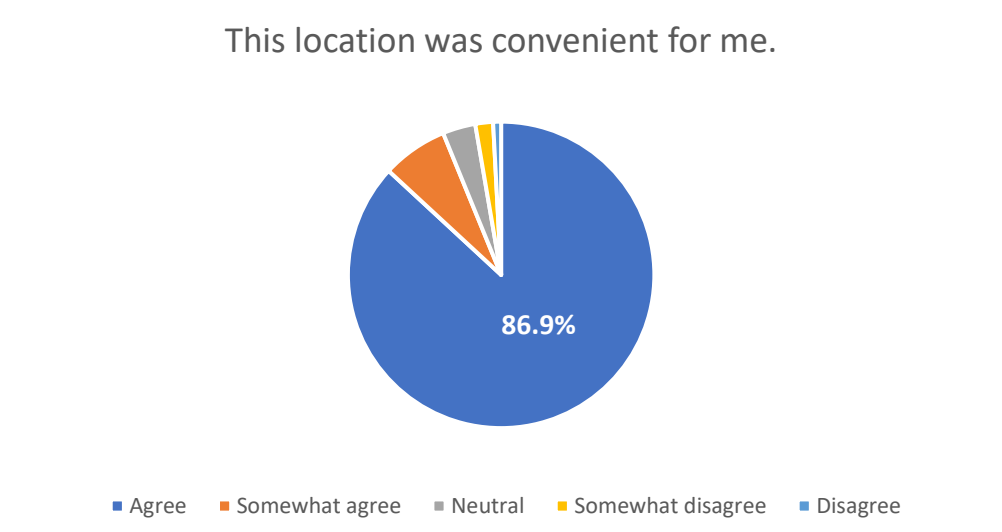

What source(s) have you relied on most for information about COVID-19? (Check all that apply)
Other (please specify)
9.2%
Internet search
33.8%
Social or community club or group that I belong to
2.4%
Church/Mosque/Synagogue/Temple/ other place of worship
2.2%
Social Media (Facebook, Twitter, Instagram, Snapchat, YouTube etc.)
17.3%
TV/Radio
40.4%
Newspaper
21.1%
Local health department
36.0%
My work
19.6%
My doctor or healthcare provider
34.8%
My family or friends
38.9%


How did you get here today?
80.00%
60.00%
40.00%
20.00%
0.00%
70.6%
25.1%
0.3%
0.0%
1.0%
3.0%
I drove myself
Family or friend drove me
I took public transportation
I took a taxi, uber, lyft, etc.
I walked
Other (please specify)


Did you have trouble finding transportation to get here today?
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
97.6%
0.8%
0.1%
1.5%
No
Somewhat
Yes
Unsure


Scheduling my COVID-19 vaccination appointment was easy.
73.6%
Agree
Somewhat agree
Neutral
Somewhat disagree
Disagree


The instructions were clear about where and when to get my vaccine today.
93.1%
Agree
Somewhat agree
Neutral
Somewhat disagree
Disagree


This location was convenient for me.
86.9%
Agree
Somewhat agree
Neutral
Somewhat disagree
Disagree

Community Health Priorities and Planning

Determining Community Health Priorities

The GMPHP committee considered statistical data and qualitative feedback to determine community health priorities within Mercer County. Statistical data included health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by Mercer County residents. Perspectives on data trends and direct feedback on community health priorities were collected via a community-wide key stakeholder survey, interviews, and small group dialogue. Participants in this research included more than 200 representatives from healthcare providers, public health departments, social service agencies, schools and higher education, employers, places of worship, civic and social networks, elected officials and policy-makers, among other community-based organizations. Emphasis was placed on collecting diverse perspectives from stakeholders that work with communities of color, medically underserved, vulnerable, and historically disenfranchised populations.

In developing the 2022-2025 Community Health Improvement Plan, the GMPHP adopted overarching goals and objectives aimed at addressing health equity. As shown in the graphic to the right, healthcare entities and their partners can have the broadest impact on health needs by addressing socioeconomic factors.

This approach does not discount public health campaigns and individualized care. In fact, these interventions play a significant role in individual health outcomes. Combining targeted interventions with community-wide strategies that address systematic inequities has the greatest potential for impact on overall community health and well-being.

Community Health Improvement Plan (CHIP)

GMPHP adopted a community-wide CHIP that will guide community health efforts and track the impact of initiatives across GMPHP members. Each hospital partner developed an Implementation Plan that outlined the specific strategies, programs, services, or resources it will dedicate to address the identified community health priorities in alignment with the CHIP.

A copy of the CHIP is available on the GMPHP website. Implementation Plans are available on the hospitals' websites.

Priority Health Needs

COVID-19

Guiding Goal: Reduce death disparities among population groups.

COVID-19 has created unprecedented challenges for people across Mercer County—and the world—and has demanded equal measure in response from healthcare, social services, government, businesses, families, and individuals.

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases. COVID exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society. In recognition of the ongoing needs—and recovery—that will be required over the coming years, actions to continue to reduce health disparities and the unequal death toll among Black, Indigenous, African American, and other People of Color (BIPOC) will continue to be paramount.

Life Expectancy

Guiding Goal: Achieve equitable life expectancy among all residents in Mercer County.

Prior to COVID, the top leading causes of death among all populations in the US were chronic diseases including (in order of US mortality rates) heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease. In Mercer County, it is evident that prevention, identification, and treatment of chronic disease is efficacious and high quality, but not for everyone.

We need to apply our understanding of persistent disparities among Black and Indigenous People of Color (BIPOC) and respond to the wide inequalities in death rates due to chronic disease. As such, the GMPHP redefined its goals toward reducing and responding to chronic disease to focus on the underlying inequities that contribute towards greater risk for chronic disease and lower life expectancy.

Behavioral Health and Trauma

Guiding Goal: Reduce the impact of trauma on health outcomes.

Adverse Childhood Experiences (ACES) are traumatic or stressful events that occur before the age of 18. While these incidents are individual in nature, they are compounded by exposure to adverse community environments, and ameliorated through supportive community environments. Traumatic or stressful events in childhood have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals and are associated with decreased life expectancy.

In recognition of the wide impact of ACES, the GMPHP has focused its goals for behavioral health on the prevention, identification, and treatment of ACES at a community and individual level. This includes screening for ACES among current patients, leveraging collaboration to connect patients with useful services, promoting education and employment opportunities for local diverse populations, educating providers about ACES, and promoting policies that allow children and families to thrive. This way we can positively impact the root causes of existing mental and physical health concerns among adults, as well as creating a healthier future for children.

Maternal and Child Health

Goal: Achieve equitable birth outcomes for Black mothers and babies.

Disparities in maternal and child outcomes among Black mothers and infants, including infant mortality, are measures of structural socioeconomic inequities that are at play well before a mother gets pregnant or gives birth, therefore upstream strategies that address the root causes of inequities will have far reaching impact on health and quality of life outcomes, including infant mortality.

Infant mortality is widely regarded as an important community health indicator because it is particularly sensitive to structural factors including social and economic factors and quality of life conditions. Structural conditions, such as housing insecurity, educational attainment of the mother, and ACES have a significant impact on the health of infants in their first year of life and the life of their mothers.

In Mercer County, the rate of infant deaths among Black babies is 30% higher than the statewide rate and more than two times larger than the national average. This high rate indicates the need to address structural factors at the community level that are impacting this negative outcome. In alignment with the recommendations with the Nurture New Jersey Strategic Plan, GMPHP's strategies reflect the stated values of dismantling racism, community engagement, multisector collaboration to address upstream root causes, and a commitment to make all recommended resources available to all women, especially those in high need or low resource communities.

GMPHP and its partners have taken action to leverage their partnerships to remove barriers to care and providing home-based support to new mothers, as well as addressing community-based social inequities that disproportionately impact Black families.

Clinical interventions at the point of pregnancy can help to mitigate pre-existing risks of social determinants of health and optimize birth outcomes for mothers and infants. Challenges in connecting with mothers during the first trimester include multiple factors that create barriers to all Mercer County women being able to access the many available care options. Addressing socioeconomic challenges that impede access will have the most cross-cutting impact on birth and overall quality of life outcomes throughout childhood and into adulthood.

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GMPHP Member Organizations

Aetna
Aging Advisors LLC
American Heart Association
Attitudes in Reverse
Boys and Girls Club
Cancer Institute
Capital Health Medical Center - Hopewell
Catholic Charities
Central Jersey Family Health Consortium
Chief of Police Hopewell
Children's Futures
Children's Home Society
East Windsor Health Department
Encourage Kids
Ewing Health Department
Greater Mercer Transportation Management Association
Gwynedd Mercy University
Hamilton Area YMCA
Hamilton Health and Social Services
YMCA Hamilton
Helping Arms
Holy Redeemer
Home Front
Hopewell Borough Health Department
Horizon Health
Hunterdon Mercer Cancer Coalition
Interfaith Caregivers of Mercer County
Isles, Inc.
Jewish Family Child Services
Lawrence Community Center
Lawrence Hopewell Trail
Lawrence Township Health Department
Mercer Council on Alcoholism and Drug Addiction
Meals on Wheels
Medina Clinic
Mercer County Hispanic Association-Director
County of Mercer
- Department of Health and Human Services
- Office of Economic Development
- Parks Administration
- Mercer County Medical Reserve Corps
- Mercer County Community College

Mercer Street Friends
Montgomery Health Department, serving Hopewell and Pennington Boroughs
Mount Carmel Guild
NAMI of Mercer County
New Direction Counseling Center - PCL
NJ Futures Program Manager - clean water
State of New Jersey, Department of Public Health
New Jersey Health Care Quality Institute
NJ-YMCA State Alliance
Oaks Integrated Care
Office on Aging
Princeton Area Community Foundation
Phoenix Behavioral Health
Presbyterian Church of Lawrenceville
Princeton Health Department
Princeton House
Princeton Housing Authority - Elm Court
Princeton Medical Center
Medina Clinic
Robbinsville Health Department
Robbinsville Senior Center
Robert Wood Johnson University Hospital - Hamilton
Rutgers University
Saint Lawrence Rehabilitation Center
New Jersey Supplemental Nutrition Assistance Program (SNAP)
Saint Francis Medical Center
Terhune Orchards
Thomas Edison State University
The College of New Jersey
The Watershed
Township of Hamilton Division of Health
Township of Hopewell Department of Health
Trenton Free Public Library
Trenton Health Department
Trenton Health Team
Trenton School Nurse
Trinity Cathedral Church
Tri-State Transportation Circuit
United Way of Greater Mercer County
Urban Mental Health Alliance
Vulnerable Population Outreach Coordinators
- Lawrence Township
- Princeton
- West Windsor
- East Windsor
- Hamilton
- Hopewell Township

Well Beyond Partners
West Windsor Health Department
Womanspace
YWCA

Key Informants and Small Group Discussants

Emily Baggett, Trenton Health Team
Marygrace Billek, Mercer County Department of Human Services
Julie Blumenfeld, Capital Health Network - Midwifery
Suzanne Borgos, Capital Health Network
Stephanie Carey, Montgomery Health Department, serving Hopewell and Pennington Boroughs
Carol Chamberlain, Lawrence Township Health Department
Jeremye Cohen, Capital Health Network
Robyn D'Oria, Central Jersey Family Health Consortium
DuEwa Edwards-Dickson, Mercer County Department of Human Services
Dr. Daniel Goldsmith, Capital Health Network
June Gray, Children's Futures
Diane Grillo, Robert Wood Johnson University Hospital Hamilton
Darlene Hanley, Saint Lawrence Rehabilitation Center
Dr. Saba Hasan, Capital Health Network
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Margy Jahn, East Windsor Health Department
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Kathryn Koellner, Saint Francis Medical Center
Pam Kuo, Saint Lawrence Rehabilitation Center
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Lauren Stabinsky, Robert Wood Johnson University Hospital Hamilton
Trish Suplee, Central Jersey Family Health Consortium
Julia Taylor, Trenton Health Team
Jianping Wang, Mercer County Community College

Appendix 2:
Resident Survey Report

RWJBarnabas HEALTH

Community Health Needs Assessment Survey Data

Hamilton PSA
APPENDIX 2

#8692
November 2021

RWJBarnabas HEALTH

bruno and ridgway

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Research Objective:

The primary objective of this research was to obtain opinions of residents within Hamilton PSA, in order to conduct a comprehensive health assessment to better serve our community and meet CHNA requirements of 501(r). Areas of focus included:

- Impact of COVID-19 and vaccination compliance
- Health issues and concerns that impact the community
- Barriers to accessing health care
- Discrimination experienced when receiving health care
- Community safety and quality of life
- Personal health attitudes, conditions and behaviors

Methodology:

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Interviews were conducted among residents within the RWJBH service areas, including RWJBH-Hamilton. Interviews were conducted online and by telephone:

A link to the online survey was displayed on hospital web pages and social media sites.

An online panel augment sample was recruited to capture additional interviews in specific areas.

In addition, self-administered paper surveys were available for outreach distribution.

The interviews average 20 minutes in length.

Sample Composition Highlights:

The data presented today is based on a total of **212 interviews** that were conducted among adults aged 18+. These interviews are broken down among gender, age and ethnicity as follows:

147 (69%) Females, **59 (28%)** Males

19 (9%) under 30 yrs., **68 (32%)** 30-49 yrs., **79 (37%)** 50-64 yrs. and **44 (21%)** 65+ yrs.

149 (70%) White/Caucasian, **25 (12%)** African American, **23 (11%)** Hispanic/Latino, **15 (7%)** Asian

NOTE: Not shown are "other" mentions and "no answer."

Executive Summary

The data collected in this Community Health Needs Assessment study provides insights into resident subgroups that can be used to effectively serve the health care needs of the community and, in turn, enhance the quality of life for Hamilton PSA residents.

- **It is impossible to view the survey data without understanding the enormous impact that the COVID-19 pandemic had on residents throughout the RWJBH system in 2020/2021. On average, almost 3 in 10 area residents reported job loss in the household, due to the pandemic. Loss of employment was higher than average for those under 30 (53%), Hispanics (44%), African Americans (32%), and those in the lowest income group (41%). Fortunately, loss of housing was reportedly low (3%) on average, but over 1 in 10 Hispanics surveyed (13%) reported loss of housing.**

- **Regardless of race or income, the most widespread difficulty caused by the pandemic was maintaining good mental health and dealing with isolation and loneliness.**
  - *Increasing outreach and developing programs that address mental wellness and social connection could improve the health and overall well-being of county residents.*

Executive Summary – (continued)

- **While the majority of Hamilton PSA residents have received a COVID-19 vaccination (78%), vaccination is less prevalent among Hispanics and African Americans (both 52%). Fewer than half of the respondents under 30 have been vaccinated (47%). The proportion who do not plan on getting vaccinated (either due to legitimate health reasons or skepticism) is small (6%) and tends to be predominantly those under 30 (21%), African American (20%) and lower income (12%).**

- **Likely influenced by difficulties experienced during the pandemic, mental health has risen to nearly equal obesity as the top health concern among area residents, on average. However, this hierarchy doesn't hold true for African Americans, who tend to be less concerned about mental health and more concerned about substance abuse, eldercare and violence in their community. Obesity, high stress lifestyle and diabetes are top issues among Hispanics surveyed. Residents over 65 are more likely to consider affordable eldercare and health issues related to aging to be top concerns.**

- **While about one-third of residents, on average, claim their household has not experienced any barriers to health care, this proportion is much lower among Asians (only 13%) and those under 50 years or age. In addition to difficulty scheduling a convenient appointment, cost concerns and insurance issues, residents encounter long wait times during appointments.**

Executive Summary – *(continued)*

- **Discrimination when receiving medical care can be a large barrier to care. Over one-quarter of African Americans surveyed (28%) indicated that they had experienced racial discrimination when seeking medical care, about 2 in 10 Hispanics (22%) and Asians (21%). Less than 2 in 10 (17%) Hispanics experienced language discrimination, and 19% of those in low-income households experienced discrimination based on their income.**

- **Overall, Hamilton PSA residents surveyed have a fairly positive view of their communities. A majority of residents surveyed feel the area has safe places to walk and play, has easy access to fresh foods, is a good place to raise a family, has places to socialize, and find it easy to live a healthy lifestyle. African Americans, Hispanics, residents under 30 years of age and in low-income households generally have a less positive perception of their communities.**

  - *Enhancement of community programs could help residents feel safer and more comfortable and improve the image of their community.*

Executive Summary – *(continued)*

- **Less than half of residents surveyed describe their overall health as being excellent or very good. Asians, African Americans and low-income residents tend to have a less positive perception of their health. Most residents claim they eat healthy food on a regular basis and about two-thirds say they are physically active. Other positive health-related behaviors are exhibited, such as having annual physicals and recommended screening tests. Most report their children eat breakfast daily and are physically active. However, a portion of residents surveyed are less likely to adhere to these healthy lifestyle habits, and again, they tend to be African American, Hispanic, lower-income and under 30 years of age.**

    - *Diagnostic screenings are crucial in the early detection, treatment and management of chronic diseases. The availability of these preventative services should be expanded to ensure they are reaching and serving minority and lower income populations in a cost-efficient manner.*
    - *Health and wellness education strategies focusing on healthy eating, active lifestyles and preventative care must continue to be promoted and expanded.*

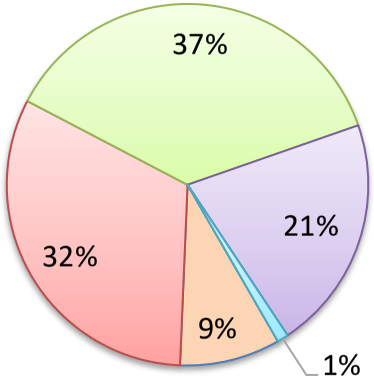
In summary, survey data suggests that wellness initiatives, programs and services addressing the availability, accessibility and affordability of care would meet a significant portion of community needs and better serve the health care needs of the whole community.

SUMMARY TABLES

Survey Respondents' Profile

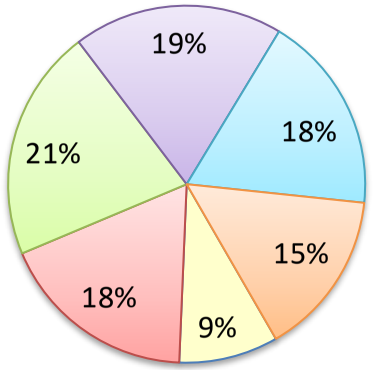
Profile of Respondents in Hamilton PSA

Age:



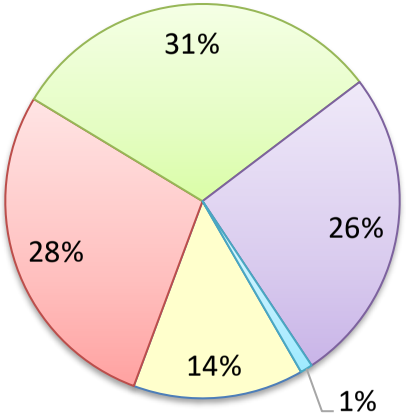
Mean Age: 52 yrs.

Income:

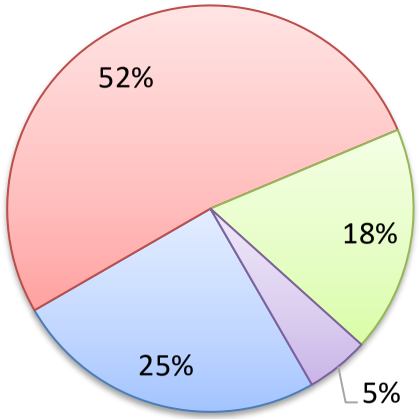


Median Income: $86.1K

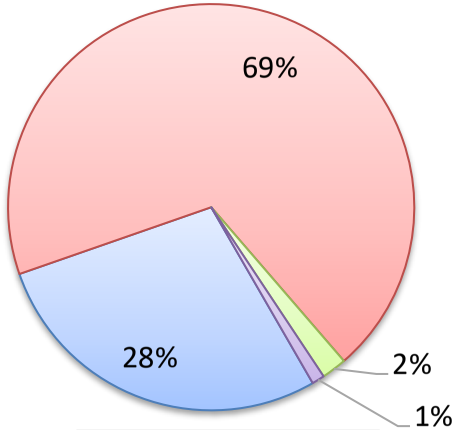
Education:



Marital Status:



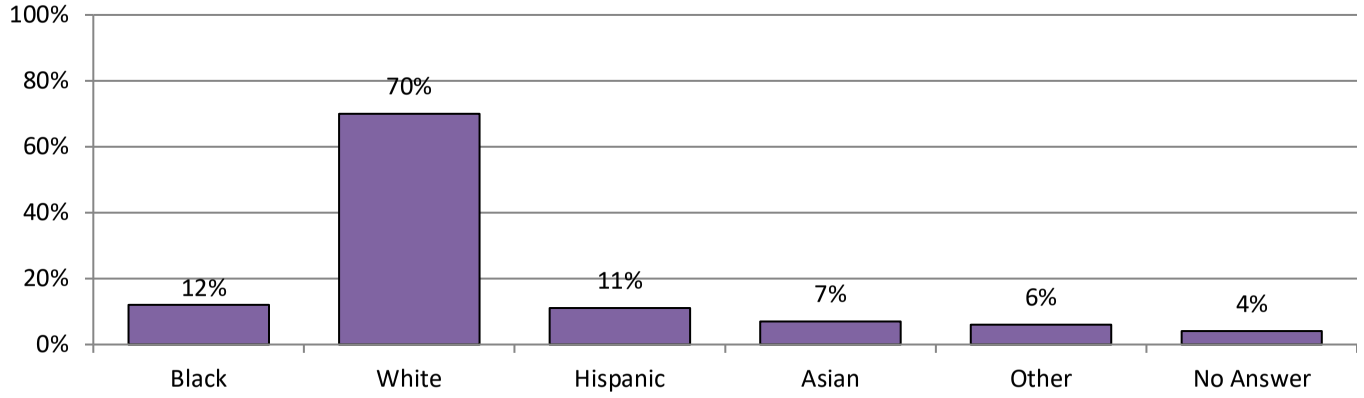
Gender:



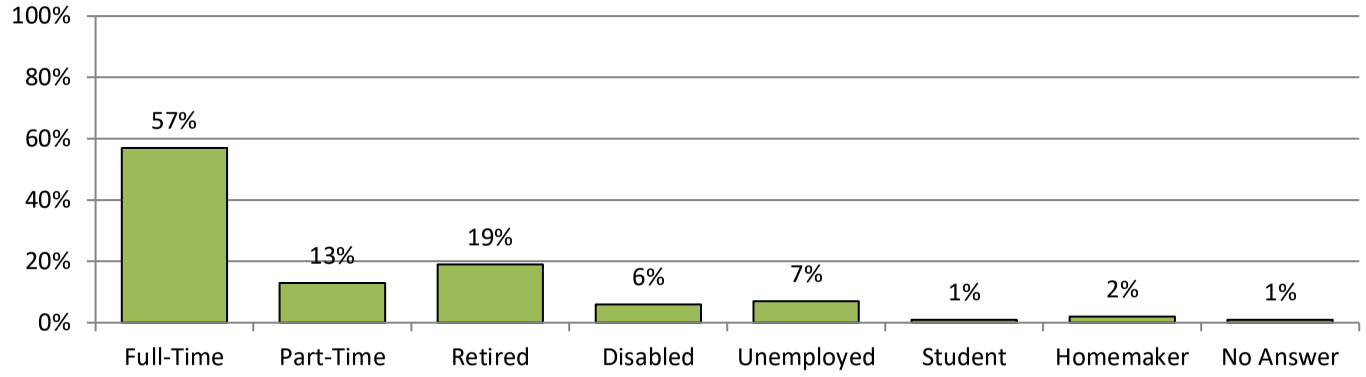
(n=212)

Profile of Respondents in Hamilton PSA – (continued)

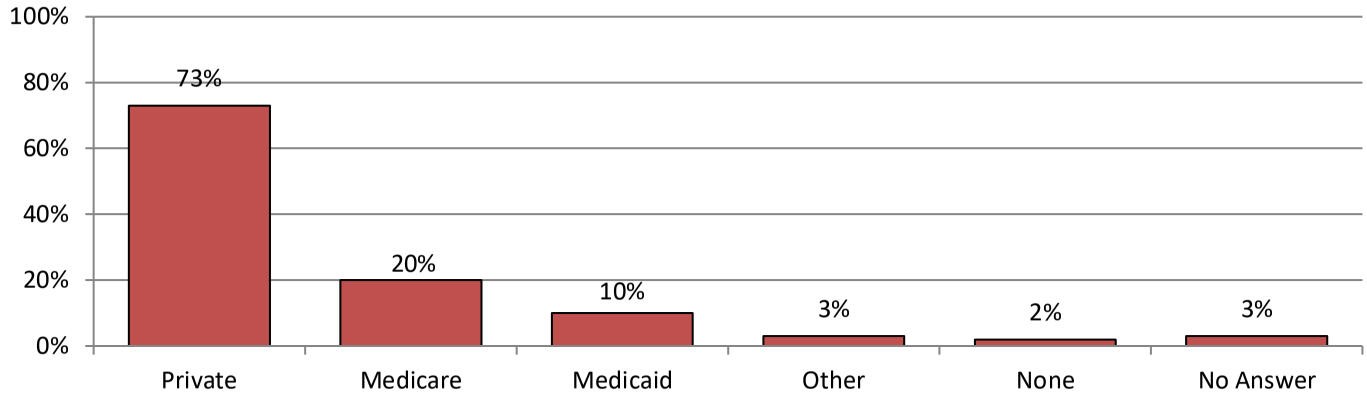
Ethnicity^:



Employment^:

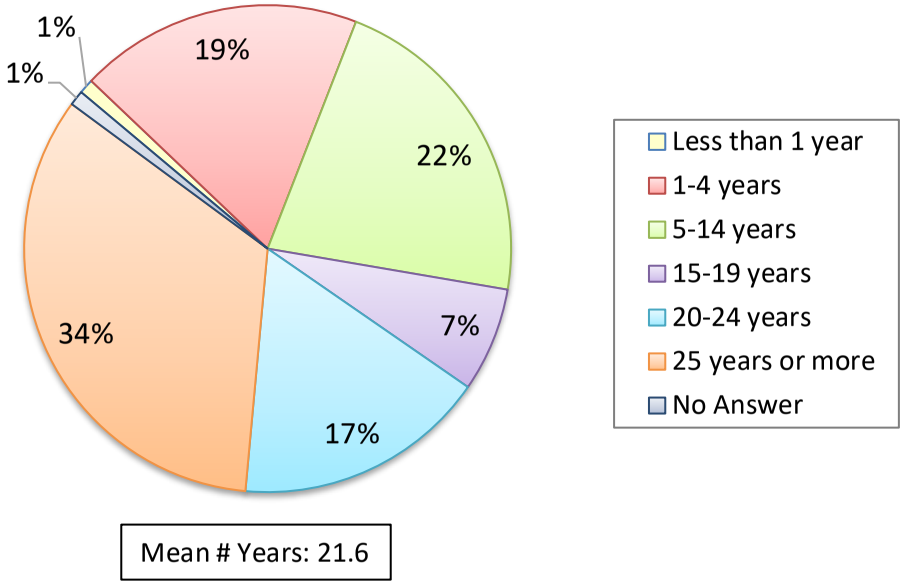


Health Insurance^:



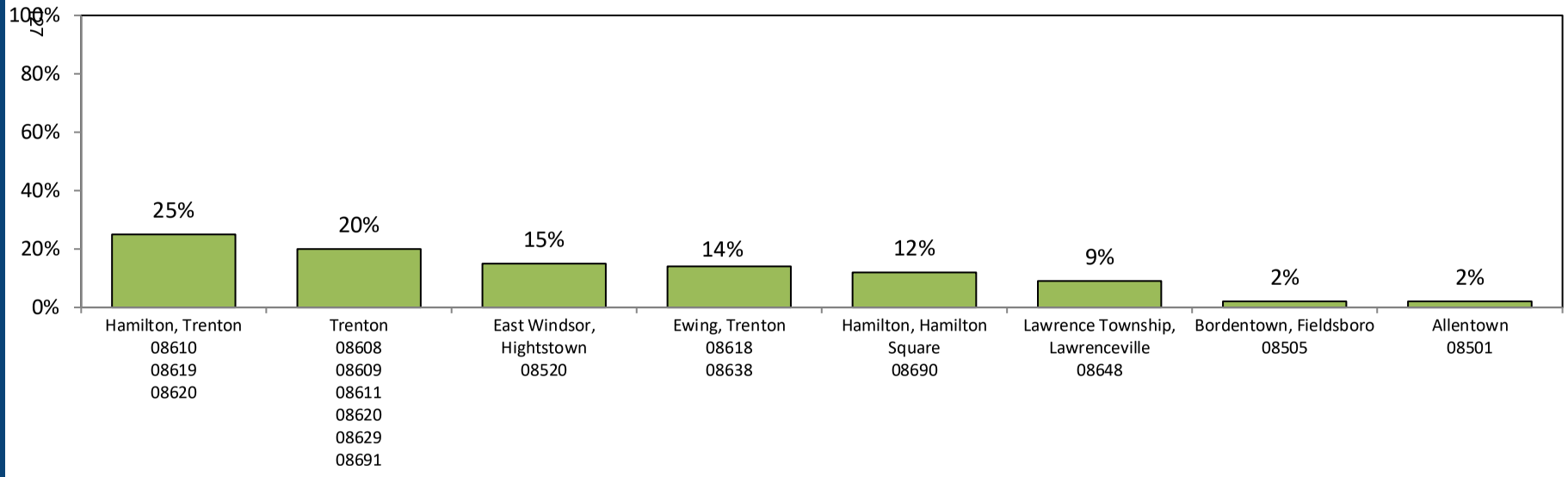
(n=212)
^ = Multiple mentions.

Length of Time in Area



Mean # Years: 21.6

Towns/Zips Where Interviews Came From

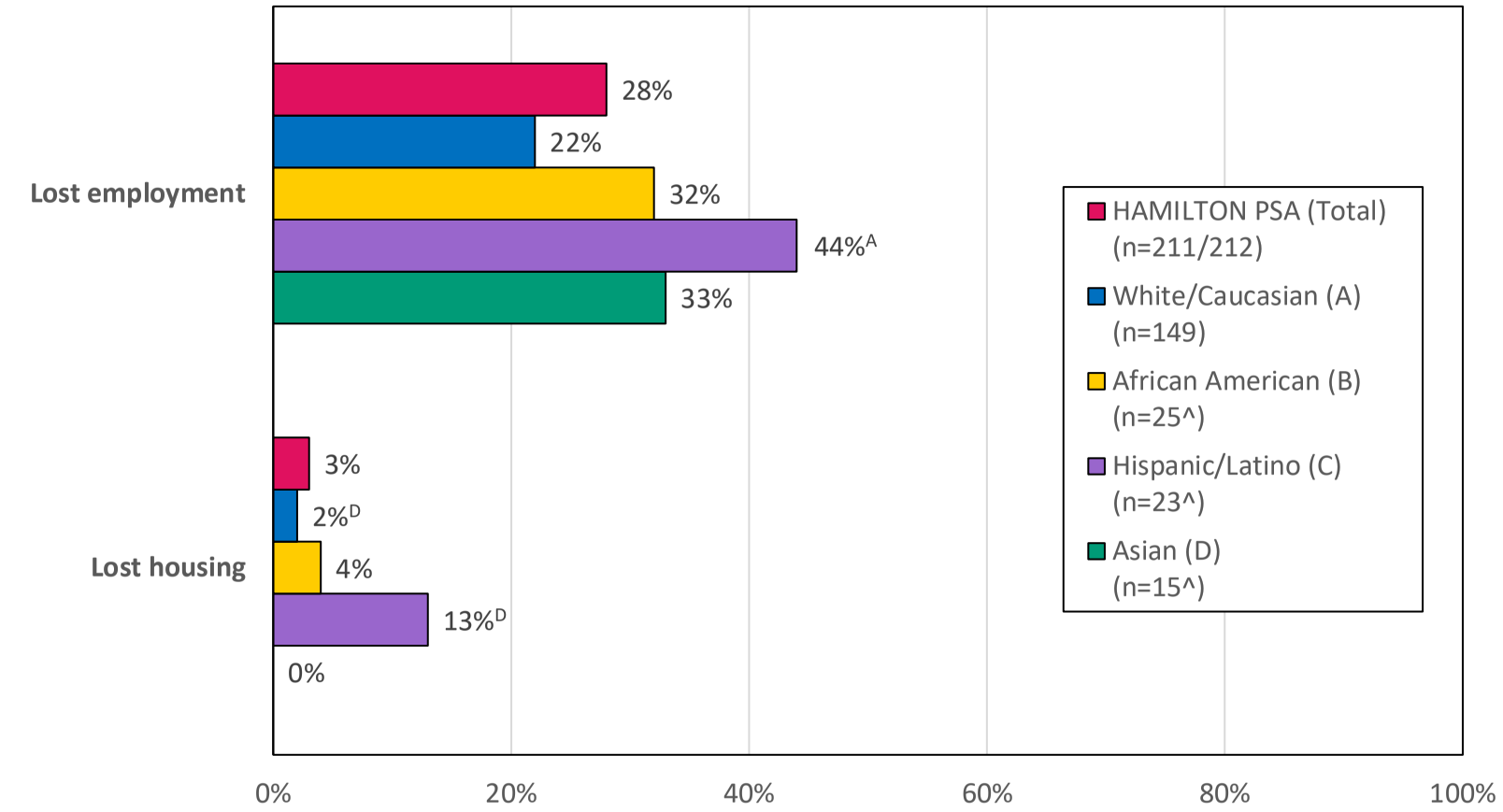


(n=212)

Impact of COVID-19

Household Loss of Housing or Employment Due to COVID-19 by Race

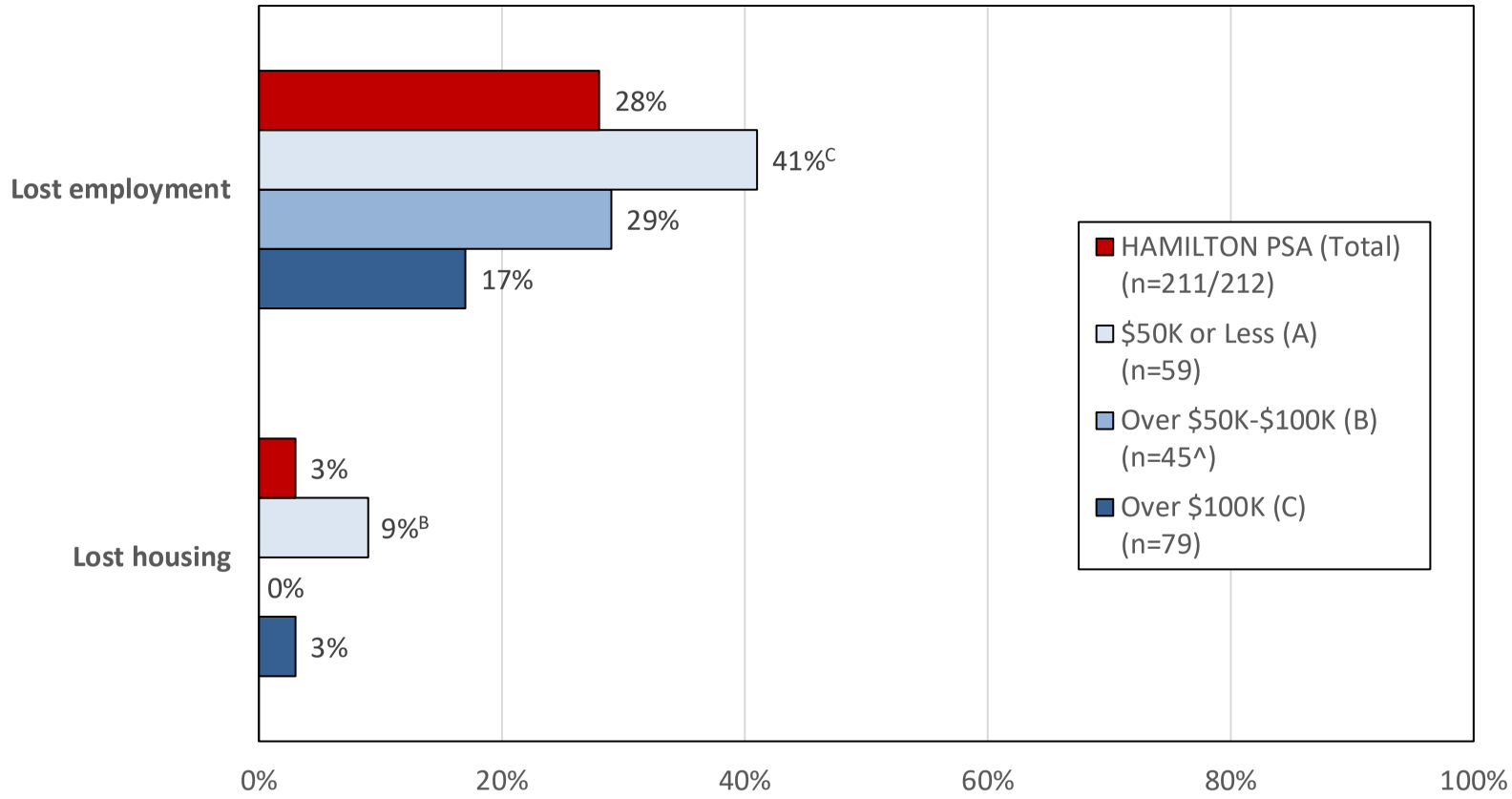
- On average, just over one-quarter of residents surveyed reported unemployment during the pandemic. Hispanic households were most affected.
- While relatively few lost housing, incidence among Hispanics is higher than average.



Q.4 – Have you or anyone in your immediate family lost employment due to COVID-19?
Q.5 – Have you or anyone in your immediate family lost housing due to COVID-19?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Household Loss of Housing or Employment Due to COVID-19 by Income Level

- Loss of employment was significantly less likely in households making $100K or more.
- Housing loss was reported by relatively few respondents and is mainly in households with the lowest income level.



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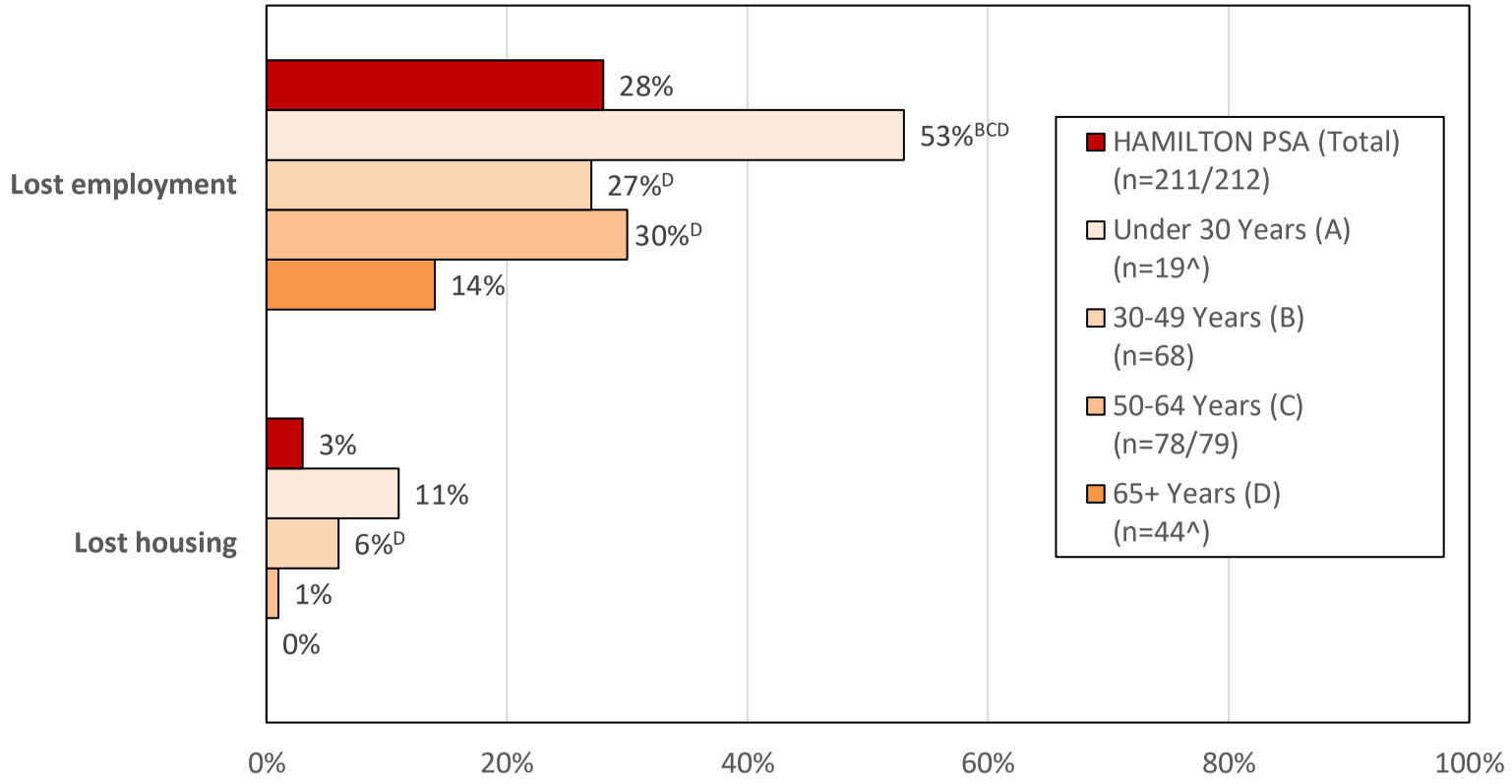
Household Loss of Housing or Employment Due to COVID-19 by Age Group

- Job loss affected over half of the respondents under 30. The lower incidence among those 65+ is likely due, in part, to the number or retired persons in that age group.



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(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
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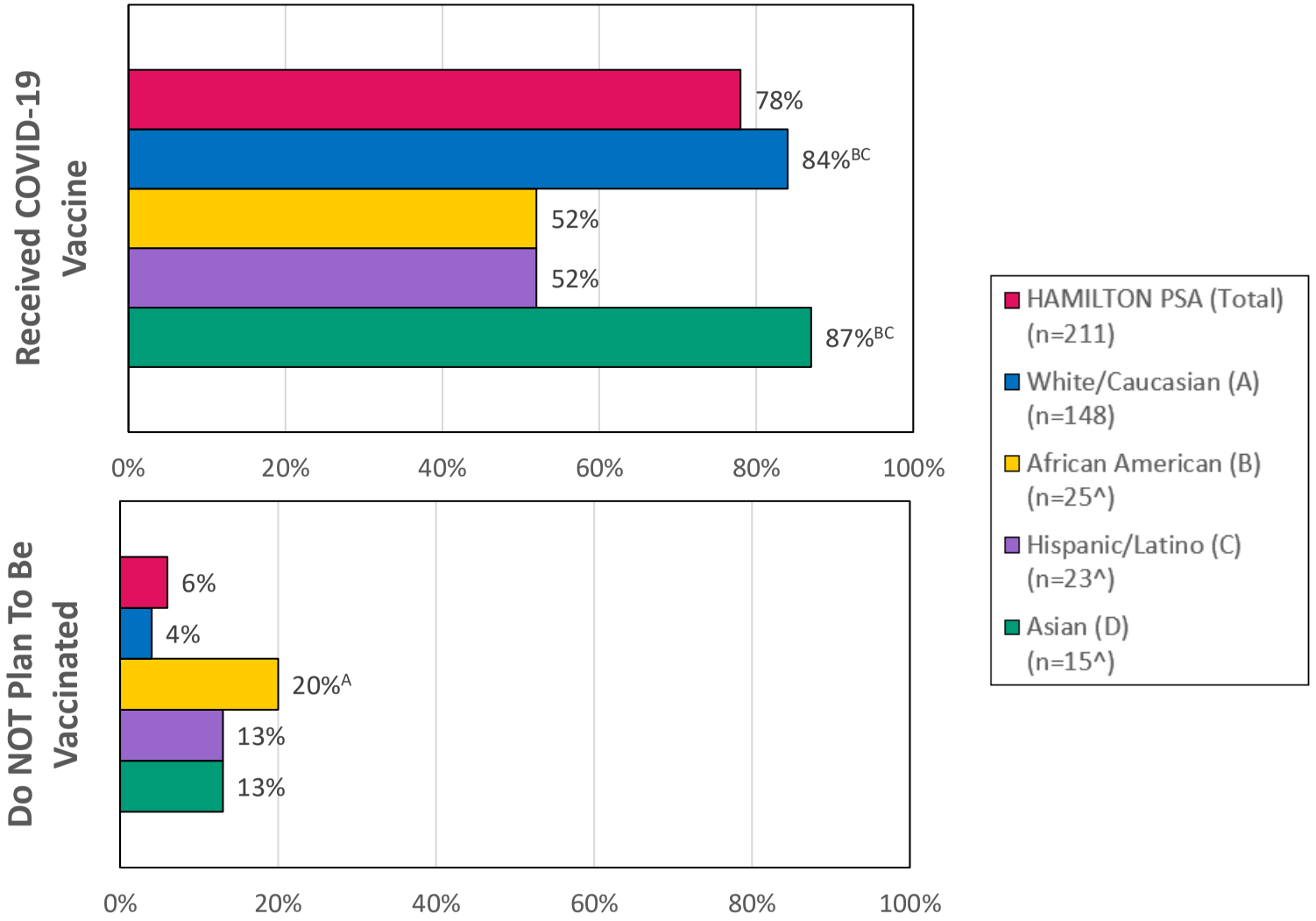
Receipt of COVID-19 Vaccination by Race

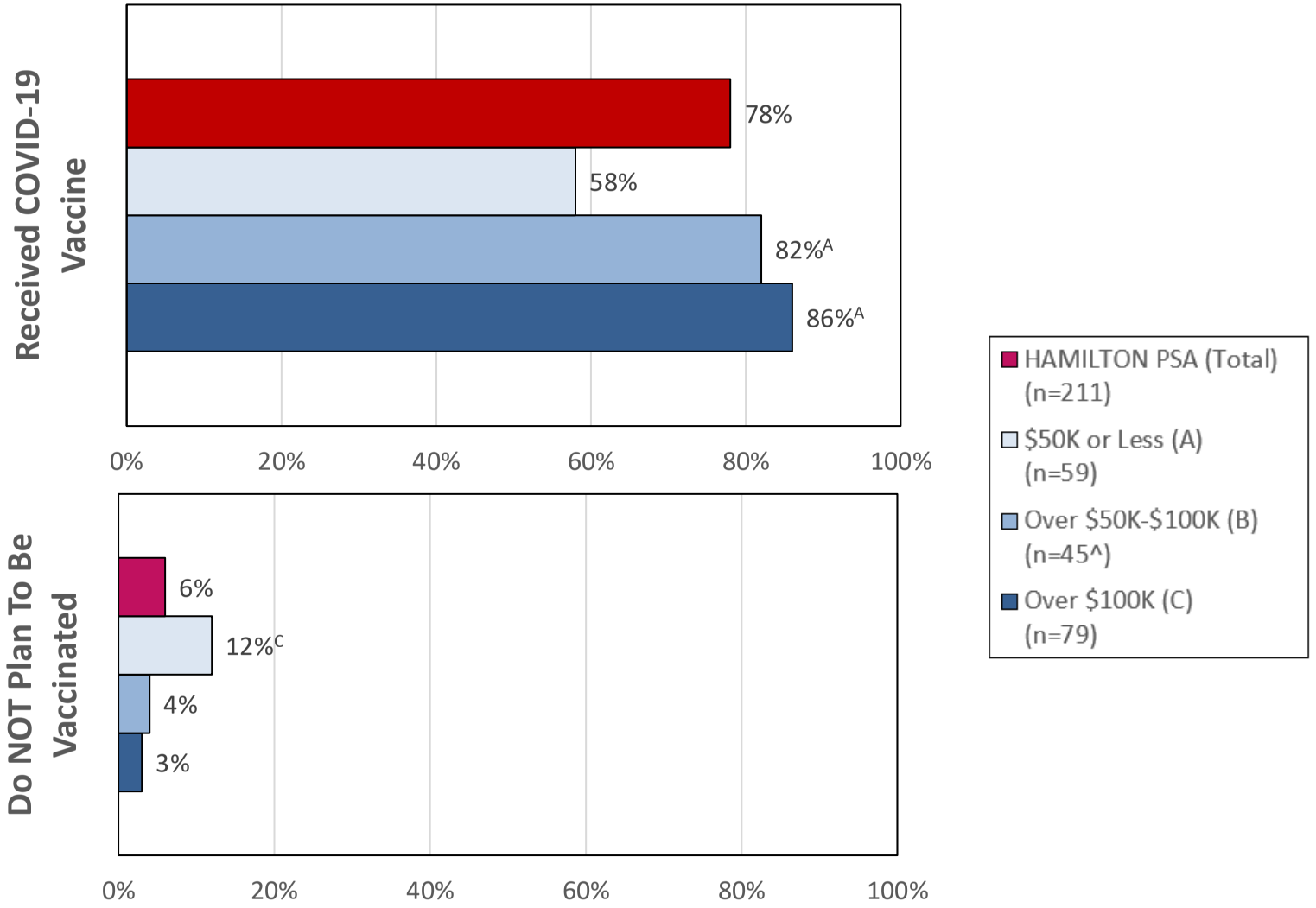
- **African Americans and Latinos** are **less likely** to have been vaccinated. Two in ten African Americans surveyed do not plan to get the vaccine, suggesting some skepticism might exist among that population.



Q.8 – Have you, yourself, yet received the COVID-19 vaccination, or plan to?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Receipt of COVID-19 Vaccination by Income Level

- There is an interesting correlation between vaccination and income level which suggests less accessibility or some hesitancy among low-income households.



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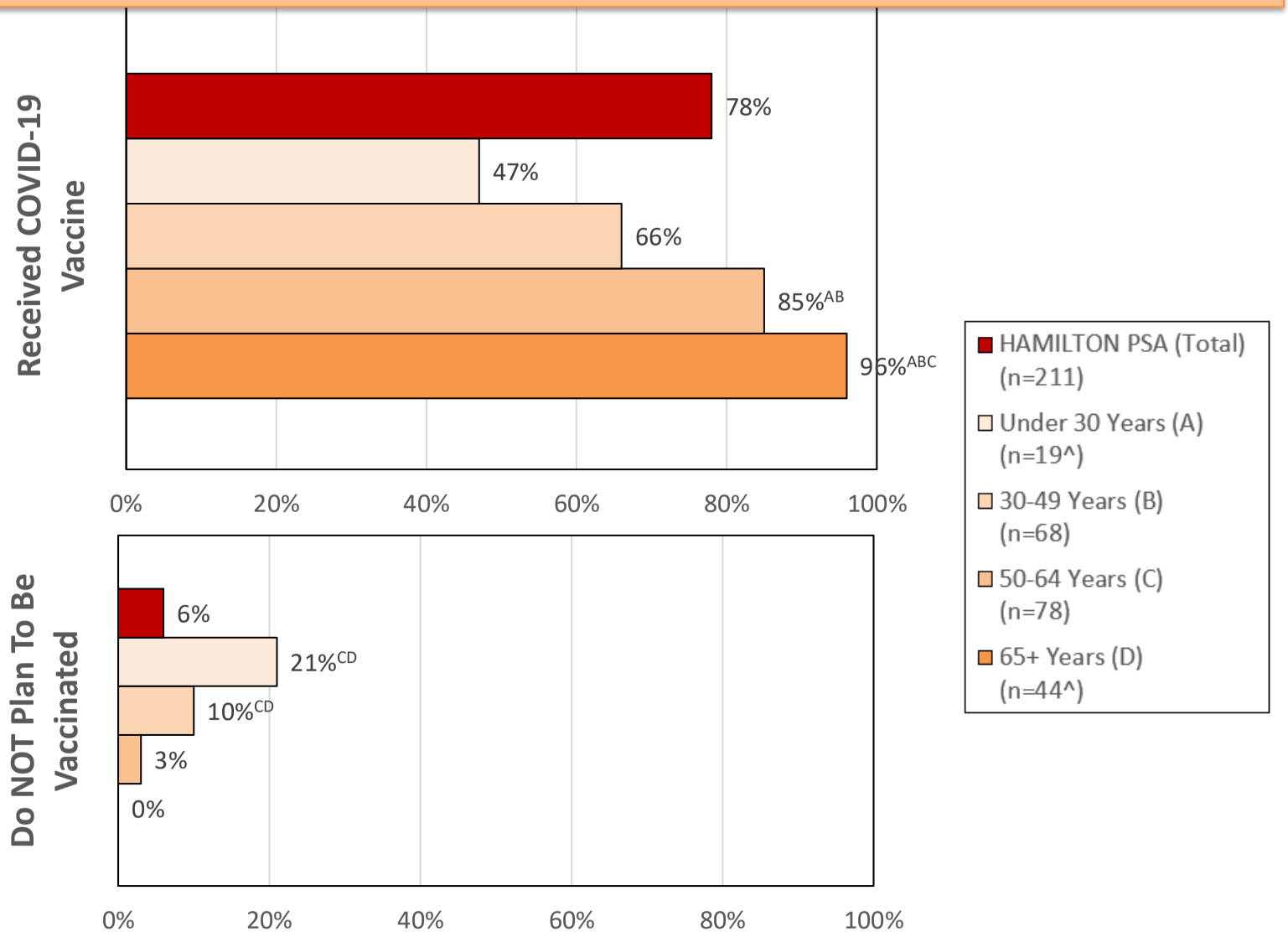
^Small base size.

Receipt of COVID-19 Vaccination by Age Group

- Less than half of those under 30 report having been vaccinated, and they also have the greatest resistance to vaccination.



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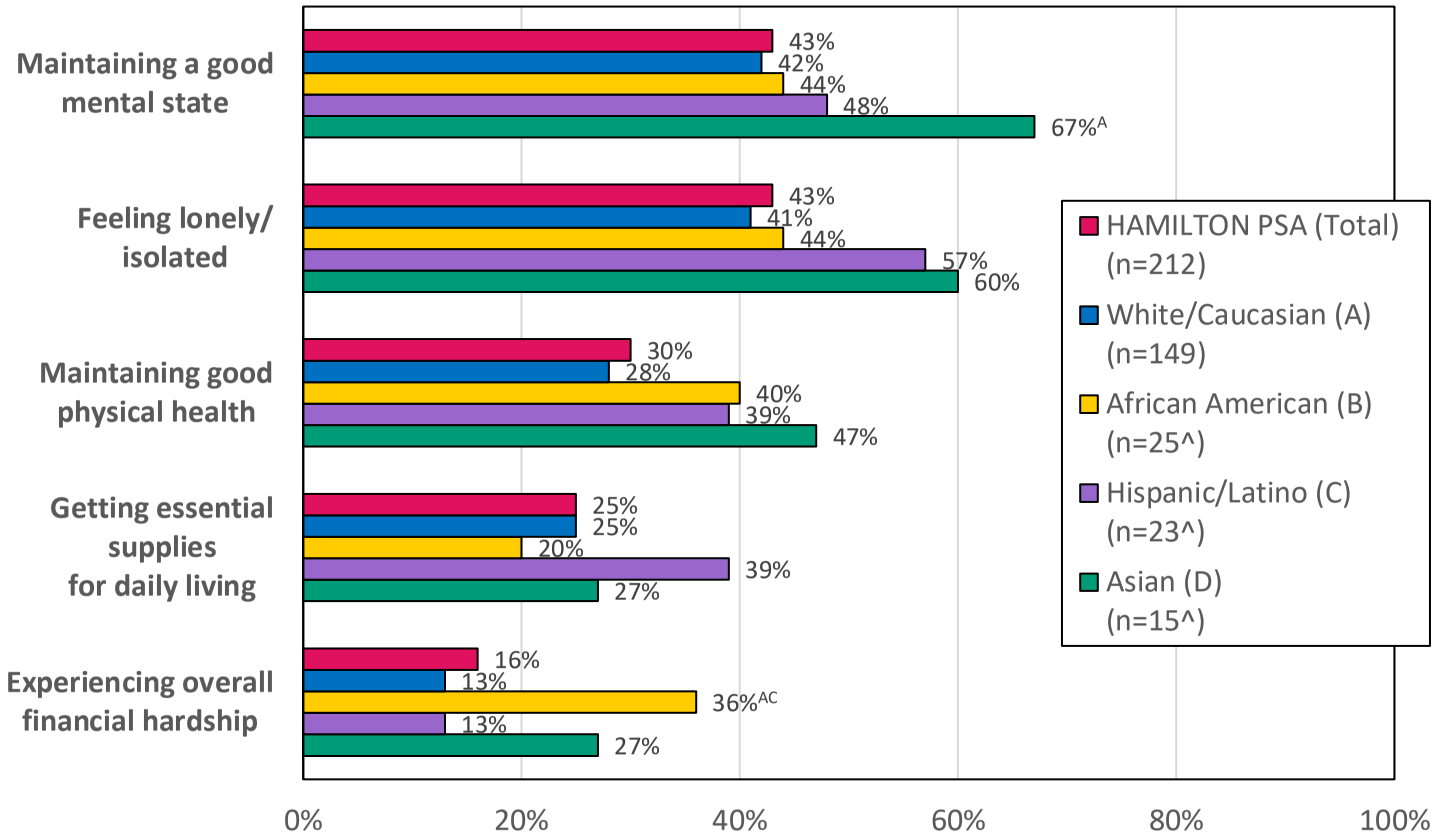
Difficulties in Household As a Result of COVID-19 by Race

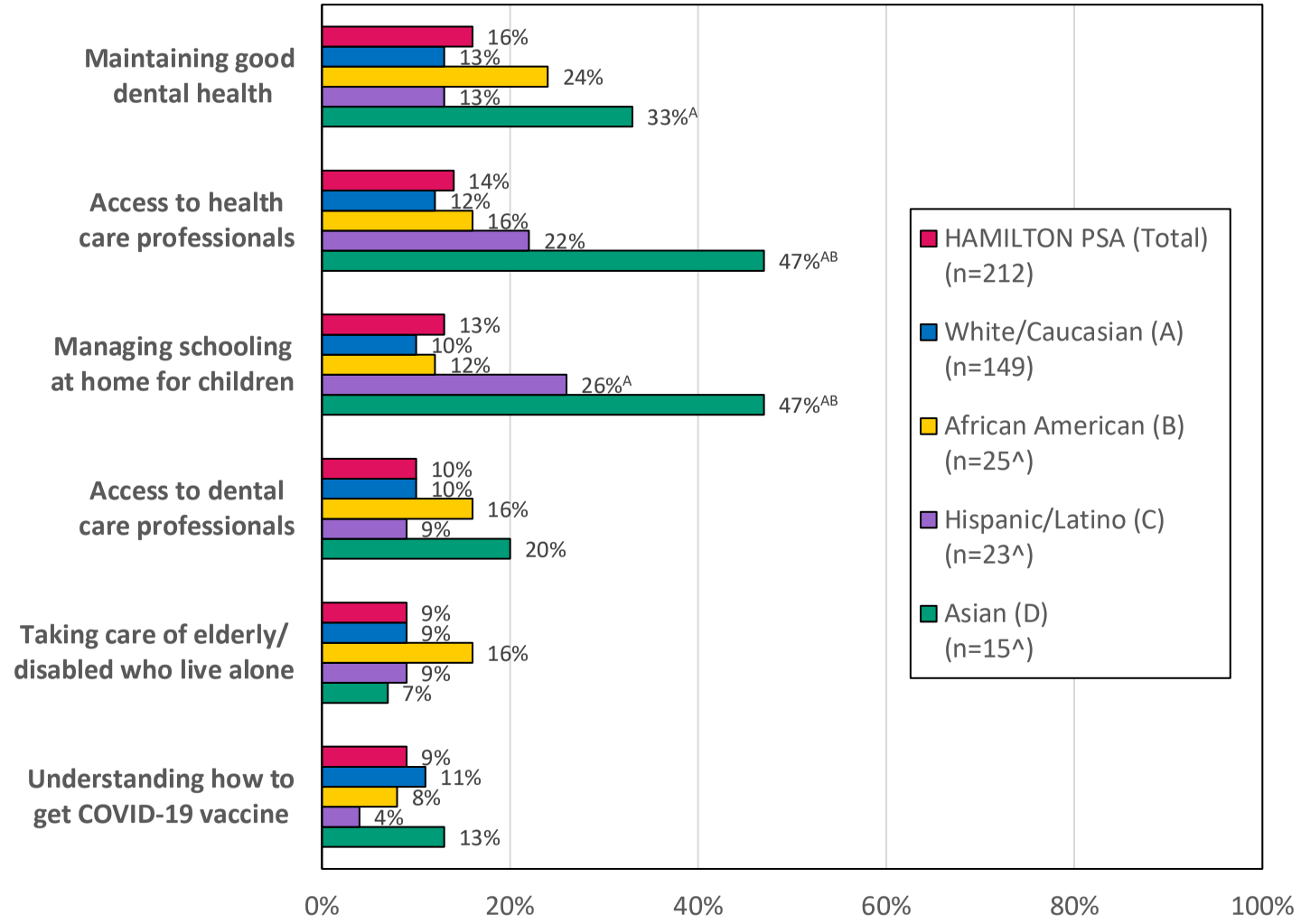
- Maintaining a good mental state and feelings of isolation were the most prevalent challenges and were reported more frequently among Asian respondents and Hispanics.
- African Americans were significantly more likely to report financial hardship.



Q.6 – Below is a list of areas in which some people are experiencing difficulty as a result of COVID-19.
Since COVID-19 started, have you or anyone in your immediate family personally experienced any difficulty with…?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Difficulties in Household As a Result of COVID-19 by Race (continued)

- Asians surveyed were more likely to report difficulty accessing HCPs and managing schooling.



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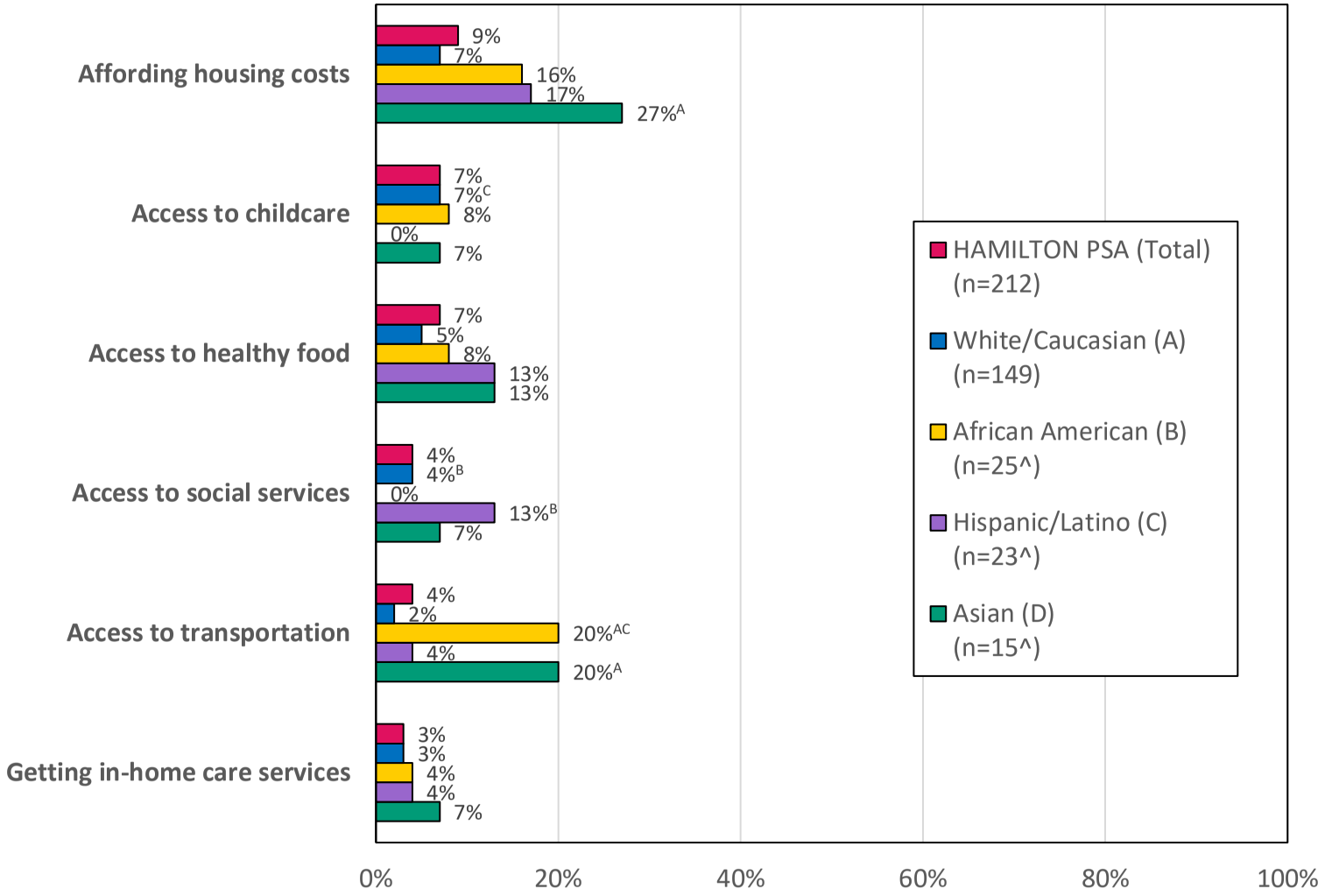
Difficulties in Household As a Result of COVID-19 by Race (continued)



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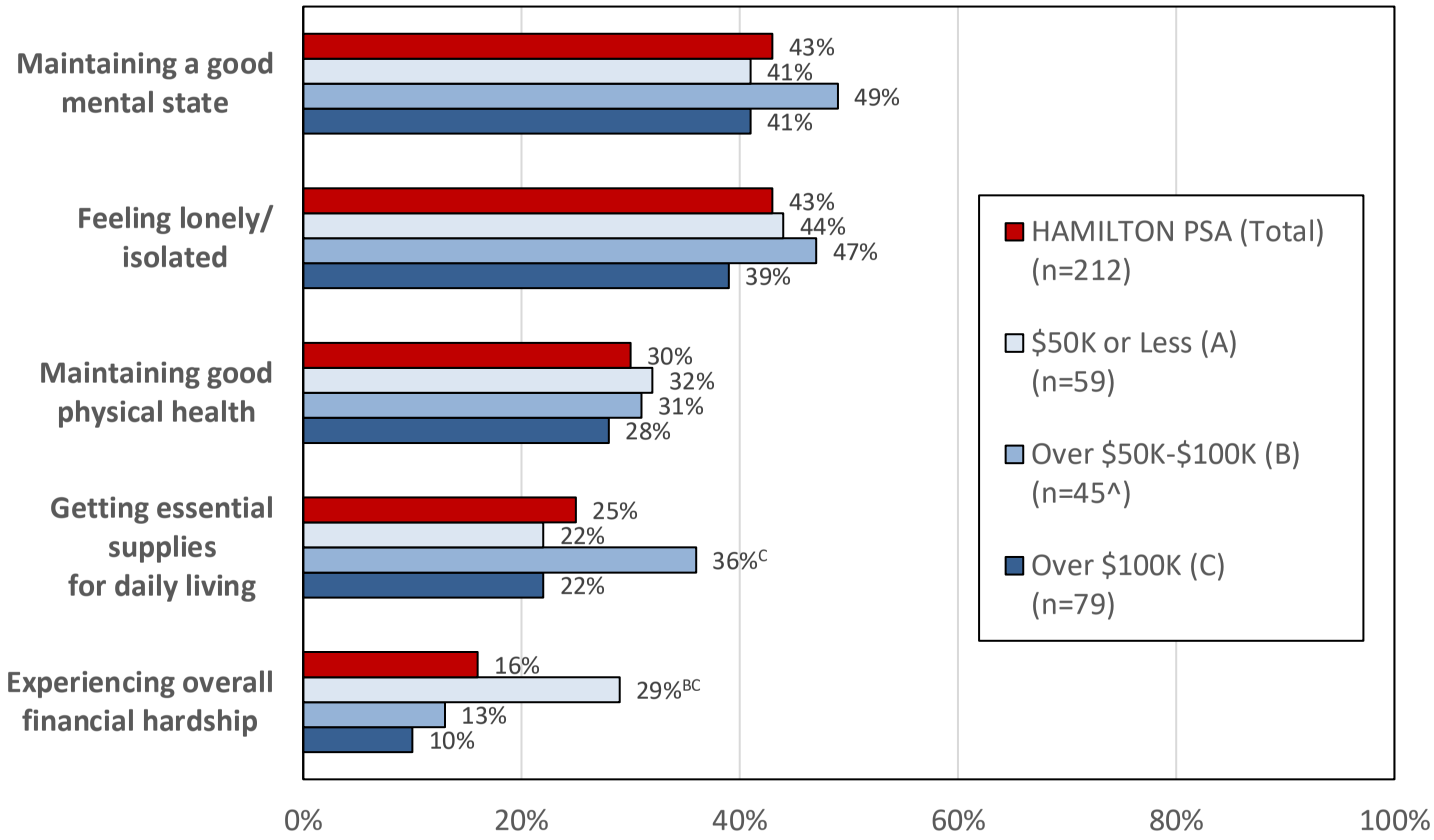
Difficulties in Household As a Result of COVID-19 by Income Level

- The most widespread issues of mental health, isolation and maintaining physical health don't appear to correlate to income level.
- Overall financial hardship was significantly higher for those in households earning $50K or less.



