Mercer County, NJ
Community Health Assessment

Current version:
July 10, 2012

Submitted to:
Greater Mercer Public Health Partnership

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EXECUTIVE SUMMARY

Introduction
Improving the health of a community is critical not only in enhancing residents' quality of life but also in supporting its future prosperity. To this end, the Greater Mercer Public Health Partnership (GMPHP)—a collaborative of four community hospitals, eight local health departments, and the United Way—is leading a comprehensive community health planning effort to measurably improve the health of greater Mercer County, NJ residents. This effort, funded through the Robert Wood Johnson Foundation's New Jersey Health Initiatives, entails two major phases, (1) a community health assessment (CHA) to identify the health-related needs and strengths of greater Mercer County and (2) a community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across the County. This report provides an overview of the key findings of the community health assessment which explores a range of health behaviors and outcomes, social and economic issues, health care access, and gaps and strengths of existing resources and services with a primary focus on the Mercer County communities outside of the city of Trenton.

Figure 1: Map of Mercer County, NJ

Methods
The community health assessment utilized a participatory, collaborative approach to look at health in its broadest context. The assessment process included synthesizing existing data on social, economic, and health indicators in the region as well as information from 28 focus groups conducted with community residents, 15 interviews with community stakeholders, and 1 forces of change session examining larger external factors that affect health which consisted of 6 discussion groups. Focus groups and interviews were conducted with individuals from across the thirteen municipalities that comprise Mercer County, and with a range of individuals representing different audiences, including youth, seniors, government officials, educational leaders, social service and health care providers, people living with disabilities and their families, as well as participants in a drug addiction recovery program. Ultimately, the qualitative research engaged over 400 individuals.

Key Findings
The following provides a brief overview of key findings that emerged from this assessment:

Who Lives in Mercer County?
Mercer County is made up of thirteen municipalities with a wide range of socio-economic conditions.
- **Overall Population:** While Mercer County is the 11th largest county in population size (N=366,513 persons), the municipalities within it vary dramatically in terms of size, growth patterns, and composition of residents. Mercer

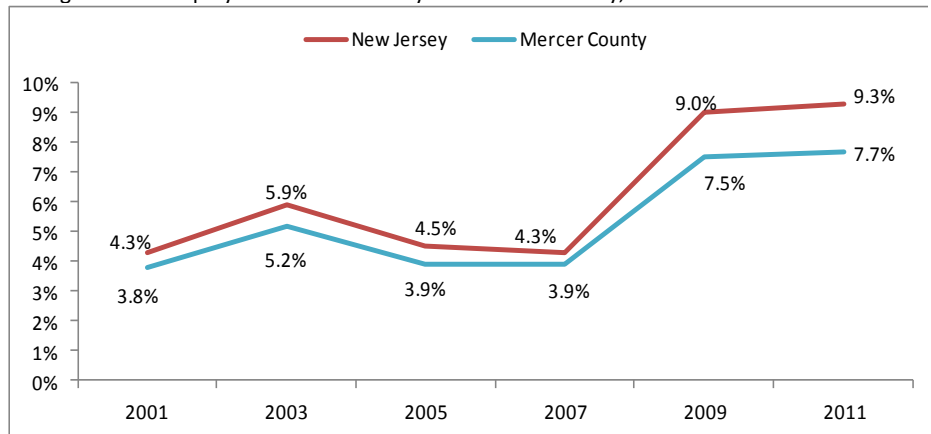> *"Since I've only been here 10 years, I have seen a lot of growth…I've noticed that even in our neighborhood, young people are starting to move in. We are seeing younger kids."* —Focus group participant
>
> *"You don't always see it. Many times, people's financial troubles are hidden, but not everyone here has the income that you might expect."* —Interview participant

County is expected to see an upward trajectory in its population growth over the next 20 years with a projected increase of 9.5%.

- **Age Distribution:** Focus group participants and interviewees described their communities as multi-age—a combination of young families, middle age persons, empty nesters, and seniors, a situation that Census data confirm. However, the area's senior population 65+ years old is expected to increase at a faster rate in the next two decades than the population overall.

- **Racial and Ethnic Diversity:** The region's diversity was seen as a major strength of the area by focus group and interview participants, although the communities in Mercer County varied in the levels and types of diversity of their populations. For example, Pennington is 94% White, while Trenton is 50% Black, Hightstown is 30% Hispanic, and West Windsor is 38% Asian.

- **Income, Poverty, and Employment:** While Mercer County is an area of stark contrasts by income—with both very wealthy and much less affluent municipalities—pockets of residents struggling during the economic recession can be found throughout the region. As one focus group participant explained, there is "hidden poverty" even in Mercer County's more affluent communities. As Figure 2 indicates, Mercer County has seen increases in unemployment in the past several years, although not to the same extent as New Jersey overall.

- **Educational Attainment:** The most frequently cited asset of Mercer County by assessment participants was the quality of education. While the overall proportion of the Mercer County adult population with a college degree or more was higher than the state as a whole (38.2% vs. 34.6%), this figure varies by municipality.

Figure 2: Unemployment in New Jersey and Mercer County, 2001 to 2011

DATA SOURCE: U.S. Bureau of Labor Statistics, Local Area Unemployment

Social and Physical Environment –What is the Mercer County Community Like?

This section provides an overview of the larger environment around Mercer County to provide greater context when discussing the community's health.

- **Urbanicity:** The 13 muncipalities comprising Mercer County vary in their geographic settings and are described by residents as comprising small rural towns, suburban areas, and urban centers. While many respondents from more affluent parts of the County reported that they liked their communities for the beautiful parks and recreational facilities as well as the neighborliness of residents, perceptions were slightly different in less affluent areas.

- **Housing:** As a largely prosperous region, Mercer County's housing is generally expensive, and residents reported that finding affordable housing is difficult, if not impossible. Data show that more than 4 in 10 renters spend more than a third of their income on housing. Although the economic downturn has led to a rise in foreclosures in the County, according to respondents, housing costs still prevent many new families from moving into the area.

"The transportation infrastructure is not keeping pace with growth. The infrastructure is basically the same as 40 years ago, meanwhile the size of the community has leaped and grown."—Interview participant

"It's a community where people are invested in the community." —Focus group participant

"Many seniors in our community don't have that network around them. Their kids have moved away…They stay in their homes all day – isolated from everyone else.—Interview participant
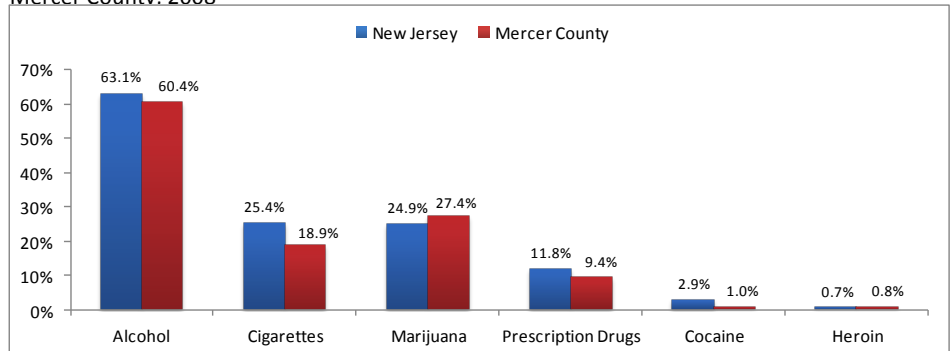
- **Transportation:** Transportation emerged as a key concern for the region, with respondents describing Mercer County as a largely car-dependent region. Residents who do drive reported that the rising cost of gasoline and heavy traffic make travel more difficult, while those who do not drive or who do not own a car cited numerous challenges to conducting everyday activities in the area. Transportation was a particular challenge for the elderly.
- **Crime and Violence:** For the most part, residents from the outlying Mercer County municipalities saw their communities as relatively peaceful and safe. While both violent crime and property crime rates differ across Mercer County they were shown to be lowest in Hopewell, Robbinsville, and Princeton Township and highest in Trenton and Ewing.
- **Social Support and Cohesion:** People's perceptions of the social climates in their communities were mixed. Many residents cited strong social relationships and an ethic of community activism and engagement while others reported that the fast-paced and competitive lifestyle in the area means fewer people have the time or inclination to get involved.

Risk and Protective Lifestyle Behaviors

This section examines lifestyle behaviors among Mercer County residents that support or hinder health.

- **Healthy Eating, Physical Activity, and Overweight/Obesity:** Similar to trends nationwide, issues around obesity—particularly healthy eating and physical activity—are important health concerns in the area that are associated with prevalent chronic conditions such as heart disease and diabetes. Specifically, 25% of Mercer County adults are considered obese, slightly higher than what is seen in New Jersey but lower than national rates. Limited transportation, affordability of healthy foods and recreational facilities were cited as challenges to accessing existing resources.
- **Substance Use and Abuse:** Substance use and abuse were identified as pressing concerns across nearly every focus group and interview. Many substance abuse concerns were focused on youth. Discussion participants believed that the social norm that alcohol, marijuana, and prescription drug use were acceptable coupled with limited youth activities contributed to the concerning rates of youth substance use. Figure 3 shows Mercer County high school students' reported use of varying substances.
- **Risky Sexual Practices:** While not the most frequently cited issue, consequences related to risky sexual behaviors were discussed in several focus groups and interviews, particularly in light of cut-backs in government funding for related services.

Figure 3: Substance Use within the Past Year among High School Students in New Jersey and Mercer County, 2008

DATA SOURCE: New Jersey High School Risk and Protective Factor Survey, 2008.

Health Outcomes

This section of the report provides a quantitative overview of leading health conditions in Mercer County while also discussing the pressing concerns that residents and leaders identified during in-depth conversations.

- **Overall Leading Causes of Death:** Quantitative data indicate that the top three causes of mortality in Mercer County, as in New Jersey as a whole, are heart disease (221.4 per 100,000), cancer (188.0 per 100,000), and stroke (39.9 per 100,000).
- **Overall Leading Causes of Hospitalization:** Inpatient and emergency room visits varied by age group when examined for the three acute care hospitals involved in this assessment. For

children, bacterial pneumonia was the leading cause for inpatient hospitalization, while heart disease was the leading cause for adults and the elderly. For emergency room visits, leading causes by age group were fever for children, abdominal pain for adults, and fractures for elderly.

- **Chronic Disease:** The most cited chronic disease concerns were cancer, heart disease, diabetes, and asthma. Prevalence statistics are shown in Figure 4. Discussion participants mentioned a multitude of factors contributing to these issues from rising obesity rates to poor maintenance of conditions to premature discharge from hospitals.

- **Mental Health:** A dominant health concern for Mercer County residents was mental health. Focus group members and interviewees reported rising rates of depression and other mental health issues among people in the region and closely connected these to substance use, the economic downturn, and the region's achievement culture.

Figure 4: % of Adults Who Report Chronic Condition in New Jersey and Mercer County, 2009

DATA SOURCE: BRFSSS, 2010

- **Oral Health:** While oral health indicators for Mercer County are similar or better than statewide, oral health issues and access to services emerged as a concern, particularly when discussing the elderly or other vulnerable populations. For example, the number of dentists for the population size of Mercer County (61.7 dentists per 100,000 population) is lower than what is seen statewide (66.6 per 100,000 population).

- **Reproductive and Maternal Health:** The health of children and mothers was discussed as it related to teen pregnancy and access to prenatal services and other related health care. Data show teen birth rates in Mercer County have been increasing slightly in the last several years.

- **Communicable Disease:** While not discussed much in focus groups, Mercer County has seen higher rates of the leading reported communicable diseases (Hepatitis C, Lyme disease, influenza) compared to NJ. Additionally, one-third of seniors in Mercer County report not having been vaccinated for either pneumonia (35.6%) or influenza (32.6%) in the past 12 months.

Health Care Access and Utilization

Data on health care and discussions around health care access showed a complex picture of the health care environment in Mercer County, with excellent services but many barriers to utilizing them.

- **Resources and Use of Health Care Services:** Housing four acute care hospitals, two psychiatric facilities, and one rehabilitation facility, Mercer County is known for its high quality health care and medical services. Yet, there are growing concerns about the supply of family physicians and long-term care facilities for the County's growing and aging population.

- **Challenges to Accessing Health Care Services:** When asked about access to health care services, focus group and interview respondents acknowledged that while the region has many medical services, barriers exist, and services are not available equally to everyone. Specific challenges included being uninsured or underinsured, affordability of care,

"We have some of the best medical facilities right here in our backyard. I think the big question is whether everyone can access those resources. But quality-wise, the care is top-notch."—Focus group participant

"I have a friend whose husband is 53 and has had three strokes. She has no health insurance and they can't afford to pay for meds…"—Focus group participant

"To save on costs, seniors either take expired medications or they change their dosage.—Interview participant

limited availability of providers, limited transportation options to appointments, the use of emergency room as primary care, and problematic provider communication.

Community Strengths and Resources

Participants in focus groups and interviews were asked to identify their communities' strengths/assets.

- **Health Care Services and Providers:** Participants repeatedly cited that the region is home to a large number of prestigious health care institutions and a wide range of specialty and tertiary providers. Many participants also noted that these facilities often provide not only medical care, but also support community-based wellness and educational programs.
- **Strong Social Service Organizations:** Respondents identified their communities as largely rich in social services and were able to cite a long list of providers. They especially complimented the senior centers in the region.
- **Facilities Promoting Healthy Behaviors :** According to community members, the region comprises a strong infrastructure that supports health, including numerous parks, recreational facilities, golf courses, and grocery stores, although this sentiment was largely held by residents in the outlying and more affluent areas, and less so in poorer communities such as Trenton.
- **Education:** Mercer County's "pro education" culture and access to high quality secondary education and higher education institutions were considered substantial assets by many focus group and interview participants, particularly from the more affluent areas.
- **Geography:** Participants discussed how the geographic location of the County served as an important advantage, particularly in its convenience to both Philadelphia and New York City.

Community Challenges and External Factors ("Forces of Change")

In discussions, participants discussed the larger challenges and external forces that may have an impact on the health of Mercer County.

- **Larger Economic Forces:** The issue of the future of the economy loomed large in discussions as respondents wondered about continuing unemployment, declining disposable income, small business closures, foreclosures, cuts to public services, and the ability of residents to continue to maintain their lifestyles and the contributions they make to their communities.
- **Demographic Shifts:** The region is also experiencing demographic shifts, particularly related to the growth of the senior population which will require new thinking about services and supports for this population. The aging population will need not just providers with medical expertise to address their concerns but also social outlets and the opportunity to remain engaged in their communities.
- **Community and Culture:** While a strong sense of civic engagement and community pride characterize many of Mercer County's municipalities, a resistance to change and an underlying "not in my town" mentality were cited as important challenges.
- **Public Health and Health Care Infrastructure:** Respondents in focus groups and interviewees cited several external political and systemic forces within the public health and health care infrastructure that will most likely affect future services in the community. Specifically discussed were the impending decision on federal health care reform (which has since been upheld), potential coverage for the uninsured, relocations of local health care institutions, and the shift of providers moving from primary to specialty care.
- **Political Environment:** By all indications, 2012 has been and will likely to continue to be a tumultuous election year which may affect health care reform and funding for public services.
- **Environmental Issues and Emergency Preparedness:** Recent local disasters, including Hurricane Irene, have created local challenges including damage to social service agencies and the importance of developing effective emergency preparedness plans.

<u>Vision for the Future</u>
Focus group respondents and interviewees were asked about their visions
and hopes for the future 3-5 years from now, in which the following key
themes emerged.

- **Support Services for Youth, Elderly, and Other Vulnerable Populations:**
  Respondents frequently viewed the future of support services, especially
  for youth, seniors, and more vulnerable populations, as being critical for
  sustaining a healthy community**.**
- **Engagement of the Community and Collaboration among Organizations:**
  Several respondents working in social services hoped for greater
  communication and collaboration across agencies. Residents expressed a
  hope that the community and agencies could think creatively about using
  and expanding upon existing resources.
- **Health Care Coordination and Innovation:** While substantial change in
  the larger health care system depends on national events, residents
  pointed to several actions related to coordination, collaboration, and
  innovation that the local community could take in addressing needs now.
  Increasing services in substance abuse, mental health, and oral health, a
  formal way for coordinating multiple health care providers, and improving the cultural competency
  of services so they can reach more vulnerable populations were considered critical.
- **Focus on Prevention:** In addition to improvements on the health delivery side, respondents
  envisioned a greater emphasis on prevention, particularly in the areas of healthy eating, exercise,
  and sexual health including STDs and HIV/AIDS.
- **Greater Economic Opportunities:** Underlying all comments was the recognition that an improved
  economy was critical for the future health of the region. Many residents hoped that a better
  economic outlook would help reverse unemployment and foreclosures, reduce poverty and increase
  incomes, and restore decimated health care and social service agencies' budgets.

