

GMPHP Greater Mercer Public Health *Partnership*

2021 Community Health Needs Assessment



Final Report
November 1, 2021

GMPHP Greater Mercer Public Health Partnership

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

About GMPHP

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

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

Our Research Partner:



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

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CHNA Background

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

CHNA Research Methods

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

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

The 2021 CHNA study methods included:

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

Community Engagement

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

Determining Community Health Priorities

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

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

Approval and Adoption of CHNA and CHIP

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

Capital Health: November 2021

Robert Wood Johnson University Hospital-Hamilton: December 2021

Saint Francis Medical Center: December 2021

Saint Lawrence Rehabilitation Center: December 2021

GMPHP Steering Committee Members

Emily Baggett, Trenton Health Team

David Bosted, Community Member

Thomas Boyle, St Lawrence Rehabilitation Center

Karen Buda, Community Member

Stephanie Carey, Montgomery Health Department, serving Hopewell and Pennington Boroughs

Angela Chatman, Community Member

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Carol Nicolas, GMPHP

Stephen Papenberg, Community Member

Kristin Reed, Mercer County Department of Human Services

Lauren Stabinsky, Robert Wood Johnson University Hospital Hamilton

Jill Swanson, West Windsor Health Department

Executive Summary of CHNA Findings

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

Provider Access, Ratio of Residents to Providers

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

Source: County Health Rankings, 2021

Educational Attainment (Population 25 Years and Older)

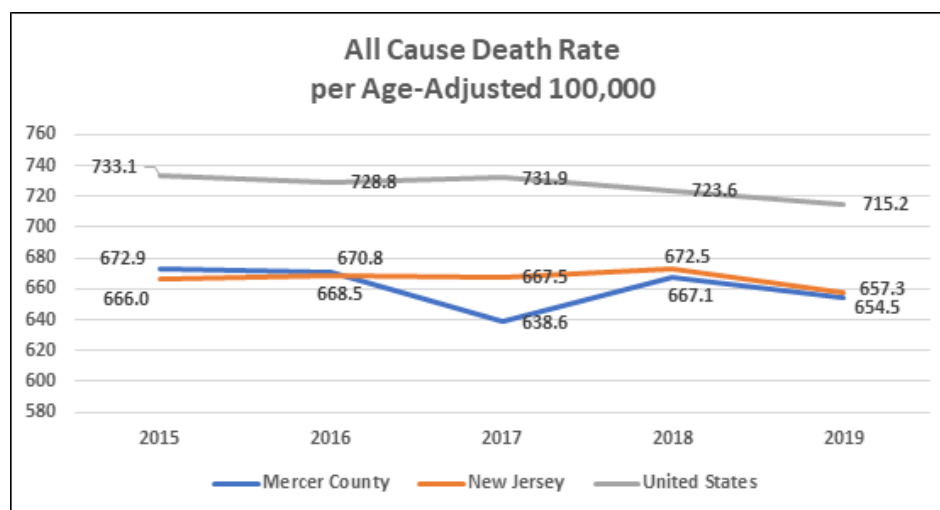
	Less than High School Graduate	High School Graduate or GED	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Mercer County	11.5%	24.6%	21.3%	22.0%	20.6%
New Jersey	10.2%	27.2%	22.9%	24.2%	15.5%
United States	12.0%	27.0%	28.9%	19.8%	12.4%

Source: United States Census Bureau, 2015-2019

Median Household Income and Poverty Indicators

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

Source: United States Census Bureau, 2015-2019



Source: CDC, 2015-2019

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

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

These examples swell beyond disparities—or differences between outcome measures between population groups—in how Black/African American residents experience health and socioeconomics in Mercer County, they point at underlying *inequities*, driven by long-standing systemic racism. These inequities culminate in higher poverty levels, higher death rates from preventable diseases, and increased trauma, which accumulates in significant differences in overall death rates and length of life. While Mercer County is not unique in experiencing disparity impacted by long-standing systemic racism, as evidenced through findings through the Centers for Disease Control¹ and the State of New Jersey², among others. The collaborative partners of GMPHP are uniquely situated to work towards addressing these inequities in Mercer County through reframing policy and action through an upstream, equity based focus. The following tables demonstrate some of these measures.

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

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

Source: United States Census Bureau, 2015-2019

People in Poverty by Race and Ethnicity

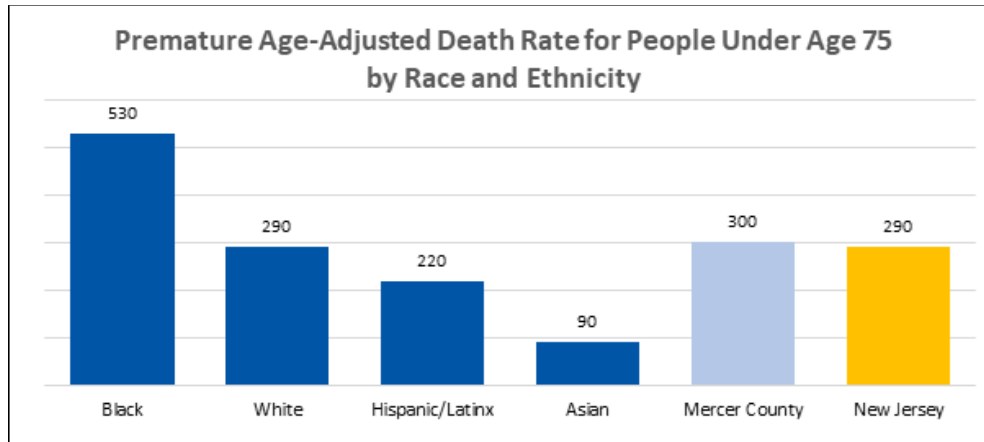
	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Mercer County	9.3%	19.8%	5.8%	22.6%	15.0%	21.7%
New Jersey	7.8%	17.3%	6.7%	21.3%	13.1%	17.9%
United States	11.1%	23.0%	10.9%	21.0%	16.7%	19.6%

Source: United States Census Bureau, 2015-2019

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

¹ <https://www.cdc.gov/healthequity/racism-disparities/index.html>

² <https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf>



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

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

Median Household Income and Poverty Indicators

Blue = Economic wealth compared to state and nation

Orange = Economic disparity compared to state and nation

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

Source: United States Census Bureau, 2015-2019

Community Health Priorities and Goals

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

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

COVID-19

Guiding Goal: Reduce death disparities among vulnerable population groups.

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

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

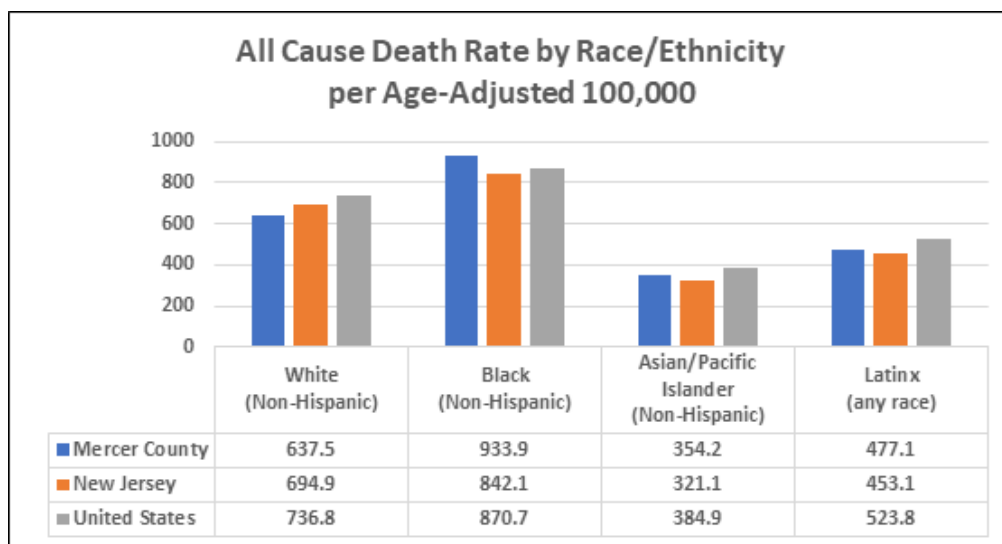
COVID exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society. This is evidenced in the following table documenting the leading causes of death in New Jersey in 2020. In alignment with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

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

Chronic Disease and Life Expectancy

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

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



Source: CDC, 2019

Behavioral Health and Trauma

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

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

Adult Mental Health Measures

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

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

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

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

Maternal and Infant Health

Guiding Goal: Achieve equitable outcomes for mothers and babies.