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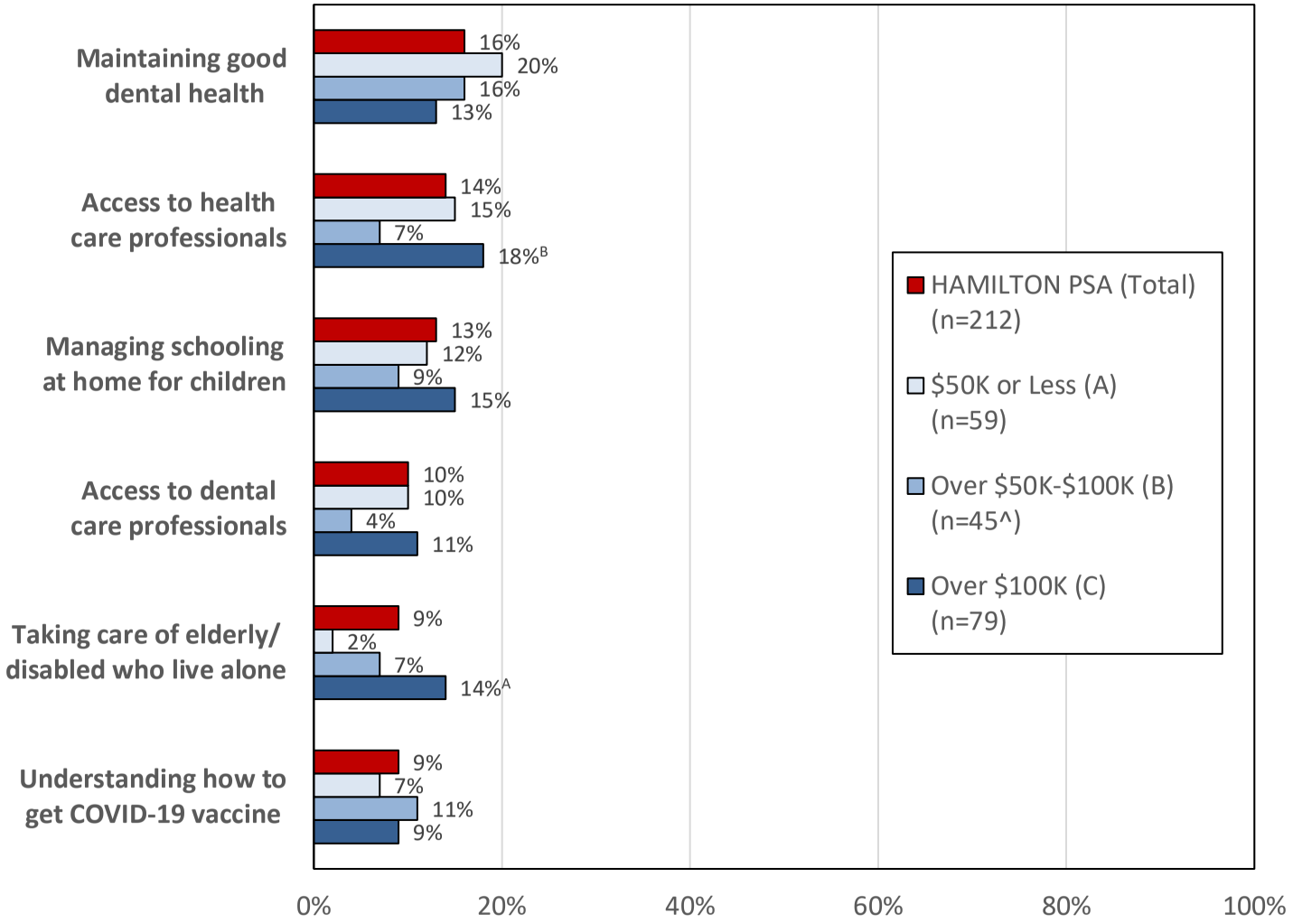
Difficulties in Household As a Result of COVID-19 by Income Level (continued)



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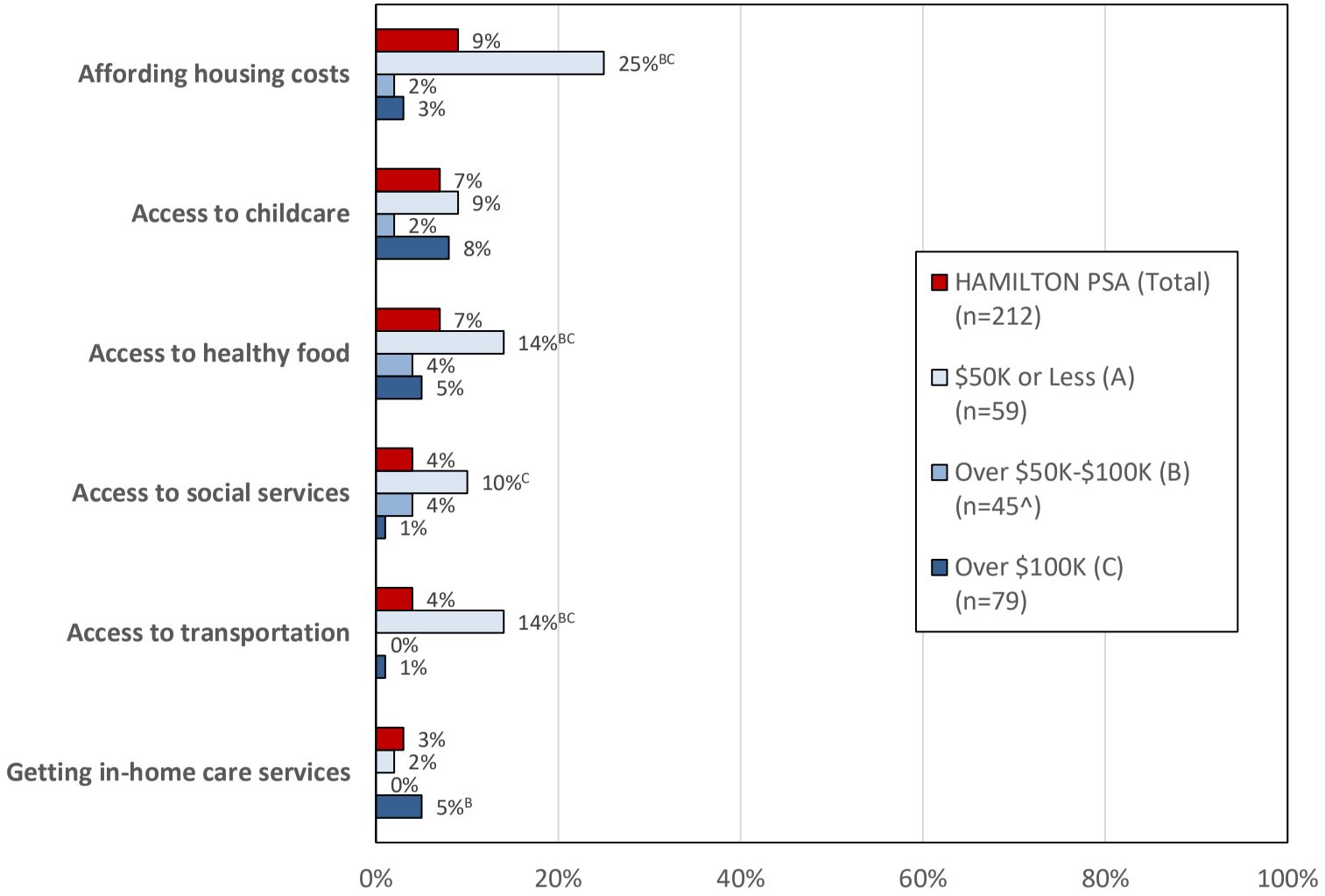
^Small base size.

Difficulties in Household As a Result of COVID-19 by Income Level (continued)

- Difficulty affording housing costs, accessing healthy food, and accessing transportation are all significantly greater problems for the lowest income group.



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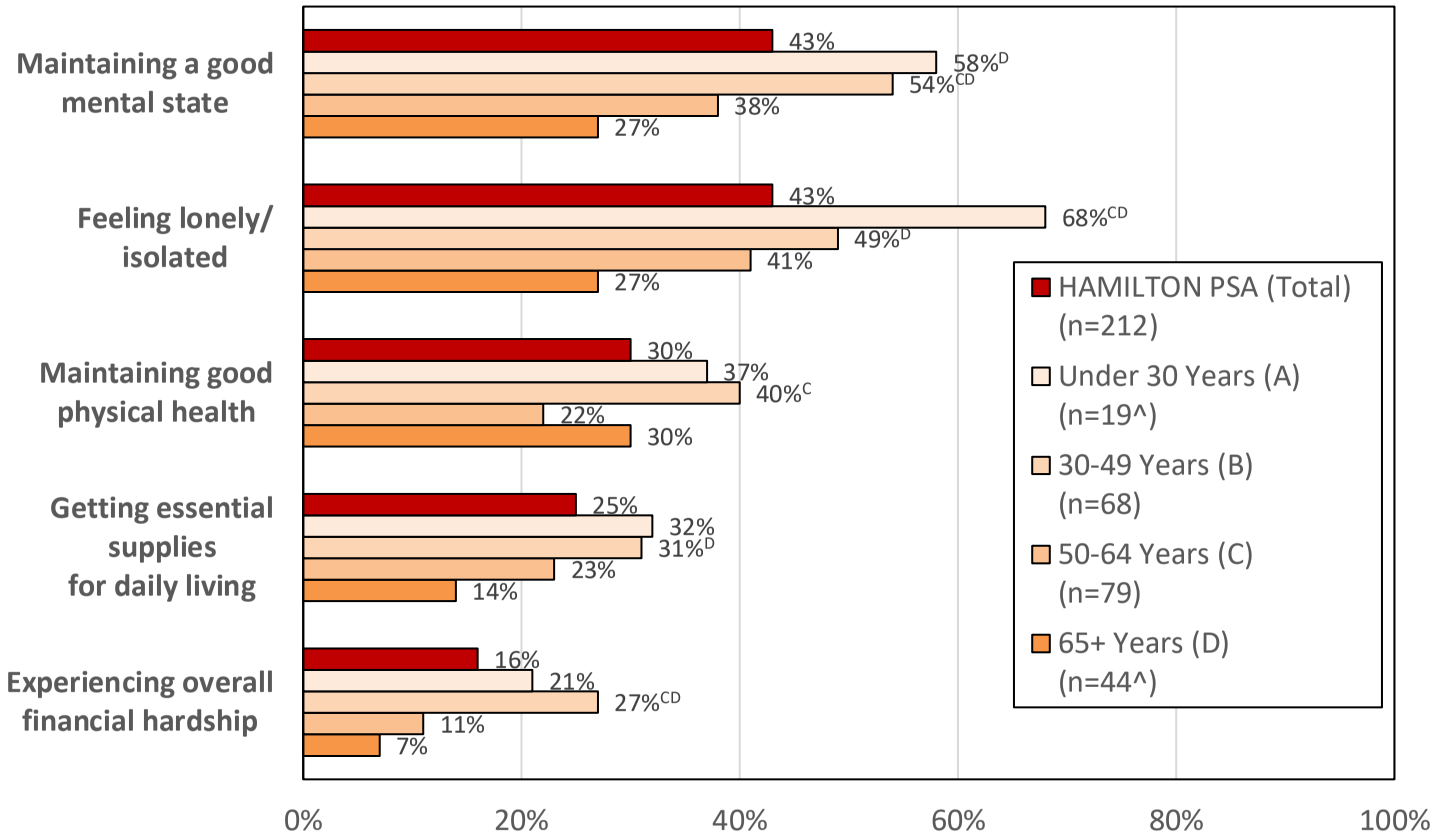
^Small base size.

Difficulties in Household As a Result of COVID-19 by Age Group

- Residents under 30 were significantly more likely to report feelings of isolation and difficulty keeping a good mental state.



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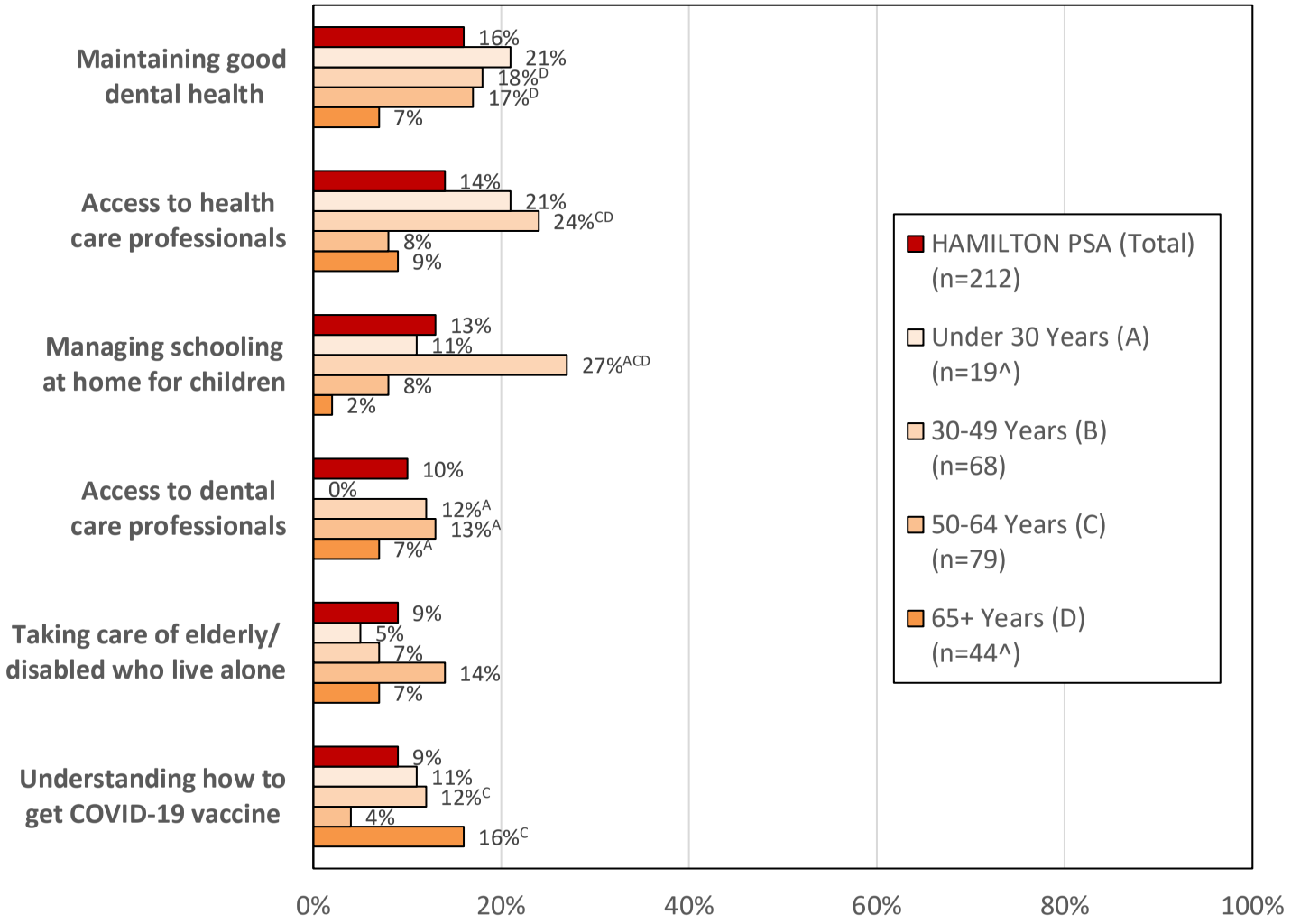
Difficulties in Household As a Result of COVID-19 by Age Group (continued)



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Since COVID-19 started, have you or anyone in your immediate family personally experienced any difficulty with…?
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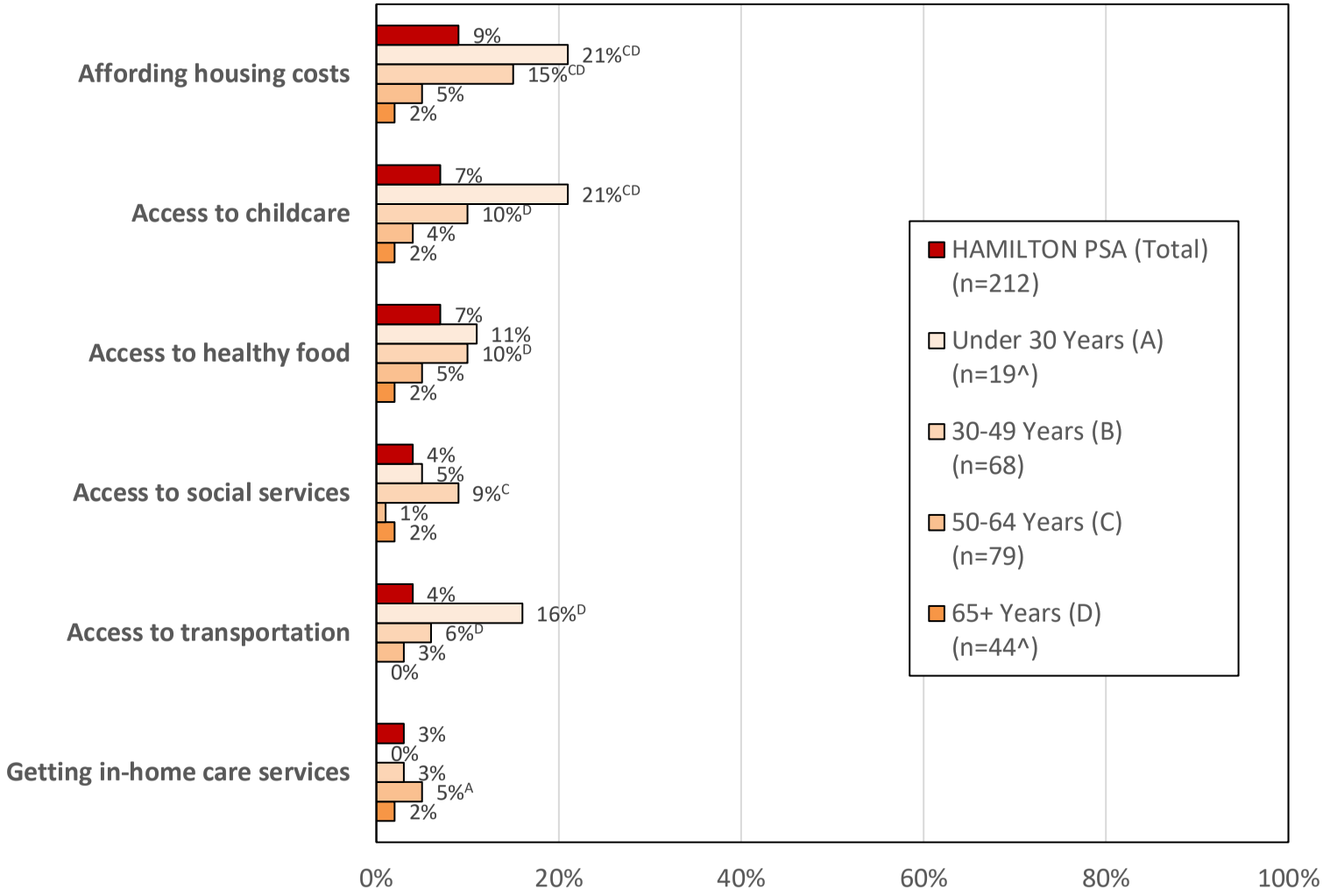
^Small base size.

Difficulties in Household As a Result of COVID-19 by Age Group (continued)

- The youngest residents were more likely to experience some difficulty affording housing and accessing childcare and transportation.



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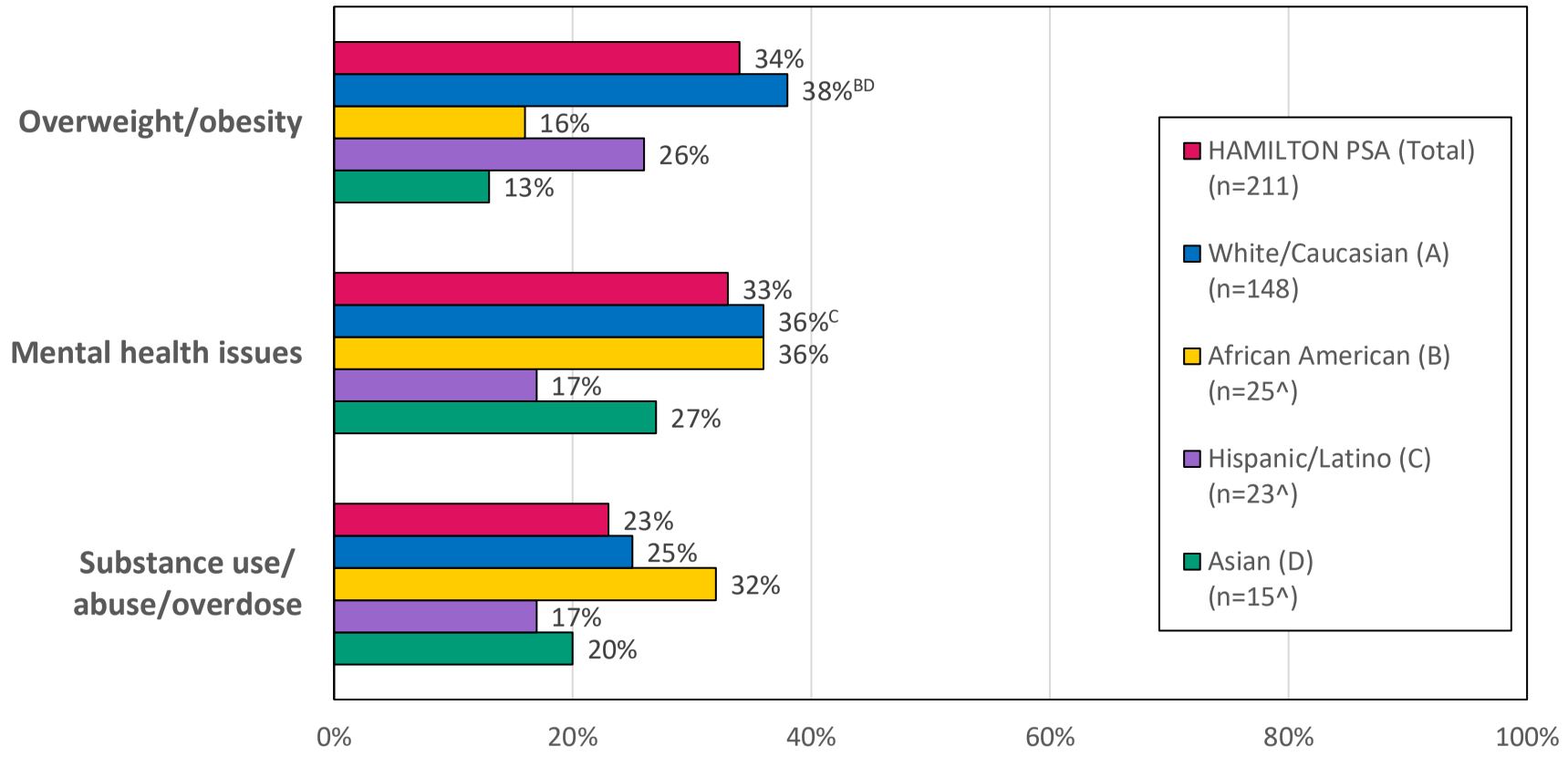
Top Health Concerns Impacting Communities

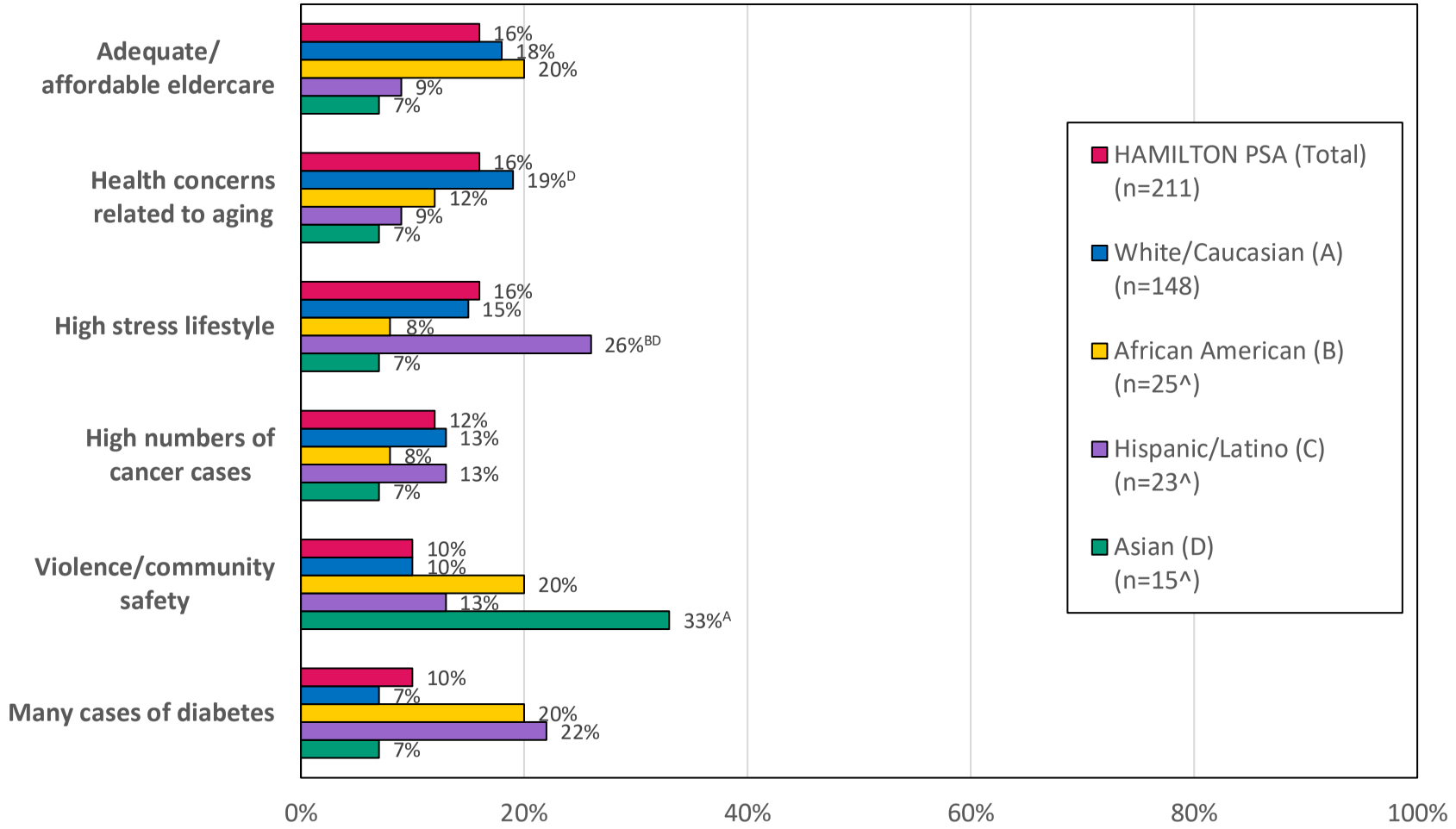
Top 3 Health Concerns in the Community by Race

- The overall top three concerns of residents in the Hamilton PSA are obesity, mental health and substance abuse. This hierarchy, however, does not hold among all races.
- Although a small sample, the African American residents surveyed were less likely to select obesity in their top three, and more likely to select adequate eldercare and violence/safety.
- Hispanics showed the most widespread concern over mental health issues, high stress lifestyle and affordable housing.



Q.9 – In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community? (Please select only 3.)
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Top 3 Health Concerns in the Community by Race (continued)



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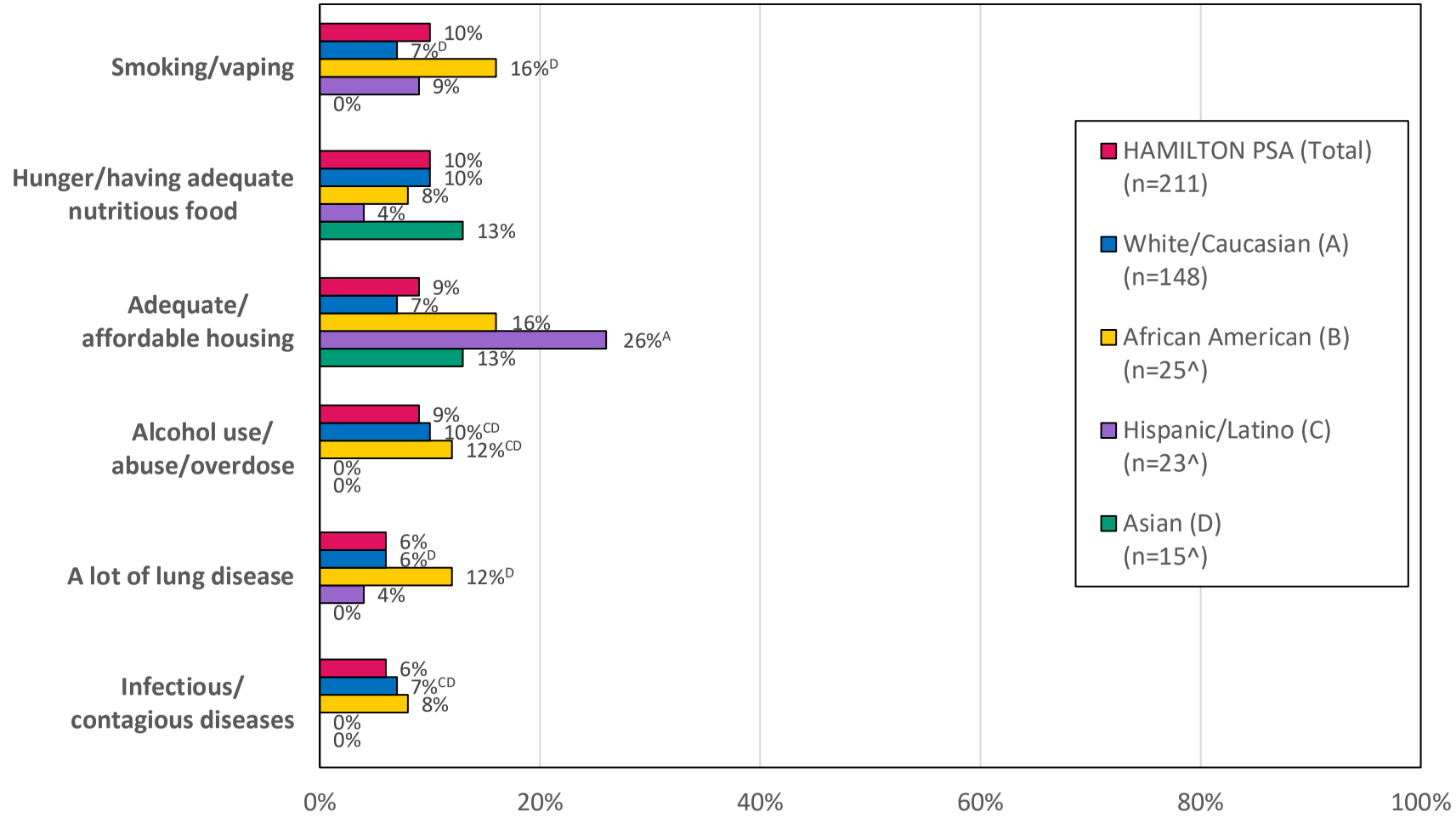
Top 3 Health Concerns in the Community by Race (continued)



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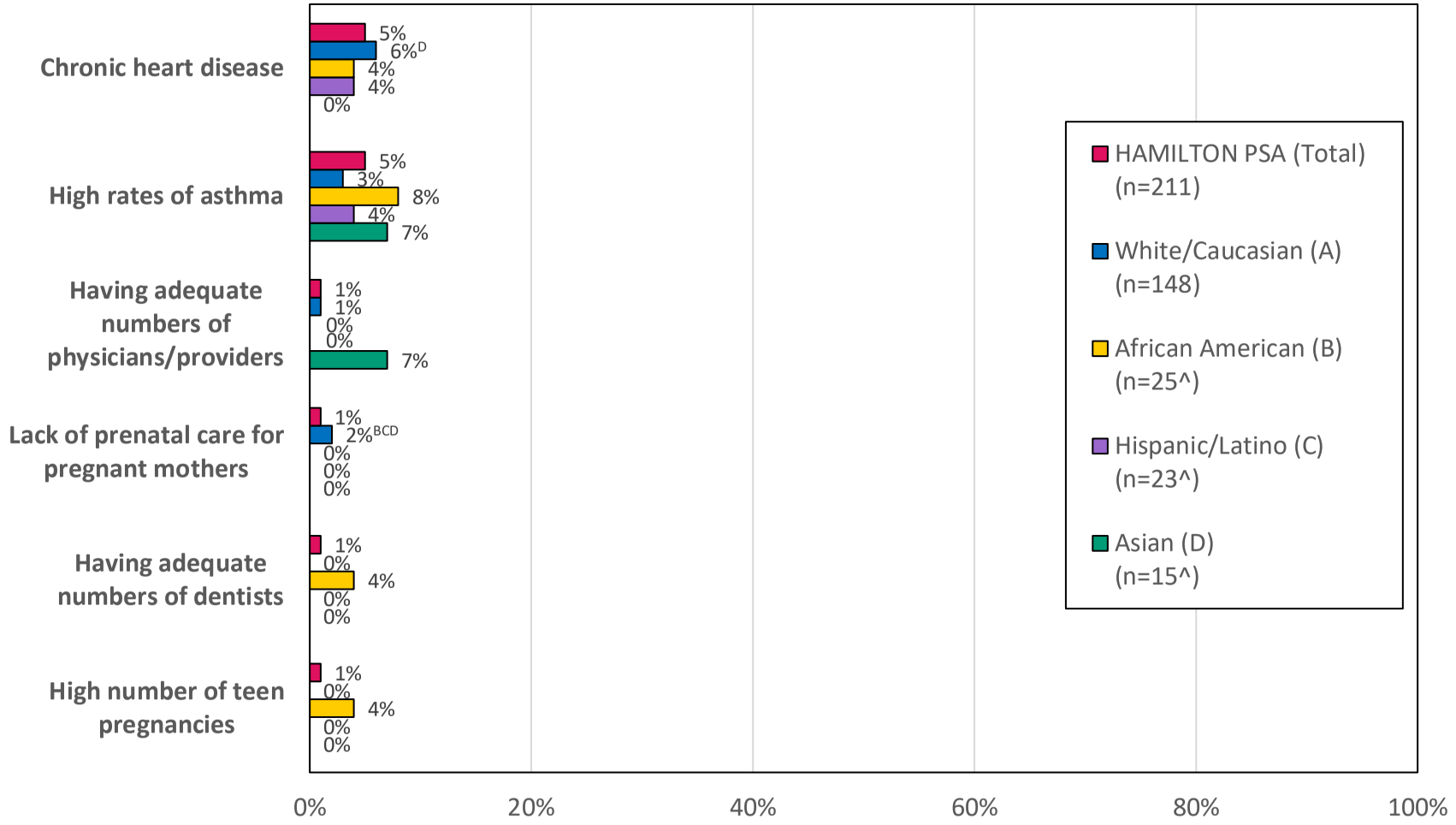
Top 3 Health Concerns in the Community by Race (continued)



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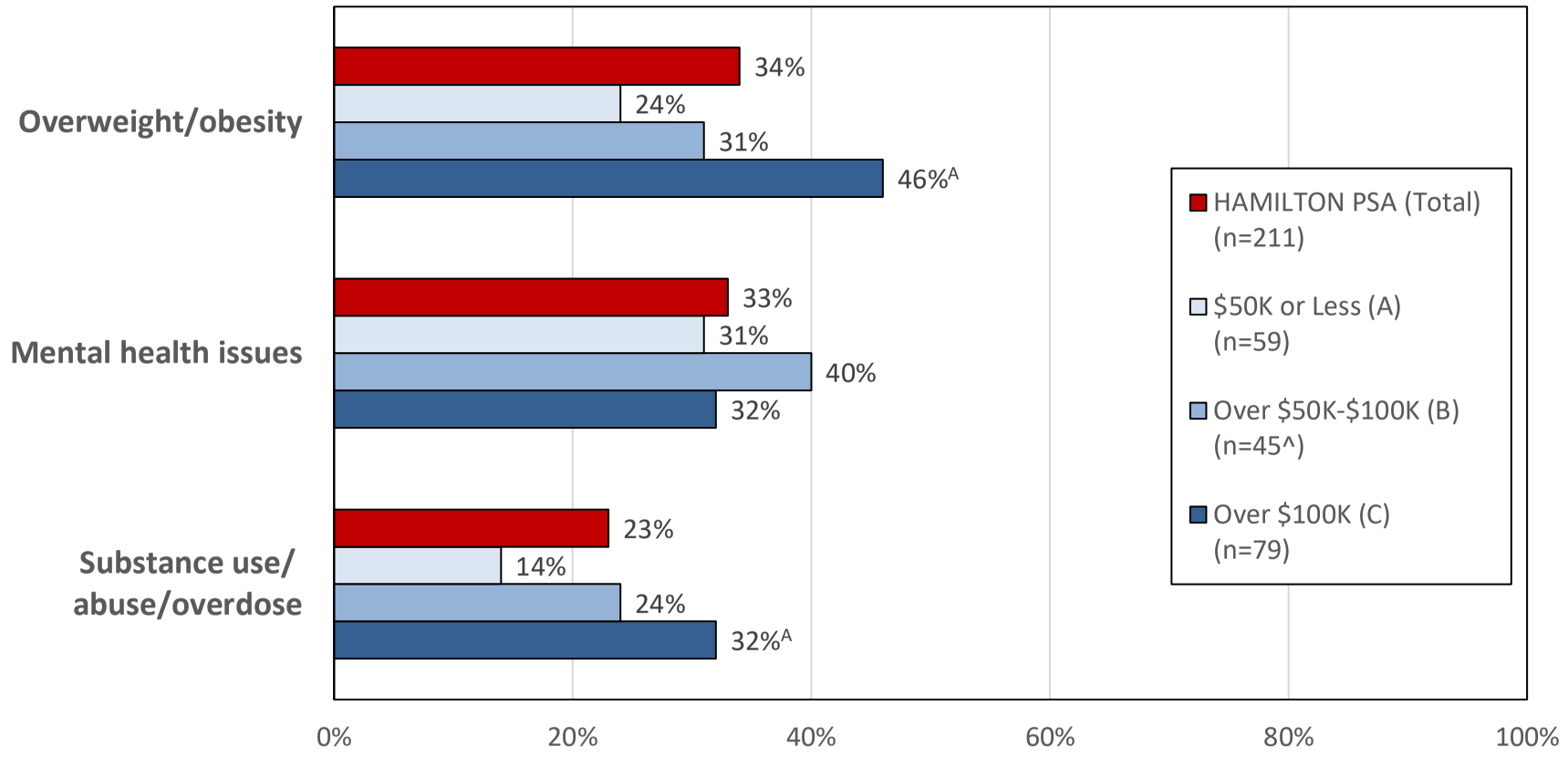
^Small base size.

Top 3 Health Concerns in the Community by Income Level

- Obesity and mental health issues are the leading concerns across all income groups.
- Lower income respondents are less concerned about substance abuse and more concerned about high-stress lifestyles, affordable housing and food insecurity.



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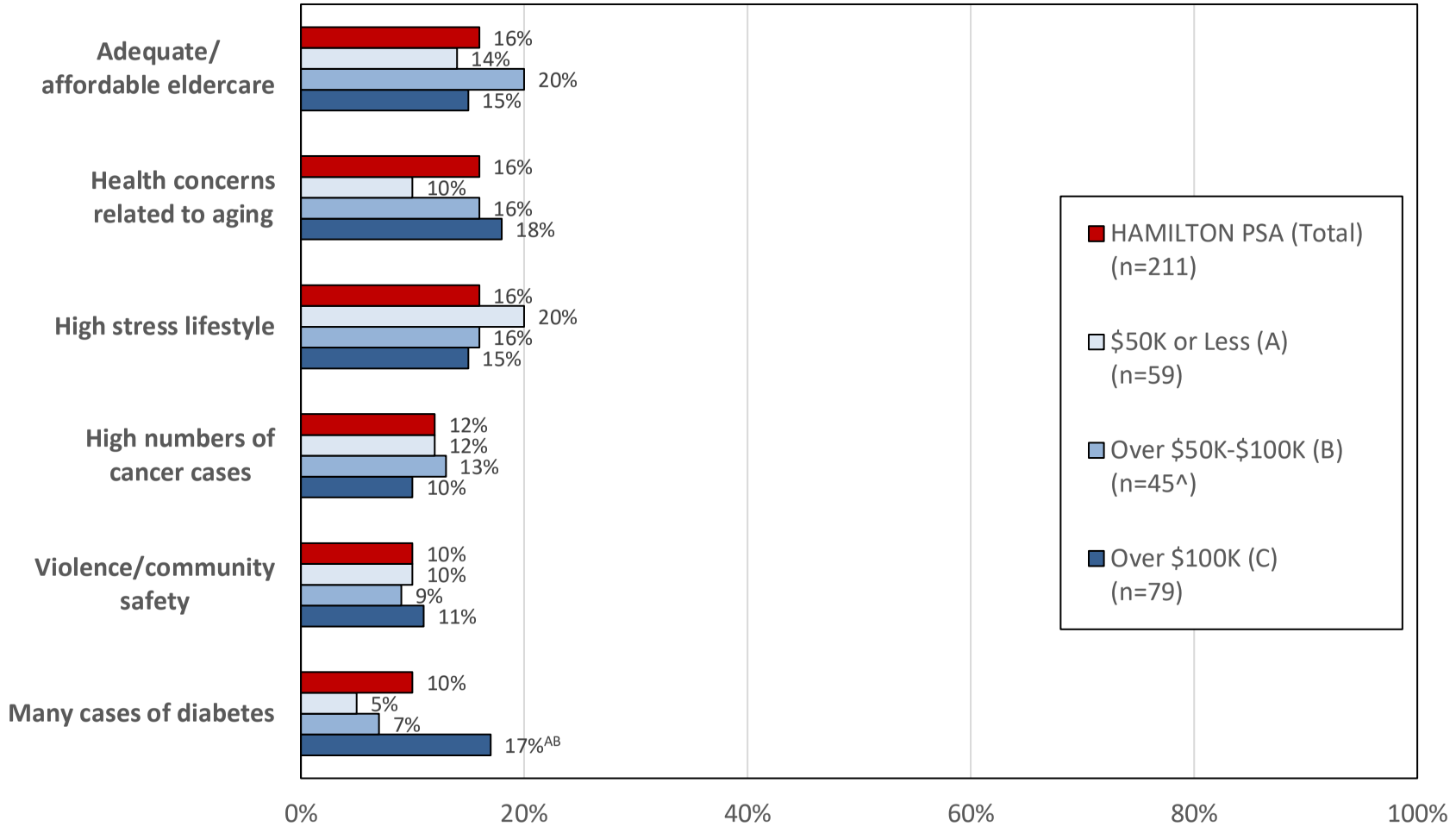
Top 3 Health Concerns in the Community by Income Level (continued)



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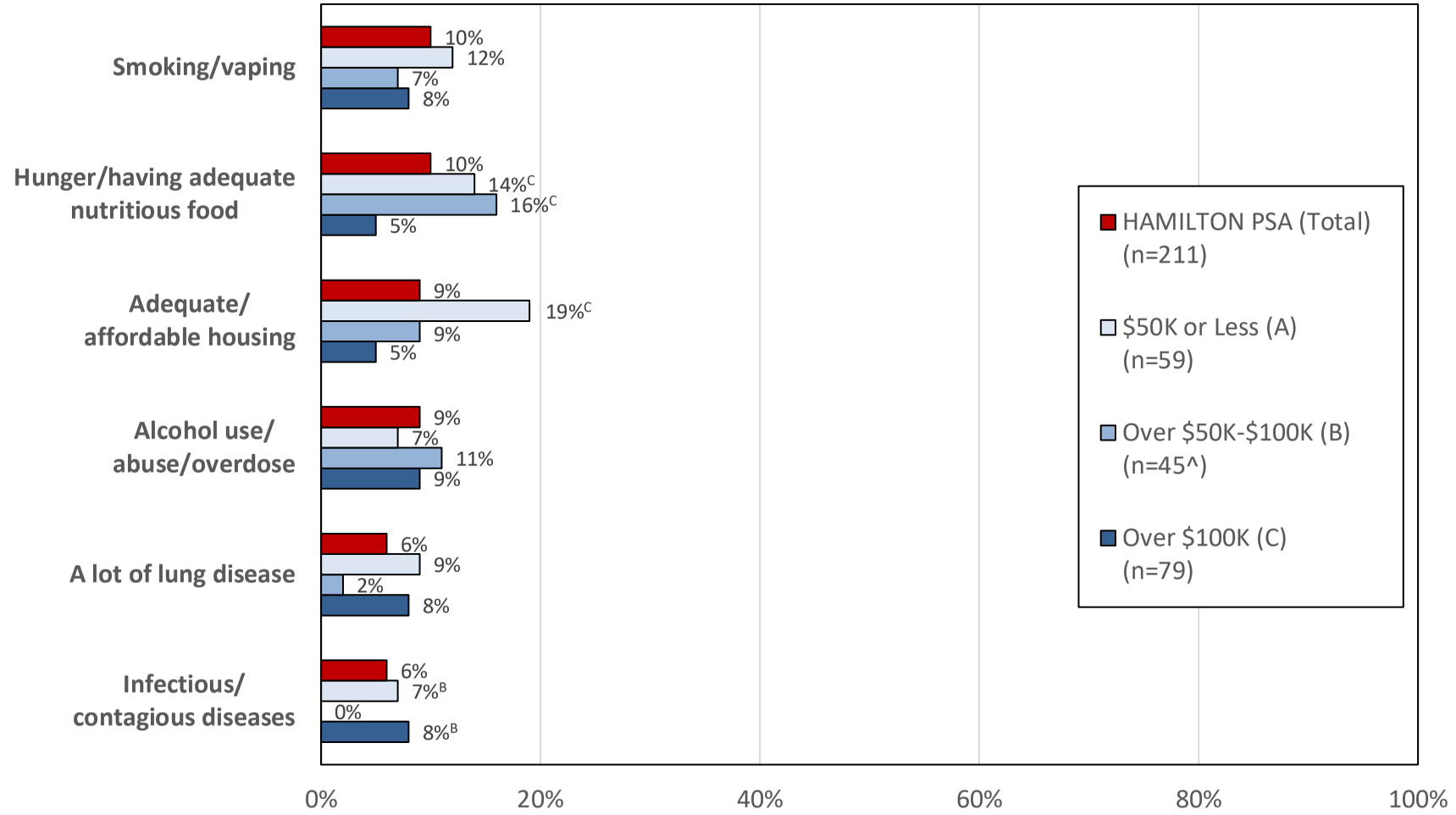
Top 3 Health Concerns in the Community by Income Level (continued)



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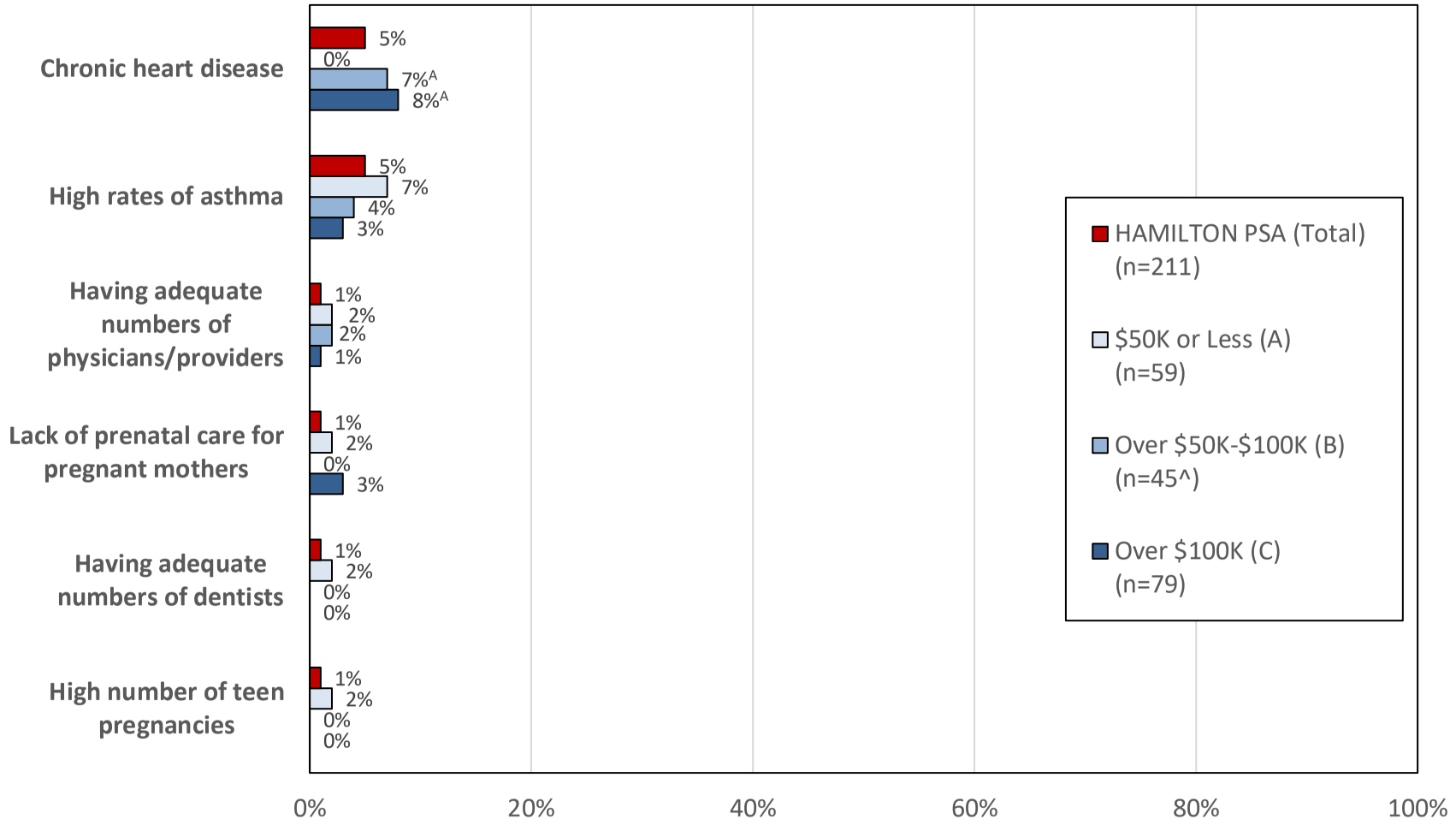

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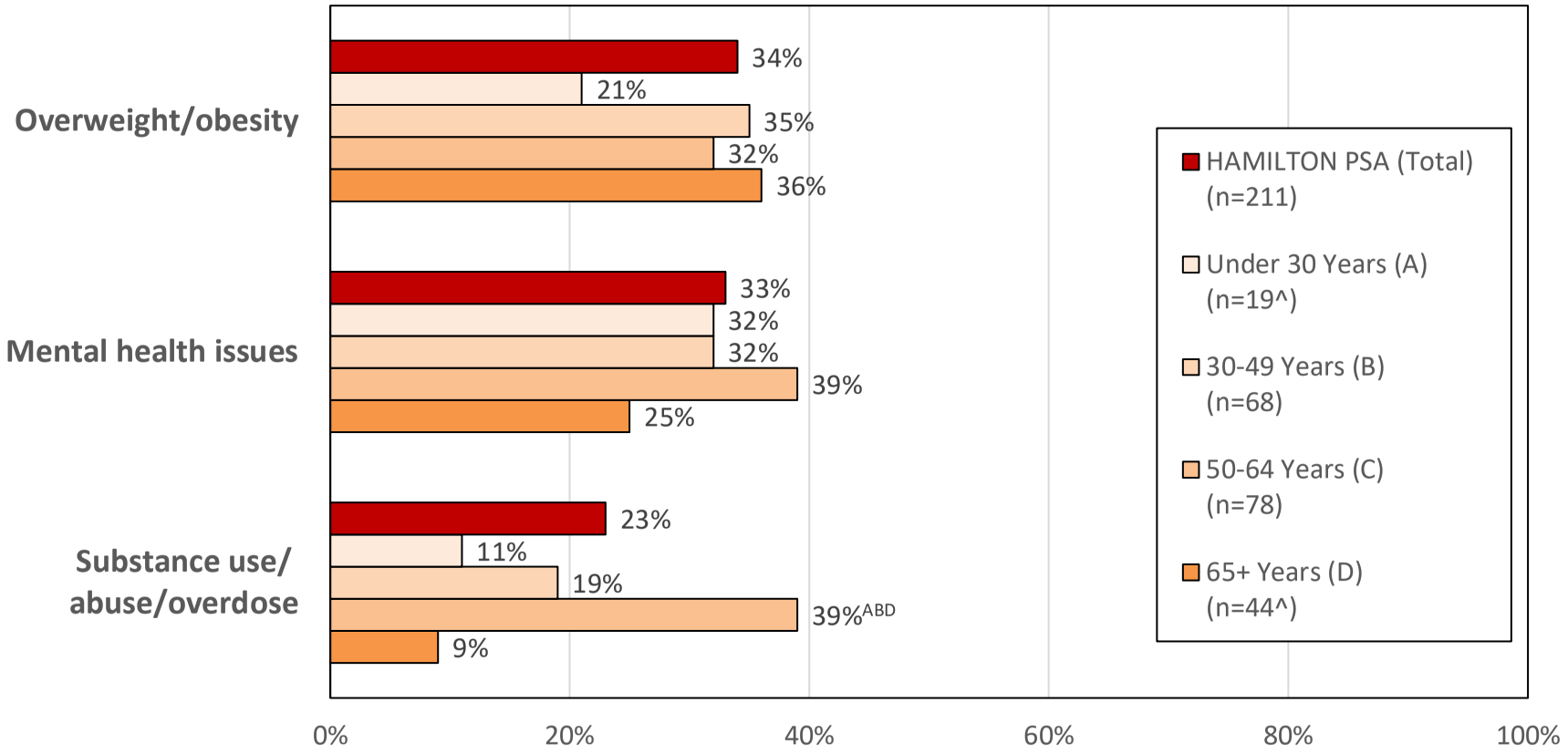
Top 3 Health Concerns in the Community by Age Group

- While obesity and mental health are top concerns for all ages, those 65 and older, not surprisingly, are more concerned about health issues related to aging, affordable eldercare and cancer.
- High stress lifestyle and affordable housing are issues that residents under 30 are more concerned about.



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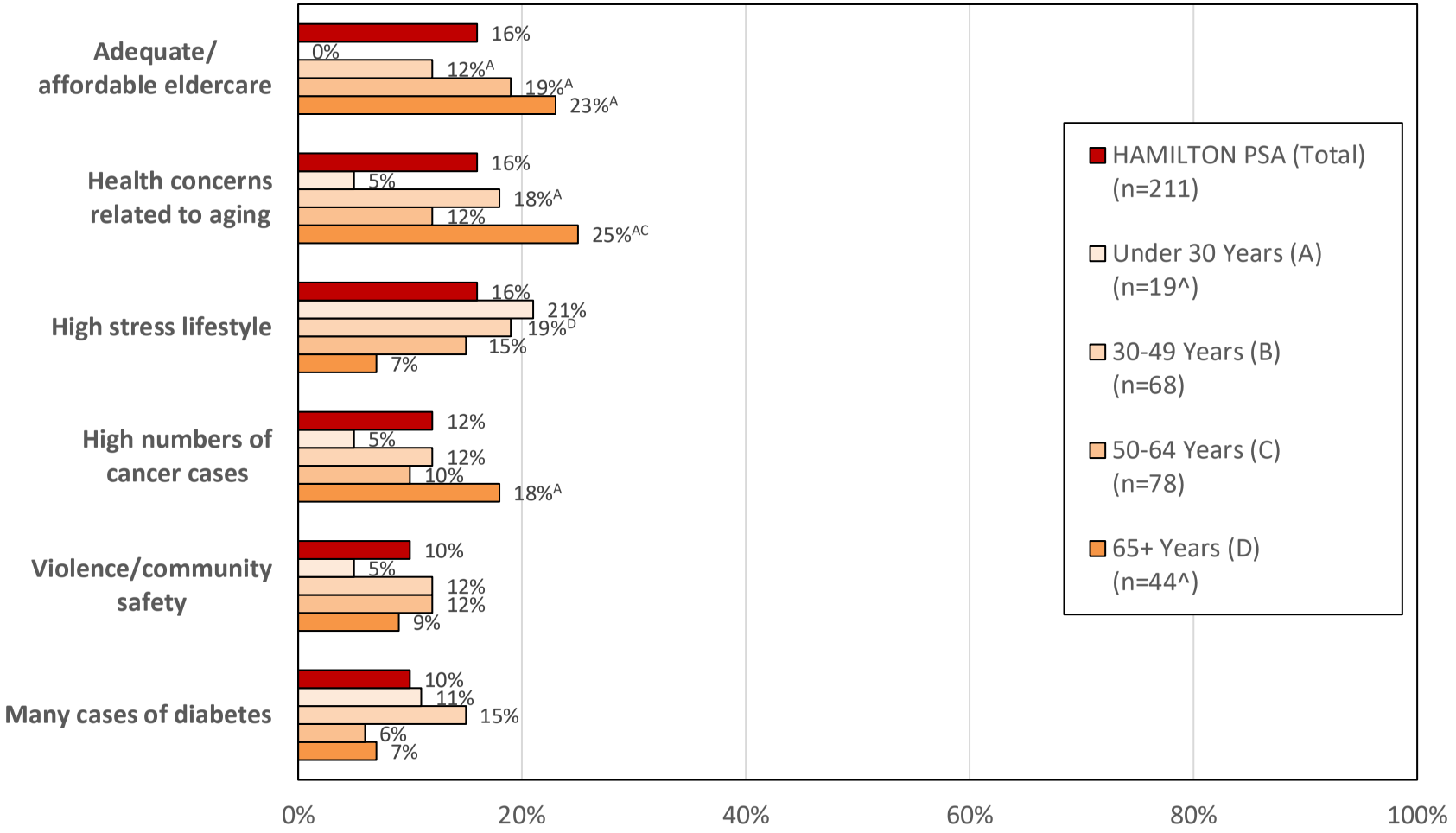

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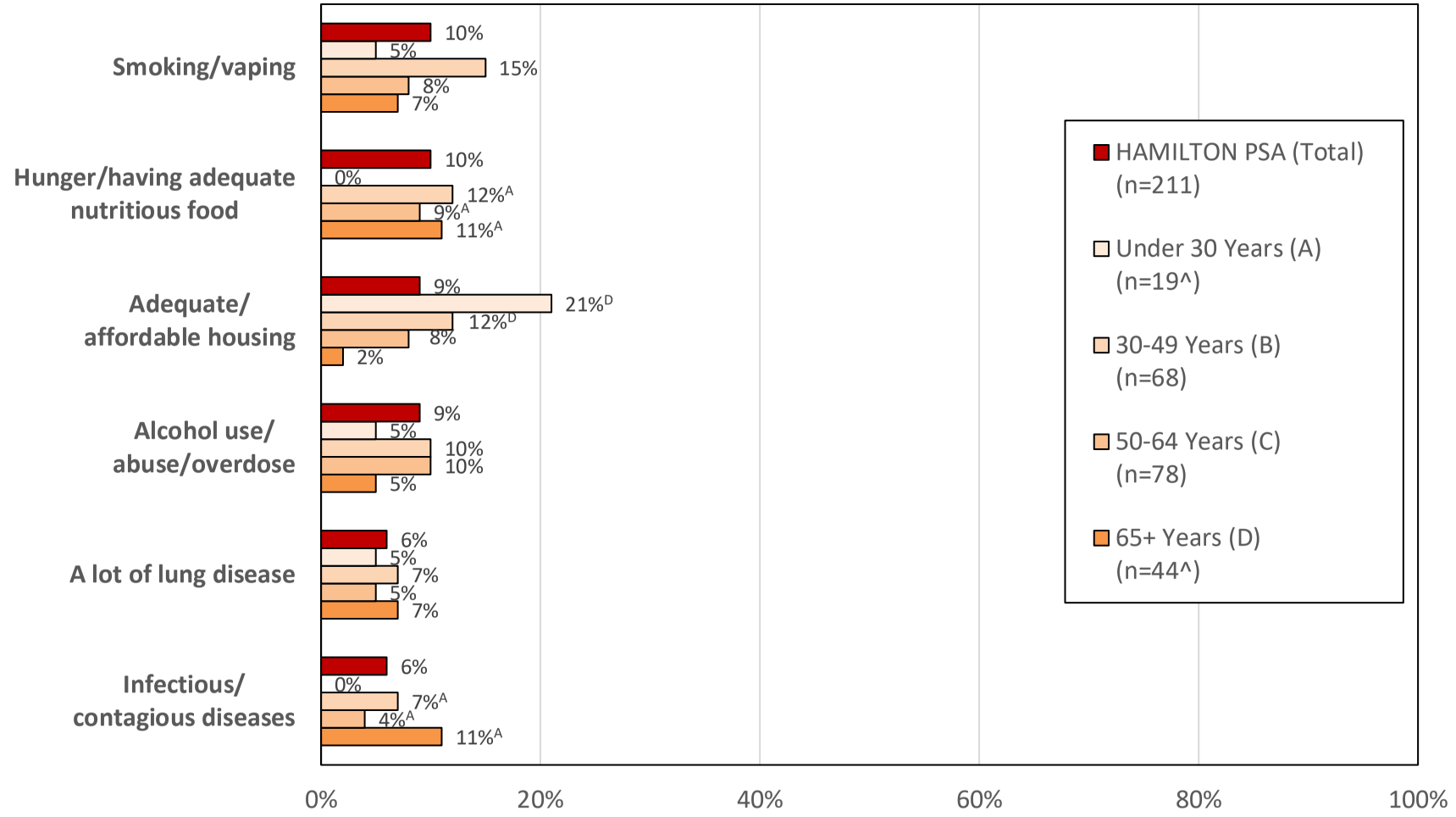

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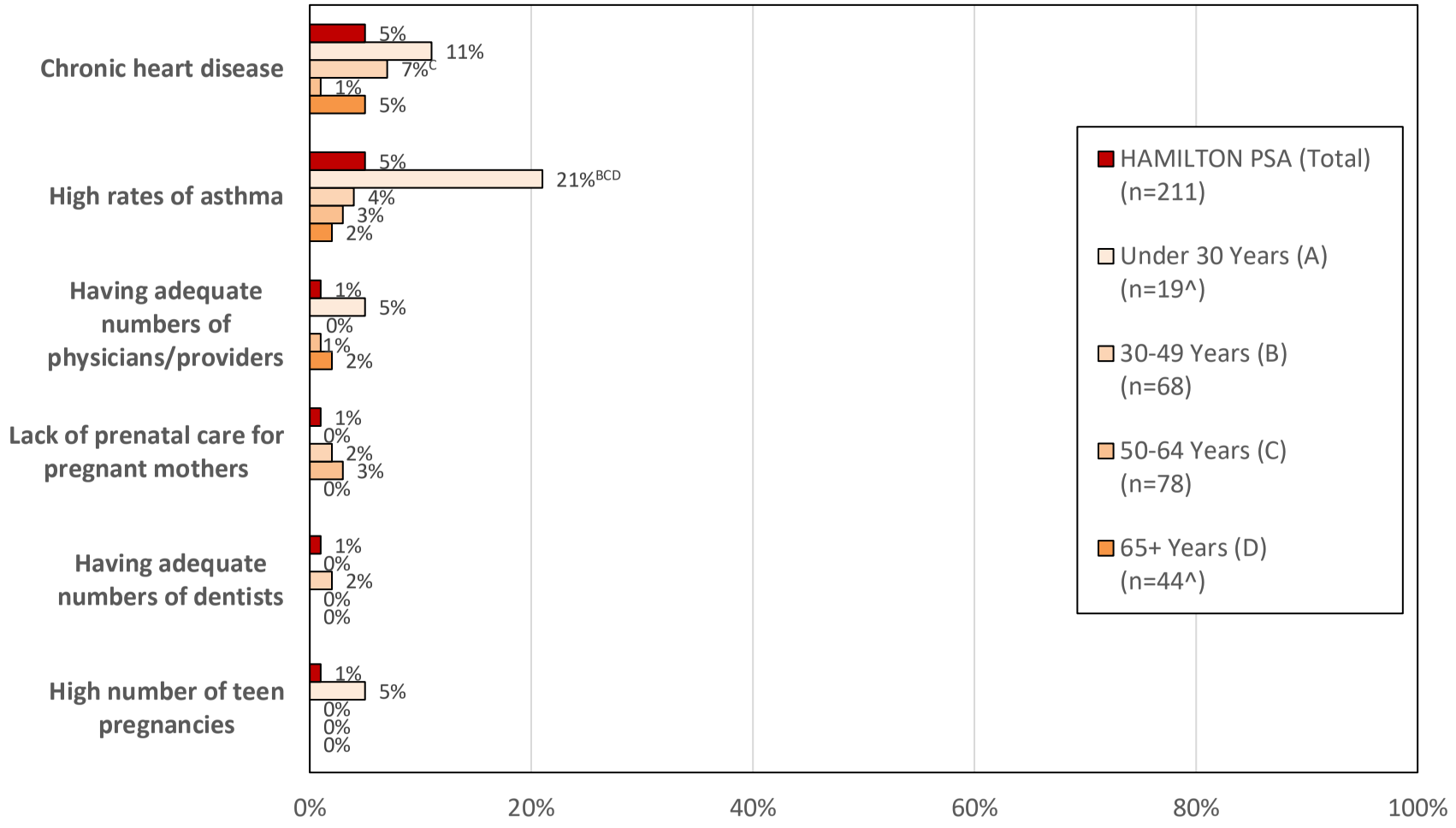

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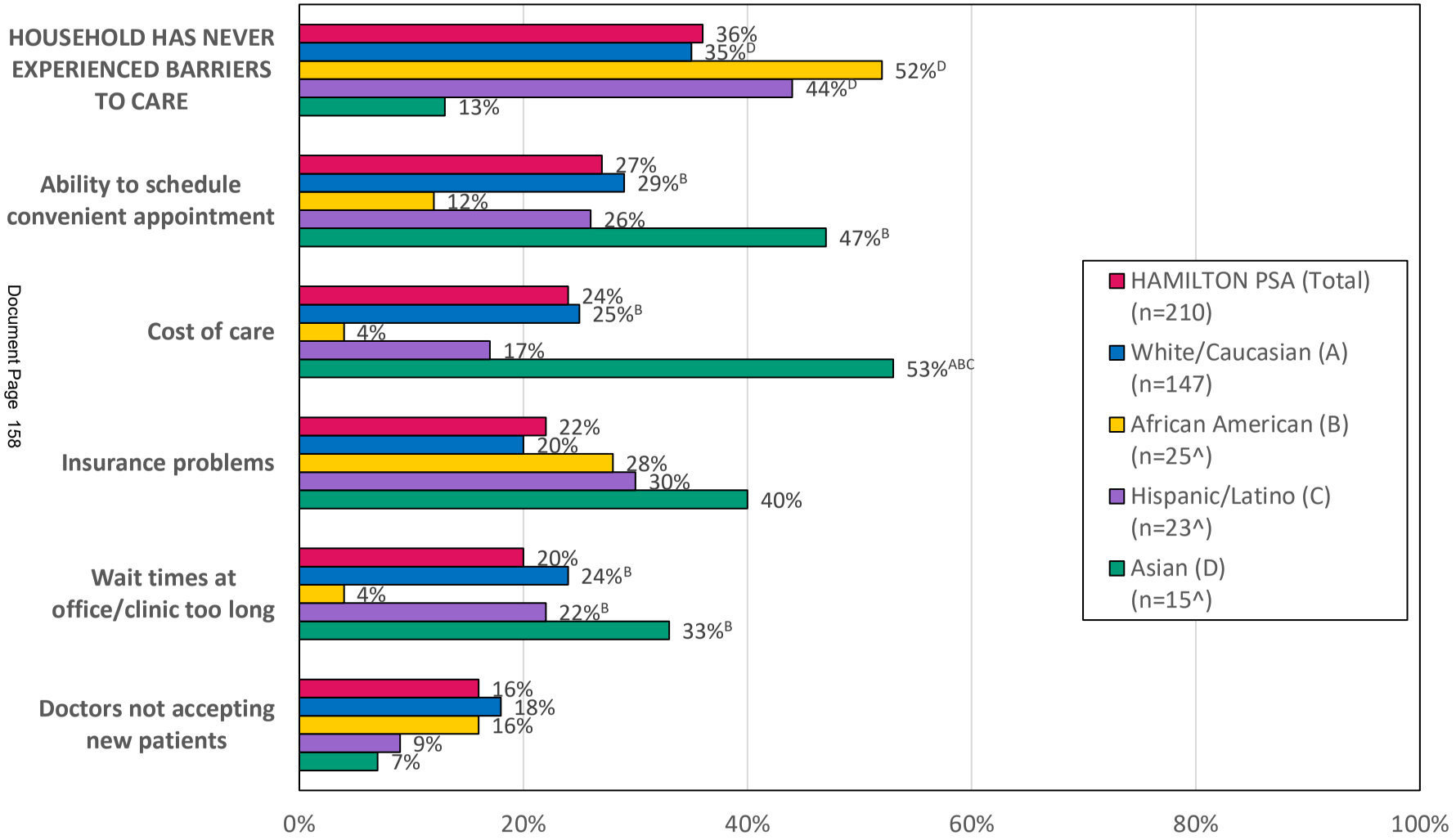
Barriers to Accessing Medical Care

RWJBarnabas HEALTH

bruno and ridgway

Barriers to Accessing Medical Treatment Over Last Few Years by Race

- About one-third of residents in the Hamilton PSA claim they have not experienced any barriers to medical treatment.
- Asians surveyed are more likely than other groups to have difficulty with cost of care, ability to schedule appointments and wait times.