> *"Mercer County provides a lot of support systems that are inter-linked."*—Focus group participant
>
> *"If doctors could coordinate care or an access coordinator existed, then we could really follow patients and make sure they had access to the other services and had their needs met."*—Interview participant
>
> *"We need improvement in the economy to have more jobs and more places to get jobs."*—Focus group participant

<u>Key Overarching Themes and Conclusions</u>
Several overarching themes emerged from this synthesis of data, including:

- **There is wide variation within Mercer County in population composition and socioeconomic
  levels, but affordability was a key concern across the entire spectrum of population groups.**
  Municipalities saw wide ranges in income, poverty rates, unemployment and education. These
  factors all have a significant impact on people's health priorities, their ability to seek services, access
  to resources, reliance on support networks, stress level, and opportunities to engage in healthful
  lives. Yet, for every population group, affordability and cost issues were key concerns particularly
  related to high housing costs, affordability of healthy foods, high co-pays for health care services
  and prescription drugs even the insured, and generally high costs for day-to-day living , factors
  which have a disproportionate impact on the most vulnerable.
- **Residents repeatedly discussed that their communities had limited walkability and a lack of public
  transportation services, resulting in an environment which has affected some residents' quality of
  life, stress level, and ease of accessing services.** Walkability is limited in most areas, and public
  transportation was discussed as being unreliable. As Mercer County's population grows, particularly
  among the elderly, the issue of transportation will become even more critical to address.
- **The elderly were identified as a vulnerable population in the community whose concerns stand to
  be exacerbated by the projected population growth in the region.** Discussions focused on how

current challenging issues in the community—specifically, lack of affordable housing, limited transportation, affordable prescription drugs, and high cost of living—disproportionately affect the senior population, who also are at greater risk in becoming socially isolated. Mercer County's senior population is growing at a more rapid pace than the population overall, which will have a significant impact on health care and other services.

- **Substance use and mental health were considered growing, pressing concerns by focus group and interview respondents, and one in which the current services were not necessarily addressing community needs, particularly among youth.** Lack of programs for youth, social stigma in talking about substance abuse problems in the community, and complexity of addiction were all identified as reasons for contributing to this problem. Additionally, the issues of substance abuse and mental health are intricately intertwined, making addressing these issues even more challenging. Current treatment programs do exist, but the demand exceeds the services available.

- **As with the rest of the country and state, issues around physical activity, healthy eating, and obesity are issues for Mercer County residents, especially as chronic condition are the leading causes of morbidity and mortality.** With heart disease, cancer, and diabetes as leading causes of morbidity or mortality, these obesity-related issues are considered critical to address. Residents commented that it was critical to address obesity prevention through a comprehensive approach, in that multiple sectors, including health care, education, public works, transportation, local government, and the business community, needed to be involved and collaborate together to make an impact on current rates.

- **While strong health care services exist in the region, vulnerable populations– such as the socially isolated elderly, non-English speaking residents, those living with disabilities, and the poor– encounter continued difficulties in accessing primary care services.** Several challenges for these populations were identified: limited or slow public transportation options in some communities, language and cultural barriers, complexity of navigating the health care system, lack of health insurance coverage, limited urgent care options, lack of sensitivity among health care staff, and time or cost constraints. Some approaches that have been suggested to help address the numerous challenges to care include more urgent care clinics, additional patient support services, transportation programs, greater supply of primary care providers, expanded community-based services, and greater coordination across health care settings.

- **Residents viewed prevention as critical, but they emphasized that the health care system focused more on clinical care and disease management than prevention.** Participants repeatedly mentioned that many health conditions, especially chronic diseases, could be avoided or minimized if services focused on disease prevention and preventive behaviors, particularly among children and adolescents. Between reimbursement barriers, provider time constraints, and a system built around a biomedical—rather than public health—model, clinical services currently emphasize secondary and tertiary care over prevention.

- **Numerous services, resources, and organizations are currently working in Mercer County to try to meet the population's health and social service needs.** Throughout the discussions, interview and focus group participants recognized the strong work related to health in which many community-based and regional organizations are involved. However, some interviewees commented that several efforts and services in the area are fragmented, uncoordinated, and under-funded. There was strong interest for these issues to be addressed via a more strategic, coordinated approach with multiple organizations and agencies working together.

MERCER COUNTY COMMUNITY HEALTH ASSESSMENT

I. INTRODUCTION

Improving the health of a community is critical not only in enhancing residents' quality of life but also in supporting its future prosperity. Health is intertwined into so many aspects of our lives—unsustainable increases in health care costs can drain local businesses and families; early onset of many chronic diseases such as diabetes can have a significant impact on students' academic achievement; and limited access to programs and services can serve as a barrier to new residents moving to the area. Furthermore, health itself is affected by a multitude of factors—not just by health care, but also by education, housing, employment, transportation, and numerous other underlying issues.

Identifying the health issues of an area and developing a plan to address them are critical steps in the larger health planning process. To accomplish these goals, the Greater Mercer Public Health Partnership (GMPHP)—a collaborative of four community hospitals, eight local health departments, and the United Way—is leading a comprehensive community health planning effort to measurably improve the health of greater Mercer County, NJ residents. This effort, funded through the Robert Wood Johnson Foundation's New Jersey Health Initiatives, entails two major phases:
1. A community health assessment (CHA) to identify the health-related needs and strengths of greater Mercer County
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across the County

This report discusses the findings from the community health assessment, which was conducted February–June 2012, using a collaborative, participatory approach. These findings will undergird the community health improvement planning process, scheduled to take place July –November 2012, so that discussions and decisions are informed by data.

Purpose and Geographic Scope of the Mercer County Community Health Assessment
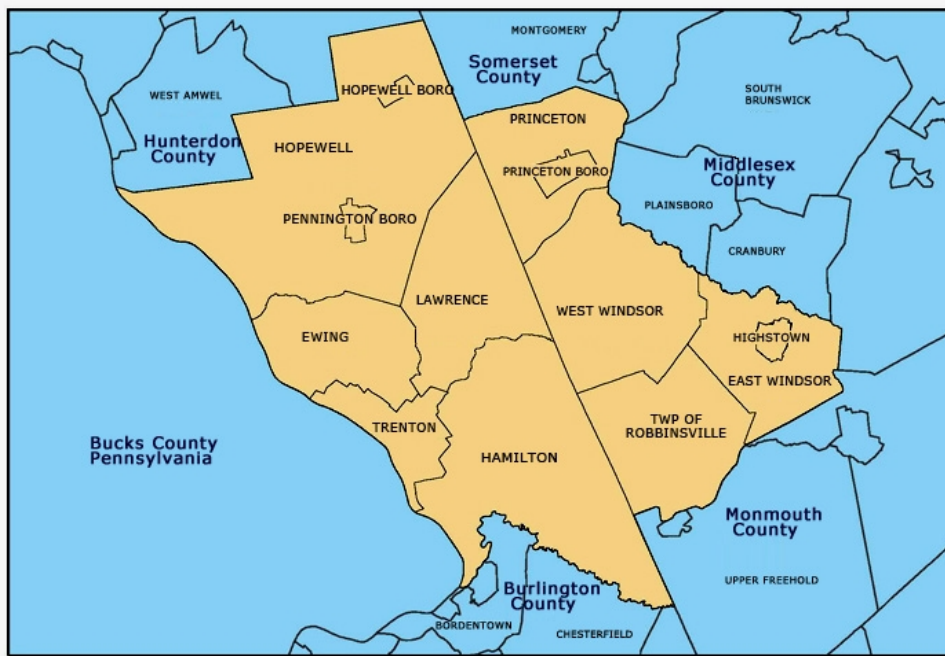
The 2012 Mercer County community health assessment was conducted to fulfill several overarching goals, specifically:
1. To examine the current health concerns—as well as new and emerging health issues—among Mercer County residents within the social context of their communities
2. To identify community strengths, resources, forces of change, as well as gaps in services in order to help area organizations and agencies set programming, funding, and policy priorities
3. To enable GMPHP and its partners to use the quantitative and qualitative data gathered to engage the community in a health planning process
4. To provide a report that would fulfill the community health assessment requirement for non-profit hospitals per new IRS guidelines

The 2012 Mercer County community health assessment builds off of previous efforts in the County, namely the 2010 Mercer County community health improvement plan which identified four main priorities for the region: public health resource directory, substance abuse, mental health, and obesity. This current community health assessment discusses these issues as well as explores a range of health behaviors and outcomes, social and economic issues, health care access, and gaps and strengths of existing resources and services.

This community health assessment focuses on greater Mercer County (Figure 1) which is home to numerous communities as well as New Jersey's capital city, Trenton. The city of Trenton is undertaking a separate assessment study, also with funding from the Robert Wood Johnson Foundation, to examine the specific health needs of city residents. However, given the fluidity of where people work and live in the County and that numerous social service and health organizations in the area serve individuals across the County, it was considered critical to include data and the community voice from Trenton within this assessment as well. While the communities outside of Trenton are the main focus of this report, information on the city is integrated throughout.

Figure 1: Map of Mercer County, New Jersey

Process, Engagement, and Advisory Structure

As with the process for the upcoming community health improvement plan, the community health assessment utilized a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process.[1] MAPP, a comprehensive, community-driven planning process for improving health, recommends four different broad focus areas to examine for the community health assessment process: 1) health status, 2) community strengths and themes, 3) forces of change (external factors that have an impact health), and 4) the local public health system. Given the focus and scope of this effort, the Mercer County community health assessment focused on and integrates data on the first three MAPP-recommended assessment areas.

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[1] Advanced by the National Association of County and City Health Officials (NACCH), MAPP's vision is for communities *to achieve improved health and quality of life by mobilizing partnerships and taking strategic action.* Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: http://www.naccho.org/topics/infrastructure/mapp/

To develop a shared vision and plan for the community and help sustain lasting change, the Mercer County assessment and planning process aims to engage agencies, organizations, and residents in the County through different avenues. Figure 2 provides a visual representation of the engagement and decision-making structure of the Mercer County CHA-CHIP process.

Figure 2: Structure of Mercer County CHA-CHIP Engagement Process

Grant funding for this effort was spearheaded by and is currently located within the United Way of Greater Mercer County. The Greater Mercer Public Health Partnership (GMPHP) is the decision-making leadership body which is comprised of 14 area non-profit organizations, including four hospitals (Capital Health Medical Center- Hopewell, Princeton HealthCare System, Robert Wood Johnson University Hospital-Hamilton, St. Lawrence Rehabilitation Center), eight local health departments (Ewing, Hamilton, Lawrence, Hopewell, Montgomery, Princeton, East Windsor, and West Windsor), and the United Way. In January 2012, GMPHP hired Health Resources in Action (HRiA), a non-profit public health organization, as a consultant partner to provide strategic guidance and facilitation of the CHA-CHIP process, collect and analyze data, and develop the report deliverables.

To bestow input throughout the process and serve as a liaison between GMPHP and the larger community, a Community Advisory Board (CAB) was established in January 2012. The CAB is comprised of approximately 60 individuals who represent the local community in all its diverse aspects: business, education, communications, transportation, health and wellness, faith-based groups, civic and government, vulnerable populations (disabled, seniors, etc.), and other organizations and specialized

areas. To facilitate efforts and provide targeted guidance, members of the United Way, GMPHP, and CAB joined collaborative teams on Data, Communications, Outreach, and Planning to discuss more focused activities related to these areas.

The GMPHP and CAB have been reaching out to the larger community through communications and meetings to discuss the importance of this planning process. Additionally, the community has been engaged in focus groups and interviews during the comprehensive data collection effort of the community health assessment. Public events and media will further reach out to the public to broadcast and elicit feedback on the CHA findings and CHIP priorities and strategies.
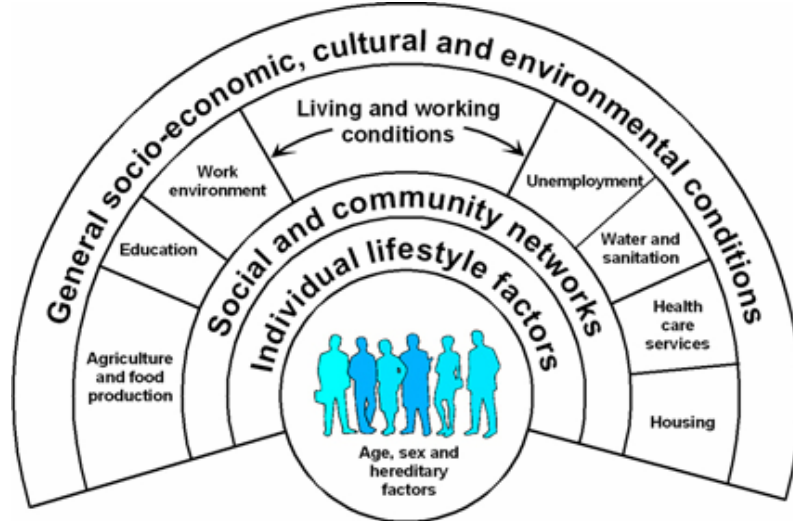
II.   METHODS

The following section details how the data for the community health assessment was compiled and analyzed, as well as the broader lens used to guide this process. Specifically, the community health assessment defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to medical services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., air quality)— all have an impact on the community's health. The beginning discussion of this section describes the larger social determinants of health framework which helped guide this overarching process.

Social Determinants of Health Framework

It is important to recognize that a multiple of factors have an impact on health, and there is a dynamic relationship between real people and their lived environments. Where we are born, grow, live, work, and age—from the environment in the womb to our community environment later in life—and the interconnections among these factors are critical to consider. That is, not only do people's genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing stock. The social determinants of health framework addresses the distribution of wellness and illness among a population—its contours, its origins, and its implications. While the data to which we have access is often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, this assessment approaches data in a manner designed to discuss who is healthiest and least healthy in the community as well as examines the larger social and economic factors associated with good and ill health.

The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities. This report provides information on many of these factors, as well as reviews key health outcomes among the people of Mercer County.

Figure 3: Social Determinants of Health Framework

Source: World Health Organization, Commission on Social Determinants of Health. (2005)

Quantitative Data: Reviewing Existing Secondary Data

To develop a social, economic, and health portrait of Mercer County, through a social determinants of health framework, existing data were drawn from state, county, and local sources. Sources of data included, but were not limited to, the U.S. Census, U.S. Bureau of Labor Statistics, Federal Bureau of Investigation Uniform Crime Reports, State of New Jersey Department of Health and Senior Services and New Jersey Council on Teaching Hospitals. Types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and the New Jersey High School Survey County Rankings, as well as vital statistics based on birth and death records. It should be noted that other than population counts and racial/ethnic distribution, other data from the U.S. Census derive from the American Community Survey which includes data from a sample of a geographic area. Per Census recommendations, aggregated data from the past five years was used for these indicators to yield a large enough sample size to look at results by municipality.

Raw hospitalization discharge data for 2010 (most current year available) for the primary hospitals that are part of the GMPHP were obtained from the New Jersey Department of Health and Senior Services. Data were analyzed for primary diagnosis for inpatient and emergency room admissions and adjusted for age and population size per the 2010 U.S. Census. As categorized on the datasets provided, hospitalization data were re-coded using pre-determined categories from the ICD-9 codes (International Statistical Classification of Diseases and Related Health Problems).

Qualitative Data: Focus Groups and Interviews

From February – May 2012, focus groups and interviews were conducted with leaders from wide range of organizations in different sectors, community stakeholders, and residents to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. To this end, a total of 29 focus groups, 17 interviews with community stakeholders, and 1 Forces of Change session consisting of 6 core discussion groups were conducted. Ultimately, the qualitative research amounted to participation of over 400 individuals.

Focus Groups and Interviews
In total, 29 focus groups and 17 interviews were conducted with individuals from across the thirteen municipalities that comprise Mercer County. Focus groups were with the general public, leaders and providers in specific communities, and special interest or vulnerable populations. For example, four groups were conducted with youth, one group with people living with a disability and their families, two groups with senior citizens, and one group with participants in a drug addiction recovery program. A total of 343 individuals participated in the focus groups. Interviews were conducted with 17 individuals representing a range of sectors. These included government officials, educational leaders, social service providers, and health care providers. A full list of the different sectors engaged during the focus group and interview process can be found in Appendix A.

Focus group and interview discussions explored participants' perceptions of their communities, priority health concerns, perceptions of public health, prevention, and health care services, and suggestions for future programming and services to address these issues. A semi-structured moderator's guide was used across all discussions to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, focus groups lasted 90 minutes and included 6-12 participants, while interviews lasted approximately 30-60 minutes. Participants for the focus groups were recruited by community and social service organizations located throughout Mercer County. The goal was to talk to a cross-section of residents and leaders.

Forces of Change Assessment: Mixed Group of Community Leadership and Residents
To understand the larger context in which health occurs, a forces of change session was conducted with key stakeholders and community leaders specifically to explore the larger external factors in Mercer County.   Approximately 60 members from the Community Advisory Board and other community residents joined together for an event in late March 2012 to discuss these issues. Breaking into six smaller discussion groups, conversations focused on generating a list of external factors (e.g., emerging legislation, the political context, environmental issues, infrastructure, physical geography) that are most critical to the region and identified opportunities and threats for each force. The focus groups for this component served as a brainstorming session for leaders from community-based organizations, health care institutions and hospitals, and health and social service agencies to identify these external factors, how they might impact—for better or worse—the population's health, and ways to capitalize on opportunities they provide for future initiative planning.