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

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

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

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

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

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

CHNA Study Methods and Background

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

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

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

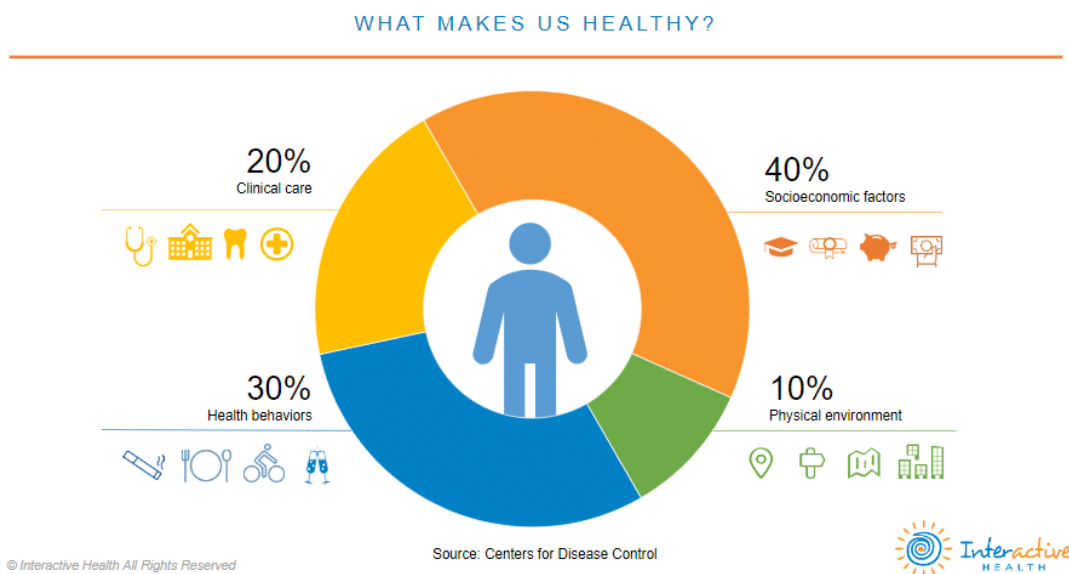
Qualitative research was conducted to collect perspectives of community stakeholders related to health status, care delivery, access to care, socioeconomic measures, and social context. These data were essential to capturing real-time experiences during COVID-19 as much of the statistical data measures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

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

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

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

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



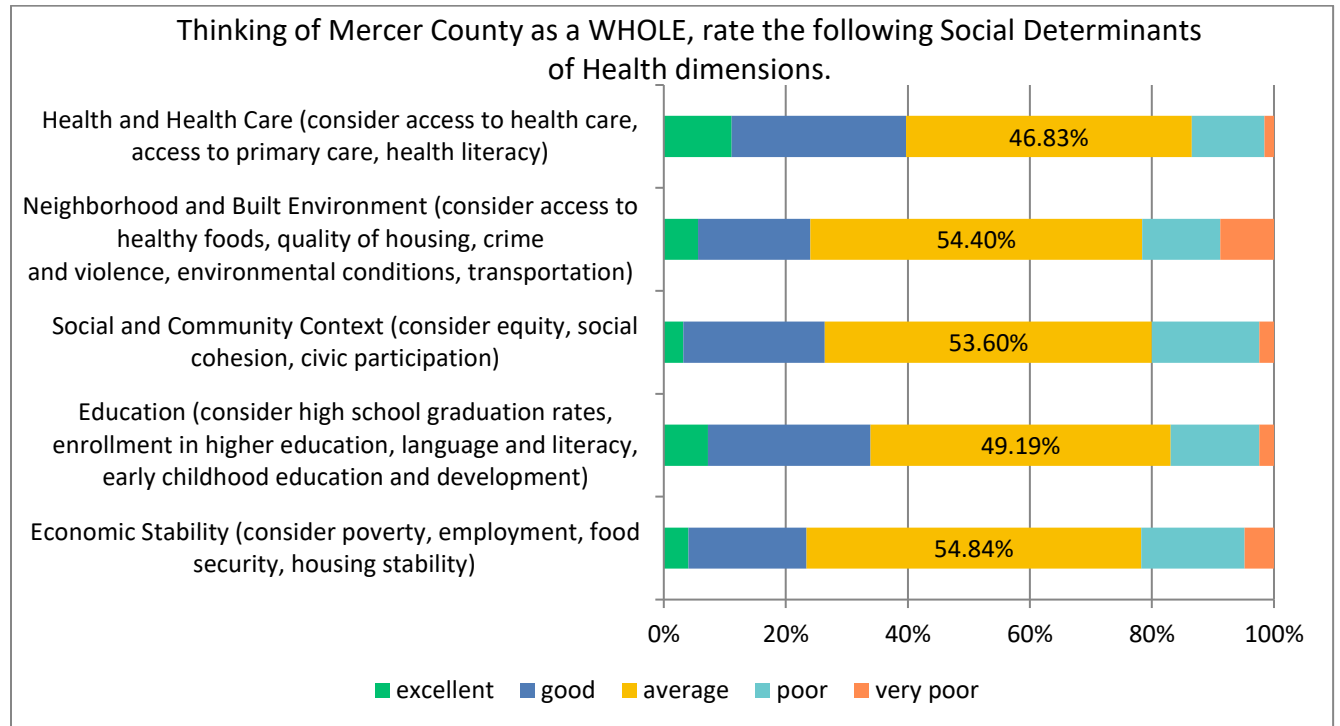
Social determinants of health are typically grouped into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Addressing social determinants of health is a primary approach to achieving *health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

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

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

Community Perceptions of Social Determinants of Health

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



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

Key Stakeholder Feedback:

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

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

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

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

How We Rank for Health and Quality of Life

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

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

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

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

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

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

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

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

Community Need Index (CNI) for Mercer County

Developed in 2004 by Dignity Health and IBM Watson Health™, the CNI score is an average of five different factors that measure various socioeconomic indicators (income, cultural barriers, education, health insurance, housing) for each community using 2020 source data to determine overall health