Q.10 – Over the last few years, which, if any, of these issues made it difficult for you or a household family member, to get medical treatment or care when needed? *(Please check all that apply.)*
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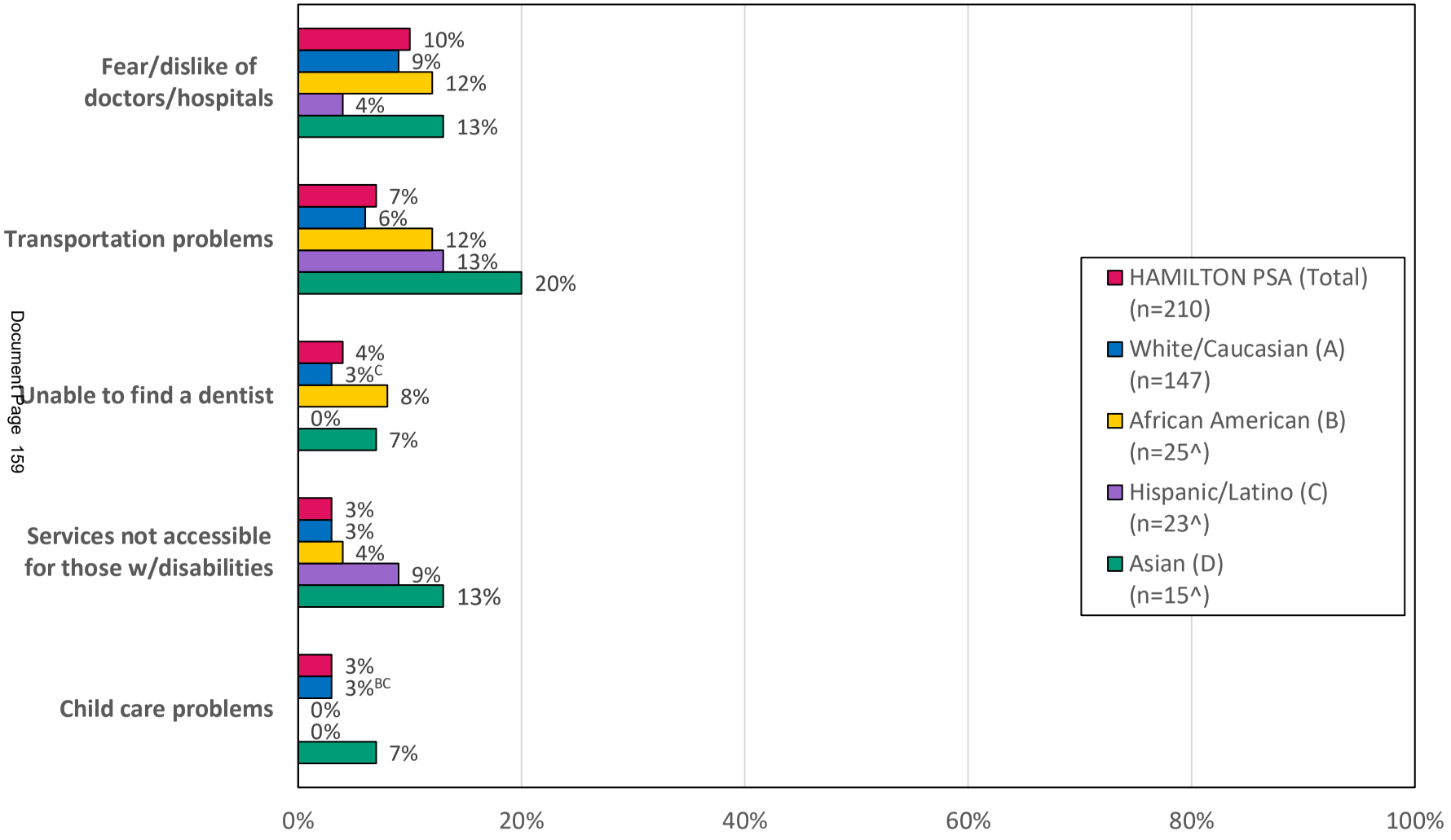
Barriers to Accessing Medical Treatment Over Last Few Years by Race (continued)



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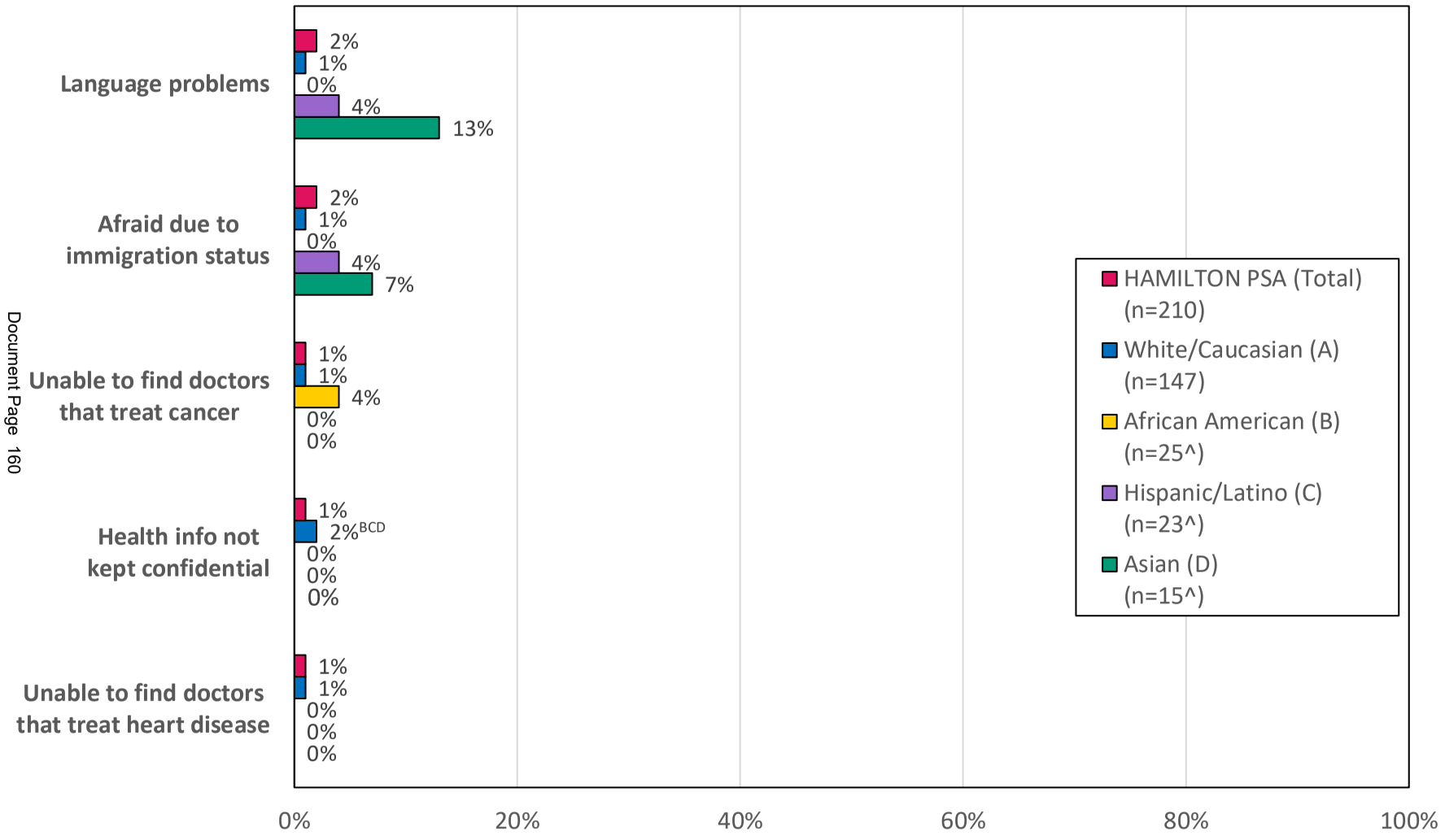

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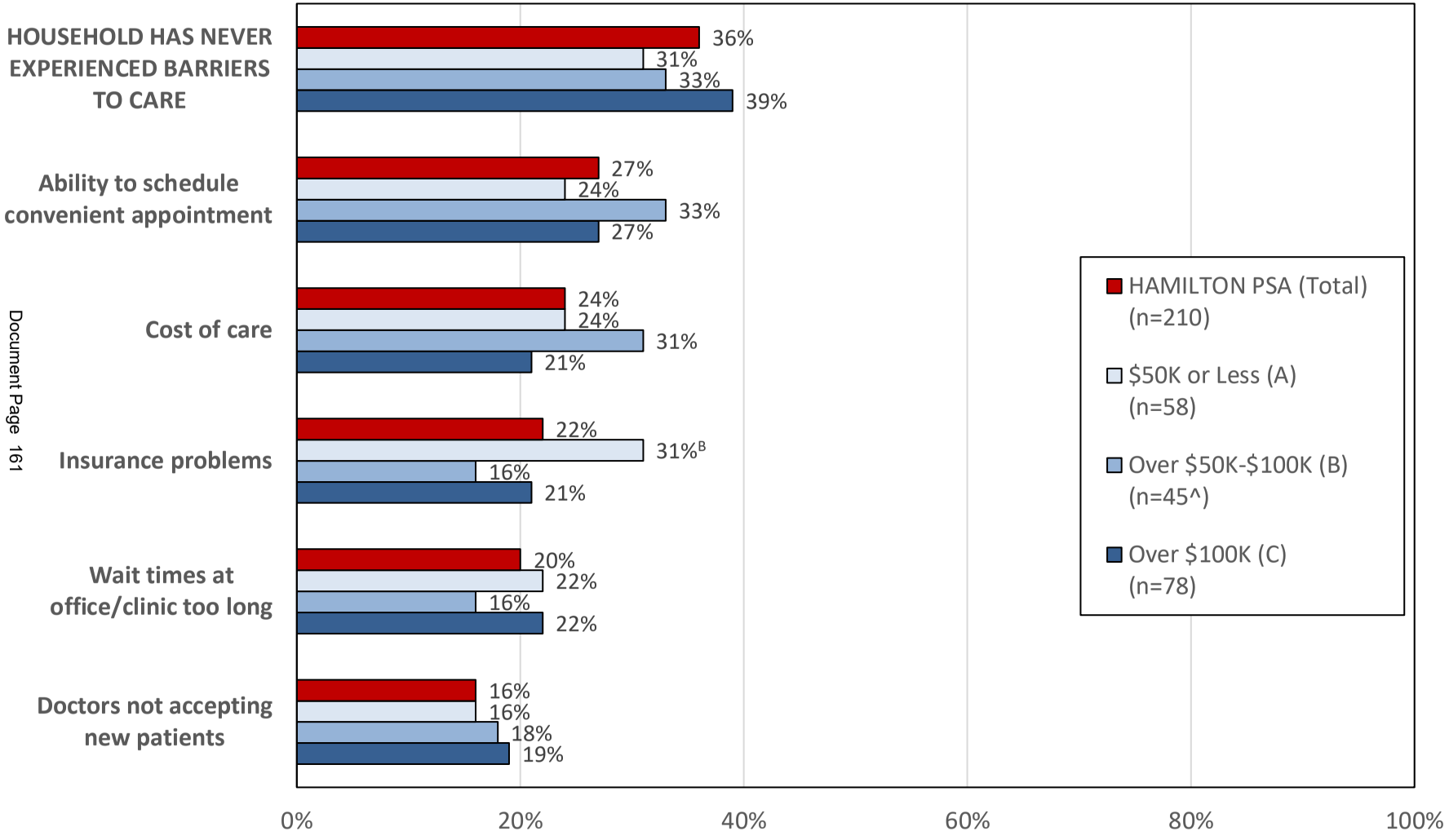
Barriers to Accessing Medical Treatment Over Last Few Years by Income Level

- Existence of barriers to medical care clearly has some relation to income level.
- Insurance problems are the largest barriers to low-income households, while scheduling, wait times and doctors not seeing new patients are more universal issues, independent of income level.



Document Page 161

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RWJBarnabas HEALTH

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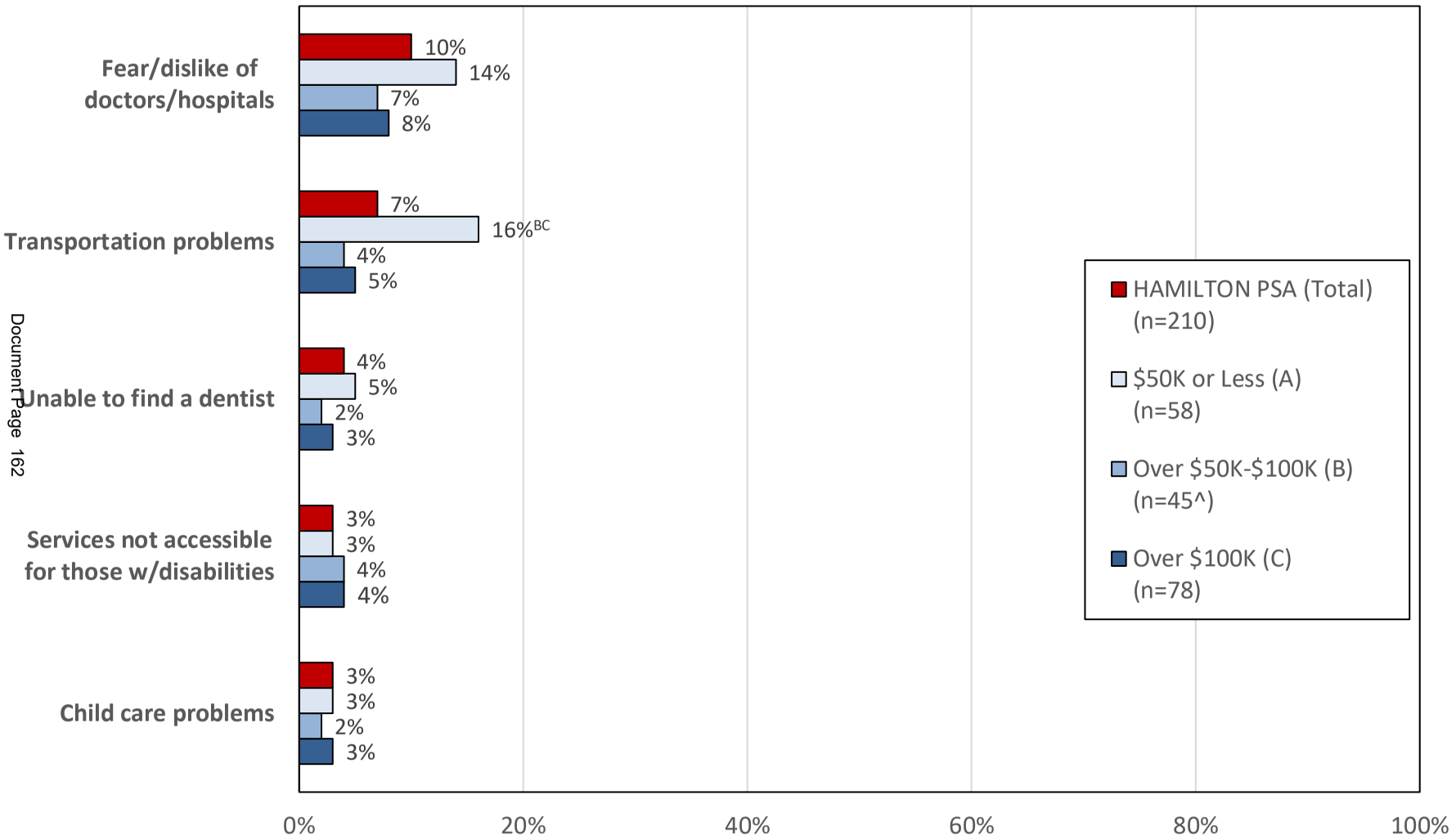
Barriers to Accessing Medical Treatment Over Last Few Years by Income Level (continued)

- Transportation problems are more likely to be experienced by lower income households.



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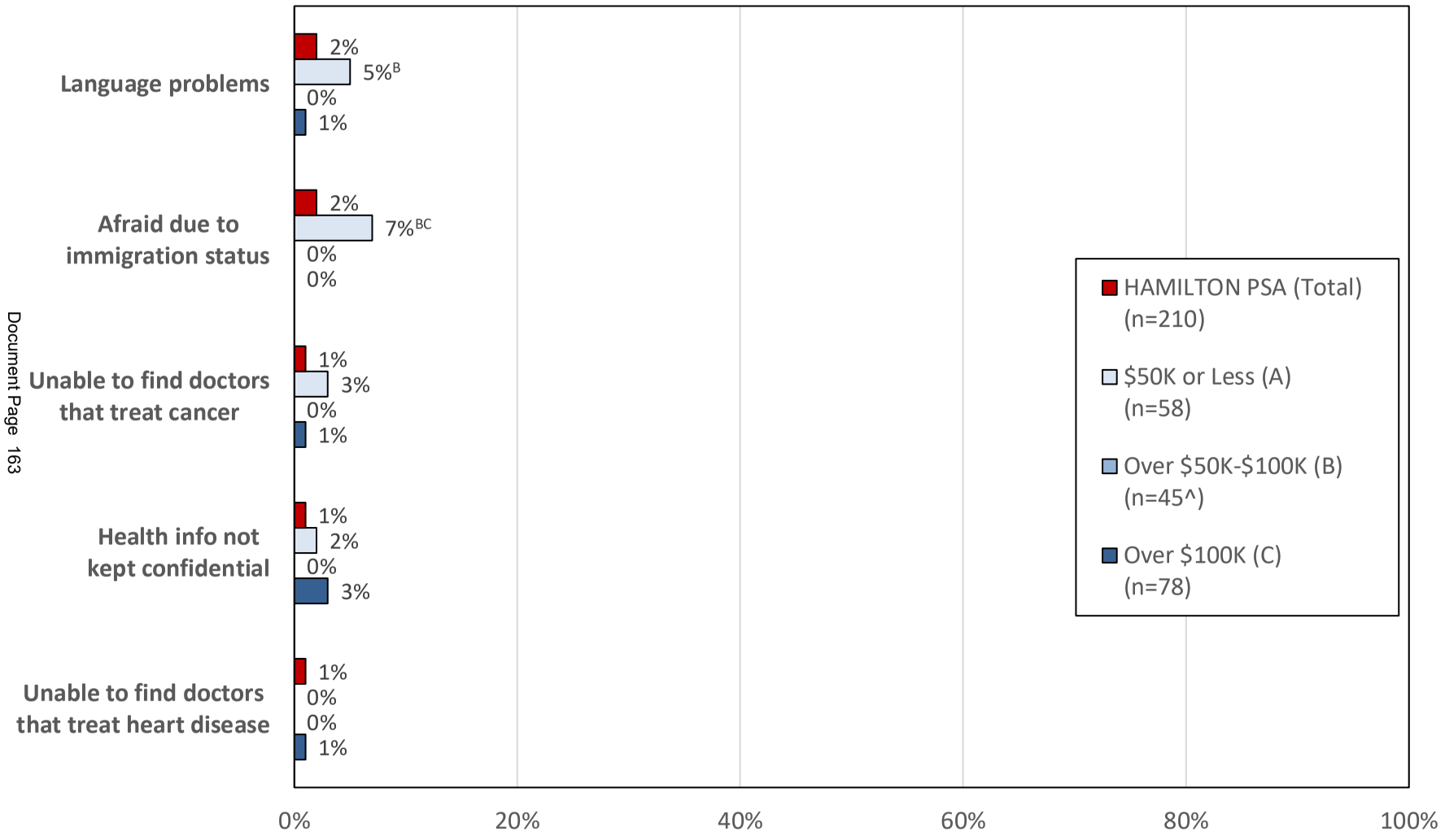

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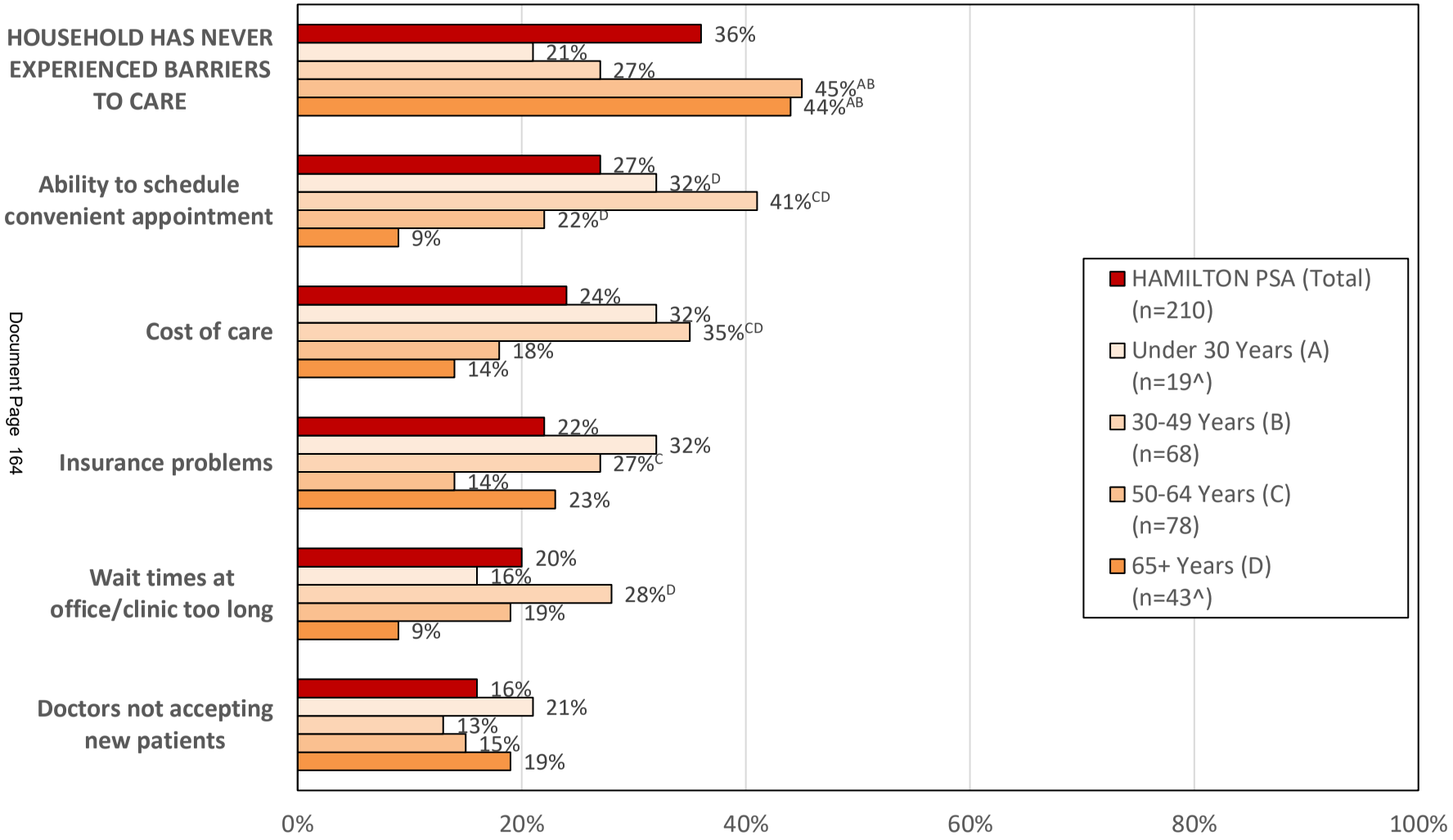
Barriers to Accessing Medical Treatment Over Last Few Years by Age Group

- Residents 50 and older are least likely to report barriers to medical care in their household.
- Scheduling, cost of care and insurance problems are the biggest barriers for those in the younger age groups.



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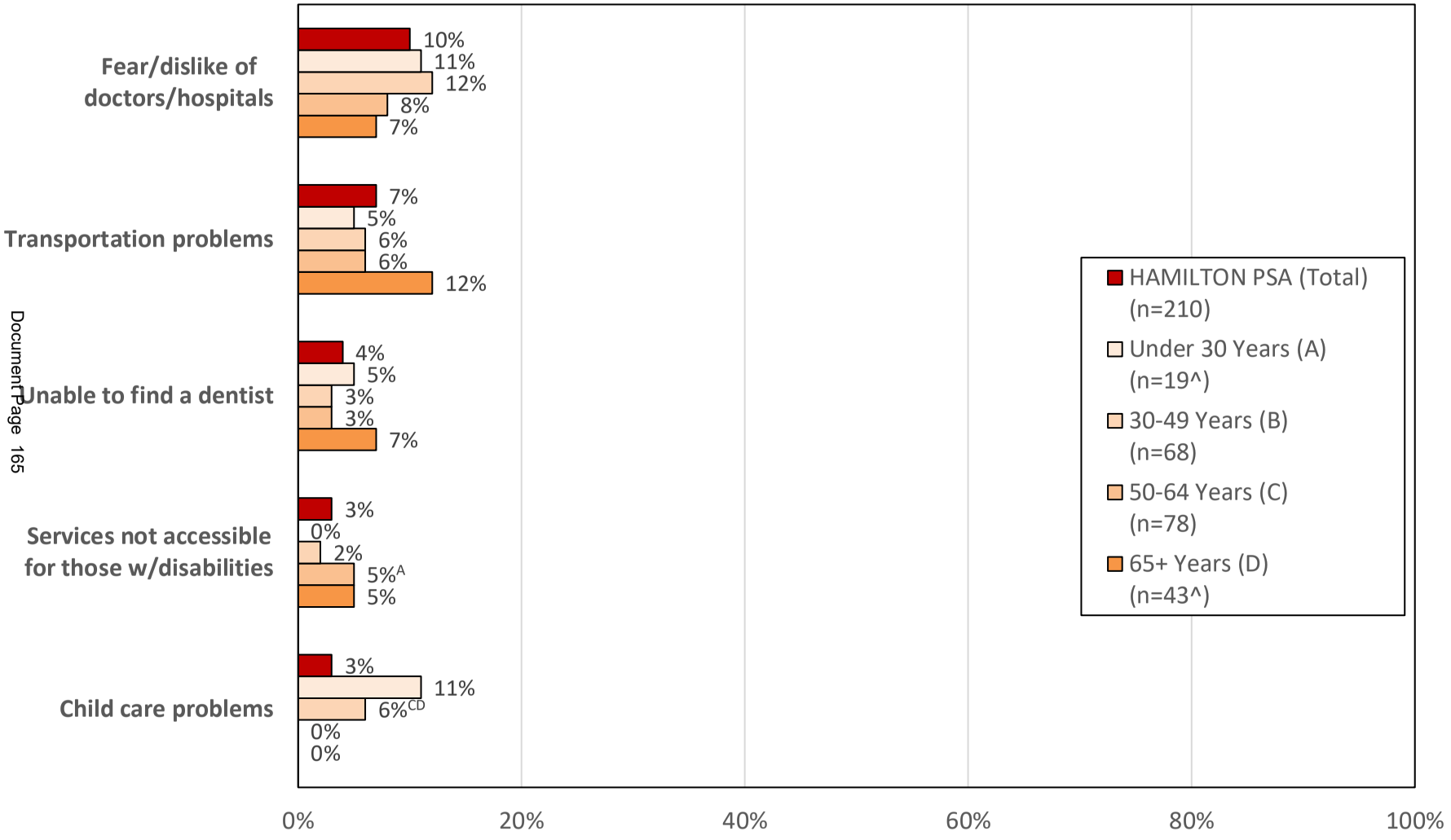

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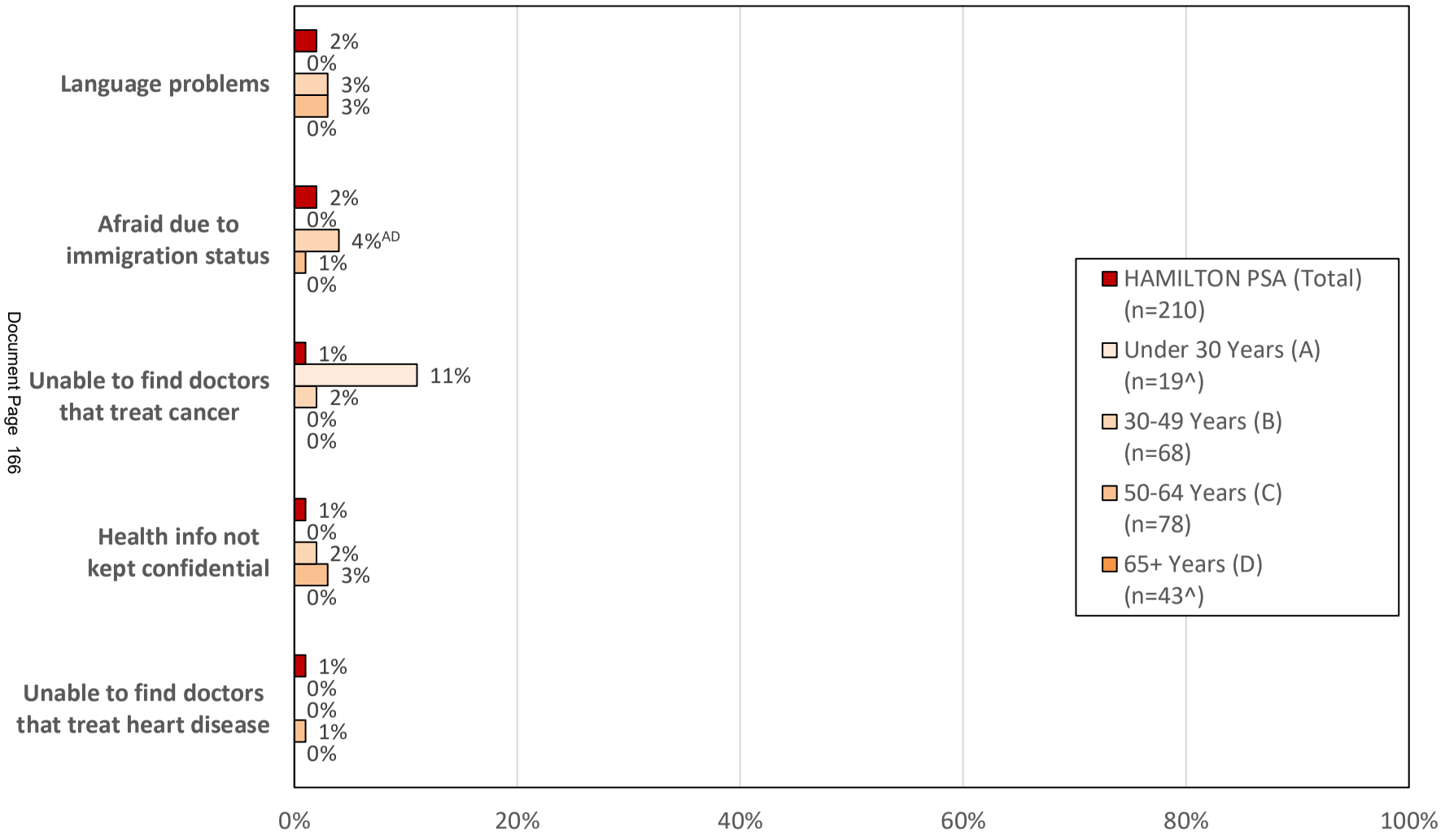

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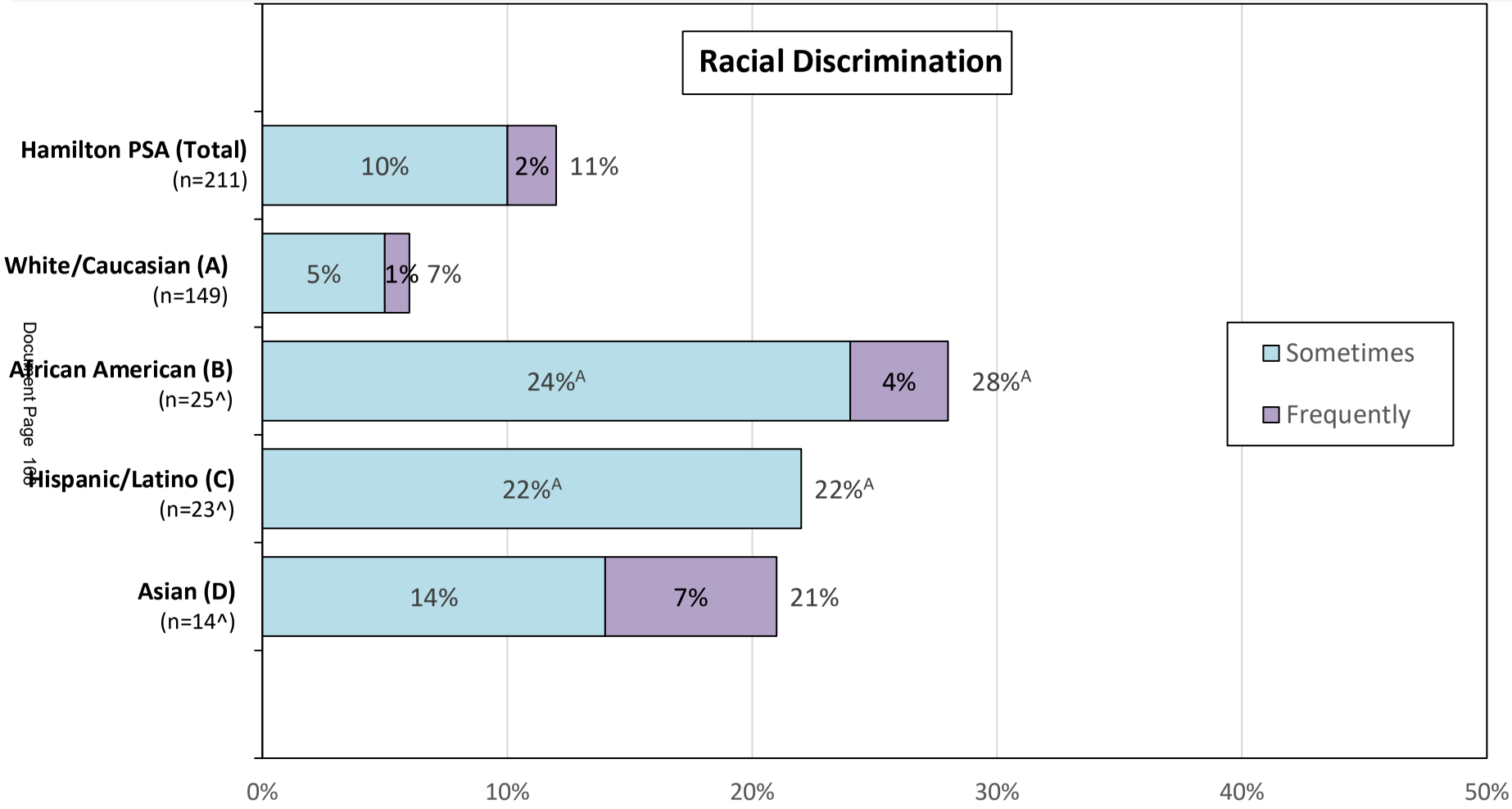
Perceived Discrimination When Receiving Medical Care

Discrimination Experienced When Receiving Medical Care

- More than 2 in 10 non-white residents surveyed have experienced some degree of racial discrimination when receiving medical care.



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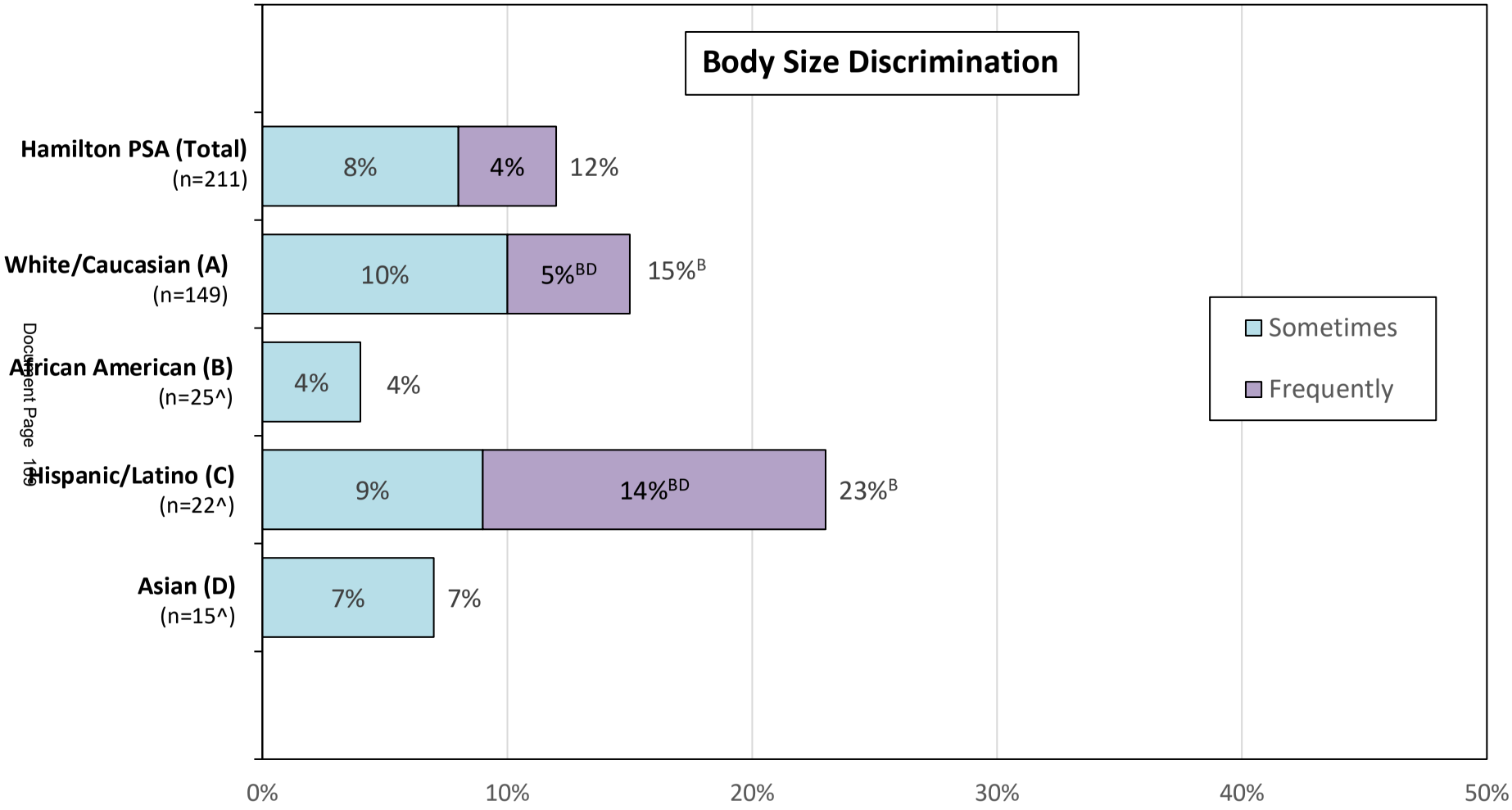
Document Page 108

Discrimination Experienced When Receiving Medical Care



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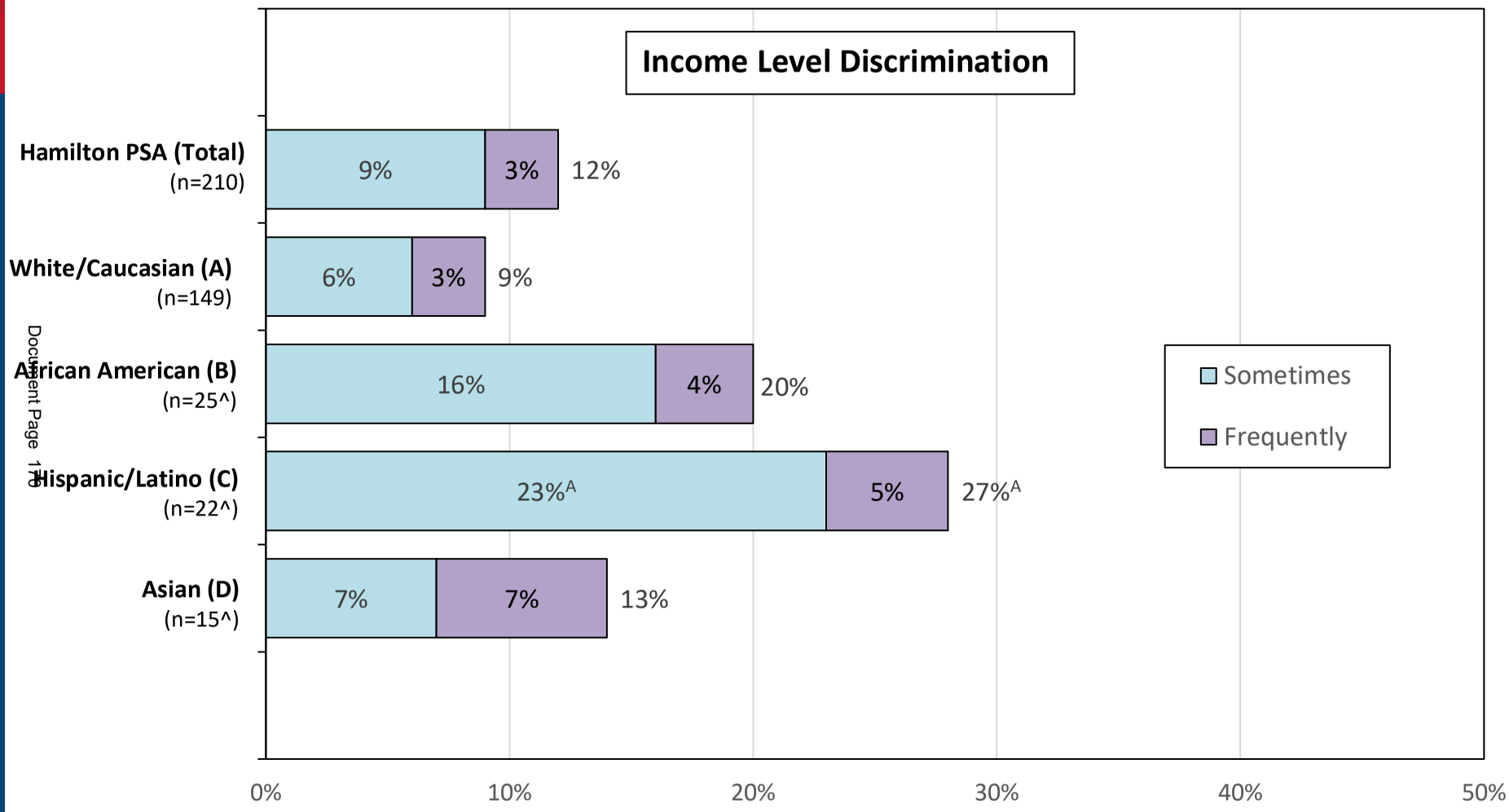
Discrimination Experienced When Receiving Medical Care



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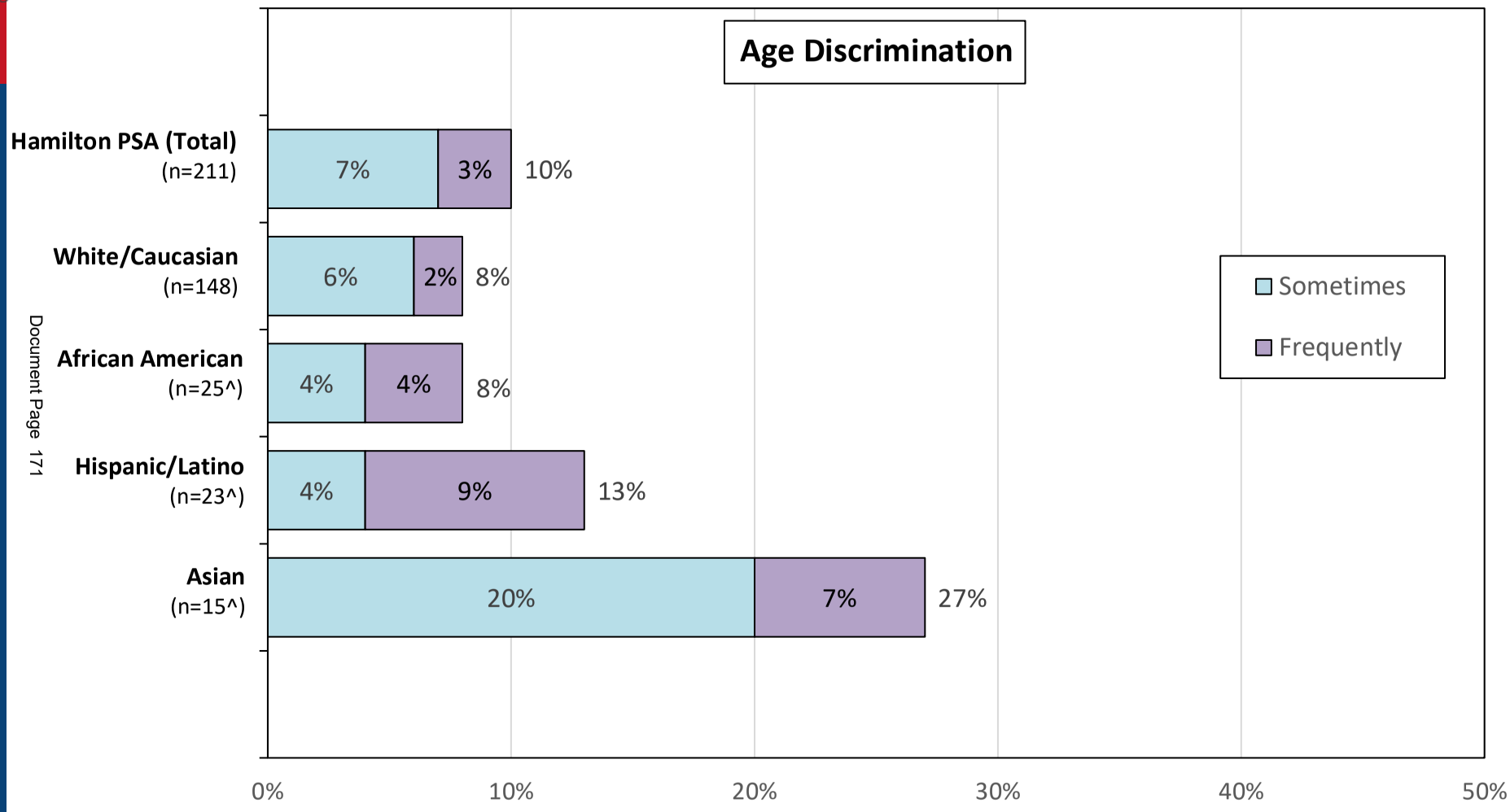
Discrimination Experienced When Receiving Medical Care



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RWJBarnabas HEALTH

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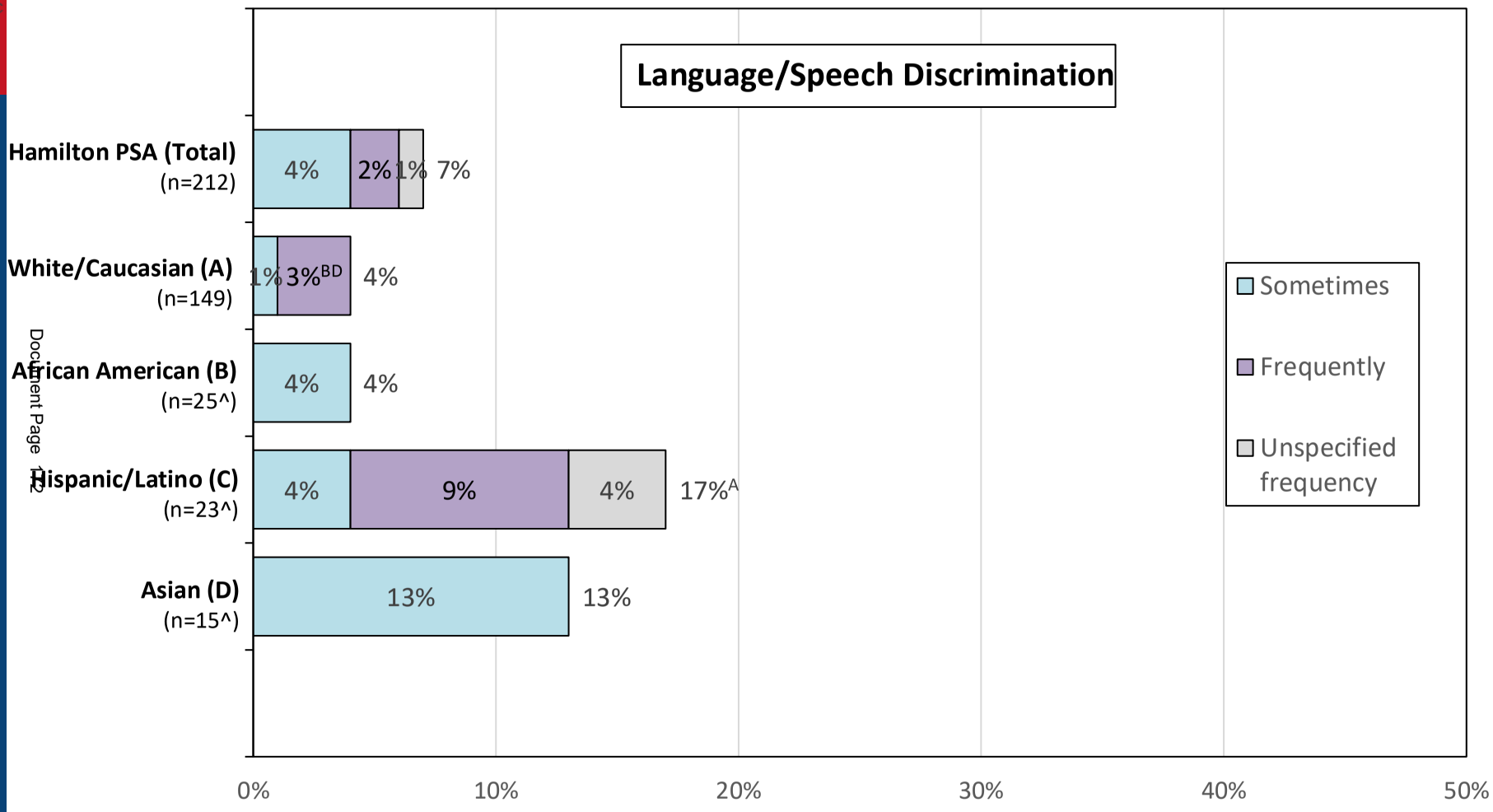
Discrimination Experienced When Receiving Medical Care by Race

- Fewer than 2 in 10 Hispanics report language discrimination.



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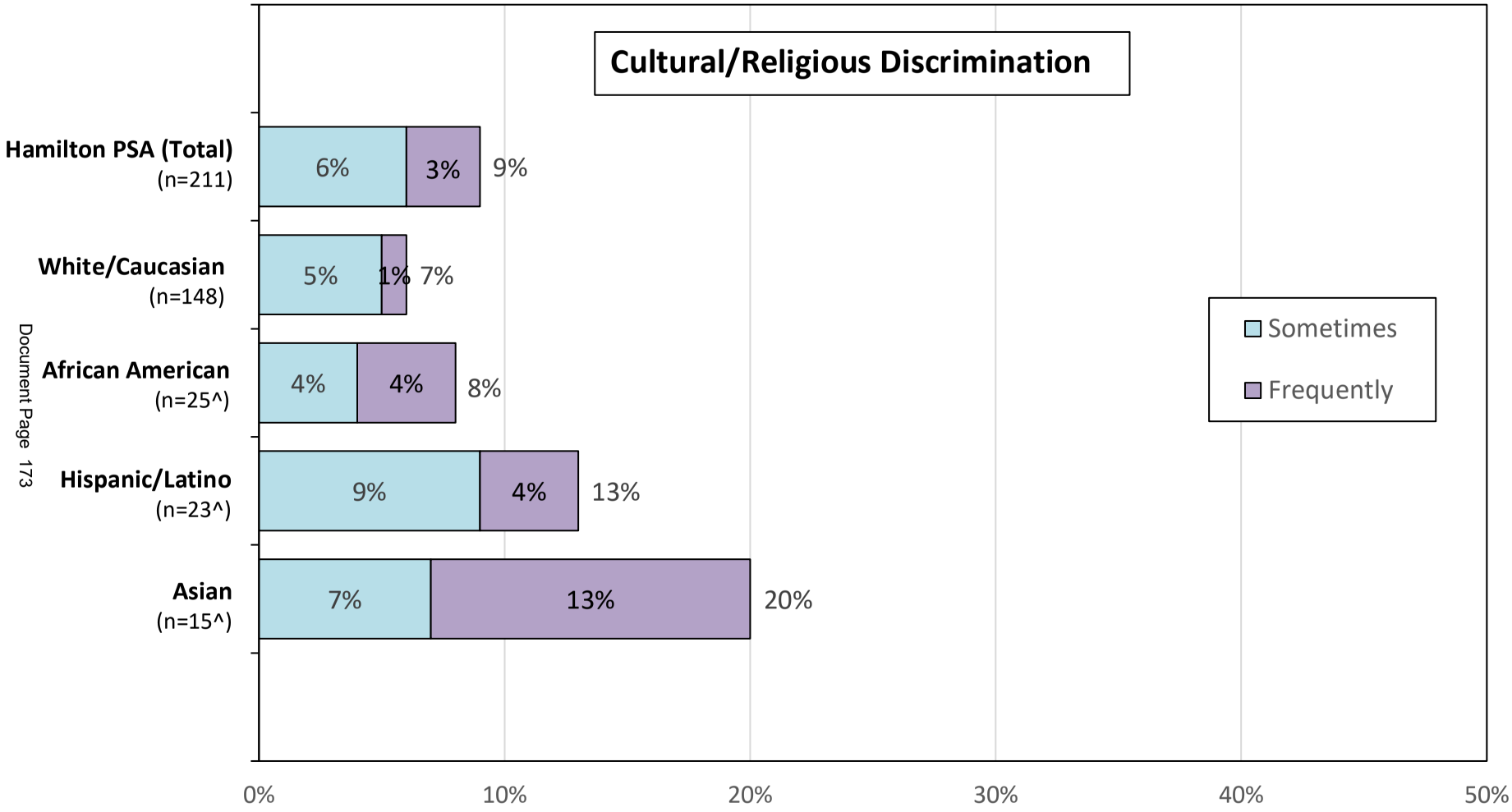

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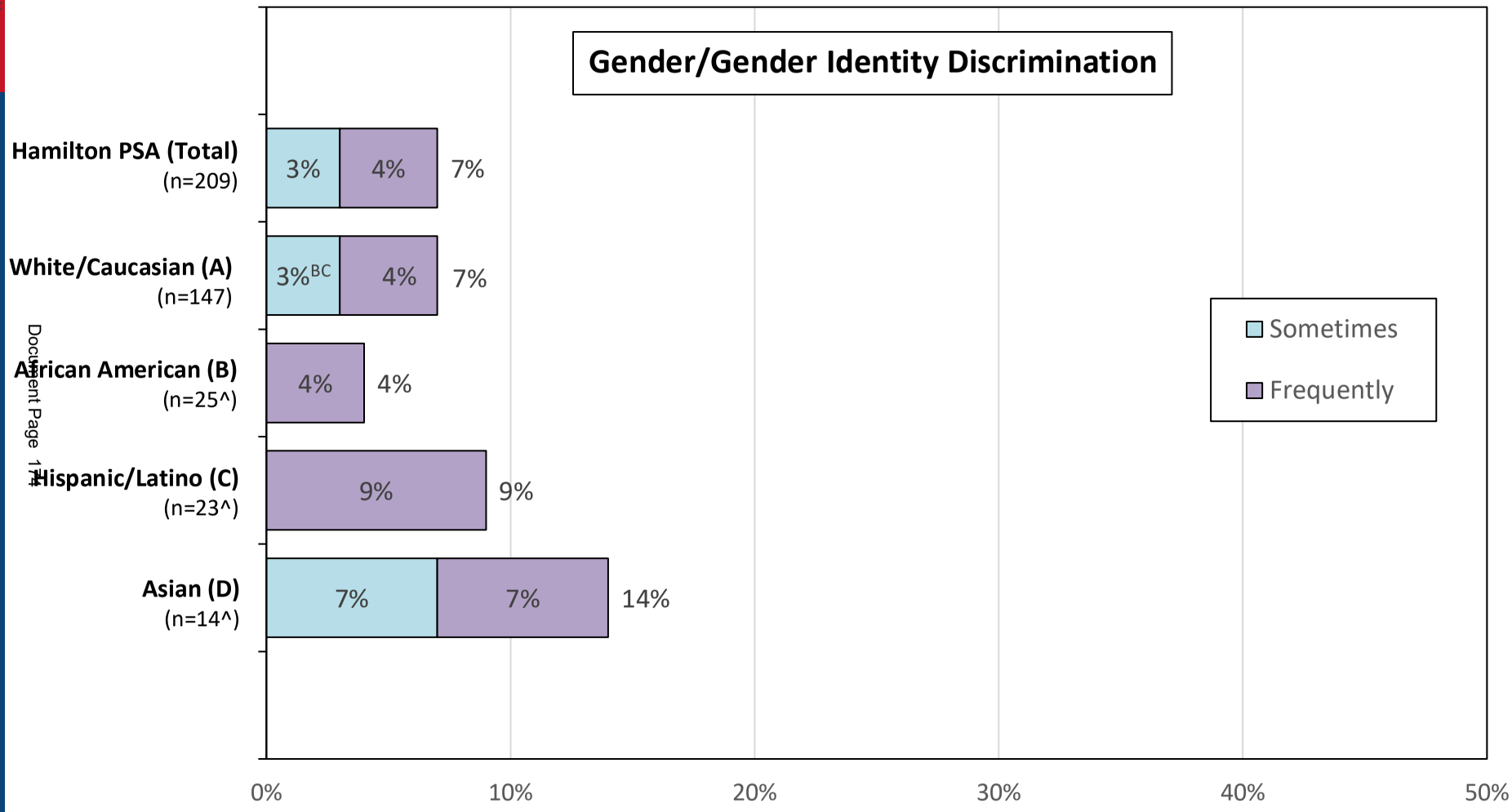

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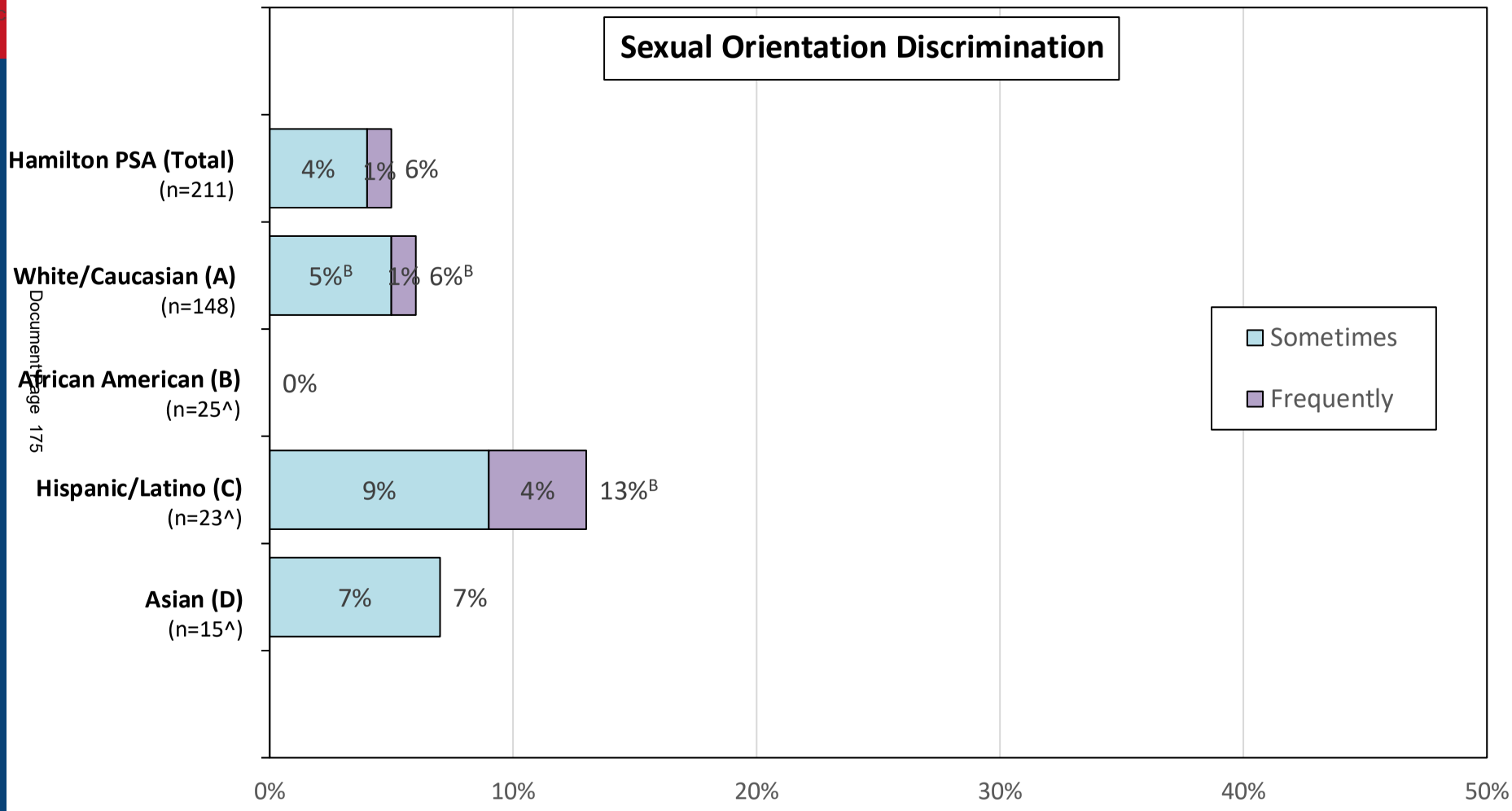
Discrimination Experienced When Receiving Medical Care

- Discrimination based on sexual orientation is more prevalent among Hispanic respondents.