Analyses
The collected qualitative information was manually coded and then analyzed thematically for main categories and sub-themes. Data analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While municipality differences are noted where appropriate, analyses emphasized findings common across Mercer County. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Limitations

As with all research efforts, there are several limitations related to the assessment's research methods that should be acknowledged. It should be noted that for the secondary data analyses, in several instances, county-level data could not be disaggregated into municipalities. While the intent of the

assessment was to define municipalities by zip code, this could not necessarily be carried out since various data sources used different delineations for community boundaries. Therefore, due to the challenges of working with secondary datasets, zip codes were not generally used as the delineation for geographic boundaries. Additionally, several sources did not provide current data stratified by race/ethnicity, gender, or age –thus these data could only be analyzed by total population. Finally, youth-specific data were largely not available, and in cases where such data were available, sample sizes were often small and must be interpreted with caution.

Likewise, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys here benefit from large sample sizes and repeated administrations, enabling comparison over time.

While the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations, and participants were those individuals already involved in community programming. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. While efforts were made to talk to a diverse cross-section of individuals, demographic characteristics were not collected of the focus group and interview participants from the assessment, so it is not possible to confirm whether they reflect the composition of the region. In addition, organizations did not exclude participants if they did not live in one of Mercer County's municipalities, so participants in a specific community's focus group might not necessarily live in that area, although they did spend time there through the organization. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

III.   WHO LIVES IN MERCER COUNTY?

The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. The section below provides an overview of the population of Mercer County, NJ. Who lives in a community are significantly related to the rates of health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important characteristics that have an impact on an individual's health, the *distribution of these characteristics* in a community may affect the number and type of services and resources available.

Population

> *"We went from an agrarian township to what we are currently with a boom in our population since the 1970s. There have, naturally, been some growing pains. There are some issues around handling the population growth, in terms of infrastructure needs. We are slowly getting more to a steady state with our population."* —Focus group participant

While Mercer County is the 11th largest county in population size, the municipalities within it vary dramatically in terms of size, growth patterns, and composition of residents. In 2010, the population

of Mercer County was estimated to be 366,513 persons, up 4.5% from 2000 (Table 1). Among New Jersey's 21 counties, Mercer County is the 7th largest in population density with 1,632 persons per square mile.[1] Mercer County's municipalities differ substantially by population size. The smaller communities of Hightstown, Hopewell Borough and Pennington together comprise 3% of the County's population while the most populous Hamilton accounts for approximately 24%. Trenton, the state's capital and 7th largest city, comprises approximately 23% of Mercer County's population.

When focus group and interview participants were asked to describe their communities and changes that they have seen, several discussed the issue of population growth in the region and specifically the changing composition of the population in terms of age and cultural backgrounds. Other participants, however, remarked that the economic downturn as well as the high cost of housing has made it more difficult for new families to move in and has forced some people to leave. This contrast can be seen in the data, where population growth rates in Mercer County over the past 10 years have varied by municipality. As seen in Table 1, many municipalities have experienced growth rates consistent with those for the state and the County as a whole (4.5%), according to U.S. Census data. Notable exceptions are Robbinsville (32.8%), West Windsor (24.0%), and Lawrence (14.8%) which experienced substantial growth over the decade. Three communities experienced population decreases over the past decade, the largest decrease being in Princeton Borough (-13.3%).
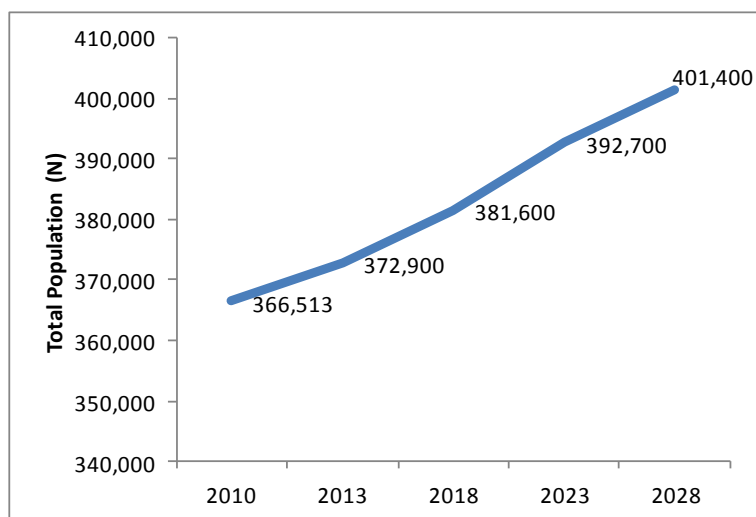
Table 1: Population Change in New Jersey, Mercer County, and Municipalities, 2000 and 2010

	2000 Population	2010 Population	% Change 2000 to 2010
New Jersey	8,414,350	8,791,894	4.5
Mercer County	350,761	366,513	4.5
East Windsor	24,919	27,190	9.1
Ewing	35,707	35,790	0.2
Hamilton	87,109	88,464	1.6
Hightstown	5,216	5,494	5.3
Hopewell Boro	2,035	1,922	-5.6
Hopewell Twp	16,105	17,304	7.4
Lawrence	29,159	33,472	14.8
Pennington	2,696	2,585	-4.1
Princeton Boro	14,203	12,307	-13.3
Princeton Twp	16,027	16,265	1.5
Robbinsville (previously Washington Twp)	10,275	13,642	32.8
Trenton	85,403	84,913	-0.6
West Windsor	21,907	27,165	24.0

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2000 Census and 2010 Census

Mercer County is expected to see an upward trajectory in its population growth over the next 20 years (Figure 4). In that time, it is expected that the region's overall population will increase 9.5% from its present size to over 400,000 residents.

Figure 4: Population Projections in Mercer County, 2010 - 2028

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, Population Projections

Age Distribution

> *"It's a growing community. Since I've only been here 10 years, I have seen a lot of growth and encouraging things happening, so I want to stay here. I've noticed that even in our neighborhood, young people are starting to move in. We are seeing younger kids."* —Focus group participant

Focus group participants and interviewees described their communities as multi-age—a combination of young families, middle age persons, empty nesters, and seniors. Quantitative data confirm this (Table 2). Mercer County reflects a population age distribution consistent with that of the state: for every ten residents, approximately two residents are under 18 years old while one is 65 or over. However, there is variety across municipalities. The senior population comprises a higher proportion of the total population in the communities of Pennington, Princeton Township, and Hamilton, while Robbinsville and West Windsor have a higher proportion of children under 18. Princeton Borough is notable for its large cohort of 18-24 year olds (nearly half of the population). In Lawrence, Robbinsville, and Ewing, one third of the population is 24 years old or younger. It should be noted that Princeton, Lawrence, Ewing, Trenton, and West Windsor house the County's universities and colleges.

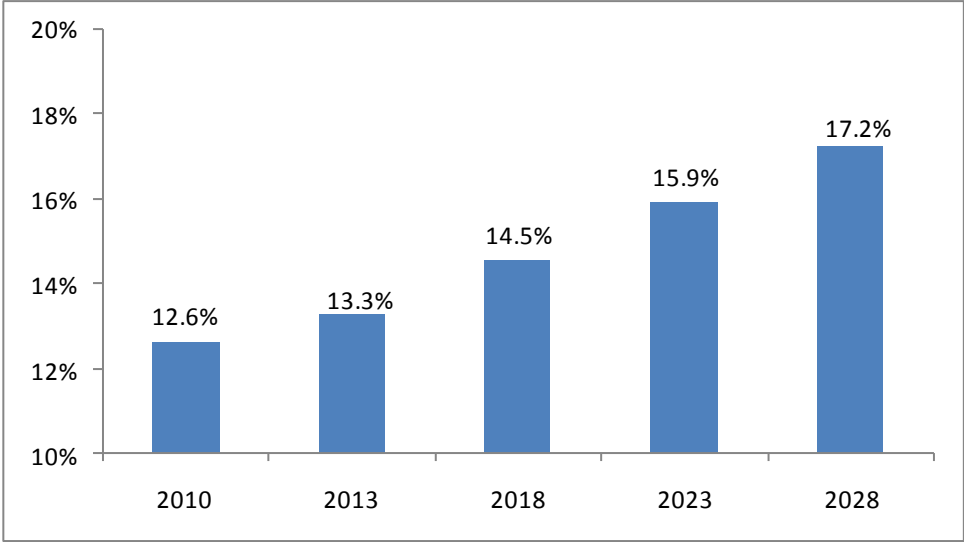**Table 2: Age Distribution in New Jersey, Mercer County, and Municipalities, 2010**

Geography	Under 18 yrs old	18 to 24 yrs old	25 to 44 yrs old	45 to 64 yrs old	65 yrs old and over
New Jersey	23.5%	8.7%	26.7%	27.6%	13.5%
Mercer County	22.6%	10.9%	26.9%	26.9%	12.6%
East Windsor	24.2%	6.7%	30.7%	26.8%	11.6%
Ewing	16.3%	20.0%	23.0%	25.9%	14.7%
Hamilton	21.2%	8.1%	25.3%	29.6%	15.8%
Hightstown	23.9%	8.6%	31.1%	26.7%	9.6%
Hopewell Boro	24.0%	6.4%	22.2%	36.3%	11.1%
Hopewell Twp	26.4%	5.0%	19.8%	34.6%	14.2%
Lawrence	20.0%	13.5%	26.0%	26.7%	13.8%
Pennington	26.4%	4.5%	17.9%	33.4%	17.8%
Princeton Boro	11.7%	43.7%	19.6%	14.7%	10.2%
Princeton Twp	23.1%	6.5%	23.7%	29.7%	17.0%
Robbinsville	28.7%	4.3%	28.4%	28.8%	9.7%
Trenton	25.1%	11.0%	32.5%	22.6%	8.8%
West Windsor	28.4%	5.1%	26.2%	29.5%	10.8%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2010 Census

The aging of Mercer County's population was a common theme across focus groups and interviews; as noted above, the County will experience a substantial increase in the number of persons aged 65 and older in the coming years. Consistent with this, several respondents reported an increase in the amount of adult-only and assisted living housing in their communities. The needs of seniors arose frequently in conversations as residents expressed a desire for seniors to "age in place" while recognizing that many face poor health and social isolation, especially if they do not have family in the area. Respondents commented that this demographic shift has substantial implications for the social services, health care, and transportation infrastructures in Mercer County.

Seniors aged 65 and over are considered the fastest-growing age cohort in Mercer County. This group is expected to increase in population in Mercer County by 49% from 46,347 seniors in 2010 to a projected 69,200 in 2028.[2] More importantly, the growth in the senior population is outpacing general population growth, in that seniors are expected to encompass a larger proportion of the general population in the future, a trend expected to be mirrored nationally. As seen in Figure 5, currently seniors aged 65 or more years old make up 12.6% of Mercer County's population, whereas in 2028, they are expected to comprise 17.2%.

Figure 5: Percent of Population of Mercer County Seniors 65+ Years Old Currently and Projected to Comprise, 2010-2028

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, Population Projections

Within the senior population, special attention may need to be paid to those who are at the older end of the age spectrum—and would require the most services. According to the U.S. Census, in 2028, those who are 75+ years old and 85+ years old are expected to make up 7.9% and 2.4% of Mercer County's population, respectively, compared to 6.2% and 2.0% in 2010. Yet, in absolute terms, the population of the very aged is increasing, with a projected 39% increase in growth among those 75+ years old or older from 2010 to 2028 (22,777 to 31,700 individuals) and a projected 27% increase in growth in those 85+ years old (from 7,333 individuals in 2010 to 9,600 individuals in 2028). This growth will most likely have a significant impact on services needed to care for this growing elderly population.

Racial and Ethnic Diversity

> *"I would say it's diverse in Mercer County. You run the gamut in terms of socioeconomic status, ethnicity, things of that nature."* —Focus group participant

> *"We celebrate each other's cultures here. For example, you go to the Greek festival, and not everyone is Greek. I appreciate that deeply."* —Interview participant

> *"As far as diversity around here, I would say it depends on where you live. Where I live, it's pretty homogenous. But then you go the town over, and it seems like there are 72 different languages being spoken.* —Focus group participant

The region's diversity was seen as a major strength of the area by focus group and interview participants, although the communities in Mercer County varied in the levels and types of diversity of their populations. When asked to describe their communities, focus group participants and interviewees from Pennington and Hopewell responded that their communities were primarily upper middle class and white. While those from West Windsor and Princeton also described their communities as more affluent, they reported more cultural, racial and ethnic diversity among residents.

The communities of Ewing, Lawrence, and Hightstown were described by their residents as middle income and racially, ethnically, and linguistically diverse. Those from Trenton reported less economic diversity but much more racial, ethnic, and linguistic diversity.

Table 3 and Figure 6 confirm substantial variation in the levels of racial, ethnic, and linguistic diversity across Mercer County's municipalities. Overall, the non-White population in Mercer County is approximately 45%, which reflects the region's diversity as discussed in focus groups and interviews. However, this diversity varies across the County. For example, the communities of Hopewell Borough, Hopewell Township, Pennington, and Robbinsville are predominantly White. By contrast, roughly one third of the populations of East Windsor, Ewing, Hightstown, and Lawrence are non-White. Within diverse communities, the distribution of diversity varies. Ewing's population is about one quarter Black while Hightstown's population is one third Hispanic/Latino. Among more predominantly White communities, such as Princeton Borough, Princeton Township, and Robbinsville, the non-White population is largely Asian. West Windsor and Trenton have the most substantial diversity although their populations differ. Trenton's population is over one half Black and one third Hispanic/Latino while West Windsor's population is over one third Asian.
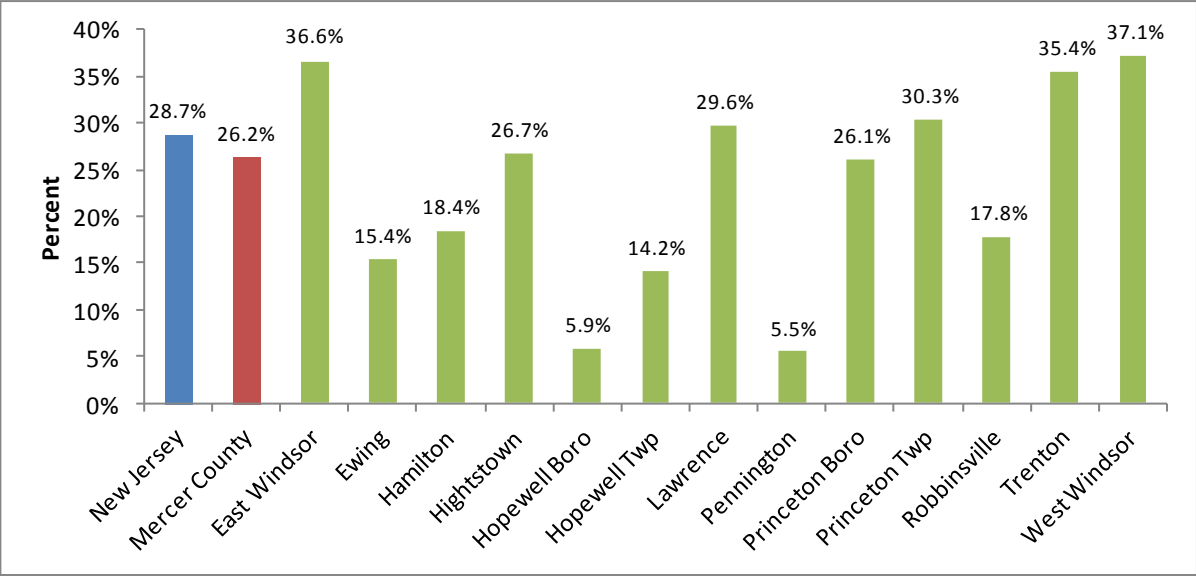
Table 3: Racial/Ethnic Composition of New Jersey, Mercer County, and Municipalities, 2010

Geography	White, non-Hispanic	Black, non-Hispanic	Asian, non-Hispanic	Other Race, non-Hispanic	2 or More Races, non-Hispanic	Hispanic/Latino
New Jersey	59.3%	12.8%	8.2%	0.5%	1.5%	17.7%
Mercer County	54.5%	19.5%	8.9%	0.3%	1.7%	15.1%
East Windsor	52.6%	8.2%	17.6%	0.4%	1.6%	19.6%
Ewing	59.2%	26.8%	4.2%	0.4%	1.8%	7.6%
Hamilton	72.9%	11.4%	3.3%	0.2%	1.3%	10.9%
Hightstown	56.2%	7.5%	4.0%	0.4%	1.6%	30.3%
Hopewell Boro	92.9%	1.5%	0.7%	0.4%	0.8%	3.7%
Hopewell Twp	84.1%	2.0%	8.9%	0.2%	1.5%	3.3%
Lawrence	65.7%	10.4%	14.1%	0.4%	1.9%	7.5%
Pennington	94.1%	1.7%	1.8%	0.0%	1.4%	1.0%
Princeton Boro	66.6%	6.2%	13.4%	0.6%	2.9%	10.3%
Princeton Twp	71.3%	4.8%	14.1%	0.5%	2.4%	6.9%
Robbinsville	78.5%	3.0%	12.7%	0.3%	1.4%	4.1%
Trenton	13.5%	49.8%	1.1%	0.4%	1.5%	33.7%
West Windsor	51.9%	3.5%	37.6%	0.3%	2.2%	4.5%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2010 Census

Over one-third of the populations of West Windsor, East Windsor, and Trenton speak languages other than English at home (Figure 6). According to the U.S. Census, the most commonly spoken non-English language by far is Spanish, with 11.1% of Mercer County residents speaking Spanish at home. Chinese and Polish follow with fewer than 2% of the Mercer County population each speaking these languages at home.