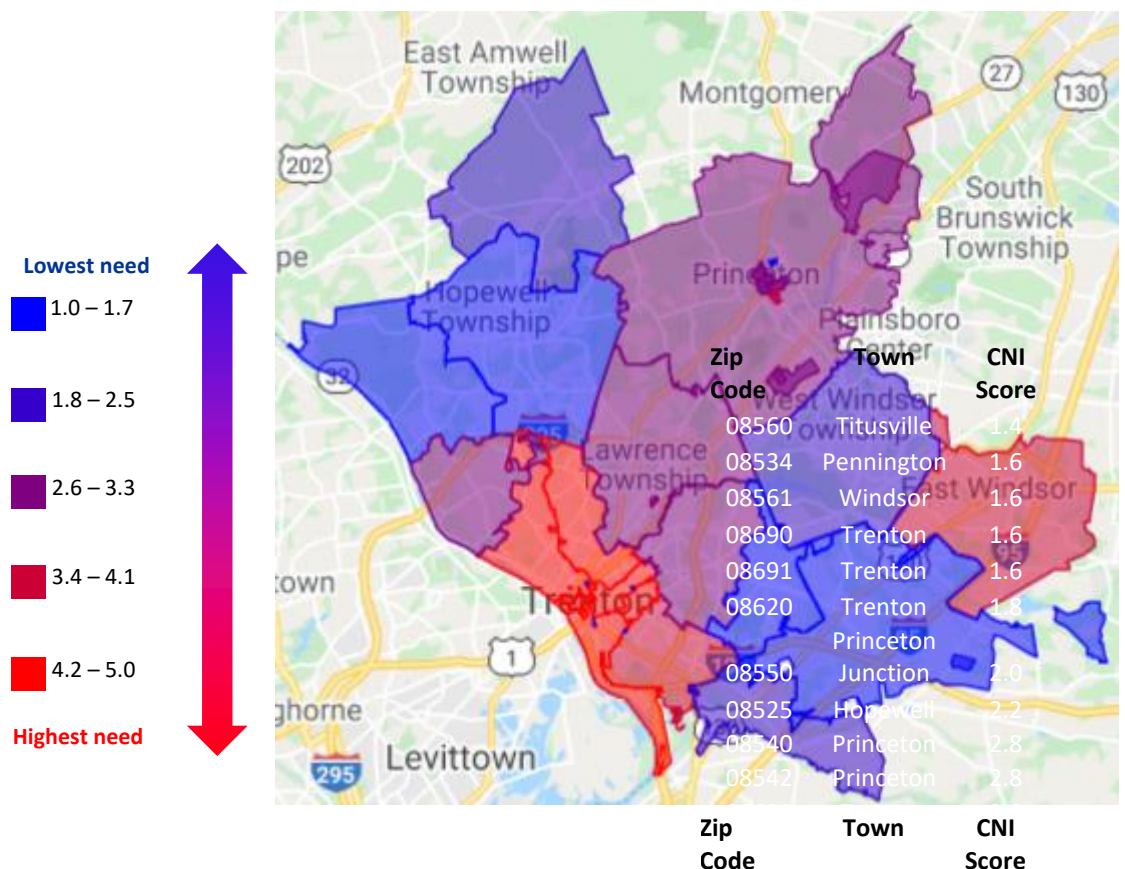
Zip Code	Town	CNI Score
08560	Titusville	1.4
08534	Pennington	1.6
08561	Windsor	1.6
08690	Trenton/ Hamilton	1.6
08691	Trenton/ Hamilton	1.6
08620	Trenton/ Hamilton	1.8
08550	West Windsor	2.0
08525	Hopewell	2.2
08540	Princeton	2.8
08542	Princeton	2.8
08628	Trenton	3.0
08648	Lawrence Township	3.0
08619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

needs. The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community's demand for a range of healthcare services, and as such, represents a useful planning tool for prioritization of geographic interventions.

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

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

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




GINI Index by Municipality

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

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

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

GINI Index by Municipality

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

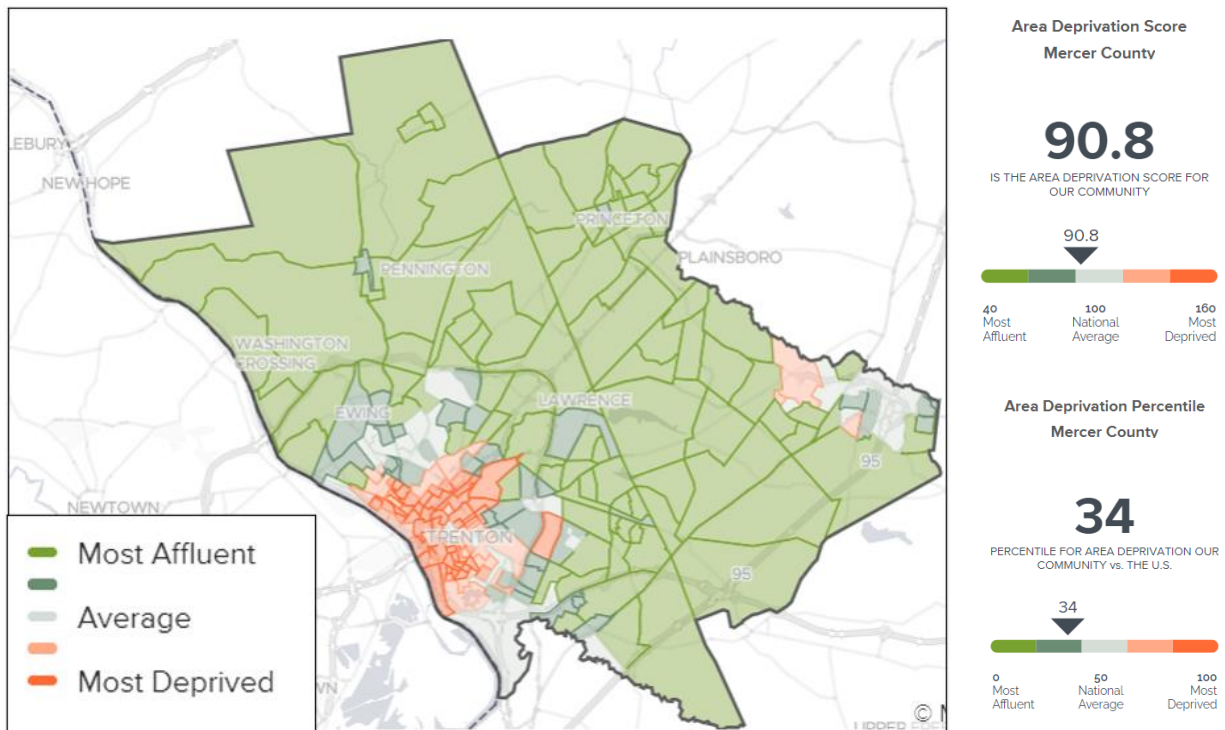
Source: US Census Bureau, 2015-2019

Area Deprivation Index (ADI)

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

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

Area Deprivation Index



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

County Health Rankings (CHR)

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

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

County Health Rankings Mercer County Ranking Out of 21 Counties in New Jersey

(1 is the best, 21 is the lowest)

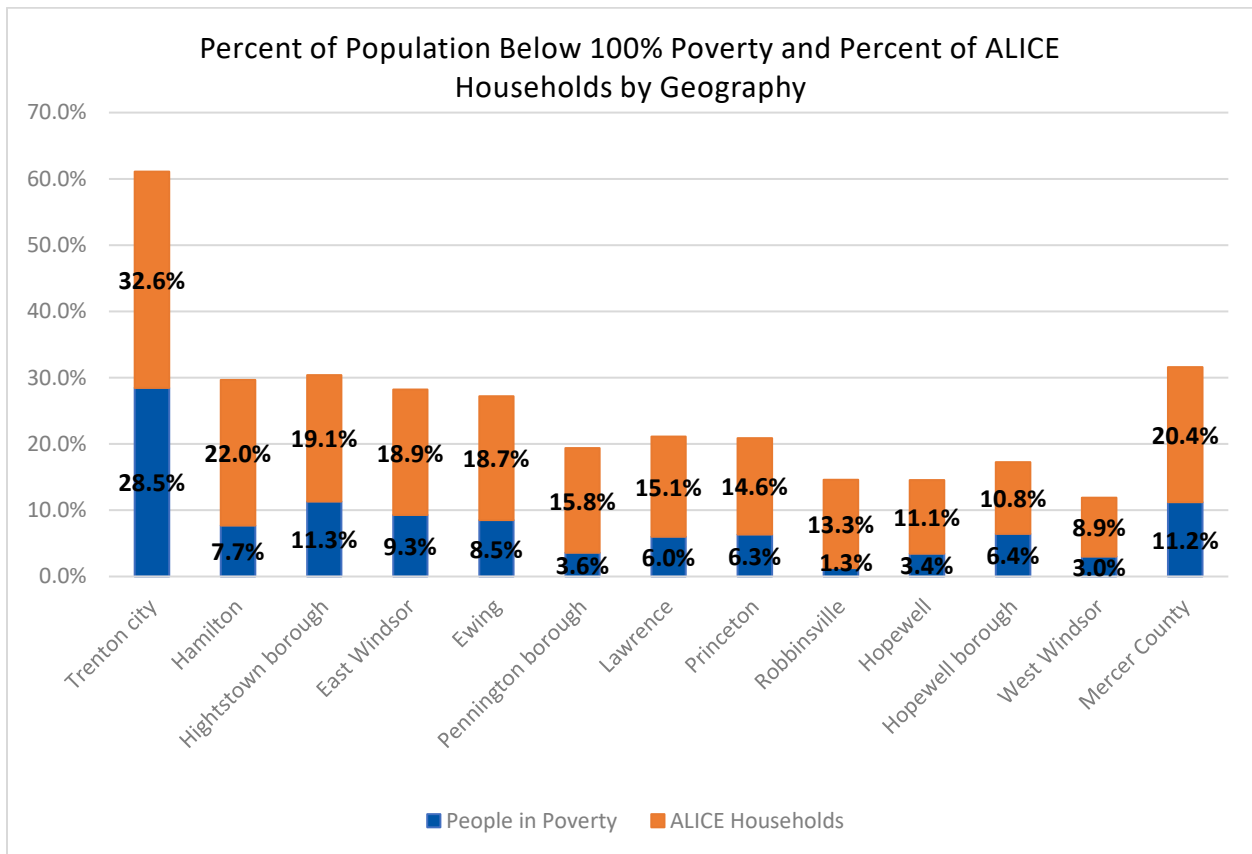
	Mercer County		
	2021 Ranking	2020 Ranking	2019 Ranking
Health Outcomes	12	10	13
Length of life	10	10	10
Quality of life	13	10	13
Health Factors	10	10	9
Health behaviors	8	10	7
Clinical care	9	9	7
Social and economic factors	12	11	11
Physical environment	7	4	3