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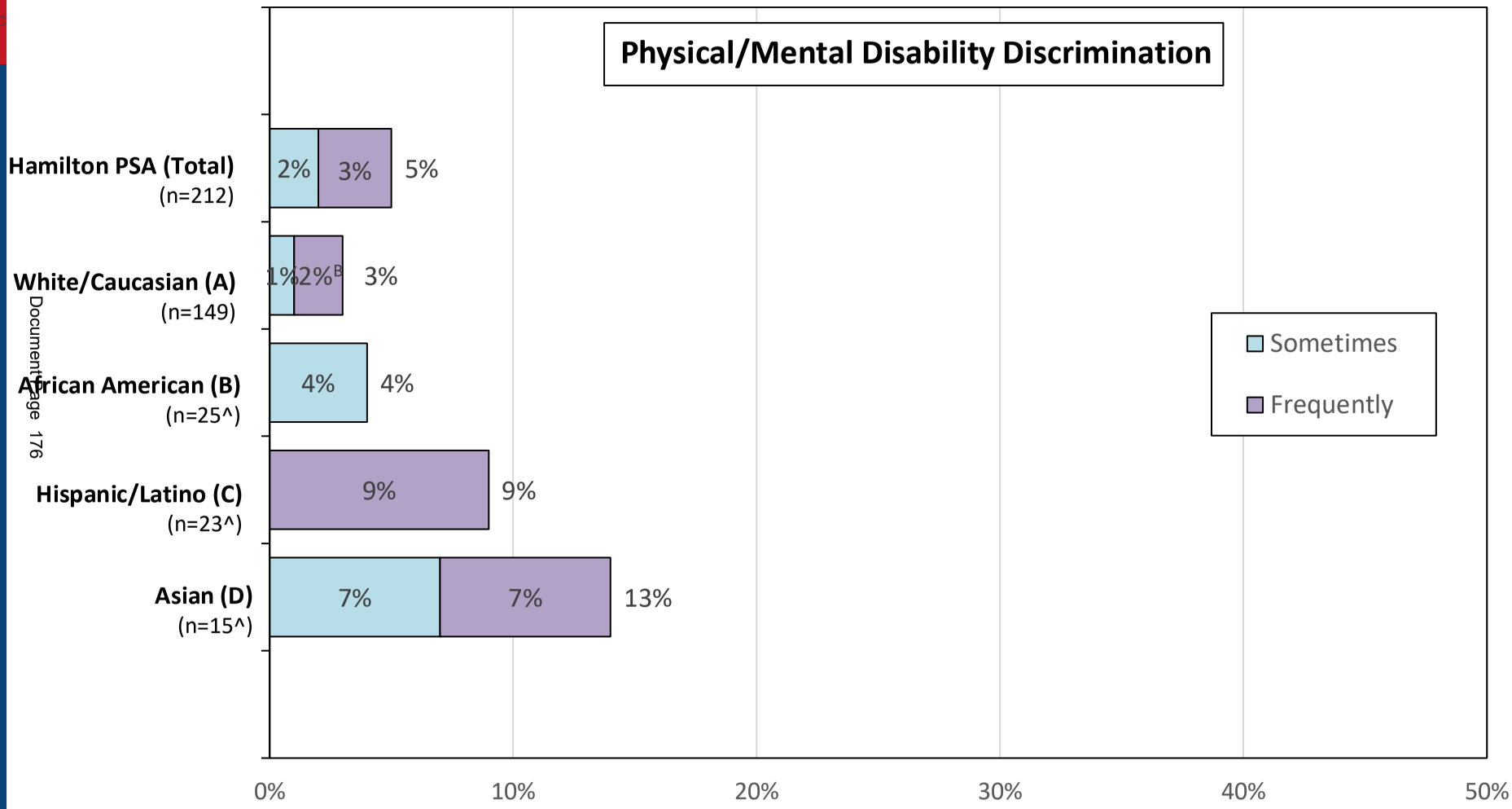

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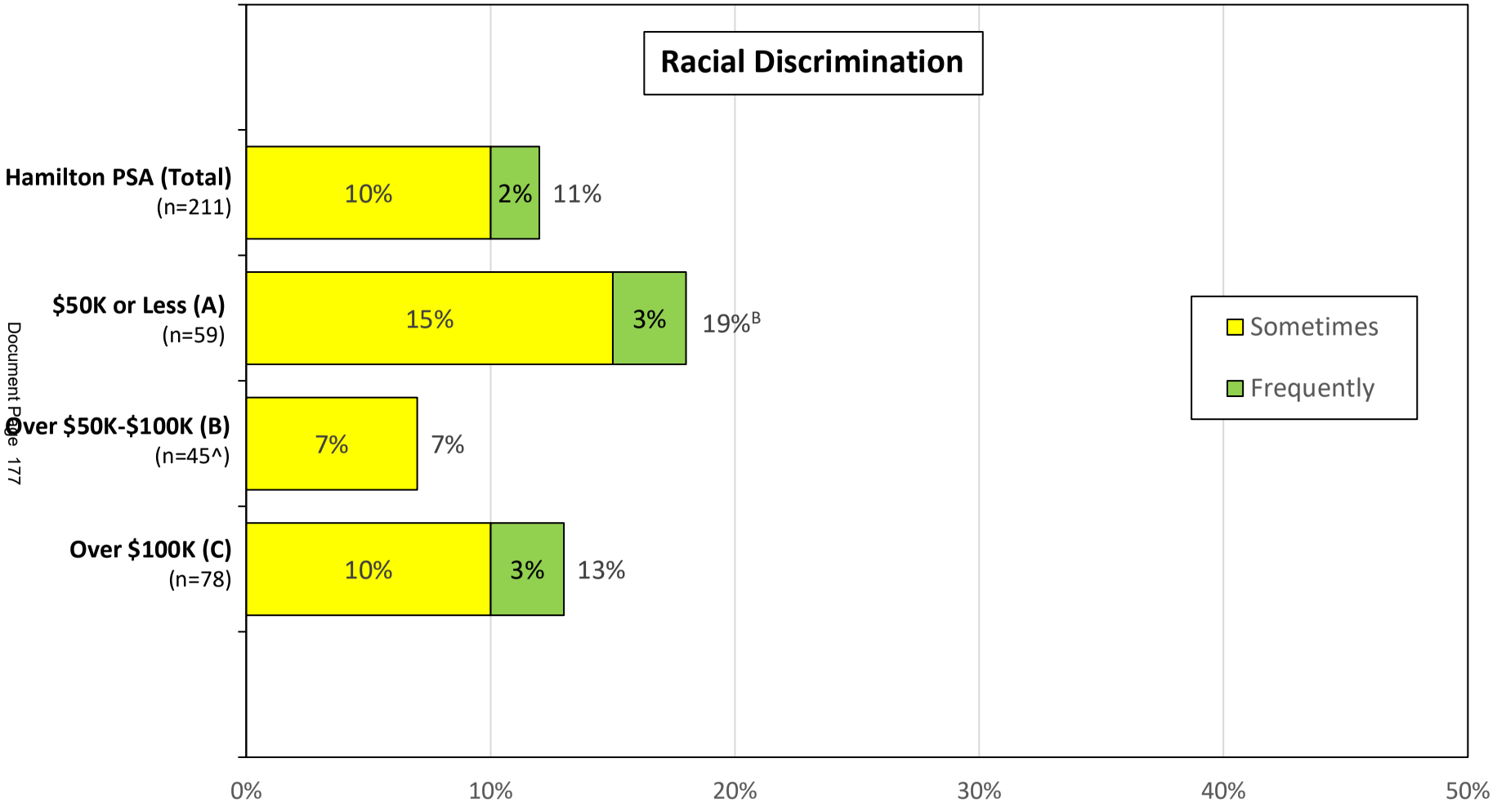
Discrimination Experienced When Receiving Medical Care

- Low-income households report higher incidences of racial and income discrimination.



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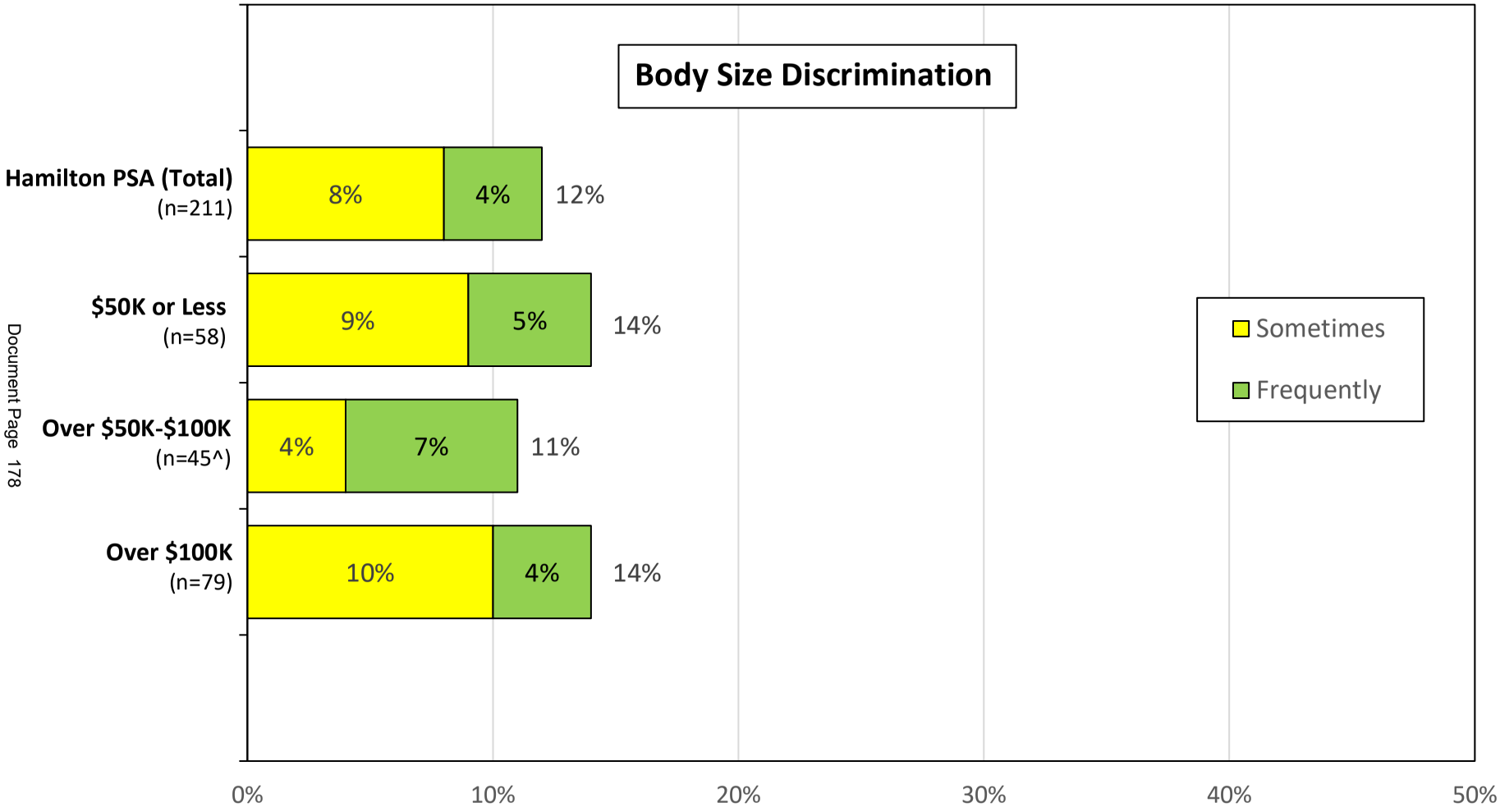
Discrimination Experienced When Receiving Medical Care



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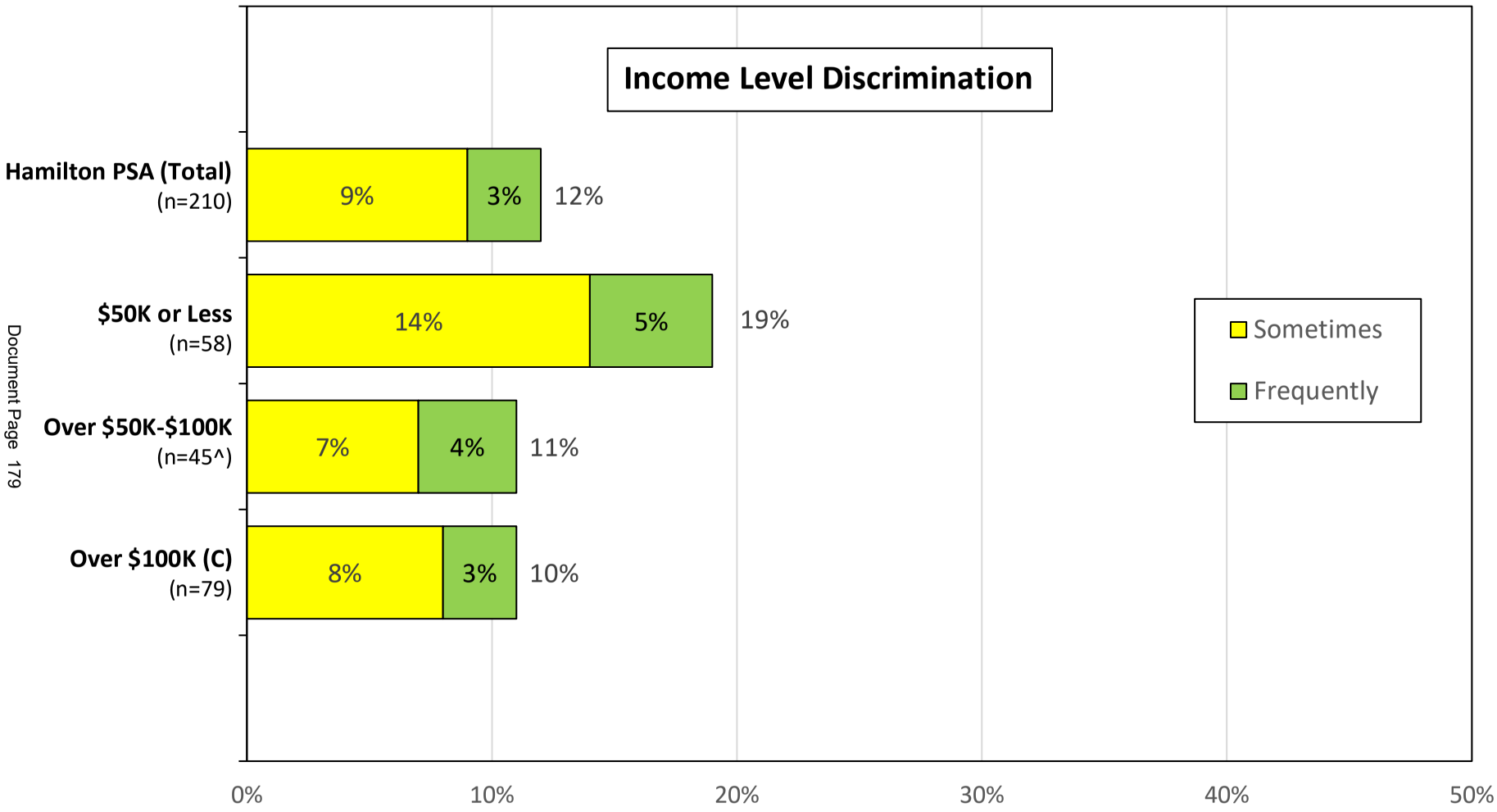

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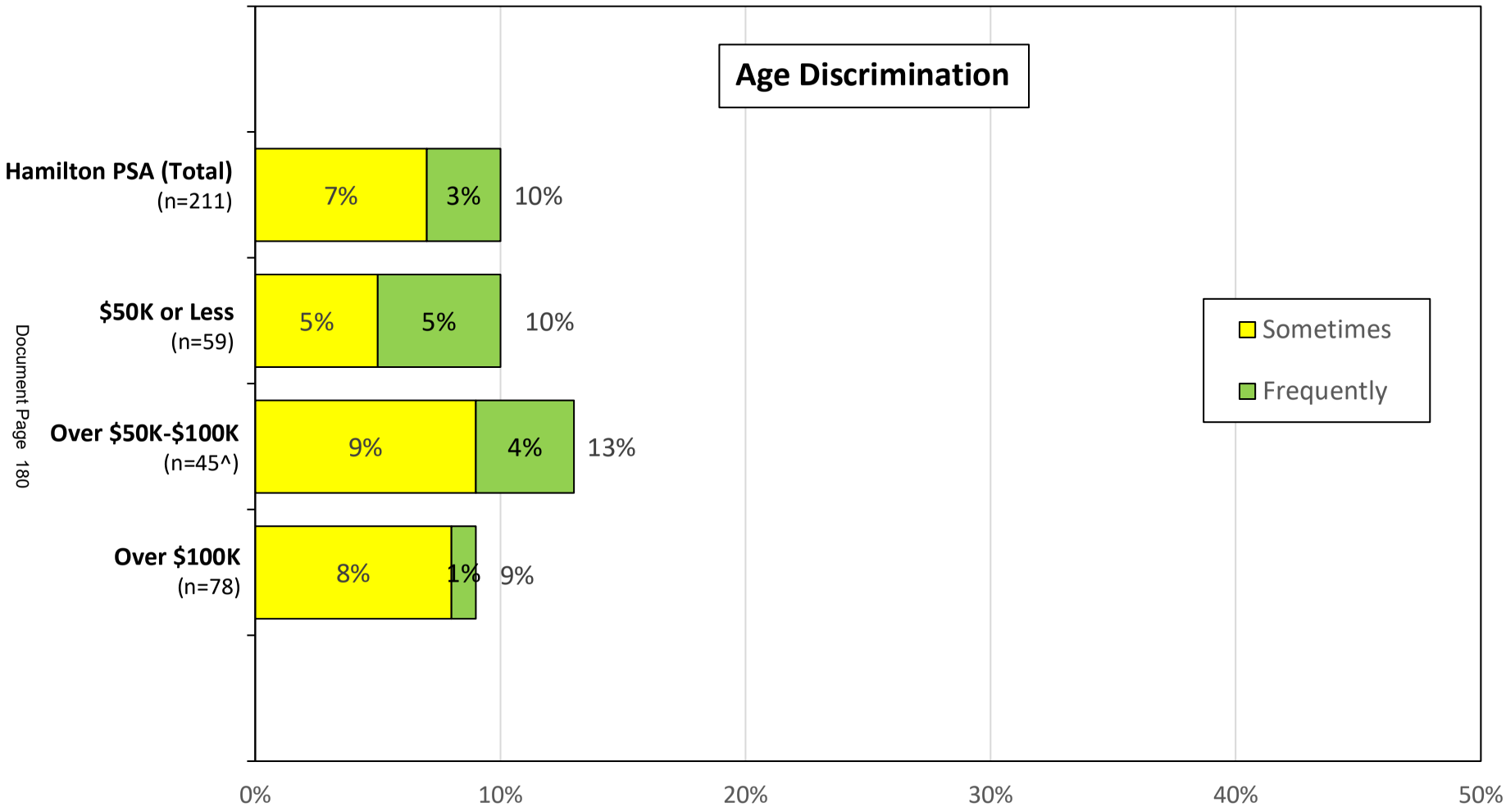

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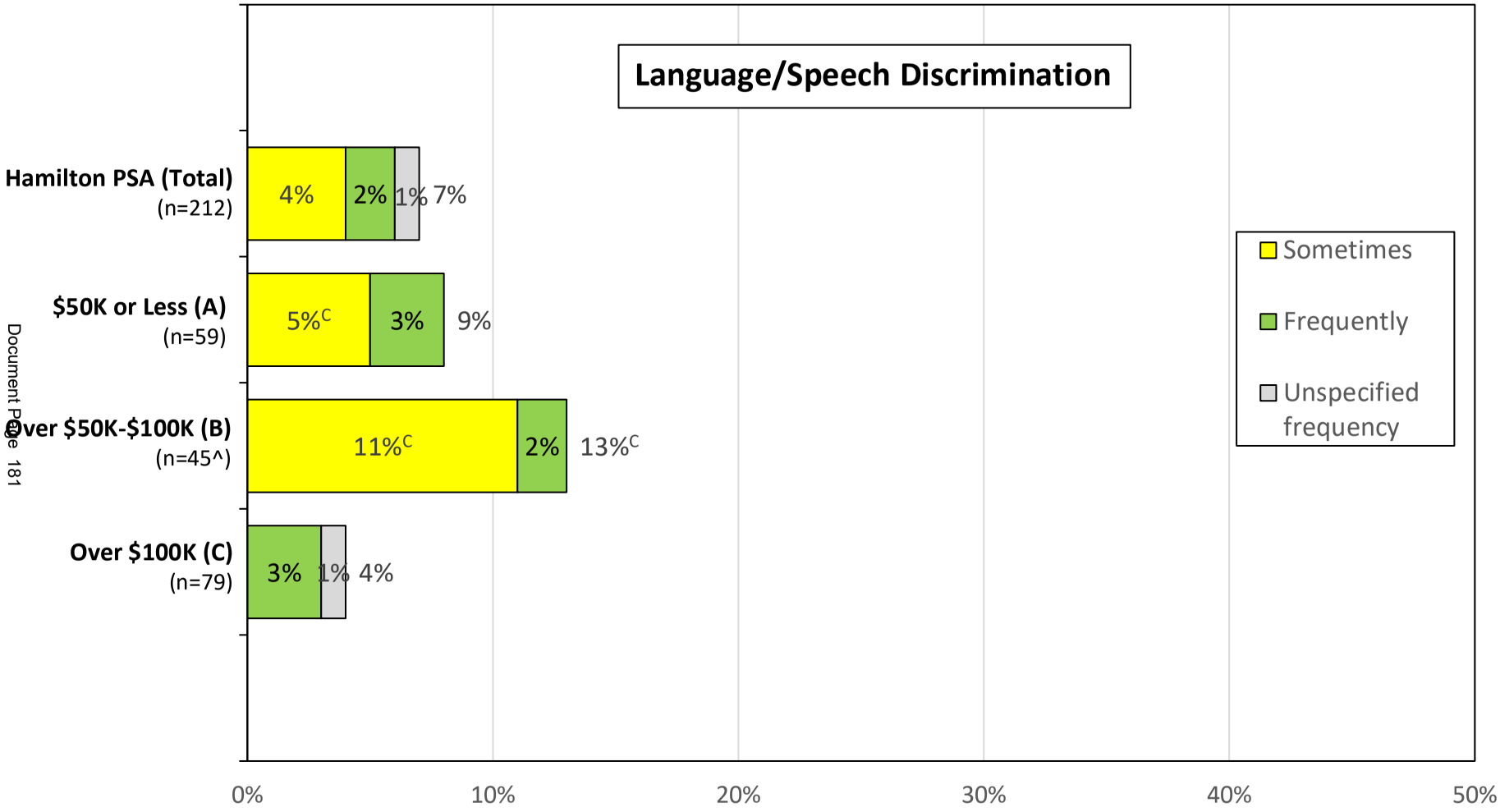

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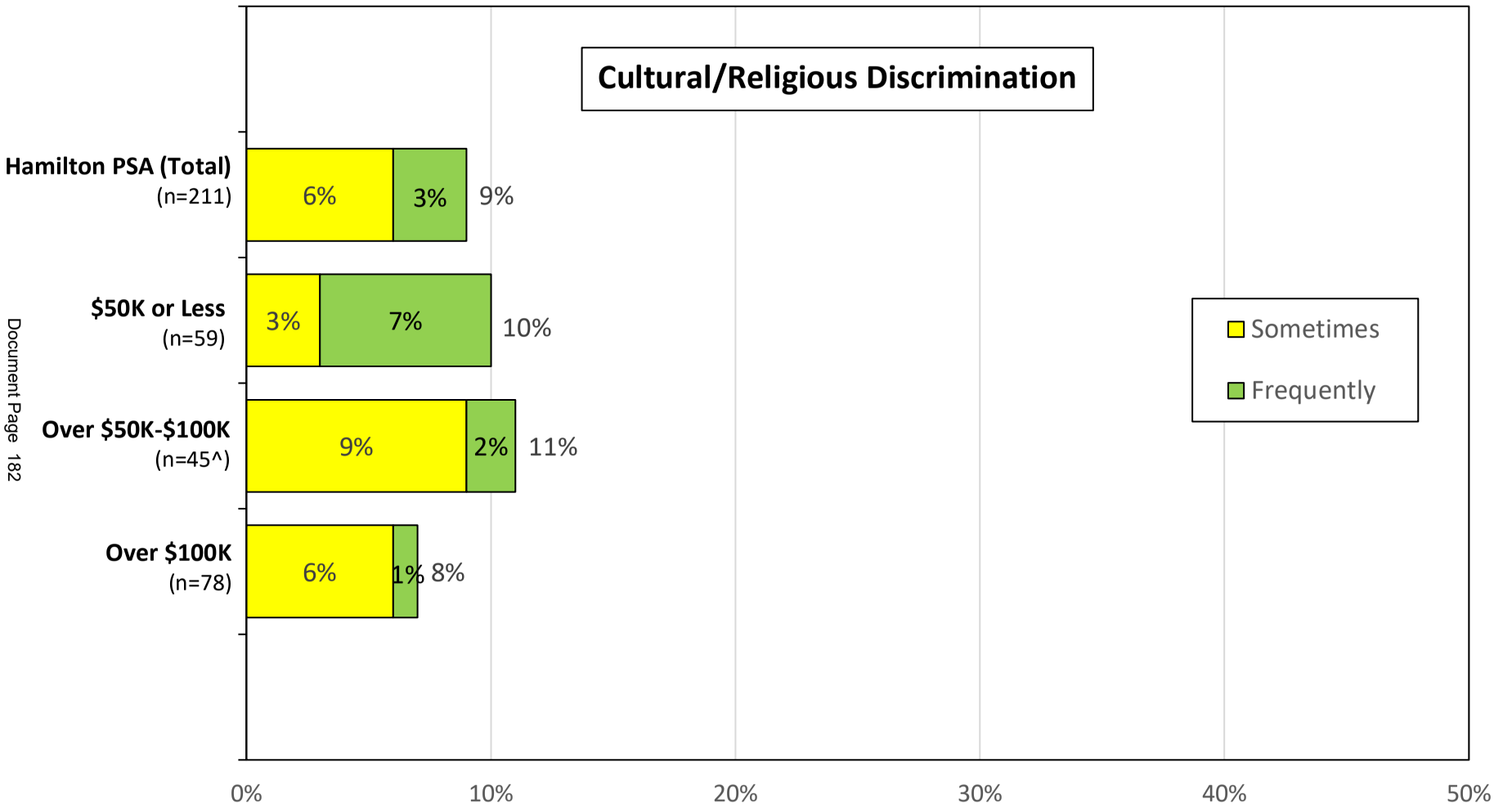

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RWJBarnabas HEALTH

bruno and ridgway

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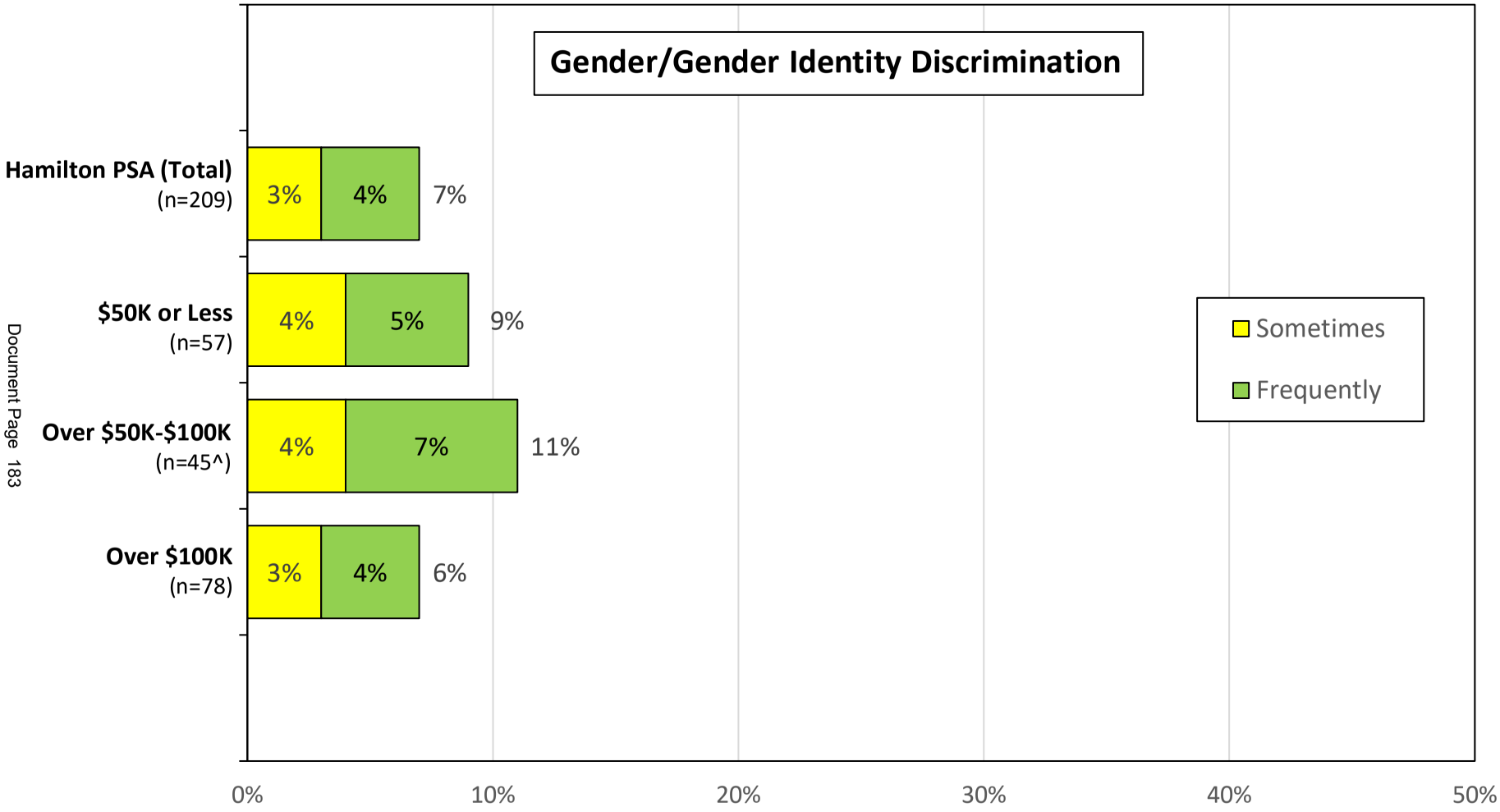

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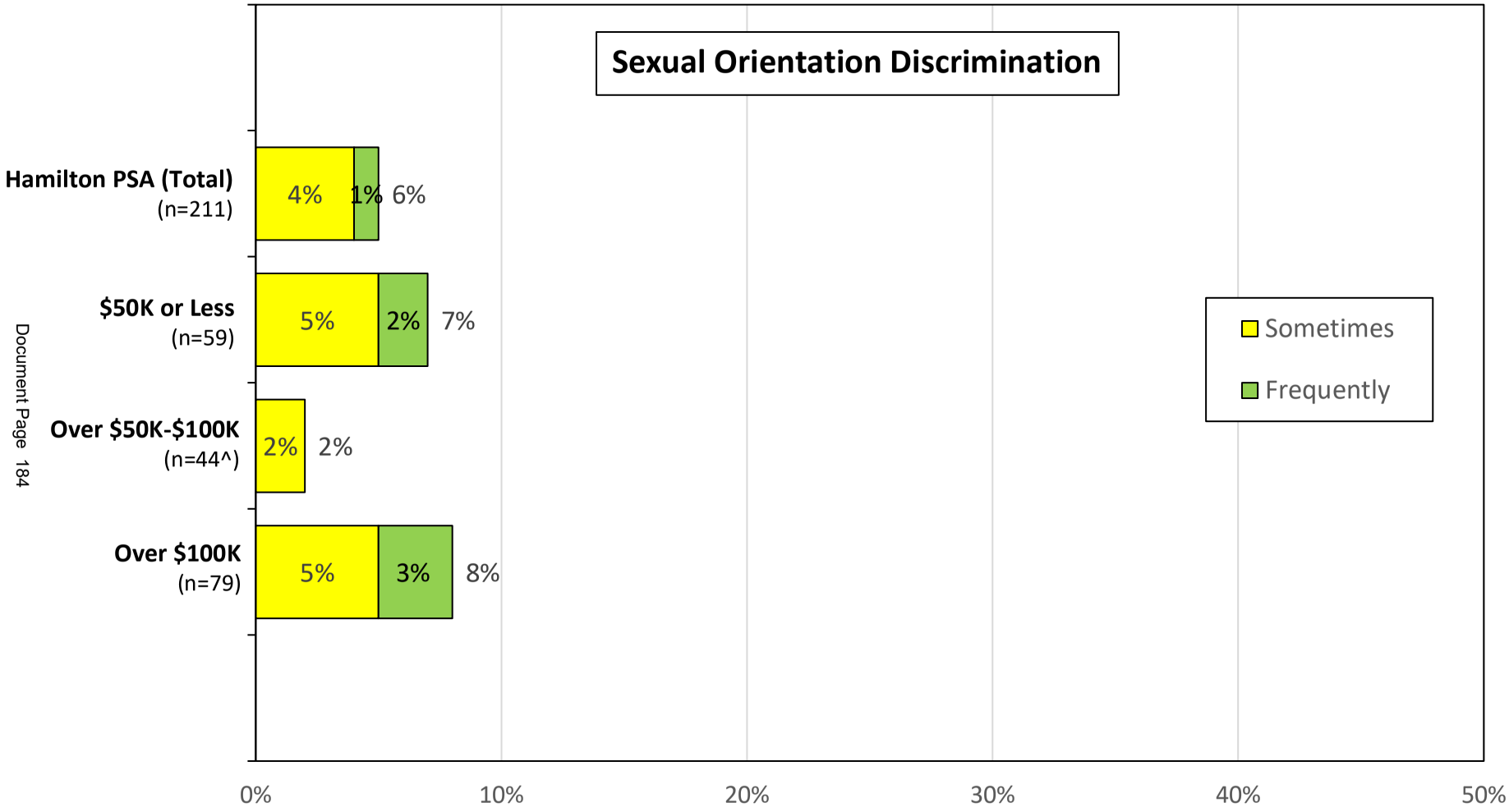

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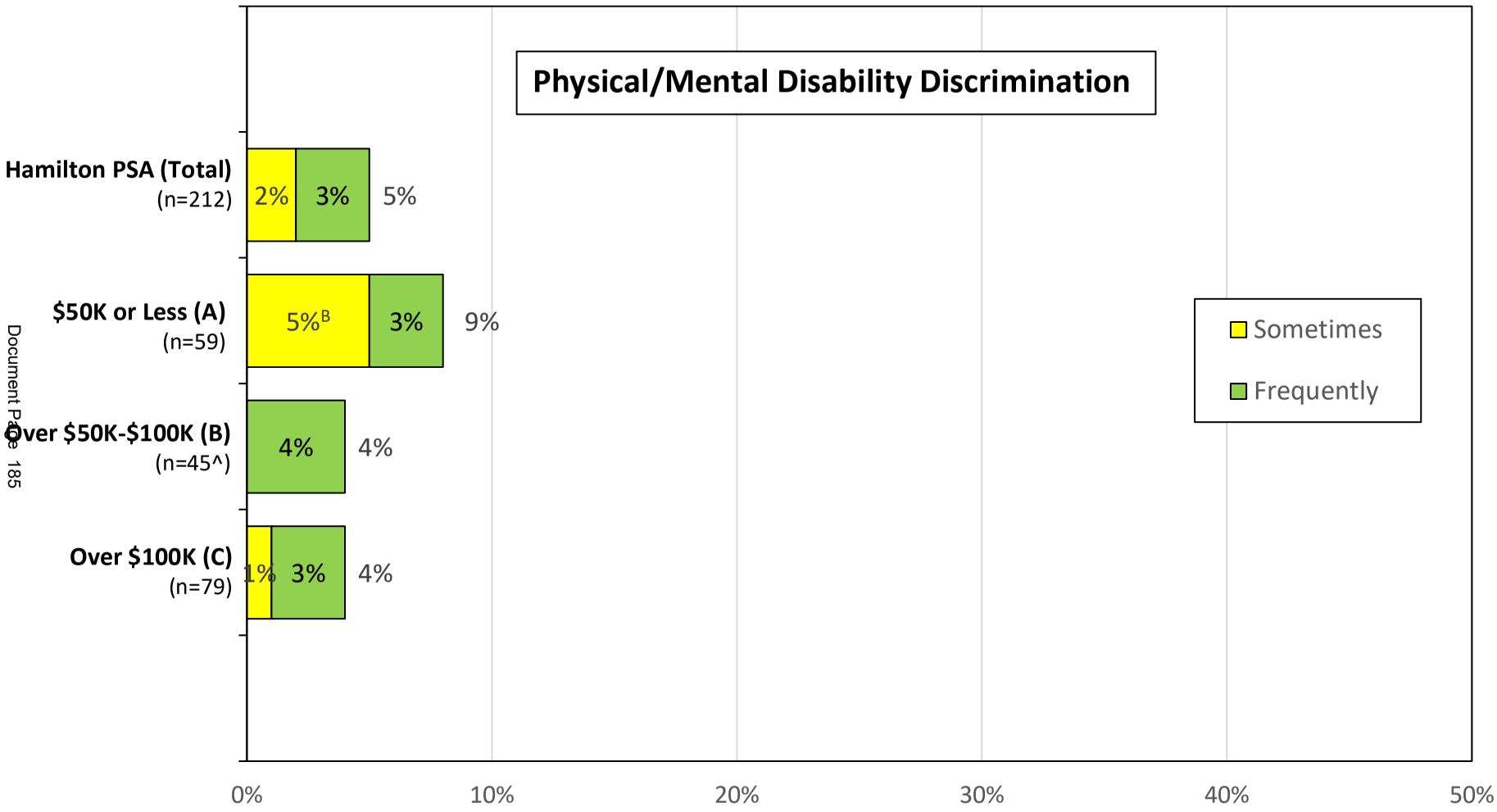
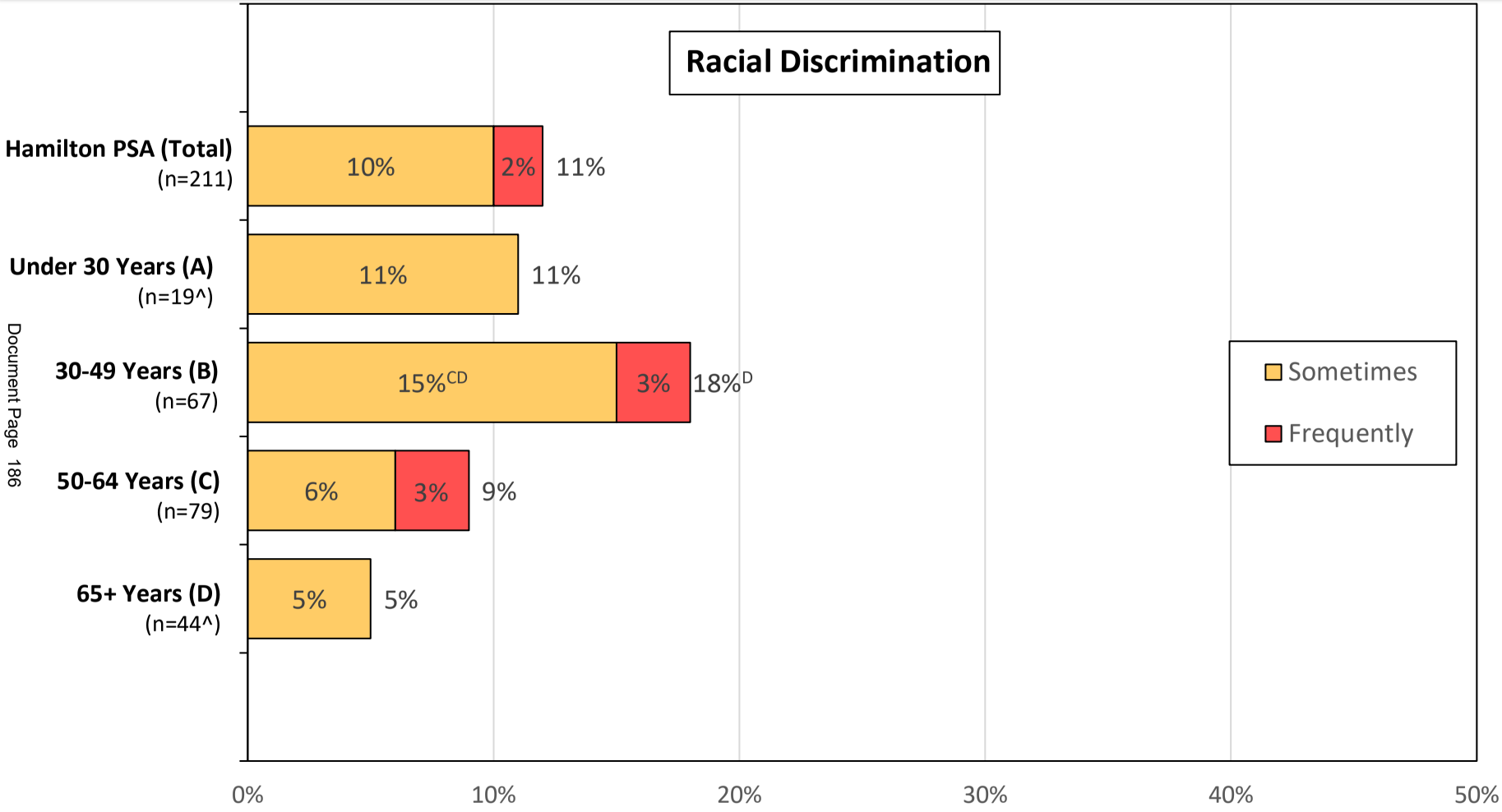
Discrimination Experienced When Receiving Medical Care



Q.11 – When trying to receive medical care, have YOU or a family member PERSONALLY felt discriminated against, based on any of the following characteristics? If YES, is that frequently or sometimes?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Discrimination Experienced When Receiving Medical Care

- Older respondents tend to be less likely to report discrimination.



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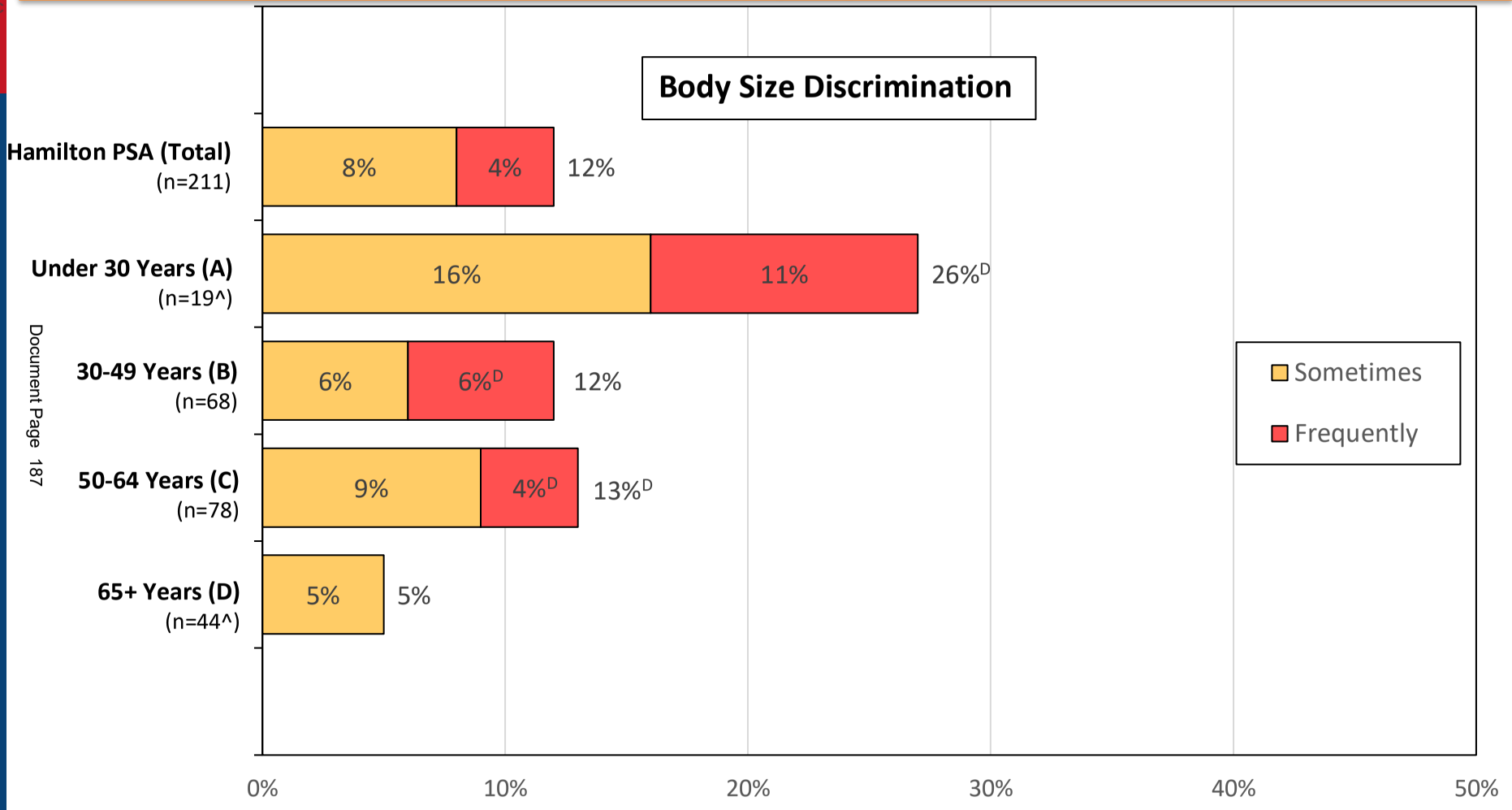
Discrimination Experienced When Receiving Medical Care

- Body size discrimination appears to skew towards the youngest age group.



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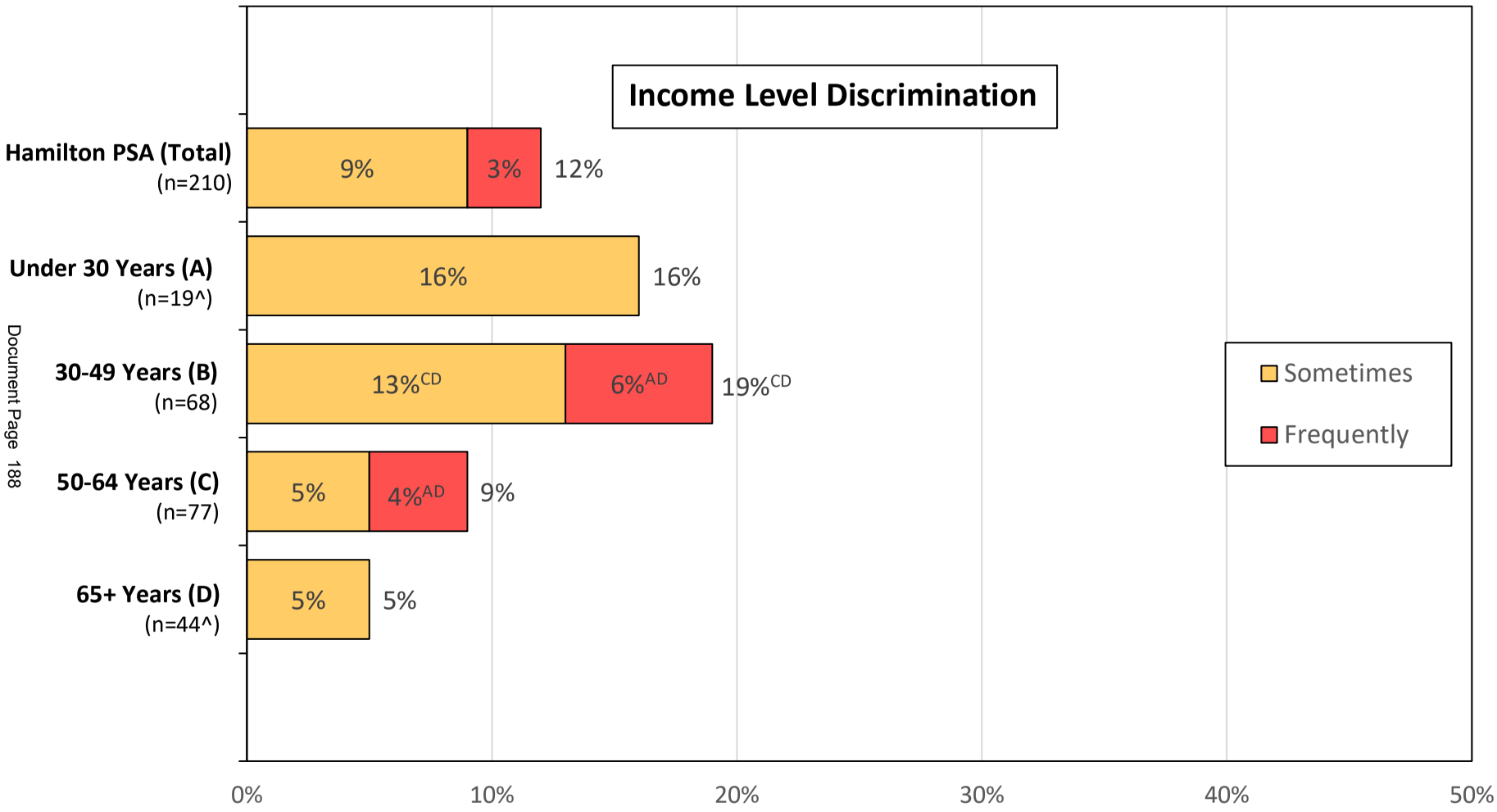
Discrimination Experienced When Receiving Medical Care by Age Group



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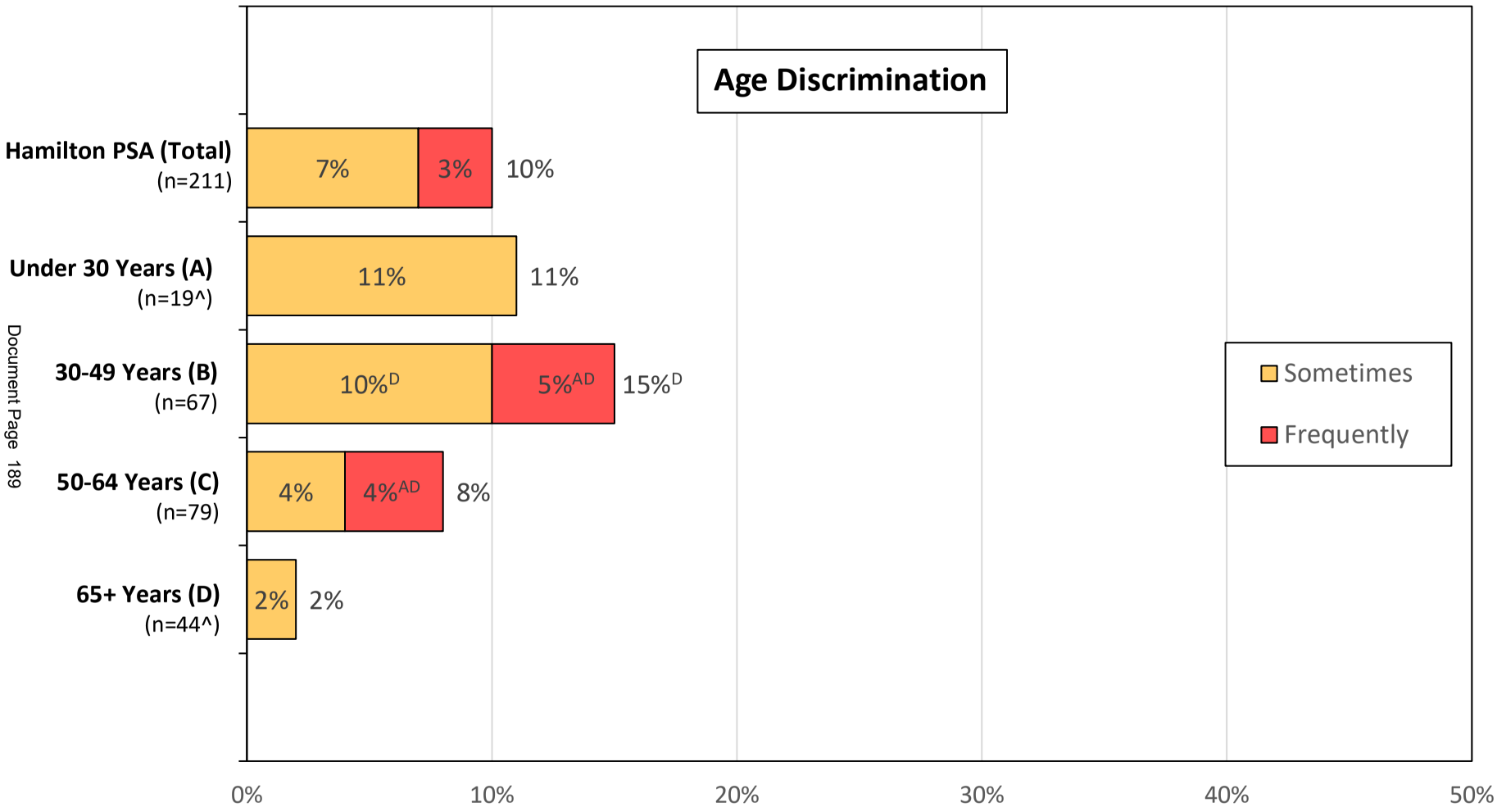
Discrimination Experienced When Receiving Medical Care



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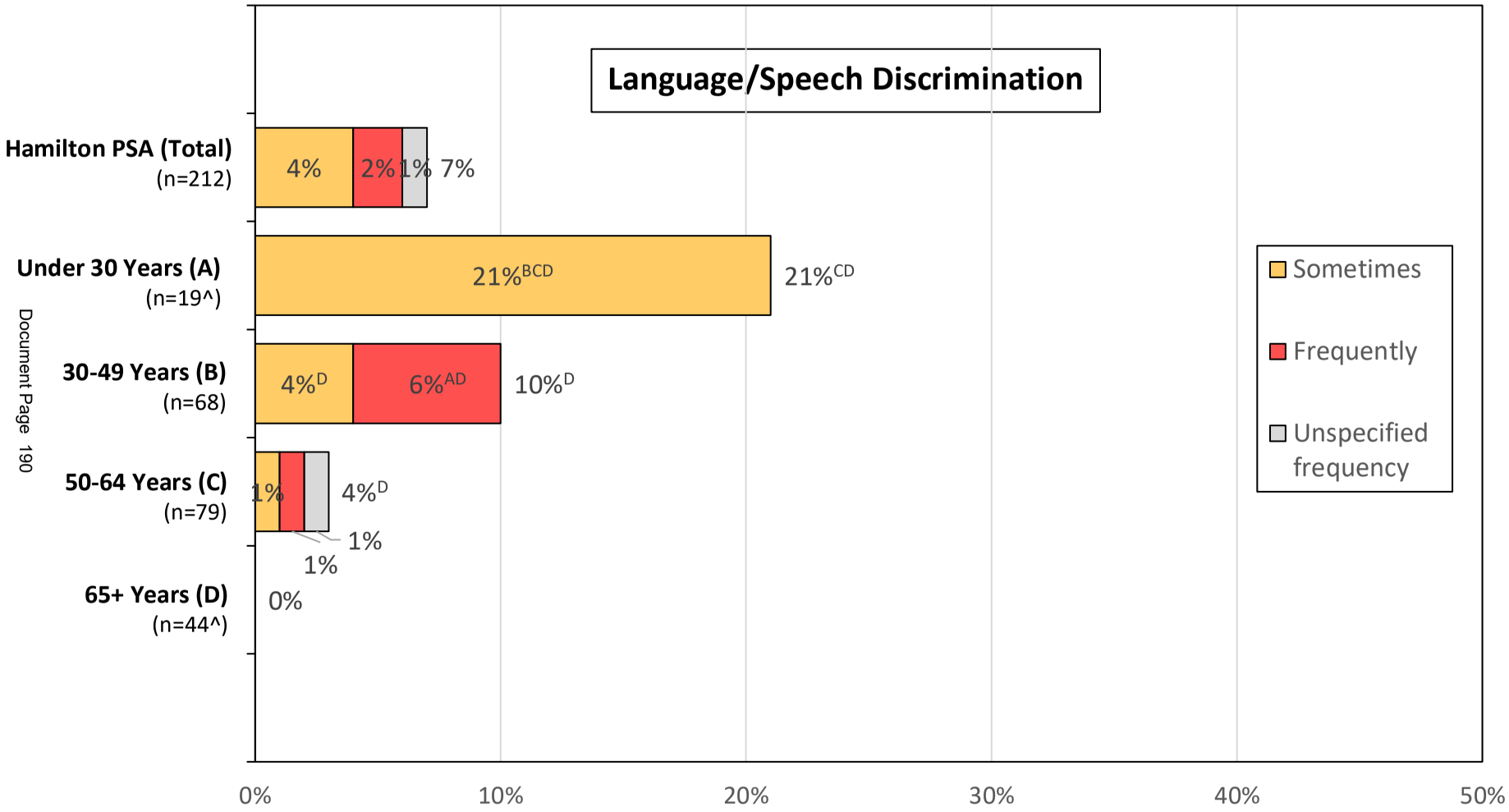
Discrimination Experienced When Receiving Medical Care



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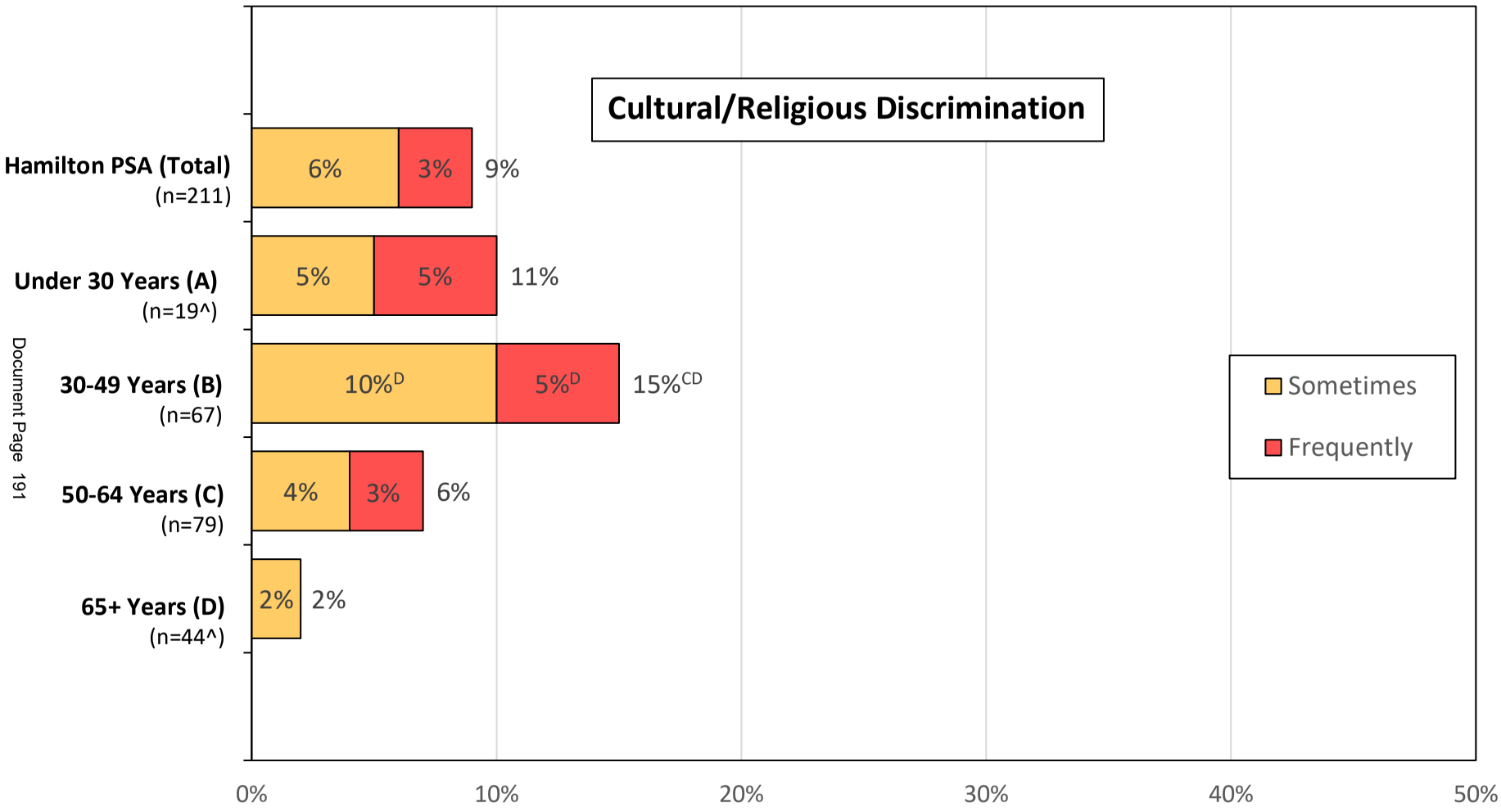
Discrimination Experienced When Receiving Medical Care



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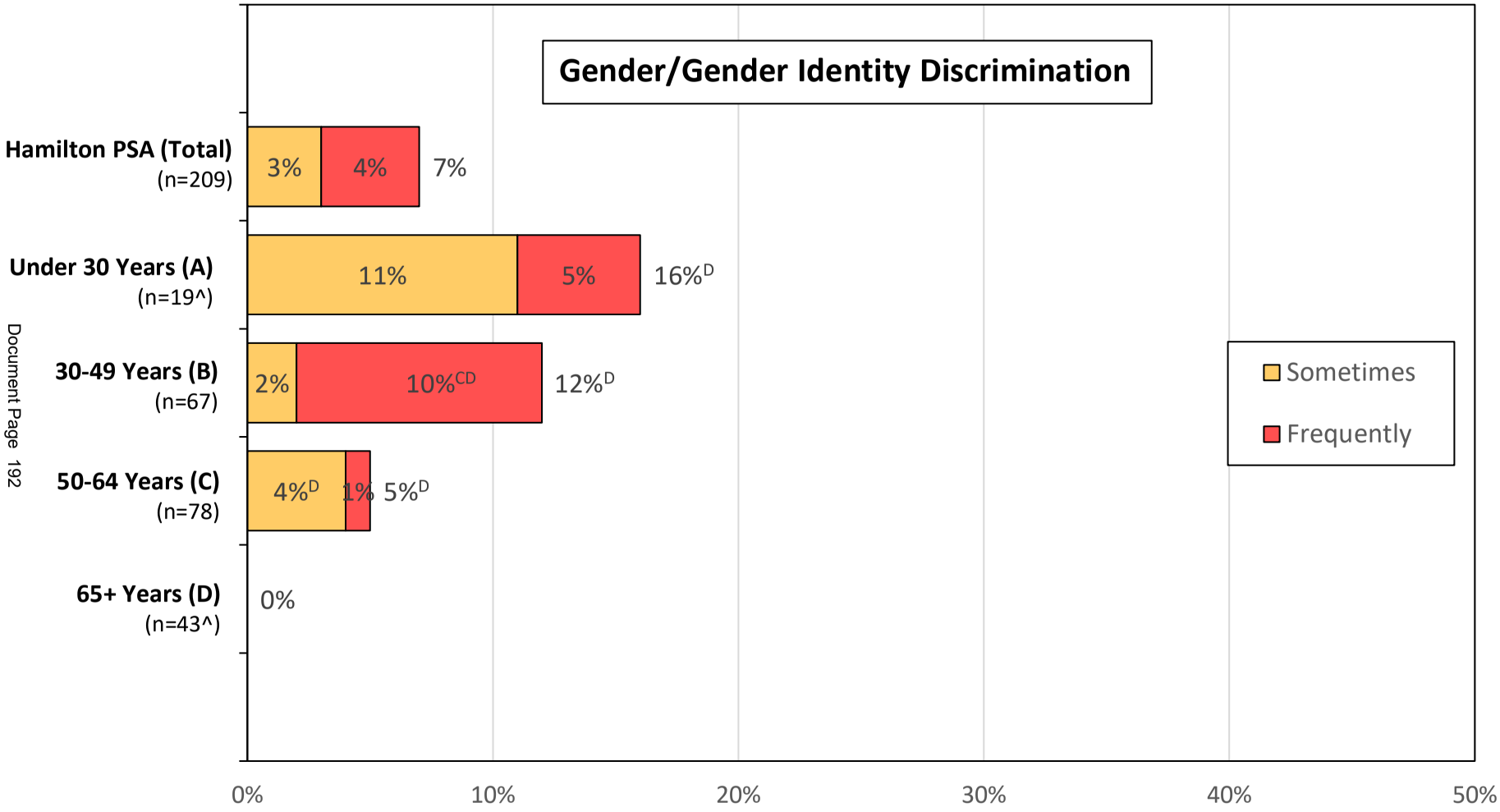
Discrimination Experienced When Receiving Medical Care

- Gender discrimination also skews younger.



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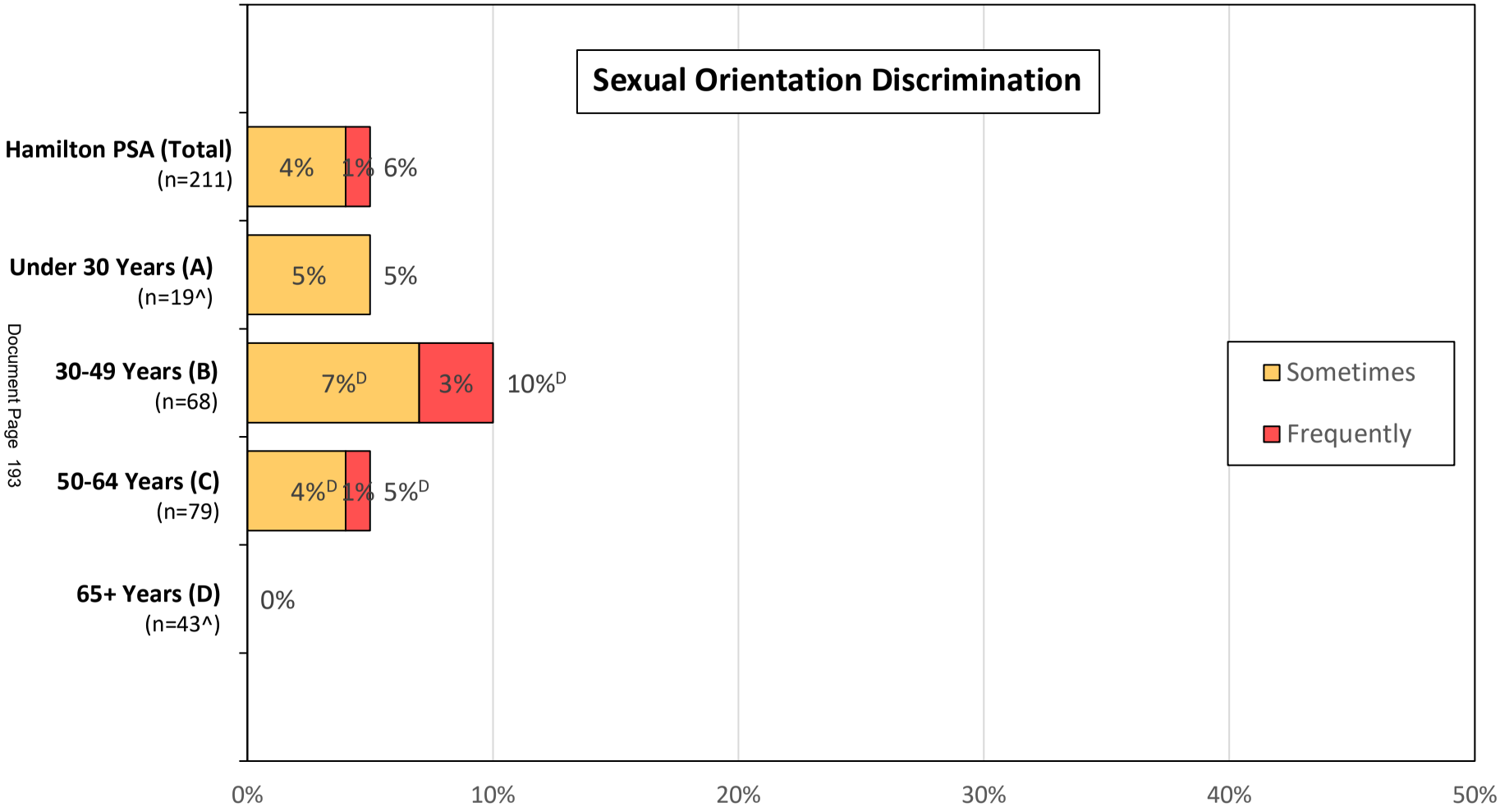
Discrimination Experienced When Receiving Medical Care



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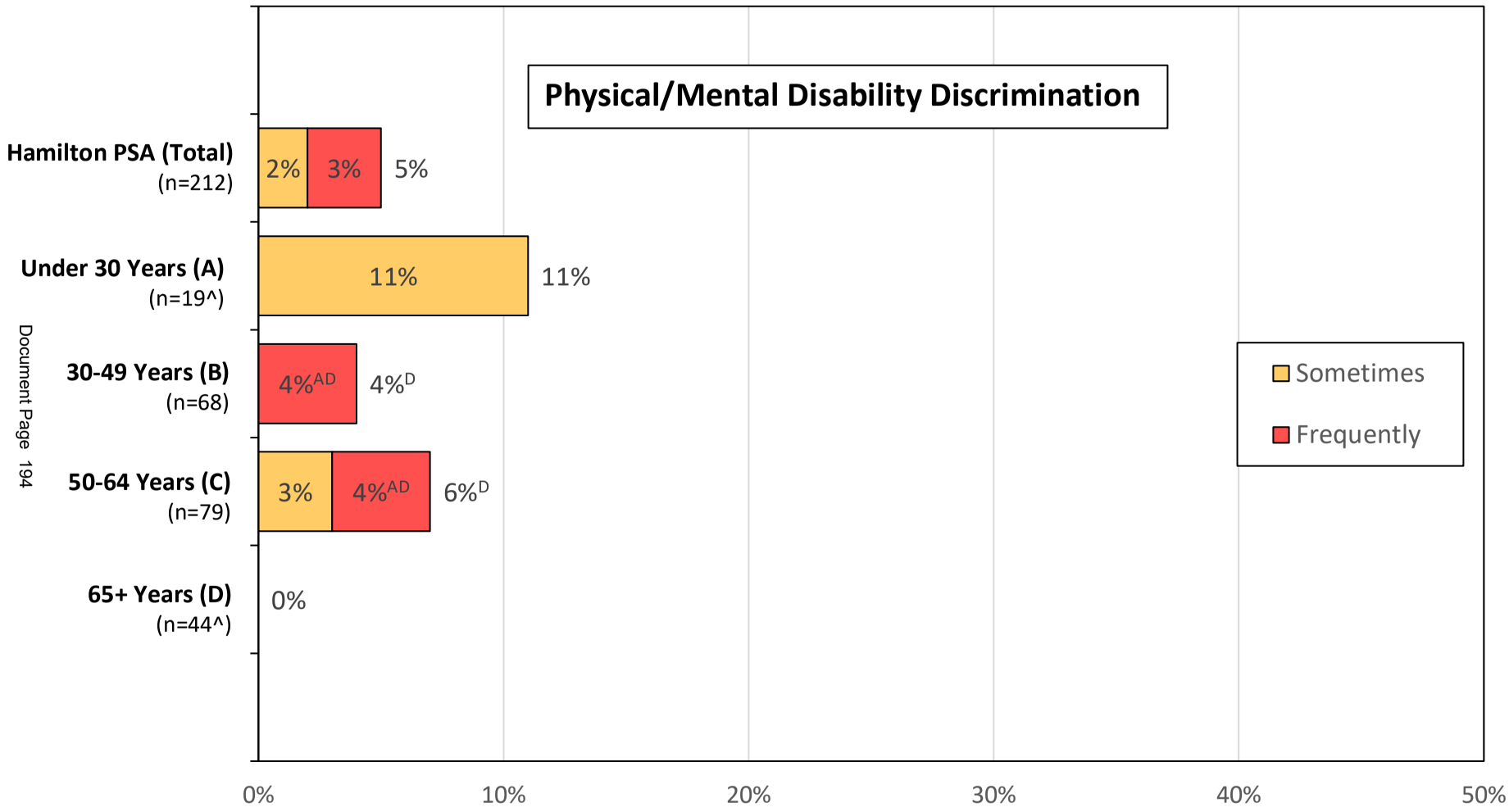
Discrimination Experienced When Receiving Medical Care



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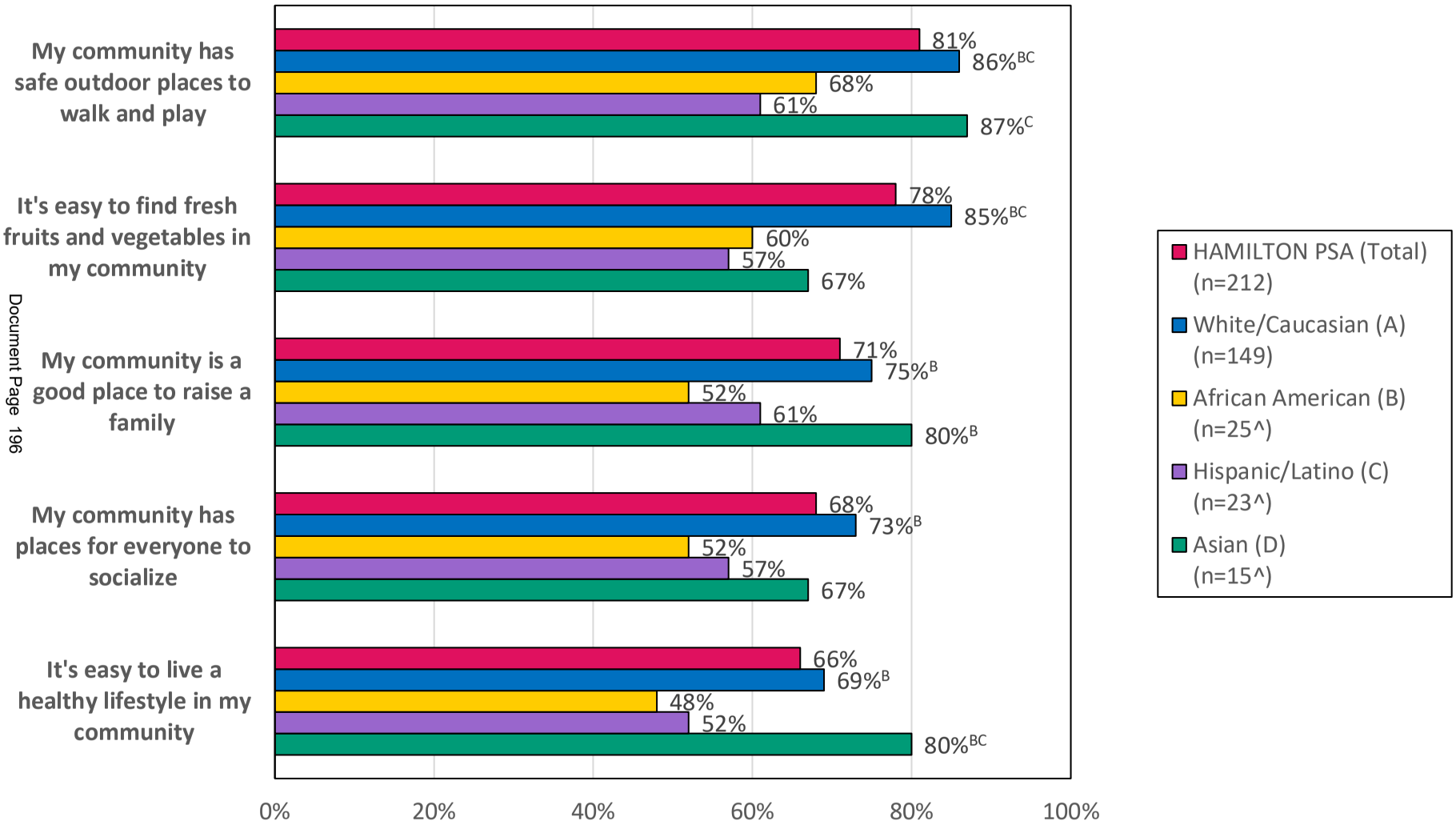
Community Safety and Quality of Life

Agreement With Statements About Community (Agree Completely/Somewhat)

- Overall, Caucasians and Asians rate their communities higher for positive quality of life attributes. African Americans and Hispanics exhibit the lowest rates of agreement with the statements below, which are the basis for a healthy standard of living.