Figure 6: Percent Population Who Speak Language Other Than English at Home in New Jersey, Mercer County, and Municipalities, 2006-2010

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2006-2010 American Community Survey 5-Year Estimates *(Aggregated 5-yer estimates used per Census recommendations due to small sample sizes by municipality. Aggregated 5-year estimates pools 60 months of collected data together from the ACS for analysis.)*

Respondents reported that the demographic makeup of their communities has been changing in recent years, especially as new immigrants move to the area. U.S. Census data from 2000 and 2010 point to substantial growth in non-White populations, especially Asian and Hispanic/Latinos, in several Mercer County municipalities. The percentage of Mercer County residents identifying themselves as Hispanic/Latino has increased from 9.7% to 15.1% between 2000 and 2010, while those identifying as Asian rose from 4.9% to 8.9% over the same time period. The municipalities of Hamilton, Hightstown, and Trenton have seen the largest increase in the Hispanic/Latino population, while the Asian population has grown substantially in East and West Windsor, Lawrence, Robbinsville, and Princeton. The proportion of the Mercer County population identifying as Black has remained largely the same from 2000 (19.8%) to 2010 (20.3%). However, the percentage of residents identifying themselves as Black has increased slightly in Ewing and Hamilton from 2000 to 2010.

Overall, respondents viewed growing cultural and linguistic diversity as a significant asset to the region. As one resident described, "*we see a change in the demographics coming in, and it's refreshing*." At the same time, however, some acknowledged that these changes create challenges for communities. Focus group participants and interviewees observed that residents in largely White communities have often not interacted much with people of other races and ethnicities, and efforts may be needed to work more effectively across cultures. Those working with minority populations shared concerns about language isolation of some residents, and the barriers this creates for accessing health and social services and connecting with other communities.

Income, Poverty, and Employment

> *"You don't always see it. Many times, people's financial troubles are hidden, but not everyone here has the income that you might expect."* —Interview participant

> *"It really depends town by town. From one area to the next, there could be a massive gap between the haves and have-nots."* —Focus group participant

> *"The change in the economy has hurt a lot of people. In some of the wealthier communities, it is not an issue of going into poverty, but how do I call my child and tell them that they have to transfer to a different school because parents can't afford college tuition anymore? It is not poverty, but it is a different framework that can affect the family."* —Focus group participant
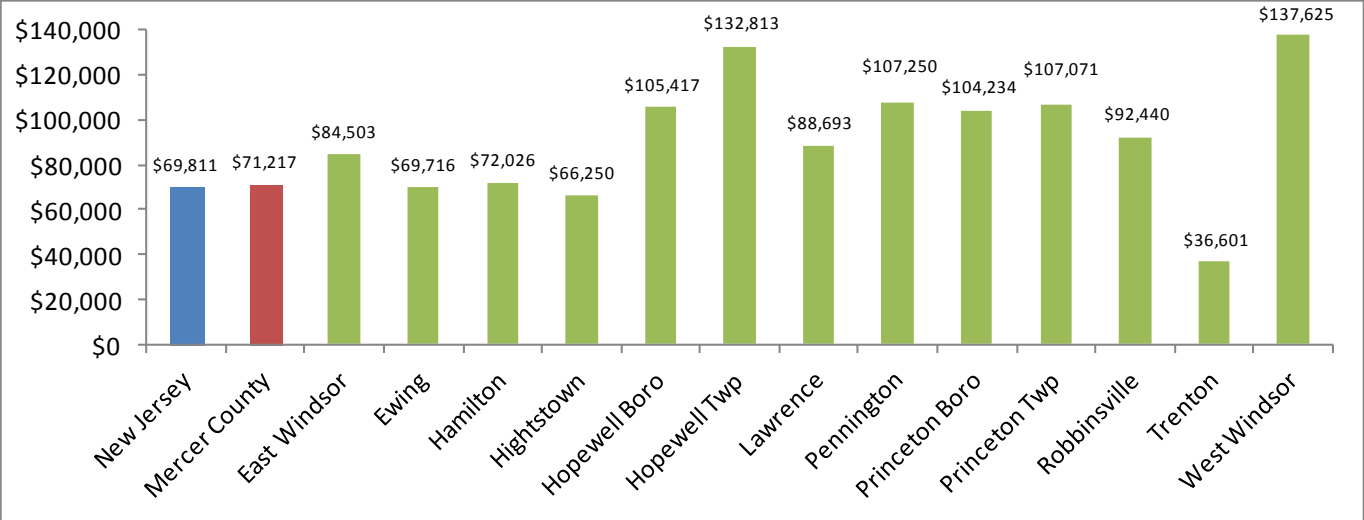
While Mercer County is an area of stark contrasts by income with both very wealthy and much less affluent municipalities, pockets of residents struggling during the economic recession can be found throughout the region. In general, focus group respondents and interviewees described Mercer County as largely and historically affluent. As one focus group respondent stated, "*New Jersey has many strengths, and Mercer County is among one of the most resourced communities*." Residents pointed to expensive housing and the large number of parks and public tennis courts, basketball courts, skating rinks, and ball fields in the region. Yet, while the communities of Hopewell, Pennington and Princeton were singled out for their affluence, respondents explained that not all communities or community members have high incomes. Communities immediately outside Trenton, such as Hamilton and Ewing, were described as more blue collar and middle class.

Many interviewees and focus groups noted that Trenton residents overall disproportionately were affected by a concentration of poverty. Residents there had much lower incomes, and as a whole, the perception was that the city lacked amenities—such as green space where residents felt safe and access to low cost, healthy foods—that others in the area had. One community leader remarked that "*those who can leave Trenton do*" which further exacerbates the concentration of poverty in the city.

Income and Poverty

Quantitative data about income and poverty rates confirm focus group respondents' and interviewees' perceptions of substantial variation across Mercer County's municipalities. Overall, however, Mercer County ranks 9th for median household income among NJ's 21 counties.[3] According to the 2006-2010 U.S. Census American Community Survey, household median income in Mercer County was about $1,400 higher than that for New Jersey as a whole which was almost $18,000 higher than for the US as a whole (Figure 7). Six Mercer County communities had a median household income of greater than $100,000, with the highest in West Windsor ($137,625) and Hopewell Township ($132,813). The towns of Hamilton ($72,026), Ewing ($69,716), and Hightstown ($66,250) had among the lowest median household incomes in Mercer County. Trenton's median household income in 2010 was $36,601, far lower than that of Mercer County and New Jersey.

Figure 7: Median Household Income in New Jersey, Mercer County, and Municipalities, 2006-2010
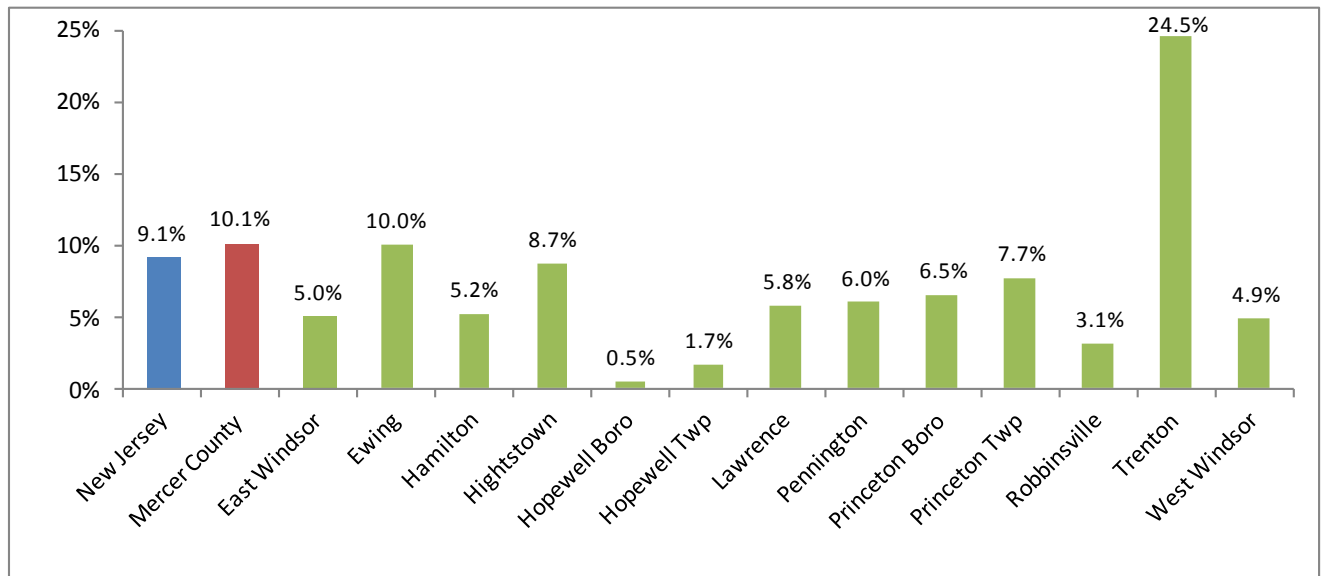

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2006-2010 American Community Survey 5-Year Estimates

Poverty rates also vary substantially across Mercer County (Figure 8). While most communities have poverty rates below the state (9.1%) and national (13.8%) averages, almost one quarter of Trenton's individuals had incomes below the federal poverty line (24.5%), according to the 2006-2010 American Community Survey.[2] This largely accounts for Mercer County's average poverty rate (10.1%), which is higher than for the state. Both Ewing and Hightstown had poverty rates close to the state average.

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[2] This figure represents the percentage of individuals whose income in the past 12 months fell below the federal poverty level, which is adjusted for family size. For example, in 2010, the federal poverty level was $14,570 for a family of two and $22,050 for a family of four.
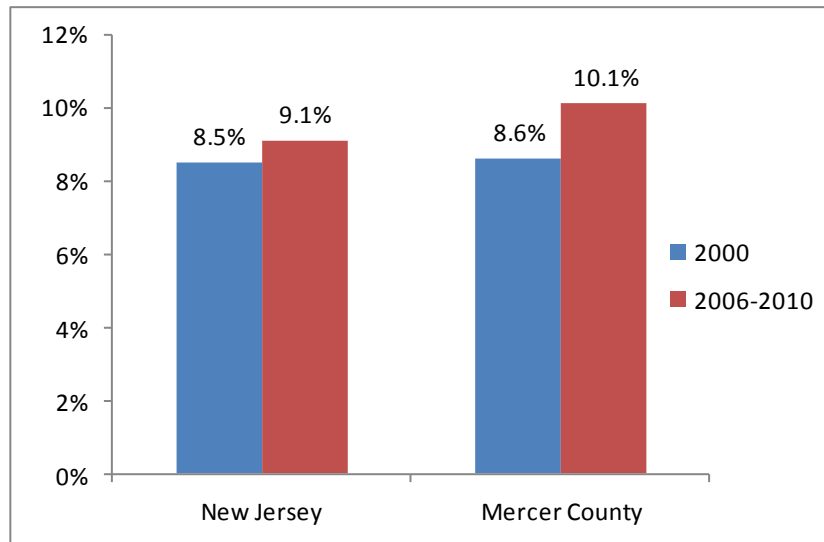
Figure 8: Percent of Individuals Below Poverty in New Jersey, Mercer County, and Municipality, 2006-2010

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2006-2010 American Community Survey 5-Year Estimates

Poverty has also been increasing over the past decade. The percentage of individuals below the poverty line in Mercer County increased 1.5%, a change greater than for the state as a whole (0.6%) (Figure 9). Additionally, since 2000, the percentage of those in poverty has increased in every municipality in Mercer County except East Windsor, Hopewell Borough, and Robbinsville which have seen very slight decreases in their poverty rates.[4] Ewing, on the other hand, was the municipality with the greatest increase in the percentage of those in poverty which rose from 6.4% in 2000 to 10.0% in 2006-2010. Interestingly, the percent of the population 65 years and older with incomes below the poverty level decreased from 2000 to 2010 from 8.0% to 6.5%; the state's rate for this population group was unchanged at 7.4%.[5]

Figure 9: Percent of Individuals below Poverty in New Jersey and Mercer County, 2000 and 2006-2010

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2000 Census (Decennial) and 2006-2010 American Community Survey 5-Year Estimates

Hidden Poverty

Respondents also talked about "hidden poverty" in more affluent areas. A resident from Princeton described this phenomenon as follows: "*We have a community with incredible resources. Financially, you can look out any window of this [social service] building which is one of the wealthiest cities. We have the arts, resources for the mind and spirit. And yet, downstairs in our offices which see needy clients for food and basic services, we serve hundreds of families a month that have very few resources*." Rising poverty among the elderly and vulnerable was particularly noted as a concern. Senior focus group respondents shared the difficulties of living on fixed incomes as costs for housing, health care, and food rose. As one senior observed, "*people here might make decisions like paying their taxes so they can stay and have a place to live, rather than paying for their prescriptions*." Organizational staff working with racial and linguistic minorities pointed to challenges of employment and the ability to access services, particularly among undocumented workers.

As elsewhere, the economic downturn has been felt in Mercer County. Respondents pointed to rising unemployment, small business closures, high taxes, rising gasoline prices, and few job prospects for new graduates as economic concerns for the region. Participants enumerated multiple ways this changing economic picture has had a negative impact on communities and individuals. They reported that long-standing residents have been forced to move out of the region, individual and family stress has increased, and a growing number of people now lack health insurance or the ability pay for health care. Stakeholders working with disadvantaged groups (e.g., veterans, minorities, disabled) pointed to the lack of employment opportunities, struggles of minimum wage jobs, and the growing economic stresses for their constituencies.
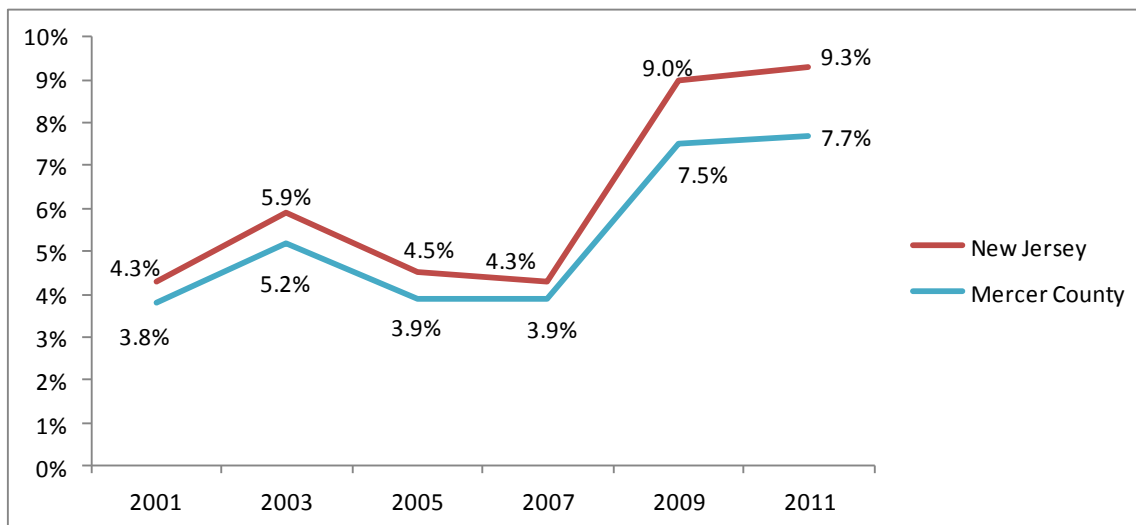
Several respondents reported that many families in the region have experienced a decline in their standards of living as previously high-wage professionals have become unemployed or now work part-time or as consultants with less pay and no benefits. While not poverty in the true economic sense, respondents stated that these families experience hardship and substantial stress as they see their

standards of living decline. One resident explained, "*I have heard stories from people about losing their jobs…and they are used to living a certain way and are expected to be living a certain way but cannot do that any longer.*" According to respondents, this situation has many implications for communities. Some reported less volunteerism and involvement in civic and social service events, as typically active residents struggle themselves in the declining economy. As one focus group member shared, "*these people have helped to build this community, but now they do not have the resources anymore.*"

Employment

As elsewhere in the country, unemployment in Mercer County has risen since 2001. Yet, Mercer County's unemployment rate of 7.7% in 2011 was lower than for the state as a whole (9.3%) (Figure 10). Over the past 10 years, the biggest jump in unemployment in Mercer County and statewide occurred from 2007 to 2009. While the manufacturing sector has only been a small portion of where Mercer County workers are employed, this sector has seen the largest decrease in employment in the past 10 years, with job loss of 4.0% from 2001 to 2011.[6] The sector with the largest increase in employment in the County in the last decade has been the service industry, where leisure, hospitality, and other services have increased 4.1% from 2001 to 2011.[7]
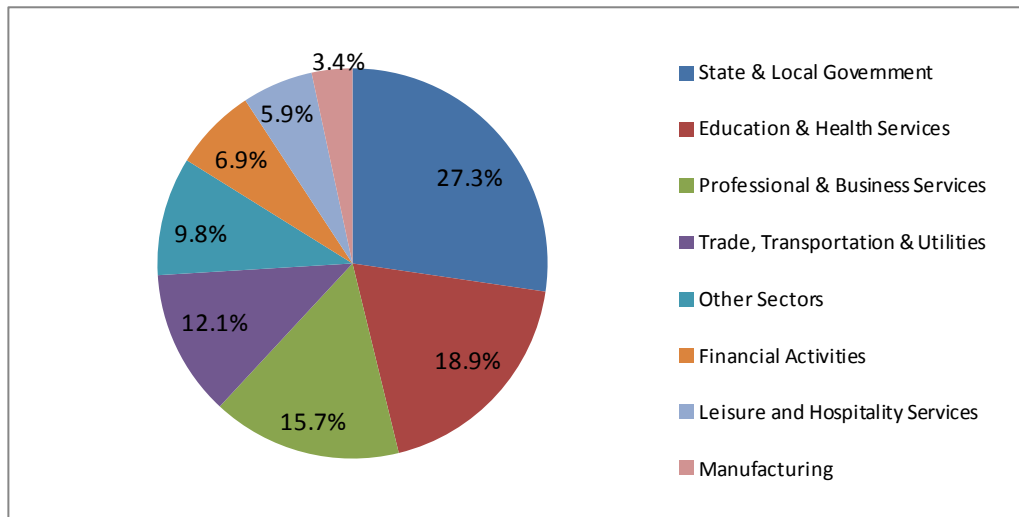
Figure 10: Unemployment in New Jersey and Mercer County, 2001 to 2011

DATA SOURCE: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011

As seen in Figure 11, the sector in Mercer County which employs the most workers is state and local government at 27.3% which translates into over 64,000 jobs. Despite recent governmental cuts due to the economy, state and local government employment has remained at steady numbers from 2001 to 2011 (a small increase of 1.2% during that period.) Among other sectors, education and health services as well as professional and business services in Mercer County also are large employers in the region. Job growth in these industries in the past 10 years has been relatively stagnant at approximately 1%.