Source: County Health Rankings, 2019-2021

Asset Limited Income Constrained Employed (ALICE)

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

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



Source: United for ALICE, 2014-2018

Mercer County COVID-19 Vulnerability Index by Census Tract

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

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

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

VULNERABILITY LEVEL

HIGH

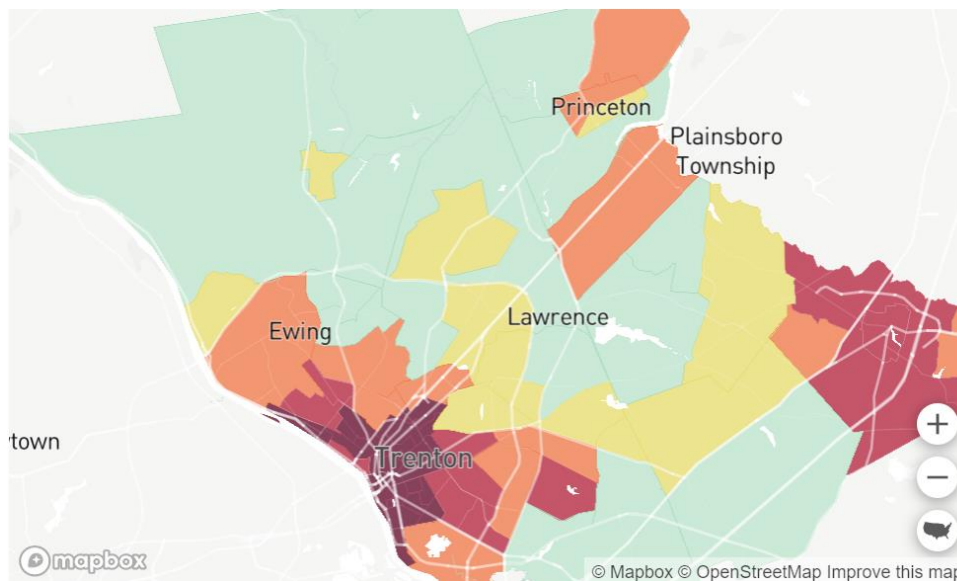


Mercer County, NJ is **more vulnerable than 69%** of U.S. counties.

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

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

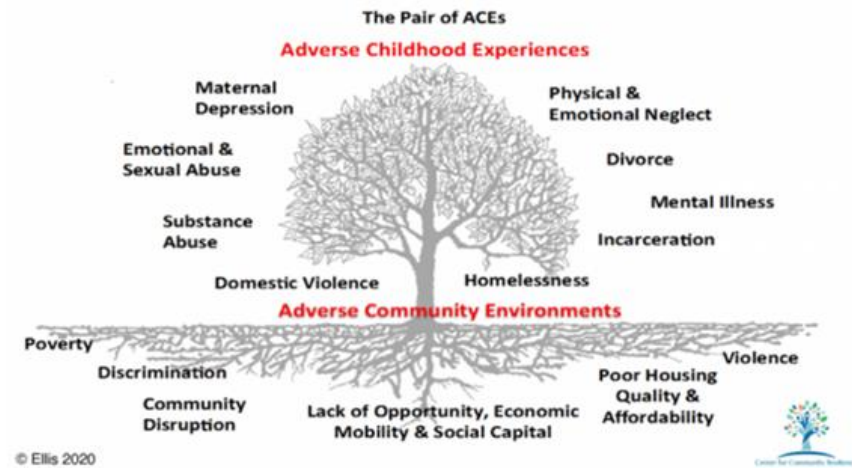
Mercer County is more vulnerable to infectious disease spread than 69% of US counties. Communities with higher vulnerability have pre-existing economic, social, and physical conditions that may make it hard to respond to and recover from a COVID-19 or other infectious disease outbreak.



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

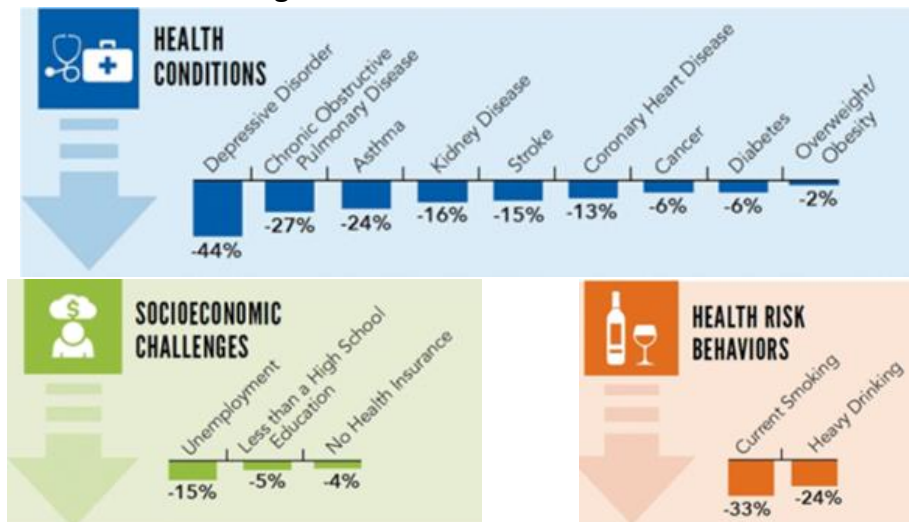
Adverse Childhood Experiences (ACES)

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



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

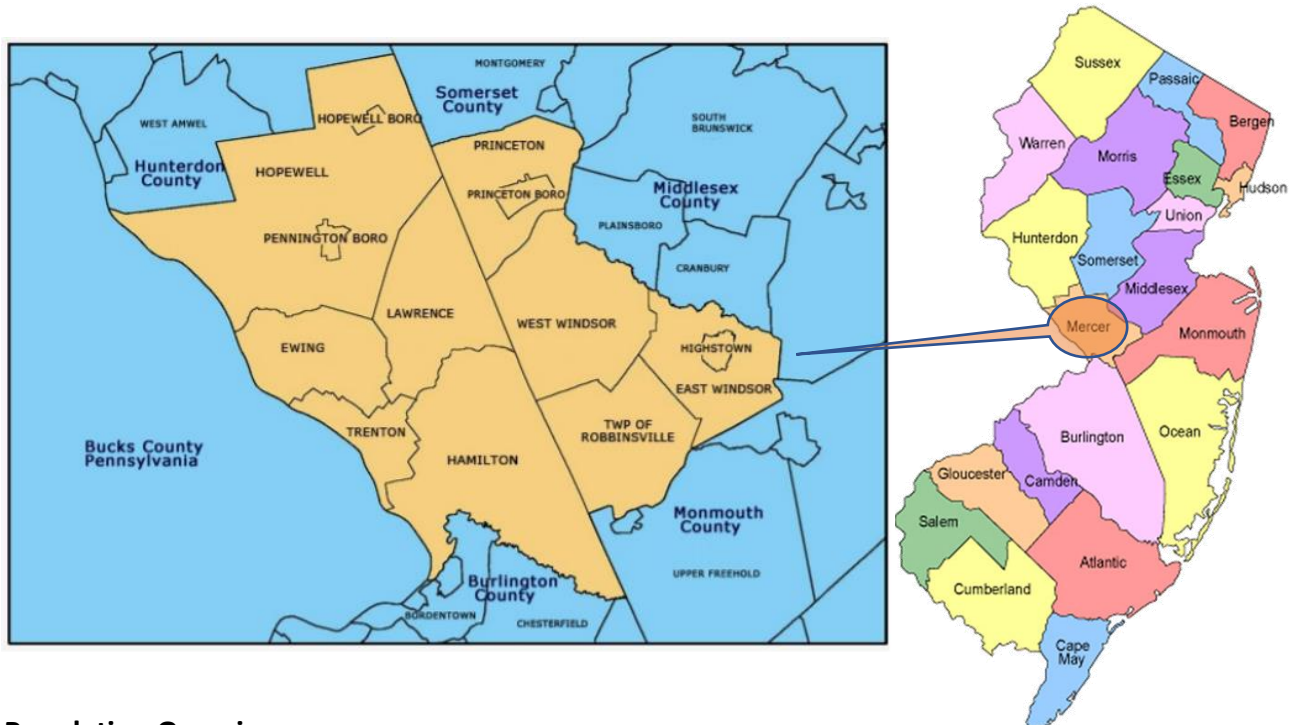
Potential Reduction of Negative Outcomes in Adulthood if ACEs Were Prevented