Q.12 – Using the scale below, please indicate how much you agree (find the statement to be true) or disagree (find the statement to be false) with the following statements about your community. *(Please circle only one number.)*
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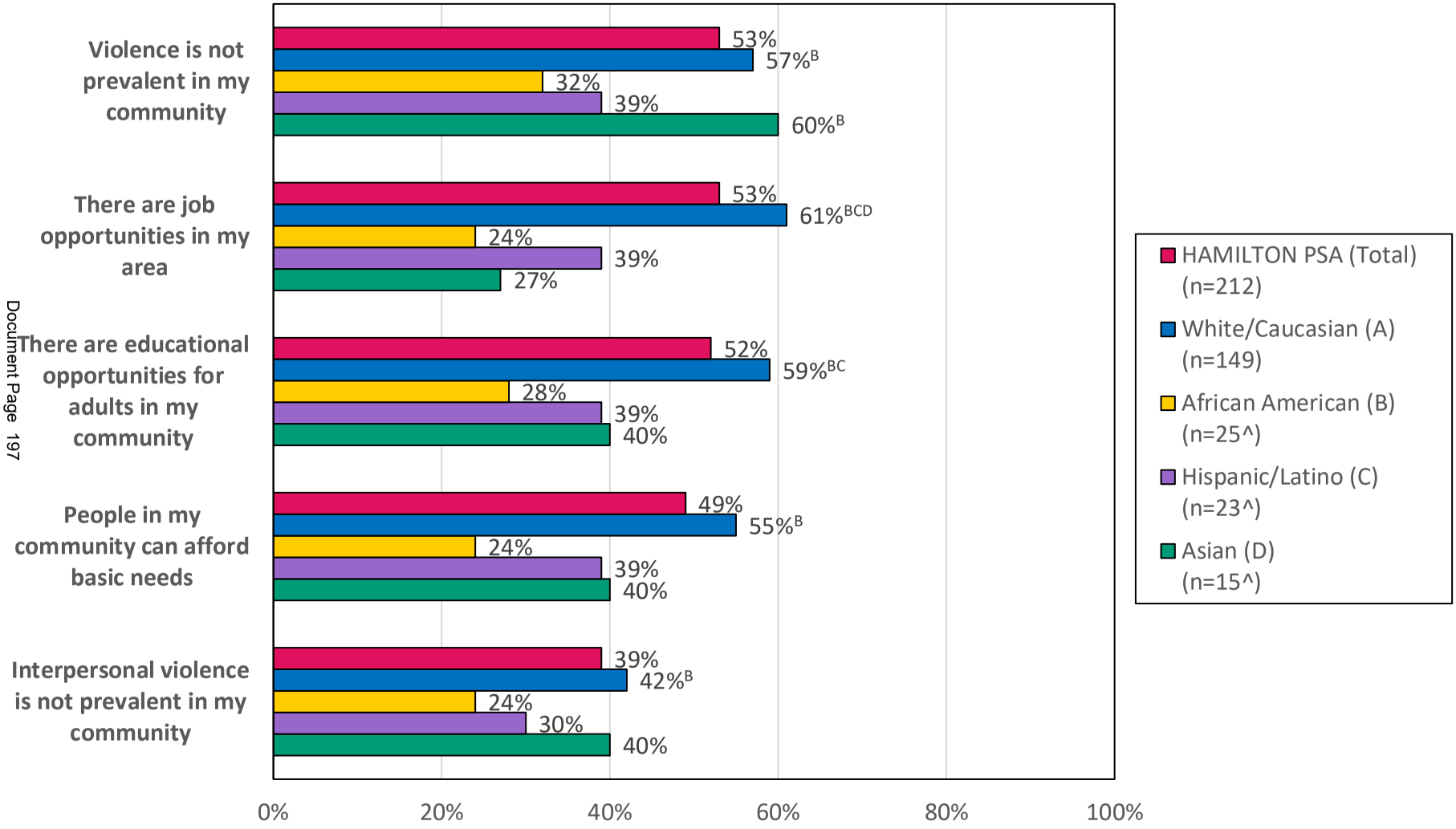
^Small base size.

Agreement With Statements About Community (Agree Completely/Somewhat) (continued)

- African Americans' relatively low levels of agreement with the statements below hint that people in their communities have difficulty affording basic needs, lack job opportunities and are living with more violence in their community.



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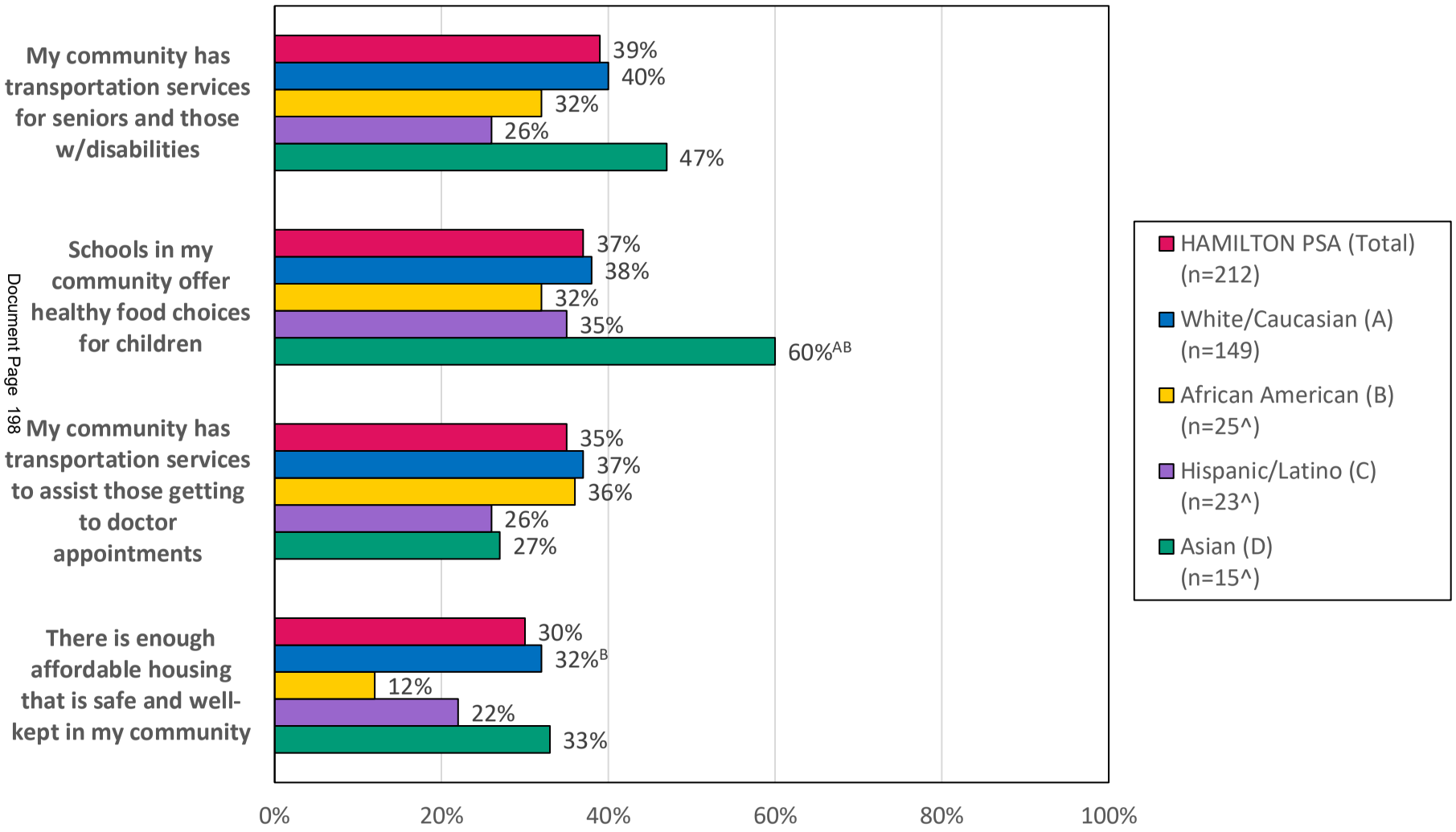
Agreement With Statements About Community (Agree Completely/Somewhat)
(continued)



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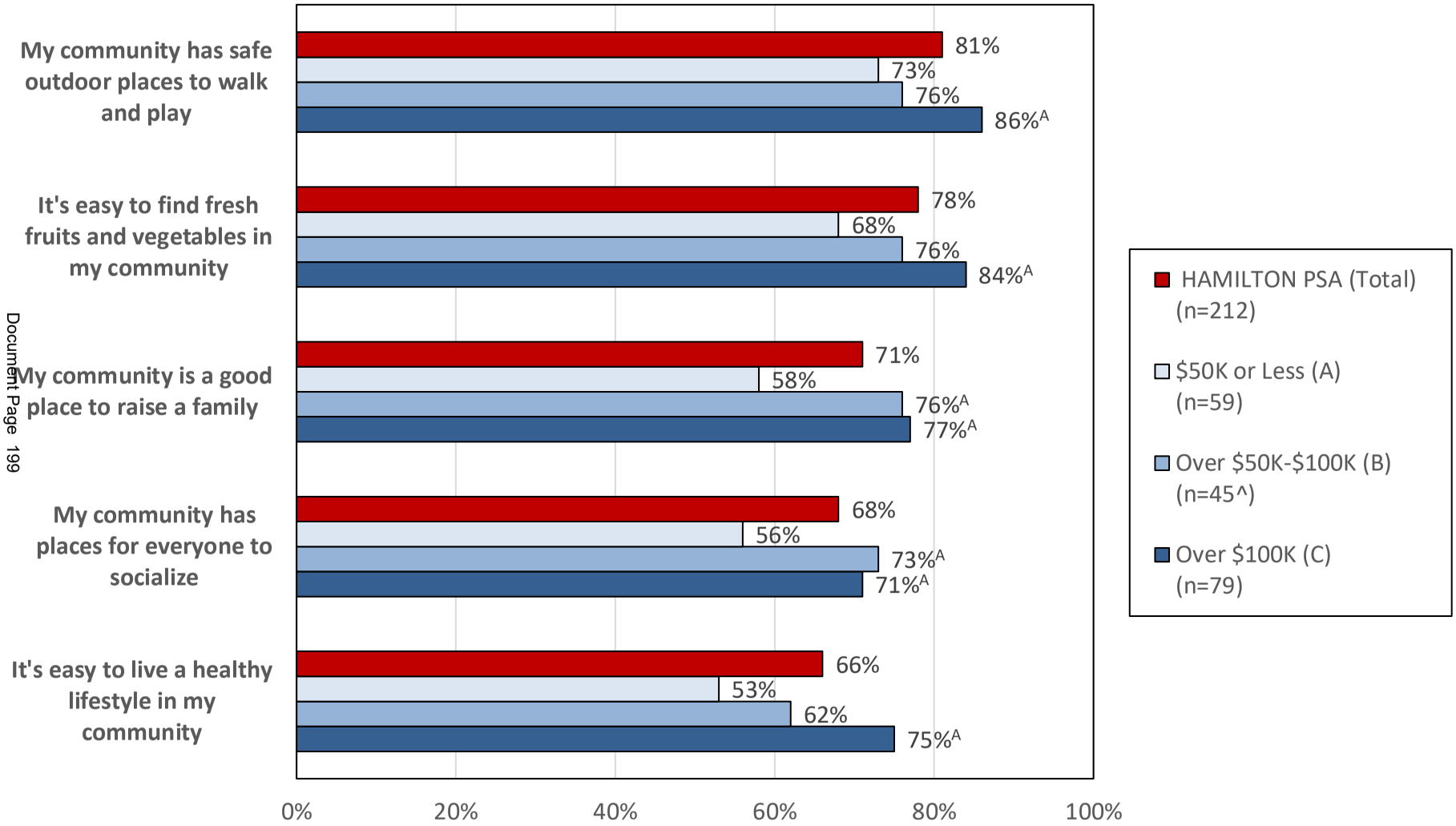
Agreement With Statements About Community (Agree Completely/Somewhat)

- Generally speaking, the higher the household income, the more satisfied residents are with their community.



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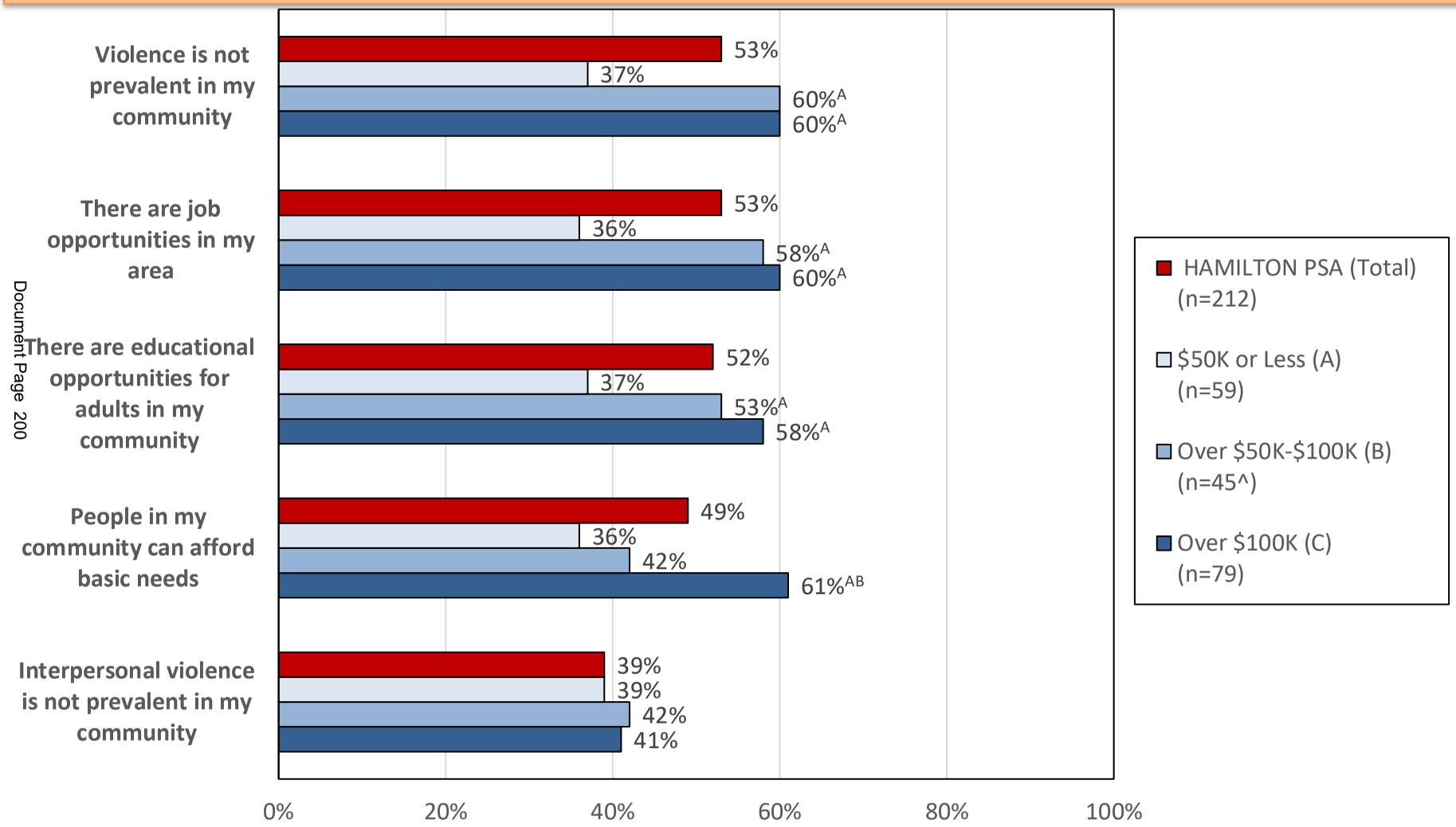
Agreement With Statements About Community (Agree Completely/Somewhat) (continued)

- Those in the highest income group are significantly more likely than lower and middle to agree that people in their community can afford basic needs and have job and educational opportunity.
- While interpersonal violence is nearly equal across income groups, higher-income residents are more likely to perceive that violence isn't prevalent.



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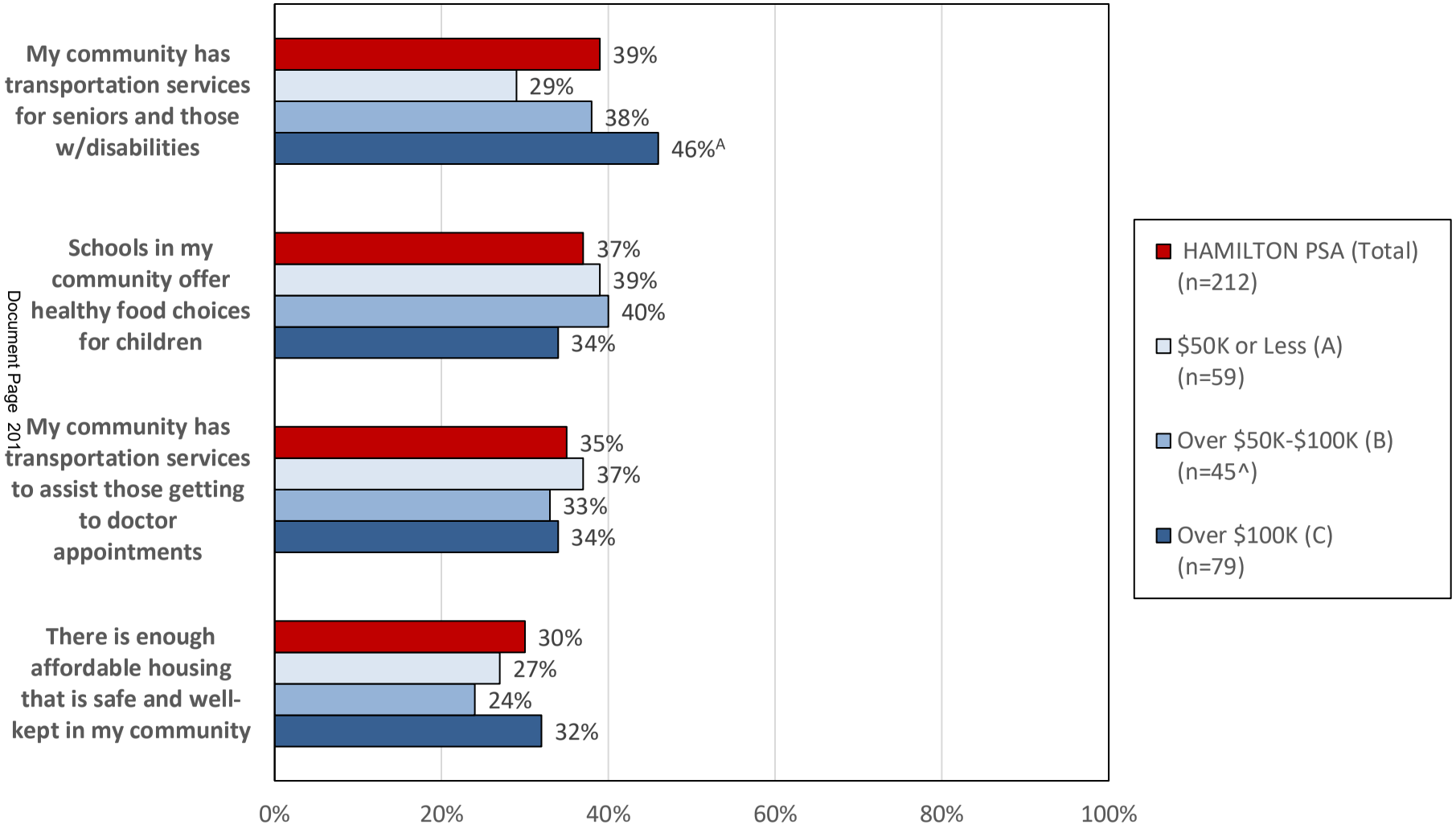

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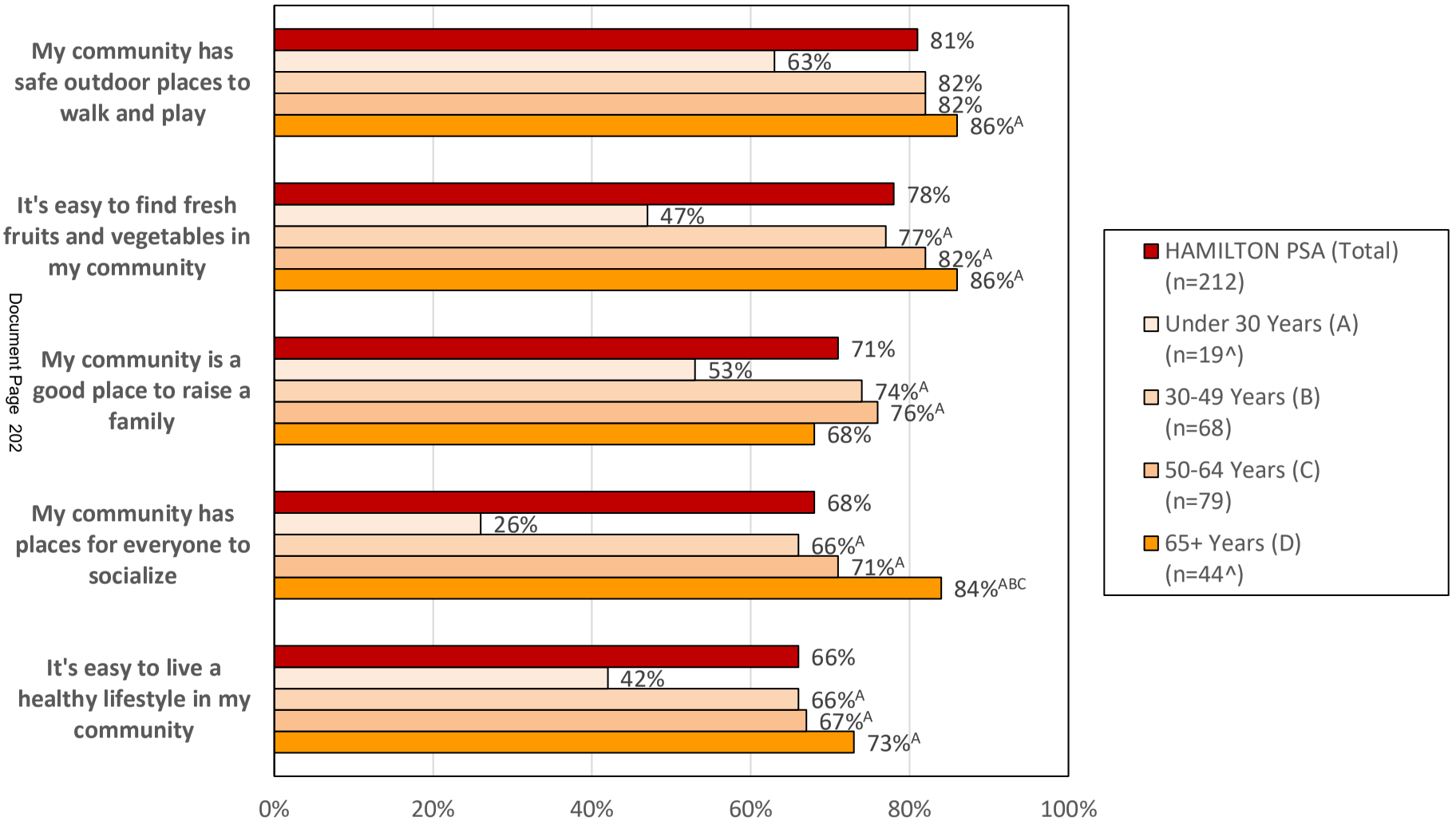
Agreement With Statements About Community (Agree Completely/Somewhat)

- With the exception of those under 30 years of age, the vast majority of older residents agree with the positive statements below.



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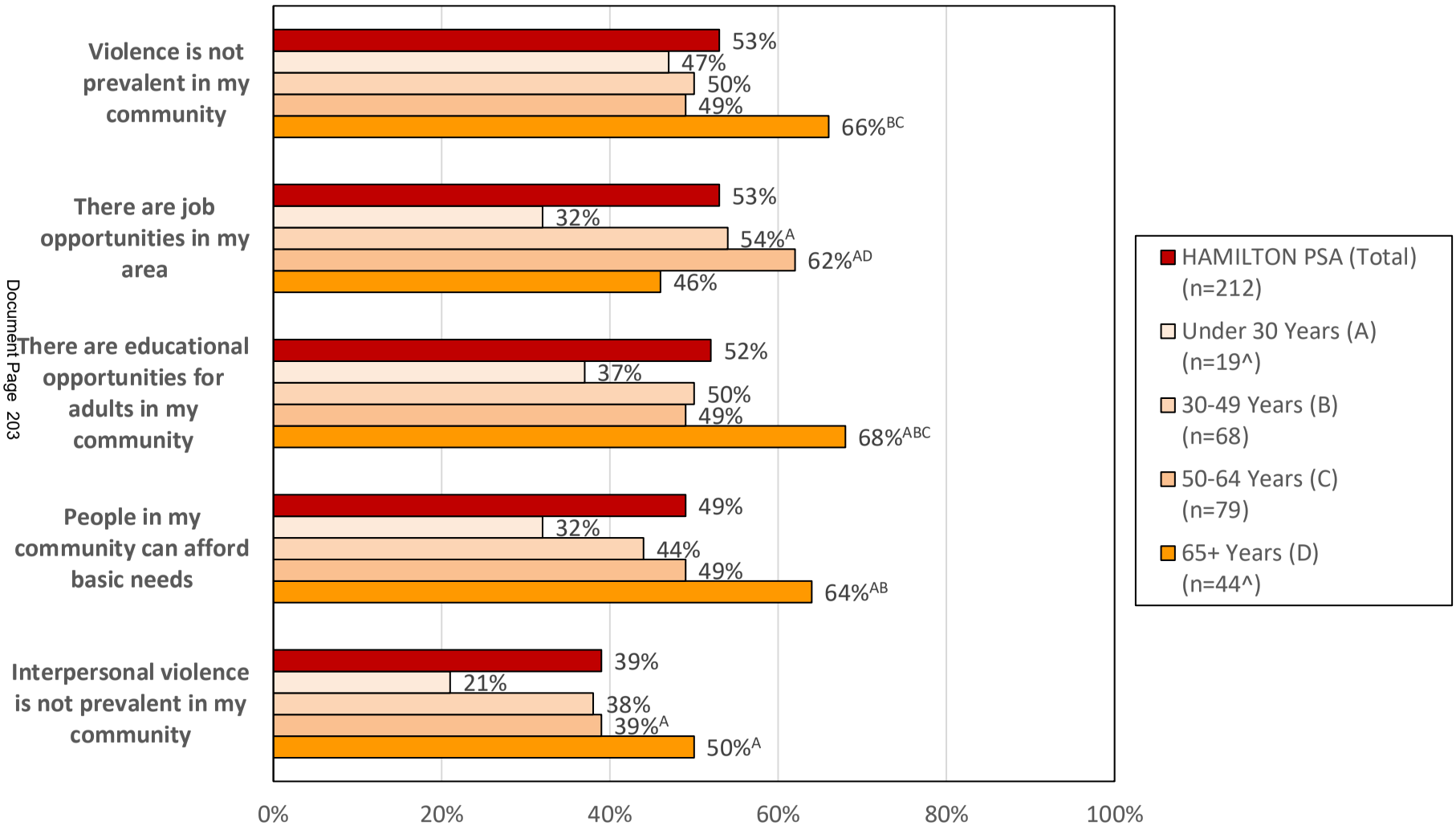

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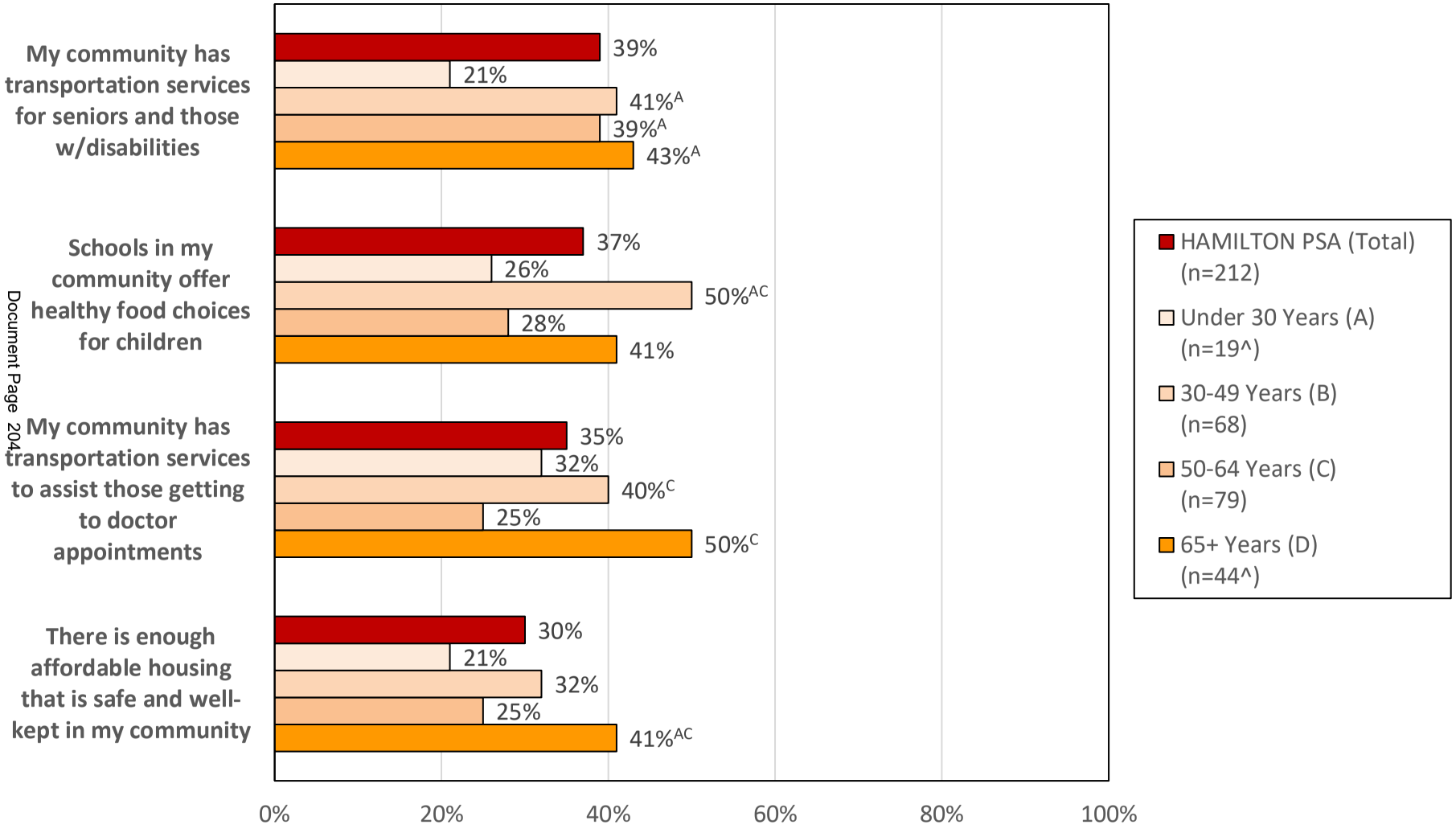

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Personal and Family Health and Well-Being

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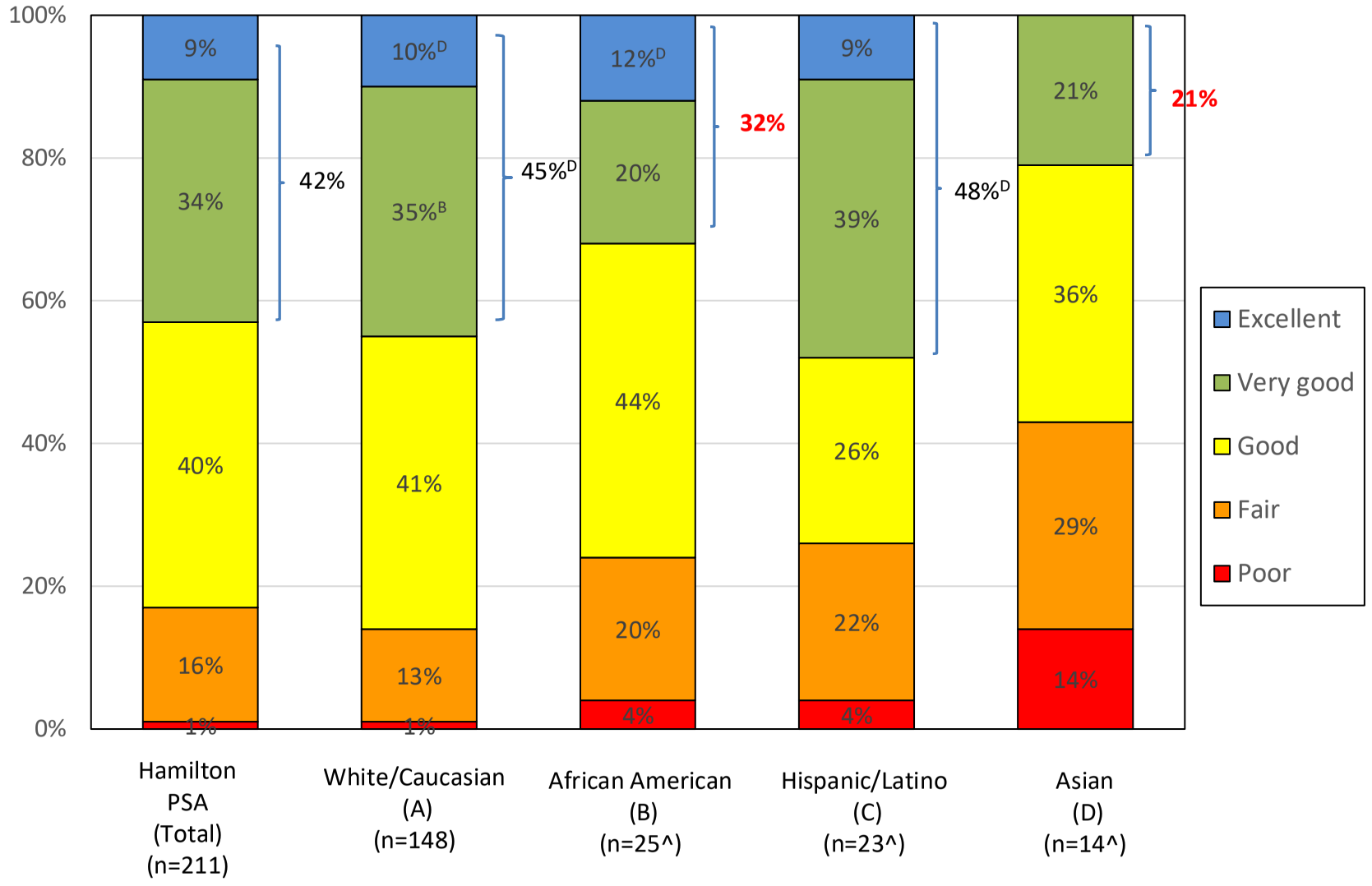
Description of Overall Health by Race

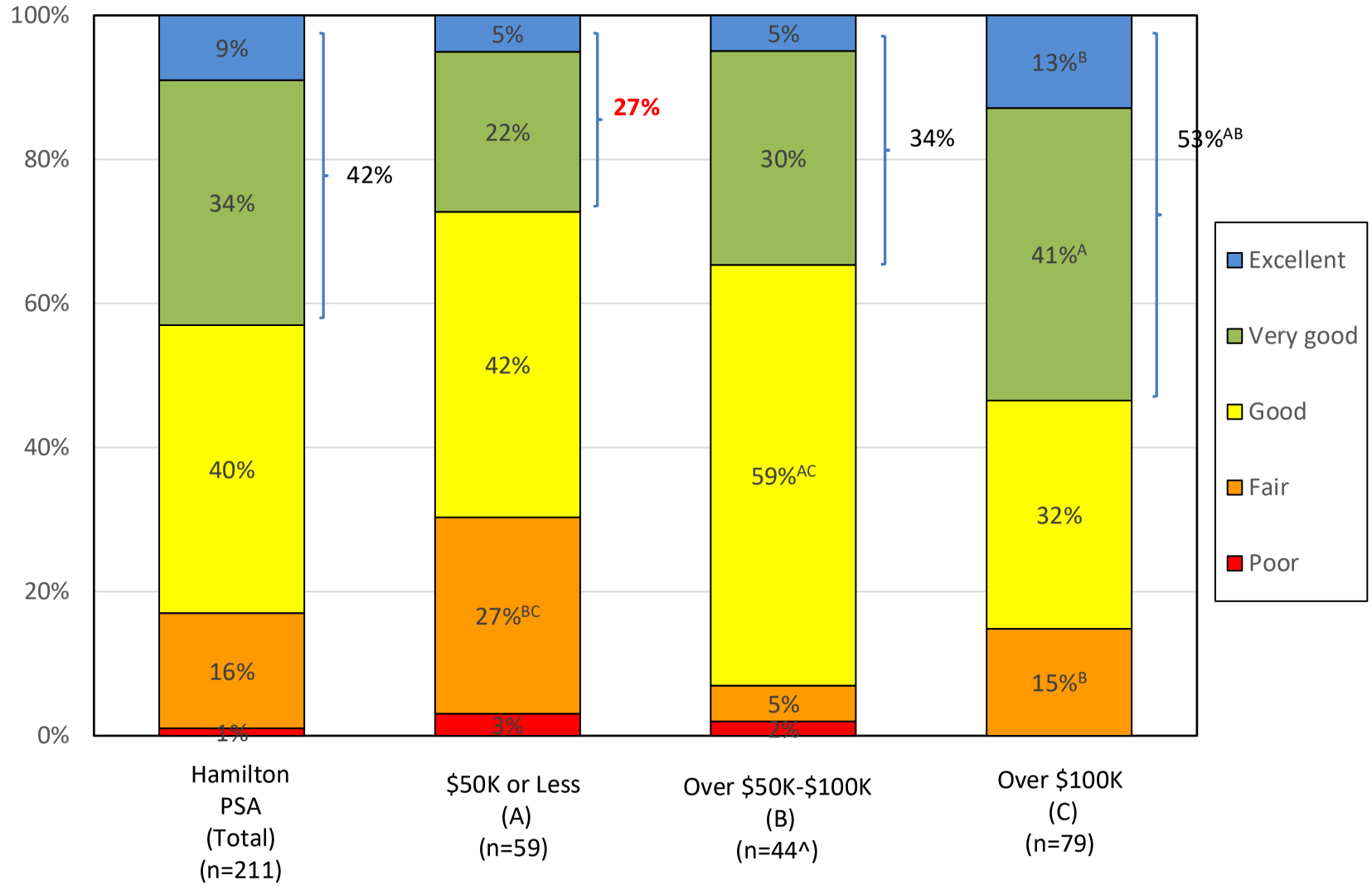
- Caucasians and Hispanics are significantly more likely to consider themselves in excellent/very good health.



Q.13 – How would you describe your overall health?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Description of Overall Health by Income Level

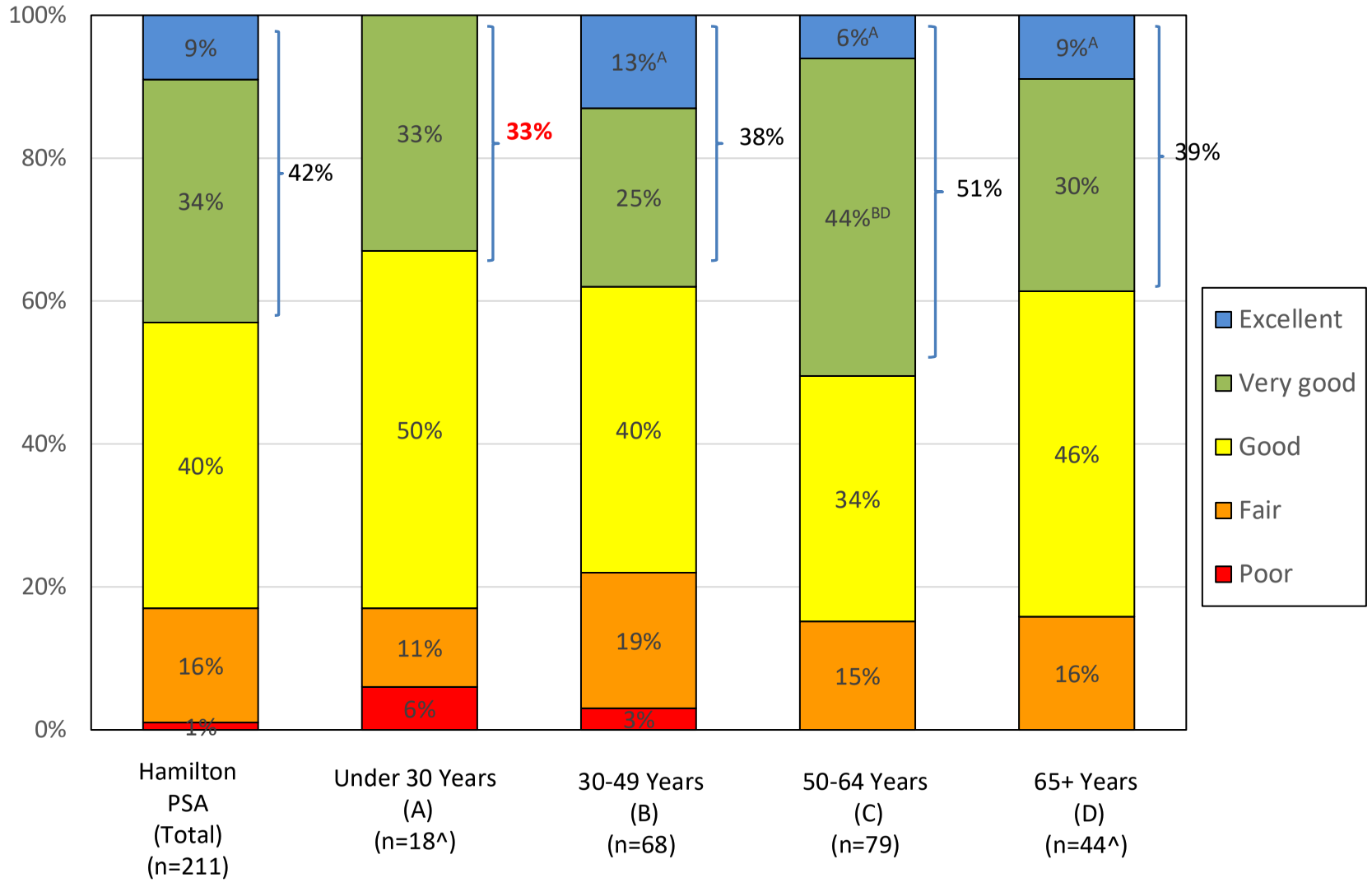
- Good health is correlated to income (higher income = better perceived health).



Q.13 – How would you describe your overall health?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Description of Overall Health by Age Group

- The youngest residents have the least positive perception of their health.



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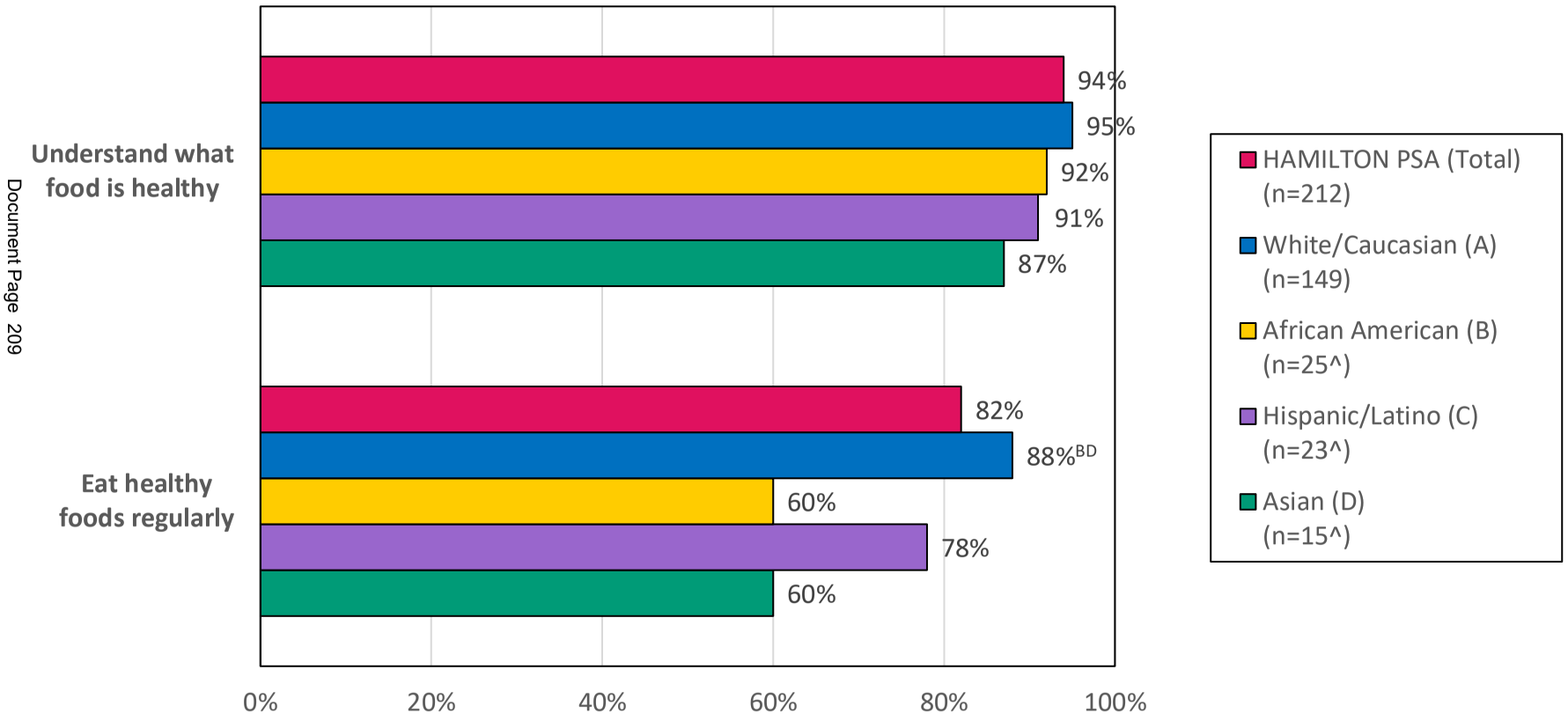
Q.13 – How would you describe your overall health?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Self-Description of Understanding and Eating Healthy by Race

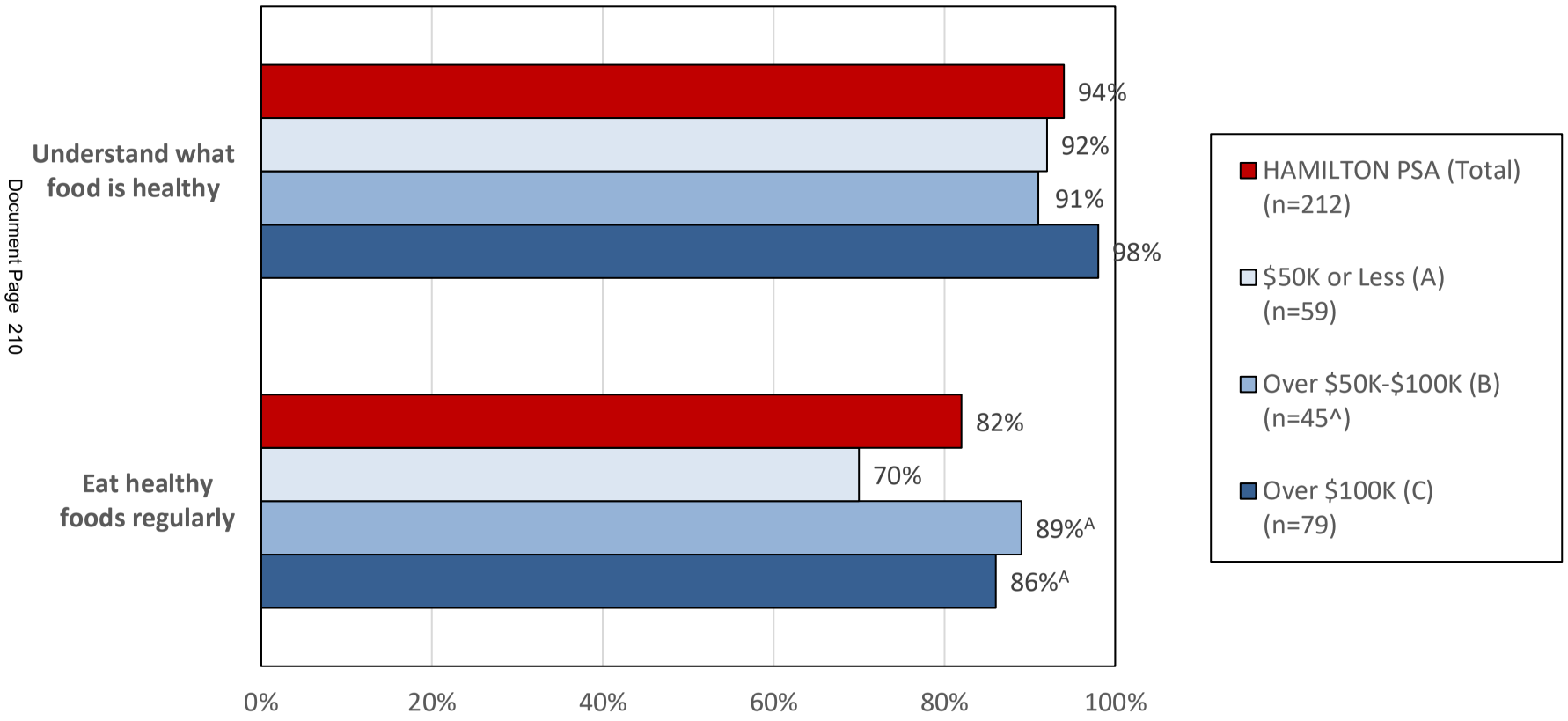
- The vast majority of residents claim to understand what foods are healthy.
- Eating healthy foods regularly, however, is less likely to occur among African Americans and Asians.



Q.16a – Do you feel that you eat healthy foods on a regular basis?
Q.16b – Do you feel that you have enough information to understand what food is healthy?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Self-Description of Understanding and Eating Healthy by Income Level

- Understanding and eating healthy foods are directly correlated to income level, although most claim to know and eat healthy foods.



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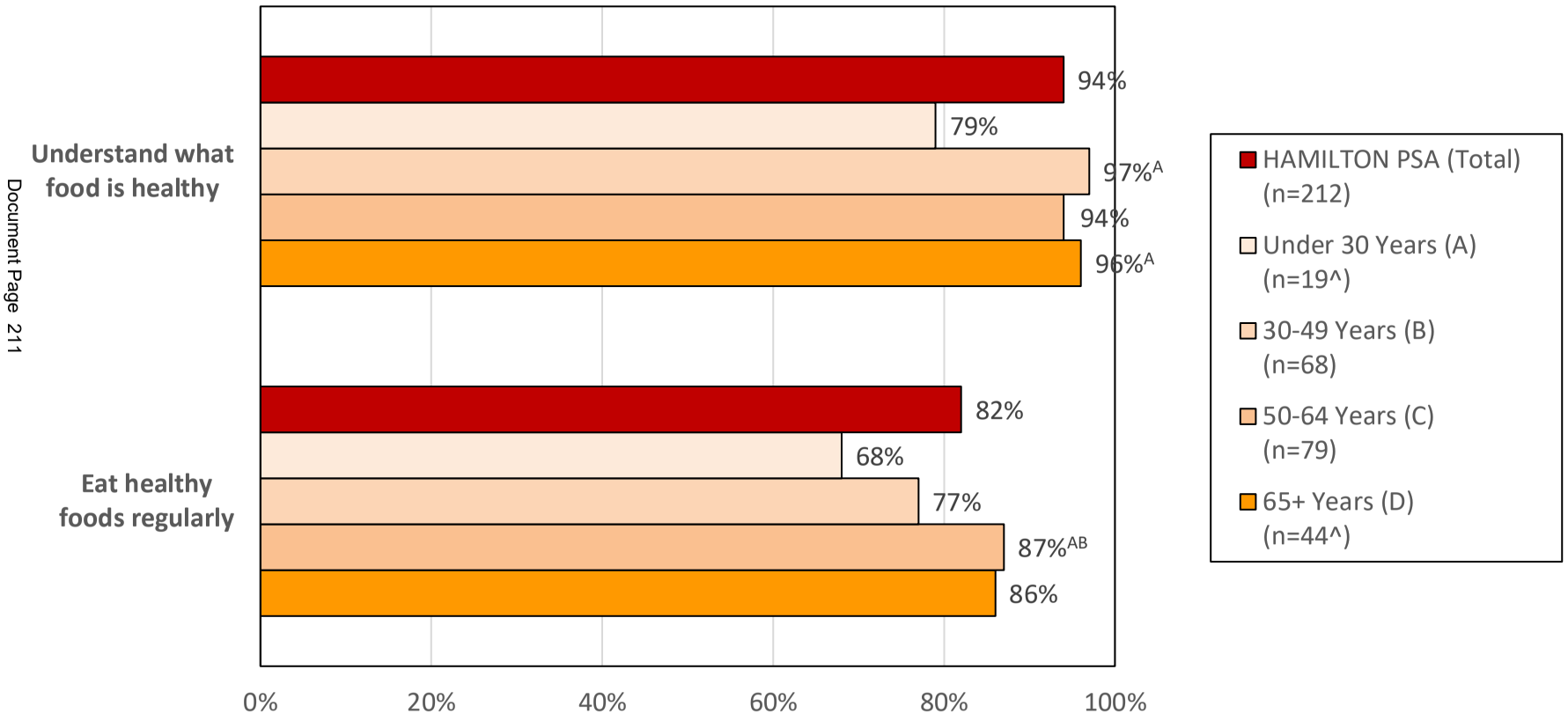
^Small base size.

Self-Description of Understanding and Eating Healthy by Age Group

- Those under 30 years are the least likely to understand proper nutrition and less likely to eat healthfully.



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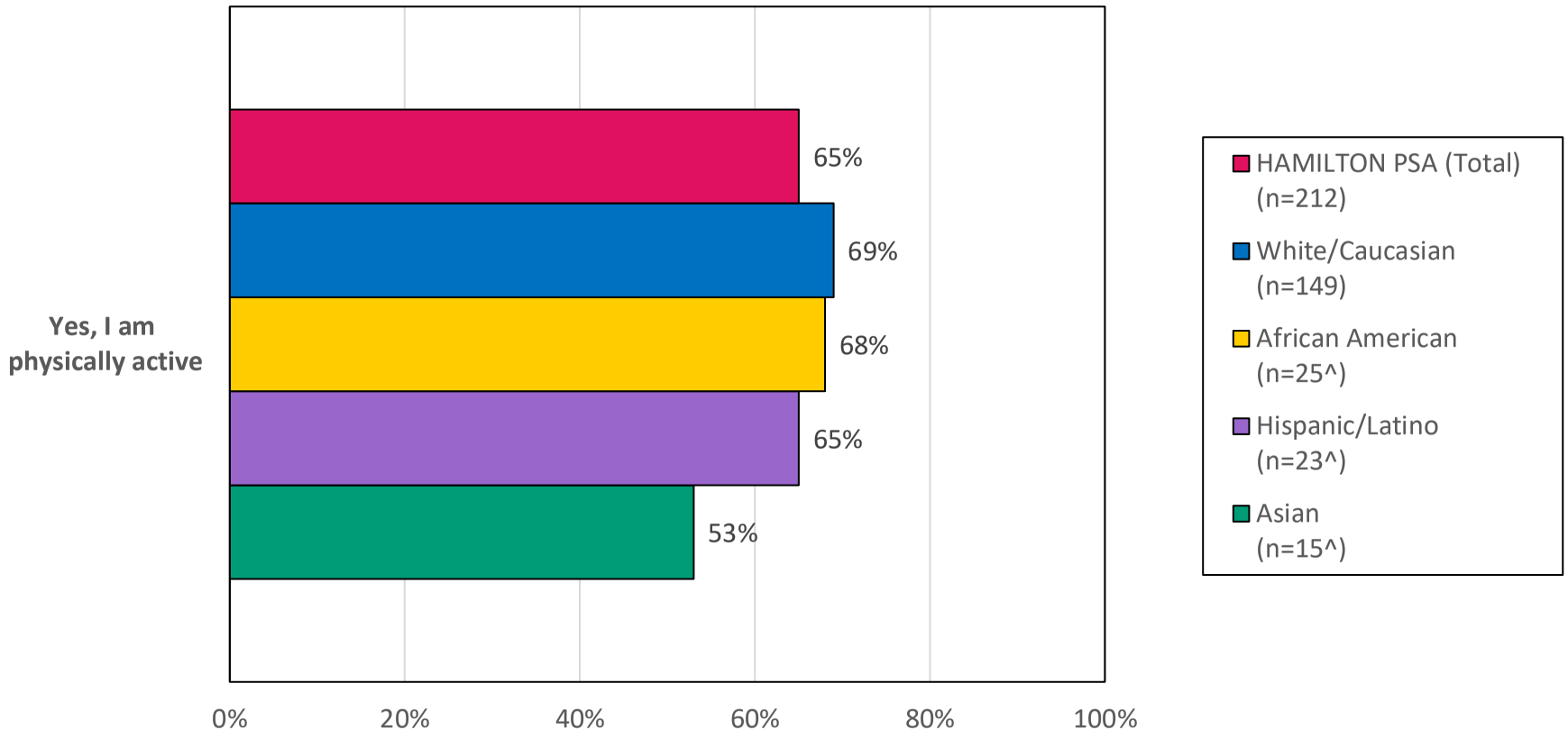
% Who Report to Be Physically Active by Race

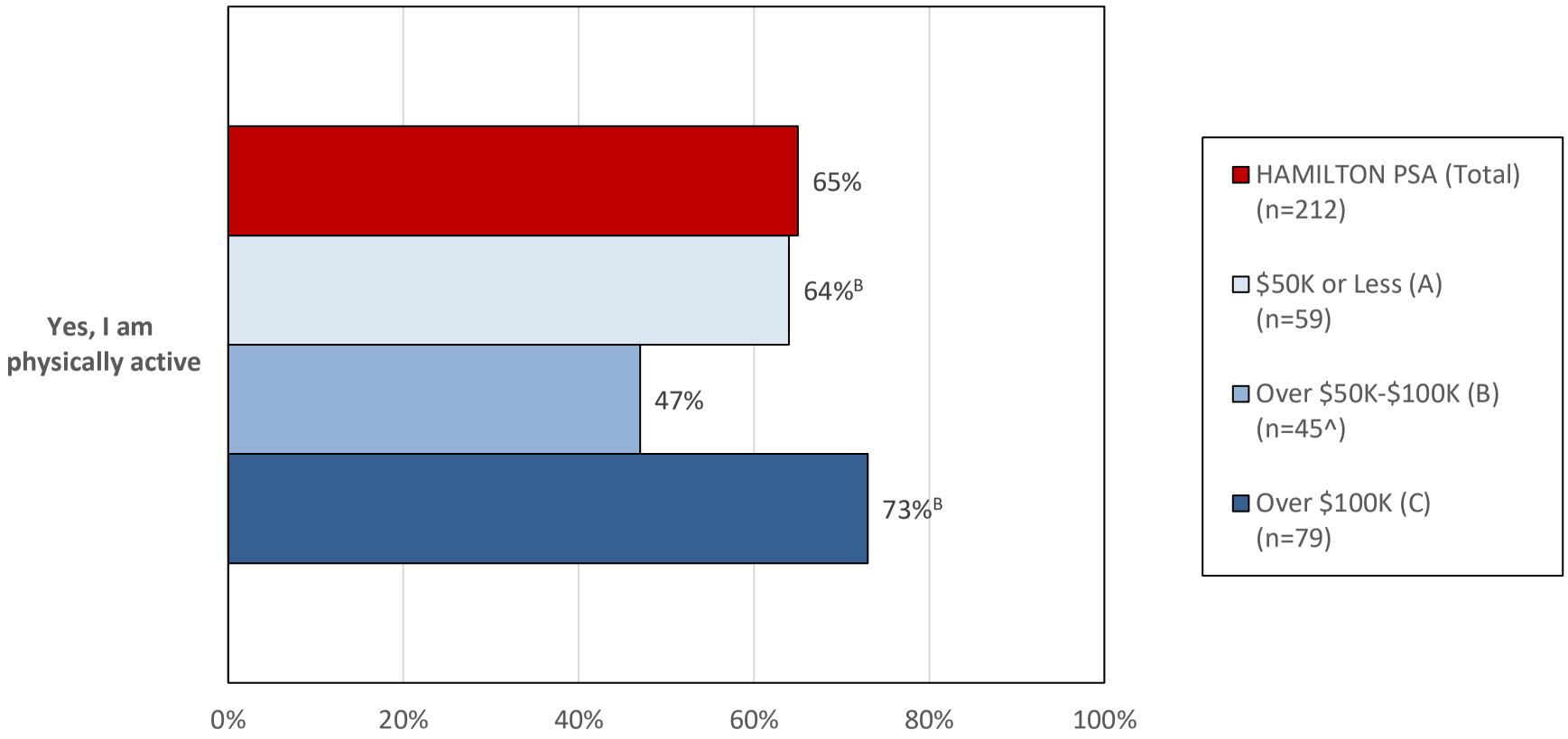
- About two-thirds of area residents describe themselves as physically active.



Q.16c – Do you feel that you are physical active?
Note: There are no significant differences between cells at the 90% confidence level.
^Small base size.