Figure 11: Employment Distribution by Major Sector, Mercer County, 2011

Pie chart legend:
- State & Local Government — 27.3%
- Education & Health Services — 18.9%
- Professional & Business Services — 15.7%
- Trade, Transportation & Utilities — 12.1%
- Other Sectors — 9.8%
- Financial Activities — 6.9%
- Leisure and Hospitality Services — 5.9%
- Manufacturing — 3.4%

Source: IHS Global Insight, 2011. Spring 2011 County Forecasts, as cited in Mercer County, NJ Economic Profile

Educational Attainment

> *"When we were deciding where to move, we looked at what towns were convenient and then we looked at where the good schools were—and we chose here."* —Focus group participant

The most frequently cited asset of Mercer County by assessment participants was the quality of education. Respondents pointed to prestigious colleges and universities, "great schools," and an intellectual culture as key reasons people choose to live in the area. Mercer County alone has six colleges or universities.[3] Focus group members and interviewees additionally shared that, beyond formal institutions, there are substantial opportunities for continued learning through community educational and cultural events, many of which are free.
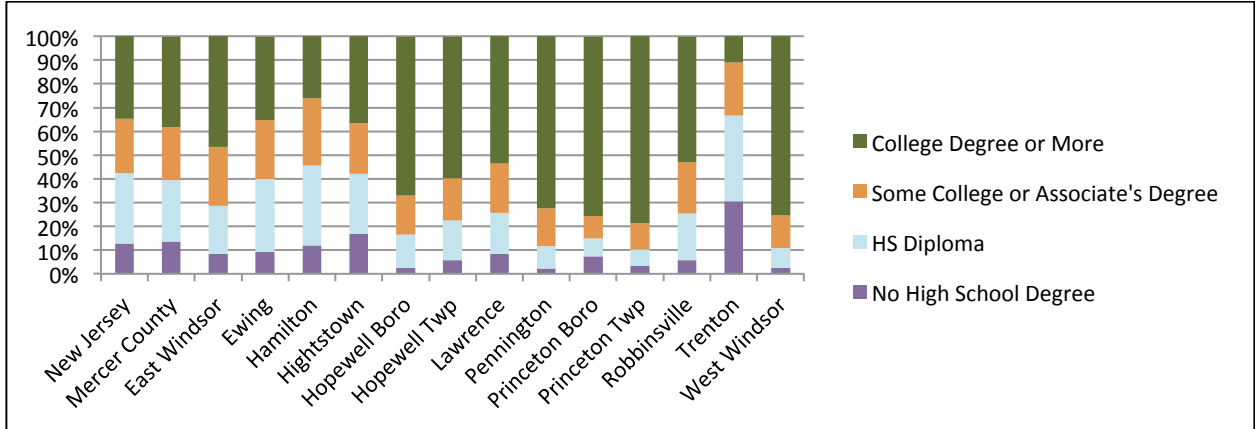
However, while quality education was seen as a tremendous asset in the region, several respondents reported that not everyone has equal access. They commented that poorer communities lack basic supplies and poorer families in more affluent school districts cannot afford some things, such as tutors, needed to succeed in school. Several parent and youth focus group participants remarked that the system works well for *"super achievers"* or those *"who know how to play the system",* but may be less effective for others. In contrast to the rest of the region, Trenton schools were reported to be poor; as one focus group member from a social service agency commented, "*there are kids [in Trenton] that want to learn, and the community fails them*."

Quantitative results show high educational attainment among Mercer County's adults ages 25 years or older, although some variation across municipalities (Figure 12). While the overall proportion of the Mercer County adult population with a college degree or more is higher than the state as a whole (38.2% vs. 34.6%), this figure varies by municipality. For communities such a West Windsor, Princeton Borough, Princeton Township, and Pennington, more than 70% of adult residents have a college degree

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[3] Mercer County Community Colleges, Princeton Theological Seminary, Princeton University, Rider University, The College of New Jersey, and Thomas Edison State College.

or higher, whereas these rates are much lower in other communities such as Hamilton (26.0%) and Trenton (11.0%).

Figure 12: Educational Attainment of Adults 25 Years and Older in New Jersey, Mercer County, and Municipality, 2006-2010

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census,2006-2010 American Community Survey 5-Year Estimates *(Aggregated 5-yer estimates used per Census recommendations due to small sample sizes by municipality.)*

While high educational attainment contributes substantially to individual and community success and vitality, a number of focus group respondents and interviewees observed that the region's strong education and achievement culture creates significant stress for families and students. Student focus group members reported getting little sleep, sometimes only two or three hours a night. As one student focus group member shared, "*We have a Late-nighters Club on Facebook to help keep us awake for studying.*" Students as well as social service providers attributed the high use of substances among Mercer County youth, in particular stimulants, in part to youth who are trying to keep up with the intense academic environment. Other respondents who spoke about the youth experience in Trenton discussed the opposite academic environment in their situation. Several mentioned that many low income youth were not provided with an environment to grow academically, did not see the long-term rewards for achieving academically, or were not driven to spend their time on schoolwork.

IV.   SOCIAL AND PHYSICAL ENVIRONMENT—WHAT IS THE MERCER COUNTY COMMUNITY LIKE?

The social environment and physical environment are important contextual factors that have been shown to have an impact on the health of individuals and the community as a whole. Understanding these issues will help in identifying how they may facilitate or hinder health at a community level. For example, parks may not necessarily be able to be utilized for physical activity if residents are fearful of their safety or healthy foods may not be able to be accessed if the public transportation system is limited. The section below provides an overview of the larger environment around Mercer County to provide greater context when discussing the community's health.

Urbanicity

> "*I would say my community has a good quality of life. A lot of parks, our homes have nice lots. It's a nice suburb. Some of it is on the higher end, but we are all close to resources and can all enjoy that.*" –Focus group participant

The 13 municipalities comprising Mercer County vary in their geographic settings and are described by residents as comprising small rural towns, suburban areas, and urban centers. Physical geography was described as one of the County's key assets. Many respondents from more affluent parts of the County reported that they liked their communities for the beautiful parks and recreational facilities as well as the neighborliness of residents. Residents largely described their community as being like a "small town" regardless of population or size. As one focus group respondent commented, "*the community is large geographically in square mileage, but it feels like a small town*." Perceptions were slightly different in less affluent areas. As an urban center, Trenton has a number of resources within a densely, populated, convenient location—small shops, bus lines, and health services. However, it also has the many challenges of a poorer city—higher crime, less green space, and more financially strapped facilities.

Although residents were largely positive about their outlying communities, they saw some challenges to them as well. Many reported having to travel for services, health care, and shopping by car. While in urban areas, such as Trenton, services that are available are within walkable distances, but some neighborhoods were not considered accessible for pedestrians due to crime and lack of personal safety.

Some perceived community policies or systems as being resistant to change, which was viewed as challenging as economic and population pressures grow. As one focus group member shared, "*I go to a lot of school board meetings and about 13 years ago they were talking about water and sewer issues. And they are still talking about those issues.*" Others described a "not in my town" mentality and pointed to the example of a recent and contentious debate about whether to locate a methadone clinic in a more affluent community.

A theme that emerged both in the quantitative and qualitative data was how disparate many of the communities were in Mercer County in their levels of prosperity and resources. Communities such as Trenton, Ewing, and Lawrence are disproportionately poorer and have fewer economic opportunities for residents. This current status is the result of numerous historical trends. In the last several decades, the manufacturing sector, which was strong in cities such as Trenton, Ewing, and Lawrence, lost its predominance as a more diverse employment base and one that focused more on service and professional sectors. During this same period, the county's residential and employment centers shifted from Trenton to the suburbs. As economic patterns changed, so did land use and retail patterns in that goods were more likely to be sold in strip centers and big box stores in low-density areas where residents are dependent on a car rather than more densely populated street retail accessible via multiple modes of transportation.[8] Additionally, Trenton houses numerous state governmental offices which lower the tax base for the city.
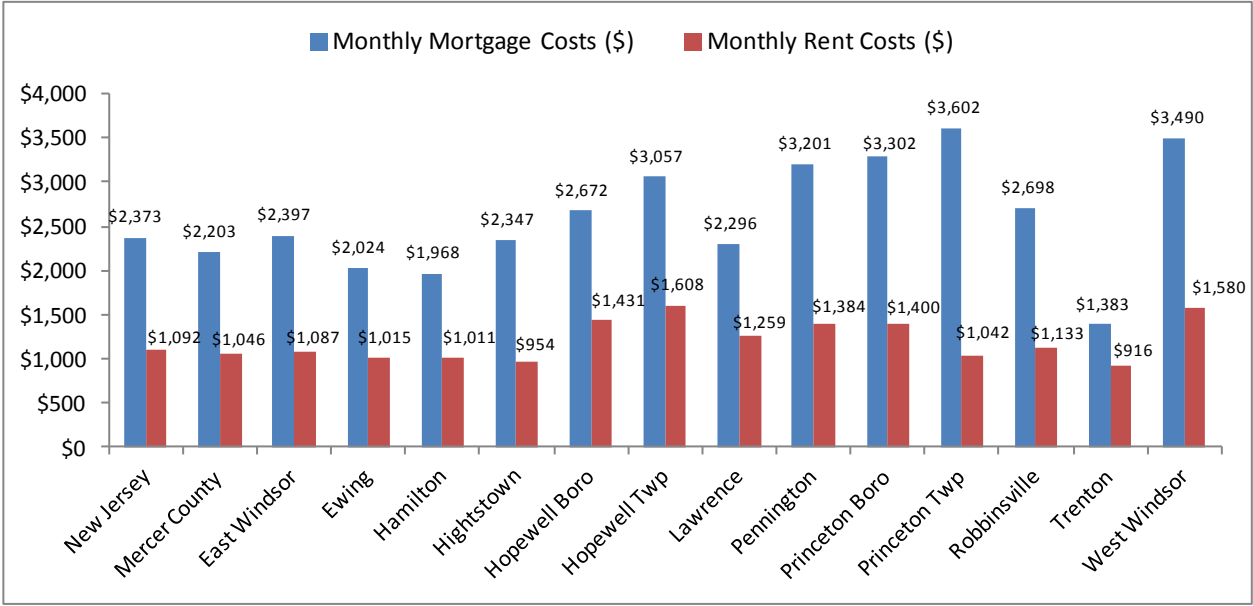
Housing

> "Many people have some money around here, but with the economic problems in the country, it's getting harder for people to keep their houses. It can be very expensive to live in this area." —Focus group participant

> "The poorest in the region are suffering. They have torn down the rental motels on Rt. 1, which is great, but they have not provided affordable housing in their place. Where can those people go?" —Focus group participant

As a largely prosperous region, Mercer County's housing is expensive, and residents reported that finding affordable housing is difficult, if not impossible. While Trenton has more affordable housing, the outlying areas do not. Although the economic downturn has led to a rise in foreclosures in the County, according to focus group and interview respondents, housing costs still prevent many new families from moving into the area. As seen in Figure 13, median monthly housing costs for a mortgage or for rental units are high in some communities but lower in others. For example, monthly mortgage costs vary from $1,383/month on average in Trenton to $3,602/month in Princeton Township. However, when looking at all the towns together in Mercer County, monthly mortgage costs ($2,203/month) and rental costs ($1,046/month) are similar to those costs statewide ($2,373/month for mortgage costs and $1,092/month for rental costs).
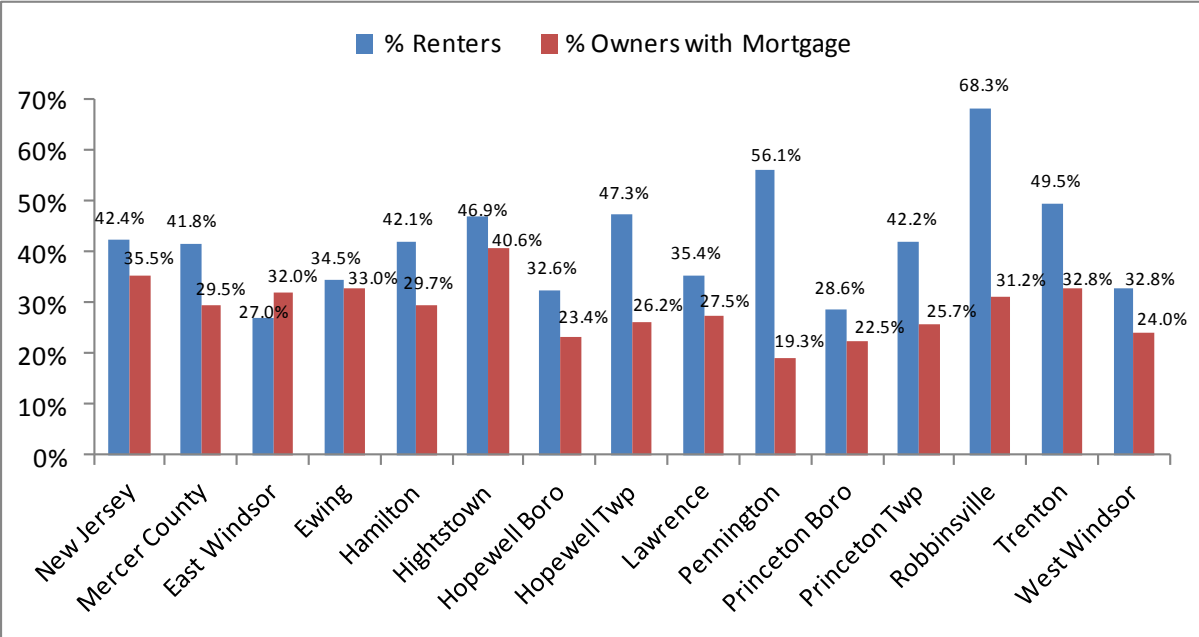
Figure 13: Monthly Median Housing Costs for Owners and Renters in New Jersey, Mercer County, and Municipalities, 2006-2010

DATA SOURCES: U.S. Department of Commerce, Bureau of the Census, 2006-2010 American Community Survey 5-Year Estimates

While absolute housing costs are telling, they do not necessarily speak to how housing prices compare to the overall cost of living. Figure 14 illustrates the percentage of renters and owners whose housing costs comprise 35% or more of their household income. Overall, this proportion is lower for home owners with a mortgage than for renters, with 29.8% of Mercer County home owners paying 35% or more of their income to housing compared to 41.8% of renters. Specifically, Robbinsville, Pennington, and Trenton see the largest numbers of renters who put more than a third of their income towards housing. Among homeowners, Hightstown stands out for its housing to income ratio, where 40% of Hightstown homeowners spend 35% or more of their income on housing costs.