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

Our Communities and Residents

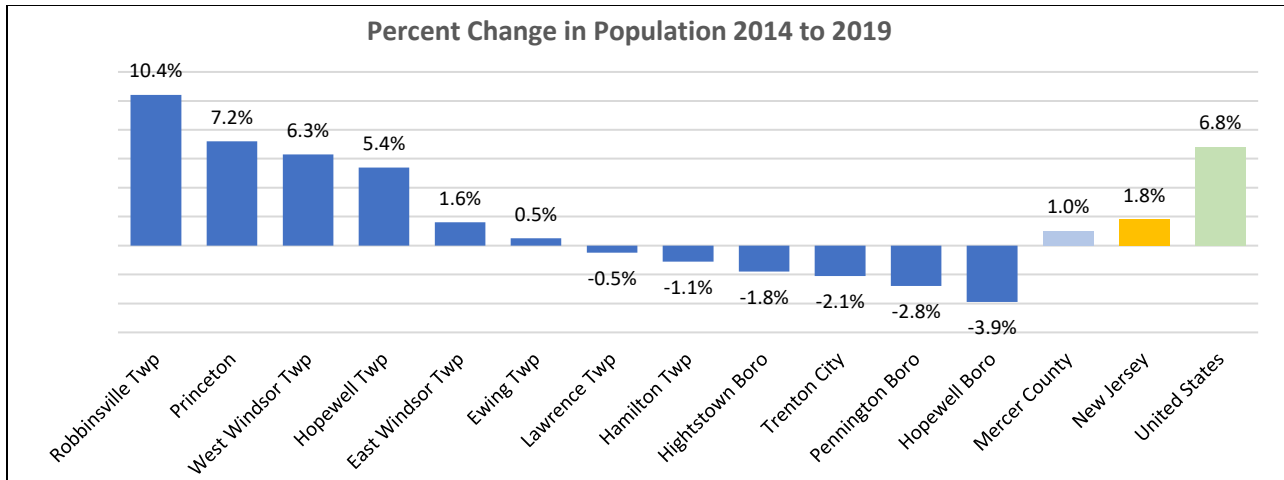
Mercer County comprises twelve distinct and diverse municipalities and is home to four hospitals and 11 health departments. Mercer County is home to Trenton, the state capitol of New Jersey. The following pages provide an in-depth view of the demographic and socioeconomic factors that contribute significantly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



Population Overview

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

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



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

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

Green = Population growth greater than state and nation

Blue = In line with NJ State

Orange = Population decline

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

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

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

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

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

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

2019 Population by Generation

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

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

Source: United States Census Bureau, 2015-2019

Community Diversity

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

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

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

Population by Race/Ethnicity in Order of Ascending Diversity

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

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

Source: United States Census Bureau, 2015-2019

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

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

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

Birthplace, Citizenship Status, and Language Spoken at Home

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

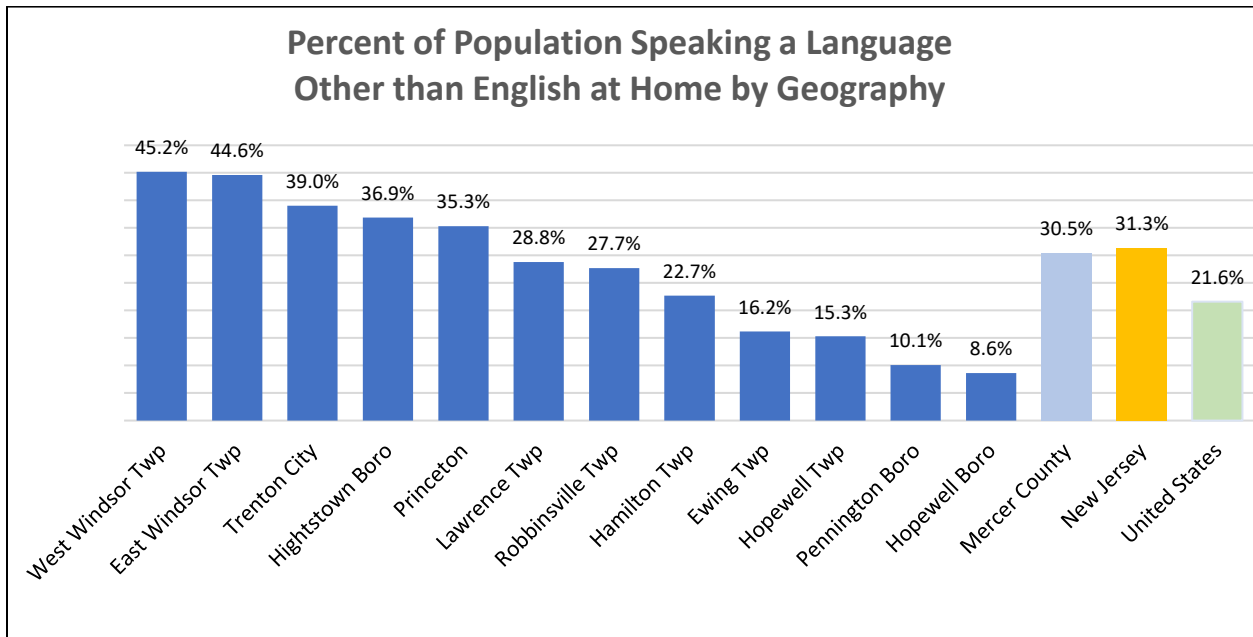
	US Citizen				Not a U.S. citizen	Primary Language Other than English
	Born in U.S.	Born in Puerto Rico / US Island	Born abroad of American parent(s)	Naturalized		
East Windsor Twp	64.5%	1.0%	0.6%	18.4%	15.5%	44.6%
Ewing Twp	84.2%	1.0%	0.9%	8.6%	5.4%	16.2%
Hamilton Twp	80.6%	1.9%	0.9%	8.7%	7.9%	22.7%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