% Who Report to Be Physically Active by Income Level

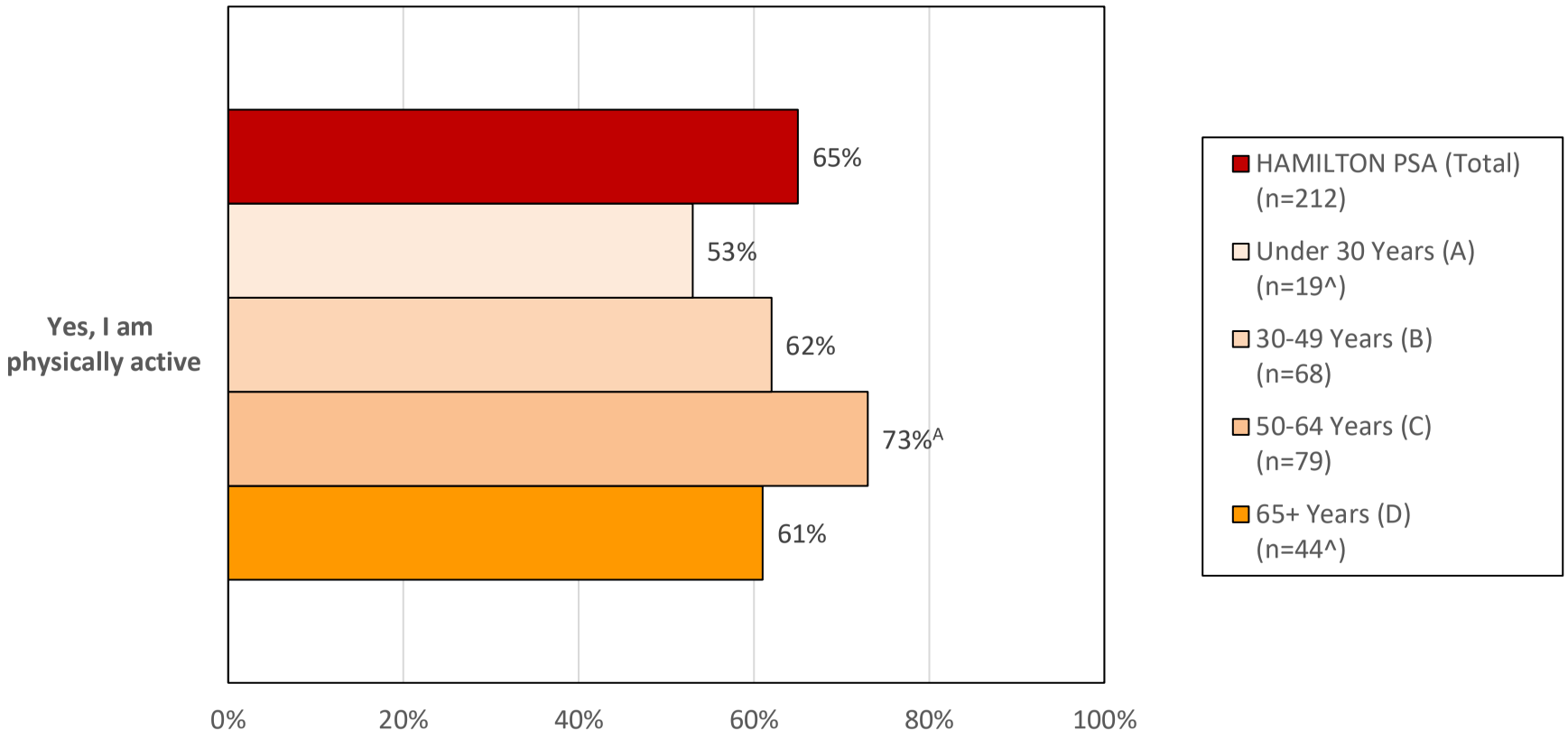
- Those earning over $100K are more likely to describe themselves as physically active.



Q.16c – Do you feel that you are physical active?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

% Who Report to Be Physically Active by Age Group

- There doesn't appear to be a meaningful correlation between age and reported physical activity.



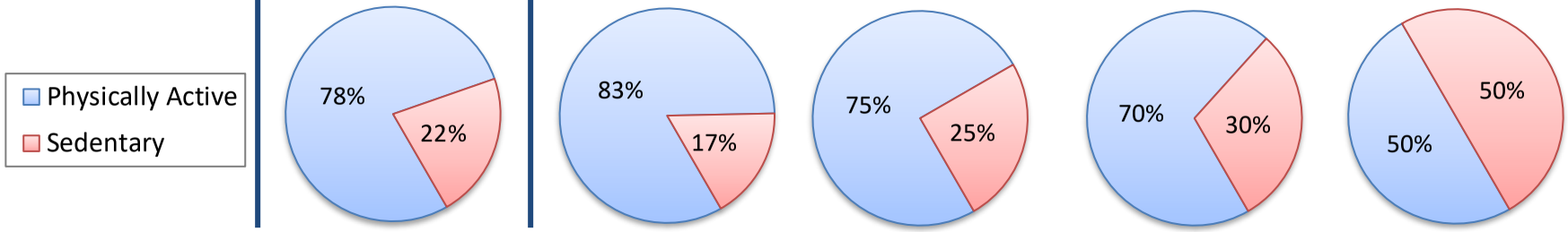
Q.16c – Do you feel that you are physical active?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Activity Level of Children in Household by Race

- In households with children, the large majority are eating breakfast daily and are physically active.
- Asian parents, however, are less likely to indicate that their child eats breakfast daily and are more likely to describe their child's activity level as sedentary.

	Hamilton PSA (Total) (n=212)	White/ Caucasian (n=149)	African American (n=25^)	Hispanic/ Latino (n=23^)	Asian (n=15^)
Households with Children:	32%	31%	32%	44%	40%
% of Children Who Eat Breakfast Daily:	81%	83%	75%	80%	67%

Children Are:



Q.17 - Do you have any children that live with you?
Q.17a - Do they eat breakfast before the start of the school day?
Q.17b - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
Note: There are no significant differences between cells at the 90% confidence level.
^Small base size.

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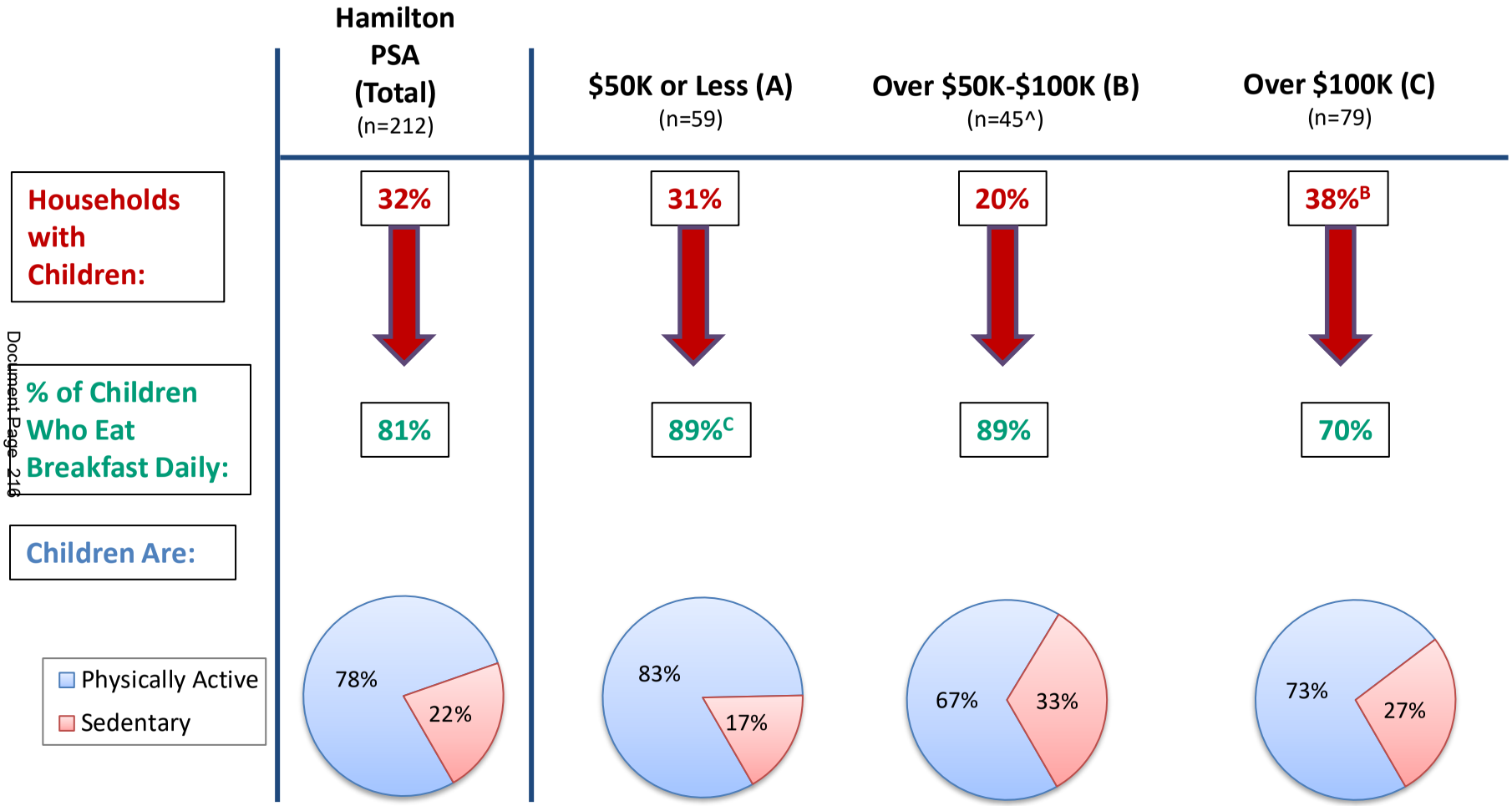
Activity Level of Children in Household by Income Level

- The majority of children in low-income households are reportedly eating breakfast daily, and a high proportion are physically active.



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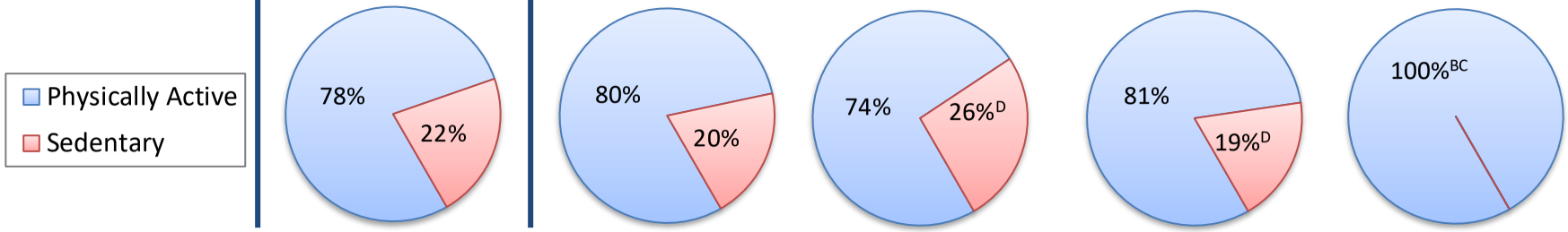
Activity Level of Children in Household by Age Group

- With 90% of them living in households with children, the 30–49-year-old age group is the most representative of households with children. Over 8 in 10 claim that their children eat breakfast daily, and about a quarter describe their children as physically active.

	Hamilton PSA (Total) (n=212)	Under 30 Years (A) (n=19^)	30-49 Years (B) (n=68)	50-64 Years (C) (n=79)	65+ Years (D) (n=44^)
Households with Children:	32%	26%D	56%ACD	27%D	7%
% of Children Who Eat Breakfast Daily:	81%	100%BCD	84%D	76%	33%

Children Are:



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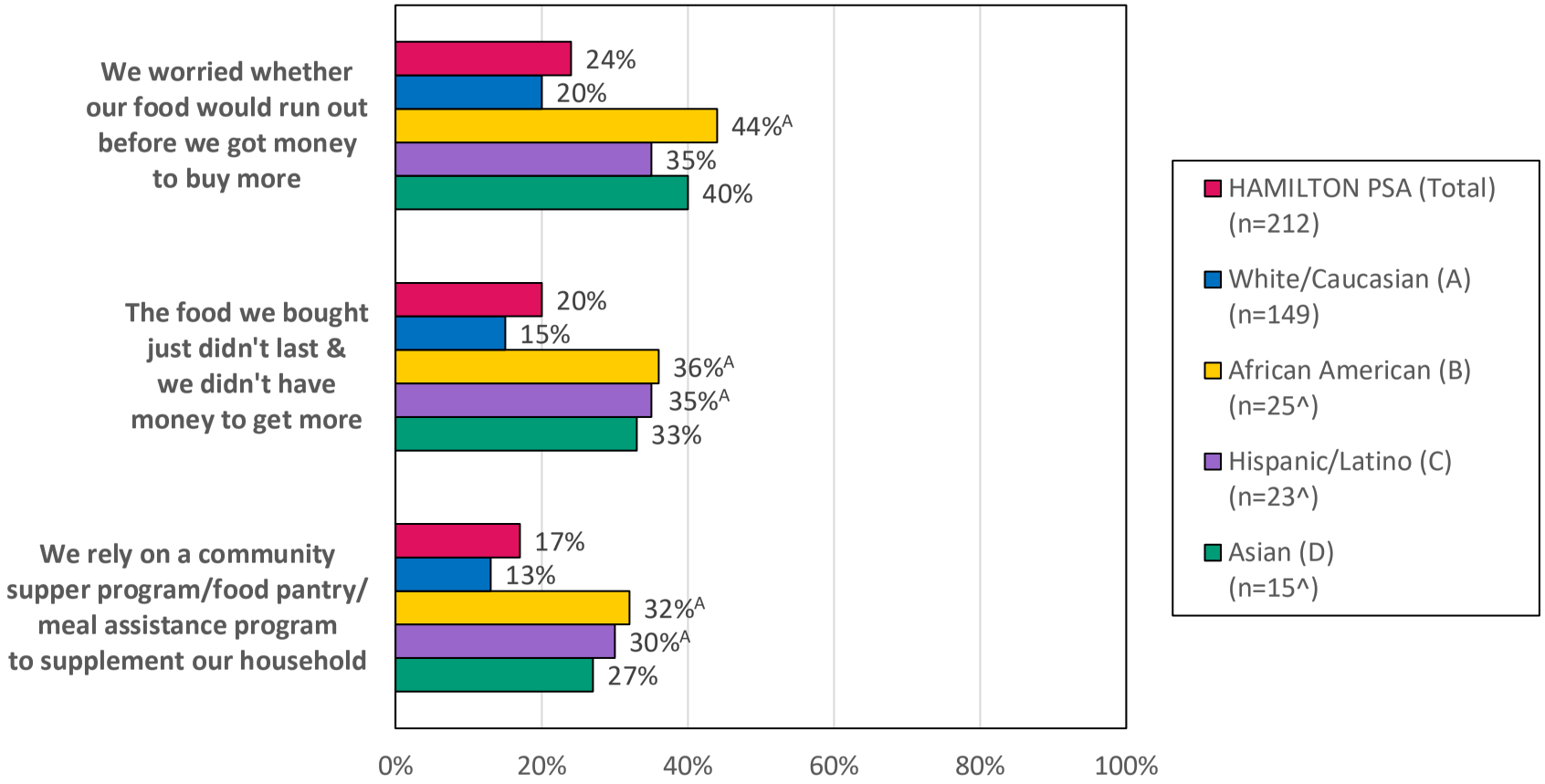
Food Insecurity in Household in Last 12 Months (Often/Sometimes True) by Race

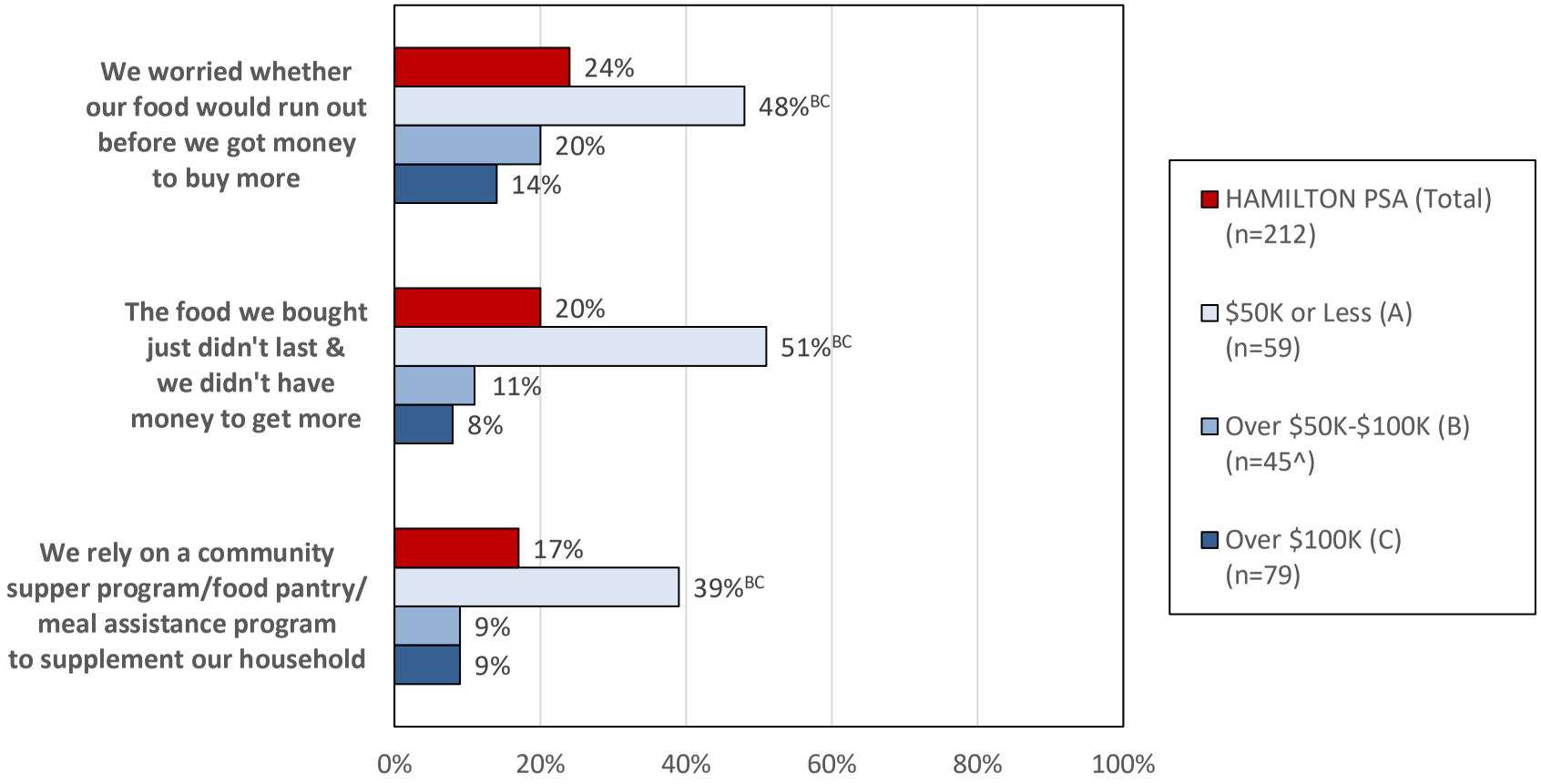
- Food insecurity is much higher among African Americans and Hispanics.



Q.18 – Please read the following statements that people have made about their food situation. For each one, indicate how true the statement was for your household over the last 12 months.
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Food Insecurity in Household in Last 12 Months (Often/Sometimes True) by Income Level

- Not surprisingly, food insecurity is primarily felt among those in the lowest income group.



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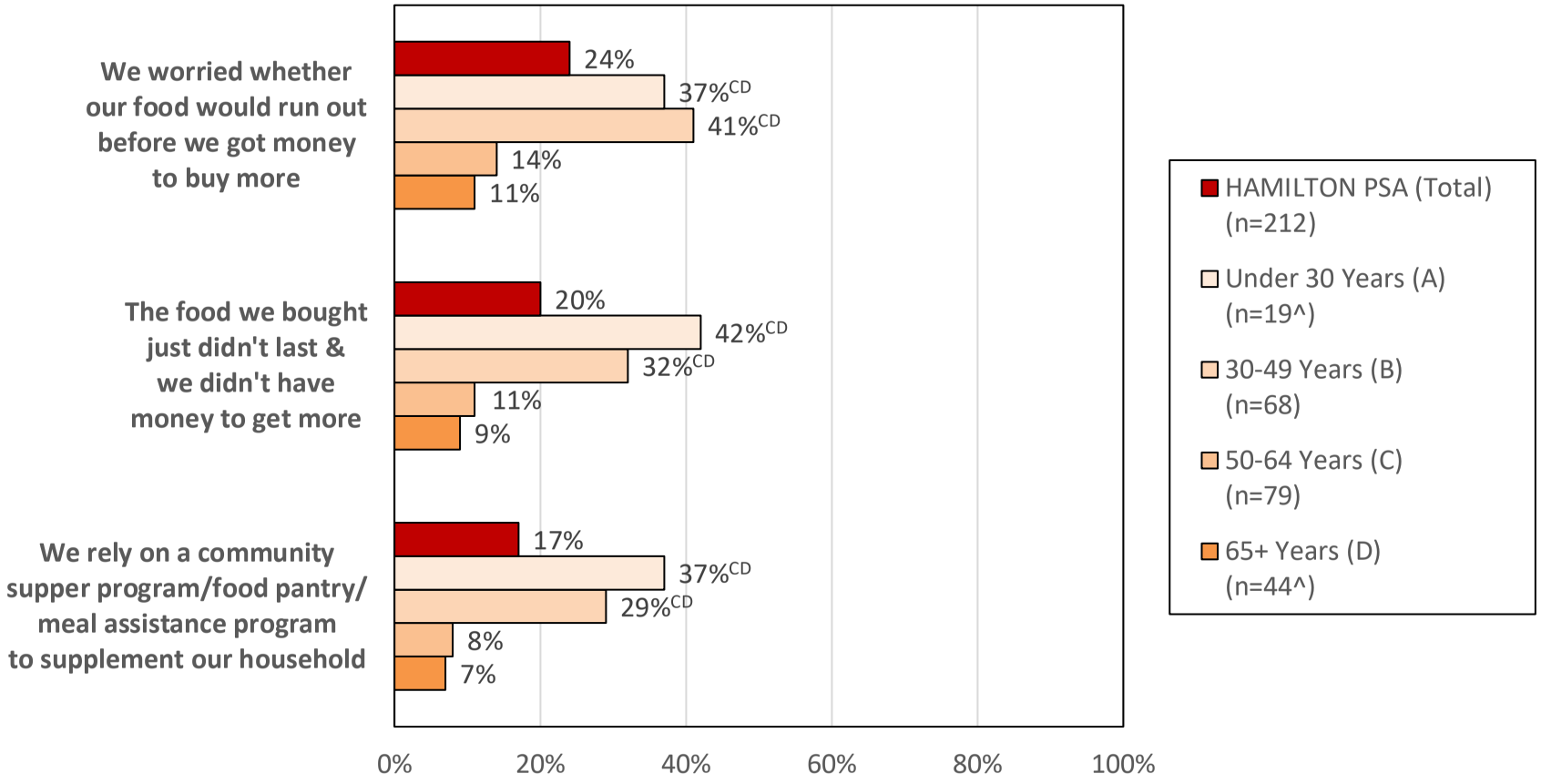
^Small base size.

Food Insecurity in Household in Last 12 Months (Often/Sometimes True) by Age Group

- Food insecurity is more prevalent among the younger age groups.



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^Small base size.

Health Screening

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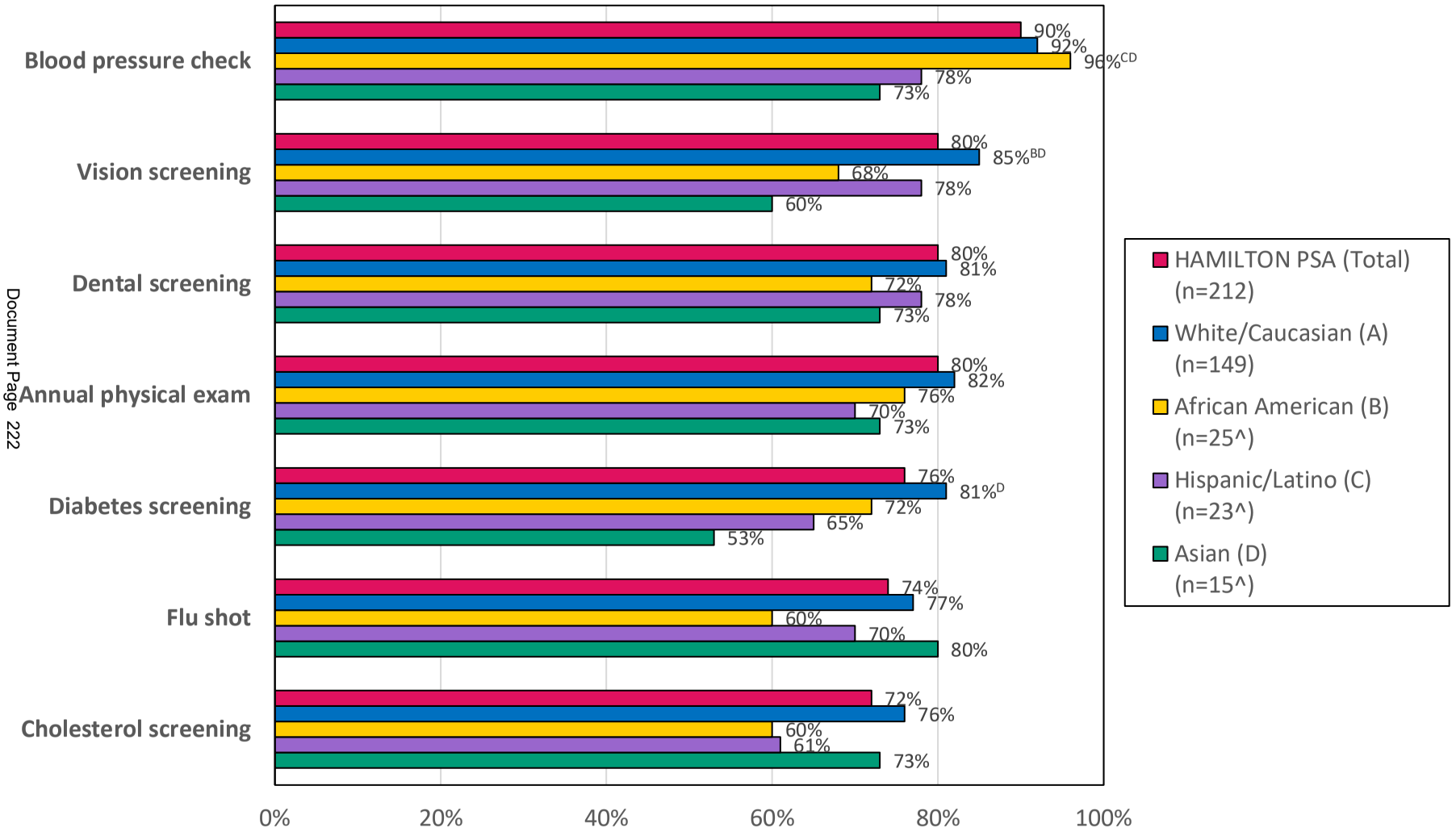
Health Services/Screenings in Past 2 Years by Race

- Overall, the majority of residents within the RWJBH system have been proactive in terms of basic health care visits and screenings.



Q.14 – Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
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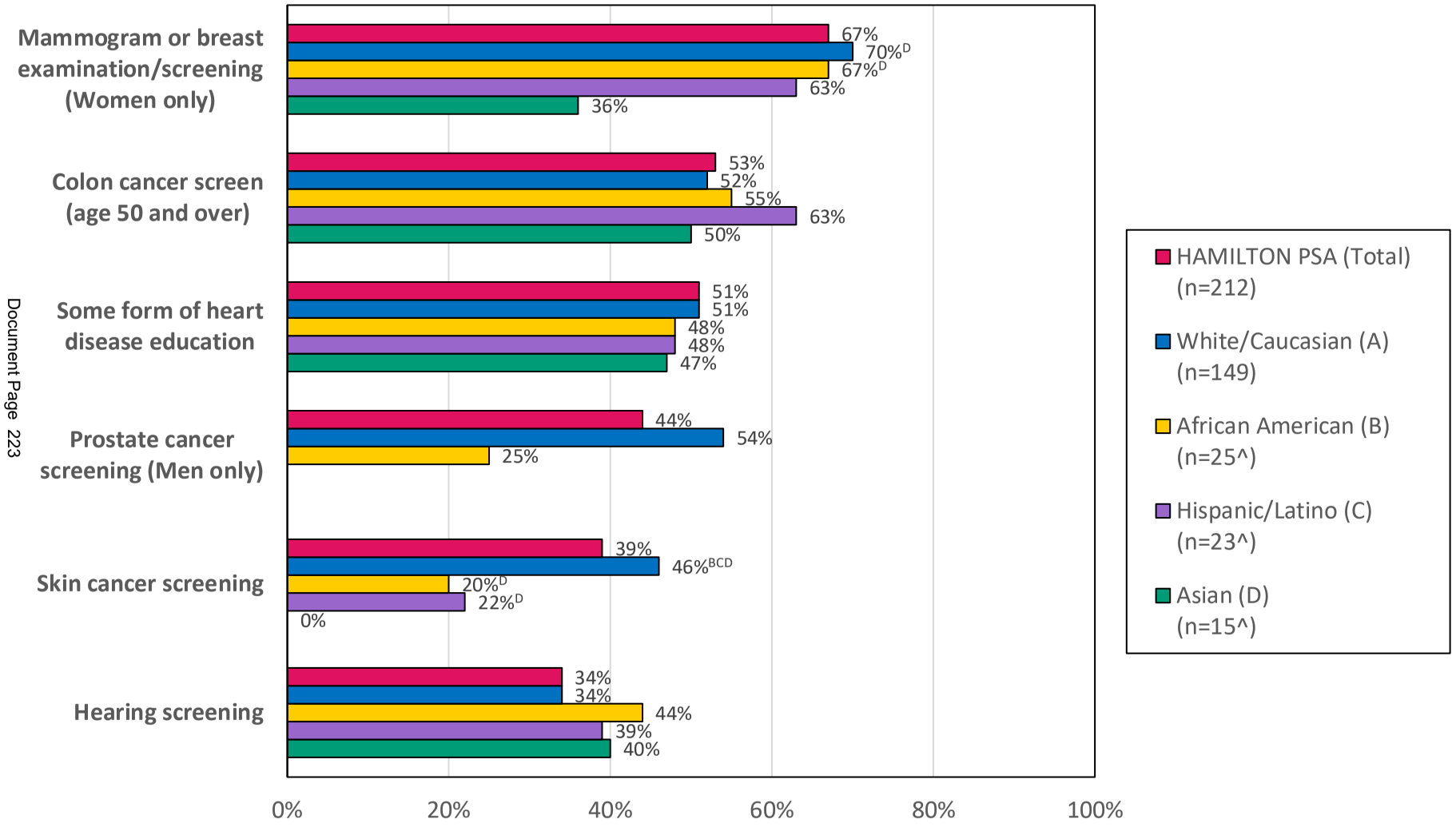
Health Services/Screenings in Past 2 Years by Race (continued)



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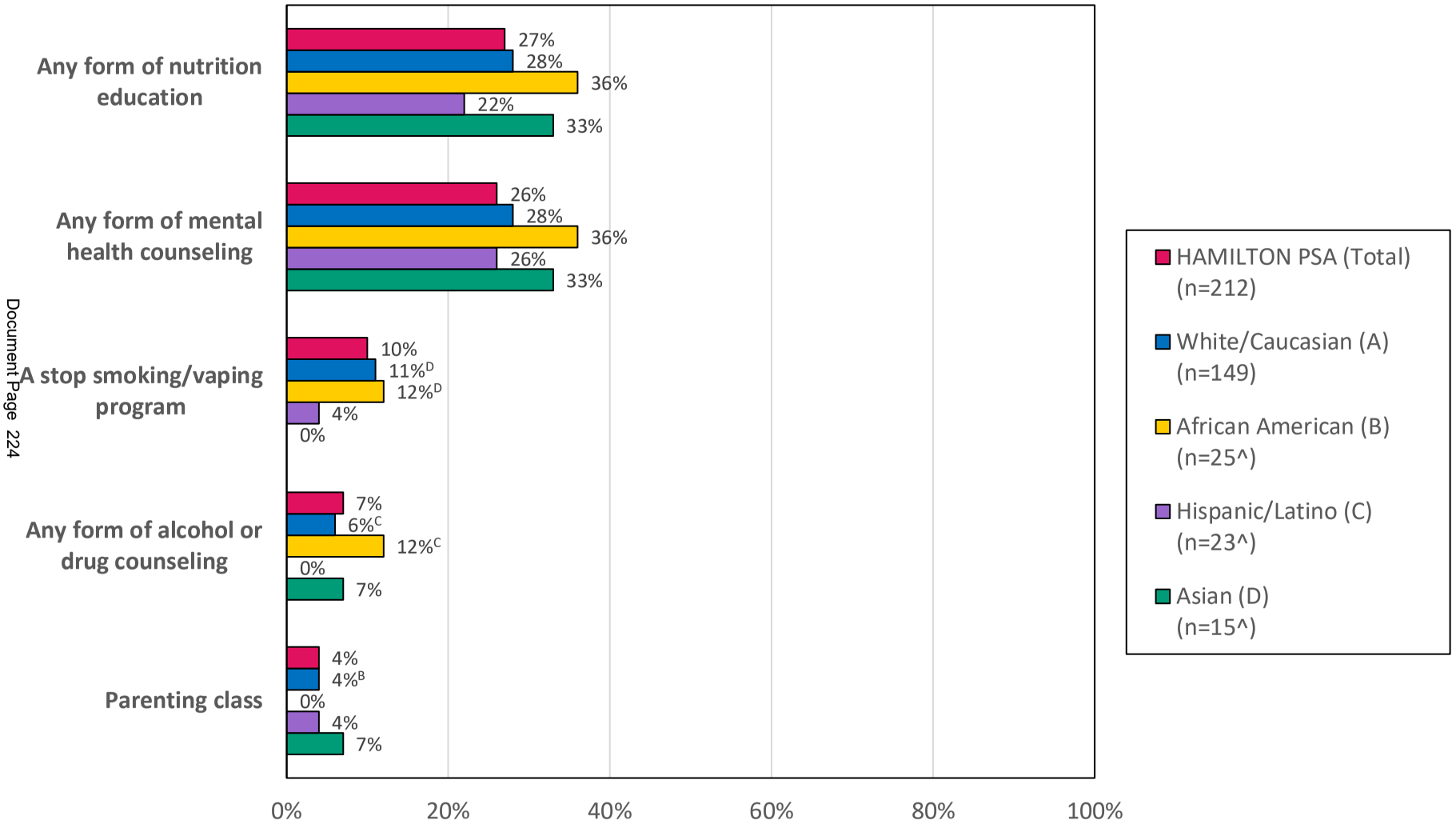
Health Services/Screenings in Past 2 Years by Race (continued)



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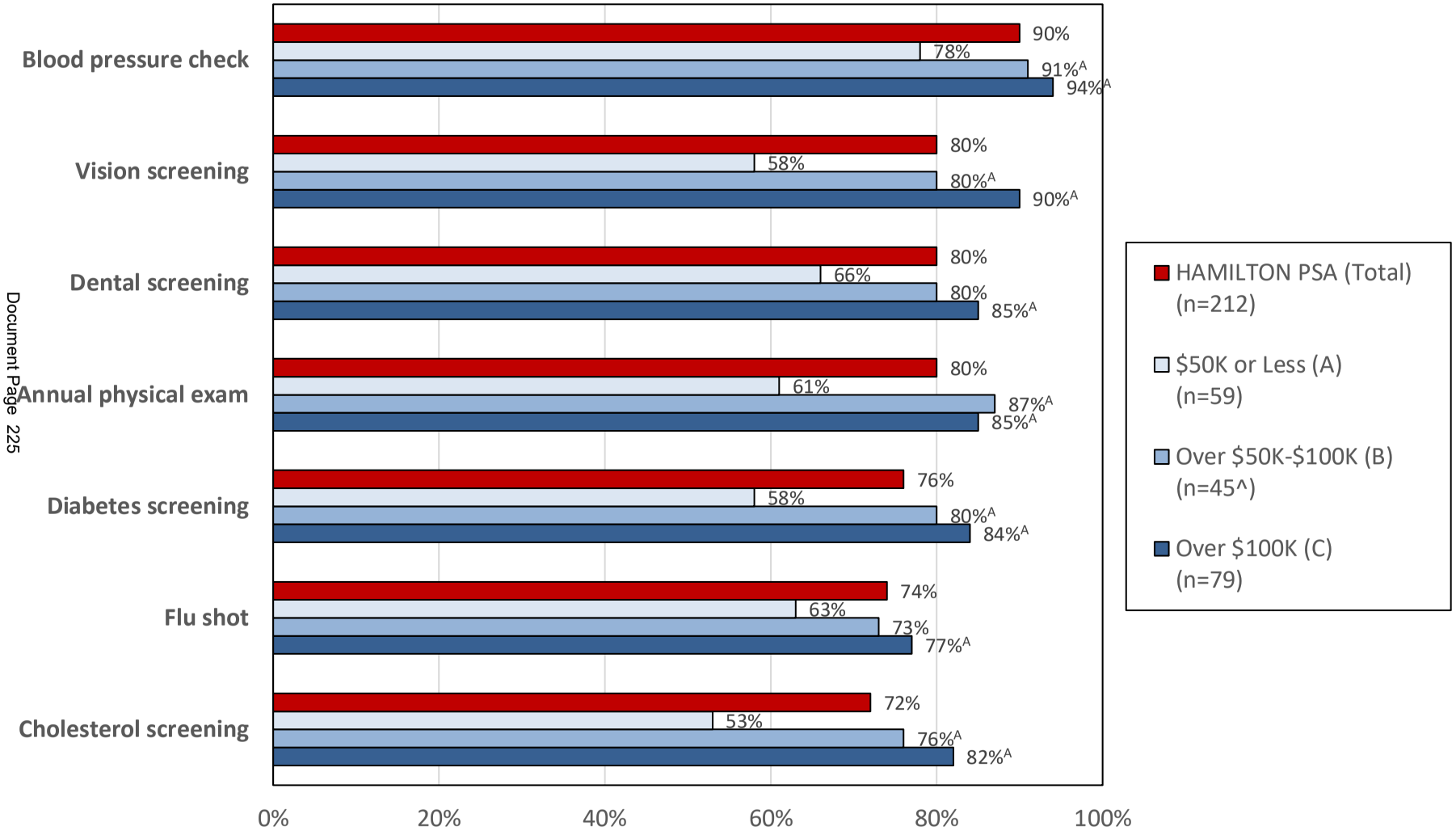
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Health Services/Screenings in Past 2 Years by Income Level

- Low-income households are significantly less likely than higher income households to have received the services and screenings below.



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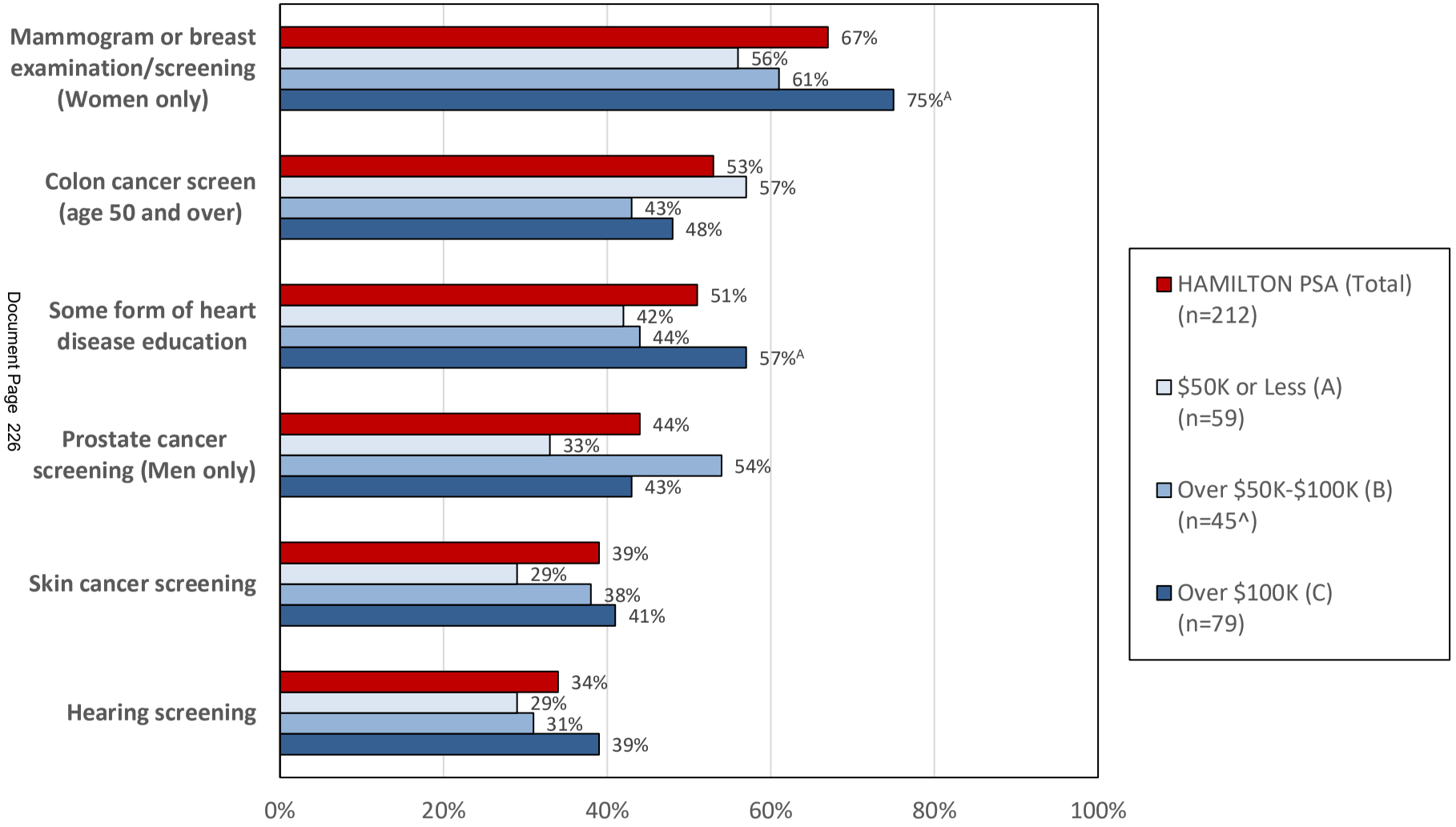
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Health Services/Screenings in Past 2 Years by Income Level (continued)

- Women in low-income households are significantly less likely to have had a mammogram or breast exam.



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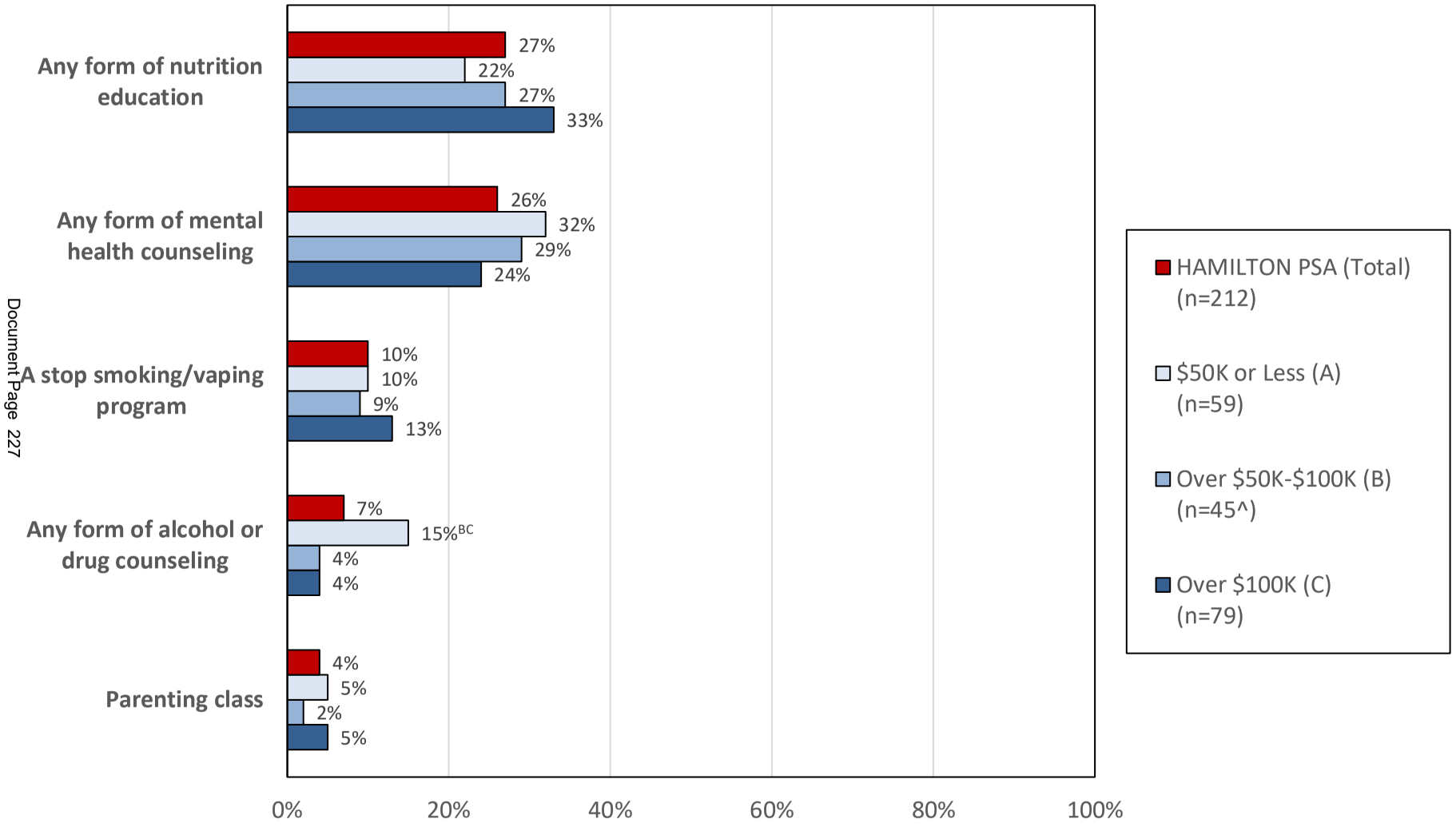
Health Services/Screenings in Past 2 Years by Income Level (continued)



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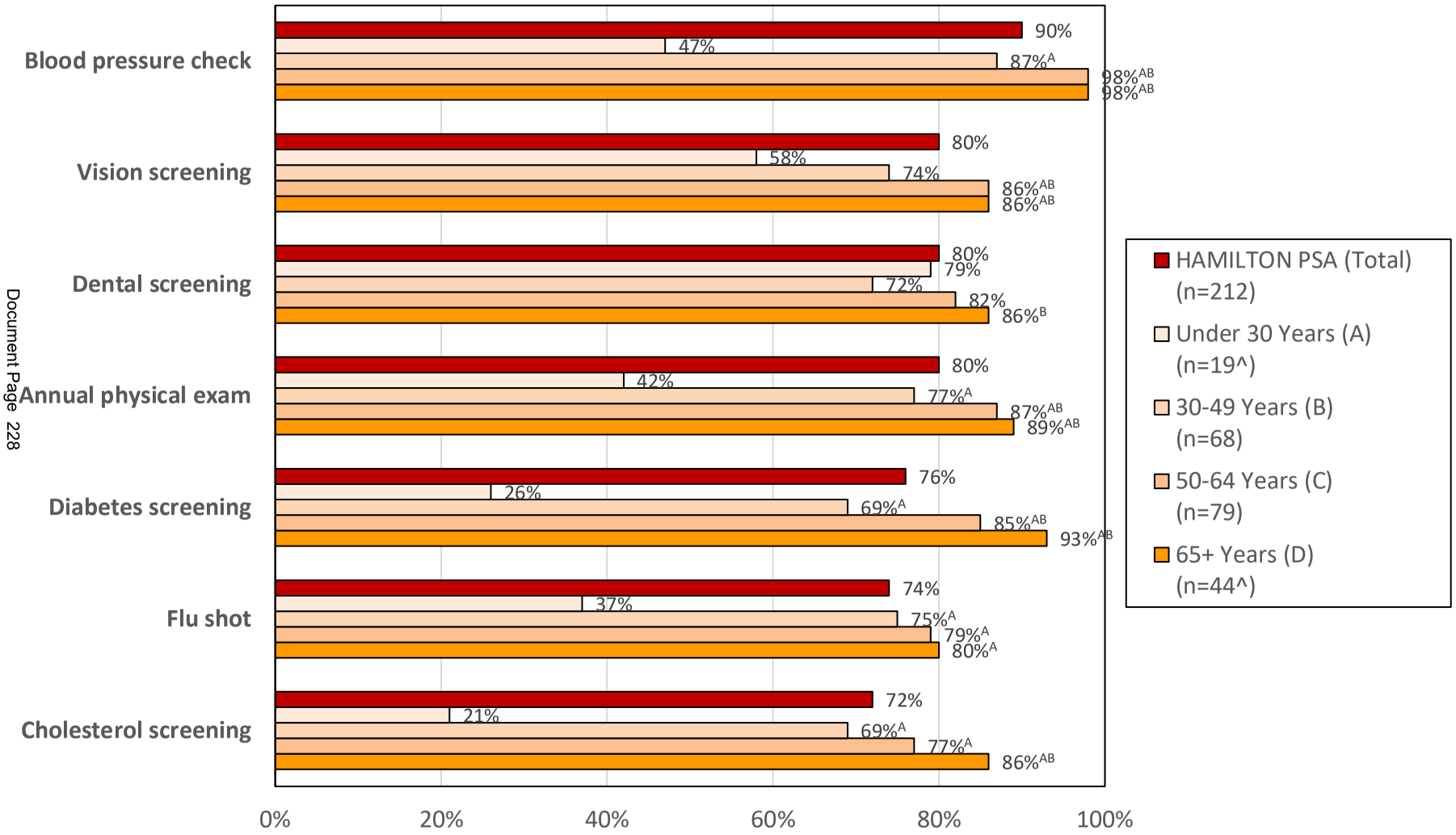
Health Services/Screenings in Past 2 Years by Age Group

- As residents age, the more proactive they are about their health screenings, it seems. Many of the items below involve health conditions where onset typically occurs later in life or presents a greater danger to older patients.



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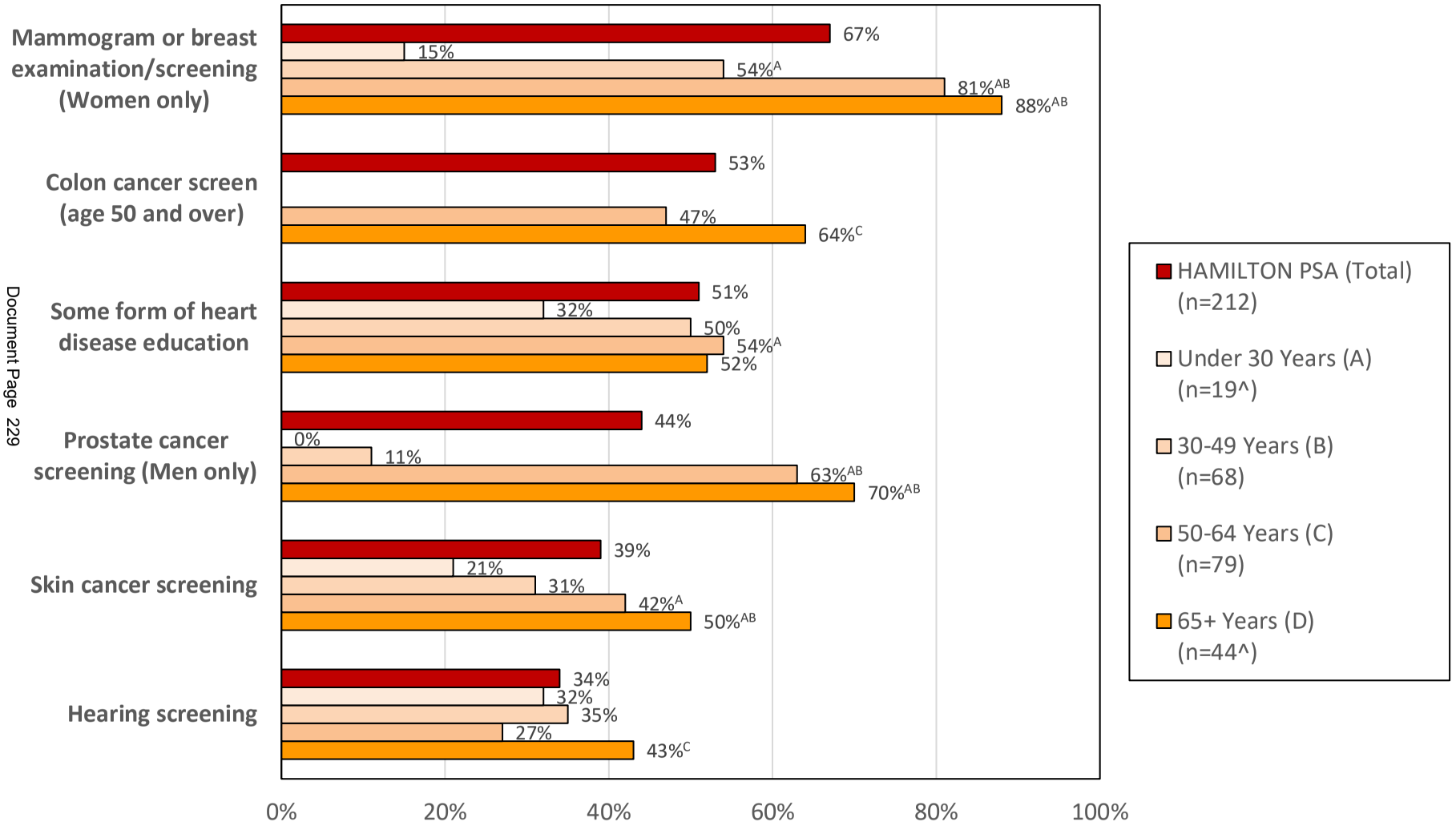
Health Services/Screenings in Past 2 Years by Age Group (continued)



Document Page 229

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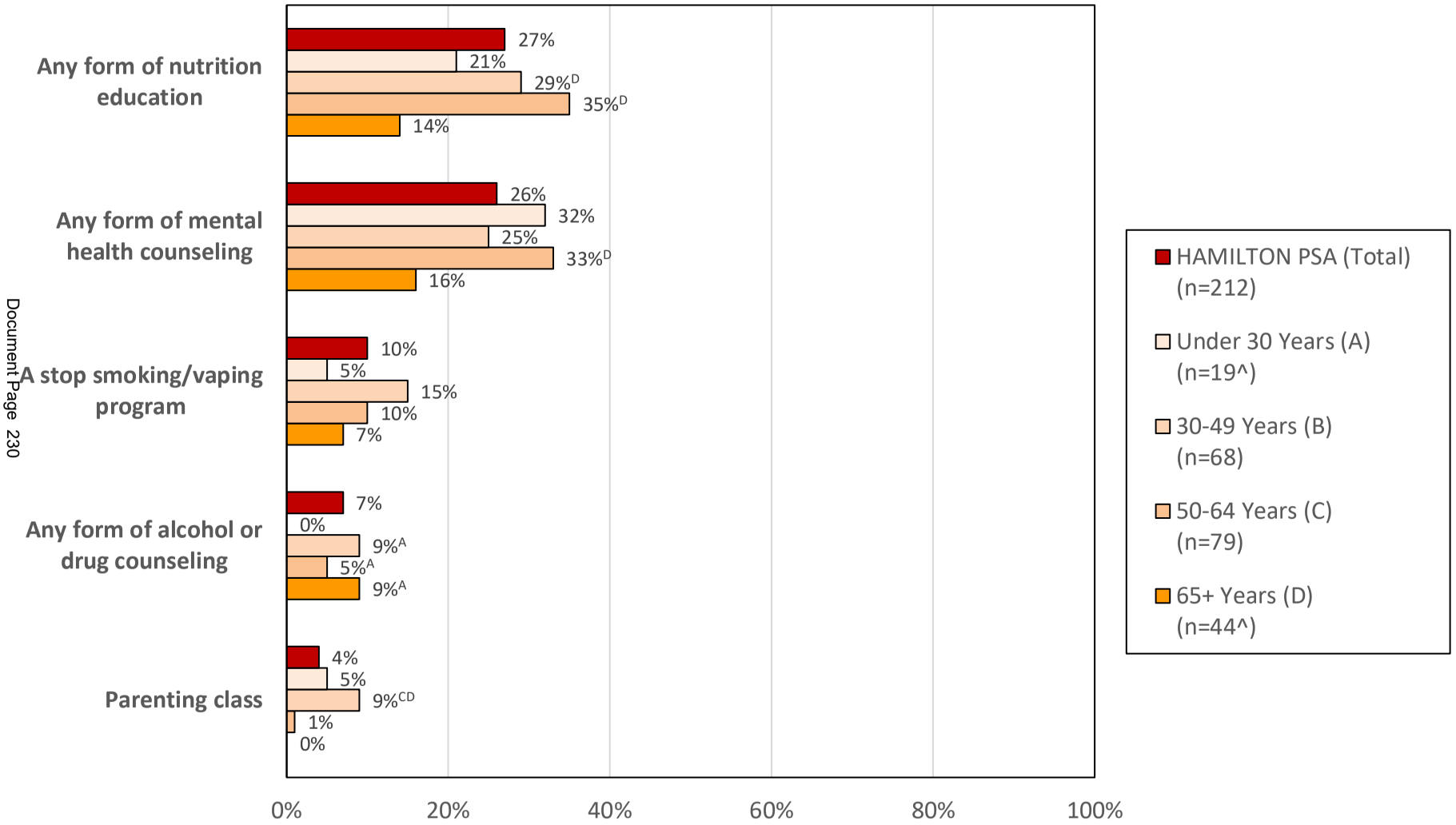
Health Services/Screenings in Past 2 Years by Age Group (continued)



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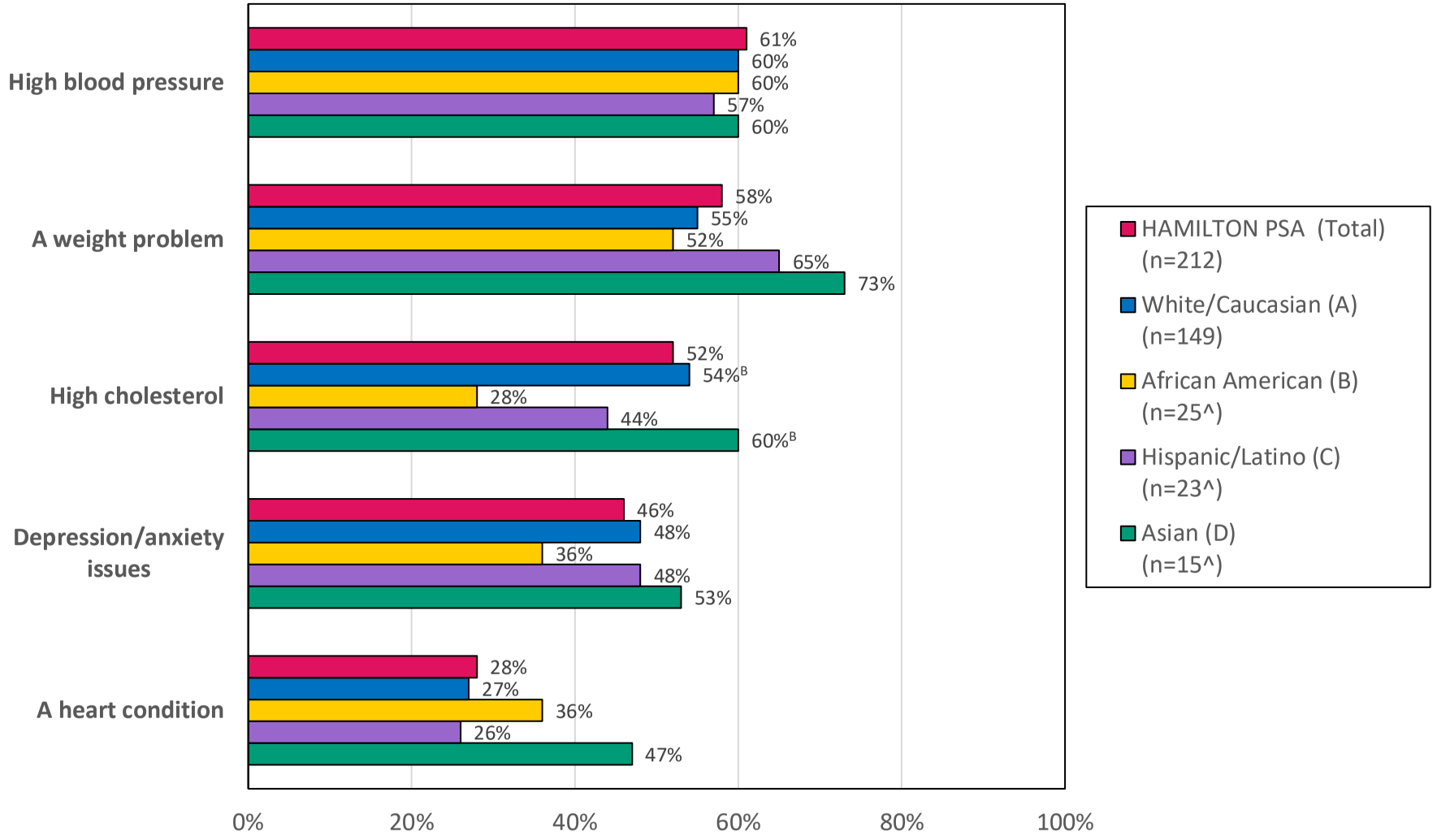
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Conditions Diagnosed

Conditions Diagnosed by Physician (Self or Family Member) by Race

- The most widely diagnosed conditions are high blood pressure, overweight, and high cholesterol, with over half of the respondents indicating that they or a household member have been diagnosed.



Q.15 – Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

^Small base size.

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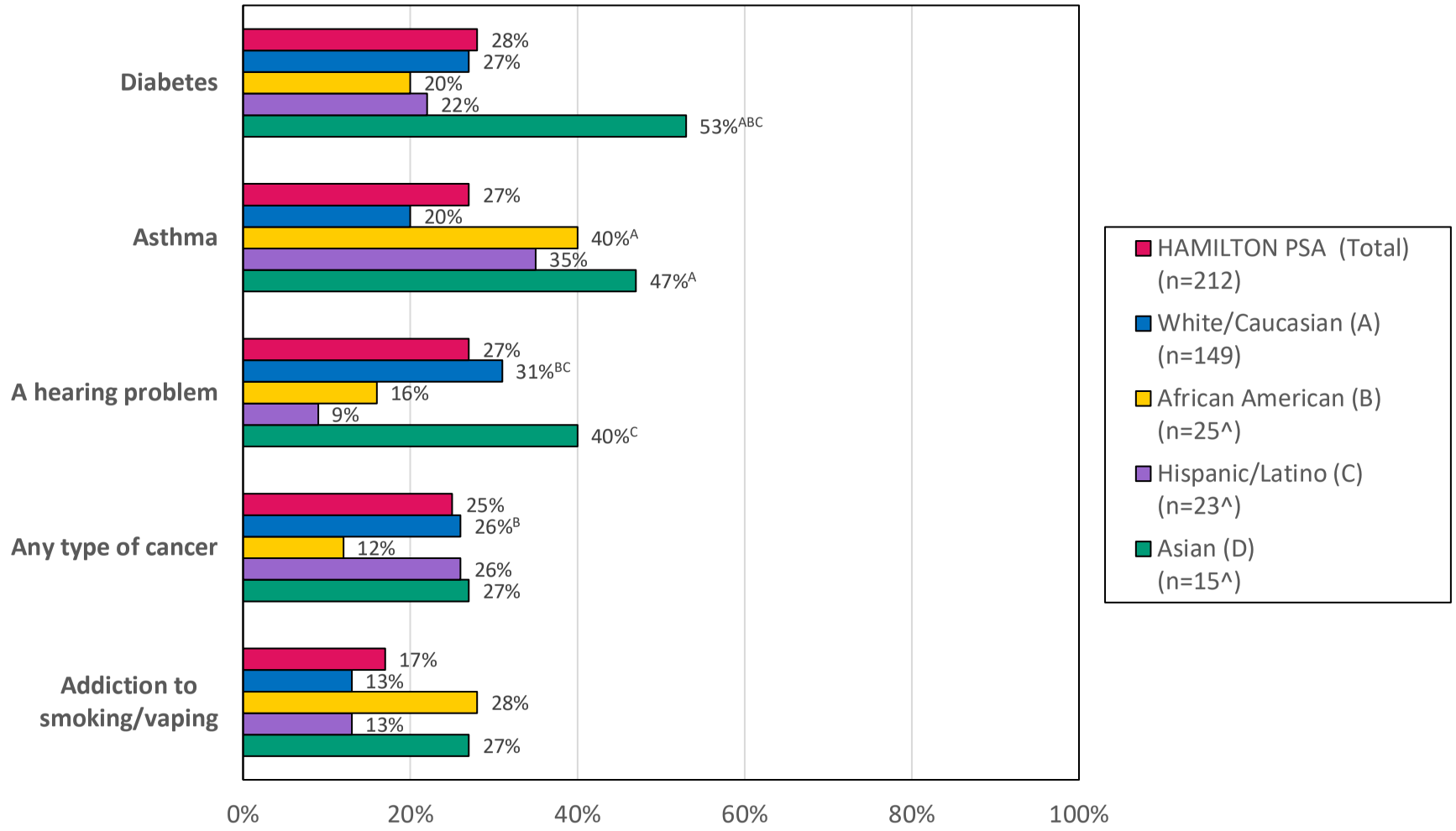
Conditions Diagnosed by Physician (Self or Family Member) by Race (continued)



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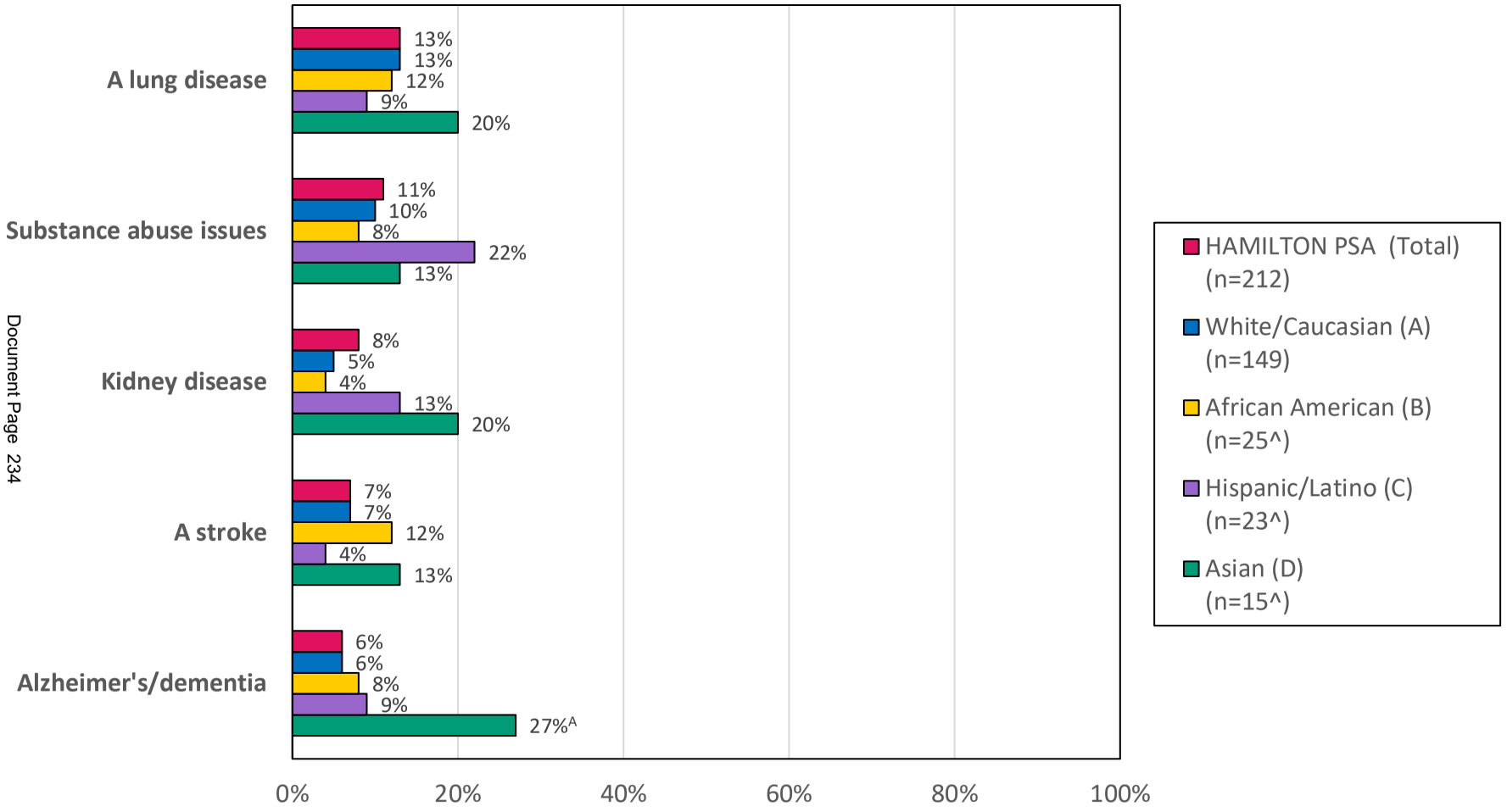

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^Small base size.