Figure 14: Percent of Residents Whose Housing Costs are 35% or more of Household Income by Municipality, 2006-2010

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2006-2010 American Community Survey 5-Year Estimates

Focus group and interview participants from social service agencies spoke about how the lack of affordable housing has seemed to have a disproportionate impact on specific populations, particularly veterans and seniors. Homelessness was identified as an issue by a couple of respondents, especially among veterans. As one person stated, "*People don't like to acknowledge homelessness. This is a hidden issue for most residents*." In 2011, Mercer County had the sixth highest homeless population among the 21 counties in New Jersey, comprising 6% of those homeless in New Jersey with 564 individuals.[9] However, it is important to note that the actual number of people who are homeless over the course of a year may be between two and four times greater than the reported number.

Transportation

> "*The transportation infrastructure is not keeping pace with growth. The infrastructure is basically the same as 40 years ago, meanwhile the size of the community has leaped and grown.*"—Interview participant

> "*I've seen people who take 2-3 hours to go to work every day. They take one bus and then have to switch to another.*"—Focus group participant

> "*It's easier to get to New York or Philly by public transportation than to get to the next town over.*" —Focus group participant

> "*There are some people who will pick you up and just drop you off. This happened to my mother. The doctor's office closed and they wheeled her out. And the bus was supposed to come up, and*

it never did. And she just sat there on the street in the sun for three hours." —Focus group participant

Transportation emerged as a key concern for the region, with respondents describing Mercer County as a largely car-dependent region. Those who do drive reported that the rising cost of gasoline and heavy traffic makes travel more difficult, while those who do not drive or who do not own a car cited numerous challenges to conducting everyday activities in the area. Residents reported that there are few public transportation options in the county and those that do exist are poorly coordinated. Several observed that it is easier to travel to New York City or Philadelphia from Mercer County using public sources than it is to travel within Mercer County. This creates challenges particularly for the elderly, disabled, and poor, according to respondents. As one senior focus group member stated, "*I have no transportation. If it weren't for the people here [at the senior center] and others volunteering to take me, I wouldn't be able to go anywhere.*" Some people reported that they relied on cabs for transportation which is very expensive. One staff member at a senior center noted, "*I have gotten called by seniors who need to go to the hospital for their chemo, and to take a cab costs $100 each way.*"

Among the transportation resources that are available, participants mentioned Transportation Resources to Aid the Disadvantaged and Elderly (TRADE) which provides free transportation to senior citizens and persons with disabilities. Subscription and demand response services are available.[4] Van or volunteer driver programs are also offered by local agencies. Senior focus group respondents remarked that eligibility for some programs was challenging, as one remarked, *"Don't they know all seniors are disabled?"* Many focus group respondents reported that the different transportation services in the County are insufficient and, at times, unreliable. Several shared their experiences with public transportation services, reporting that centralized bus locations make it necessary first to have transportation to get to the bus and lack of scheduling flexibility results in long wait times for rides; for some, cost of the bus was prohibitive. Those receiving car or van transportation services from social service agencies or faith-based groups commented that these can be undependable. As one senior focus group member shared, "*I was left at the doctor's office, and they never came back to get me. They packed up and left.*" Another challenge, according to respondents, is that drivers are often prohibited from providing much assistance beyond the ride, creating difficulties for those needing more help such as the elderly and disabled. One disabled focus group member explained, "*They put me on the lift and they put me off the lift, but after that you are on your own.*"

Crime and Violence

> *"I think it [safety] really depends where you live. I feel safe. My children play in our neighborhood. We know our neighbors. It's a really nice place."*—Focus group participant

> *"For me, living in Trenton, it can mean a lot of insecurity. As immigrants, we are victims of assaults. We call the police and don't get the support we need."* —Focus group participant

For the most part, focus group and interview participants from the outlying Mercer County municipalities saw their communities as relatively peaceful and safe. However, several shared that

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[4] Subscription services provide trips to employment, dialysis, nutrition sites, rehabilitation sites, radiation, etc. on an ongoing basis. Demand response services provide trips to doctors' appointments, out-patient clinics, beauty parlors, or shopping, which are provided on an as-needed basis.

they perceived crime, including gun violence, in the region to be growing, although crime reports indicate that violent and property crime across the County has actually decreased over the past several years, similar to trends around the country. The most frequently described violence by residents was gang-related activity, and several respondents remarked that they had heard about recent gang-related crime in Princeton as evidence of this. Increasing domestic violence (DV) was also mentioned by several service providers. Crime data do show that the DV arrest rate has increased from 2008 to 2009 from 2.54 DV arrests per 1,000 population to 2.78 per 1,000 population.[10]

There was a sharp contrast in conversations on safety and crime when respondents talked about Trenton rather than the outlying areas. Violence in Trenton was a concern among focus group and interview participants from the city as well as social service providers. The perceived pervasiveness of crimes related to gangs, robbery, and assault was entangled in daily life and further exacerbated the challenges of living in a more impoverished area. As one resident shared, *"living in Trenton means a lot of insecurity. We call the police and don't get the support we need. People are getting robbed in broad daylight*." A teen respondent concurred by stating, "*I have a lot of friends who live in Ewing and Trenton. Mental stress of living in their neighborhoods really affects them. They are scared of gangs*." The Mercer County Gang Task Force, a coalition of organizational representatives focused on developing a comprehensive approach to gangs, has noted that several youth-based programs currently exist in the area and that a greater emphasis on positive youth-adult relationships and more economic opportunities for youth are important strategies in addressing the issue of gangs.[11]

Quantitative data show that both violent crime and property crime rates differ across Mercer County (Table 4). Violent crime rates are lowest in Hopewell, Robbinsville, Princeton Township, and East and West Windsor and highest in Trenton and Ewing. Property crime is highest in Trenton, Princeton Borough, and Lawrence and lowest in Hopewell, Princeton Township, and Robbinsville. In most cases, reported crime in every municipality has decreased since 2006, except for property crime in Princeton Borough, Princeton Township, and Trenton which has slightly increased in the past five years.

Table 4: Offenses Known to Law Enforcement per 100,000 Population by Municipality, 2010

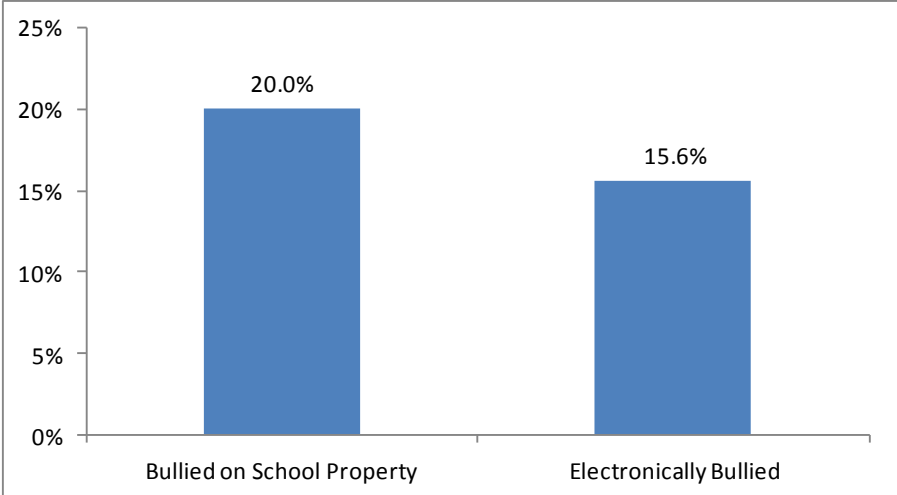| Geography	Violent Crime Rate*	Property Crime Rate**
New Jersey	307.7	2,081.9
East Windsor	91.2	1,236.1
Ewing	330.5	1,939.3
Hamilton	206.7	2,017.7
Hightstown	167.6	1,359.4
Hopewell Boro	50.0	549.7
Hopewell Twp	60.9	559.2
Lawrence	127.7	2,563.5
Pennington	74.8	710.5
Princeton Boro	156.2	2,781.1
Princeton Twp	79.6	967.0
Robbinsville	47.7	930.6
Trenton	1,433.8	3,011.3
West Windsor	44.1	1,466.8

*Violent crime includes: murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.
**Property crime includes: burglary; larceny-theft; motor vehicle theft; and arson.

DATA SOURCE: Federal Bureau of Investigation (2010). Uniform Crime Reports. Offenses Known to Law Enforcement, by State, by City, 2010.   (NOTE: Data at the county level not available.)

Youth and those who work with youth in Mercer County also reported a concern around an increase in bullying. While Mercer County specific data on bullying were not available, Figure 15 illustrates the breadth of bullying among high school students in New Jersey, where 20% indicated that they have been bullied on school property while 15.6% report being bullied electronically (cyberbullying). Mercer County residents' perspectives of the effectiveness of schools in addressing bullying were mixed. Some perceived that schools were doing a good job in raising awareness, taking action, and programming; others reported that efforts seemed insufficient especially as cyberbullying and the current outreach cannot address the growing problem.

Figure 15: Percent of New Jersey High School Students Reporting Being Bullied, 2011

DATA SOURCE: Centers for Disease Control and Prevention (CDC). *New Jersey High School Youth Risk Behavior Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Social Support and Cohesion

> *"Our community is neighborly. I know everyone in my neighborhood."*—Focus group participant

> *"It's a community where people are invested in the community."* —Focus group participant

> *"Many seniors in our community don't have that network around them. Their kids have moved away. They can't drive. They stay in their homes all day – isolated from everyone else. They don't have that day-to-day contact with people. Besides the mental health issues, what happens if they fall? Who's going to be checking in on them?"* —Interview participant

> *"When you first come to the community…kids seem to have so much. But then you uncover the layers and there are a lot of children who need so much and have needs that are not being met."* —Focus group participant

People's perceptions of the social climates in their communities were mixed. Many residents cited strong social relationships and an ethic of community activism and engagement. As one community

leader described, "w*hen you talk about social outlets, the communities are very, very healthy*." However, others reported that the fast-paced and competitive lifestyle in the area means fewer people have the time or inclination to get involved. In several focus groups, participants in different communities agreed, as they noted, "*people are not involved in the community*" or "*the community and its services are a user base, not a participatory base*." Others described a growing trend toward disconnectedness as a result of technology. Several respondents observed that the undercurrent of competitiveness and affluence in the area led to a tendency to ignore concerns or problems of other community members. As one focus group member stated, "*wealth and education hide problems*."

Social support networks have been identified as powerful predictors of health behaviors and health outcomes; those with poor family support, minimal contact with others, and limited involvement in community life are less likely to engage in healthy lifestyle behaviors and are at increased risk of early mortality. Results from the recent Behavioral Risk Factor Surveillance Survey indicate that 21% of Mercer County adults reported that they "never," "rarely," or "sometimes" get the social and emotional support they need, similar to the state average of 22%.[12]

The elderly, those with disabilities, and non-English speakers were noted as being more socially isolated and this being a particular concern. One senior focus group member described the growing isolation of seniors, especially those without family in the region, in this way: "*My children moved me here, and I am all by myself. I call it 'social starvation'. Seniors are feeling incarcerated*." Senior respondents valued the role of senior centers in creating social connections while at the same time noting that not all seniors have the transportation or physical ability to get there. Language isolated communities were also identified as at risk.

V.   RISK AND PROTECTIVE LIFESTYLE BEHAVIORS

This section examines lifestyle behaviors among Mercer County residents that support or hinder health, including individuals' personal health behaviors and risk factors (including physical activity, nutrition, and alcohol and substance use) that result in the leading causes of morbidity and mortality among Mercer County residents. Also included in this analysis are some measures that are tracked as part of the Healthy People 2020 (HP2020) Initiative, a 10-year agenda focused on improving the Nation's health. Due to data constraints, most health behavior measures are available only for Mercer County as a whole, not individual municipalities or subpopulations. Where appropriate and available, Mercer County statistics are compared to the state as a whole as well as HP2020 targets.
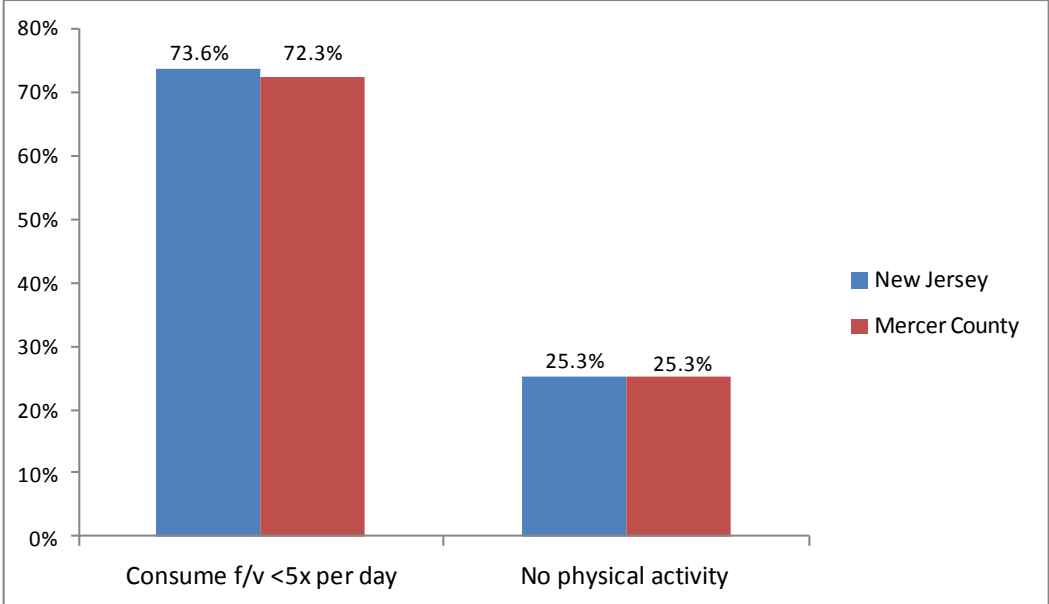
Healthy Eating, Physical Activity, and Overweight/Obesity

> "*We have a lot of resources here for activity and diet. Parks, good supermarkets, basketball courts. However, issues around obesity and related practices are not something that we have come together around to tackle as a community.*" —Focus group participant

Similar to trends nationwide, issues around obesity—particularly healthy eating and physical activity—are important health concerns in the area that are associated with prevalent chronic conditions such as heart disease and diabetes. Yet, statistics indicate that Mercer County residents have similar behaviors to residents statewide. As seen in Figure 16, more than 70% of Mercer County and NJ residents reported eating fruits and vegetables fewer than five times per day (the recommended guideline), while approximately 25% indicated that they get no physical activity, according to the Behavioral Risk Factor Surveillance Survey. However, Mercer County and New Jersey rates for physical

inactivity are still better than national figures. Healthy People's 2020 target for physical inactivity is 32.6% because nationwide, 36.2% of U.S. adults report being physically inactive.

Figure 16: Percent of Adults Consuming Fruits and Vegetables Less than 5 times per day and Percent Reporting No Leisure Time Physical Activity in New Jersey and Mercer County, 2009
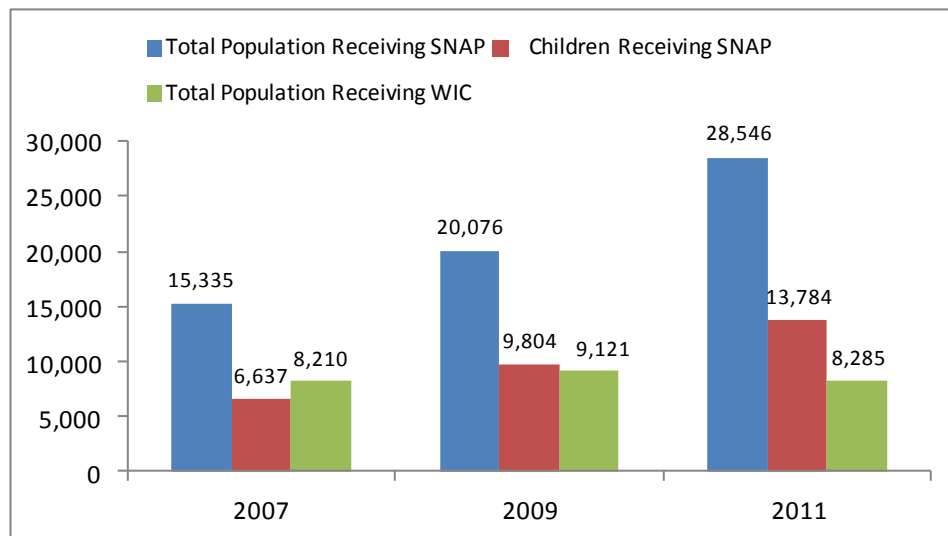

DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention as cited in County Health Rankings, 2012

Community Resources for Healthy Eating and Physical Activity

Focus group members and interviewees overwhelmingly reported that there are many healthy community resources that encourage and facilitate these behaviors. When discussing physical activity, many focus group participants remarked that the county park system, basketball and tennis courts, and ball fields are easily accessible. Perspectives on whether this contributes to greater physical activity, though, differ. For example, some respondents held the perspective that *"with all the resources and knowledge here, it seems like people exercise more in this community,"* while others held the opposite view, noting "*everyone drives – you can't walk anywhere and people are too busy to exercise."* Some residents, however, reported fewer such facilities in their communities, particularly in the city of Trenton. As one focus group member shared, "t*here are no parks here. There's Columbus Park, but there's nothing there for kids. Not even benches to sit on*." While the review of parks and recreational sources were mixed, most respondents indicated that walkability is a county-wide problem.