Source: United States Census Bureau, 2015-2019

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

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

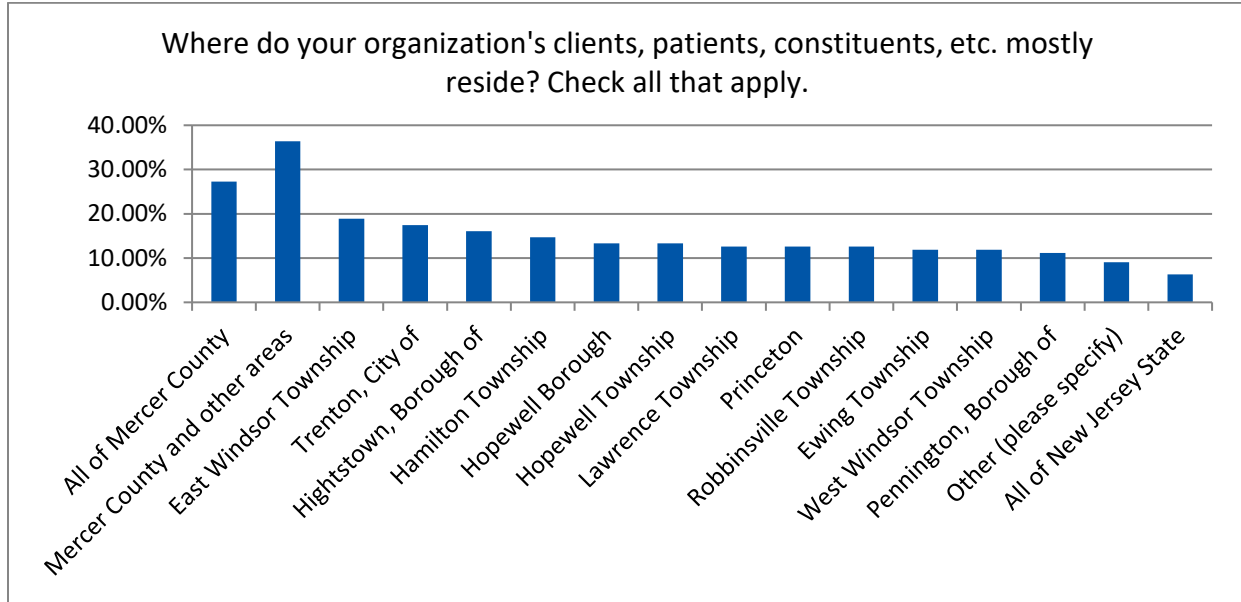
Source: U.S. Census Bureau, 2015-2019



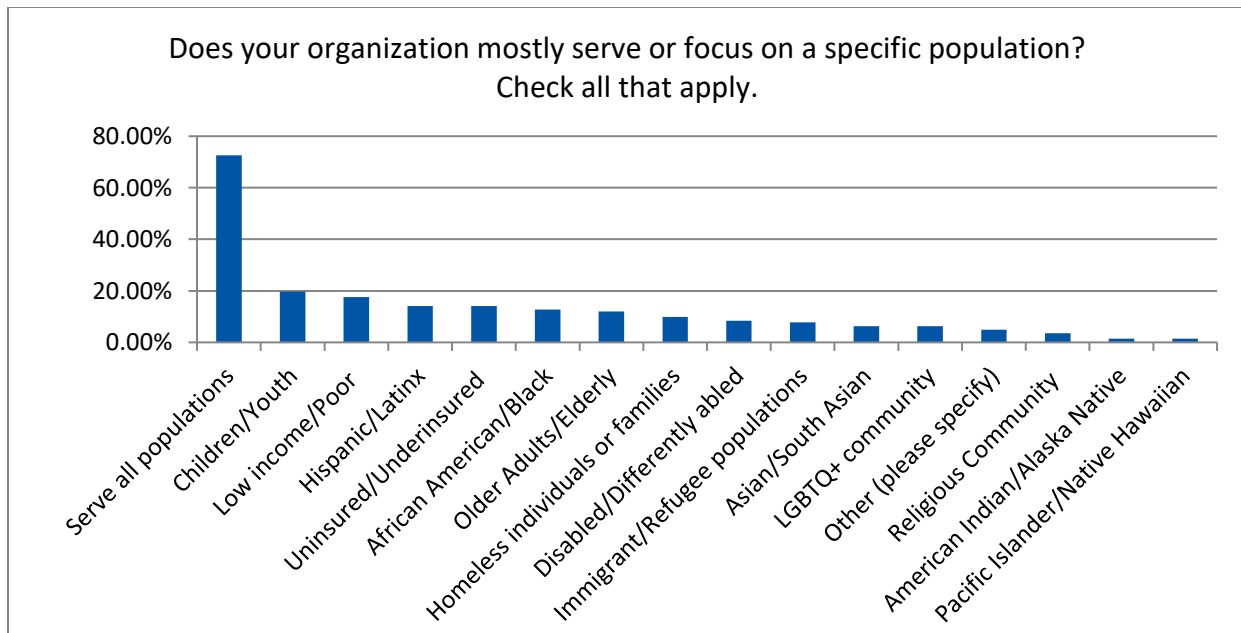
Source: United States Census Bureau, 2015-2019

Engaging Our Diverse Community

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



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

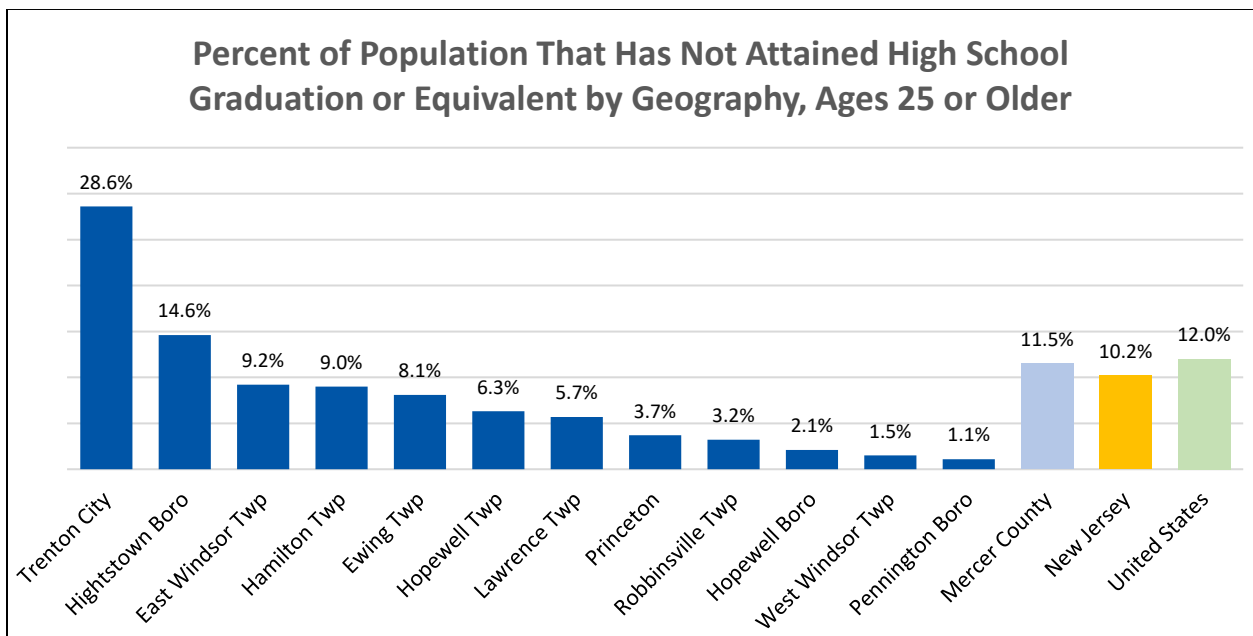


Education, Workforce, and Income

Education

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

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



Source: United States Census Bureau, 2015-2019

Educational Attainment (Population 25 Years and Older)