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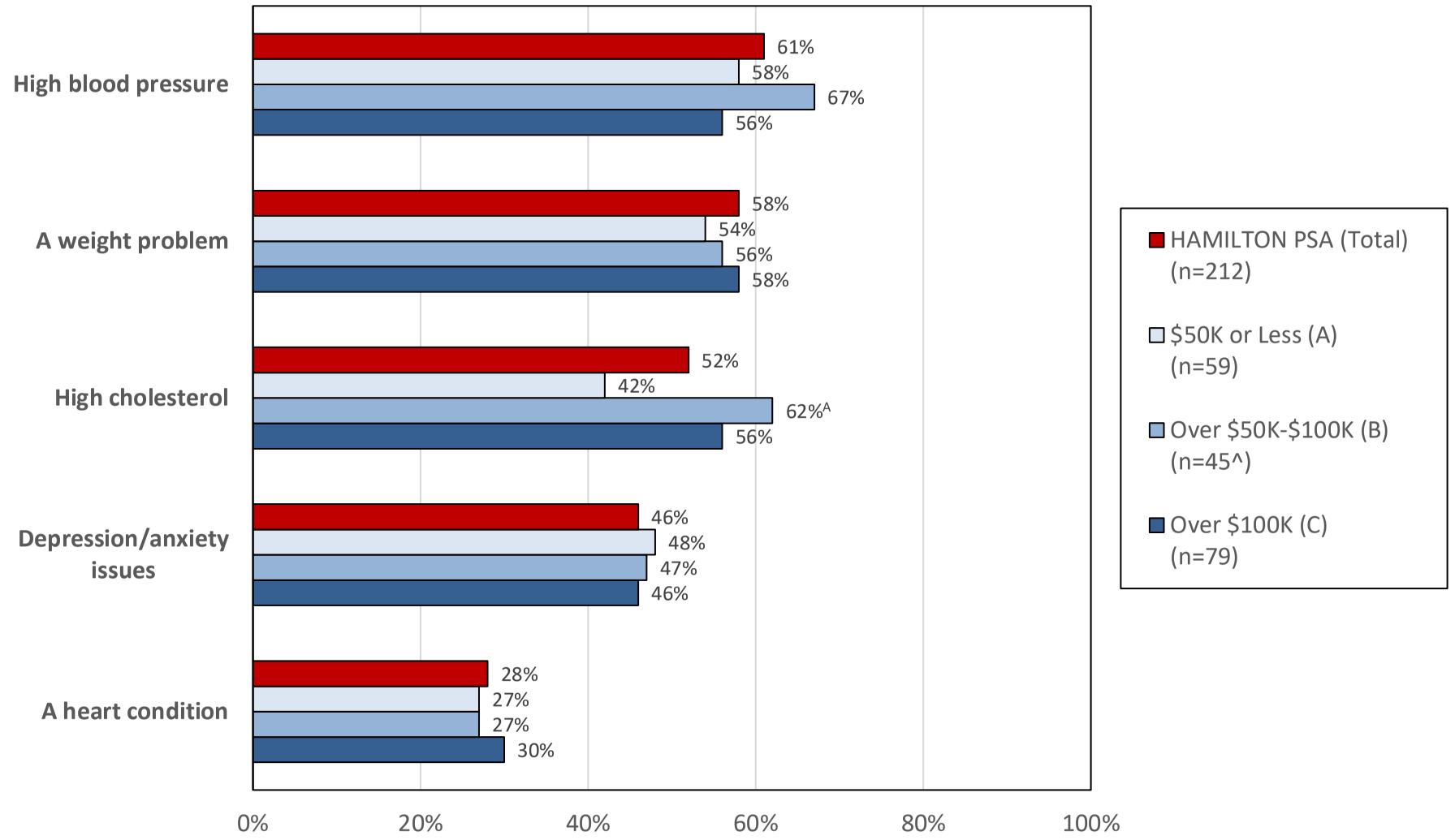
Conditions Diagnosed by Physician by Income Level

- Conditions diagnosed show little meaningful connection to income level.



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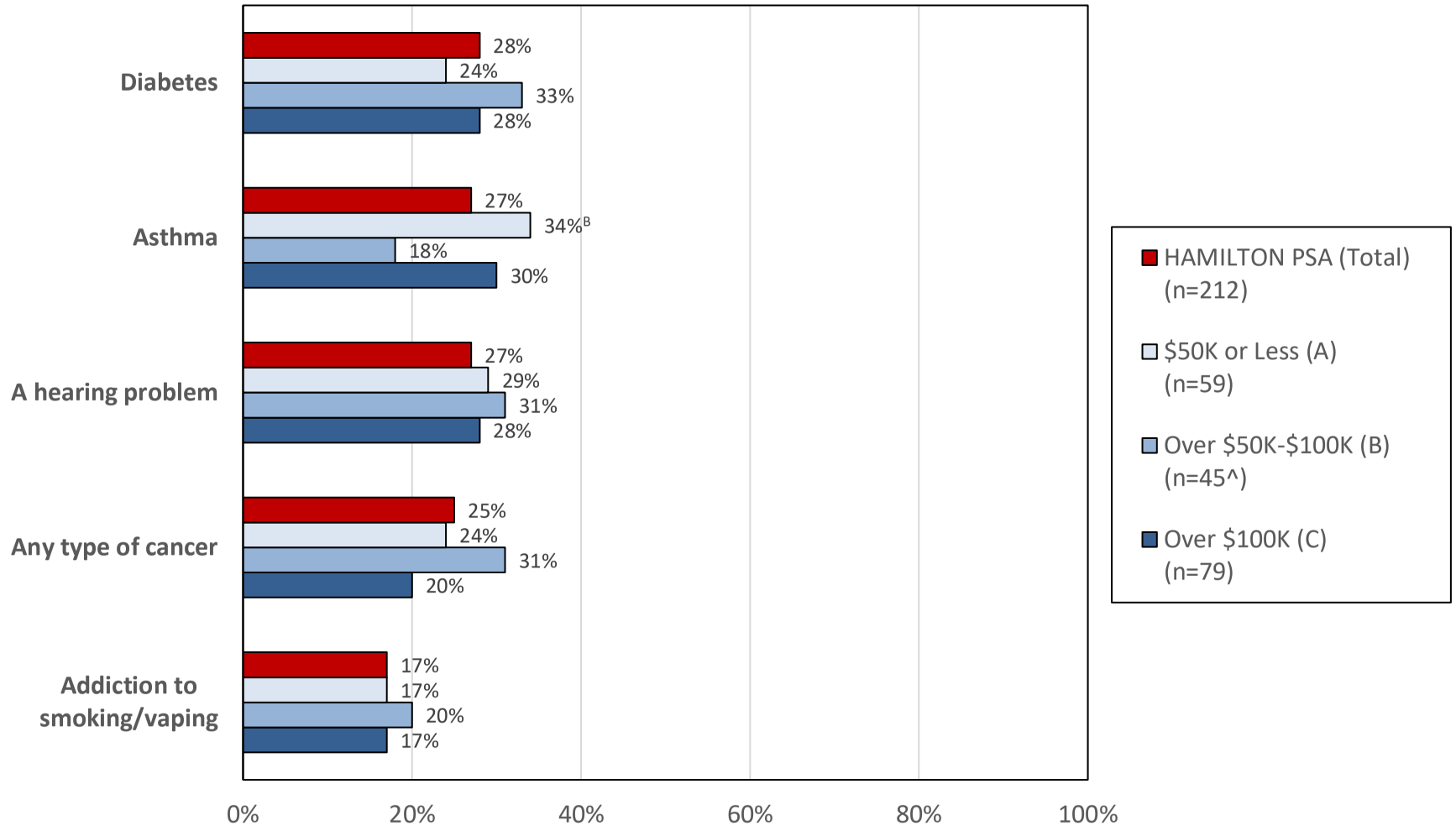
Conditions Diagnosed by Physician (Self or Family Member) by Income Level (continued)



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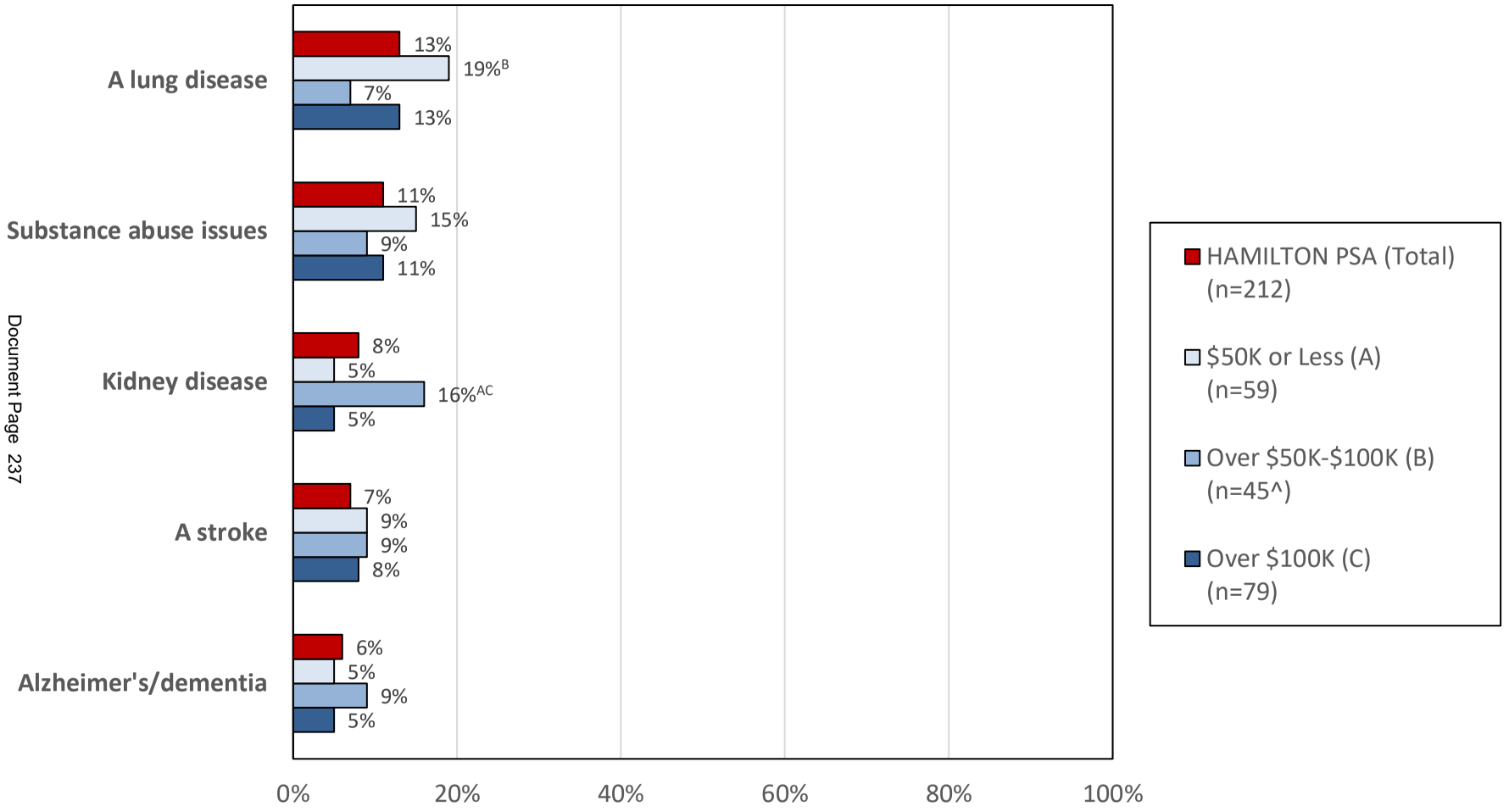
Conditions Diagnosed by Physician (Self or Family Member) by Income Level (continued)



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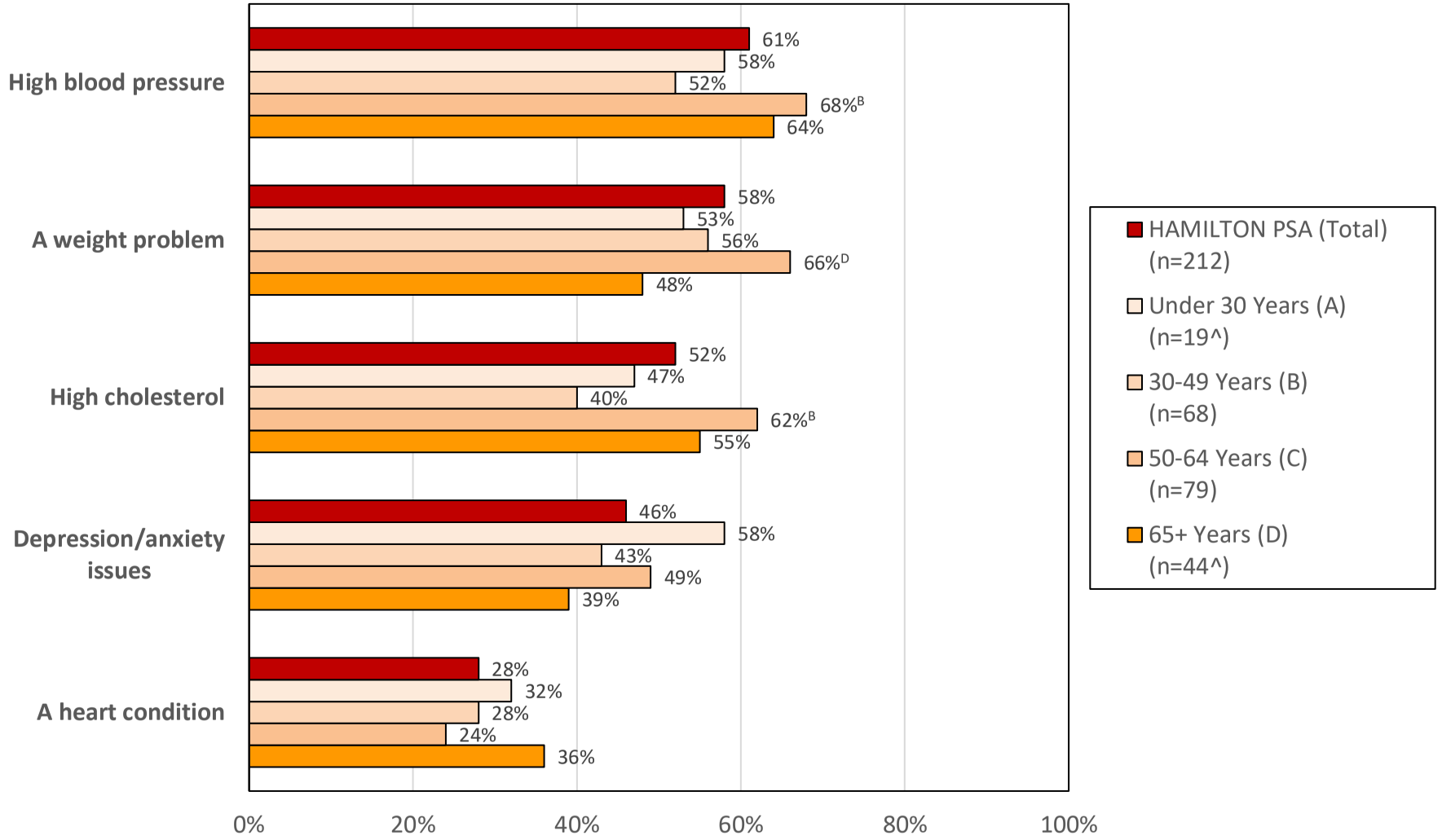
Conditions Diagnosed by Physician (Self or Family Member) by Age Group

- Residents 50-64 report the highest diagnoses of many conditions.



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^Small base size.

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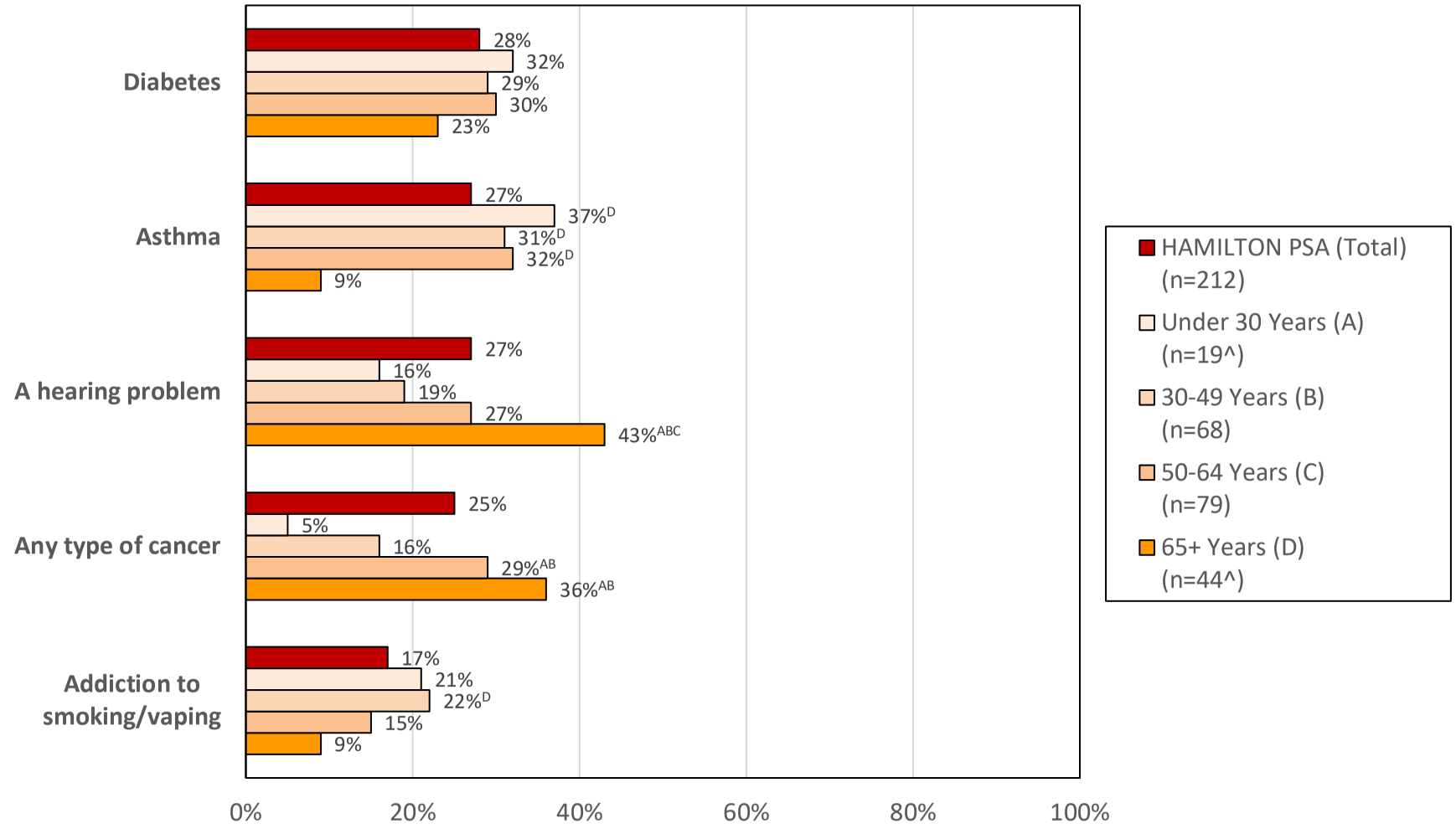
Conditions Diagnosed by Physician (Self or Family Member) by Age Group (continued)

- Hearing problems and cancer are much more prevalent in households of residents 65+.



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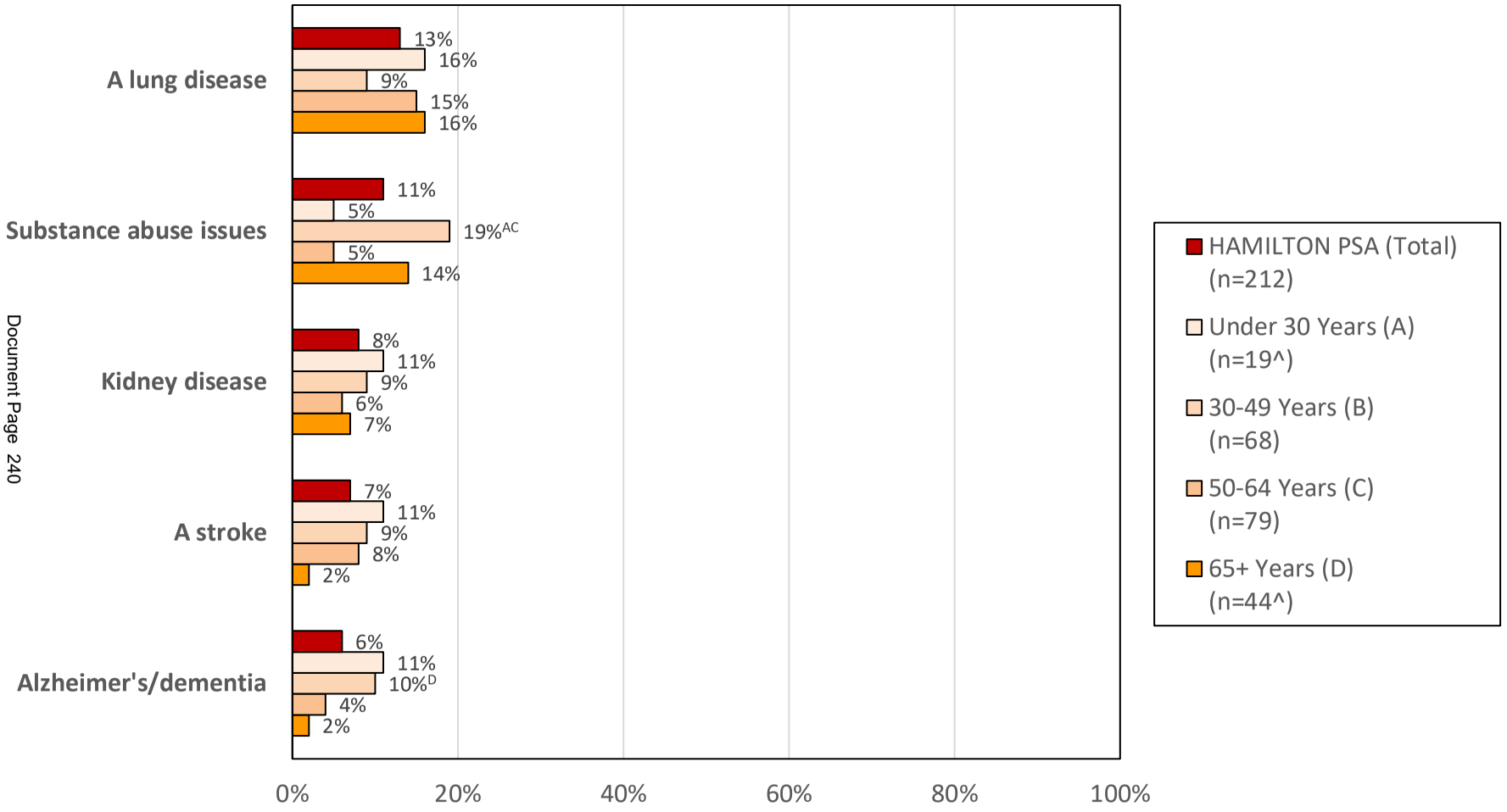
Conditions Diagnosed by Physician (Self or Family Member) by Age Group (continued)



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Methods of Seeking Medical Care

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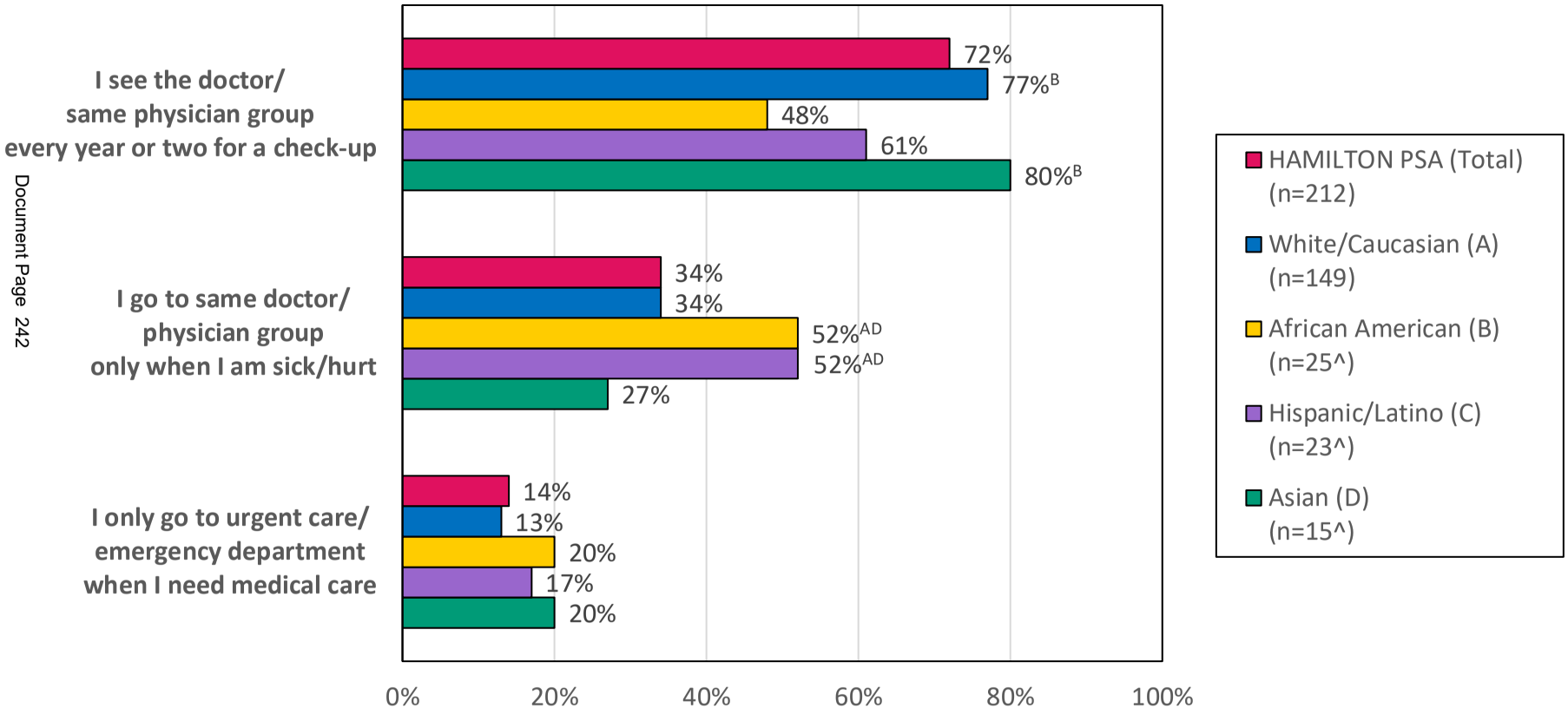
Typical Method of Seeking Medical Care by Race

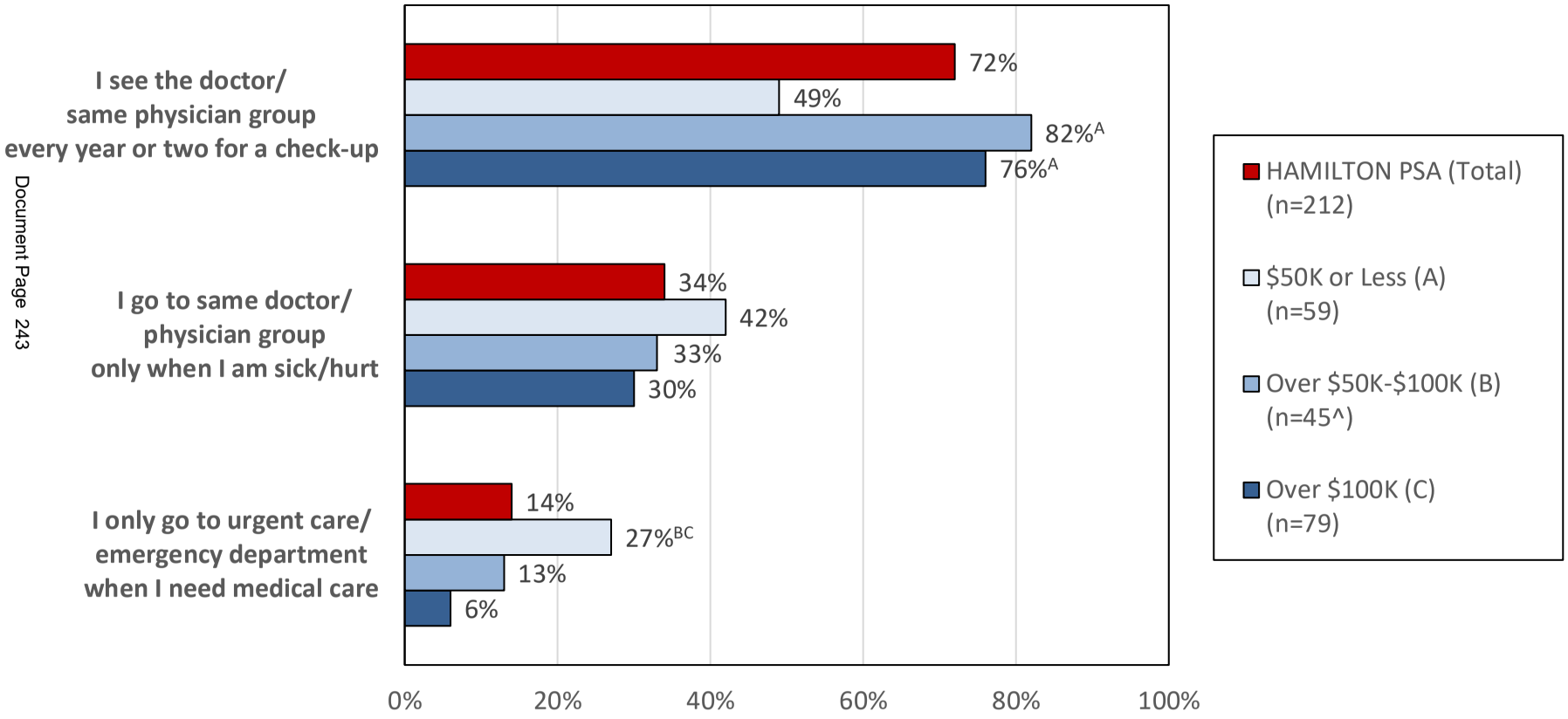
- Overall, the majority of residents surveyed see their doctor every year or two for a check-up.
- Half of the African Americans and Hispanics surveyed only see their doctor when sick or hurt – a much higher proportion than seen among whites and Asians.



Q.19 – When you need medical care, which of the statements below best describes you? (Please check all that apply.)
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
^Small base size.

Typical Method of Seeking Medical Care by Income Level

- Just under half of low-income residents see their doctor every year or two. They are significantly more likely to utilize urgent care or to go to the hospital ER.



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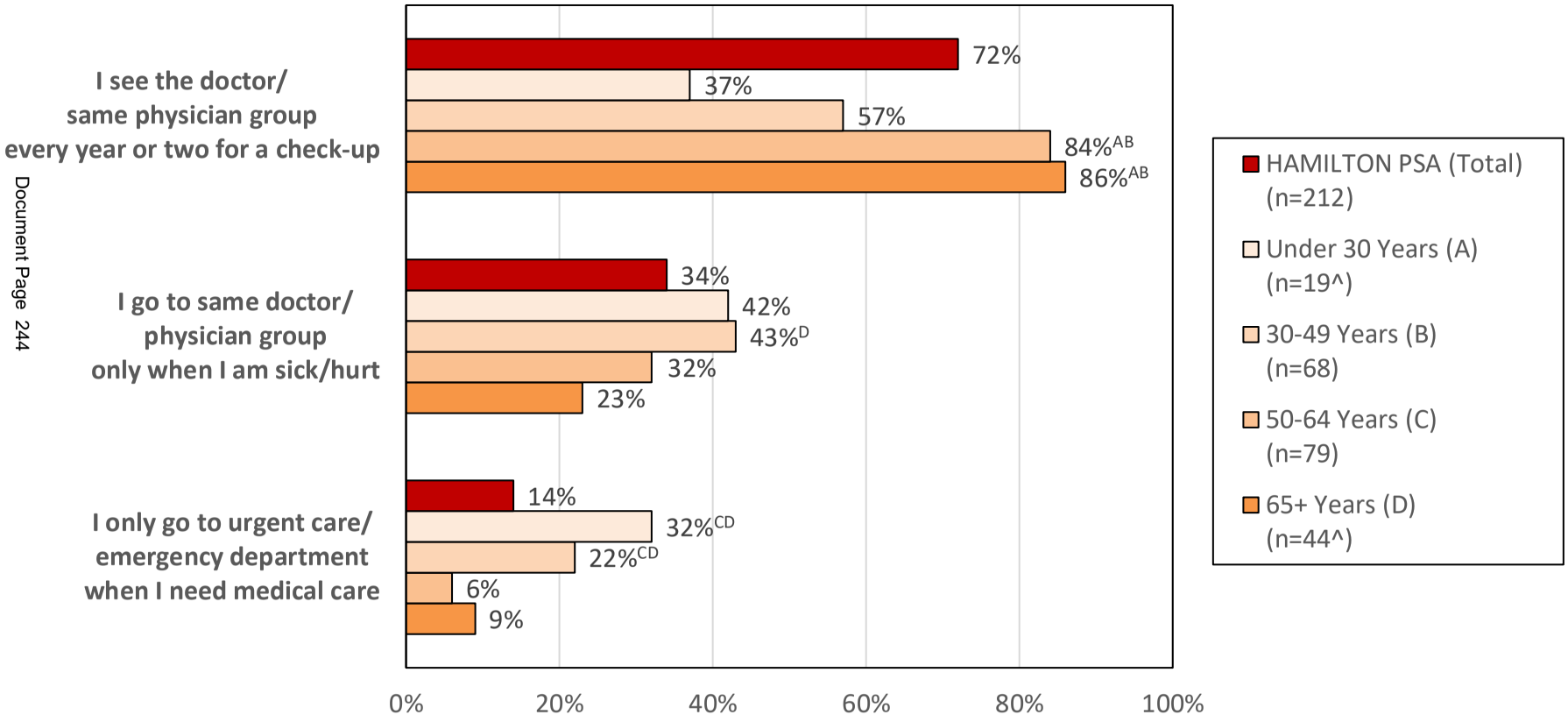
Typical Method of Seeking Medical Care by Age Group

- While seeing their doctor yearly or every two years is the most common method across all ages, older residents are especially likely to see the same doctor regularly.
- Four in ten younger respondents only go to the doctor when sick or hurt, and about a third of those under 30 years claim that they only go to urgent care or ER when medical care is needed.



Q.19 – When you need medical care, which of the statements below best describes you? (Please check all that apply.)
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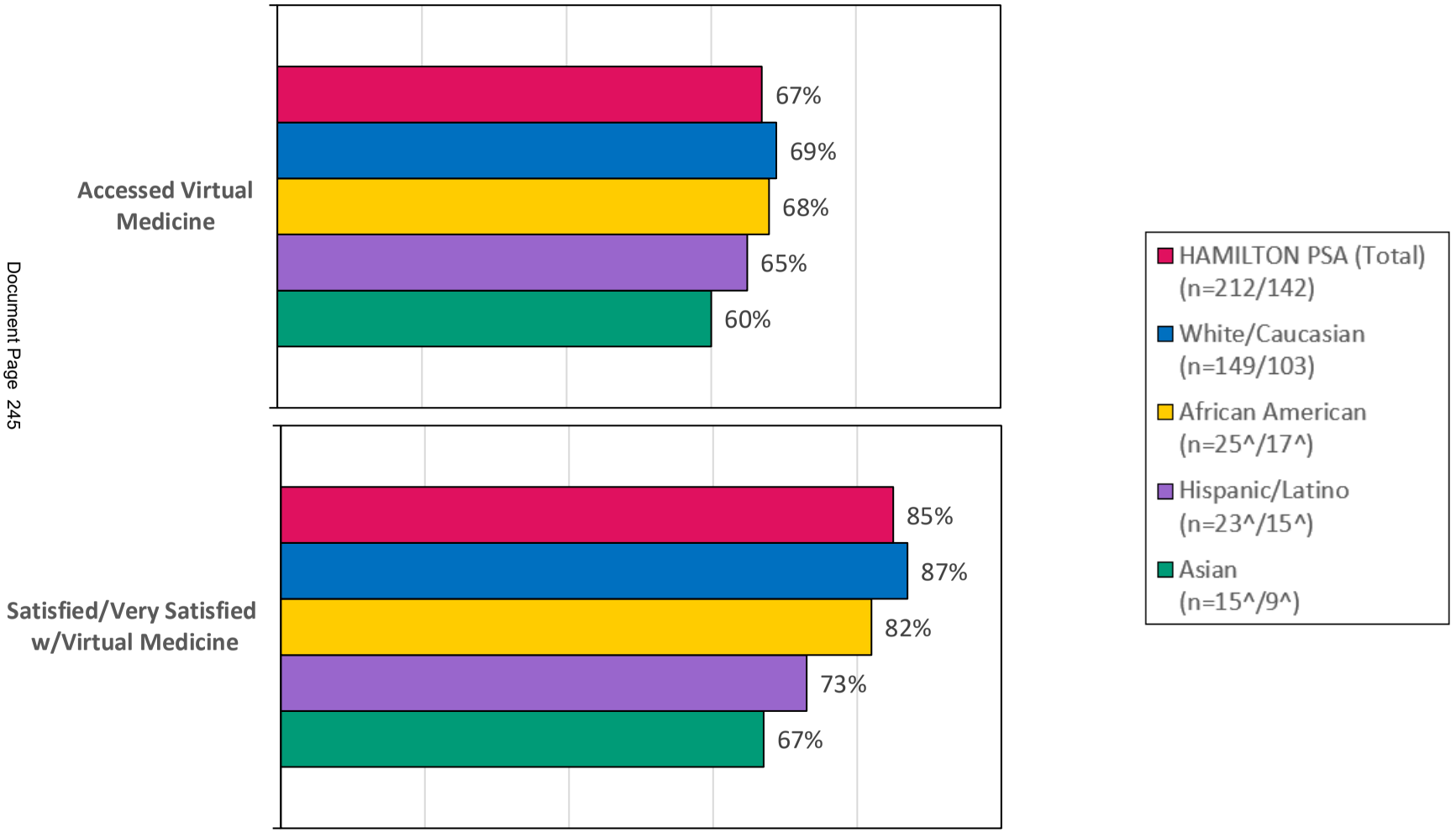
^Small base size.

Virtual Medicine Usage and Satisfaction by Race

- During the COVID-19 pandemic, many patients experienced virtual medicine – many, for the first time.
- On average, about two-thirds of those surveyed accessed medical care virtually, and the majority were satisfied.
- Satisfaction was highest among white and African American residents.



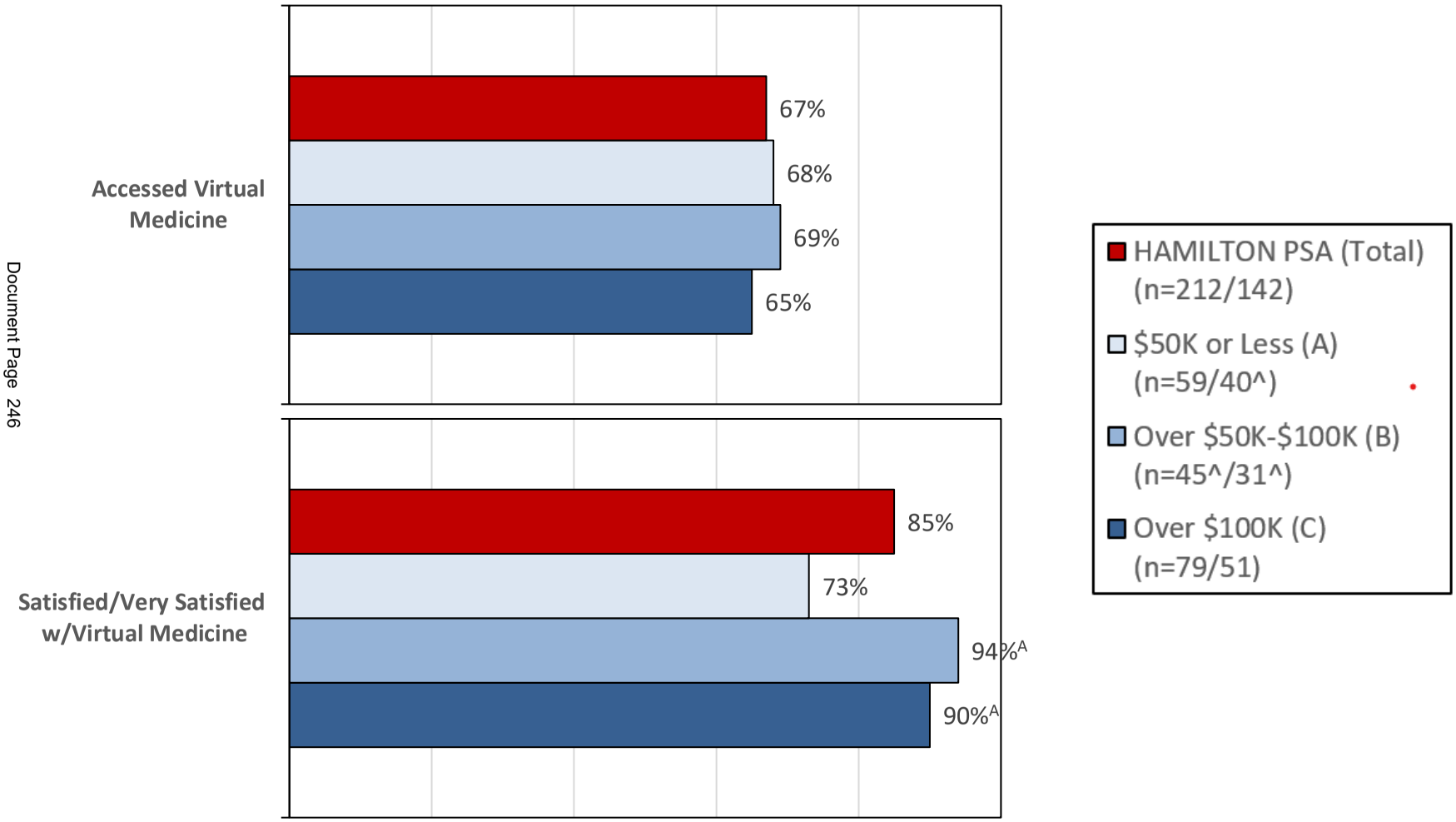
Q.20 - Have you accessed medical care virtually, for example, through Facetime or Skype? How satisfied were you with the experience using this type of technology?

Note: There are no significant differences between cells at the 90% confidence level.

^Small base size.

Virtual Medicine Usage and Satisfaction by Income Level

- Satisfaction with virtual medicine was significantly higher among higher income groups.



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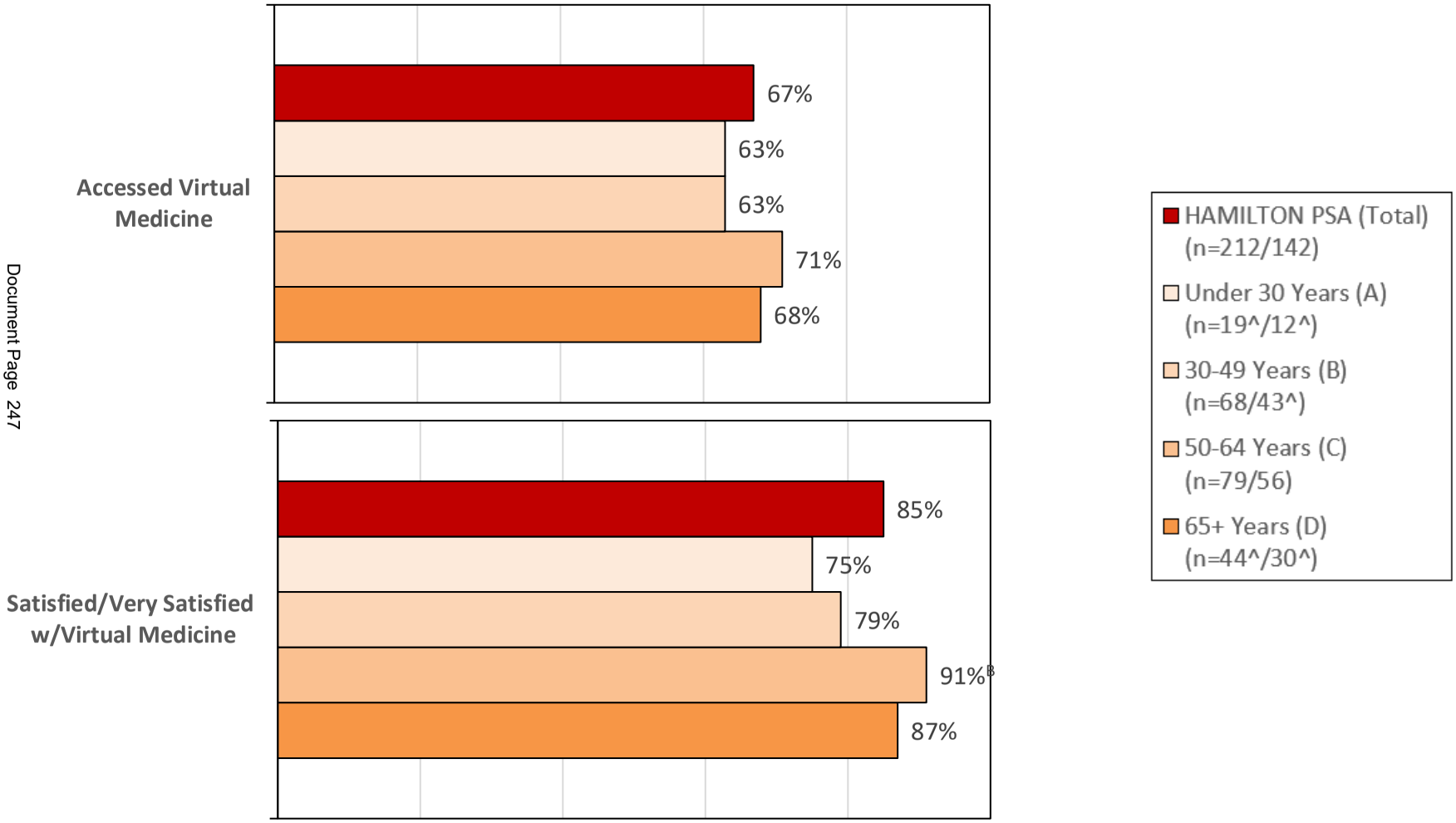
^Small base size.

Virtual Medicine Usage and Satisfaction by Age Group

- Satisfaction with virtual medicine was greater among residents 50 and older.



Q.20 - Have you accessed medical care virtually, for example, through Facetime or Skype? How satisfied were you with the experience using this type of technology?

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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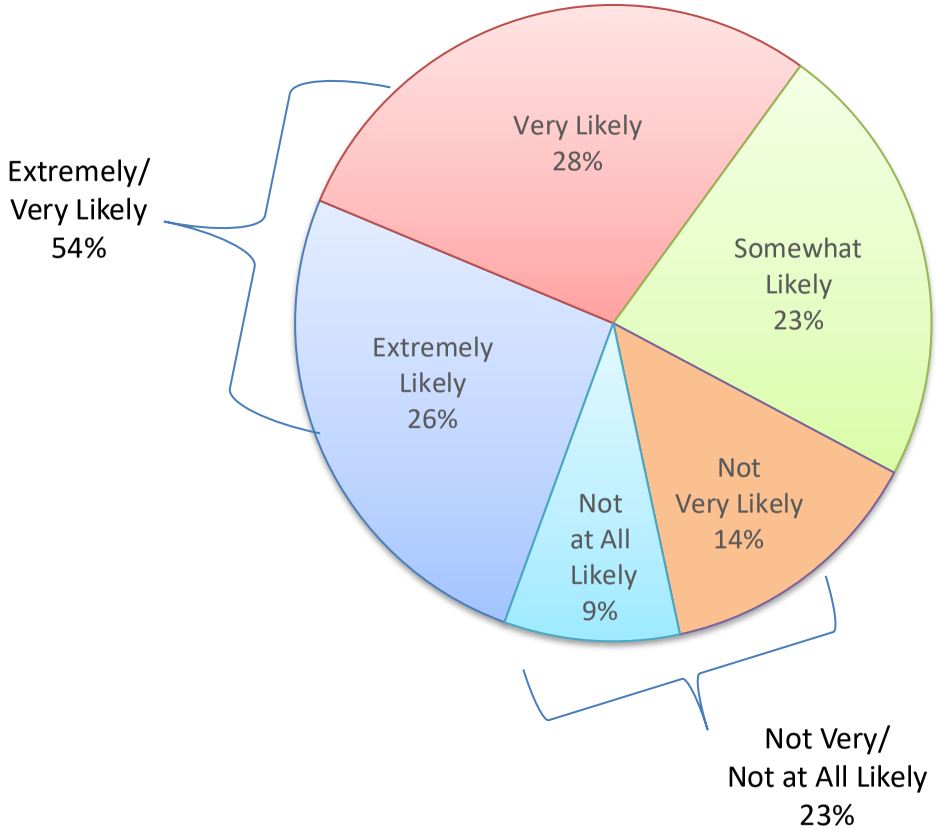
Likelihood of Accessing Medical Care Virtually (Hamilton PSA – Total)

- Over half of the area residents surveyed are highly receptive to using virtual medicine.



Q.21 - If needed and you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

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Questionnaire

English Version
Survey

Appendix 3:
RWJUH Hamilton 2018 Improvement Plan Results

APPENDIX 3 - Overarching Priority: Assist Mercer County Residents Achieve a Healthy Weight and Lifestyle Throughout

Priority Group I – Maternal and Child Health

GOAL I: REDUCE THE PREVALENCE OF MENTAL HEALTH ISSUES IN PREGNANT AND POST-PARUM WOMEN.

Key CHNA Findings:
An estimated 10% of women experience depression during pregnancy and 1 in 8-10 experience post-partum depression within the first year after childbirth, miscarriage or still birth.

Objective:

1.1 Reduce the percent of pregnant women who experience depression during pregnancy from 10% to 8%, and the 11% of women who develop post-partum depression to9%.

1.2 To increase by 10% the number of pregnant women addicted to opioids and drugs, entering Medication Assisted Treatment programs.

	Strategy	Performance Indicator	Tracking / Outcomes
3.1d	Educate the parents, staff, and community about the long-term effects of vaping.	• # of student participants	3rd Quarter 2019 completed 3 staff trainings with over 40 participants.
3.1f	Organize an "Education Forum" for school administration in 2019.	• # of attendees	4th Quarter 2019 – 13 Mercer County SACs attended a forum training with PCMC and the Mercer County DOE Superintendent's office. A SAC monthly meeting was attended with 12 SACs in attendance. Policy Complete
4.1c	Reach out to schools to conduct walkability audits for input into School Travel Plans.	• # of walkability audits completed • # of School Travel Plans created	2nd and 3rd Quarters 2019 walkable audits were completed at JW Witherspoon Middle School (several times April-July 2019), Village School and Grover School. No audits were possible in 2020 due to COVID.
4.1d	Reach out to at least 2 schools annually to promote support for the Walking School Bus Program from 2019 – 2021.	• # of schools approached	4th Quarter 2019 - The Walking School Bus program is on pause while the system is being updated. Should be re-launched in spring of 2020. 1st Quarter 2020 – Tech company is almost finished revising Walking School Bus APP, and should be ready in April 2020. March 2020 schools went virtual due to COVID.

4.1i	Provide presentations to 5 new schools, churches and other local organizations regarding the safe routes to school program each year to promote the number of children walking or biking to school.	• # of presentations	4th Quarter 2019 a list of schools and dates were sent to GMPHP for data collection. 1st Quarter 2020 – 2.25.20 an overview of the Safe Routes to School program was provided to GMPHP in preparation for presentation to the Mercer County School Nurse Ass. in order to evaluate if other nurses are interested in this project. March 2021 –the Mercer County School Nurse Association was informed about the new APP and helped to promote it beginning September 2021 provided schools reopen.
4.2c	Work with coalition to develop walking clubs and walking events in the community.	• # of attendees and events	RWJ sponsors the First Saturday Walks at the Abbott Marshlands Capital Health conducts a Walks with the Doctor. Lawrence Hopewell Trail walks second Saturday every month, All are well attended.
8.1a	Organize Trenton Ciclovia with partners for September 21, 2019.	• Event planned and executed • # of people participating	3rd Quarter 2019 The Ciclovia was well organized with many CAB member organizations participating. The Mayor cut a ribbon to open the event. Displays of healthy eating, breast feeding, transportation, bike repair and bike safety were available along a 2 mile closed off route on Warren Street. 42 organizations participated, 600 people attended. 2021 Even thought this was not an annual goal, this event has taken place three years in a row, despite COVID. RWJ has provided the Wellness Van for these events along with a health screening table.

GOAL IX: IMPROVE ACCESS & AWARENESS OF HEALTH CARE AND TRANSPORTATION SERVICES FOR THOSE LIVING & WORKING IN MERCER COUNTY INCLUDING UNDERSERVED POPULATIONS.

Key CHNA Findings:

- In 2018, there were 807 car crashes involving adults.
- Among survey respondents, access to transportation services received among the lowest rating for community services. This was particularly true for males, minorities and low income residents.

Objectives:

9.1 Reduce roadway fatalities to zero, by 2021.

	Strategy	Performance Indicator	Tracking / Outcomes
9.1a	Educate public and policymakers to demand greater safety on our roads through outreach and marketing by the GMPHP member organizations by December 2020. Adoption of Vision Zero Policy by December 31, 2019	Creation of GMPHP media messaging toolkit that will include sample press releases and social media materials.	2019 GMTMA Presented on Vison Zero to the CJTF. A letter from the CJTF regarding Vision Zero was sent to the Governor, Legislators, Mayors, County Executive following CJTF's adoption of a Vision Zero Resolution. 2020 Presented on Vision Zero to Princeton's Council, Board of Health and Traffic Safety Committee (3 presentations) in November and December 2020.

GOAL X: REDUCE THE IMPACT OF CHRONIC DISEASE THROUGH EDUCATION, PREVENTION AND CASE MANAGEMENT.

Key CHNA Findings:

- 14% of Mercer County survey respondents report chronic disease as their top health concern.

Objectives:

10.1 Implement a health literacy program in zip codes of high chronic disease prevalence in 2019.

10.2 Increase participation in chronic disease prevention and self-management programs, by 2021.

	Strategy	Performance Indicator	Tracking / Outcomes
10.1a	Plan and Implement Pilot Health Literacy Program in Community Settings that serve underserved populations by December 31, 2019. Write a grant to fund the literacy program.	• Grant funding. • # of libraries offering • # of ESL programs. • # of blood pressure	Grant was approved in spring of 2019. Health Literacy corner at Trenton Free Public Library will had its "Kick-Off "December 7, 2019. Materials for the heath literacy bag were purchased for the Trenton Free Public Library. Completed 4th quarter 2019.
10.1b	Create Pilot Health Information Resource Bags for Diabetes, Heart Disease, Stroke, Hypertension, COPD, Mental Health, Breastfeeding, Cancer.	• # of Bags created. • # of Bags checked out.	The literacy bags were purchased, assembled, and introduced on December 7, 2019 at the kick-off Completed 4th quarter 2019
10.2a	Train Physicians and Medical Resident physicians to include referrals to evidence-based chronic disease prevention and management programs on their checklist/SOPs by December 2019.	• Training. • # of practices with referral SOP. • # of referrals provided.	Education provided during a MAP meeting which included a video tour of the program.
10.2b	Develop a joint marketing plan for all providers of evidence- based chronic disease prevention and management programs in the service area by December 31, 2019.	• Resource list of all agencies hosting programs.	Resource list created and disseminated to members and posted on the GMPHP website.

Overarching Priority: Assist Mercer County Residents Achieve a Healthy Weight and Lifestyle Throughout Their Lives.

Priority Group IV – Seniors

GOAL XI: TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND REDUCE SUBSTANCE ABUSE AMONG SENIORS.

Key CHNA Findings:

- The percent of Mercer County residents reporting 14 days or more where their mental health was not good was 16.9%
- 14.9% of Mercer County residents report depression.
- 5.5% of Mercer County residents report heavy drinking.
- The inpatient substance abuse treatment and Emergency Department use rate increased between 2013-2016.

Objective:

11.1 Increase drug awareness programs offered to seniors.

11.2 Implement the "Building Our Largest Dementia Infrastructure for Alzheimer's" BOLD Act Policy Framework Bill 52076 December 31, 2018.

	Strategy	Performance Indicator	Tracking / Outcomes
11.1a	Organize "Alternatives to Pain Medication" talks at the nutrition programs, senior housing, apartment complexes, and assisted living centers.	• # of participants in lectures.	7 presentations were completed around the county for 2019 (a total of 104 attendees). `Luther Arms, Trenton; Harriet Bryan House Apts., Princeton; Ewing Senior Ctr., Trent West Senior Apts.; Meadow Lakes Senior Living; Hopewell Sr. Ctr.; St. James RC Church Senior Group, Pennington". February 18 2021 Managing Pain Alternatives Zoom presentation was provided. 2021 An in- person program was held at the Lawrence Senior Center.
11.1b	Advertise medication collection days, the location of the medication collection boxes, and how to obtain a Deterra Bag for the shut-ins.	• # of pounds of medication collected annually. • # of Deterra bags dispensed.	2019 All of the senior centers advertise the collection days, locations of medication boxes, and how to obtain a Deterra bag. January 2021 Updated collection boxes on GMPHP Website.
11.1c	Provide a "Resiliency Enhancement" lecture for seniors at a nutrition center in 2019.	• # of attendees to program.	8.29.19 A fall program was provided. March 2020-21 Rutgers started Zoom nutrition topics and wellness topics every Wednesday. Go to site for list of all the topics https://njaes.rutgers.edu/online-event-series/wellness-wednesdays.php

11.1d	Provide information to the staff of the senior centers, Meals on Wheels, and Mobile Meals of Hamilton, to help them recognize signs and symptoms of stress, and recognize when seniors are in need of support, and how to refer for services.	• # of attendees to the program.	2020 On hold due to COVID

	Strategy	Performance	Responsible Party
11.2a	Organize presentations to seniors on dementia/ Alzheimer's Disease, diagnosis, treatment, community support/resources, caregiver support each year.	• # of participants attending lectures.	**2020** Led 8 Virtual educational programs in May Led 6 Virtual educational programs in October Led 5 Virtual educational programs in December **2021** Led 5 Virtual educational programs in April Led 8 Virtual educational programs in May Led 8 Virtual educational programs in July Led 7 Virtual educational programs in October
11.2b	Design and distribute brochures about dementia/Alzheimer's Disease available for shut-ins.	• # of flyers distributed	2020 Pamphlets were distributed to Meals on Wheels and Senior Centers to approximately 700 seniors.

GOAL XII: TO PREVENT AND REDUCE CHRONIC DISEASE THROUGH NUTRITION AND HEALTHY LIFESTYLE EDUCATION.

Key CHNA Findings:

- 14% of Mercer County residents report chronic disease as their top health concern.
- 21% of survey respondents indicated worry about whether their food would last before they got money to buy more; and 13% rely on community supper or food pantry or meal assistance programs.

Objective:

12.1 Increase the nutrition education and health screenings at nutrition centers, by 10%, by 2021.

12.2 Increase nutrition education and access to screenings by 10% annually, for Meals on Wheels recipients.

	Strateg	Performance	Tracking / Outcomes
12.1a	Distribute 700 educational placemats that were developed at the GMPHP to the nutrition centers once a month. The themes include stroke prevention, fall prevention, healthy eating, tips to remember medication, flu, energy in/energy out, emergency preparedness, senior depression, senior hydration, signs of Alzheimer's, tobacco cessation, hearing.	• # of placemats dispensed each month.	a) Provided to 700 seniors through meal delivery programs and senior centers while operational.
12.1b	Provide 1 nutrition education and healthy lifestyle presentation once a month at senior nutrition sites each year.	• # of programs offered. • #of attendees.	b) Programs limited due to COVID shut down.
12.2a	Q2: Work with the Cancer Society the public health nurses, and nonprofits to develop a program on interventions, screening and prevention. Programs and materials will be presented during Q3 and Q4. Provide a diabetes self-management program at a senior center in 2019.	• # of programs and attendees. • Operational Plan for Screening Program. • # of materials distributed. • # of participants. • Pre-and post-test.	a) Educational programs on cancer screening and prevention are reported out during the Cancer Committee meetings. b) Reports submitted to the Cancer Committee at their bi-monthly meetings. c) Diabetes education sessions virtually led by Stanford trained educators. Posted in a virtual library.

GOAL XIII: TO SUPPORT AND ENHANCE THE NUTRITIONAL HEALTH OF SENIORS.

Key CHNA Findings:

- 21% of survey respondents indicated worry about whether their food would last before they got money to buy more; and 13% rely on community supper or food pantry or meal assistance programs.

Objective:

13.1 Advocate to support the Food Desert Elimination Act A4700 in 2018.
13.2 Improve the quality of food donations to the local food pantries.
13.3 Increase access to high quality fresh food in pounds, to seniors experiencing food insecurity.

	Strateg	Performance	Tracking / Outcomes
13.1a	GMPHP to send a letter of support to NJ legislature for the Food Dessert Bill.	• Letter sent December 2018.	Letter of support was sent in December 2018. Legislation was passed January 2019. We are still waiting to hear how this legislation will be implemented.
13.1b	Follow-up with work group to implement actions determined by the Legislature, in 2019.		Dec. 2019 No response from legislature.
13.2a	Develop a culturally, linguistically appropriate flyer promoting healthy foods to donate to a food pantry.	• Flyer formed and promoted.	8/20 Spanish flyers developed to promote healthy foods and donations for the food pantry.
13.2b	Research the availability of the RWJ Food Van to do an event in an underserved area in 2019.	• Event booked in 2019.	The RWJ Wellness on Wheels (WOW) Van attended the "Ciclovia" event in Trenton on September 21, 2019. They displayed healthy eating concepts along with how to grow your own greens. 2020 September 19th the WOW Van attended Ciclovia in Trenton 2021 September 18th the WOW Van attended Ciclovia in Trenton

13.3a	Provide and post information at Senior Centers and Senior Housing about the location of farmers markets in Mercer County.	•	2019 The senior centers posted the farmers' market locations and dates open. 2020 The senior centers again posted the farmers market locations, and distributed them via emails and flyers in the community. 2020 Contactless food delivery was arranged during the pandemic through a partnership with PSRC Beginning mid-March friendly/comfort calls were conducted for our riders. 2021 GMPHP website updated with new farmer market locations. Emails sent out to partners to distribute to the community.

GOAL XIV: IMPROVE ACCESS & AWARENESS OF TRANSPORTATION SERVICES TO HEALTH CARE IN MERCER COUNTY.

Key CHNA Findings:

- Among survey respondents, access to transportation services received among the lowest rating for community services. This was particularly true for males, minorities and low income

Objectives:

14.1 Increase the use of public transportation and Ride Provide among seniors, by 10%.

	Strategy	Performance	Tracking / Outcomes
14.1e	Hold travel instruction, Connect to Transit seminars for case managers, health care providers and others working with the targeted populations.	a) # of participants.	2019 Travel Training program was conducted June 26th, 2019 at the RWJ Fitness Center for 42 professionals. This educational opportunity assisted health care professionals to advise patients on their travel options.