Perspectives on the availability of healthy food options also differed across interviewees and focus group respondents. While some residents reported few or no fast food establishments in their communities, others, particularly more vulnerable populations, felt healthy food was largely unavailable to them. One community leader commented, "*we have food swamps and food deserts*." Lack of transportation as well as cost were identified as barriers to healthier options for poorer and more vulnerable populations. Data confirm that more expensive healthier foods may be out of reach for some families as records show that enrollees in government-assisted food programs have increased in the last several years (Figure 17).

Figure 17: Number of Mercer County Population on Food-Related Government Assistance Programs

WIC – The Supplemental Nutrition Program for Women, Infants, and Children
DATA SOURCE: N.J. Department of Human Services, Division of Family Development, Current Program Statistics, 2007, 2009, 2011; N.J. Department of Health and Senior Services, Division of Family Health Services, 2011, as cited in County Health Profiles 2012-Mercer County. Health Research and Educational Trust of New Jersey

The Role of Schools
One area in which residents largely saw positive change was in the area of school nutrition. One adult focus group member remarked, "*one thing I have seen change for the better is changing school meals. The choices have much improved*." Youth reported positive change as well citing increased availability of items such as whole wheat bread and water. As one teen focus group member shared, "*you can't buy lunch without a fruit or juice option*." Youth did point out, however, that candy is still offered in some vending machines and there are coffee shops in every school.

Teen focus group members also reported that, despite healthier school meals, there were challenges to eating better. They noted that academic pressures lead students to use the lunch hour to do homework or get homework support; as a result, they rush their meals or do not eat at all. Additionally, teens reported limited healthy and inexpensive food options outside of school. Eating out is a popular teen activity in Mercer County; however teens reported that they often opt for less expensive, but also less healthy foods. As one shared, "*[name of restaurant] is keeping me from being healthy. The $2.50 cheese fries are not healthy, but I eat them all the time because I don't have a lot of money*." A few youth focus group participants mentioned eating disorders as a concern among their peer group, which they attributed to stress and expectations.
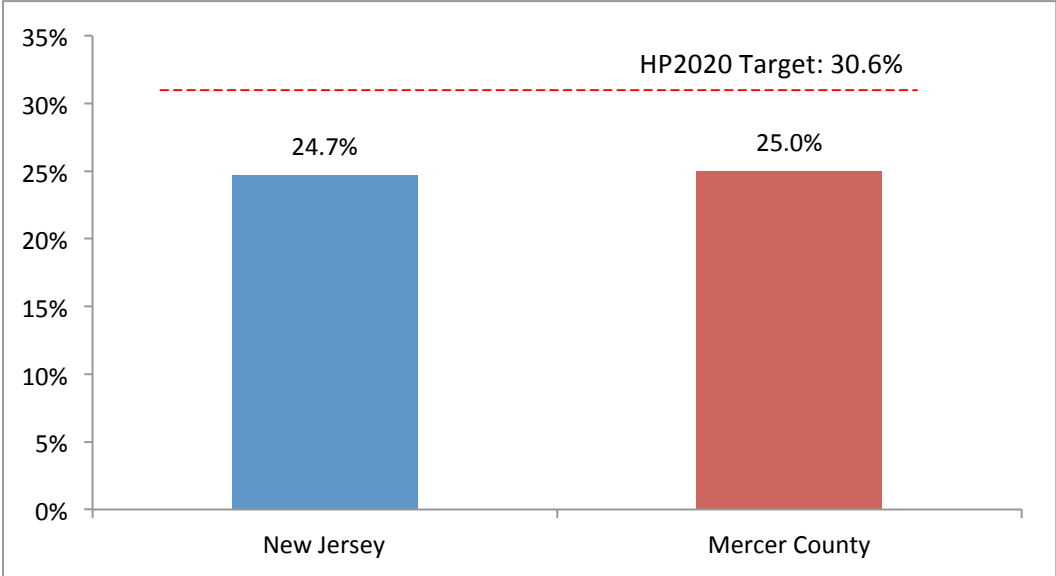
Overweight and Obesity
Despite physical activity and nutritious options in many Mercer communities, a number of focus group participants and interviewees reported that obesity is emerging as a community issue, especially among younger children and new immigrants. As one service provider working with the Latino community explained, "*part of it is what they [newer immigrants] think is assimilation. They come here, and they like Burger King because they want to be American*." Several residents noted that the emphasis on academics in schools has led to reductions in time for recess and physical activity. This, in combination

with the prominence of organized team sports, has meant that those students not on teams have few opportunities to be moving. As one physician noted, "*recess is only 8 ½ minutes long*."

Quantitative results show that the adult obesity rate in Mercer County in 2009 was slightly higher (25.0%) than that of New Jersey overall (24.7%), but substantially lower than the HP2020 target (30.6%) (Figure 18). (The U.S. target is higher because the national baseline of Americans currently obese is 34.0%). However, differences have been shown across various population groups, according to older data from 2004-2006 (the only data available by sub-group.) According to the NJ Center of Health Statistics report, the rate of adult obesity in 2004-2006 among non-Hispanic Blacks (36.5%) and Hispanics (24.4%) in Mercer County was higher than for the state as a whole (33.3% and 23.7%, respectively).[13]
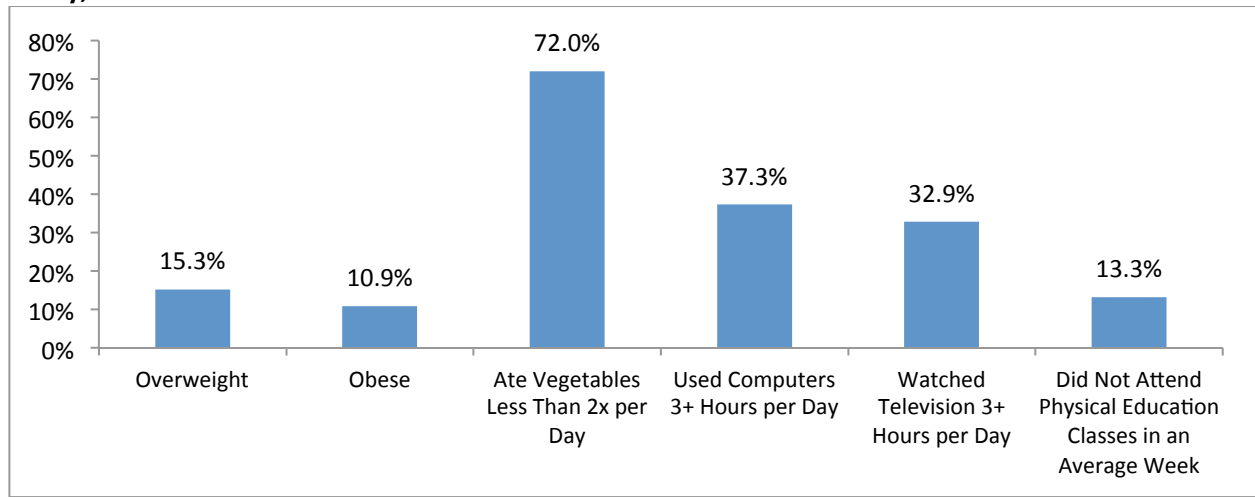
Figure 18: Percent of Obese Adults in New Jersey and Mercer County, 2009

DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention as cited in County Health Rankings, 2012

Childhood overweight and obesity rates for Mercer County were not available, yet rates for New Jersey in many indicators for adults have been found to be similar to Mercer County. According to the New Jersey High School Youth Risk Behavior Survey, 15.3% of New Jersey High School students are overweight with an additional 10.9% classified as obese (Figure 19). Further, a recent study found that compared to the national data, a higher percentage of Trenton public school children in all age categories were overweight or obese: nearly 1 in 2 Trenton children in every age category is overweight or obese, and more than 1 in 4 children in every age category is obese.[14] Figure 19 also shows that as many as 72.0% of New Jersey high school students were eating fewer that the recommended amount of vegetables per day, while 13.3% were not attending physical education classes in an average week. Additionally, approximately one-third of students reported using computers for three or more hours per day, while another one-third reported watching television for the same amount of time.

Figure 19: Overweight/Obesity and Dietary and Physical Activity Behaviors among Youth in New Jersey, 2011

DATA SOURCE: Centers for Disease Control and Prevention (CDC). *New Jersey High School Youth Risk Behavior Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Substance Use and Abuse (Alcohol, Tobacco, and Other Drugs)

> *"Cigarettes are not popular among youth anymore. 'Do you want to smoke' now means pot."* — Focus group participant

> *"I worry a lot about the issue of drugs among youth. It seems to be growing, but it's not an issue people want to talk about openly."* —Focus group participant
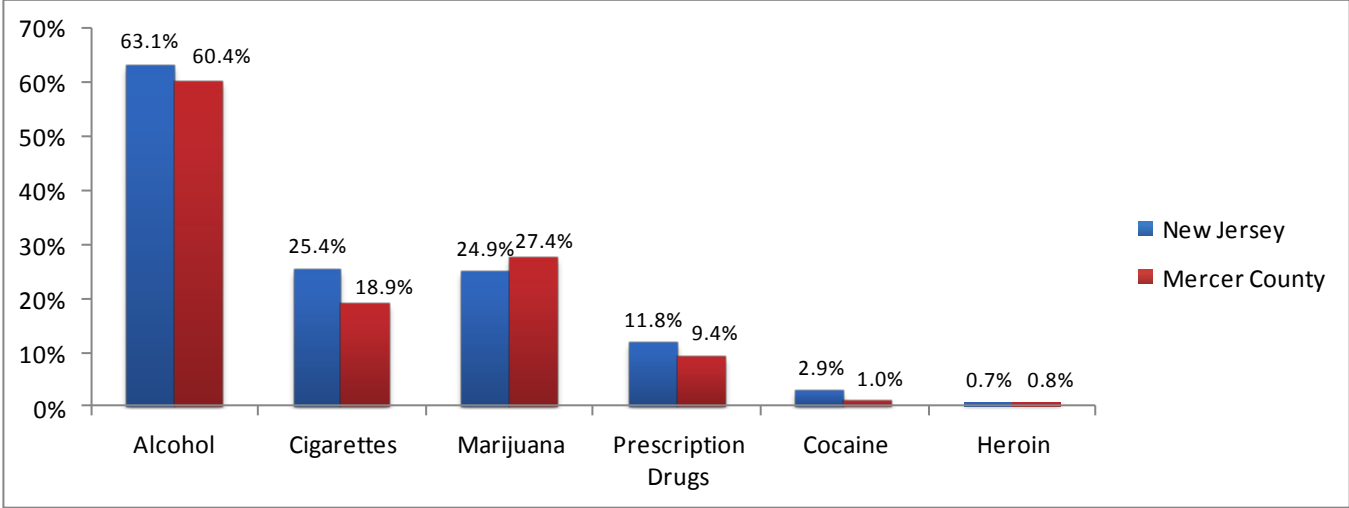
Substance use and abuse was identified as a pressing concern across nearly every focus group and interview. Residents believed that substance use was rising, especially use of alcohol and prescription drugs. One physician focus group member reported, "*when I came here 16 years ago, it would be rare for us to see illnesses and diseases related to alcohol abuse, but now I see it every week. Substance abuse related hepatitis C is something I see a lot*." Residents attributed the use of substances in part to the declining economy but also blame community attitudes toward substances including widespread acceptance of under-age drinking and a general reluctance to acknowledge a problem. Specifically, there was a concern that parents and other adults were dismissive of alcohol and marijuana use among youth, while youth saw it as a social norm. Several parents and community leaders in focus groups commented that "*alcohol is not seen as a big deal,*" and that *"there is widespread acceptance of under-age drinking by parents."*

Youth and Substance Use

Substance use among youth was noted as a particular concern. Respondents cited heavy use of marijuana, prescription drugs, and alcohol among area young people, but also reported increases in the use of opiates. Quantitative data reflect many of the themes discussed in focus groups and interviews (Figure 20). Alcohol and marijuana are the substances cited as most often used by area high school students, with 60.4% and 27.3% of Mercer County high school students reported using these respective

substances in the past year. Approximately two in ten Mercer high school students report smoking cigarettes (18.9%) and one in ten said they have abused prescription drugs (9.4%) in the past year.

Figure 20: Substance Use within the Past Year among High School Students in New Jersey and Mercer County, 2008

 NOTE: Sample sizes at the county level may be small, so it is important to interpret data with caution.
DATA SOURCE: New Jersey High School Risk and Protective Factor Survey, 2008.

The reasons for high youth substance abuse in the region were several, according to focus group members and interviewees. While the availability of substances was identified as part of the cause, youth focus group participants more frequently reported that substance use was a consequence of stress, the lack of alternative activities, and the prevailing belief that everyone does it. Youth reported that the intense academics lead some students to use Adderall and other stimulants to stay awake and study. The lack of other activities for youth is another cause. A focus group respondent from a treatment center observed, ""*it's one of those things where it's [substance use] recreational. Because kids do not have other options. They spend their time doing these things*." Finally, respondents reported that among youth, there is the view that *"it is not a big deal."* This is particularly the case with marijuana which is generally not perceived as an addictive drug.

Many focus group respondents and interviewees commented that their communities offer few options for youth and saw this as a concern. One focus group described her community as "*a nine o'clock town*." Those working with youth reported that many organized youth activities are privatized and expensive and require transportation. This leaves young people with few options and according to several, could be a contributing factor to substance use. As one teen focus group respondent explained, "*popular things to do around here are eat, smoke pot, avoid parents, and hang out*."

Crime Related to Substance Use
The following table reports rates of arrests due to substance use for the state and in Mercer County. Among youth and adults alike, arrests due to driving under the influence did not vary considerably. In terms of drug abuse violations, County rates were notably higher than statewide rates, particularly among adults (11.00 per 1,000 adults in Mercer County versus 6.68 per 1,000 adults across New Jersey) (Table 5). It is unclear at this point why these rates are so different, whether they are related to greater

frequency of drug-related crimes in the County or more aggressive law enforcement in their likelihood to arrest.

Table 5: Rates of Juvenile (per 1,000 children) and Adult (per 1,000 adults) Arrests due to Substance Use in New Jersey and Mercer County, 2010
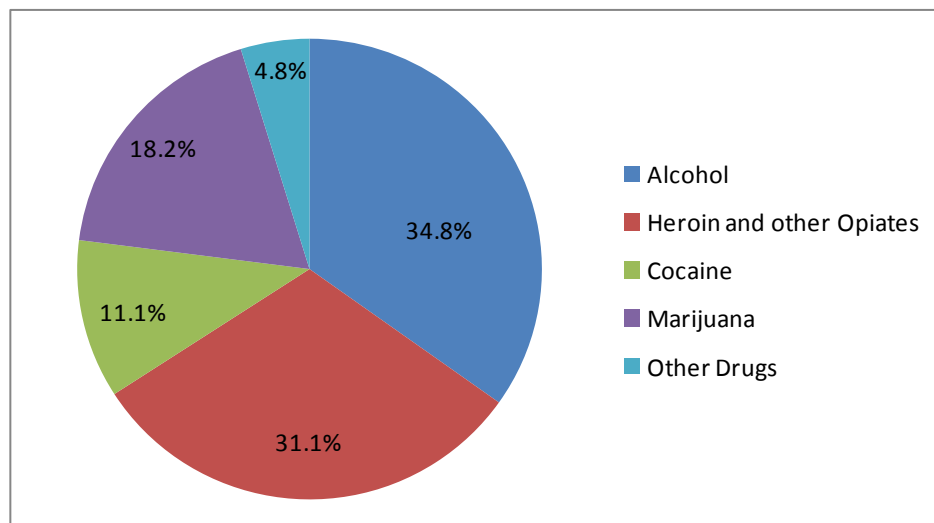
	New Jersey	Mercer County
Driving Under the Influence		
Youth (under 18 years)	0.15	0.14
Adults (18 years and older)	3.91	4.25
Drug Abuse Violations		
Youth (under 18 years)	2.40	3.30
Adults (18 years and older)	6.68	11.00

DATA SOURCE: N.J. Department of Law and Public Safety, Division of State Police, Uniform Crime Reporting Unit, 2010. Standardized to U.S. Census 2010 population.

Substance Abuse Treatment

In 2010, there were 2,787 admissions in Mercer County to treatment facilities for alcohol and other drugs. Among these admissions, alcohol and heroin/other opiates were the leading causes of admission, with 34.8% and 31.1% of admissions respectively (Figure 21). Approximately 18% of admissions were due to marijuana. This distribution was similar to what was seen in past years, although slightly more admissions were due to cocaine in 2008 (15%) than in 2009 or 2010 (both approximately 11%). Among those 25 years and under, heroin and marijuana are the leading drugs for treatment. While treatment admissions are a promising sign of people seeking help, in 2009 the County experienced 41 deaths related to substance abuse.