Blue = Higher educational attainment than state and nation

Orange = Lower educational attainment than state and nation

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

Source: United States Census Bureau, 2015-2019

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

Orange = Lower educational attainment than state and nation

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

Source: United States Census Bureau, 2015-2019

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

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

Orange = Lower educational attainment than state and nation

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

Source: United States Census Bureau, 2015-2019

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

Workforce

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

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

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

Civilian Workforce and Unemployment

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

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

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

Source: United States Census Bureau, 2015-2019

Household Economics

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

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

Median Household Income and Poverty Indicators

Blue = Economic wealth compared to state and nation

Orange = Economic disparity compared to state and nation

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

Source: United States Census Bureau, 2015-2019

People in Poverty by Race and Ethnicity

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

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

Source: United States Census Bureau, 2015-2019

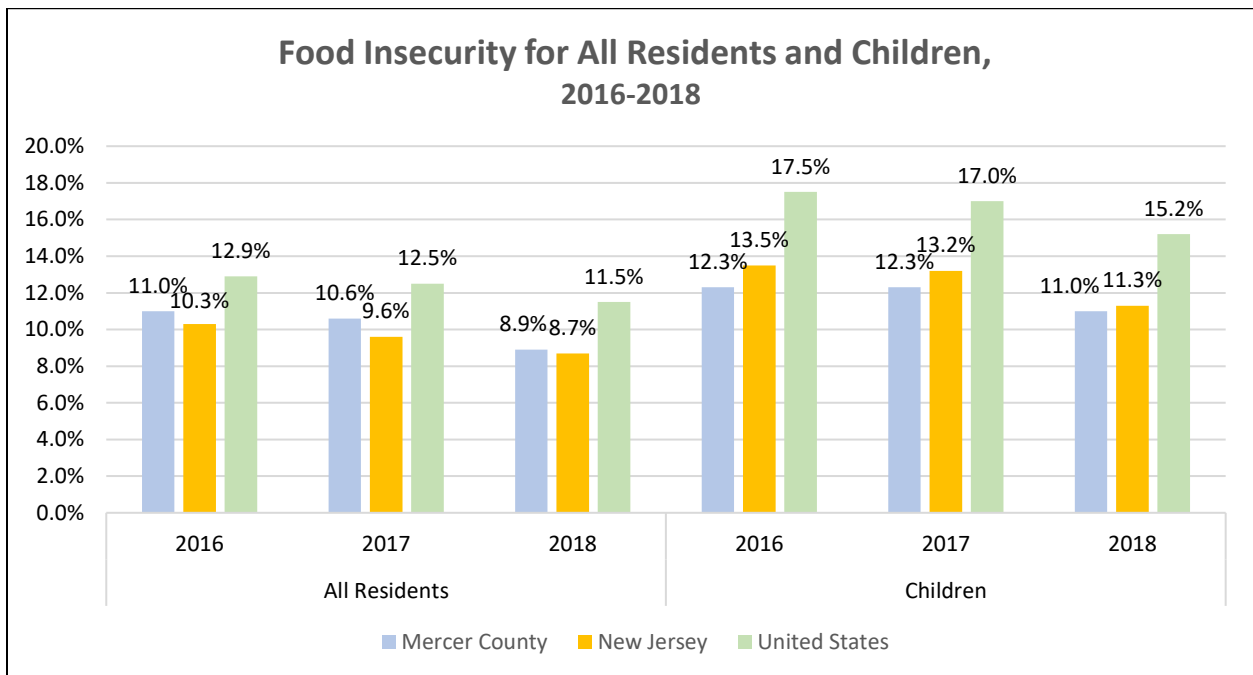
*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Food Insecurity

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

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

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



Source: Feeding America, 2016-2018

Key Stakeholder Responses to Socioeconomics

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

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

Key Stakeholder Feedback:

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

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

Our Homes and Where We Live

Housing

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

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

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

Household Type and Housing Cost Burden

Blue = Higher home ownership and/or fewer cost burdened homeowners than state and nation

Orange = Higher renter proportion and/or more cost burdened renters than state and nation

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

Source: United States Census Bureau, 2015-2019

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

Subsidized Housing

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

Housing and Urban Development (HUD) Subsidized Housing

Orange = Socioeconomic vulnerability compared to state and nation

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

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

Lead Exposure

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

Housing Age and Availability

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

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

Source: United States Census Bureau, 2015-2019

Housing Problems

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

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

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

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

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

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

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

Homelessness

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

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

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

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

Source: Monarch Housing Associates, 2020; 2021

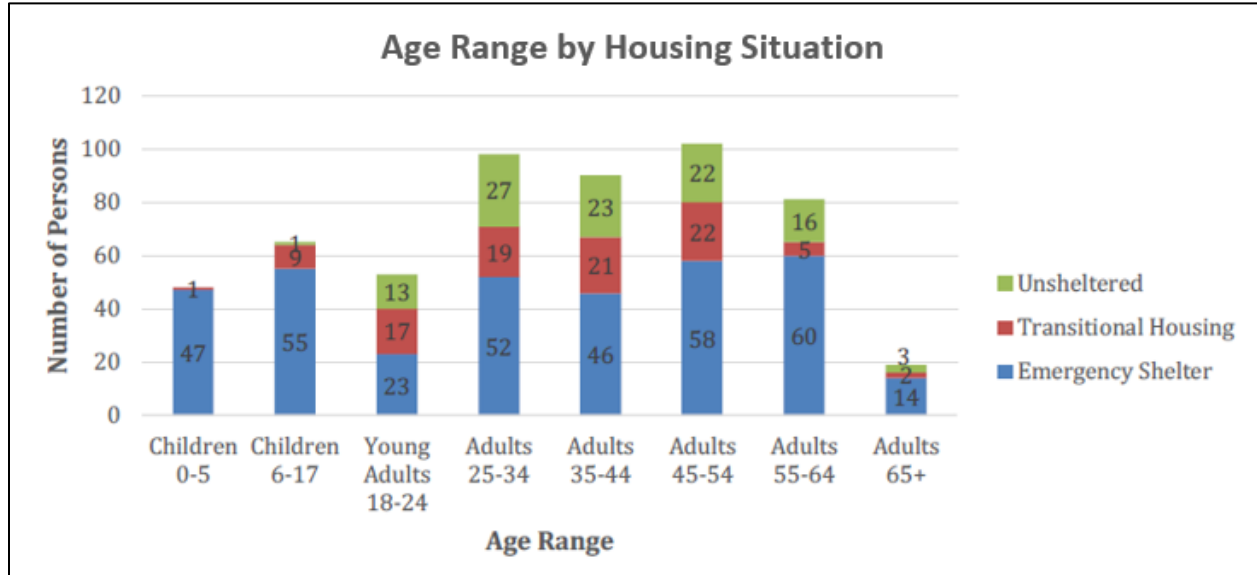
*Does not reflect total persons experiencing homelessness as some survey responses may not have included municipality. On the night of January 28th, 2020, a total of 431 households, including 556 persons, were experiencing homelessness in Mercer County.

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

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

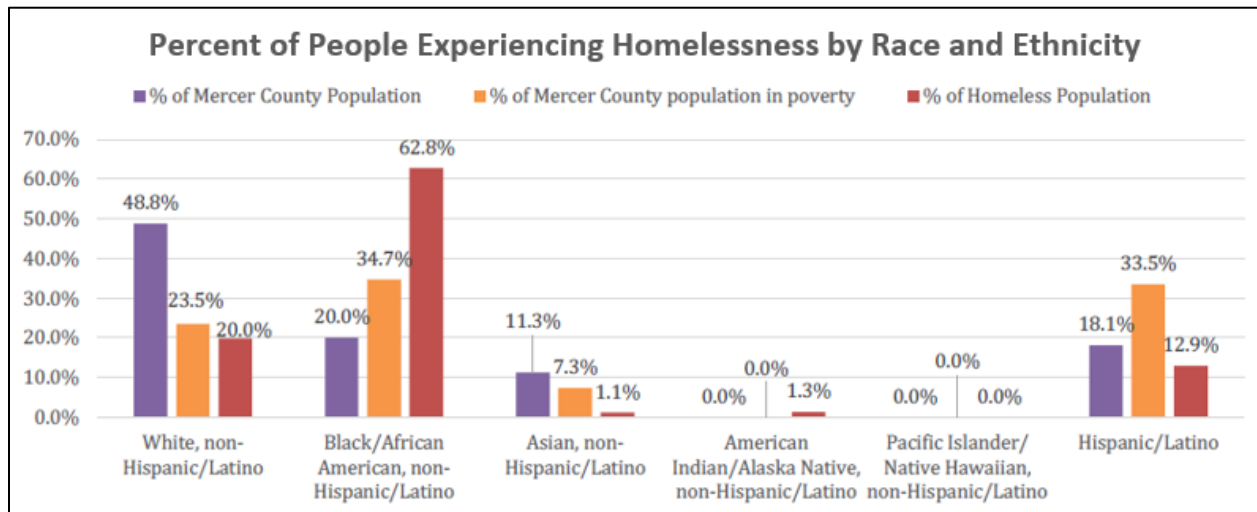
Source: Monarch Housing Associates, 2020