Appendix 4:
Hospitalization Data – Inpatient and ED

Appendix – Hospitalization Data, Mercer County/ RWJUH Hamilton CHNA

Figure 1. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count of Patients Treated & Released		Rate per 100,000 Population	
Year	Age	New Jersey	Mercer County	New Jersey	Mercer County
2017	0-17	690,506	37,938	334.4	457.2
	18-44	1,259,377	68,672	416.8	517.4
	45-64	757,159	39,635	302.2	390.0
	65+	450,704	19,615	320.4	357.8
	All Ages	3,157,746	165,860	350.9	445.7
2018	0-17	673,100	37,529	343.2	475.7
	18-44	1,217,047	66,717	394.5	491.8
	45-64	748,821	38,727	301.1	383.6
	65+	463,456	19,905	322.9	357.5
	All Ages	3,102,424	162,878	345.9	438.8
2019	0-17	658,207	37,825	334.6	476.6
	18-44	1,219,299	66,896	392.2	487.0
	45-64	760,293	39,456	305.8	388.3
	65+	489,485	22,125	330.6	383.5
	All Ages	3,127,284	166,302	345.8	442.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 2. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	142,919	69.2
	18-44	242,892	80.4
	45-64	139,427	55.6
	65+	82,129	58.4
	All Ages	607,367	67.5
2018	0-17	145,643	74.3
	18-44	239,710	77.7
	45-64	139,051	55.9
	65+	82,293	57.3
	All Ages	606,697	67.6
2019	0-17	142,215	72.3
	18-44	238,051	76.6
	45-64	141,147	56.8
	65+	88,005	59.0
	All Ages	609,418	67.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 3. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Mercer County Resident Patients Treated at RWJUH Hamilton, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	5,911	71.2
	18-44	9,010	67.9
	45-64	6,401	63.0
	65+	5,106	93.1
	All Ages	26,428	71.0
2018	0-17	5,019	63.6
	18-44	7,988	58.9
	45-64	5,925	58.7
	65+	4,574	82.1
	All Ages	23,506	63.3
2019	0-17	4,427	55.8
	18-44	7,649	55.7
	45-64	5,841	57.5
	65+	4,921	85.3
	All Ages	22,838	60.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 4. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	34,987	525.1
	18-44	64,428	582.1
	45-64	36,030	439.2
	65+	16,506	379.7
	All Ages	151,951	501.8
2018	0-17	34,806	528.1
	18-44	62,537	567.7
	45-64	35,271	431.7
	65+	16,658	377.4
	All Ages	149,272	494.4
2019	0-17	35,229	531.9
	18-44	62,649	563.9
	45-64	35,887	436.7
	65+	18,567	407.2
	All Ages	152,332	499.3

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 5. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated at RWJUH Hamilton, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	6,267	94.1
	18-44	9,681	87.5
	45-64	6,975	85.0
	65+	5,502	126.6
	All Ages	28,425	93.9
2018	0-17	5,345	81.1
	18-44	8,643	78.5
	45-64	6,451	79.0
	65+	4,946	112.0
	All Ages	25,385	84.1
2019	0-17	4,727	71.4
	18-44	8,202	73.8
	45-64	6,298	76.6
	65+	5,337	117.0
	All Ages	24,564	80.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 6. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count		Rate per 100,000 Population	
Year	Race/Ethnicity	New Jersey Residents	Mercer County	New Jersey Residents	Mercer County
2017	American Indian or Alaska Native	6,530	491	201.1	343.8
	Asian	80,692	3,452	92.2	71.6
	Black or African American	780,645	67,371	628.0	878.4
	Hawaiian & Pacific Islander	3,949	169	985.5	459.2
	Other Race	610,721	13,204	935.3	481.7
	Two or More Races	11,014	365	38.6	28.8
	White	1,563,896	80,808	264.8	354.9
	All Race/Ethnicities	3,057,447	165,860	340.0	420.4
2018	American Indian or Alaska Native	6,035	564	185.4	407.5
	Asian	80,655	3,235	90.3	64.8
	Black or African American	755,704	65,191	608.9	855.6
	Hawaiian & Pacific Islander	8,405	149	2,031.7	361.7
	Other Race	633,209	13,876	961.3	496.4
	Two or More Races	11,395	503	39.5	38.7
	White	1,509,245	79,360	258.0	353.3
	All Race/Ethnicities	3,004,648	162,878	335.0	413.9
2019	American Indian or Alaska Native	5,360	632	164.0	435.0
	Asian	81,556	3,155	89.8	60.9
	Black or African American	754,534	64,958	600.1	826.6
	Hawaiian & Pacific Islander	4,203	147	1,005.3	341.1
	Other Race	683,104	14,386	1,012.6	506.9

		Count		Rate per 100,000 Population	
Year	Race/Ethnicity	New Jersey Residents	Mercer County	New Jersey Residents	Mercer County
	Two or More Races	11,025	561	37.5	42.2
	White	1,486,019	82,463	253.0	366.7
	All Race/Ethnicities	3,025,801	166,302	334.6	416.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 7. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000
2017	American Indian or Alaska Native	12	8.4
	Asian	462	9.6
	Black or African American	5,800	75.6
	Hawaiian & Pacific Islander	50	135.9
	Other Race	6,419	234.2
	Two or More Races	92	7.3
	White	13,593	59.7
	All Race/Ethnicities	26,428	-
2018	American Indian or Alaska Native	8	5.8
	Asian	530	10.6
	Black or African American	5,273	69.2
	Hawaiian & Pacific Islander	13	31.6
	Other Race	5,866	209.9
	Two or More Races	69	5.3
	White	11,747	52.3
	All Race/Ethnicities	23,506	-
2019	American Indian or Alaska Native	26	17.9
	Asian	517	10.0
	Black or African American	4,947	63.0
	Hawaiian & Pacific Islander	24	55.7
	Other Race	5,681	200.2
	Two or More Races	71	5.3
	White	11,572	51.5
	All Race/Ethnicities	22,838	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 8. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	408	308.6
	Asian	1,843	85.1
	Black or African American	64,701	894.6
	Hawaiian & Pacific Islander	131	421.2
	Other Race	11,662	465.7
	Two or More Races	331	33.9
	White	72,875	422.7
	All Race/Ethnicities	151,951	501.8
2018	American Indian or Alaska Native	469	367.6
	Asian	1,873	83.2
	Black or African American	62,657	872.9
	Hawaiian & Pacific Islander	124	362.6
	Other Race	12,122	475.1
	Two or More Races	451	45.2
	White	71,576	419.8
	All Race/Ethnicities	149,272	494.4
2019	American Indian or Alaska Native	509	380.7
	Asian	1,815	78.2
	Black or African American	62,048	840.1
	Hawaiian & Pacific Islander	125	355.1
	Other Race	12,500	483.5
	Two or More Races	517	51.0
	White	74,818	439.2
	All Race/Ethnicities	152,332	499.3

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 9. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated at RWJUH Hamilton, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	10	7.6
	Asian	465	21.5
	Black or African American	5,959	82.4
	Hawaiian & Pacific Islander	50	160.8
	Other Race	6,587	263.0
	Two or More Races	91	9.3
	White	15,263	88.5
	All Race/Ethnicities	28,425	93.9
2018	American Indian or Alaska Native	14	11.0
	Asian	537	23.9
	Black or African American	5,463	76.1
	Hawaiian & Pacific Islander	14	40.9
	Other Race	6,039	236.7
	Two or More Races	74	7.4
	White	13,244	77.7
	All Race/Ethnicities	25,385	84.1
2019	American Indian or Alaska Native	25	18.7
	Asian	515	22.2
	Black or African American	5,094	69.0
	Hawaiian & Pacific Islander	25	71.0
	Other Race	5,860	226.7
	Two or More Races	80	7.9
	White	12,965	76.1
	All Race/Ethnicities	24,564	80.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 10. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count		Rate per 1,000 Population	
Year	Age	New Jersey	Mercer County	New Jersey	Mercer County
2017	0-17	131,591	5,190	63.7	62.5
	18-44	231,158	10,000	76.5	75.3
	45-64	226,349	9,754	90.3	96.0
	65+	363,285	13,609	258.2	248.3
	All Ages	952,383	38,553	105.8	103.6
2018	0-17	130,739	5,177	66.7	65.6
	18-44	225,360	9,318	73.0	68.7
	45-64	221,118	9,557	88.9	94.7
	65+	364,459	13,824	254.0	248.3
	All Ages	941,676	37,876	105.0	102.0
2019	0-17	127,024	5,166	64.6	65.1
	18-44	218,270	9,238	70.2	67.3
	45-64	215,320	8,980	86.6	88.4
	65+	368,288	14,274	248.7	247.4
	All Ages	928,902	37,658	102.7	100.1

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 11. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	32,923	15.9
	18-44	50,878	16.8
	45-64	44,240	17.7
	65+	68,104	48.4
	All Ages	196,145	21.8
2018	0-17	32,768	16.7
	18-44	49,365	16.0
	45-64	43,076	17.3
	65+	67,477	47.0
	All Ages	192,686	21.5
2019	0-17	32,107	16.3
	18-44	48,316	15.5
	45-64	41,662	16.8
	65+	67,539	45.6
	All Ages	189,624	21.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 12. Inpatient Discharge Counts and Rates per 1,000 Population of Somerset County Resident Patients Treated at RWJUH Hamilton, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	3	0.0
	18-44	649	4.9
	45-64	1,695	16.7
	65+	3,611	65.9
	All Ages	5,958	16.0
2018	0-17	0	0.0
	18-44	503	3.7
	45-64	1,484	14.7
	65+	3,271	58.7
	All Ages	5,258	14.2
2019	0-17	0	0.0
	18-44	494	3.6
	45-64	1,329	13.0
	65+	3,337	57.8
	All Ages	5,160	13.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 13. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	4,454	66.8
	18-44	8,931	80.7
	45-64	8,889	108.3
	65+	11,235	258.5
	All Ages	33,509	110.7
2018	0-17	4,523	68.6
	18-44	8,454	76.7
	45-64	8,778	107.4
	65+	11,418	258.7
	All Ages	33,173	109.9
2019	0-17	4,569	69
	18-44	8,263	74.4
	45-64	8,144	99.1
	65+	11,860	260.1
	All Ages	32,836	107.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 14. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated at RWJUH Hamilton, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	2	0
	18-44	710	6.4
	45-64	1,796	21.9
	65+	3,821	87.9
	All Ages	6,329	20.9
2018	0-17	-	-
	18-44	561	5.1
	45-64	1,586	19.4
	65+	3,479	78.8
	All Ages	5,626	18.6
2019	0-17	-	-
	18-44	538	4.8
	45-64	1,410	17.2
	65+	3,567	78.2
	All Ages	5,515	18.1

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 15. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count		Rate per 1,000 Population	
Year	Race/Ethnicity	New Jersey	Mercer County	New Jersey	Mercer County
2017	American Indian or Alaska Native	1913	129	58.9	90.3
	Asian	40,158	1,639	45.9	34.0
	Black or African American	164,073	11,063	132.0	144.2
	Hawaiian & Pacific Islander	1438	63	358.9	171.2
	Other Race	135,193	2,619	207.0	95.5
	Two or More Races	1733	65	6.1	5.1
	White	607,875	22,975	102.9	100.9
	All Race/Ethnicities	952,383	8,553	268.3	-
2018	American Indian or Alaska Native	1689	141	51.9	101.9
	Asian	40,286	1,551	45.1	31.1
	Black or African American	160,752	10,778	129.5	141.5
	Hawaiian & Pacific Islander	2146	50	518.7	121.4
	Other Race	146,436	3,141	222.3	112.4
	Two or More Races	1929	78	6.7	6.0
	White	588,438	22,137	100.6	98.6
	All Race/Ethnicities	941,676	37,876	267.7	-

Year	Race/Ethnicity	Count		Rate per 1,000 Population	
		New Jersey	Mercer County	New Jersey	Mercer County
2019	American Indian or Alaska Native	1559	177	47.7	121.8
	Asian	38,291	1,325	42.2	25.6
	Black or African American	156,678	10,503	124.6	133.7
	Hawaiian & Pacific Islander	1442	51	344.9	118.3
	Other Race	152,844	3,288	226.6	115.8
	Two or More Races	1767	97	6.0	7.3
	White	576,321	22,217	98.1	98.8
	All Race/Ethnicities	928,902	37,658	262.7	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System 2021

Figure 16. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000
2017	American Indian or Alaska Native	207	6.4
	Asian	8,753	10.0
	Black or African American	45,498	36.6
	Hawaiian & Pacific Islander	188	46.9
	Other Race	33,999	52.1
	Two or More Races	255	0.9
	White	107,245	18.2
	All Race/Ethnicities	196,145	55.2
2018	American Indian or Alaska Native	181	5.6
	Asian	8,850	9.9
	Black or African American	45,635	36.8
	Hawaiian & Pacific Islander	199	48.1
	Other Race	34,880	53.0
	Two or More Races	250	0.9
	White	102,691	17.6
	All Race/Ethnicities	192,686	54.8
2019	American Indian or Alaska Native	244	7.5
	Asian	8,642	9.5
	Black or African American	44,186	35.1
	Hawaiian & Pacific Islander	200	47.8
	Other Race	34,415	51.0
	Two or More Races	339	1.2
	White	101,598	17.3
	All Race/Ethnicities	189,624	53.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 17. Inpatient Discharge Counts and Rates per 1,000 Population of Somerset County Resident Patients Treated at RWJUH Hamilton, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	-	2.8
	Asian	112	2.3
	Black or African American	1,049	13.7
	Hawaiian & Pacific Islander	-	19.00
	Other Race	544	19.8
	Two or More Races	-	0.5
	White	4,236	18.6
	All Race/Ethnicities	5,958	-
2018	American Indian or Alaska Native	-	2.2
	Asian	135	2.7
	Black or African American	898	11.8
	Hawaiian & Pacific Islander	-	7.3
	Other Race	456	16.3
	Two or More Races	-	0.5
	White	3,757	16.7
	All Race/Ethnicities	5,258	-
2019	American Indian or Alaska Native	-	2.8
	Asian	132	2.5
	Black or African American	847	10.8
	Hawaiian & Pacific Islander	-	13.9
	Other Race	506	17.8
	Two or More Races	-	0.5
	White	3,658	16.3
	All Race/Ethnicities	5,160	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 18. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	99	74.9
	Asian	894	41.3
	Black or African American	10,454	144.5
	Hawaiian & Pacific Islander	47	151.1
	Other Race	2,160	86.2
	Two or More Races	51	5.2
	White	19,804	114.9
	All Race/Ethnicities	33,509	110.7
2018	American Indian or Alaska Native	107	83.9
	Asian	885	39.3
	Black or African American	10,192	142.0
	Hawaiian & Pacific Islander	41	119.9
	Other Race	2,635	103.3
	Two or More Races	69	6.9
	White	19,244	112.9
	All Race/Ethnicities	33,173	109.9
2019	American Indian or Alaska Native	145	108.5
	Asian	759	32.7
	Black or African American	9,883	133.8
	Hawaiian & Pacific Islander	33	93.8
	Other Race	2,668	103.2
	Two or More Races	85	8.4
	White	19,263	113.1
	All Race/Ethnicities	32,836	107.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 19. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in RWJUH Hamilton's Primary Service Area Treated at RWJUH Hamilton, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	3	2.3
	Asian	97	4.5
	Black or African American	1,071	14.8
	Hawaiian & Pacific Islander	7	22.5
	Other Race	553	22.1
	Two or More Races	4	0.4
	White	4,594	26.6
	All Race/Ethnicities	6,329	20.9
2018	American Indian or Alaska Native	3	2.4
	Asian	115	5.1
	Black or African American	900	12.5
	Hawaiian & Pacific Islander	3	8.8
	Other Race	465	18.2
	Two or More Races	6	0.6
	White	4,134	24.2
	All Race/Ethnicities	5,626	18.6
2019	American Indian or Alaska Native	5	3.7
	Asian	120	5.2
	Black or African American	861	11.7
	Hawaiian & Pacific Islander	6	17
	Other Race	512	19.8
	Two or More Races	7	0.7
	White	4,004	23.5
	All Race/Ethnicities	5,515	18.1

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 20. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and RWJUH Hamilton, 2019

		Admission Rate per 1,000			
		Total Overall	Acute	Chronic	Diabetic
New Jersey	Asian	2.6	0.8	1.8	0.4
	Black	16.7	3.0	13.7	4.1
	Hispanic	5.4	1.4	4.0	1.5
	White	9.6	2.9	6.7	1.5
	All Race/Ethnicities	10.4	2.8	7.7	2.0
RWJUH Hamilton	Asian	2.2	0.7	1.6	0.4
	Black	11.9	2.1	9.9	3.2
	Hispanic	3.8	0.9	2.8	1.2
	White	9.6	2.7	6.9	1.5
	All Race/Ethnicities	8.1	2.1	6.0	1.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 21. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and RWJUH Hamilton, 2019

		Admission Rate per 1,000			
		Total Overall	Cardiac	Mental Health	Substance Use
New Jersey	Asian	5.2	3.9	1.0	0.3
	Black	26.1	16.6	6.7	2.7
	Hispanic	10.3	6.2	2.6	1.5
	White	17.2	12.2	3.2	1.9
	All Race/Ethnicities	18.6	12.5	4.0	2.1
RWJUH Hamilton	Asian	33.2	4.2	0.3	0.2
	Black	91.0	15.8	2.4	1.9
	Hispanic	55.9	5.0	1.1	1.2
	White	80.3	14.7	2.2	1.7
	All Race/Ethnicities	76.7	12.1	2.0	1.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 22. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and RWJUH Hamilton, 2019

	Admission Rate per 1,000 Population						Emergency Department Visits per 1,000 Population				
	Age	Asian	Black	Hispanic	White	All Race / Ethnicities	Asian	Black	Hispanic	White	All Race/ Ethnicities
New Jersey	All	5.2	26.1	10.3	17.2	18.6	108.8	682.4	430.2	271.2	403
	Under 18	0.4	1.9	1.4	1.1	1.6	99.8	477.1	497.4	181.7	344
	18 to 64	3.5	26.5	9.3	12	15	91.4	760.5	392.4	248	396.6
	65+	25.3	73.3	46.6	48.7	54.8	233.8	698.1	548.2	428.5	505.8
RWJUH Hamilton	All	33.2	91.0	55.9	80.3	76.7	91.7	487.9	493.3	215.0	321.6
	Under 18	9.2	17.9	24.5	9.8	17.5	84.0	341.2	714.5	124.9	338.3
	18 to 64	30.1	87.6	57.9	48.2	60.5	77.4	528.1	411.9	180.1	294.2
	65+	107.8	254.8	167.2	208.5	213.2	203.5	568.9	482.6	363.3	404.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 23. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder Treated in New Jersey, by County of Residence, 2017-2019

	Count		Rate per 1,000 Population	
Year	New Jersey	Somerset County	New Jersey	Somerset County
2017	73,005	2,964	8.1	8.0
2018	69,282	2,737	7.7	7.4
2019	65,610	2,576	7.3	6.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 24. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Diseases and Disorders of the Circulatory System Treated in New Jersey, by County of Residence, 2017-2019

	Count		Rate per 1,000 Population	
Year	New Jersey	Somerset County	New Jersey	Somerset County
2017	126,968	5,292	14.1	14.2
2018	125,886	5,139	14.0	13.8
2019	126,198	5,282	14.0	14.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 25. Inpatient Discharge Counts and Rates per 1,000, Residents of Somerset County Treated at RWJUH Hamilton, by Major Diagnostic Category, 2017-2019

	Count			Rate per 1,000 Population		
Major Diagnostic Category	2017	2018	2019	2017	2018	2019
Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder	59	59	70	0.2	0.2	0.2
Diseases and Disorders of the Circulatory System	1,146	966	959	3.1	2.6	2.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Appendix 5:
Oncology (Cancer) Data

Appendix – Cancer Data, Mercer County/ RWJUH Hamilton CHNA

Figure 1. Cancer Count and Incidence Rate per 100,000 Population, New Jersey, 2013-2017

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	485.9	51,689	falling	-0.8
Bladder	23.1	2,487	falling	-1.1
Brain & ONS	6.8	673	*	*
Breast	136.6	7,668	rising	0.5
Cervix	7.7	382	falling	-1.9
Colon & Rectum	40.8	4,342	falling	-1.6
Esophagus	4.3	469	falling	-1.3
Kidney & Renal Pelvis	16.3	1,736	rising	0.8
Leukemia	15.7	1,610	rising	0.8
Liver & Bile Duct	7.8	869	rising	2.1
Lung & Bronchus	55.3	5,950	falling	-1.6
Melanoma of the Skin	22.2	2,335	stable	0.5
Non-Hodgkin Lymphoma	21.8	2,272	stable	0
Oral Cavity & Pharynx	11.1	1,204	rising	0.8
Ovary	11.8	679	falling	-2.1
Pancreas	14.4	1,556	rising	1.1
Prostate	131.3	6,723	falling	-2.9
Stomach	7.9	847	falling	-1.1
Thyroid	19.3	1,840	stable	-0.3
Uterus (Corpus & Uterus, NOS)	31.9	1,913	rising	0.8

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER)
NOTE: Rising and falling refers to the recent 5-year trend.

Figure 2. Cancer Count and Incidence Rate per 100,000 Population, Mercer County, 2013-2017

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	503.9	2,138	falling	-0.6
Bladder	20.7	88	falling	-1.4
Brain & ONS	7.3	29	*	*
Breast	141.9	316	stable	0.2
Cervix	6.2	12	falling	-3.9
Colon & Rectum	37.3	158	falling	-3.3
Esophagus	4.2	18	falling	-2.8
Kidney & Renal Pelvis	17.7	76	rising	2
Leukemia	16.6	68	rising	1.8
Liver & Bile Duct	8.4	37	stable	1.8
Lung & Bronchus	56.7	242	falling	-1.5
Melanoma of the Skin	21.1	88	stable	0.4
Non-Hodgkin Lymphoma	22.6	94	stable	0
Oral Cavity & Pharynx	9.4	42	falling	-1.2
Ovary	13.2	30	stable	-0.9
Pancreas	16.1	69	rising	2.3
Prostate	148.1	300	falling	-2.3
Stomach	8.1	34	stable	-0.5
Thyroid	24.1	96	rising	4
Uterus (Corpus & Uterus, NOS)	34.3	82	rising	1.6

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER)
NOTE: Rising and falling refers to the recent 5-year trend.

Figure 3. Cancer Incidence Rate Age-Adjusted Rate per 100,000 Population by Selected Types of Cancer and Demographics, Mercer County, 2014-2018

	Breast	Cervix	Colon & Rectum	Lung & Bronchus	Prostate
Overall	137.0	7.2	36.4	54.8	152.8
Asian or Pacific Islander (includes Hispanic), All Ages	132.6	*	24.3	26.1	66.8
Black (includes Hispanic), All Ages	125.5	11.9	39.2	70.1	250.5
Hispanic (any race), All Ages	100.8	*	33.6	33.7	130.4
White Non-Hispanic, All Ages	140.4	6.3	36.6	54.1	129.7
Males	n/a	n/a	42.6	65.3	152.8
Females	137.0	7.2	31.4	47.7	n/a

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER)

Figure 4. Cancer Count and Mortality Rate per 100,000 Population, New Jersey, 2014-2018

Cancer Site	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trendin Mortality Rates
All Cancer Sites	148.4	16,302	falling	-2.1
Bladder	4.6	507	falling	-0.6
Brain & ONS	4.2	449	*	*
Breast	20.9	1,274	falling	-2.3
Cervix	2.1	117	falling	-2.3
Colon & Rectum	13.7	1,517	falling	-3
Esophagus	3.5	390	falling	-1.1
Kidney & Renal Pelvis	3.1	340	falling	-1.4
Leukemia	6	646	falling	-1.5
Liver & Bile Duct	5.9	665	rising	1.4
Lung & Bronchus	33.7	3,698	falling	-4.6
Melanoma of the Skin	2.1	227	falling	-8.2
Non-Hodgkin Lymphoma	5.3	574	falling	-1.5
Oral Cavity & Pharynx	2	226	stable	-0.6
Ovary	6.5	402	falling	-4.1
Pancreas	11.3	1,247	stable	0
Prostate	17.6	776	falling	-2.6
Stomach	3.3	361	falling	-3.4
Thyroid	0.5	54	stable	-0.2
Uterus (Corpus & Uterus, NOS)	5.9	366	rising	0.7

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER)
NOTE: Rising and falling refers to the recent 5-year trend.

Figure 5. Cancer Mortality Rate, Mercer County, by Types of Cancer, 2014-2018

Cancer Site	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Mortality Rates
All Cancer Sites	150.5	653	falling	-1.8
Bladder	4.3	19	stable	-0.2
Brain & ONS	3.8	16	*	*
Breast	20.2	49	falling	-2.5
Cervix	2.9	6	stable	-1
Colon & Rectum	14.7	64	falling	-2.8
Esophagus	3.2	14	falling	-2.2
Kidney & Renal Pelvis	3.4	15	stable	-1.2
Leukemia	6.1	26	falling	-1.2
Liver & Bile Duct	5.7	26	rising	1.5
Lung & Bronchus	33	143	falling	-2.1
Melanoma of the Skin	2	9	falling	-2.1
Non-Hodgkin Lymphoma	5.2	22	falling	-3.5
Oral Cavity & Pharynx	2	9	falling	-2.7
Ovary	8.6	22	stable	-0.9
Pancreas	12.2	53	rising	1.4
Prostate	17.6	30	falling	-3.9
Stomach	3.3	14	falling	-3.9
Thyroid	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	6.6	16	stable	1

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER)
NOTE: Rising and falling refers to the recent 5-year trend.

Figure 6. Cancer Mortality Rate Age-Adjusted Rate per 100,000 Population by Selected Types of Cancer and Demographics, Mercer County, 2014-2018

	Breast	Cervix	Colon & Rectum	Lung & Bronchus	Prostate
All Race, All Ages	20.2	2.6	12.1	25.7	n/a
Asian or Pacific Islander (includes Hispanic), All Ages	*	*	8.7	14.1	*
Black (includes Hispanic), All Ages	24.9	*	19.1	47.1	38.0
Hispanic (any race), All Ages	*	*	12.4	10.9	*
White Non-Hispanic, All Ages	19.3	2.4	13.6	29.4	15.4
Females	20.2	2.6	14.2	31.2	17.9
Males	n/a	n/a	17.0	38.8	17.9

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER)

Figure 7. Cancer Cases in Stage 3 and 4 by Main Site, 2018-2019

		Cases (both analytic and non-analytic)		2018			2019			2018-2019			
Main Site	Subsite	2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage 3	% Stage 4	Total % Stage 3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
Breast		129	133	10.3%	10.3%	20.6%	9.0%	4.5%	13.5%	4	-1.3	-5.8	-7.1
	Breast	129	133	10.3%	10.3%	20.6%	9.0%	4.5%	13.5%	4	-1.3	-5.8	-7.1
Digestive Organs		155	114	11.2%	24.3%	35.5%	15.2%	26.3%	41.4%	-41	3.9	2	5.9
	Colon	56	37	9.5%	23.8%	33.3%	16.7%	22.2%	38.9%	-19	7.1	-1.6	5.6
	Pancreas	25	20	30.8%	46.2%	76.9%	6.7%	46.7%	53.3%	-5	-24.1	0.5	-23.6
	Rectum	20	18	21.4%	21.4%	42.9%	18.8%	12.5%	31.30%	-2	-2.7	-8.9	-11.6
	Stomach	-	15	0.0%	0.0%	0.0%	27.3%	27.3%	54.5%	6	27.3	27.3	54.5
Eye, Brain And Other Parts Of Central Nervous System		31	21	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-10	0	0	0
	Meninges	15	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-7	0	0	0
Female Genital Organs		61	45	19.4%	22.6%	41.9%	12.9%	22.6%	35.5%	-16	-6.5	0	-6.5
	Corpus Uteri	20	29	13.3%	0.0%	13.3%	16.7%	8.3%	25.0%	9	3.3	8.3	11.7
Hematopoietic And Reticuloendothelial Systems		73	75	0.0%	0.0%	0.0%	0.0%	1.8%	1.8%	2	0	1.8	1.8
	Hematopoietic And Reticuloendothelial Systems	73	75	0.0%	0.0%	0.0%	0.0%	1.8%	1.8%	2	0	1.8	1.8
Lip, Oral Cavity and Pharynx		26	23	17.6%	35.3%	52.9%	6.3%	37.5%	43.8%	-3	-11.4	2.2	-9.2
Lymph Nodes		32	27	20.0%	6.7%	26.7%	11.1%	5.6%	16.7%	-5	-8.9	-1.1	-10
Male Genital Organs		85	57	5.3%	15.8%	21.1%	8.6%	8.6%	17.1%	-28	3.3	-7.2	-3.9
	Prostate Gland	78	53	5.7%	17.1%	22.9%	9.4%	9.4%	18.8%	-25	3.7	-7.8	-4.1
Respiratory System and Intrathoracic Organs		102	113	28.8%	39.4%	68.2%	30.1%	47.3%	77.4%	11	1.3	7.9	9.2
	Bronchus And Lung	97	109	30.6%	38.7%	69.4%	30.4%	46.7%	77.2%	12	-0.2	8	7.8
Skin		12	-	0.0%	0.0%	0.0%	25.0%	0.0%	25.0%	-6	25	0	25

Urinary Tract	69	59	1.8%	3.6%	5.4%	3.6%	5.5%	9.1%	-10	1.9	1.9	3.7
Bladder	45	39	0.0%	2.6%	2.6%	0.0%	5.6%	5.60%	-6	0	3	3
Kidney	19	13	7.1%	7.1%	14.3%	15.4%	7.7%	23.1%	-6	8.2	0.5	8.8
Grand Total	797	694	11.2%	16.9%	28.1%	12.2%	17.4%	29.6%	-103	0.9	0.6	1.5

Note: Data includes analytic and non-analytic cases. "-" = cell suppressed.
DATA SOURCE: Tumor Registry

2019 Late Stage

	Total % Stage 3 & 4					Total % Stage 4				
MainSite	01 White	02 Black	03 Asian	98 Other	Hispanic	01 White	02 Black	03 Asian	98 Other	Hispanic
BREAST	15.4%	13.0%	18.2%	0.0%	0.0%	7.7%	4.3%	0.0%	0.0%	0.0%
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DIGESTIVE ORGANS	40.5%	45.5%	33.3%	0.0%	25.0%	29.1%	22.7%	33.3%	0.0%	0.0%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS	29.0%	33.3%	50.0%	0.0%	50.0%	12.9%	33.3%	25.0%	0.0%	50.0%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%
LIP, ORAL CAVITY AND PHARYNX	38.9%	0.0%	33.3%	0.0%	0.0%	27.8%	0.0%	33.3%	0.0%	0.0%
LYMPH NODES	13.6%	0.0%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%
MALE GENITAL ORGANS	19.4%	6.7%	0.0%	0.0%	0.0%	8.3%	6.7%	0.0%	0.0%	0.0%
OTHER AND ILL-DEFINED SITES	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS	67.9%	78.3%	100.0%	0.0%	50.0%	44.0%	47.8%	75.0%	0.0%	0.0%
RETROPERITONEUM AND PERITONEUM	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SKIN	40.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%
THYROID AND OTHER ENDOCRINE GLANDS	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
UNKNOWN PRIMARY SITE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
URINARY TRACT	10.0%	14.3%	0.0%	0.0%	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	27.3%	30.4%	34.2%	0.0%	10.3%	17.0%	17.4%	23.7%	0.0%	3.4%

Note: Data includes analytic and non-analytic cases.

	2020 RWJ Ham IP Patients	%	2020 RWJ Ham OP Patients	%
Cancer Patient Origin				
Mercer County	616	75%	2,431	72%
Primary Service Area	665	81%	2,642	79%
Secondary Service Area	84	10%	399	12%
Out of Service Area (NJ)	55	7%	287	9%
Out of State	17	2%	28	1%
TOTAL	821	100%	3,356	100%

Appendix 6:
Community Resources

Appendix - Resource Inventory, Mercer County/ RWJUH Hamilton CHNA

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Addiction	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Addiction	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Addiction	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Addiction	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Addiction	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Addiction	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Addiction	Catholic Charities	39 North Clinton Avenue	Trenton	08609	609-394-9398
Addiction	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Addiction	NJ Addiction Services	640 South Broad Street	Trenton	08650	609-989-6826
Addiction	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Addiction	CADC Classes/Rescue Mission	98 Carroll Street	Trenton	08609	732-367-0611
Addiction	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571
Addiction	NJ Connect for Recovery	HOTLINE			855-652-3737
Alcoholism	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Alzheimer's Disease	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Biking	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Biking	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Biking	All Trails (NJ)	VARIED LOCATIONS			
Biking	Lawrence Trail Guide	VARIED LOCATIONS			
Biking	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Biking	NJ Hiking	VARIED LOCATIONS			
Biking	NJ Trails Association	VARIED LOCATIONS			

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Bipolar	Depression and Bipolar Support Alliance	2100 E. State Street	Hamilton	08619	888-829-2483
Breast Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Breast Cancer	Capital Health Center for Comprehensive Breast Care	1 Capital Way	Pennington	08534	1800-637-2374
Breast Cancer	NJ CEED	416 Bellevue Avenue, Ste 401	Trenton	08618	609-989-0236
Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Cancer	Capital Health Center for Comprehensive Breast Care	1 Capital Way	Pennington	08534	1800-637-2374
Cancer	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Cancer	NJ CEED	416 Bellevue Avenue, Ste 401	Trenton	08618	609-989-0236
Cancer	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Cancer	Teal Tea Foundation	PO Box 6645	Lawrenceville	08648	1855-832-5832
Cardiovascular	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Cardiovascular	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Child Care	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Children	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Children	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Children	Mom's Quit Connection	HOTLINE			1888-545-5191

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Chronic Disease	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
College	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571
Colorectal Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Colorectal Cancer	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Community Outreach/Education	Princeton Human Services	1 Monument Drive	Princeton	08542	609-688-2055
Community Outreach/Education	SAVE	1010 Route 601	Skillman	08558	609-309-5214
Community Outreach/Education	HomeFront	1180 Princeton Avenue	Lawrenceville	08648	609-989-9417
Community Outreach/Education	Arm in Arm	123 East Hanover Street	Trenton	08608	609-396-9355
Community Outreach/Education	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Community Outreach/Education	Mercer Street Friends	151 Mercer Street	Trenton	08611	609-396-1506
Community Outreach/Education	Womanspace, Inc.	1530 Brunswick Aveune	Lawrenceville	08648	609-394-9000
Community Outreach/Education	The Mercer County Surrogate's Office	175 South Broad Street	Trenton	08608	609-989-6331
Community Outreach/Education	Bully Busters	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Chess Champs	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Children in the Middle	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community Outreach/Education	Fatal Vision Goggles	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Footprints for Life	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Keys to Innervisions	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Life Skills Training	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Olweus Bullying Prevention Program	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Parenting Wisely	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Prevention Coalition of Mercer County	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Protecting You Protecting Me	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Take Control of Your Health	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Trenton Municipal Alliance Committee	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	We Check for 21	1931 Brunswick Avenue	Lawrenceville	08648	609-396-5874
Community Outreach/Education	Wellness Initiative for Senior Education	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Metro Employee Assistance Service	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Community Outreach/Education	Coping with Work and Family Stress	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Community Outreach/Education	The Adult Education Learning Center	222 North Hermitage Avenue	Trenton	08618	609-278-6904
Community Outreach/Education	Parents Who Host Lost the Most	2298 Route 33	Robbinsville	08691	609-259-3600

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community Outreach/Education	AIM-Asthma Improves with Management	321 North Warren Street	Trenton	08618	609-278-5900
Community Outreach/Education	Diversion Program	321 North Warren Street	Trenton	08618	609-278-5900
Community Outreach/Education	Senior Care Outreach and Education Program	321 North Warren Street	Trenton	08618	609-278-5900
Community Outreach/Education	One Simple Wish	354 South Broad Street	Trenton	08608	609-883-8484
Community Outreach/Education	UIH Family Partners	4 N Broad Street	Trenton	08608	609-695-3663
Community Outreach/Education	YWCA Princeton "St Nicolas Project"	59 Paul Robenson Place	Princeton	08540	609-497-2100
Community Outreach/Education	Princeton Young Achievers	59 Paul Robenson Place	Princeton	08540	609-497-9622
Community Outreach/Education	St. Francis Medical Center	601 Hamilton Avenue	Trenton	08629	609-599-5000
Community Outreach/Education	Princeton Nursery School	78 Leigh Avenue	Princeton	08540	609-921-8606
Community Outreach/Education	Mercer County Improvement Authority	80 Hamilton Avenue, 2nd Floor	Trenton	08611	609-278-8086
Community Outreach/Education	Family and Community Health Sciences	930 Spruce Street	Trenton	08648	609-989-6831
Community Outreach/Education	Rescue Mission of Trenton	98 Carroll Street	Trenton	08609	609-695-1436
Community Outreach/Education	Senior Care Services of New Jersey	PO Box 1517	Princeton	08542	609-921-8888
Community Services	Thomas Edison State College	111 West State Street	Trenton	08608	609-777-5694
Community Services	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Community Services	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Community Services	Lawrence Township Health Department	2207 Lawrence Road	Lawrenceville	08648	609-844-7089

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community Services	Mercer County TRADE Transportation	300 Scotch Road	Trenton	08628	609-530-1971
Community Services	United Way of Greater Mercer County	3150 Brunswick Pike, STE 230	Lawrenceville	08648	609-896-1912
Community-Based Organizations - County Welfare Agency	Mercer County Board of Social Services	200 Wolverton Street	Trenton	08650	609-989-4320
Community-Based Organizations - Division on Women Services	Womanspace, Inc.	1530 Brunswick Avenue	Lawrenceville	08648	609-394-9000
Community-Based Organizations - Division on Women Services	NJ Coalition to End Domestic Violence	1670 Whitehorse-Hamilton Square Road	Trenton	08690	609-584-8107
Community-Based Organizations - Early Childhood Services	Child Care Connection	1001 Spruce Street	Trenton	08638	609-989-7770
Community-Based Organizations - Early Childhood Services	Mercer Street Friends	151 Mercer Street	Trenton	08611	609-396-1506
Community-Based Organizations - Early Childhood Services	Children's Futures	16 West Front Street, 2nd Floor, Ste 220	Trenton	08608	609-695-1977
Community-Based Organizations - Early Childhood Services	Children's Futures	16 West Front Street, 2nd Floor, Ste 220	Trenton	08608	609-695-1977
Community-Based Organizations - Early Childhood Services	Gateway Community Action Partnership	690 Whitehead Road	Lawrenceville	08648	609-393-0250
Community-Based Organizations - Family Support Services	Trenton North Ward Family Success Center	1554 Princeton Avenue	Trenton	08638	609-393-2980

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community-Based Organizations - Family Support Services	Children's Home Society	416 Bellevue Avenue, Ste 201	Trenton	08618	800-396-4518
Community-Based Organizations - Family Support Services	Trenton South Ward Family Success Center	635 South Clinton Avenue	Trenton	08611	609-695-6274
Community-Based Organizations - School Linked Services	Trenton Central High School/Daylight Twilight Program	135 E. Hanover Street	Trenton	08625	609-656-4900
Community-Based Organizations - School Linked Services	NJ Child Assault Prevention Network/PEI Kids	231 Lawrence Road	Lawrenceville	08648	609-695-3739
Community-Based Organizations - School Linked Services	Johnson Park School	285 Rosendale Road	Princeton	08540	609-806-4240
Community-Based Organizations - School Linked Services	Littlebrook School	39 Magnolia Lane	Princeton	08540	609-806-4250
Community-Based Organizations - School Linked Services	Trenton Central High School	400 Chambers Street	Trenton	08609	609-656-4900
Community-Based Organizations - School Linked Services	Ewing High School	900 Parkway Avenue	Ewing	08618	609-538-9800
Depression	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Depression	Depression and Bipolar Support Alliance	2100 E. State Street	Hamilton	08619	888-829-2483
Disability	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Drug Addiction	Corner House	1 Monument Drive	Princeton	08540	609-924-8018

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Drug Addiction	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Drug Addiction	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Drug Addiction	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Drug Addiction	Catholic Charities	39 North Clinton Avenue	Trenton	08609	609-394-9398
Drug Addiction	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Drug Addiction	NJ Addiction Services	640 South Broad Street	Trenton	08650	609-989-6826
Drug Addiction	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Drug Addiction	CADC Classes/Rescue Mission	98 Carroll Street	Hamilton	08609	732-367-0611
Drug Addiction	NJ Connect for Recovery	HOTLINE			855-652-3737
Education	Thomas Edison State College	111 West State Street	Trenton	08608	609-777-5694
Emergency/Urgent Care	Capital Health Medical Center - Hopewell	1 Capital Way	Pennington	08534	1800-637-2374
Emergency/Urgent Care	InFocus Urgent Care	100 Campus Town Cir	Ewing	08638	609-799-7009
Emergency/Urgent Care	Hamilton Trenton Urgent Care Center	1254 S Broad St	Trenton	08610	609-218-5637
Emergency/Urgent Care	AFC Urgent Care	2222 Route 33	Hamilton	08690	609-890-4100
Emergency/Urgent Care	RWJ Primary Care Express	3100 Quakerbridge Rd	Hamilton Township	08619	609-245-7430
Emergency/Urgent Care	Immediate Care Medical Walk In of East Windsor	319 US 130 North	East Windsor	08520	609-426-4300
Emergency/Urgent Care	AfterOurs Urgent Care	3379 Quakerbridge Road	Hamilton Township	08619	609-249-9000
Emergency/Urgent Care	HealthCARE Express	4065 Quakerbridge Road	West Windsor	08550	609-297-0546
Emergency/Urgent Care	InFocus Urgent Care	64 Princeton-Hightstown Rd	West Windsor	08550	609-799-7009
Emergency/Urgent	Patient First	641 US Hwy Rte 130	Hamilton	08550	609-568-9383
Care					
Emergency/Urgent Care	Princeton Primary and Urgent Care Center	707 Alexander Rd, Ste 201	Princeton	08540	609-919-0009

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Emergency/Urgent Care	MedExpress	811 Rt 33	Hamilton	08619	609-587-8298
Exercise	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08609	609-581-9622
Family	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Family	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Family	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Family: Healthy Living	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Farmer's Market	Greenwood Avenue Farmers' Market	427 Greenwood Avenue	Trenton	08609	609-278-9677
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Ewing Street	112 Ewing Street	Trenton	08609	609-278-5900
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Chambers Street	317 Chambers Street	Trenton	08609	609-278-5900
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Warren Street	321 North Warren Street	Trenton	08618	609-278-5900
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Bellevue Ave.	433 Bellevue Avenue	Trenton	08618	609-278-5900
Fitness	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Fitness	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Fitness	All Trails (NJ)	VARIED LOCATIONS			
Fitness	Lawrence Trail Guide	VARIED LOCATIONS			
Fitness	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Fitness	NJ Hiking	VARIED LOCATIONS			
Fitness	NJ Trails Association	VARIED LOCATIONS			
Food	Get Moving-Get Healthy New Jersey	930 Spruce Street	Trenton	08648	609-989-6833

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Food	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Health and Recovery	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Health and Recovery	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Healthcare	Robert Wood Johnson University Hospital Hamilton	1 Hamilton Health Place	Hamilton	08690	609-586-7900
Healthcare	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Healthcare	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Healthcare	Veterans Total Care Initiative	2280 Hamilton Ave	Hamilton	08619	866-838-7654
Healthy Eating	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Healthy Eating	Choose My Plate	930 Spruce Street	Trenton	08648	609-989-6831
Healthy Lifestyle	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Lifestyle	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Healthy Lifestyle	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Lifestyle	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Lifestyle	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Healthy Lifestyle	Get Moving-Get Healthy New Jersey	930 Spruce Street	Trenton	08648	609-989-6833
Healthy Lifestyle	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Healthy Lifestyle	Healthy Living Princeton	PO Box 441	Princeton	08542	609-924-8021
Healthy Lifestyle	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Healthy Lifestyle	All Trails (NJ)	VARIED LOCATIONS			

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Healthy Lifestyle	Lawrence Trail Guide	VARIED LOCATIONS			
Healthy Lifestyle	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Healthy Lifestyle	NJ Hiking	VARIED LOCATIONS			
Healthy Lifestyle	NJ Trails Association	VARIED LOCATIONS			
Healthy Living	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Healthy Living	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Living	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Living	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Living	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Healthy Living	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Healthy Living	United Way of Greater Mercer County	3150 Brunswick Pike, STE 230	Lawrenceville	08648	609-896-1912
Healthy Living	Lakeview Child Center	4 Princess Road, Bld 100	Lawrenceville	08648	609-896-4866
Healthy Living	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Healthy Living	Greenwood Avenue Farmers' Market	427 Greenwood Avenue	Trenton	08609	609-278-9677
Healthy Living	Get Moving-Get Healthy New Jersey	930 Spruce Street	Trenton	08648	609-989-6833
Healthy Living	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Healthy Living	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Healthy Living	All Trails (NJ)	VARIED LOCATIONS			
Healthy Living	Lawrence Trail Guide	VARIED LOCATIONS			

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Healthy Living	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Healthy Living	NJ Hiking	VARIED LOCATIONS			
Healthy Living	NJ Trails Association	VARIED LOCATIONS			
Heart	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Heart	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Heart Health	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Heart Health	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Hiking	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Hiking	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Hiking	All Trails (NJ)	VARIED LOCATIONS			
Hiking	Lawrence Trail Guide	VARIED LOCATIONS			
Hiking	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Hiking	NJ Hiking	VARIED LOCATIONS			
Hiking	NJ Trails Association	VARIED LOCATIONS			
HIV/AIDS	The Navigator Project - AIDS/HIV/STD Hotline	HOTLINE			1800-624-2377
Homeless	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Hospitals	Capital Health – Capital Health Medical Center Hopewell	1 Capital Way	Pennington	08534	1800-637-2374

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Hospitals	RWJBarnabas Health – Robert Wood Johnson University Hospital at Hamilton	1 Hamilton Health Place	Hamilton	08690	609-586-7900
Hospitals	Trenton Psychiatric Hospital	101 Sullivan Way	West Trenton	08628	609-633-1500
Hospitals	Anne Klein Forensic Center – State of New Jersey, Dept. of Human Services	1609 Stuyvesant Avenue	West Trenton	08628	609-633-0900
Hospitals	St. Lawrence Rehabilitation Center	2381 Lawrenceville Road	Lawrenceville	08648	609-896-9500
Hospitals	Trinity Health – St. Francis Medical Center	601 Hamilton Avenue	Trenton	08629	609-599-5000
Hospitals	Capital Health – Capital Health Regional Medical Center	750 Brunswick Avenue	Trenton	08638	609-394-6000
Housing	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Housing	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Kids	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Low-Income	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Maternity and Adoption	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Mental Health	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Mental Health	Depression and Bipolar Support Alliance	2100 E. State Street	Hamilton	08619	888-829-2483
Mental Health	NJ Connect for Recovery	HOTLINE			855-652-3737
Mental Health	Mental Health First Aid				973-571-4100
Mental Health/Substance Abuse	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Mental Health/Substance Abuse	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Mental Health/Substance Abuse	Phoenix Behavioral Health, LLC	1014 Whitehead Road, Ste B	Ewing	08638	609-771-3777
Mental Health/Substance Abuse	New Horizon Treatment Services, Inc.	132 Perry Street	Trenton	08618	609-394-8988
Mental Health/Substance Abuse	New Horizon Treatment Services, Inc., Gryphon House	132 Perry Street	Trenton	08618	609-394-8988
Mental Health/Substance Abuse	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Mental Health/Substance Abuse	Opportunities for All, Inc.	1701 South Broad Street	Hamilton	08610	609-394-7013
Mental Health/Substance Abuse	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Mental Health/Substance Abuse	Center for Healing and Behavioral Health Services	20 Scotch Road, Ste C	Ewing	08540	609-468-4419
Mental Health/Substance Abuse	Princeton House Behavioral Health	300 Clocktower Drive	Hamilton	08690	609-688-2788
Mental Health/Substance Abuse	Genpsych, PC	31 E Darrah Lane	Lawrenceville	08648	609-403-6190
Mental Health/Substance Abuse	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Mental Health/Substance Abuse	Footprints to Recovery	3535 Quakerbridge Road, Ste 300	Hamilton	08619	609-249-4645
Mental Health/Substance Abuse	Catholic Charities Alcoholism/ Addictions Program	39 North Clinton Avenue	Trenton	08609	609-394-9398
Mental Health/Substance Abuse	Lifeback Addictions and Behavioral Health	4 Princess Road, Bld 200, Ste 206	Lawrence	08648	609-482-3701
Mental Health/Substance Abuse	Summit Behavioral Health, LLC	4065 Quakerbridge Road	Princeton Junction	08550	609-651-4001

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Mental Health/Substance Abuse	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Mental Health/Substance Abuse	Another Door Opens Recovery Center	700 South Clinton	Trenton	08618	609-393-1219
Mental Health/Substance Abuse	Princeton House Behavioral Health	741 Mount Lucas Road	Princeton	08540	609-497-3350
Mental Health/Substance Abuse	Trenton Healthcare, LLC	801 New York Avenue	Trenton	08638	609-393-8000
Mental Health/Substance Abuse	Princeton House Behavioral Health	905 Herrontown Road	Princeton	08540	609-497-3300
Mental Health/Substance Abuse	Family Guidance Center	946 Edgewood Avenue	Trenton	08618	609-393-1626
Mental Health/Substance Abuse	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Mental Health/Substance Abuse	Rescue Mission of Trenton	98 Carroll Street	Trenton	08609	609-695-1436
Mental Illness	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Military	Veterans Total Care Initiative	2280 Hamilton Ave	Hamilton	08619	866-838-7654
Mothers	Mom's Quit Connection	HOTLINE			1888-545-5191
Nursing/Home Care - Assisted Living Residence	Atrium Senior Living of Princeton	1000 Windrow Drive	Princeton	08540	609-514-9111
Nursing/Home Care - Assisted Living Residence	Rose Hill Assisted Living	1150 Washington Blvd	Robbinsville	08691	609-371-7007
Nursing/Home Care - Assisted Living Residence	Brandywine Senior Living at Pennington	143 West Franklin Avenue	Pennington	08534	609-730-9922
Nursing/Home Care - Assisted Living Residence	Brandywine Senior Living at Princeton	155 Raymond Road	Princeton	08540	732-329-8888
Nursing/Home Care - Assisted Living Residence	Brookdale Hamilton	1645 Whitehorse-Mercerville Road	Trenton	08619	609-586-4000

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Nursing/Home Care - Assisted Living Residence	Care One at Hamilton	1660 Whitehorse-Hamilton Square Road	Hamilton	08690	609-586-4600
Nursing/Home Care - Assisted Living Residence	Bear Creek Assisted Living	291 Village Road East	West Windsor	08550	609-918-1075
Nursing/Home Care - Assisted Living Residence	Presbyterian Home at Meadow Lakes	300 Meadow Lakes	East Windsor	08520	609-448-4100
Nursing/Home Care - Assisted Living Residence	Abrams Residence	50 Walter Street	Ewing	08628	609-883-5391
Nursing/Home Care - Assisted Living Residence	Acorn Glen	775 Mt. Lucas Road	Princeton	08540	609-430-4000
Nursing/Home Care - Long Term Care Facility	Morris Hall/St. Joseph's Nursing Center	1 Bishops Drive	Lawrenceville	08648	609-896-0006
Nursing/Home Care - Long Term Care Facility	Hamilton Continuing Care Center	1059 Edinburg Road	Hamilton	08690	609-588-0091
Nursing/Home Care - Long Term Care Facility	Atrium Post Acute Care of Lawrenceville	112 Franklin Corner Road	Lawrenceville	08648	609-896-1494
Nursing/Home Care - Long Term Care Facility	Preferred Care at Mercer	1201 Parkway Avenue	Ewing	08628	609-882-6900
Nursing/Home Care - Long Term Care Facility	Royal Health Gate Nursing and Rehabilitation	1314 Brunswick Avenue	Trenton	08638	609-656-9291
Nursing/Home Care - Long Term Care Facility	Arcadia Nursing and Rehabilitation	1501 State Hwy 33	Hamilton Square	08690	609-586-1114
Nursing/Home Care - Long Term Care Facility	Mercerville Center	2240 Whitehorse-Mercerville Road	Mercerville	08619	609-586-7500
Nursing/Home Care - Long Term Care Facility	Hamilton Grove Healthcare and Rehabilitation, LLC	2300 Hamilton Avenue	Hamilton	08619	609-588-5800
Nursing/Home Care - Long Term Care Facility	St. Lawrence Rehabilitation Center	2381 Lawrenceville Road	Lawrenceville	08648	609-896-9500

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Nursing/Home Care - Long Term Care Facility	Atrium Post Acute Care of Hamilton	3 Hamilton Health Place	Hamilton	08690	609-631-2555
Nursing/Home Care - Long Term Care Facility	Presbyterian Home at Meadow Lakes	300 Meadow Lakes	East Windsor	08520	609-448-4100
Nursing/Home Care - Long Term Care Facility	Riverside Nursing and Rehabilitation Center	325 Jersey Street	Trenton	08611	609-394-3400
Nursing/Home Care - Long Term Care Facility	Providence Nursing and Rehabilitation Center	439 Bellevue Avenue	Trenton	08618	609-396-2646
Nursing/Home Care - Long Term Care Facility	Atrium Post Acute Care of Princeton	5000 Windrow Drive	Princeton	08540	609-987-1221
Nursing/Home Care - Long Term Care Facility	Greenwood House Home for the Jewish Aged	51 Walter Street	Trenton	08628	609-883-5391
Nursing/Home Care - Long Term Care Facility	Water's Edge Healthcare and Rehabilitation	512 Union Street	Trenton	08611	609-393-8622
Nursing/Home Care - Long Term Care Facility	Princeton Care Center	728 Bunn Drive	Princeton	08540	609-924-9000
Nutrition	Choose My Plate	930 Spruce Street	Trenton	08648	609-989-6831
Nutrition/Healthy Living	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Nutrition/Healthy Living	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Nutrition/Healthy Living	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Nutrition/Healthy Living	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Nutrition/Healthy Living	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Nutrition/Healthy Living	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Nutrition/Healthy Living	Lakeview Child Center	4 Princess Road, Bld 100	Lawrenceville	08648	609-896-4866
Nutrition/Healthy Living	Choose My Plate	930 Spruce Street	Trenton	08648	609-989-6831
Nutrition/Healthy Living	Get Moving-Get Healthy New Jersey	930 Spruce Street	Trenton	08648	609-989-6833
Nutrition/Healthy Living	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Nutrition/Healthy Living	Healthy Living Princeton	PO Box 441	Princeton	08542	609-924-8021
Outdoor	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Outdoor	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Outdoor	All Trails (NJ)	VARIED LOCATIONS			
Outdoor	Lawrence Trail Guide	VARIED LOCATIONS			
Outdoor	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Outdoor	NJ Hiking	VARIED LOCATIONS			
Outdoor	NJ Trails Association	VARIED LOCATIONS			
Outpatient Clinics - County Mental Health Board	Mercer County Division of Mental Health	640 South Broad Street	Trenton	08650	609-989-6574/6529
Outpatient Clinics - Deaf Enhanced Screening Center	Capital Health System	750 Brunswick Avenue	Trenton	08638	609-396-4357
Outpatient Clinics - Deaf Enhanced STCF	Capital Health, Fuld Campus	750 Brunswick Avenue	Trenton	08638	609-394-6000
Outpatient Clinics - Early Intervention Support Services	Catholic Charities-Diocese of Trenton	1225 Whitehorse Mercerville Road, Bld D, Ste 504	Hamilton	08619	609-256-4200
Outpatient Clinics - Homeless Services (PATH)	Oaks Integrated Care	31 Lexington Avenue	Ewing	08618	609-583-1900
Outpatient Clinics - Integrated Case Management Services	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Outpatient Clinics - Intensive Outpatient Treatment & Support Services	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Outpatient Clinics - Involuntary Outpatient Commitment	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Outpatient Clinics - Outpatient	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Outpatient Clinics - Outpatient	Oaks Integrated Care	2550 Brunswick Pike	Lawrenceville	08648	609-396-8877
Outpatient Clinics - Outpatient	Catholic Charities-Diocese of Trenton	39 North Clinton Avenue	Trenton	08608	609-394-9398
Outpatient Clinics - Partial Care	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Outpatient Clinics - Partial Care	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Outpatient Clinics - Partial Care	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Outpatient Clinics - Partial Care	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Outpatient Clinics - Partial Care	A.A.M.H. - Mercer	819 Alexander Road	Princeton	08540	609-452-2088
Outpatient Clinics - Primary Screening Center for Mercer	Capital Health Regional Medical Center	750 Brunswick Avenue	Trenton	08638	609-396-4357
Outpatient Clinics - Program of Assertive Community Treatment (PACT)	Catholic Charities-Diocese of Trenton	1340 Parkway Avenue	Ewing	08628	609-882-4772

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Outpatient Clinics - Program of Assertive Community Treatment (PACT)	Catholic Charities-Diocese of Trenton	39 North Clinton Avenue	Trenton	08609	609-394-9398
Outpatient Clinics - Residential Intensive Support Team (RIST)	Oaks Integrated Care	1001 Spruce Street	Trenton	08638	609-396-6788
Outpatient Clinics - Residential Services	SERV/Mercer	20 Scotch Road, 3rd Floor	Ewing	08628	609-406-0100
Outpatient Clinics - Residential Services/Transitional & Supportive Housing	Catholic Charities-Diocese of Trenton	41 Steinert Avenue	Hamilton	08619	609-890-2527
Outpatient Clinics - Self-Help Center	Transition Mission SHC/Trenton Psychiatric Hospital	101 Sullivan Way	West Trenton	08628	609-503-5762
Outpatient Clinics - Self-Help Center	Reach Out/Speak Out	2100 E. State Street	Hamilton	08619	888-829-2483
Outpatient Clinics - Short Term Care Facility	St. Francis Medical Center	601 Hamilton Avenue	Trenton	08629	609-599-5000
Outpatient Clinics - Short Term Care Facility	Capital Health Regional Medical Center/Fuld Campus	750 Brunswick Avenue	Trenton	08638	609-394-6000
Outpatient Clinics - Supported Employment Services	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Outpatient Clinics - Supportive Housing	SERV Centers of NJ	20 Scotch Road, 3rd Floor	Ewing	08628	609-406-0100
Outpatient Clinics - Supportive Housing	Oaks Integrated Care	31 Lexington Avenue	Ewing	08618	609-583-1900
Outpatient Clinics - Systems Advocacy	Community Health Law Project	225 East State Street, Ste 5	Trenton	08608	609-392-5553

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Outpatient Clinics - Voluntary Unit	Capital Health, Fuld Campus	750 Brunswick Avenue	Trenton	08638	609-394-6049/6996
Ovarian Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Ovarian Cancer	NJ CEED	416 Bellevue Avenue, Ste 401	Trenton	08618	609-989-0236
Ovarian Cancer	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Ovarian Cancer	Teal Tea Foundation	PO Box 6645	Lawrenceville	08648	1855-832-5832
Parenting	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Physical Fitness	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Physical Fitness	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Physical Fitness	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Pregnancy	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Prevention Services	Contact of Mercer County	60 South Main Street	Pennington	08534	609-883-2880
Prevention Services - Homeless Prevention	HomeFront	1180 Princeton Avenue	Lawrenceville	08648	609-989-9417
Prevention Services - Prevention Coalition Mercer County (PCMC)	Capital Health Medical Center - Hopewell	1 Capital Way	Pennington	08534	1800-637-2374
Prevention Services - Prevention Coalition Mercer County (PCMC)	Robert Wood Johnson University Hospital Hamilton	1 Hamilton Health Place	Hamilton	08690	609-586-7900
Prevention Services - Prevention Coalition Mercer County (PCMC)	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Prevention Services - Prevention Coalition Mercer County (PCMC)	Princeton Alcohol and Drug Alliance	1 Monument Drive	Princeton	08540	609-924-8018

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Princeton Police Department	1 Valley Road	Princeton	08540	609-921-2100
Prevention Services - Prevention Coalition Mercer County (PCMC)	Signs of Sobriety	100 Scotch Road	Ewing	08628	609-882-7677
Prevention Services - Prevention Coalition Mercer County (PCMC)	Advancing Opportunities	1005 Whitehead Road	Ewing	08638	609-882-4182
Prevention Services - Prevention Coalition Mercer County (PCMC)	Rider University	101 Walnut Lane	Princeton	08540	609-921-7100
Prevention Services - Prevention Coalition Mercer County (PCMC)	St. James Hope Ministry	115 E. Delaware Avenue	Pennington	08534	609-737-0122
Prevention Services - Prevention Coalition Mercer County (PCMC)	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Prevention Services - Prevention Coalition Mercer County (PCMC)	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Prevention Services - Prevention Coalition Mercer County (PCMC)	East Windsor Alliance	16 Lanning Blvd	East Windsor	08520	609-443-4000
Prevention Services - Prevention Coalition Mercer County (PCMC)	Mercer County Sheriff's Office	175 South Broad Street	Trenton	08608	609-394-0286
Prevention Services - Prevention Coalition Mercer County (PCMC)	Cool 2B Clean	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Prevention Services - Prevention Coalition Mercer County (PCMC)	Ewing Police Department	2 Jake Garzio Drive	Ewing	08628	609-882-1313
Prevention Services - Prevention Coalition Mercer County (PCMC)	Ewing Drug Alliance	2 Jake Garzio Drive	Ewing	08628	609-883-2900
Prevention Services - Prevention Coalition Mercer County (PCMC)	The College of NJ	2000 Pennington Road	Ewing	08628	609-771-2131
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hopewell Valley Municipal Alliance	201 Washington Crossing- Pennington Road	Titusville	08560	609-537-0242
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hopewell Township Police Department	201 Washington Crossing- Pennington Road	Titusville	08560	609-737-3100
Prevention Services - Prevention Coalition Mercer County (PCMC)	Rider University	2083 Lawrenceville Road	Lawrenceville	08648	609-896-5000
Prevention Services - Prevention Coalition Mercer County (PCMC)	Mercer County Prosecutor's Office	209 South Broad Street	Trenton	08608	609-989-6305
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Prevention Services - Prevention Coalition Mercer County (PCMC)	Recovery Advocates	2117 Route 33, Ste 1	Hamilton	08690	888-360-77888

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Lawrence Alcohol and Drug Alliance	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Prevention Services - Prevention Coalition Mercer County (PCMC)	Lawrence Township Health Department	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hightstown High School	25 Leshin Lane	Hightstown	08520	609-443-7738
Prevention Services - Prevention Coalition Mercer County (PCMC)	United Way of Greater Mercer County	3150 Brunswick Pike, STE 230	Lawrenceville	08648	609-896-1912
Prevention Services - Prevention Coalition Mercer County (PCMC)	West Windsor - Plainsboro High School	346 Clarksville Road	West Windsor	08550	609-716-5000
Prevention Services - Prevention Coalition Mercer County (PCMC)	Footprints to Recovery	3535 Quakerbridge Road, Ste 300	Hamilton	08619	609-249-4645
Prevention Services - Prevention Coalition Mercer County (PCMC)	Council on Compulsive Gambling	3635 Quakerbridge Road, Ste 7	Hamilton	08619	609-588-5515
Prevention Services - Prevention Coalition Mercer County (PCMC)	City of Angels	392 Church Street	Hamilton	08620	609-910-4942
Prevention Services - Prevention Coalition Mercer County (PCMC)	Summit Behavioral Health, LLC	4065 Quakerbridge Road	Princeton Junction	08550	609-651-4001
Prevention Services - Prevention Coalition Mercer County (PCMC)	Melvin H Kreps School	5 Kent Lane	East Windsor	08520	609-443-7767

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Campfire NJ	535 East Franklin Street	Trenton	08610	609-695-8410
Prevention Services - Prevention Coalition Mercer County (PCMC)	Mercer County Department of Human Services	640 South Broad Street	Trenton	08650	609-989-6526
Prevention Services - Prevention Coalition Mercer County (PCMC)	State of NJ - Department of Mental Health and Addiction Services	640 South Broad Street	Trenton	08650	609-989-6574
Prevention Services - Prevention Coalition Mercer County (PCMC)	West Windsor - Plainsboro Municipal Alliance	641 Plainsboro Road	Plainsboro	08536	609-799-0909
Prevention Services - Prevention Coalition Mercer County (PCMC)	Ewing High School ASYSST	900 Parkway Avenue	Ewing	08618	609-583-9800
Prevention Services - Prevention Coalition Mercer County (PCMC)	New Jersey National Guard	PO Box 340	Trenton	08625	609-530-4600
Prevention Services - Prevention Coalition Mercer County (PCMC)	Greater Mercer Public Health Partnership	PO Box 6194	Lawrenceville	08748	609-580-0621
Prevention Services - Programs	Bully Busters	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Chess Champs	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Children in the Middle	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Fatal Vision Goggles	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Footprints for Life	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Programs	Keys to Innervisions	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Life Skills Training	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Olweus Bullying Prevention Program	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Parenting Wisely	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Prevention Coalition of Mercer County	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Protecting You Protecting Me	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Take Control of Your Health	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Trenton Municipal Alliance Committee	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	We Check for 21	1931 Brunswick Avenue	Lawrenceville	08648	609-396-5874
Prevention Services - Programs	Wellness Initiative for Senior Education	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Metro Employee Assistance Service	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Prevention Services - Programs	Coping with Work and Family Stress	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Prevention Services - Programs	Parents Who Host Lost the Most	2298 Route 33	Robbinsville	08691	609-259-3600
Professional	CADC Classes/Rescue Mission	98 Carroll Street	Hamilton	08609	732-367-0611
Quit Smoking	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Quit Smoking	New Jersey Quitline	HOTLINE			1866-657-8677
Quit Smoking	Mom's Quit Connection	HOTLINE			1888-545-5191
Recovery	Corner House	1 Monument Drive	Princeton	08540	609-924-8018

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Recovery	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Recovery	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Recovery	Catholic Charities	39 North Clinton Avenue	Trenton	08609	609-394-9398
Recovery	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Recovery	NJ Addiction Services	640 South Broad Street	Trenton	08650	609-989-6826
Recovery	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Recovery	CADC Classes/Rescue Mission	98 Carroll Street	Hamilton	08609	732-367-0611
Recovery	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571
Recovery	NJ Connect for Recovery	HOTLINE			855-652-3737
Senior Citizens	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Senior Citizens	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Senior Citizens	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Senior Citizens	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Senior Citizens	Adult Protective Services	200 Wolverton Street	Trenton	08650	609-989-4320
Senior Citizens	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Senior Citizens	Lawrence Township Health Department	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Senior Citizens	Mercer County TRADE Transportation	300 Scotch Road	Trenton	08628	609-530-1971
Senior Citizens	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Seniors	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Seniors	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Seniors	Adult Protective Services	200 Wolverton Street	Trenton	08650	609-989-4320
Seniors	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Shaping NJ	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Smoking	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Smoking	New Jersey Quitline	HOTLINE			1866-657-8677
Smoking	Mom's Quit Connection	HOTLINE			1888-545-5191
Specialty Care	New Jersey Surgery Center LLC	1225 Whitehorse Mercerville Road, Bld D, Ste 209	Mercerville	08619	609-581-6200
Specialty Care	Hamilton Endoscopy and Surgery Center LLC	1235 Whitehorse-Mercerville Road, Ste 310	Hamilton	08619	609-581-6610
Specialty Care	Surgical Specialists at Princeton	136 Main Street, Ste 100	Princeton	08540	609-799-1130
Specialty Care	Hamilton Surgery Center LLC	1445 Whitehorse-Mercerville Road	Hamilton	08619	609-689-4820
Specialty Care	Mercer County Surgery Center	3120 Princeton Pike	Lawrenceville	08648	609-895-0290
Specialty Care	Planned Parenthood of Northern, Central, and Southern New Jersey, Inc.	437 East State Street	Trenton	08608	609-599-4881
Specialty Care	Princeton Endoscopy Center LLC	731 Alexander Road, Ste 104	Princeton	08540	609-452-1111
Substance Abuse	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Substance Abuse	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Substance Abuse	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Substance Abuse	Lawrence Alcohol and Drug Alliance	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Substance Abuse	NJ Connect for Recovery	HOTLINE			855-652-3737
Sun Safety	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Tobacco	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Tobacco	New Jersey Quitline	HOTLINE			1866-657-8677
Tobacco	Mom's Quit Connection	HOTLINE			1888-545-5191
Transportation	RideProvide	15 Roszel Road	Princeton	08540	609-452-5140
Transportation	Greater Mercer Transportation Management Association (GMTMA)	15 Roszel Road, Ste 101	Princeton	08540	609-452-1491
Transportation	Mercer County TRADE Transportation	300 Scotch Road	Trenton	08628	609-530-1971
Transportation	Princeton Pedestrian and Bicycle Advisory Committee	400 Witherspoon Street	Princeton	08540	609-924-4141
Transportation	Mercer County Division of Transportation	640 South Broad Street	Trenton	08650	609-989-6629
Transportation	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Veteran	Veterans Total Care Initiative	2280 Hamilton Ave	Hamilton	08619	866-838-7654
Women	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Women	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Women	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Women	Teal Tea Foundation	PO Box 6645	Lawrenceville	08648	1855-832-5832

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Youth	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Youth	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Youth	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Youth	Lakeview Child Center	4 Princess Road, Bld 100	Lawrenceville	08648	609-896-4866
Youth	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Youth	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Youth	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Trenton	08648	609-989-6833
Youth	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571

Appendix 7:
RWJBH CHNA Steering Committee

APPENDIX 7 - RWJBarnabas Health Community Health Needs Assessment Steering Committee

Committee Members

- Tamara Cunningham, VP System Development/Planning, Co-Chair
- Cathy Dowdy, SVP and Comptroller, Co-Chair
- Andy Anderson, MD, President, RWJBH Medical Group
- Barbara Mintz, MS, RDN, SVP, Social Impact and Community Investment
- DeAnna L. Minus-Vincent, MPA, Executive Vice President, Chief Social Justice & Accountability Officer
- Deborah Larkin-Carney, RN, BSN, MBA, SVP, Quality and Patient Safety and Patient Experience
- Frank A. Ghinassi, PhD, ABPP, SVP Behavioral Health
- Indu Lew, Executive Vice President, Chief Pharmacy Officer
- Joseph Jaeger, DrPH, GME/Physician Education
- Jim Andrews, SVP, Cardiac & Neurological Services
- Lina Shihabuddin, MD, Chief Population Health Officer
- Mary O'Dowd, MPH, Executive Director of Health Systems and Population Health Integration, Rutgers Biomedical and Health Science
- Patrick Knaus, Executive Vice President, System Strategy
- Perry Halkitis, PhD, MS, MPH, Dean, School of Public Health, Rutgers University
- Rich Henwood VP, Corporate Reimbursement
- Susan Solometo, MBA, SVP, Strategy and Operations, Oncology Services
- Suzanne Spernal, DNP, APN-BC, RNC-OB, Vice President of Women's Services
- Trina Parks, MHA, FACHE, Executive Vice President, Chief Corporate Diversity and Inclusion Officer

Facility Representation

- Barnabas Health Behavioral Health Center (BHBHC) – Shari Beirne, Vice President of Marketing and Patient Satisfaction
- Community Medical Center (CMC) – Brian Case, Assistant Vice President of Business Development
- Clara Maas Medical Center (CMMC) – Dr. Frank Dos Santos, Chief Medical Officer
- Children's Specialized Hospital (CSH) – Megan Granozio, Director of Marketing
- Jersey City Medical Center (JCMC) – Dr. Sunny Khera, Chief Medical Officer and VP of Population Health
- Monmouth Medical Center (MMC) – Jean McKinney, Regional Director, Community Health and Social Impact & Community Investment
- Monmouth Medical Center, Southern Campus (MMCSC) – Judy Colorado, Chief Nursing Officer and Vice President of Patient Care Services
- Newark Beth Israel Medical Center (NBIMC) – Atiya Rashidi, Chief Equity Officer and Vice President of Community Relations
- Robert Wood Johnson University Hospital (RWJUH) Hamilton– Diane Grillo, Vice President, Health Promotion
- Robert Wood Johnson University Hospital (RWJUH) New Brunswick– Mariam Merced, Director, Community Health Promotions

- Robert Wood Johnson University Hospital (RWJUH) Rahway– Donna Mancuso, Manager, Public & Community Affairs
- Robert Wood Johnson University Hospital (RWJUH) Somerset – Serena Collado, Director, Community Health
- Saint Barnabas Medical Center (SBMC) – Margie Heller, Senior Vice President of Community Health and Global Strategic Partnerships

Technical Advisers:
Health Resources in Action, Community Health Needs Assessment and Planning Consultant
Bruno and Ridgeway, Inc., Community Survey Consultant

Questions regarding the RWJB Community Health Needs Assessments should be directed to RWJ Barnabas Health System Development/Planning at BHPLanningDept@RWJBH.org.