Figure 21: Distribution of Substance Abuse Treatment Admissions by Primary Drug Type, 2010

DATA SOURCE: New Jersey Drug and Alcohol Abuse Treatment. Substance Abuse Overview, 2010. Mercer County.
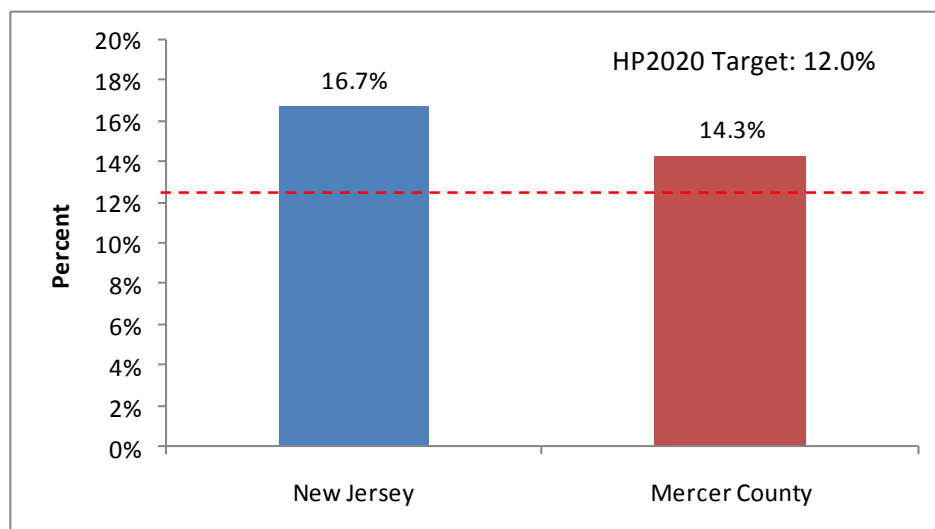
Focus group participants, particularly those who previously had a substance abuse problem or had a family member who did, discussed that the supply of treatment services did not seem to meet the demand. While there did not seem to be enough beds in treatment facilities, one of the most

concerning issues was that treatment programs were not long enough or insurance did not cover them for a long enough period of time. Many indicated that programs lasted 30 days, but from their experience, a much longer time period for treatment was required to remain clean. As one focus group respondent remarked, *"What I see is insurance companies approve treatment centers for 30 days, but that's nowhere near long enough. I think there should be a 90-day minimum and insurance should not dictate how much time you spend in a recovery program. Medical providers should."*

Tobacco Use

Tobacco use did not emerge as a pressing issue in the focus group and interview discussions, with other substances such as alcohol, marijuana, and prescription drug abuse taking precedence. However, it should be noted that tobacco use is still a major risk factor for many of the preventable deaths in the U.S. While Mercer County's youth and adult smoking rates are lower than what is seen statewide, the adult smoking rate is still higher than the national target for 2020 (Figure 22).

Figure 22: Percent of Adults who are Current Smokers in New Jersey and Mercer County, 2004-2010

DATA SOURCE: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention as cited in County Health Rankings, 2012
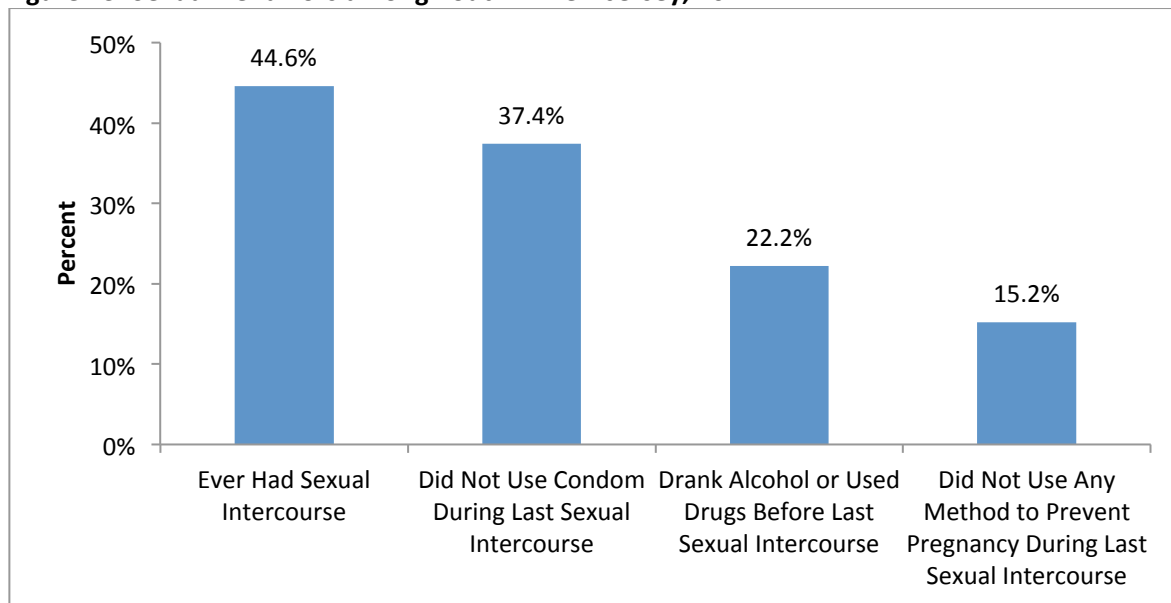
Risky Sexual Practices

> *"With all of the funding cuts in the state, we'll see what happens related to pregnancies and high-risk behaviors among youth, young adults, and low income groups. Currently, services can't meet current demand. I'm afraid it's only going to get tougher."*—Interview participant

While not the most frequently cited issue, consequences related to risky sexual behaviors were discussed in several focus groups and interviews, particularly in light of cut-backs in government funding for related services. Several interviewees and focus group participants who worked with youth or in social service agencies discussed that the intersection of increases in substance use, higher stress due to the economic recession, and shortages in facilities offering family planning-related services may culminate in increased sexual risk taking and consequently greater rates of sexual transmitted infections (STIs) and unintended pregnancies.

Youth sexual behavior data for Mercer County were not available; however, according to the New Jersey High School Youth Risk Behavior Survey, 44.6% of New Jersey high school students reported having ever had sexual intercourse in their lifetime (Figure 23). Among those who have been sexually active, 37.4% reported that they had not used a condom, while 15.2% reported having not used any method to prevent pregnancy during their last sexual intercourse. Additionally, 22.2% of students responded that they had either consumed alcohol or used drugs prior to their last sexual intercourse.

Figure 23: Sexual Behaviors among Youth in New Jersey, 2011

DATA SOURCE: Centers for Disease Control and Prevention (CDC). *New Jersey High School Youth Risk Behavior Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

As with nearly all indicators, rates for reportable STIs vary greatly by municipality in Mercer County (Table 6). Rates for Gonorrhea and Chlamydia are more than three times greater in Trenton than they are countywide. Rates per 100,000 for Chlamydia are also much higher in Hopewell Borough, Hightstown, and Princeton Borough. All of these municipalities have a slightly greater percentage of the population that is under 25 years old compared to other communities.

Table 6: Reported Sexually Transmitted Infections per 100,000 Population in Mercer County and Municipalities, 2010

Geography	Gonorrhea	Chlamydia	Syphilis
Mercer County	105.9	401.4	14.5
East Windsor	0.0	33.1	3.7
Ewing	109.0	424.7	11.2
Hamilton	27.1	153.7	5.7
Hightstown	54.6	327.6	54.6
Hopewell Boro	0.0	104.1	0.0
Hopewell Twp	0.0	5.8	0.0
Lawrence	20.9	83.7	3.0
Pennington	0.0	116.1	0.0
Princeton Boro	105.6	471.3	16.3
Princeton Twp	0.0	0.0	0.0
Robbinsville	22.0	14.7	0.0
Trenton	352.1	1240.1	43.6
West Windsor	0.0	33.1	0.0

Rates standardized to the 2010 Census population figures
DATA SOURCE: Communicable Disease Service, Sexually Transmitted Diseases Program, New Jersey Department of Health and Senior Services

The 2010 HIV/AIDS prevalence rate in Mercer County (408.8 per 100,000 population) was similar to the state rate (409.8 per 100,000 population.[15] However, differences exist across different racial and ethnic groups. Among the 2,519 newly diagnosed HIV/AIDS cases in 2010, 68.5% of those individuals were Black, while 15.8% were White, and 14.7% were Hispanic.
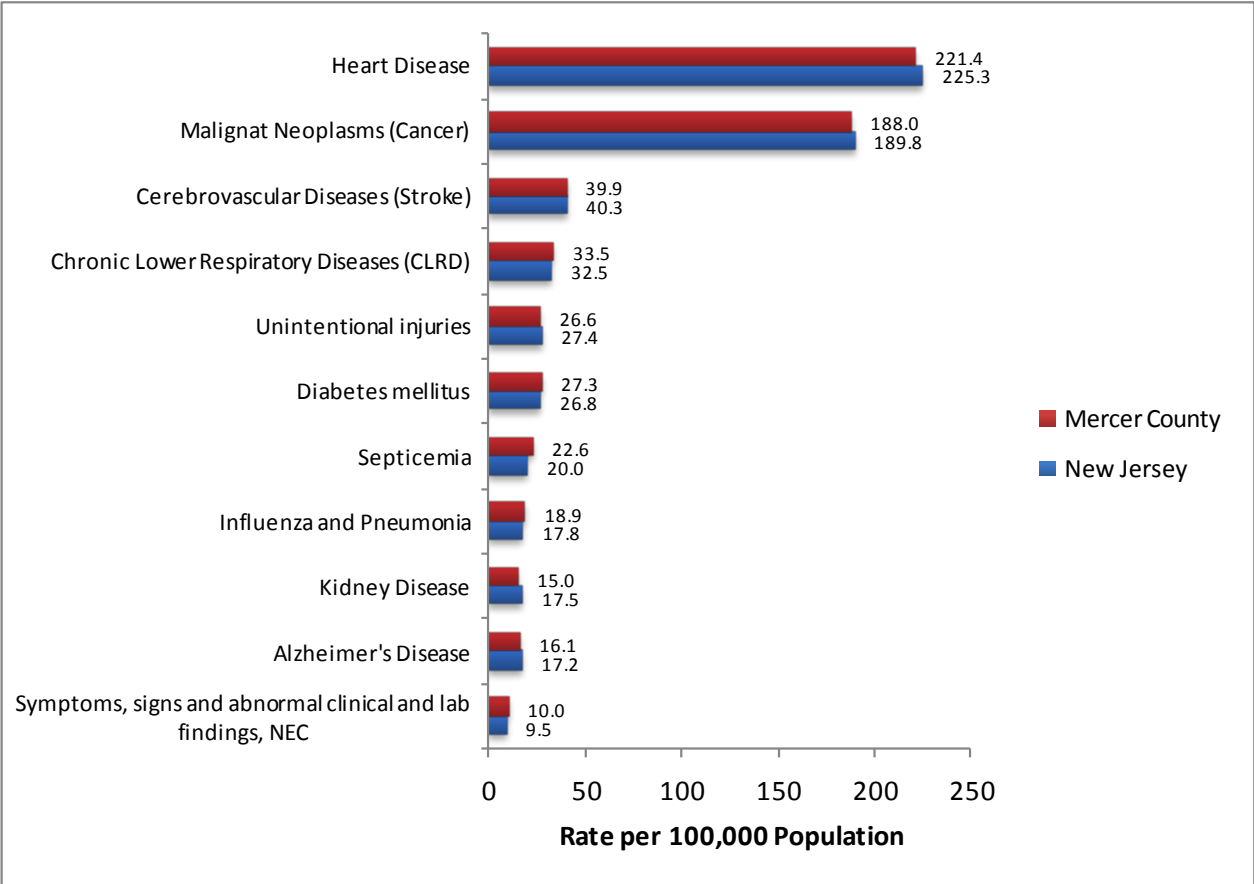
VI. HEALTH OUTCOMES

This section of the report provides an overview of leading health conditions in Mercer County from an epidemiological perspective of examining incidence, hospitalization, and mortality data as well as discussing the pressing concerns that residents and leaders identified during in-depth conversations.

Overall Leading Causes of Death

> *"Cancer, heart disease – it's those conditions. That's what everyone I know ends up dying from."*—Focus group participant

Quantitative data indicate that the top three causes of mortality in Mercer County, as in New Jersey as a whole, are heart disease, cancer and stroke. As seen in Figure 24, mortality rates for Mercer County are slightly lower for these diseases than the state as a whole. Among the top ten causes of mortality, Mercer County rates for mortality due to influenza and pneumonia, septicemia, diabetes and chronic lower respiratory diseases are slightly higher than for the state.

Figure 24: Age-adjusted mortality rate per 100,000 Population for the Top Ten Leading Causes of Mortality in New Jersey and Mercer County, 2008

DATA SOURCE: State of New Jersey Department of Health and Senior Services, New Jersey State Health Assessment Data, 2008.

Overall Leading Causes of Hospitalization

> *"If we could just reach people earlier through prevention, then perhaps we could reduce hospitalization of some conditions –diabetes, heart disease, asthma. If they could be prevented – or at least better maintained—that would save a lot of cost and resources."*—Interview participant

Leading causes for inpatient and emergency room admissions varied by age group in the County. For the purposes of this community health assessment, hospitalization data from three of the facilities servicing Mercer County were analyzed. These facilities include (1) Capital Health Medical Center-Hopewell, (2) Princeton HealthCare System, and (3) Robert Wood Johnson University Hospital - Hamilton.[5] Data in this section are presented as aggregated hospitalization rates per 1,000 persons for

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[5] While Capital Health System-Hopewell is a key partner in this process, 2010 data—the most current accessible by the state—were not available for this facility since it opened in November 2011. St. Lawrence Rehabilitation Center, another key partner in this effort, was not included in the state database, although a separate data file was obtained by the facility. Due to its different focus area, inpatient and outpatient data from St. Lawrence

each municipality and for patients from Mercer County as a whole. Geographic areas represent the primary residence of patients from these three institutions in 2010. Rates are provided separately for inpatient and emergency department visits per 1,000 visits and are broken out by age group (Table 7 and Table 8).

Among inpatient admissions, bacterial pneumonia was the leading cause of hospitalization among Mercer County children at these three institutions with 0.75 hospitalizations per 1,000 children (less than 18 years of age), followed by dehydration (0.41 per 1,000 children) and asthma (0.20 per 1,000 children) (Table 7). This pattern largely held across the municipalities, however children from Princeton Borough had a notably higher rate of asthma hospitalizations (2.08 per 1,000 children) when compared to the other twelve municipalities and average across the county.

Heart disease was the leading cause of inpatient hospitalization among Mercer County adult patients 18-64 years old (2.95 per 1,000 population) with the largest rate recorded among Pennington patients (9.01 per 1,000 population). Heart disease was followed by asthma (0.88 per 1,000) and diabetes (0.86 per 1,000) in Mercer County, which was consistent with the municipality data.
Heart disease was also the leading cause of hospitalization in Mercer County (36.68 per 1,000) for the elderly (aged 65 and older). The inpatient hospitalization rate for heart disease among patients from Pennington was over three times higher than the county at 110.87 per 1,000 population, while Ewing's rate was smallest at 11.56 per 1,000. The second leading cause of inpatient hospitalization for the elderly in Mercer County was for stroke (20.11 per 1,000 population) with Trenton's rate notably higher at 78.07 per 1,000 population, followed by fractures (10.59 per 1,000) (Table 7).

For emergency room (ER) visits, fever was the leading cause of visiting the ER by Mercer County children (3.34 per 1,000 children), with Hightstown patients having the highest rate among the municipalities (25.13 per 1,000 children). At the county level, fever was followed by unspecified viral infections (2.55 per 1,000 children), and asthma (2.24 per 1,000 children). Children in Princeton Borough had the highest rate of ER visits related to asthma among the municipalities at 6.23 per 1,000 children. For adults, abdominal pain was the leading cause of ER visits (10.72 per 1,000 population) followed by depression and mood disorders (4.83 per 1,000 population), and anxiety disorders (2.43 per 1,000 population). Across the thirteen municipalities, Trenton had the highest rates for each of the three leading causes of ER hospitalization for adults. Among the elderly, fractures accounted for the highest ER hospitalization rates at the county level (9.47 per 1,000 population), followed by heart disease (4.14 per 1,000 population), and stroke (1.27 per 1,000 population) (Table 8).

St. Lawrence Rehabilitation, a member of the GMPHP, sees patients for different reasons than the acute care facilities. In 2010, the leading reasons for St. Lawrence outpatient visits were related to orthopedic issues other than hip or knee replacements (20.3%), knee replacement (18.9%), driver training (services to help those with temporary or permanent disabilities drive a car) (10.1%), and hip replacement (9.8%). Leading reasons for in-patient admissions for rehabilitation services in 2010 included knee replacement (30.8%), hip replacement (18.5%), stroke (10.3%), fracture (7.1%), and cardiac-related issues (5.9%).

Rehabilitation is discussed separate and not included in these tables since reasons for visiting St. Lawrence were much different than the leading causes of inpatient and emergency room admissions in Mercer County among the other hospitals