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



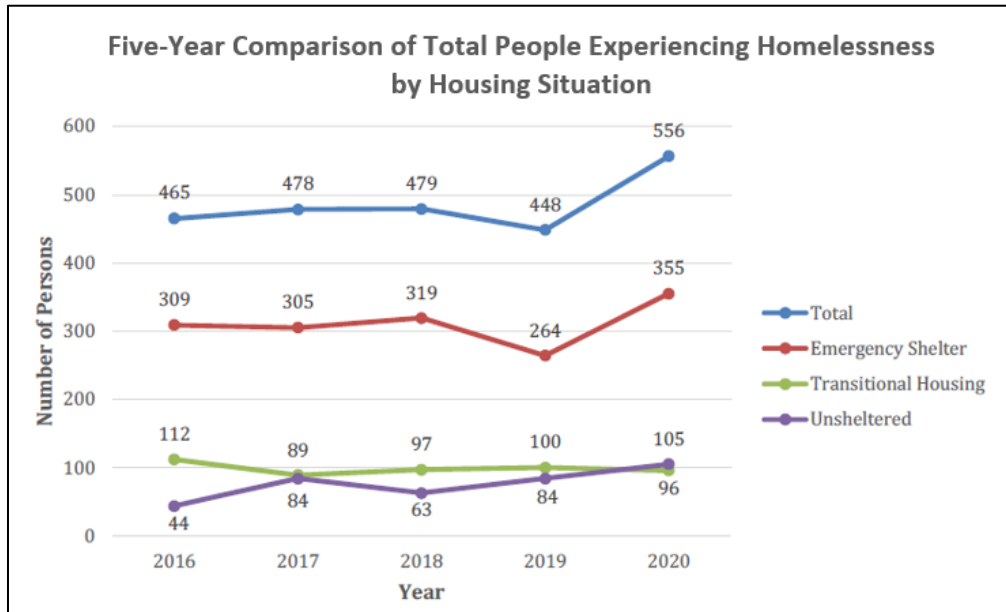
Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

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

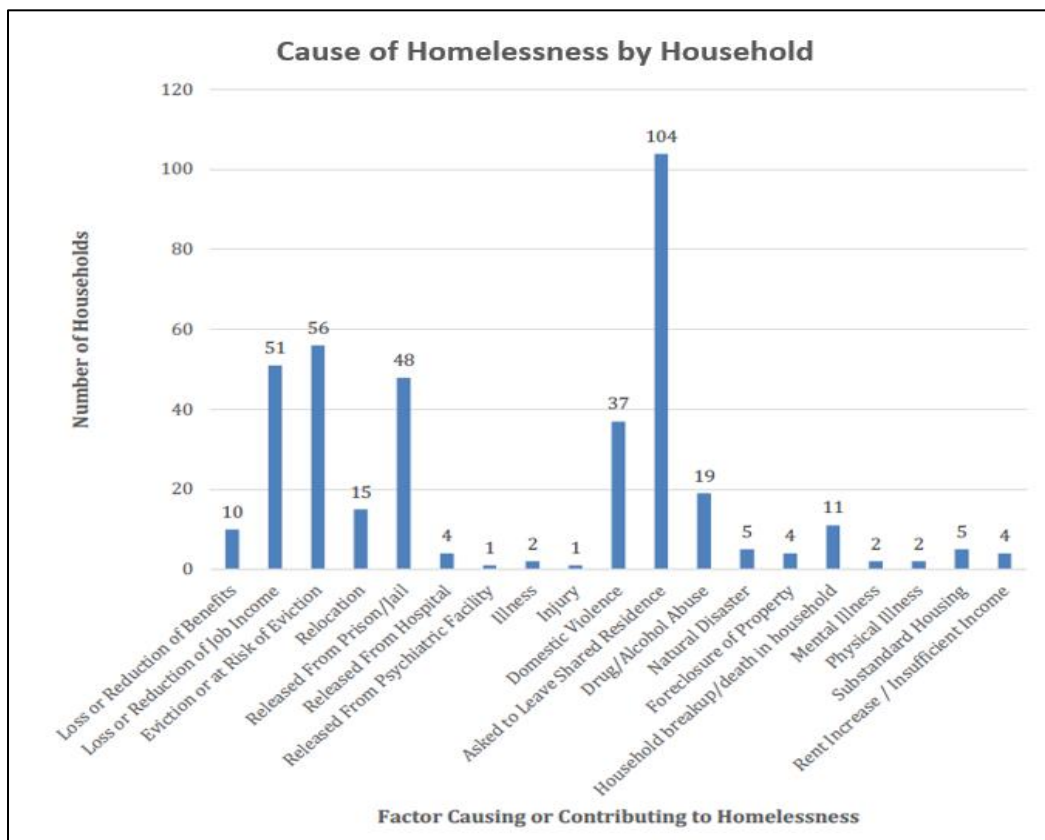


Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

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



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



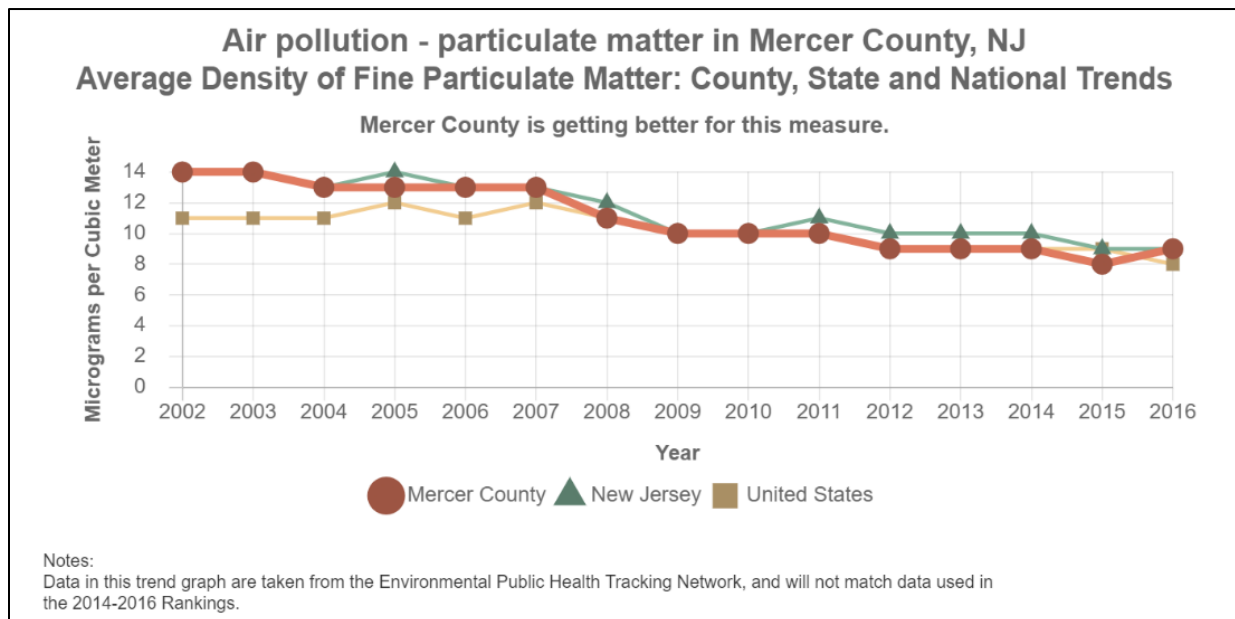
Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

Environmental Factors

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

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

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



Source: Environmental Public Health Tracking Network

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

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

Our Health and Well-being

Health Insurance

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

Population without Health Insurance Coverage

Blue = Lower uninsured than state and nation

Orange = Higher uninsured than state and nation

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

Source: United States Census Bureau, 2015-2019

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

Type of Health Insurance Coverage

Blue = Higher employer-based coverage than state and nation

Orange = Higher Medicaid coverage than state and nation

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

Source: United States Census Bureau, 2015-2019

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

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

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

Orange = Higher uninsured percent than state and nation

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

Source: United States Census Bureau, 2015-2019

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

Provider Availability

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

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

Provider Access, Ratio of Residents to Providers

Blue = Lower patient to provider ratio than state and nation

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

Source: County Health Rankings, 2021

Key Stakeholder Feedback:

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

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

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

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

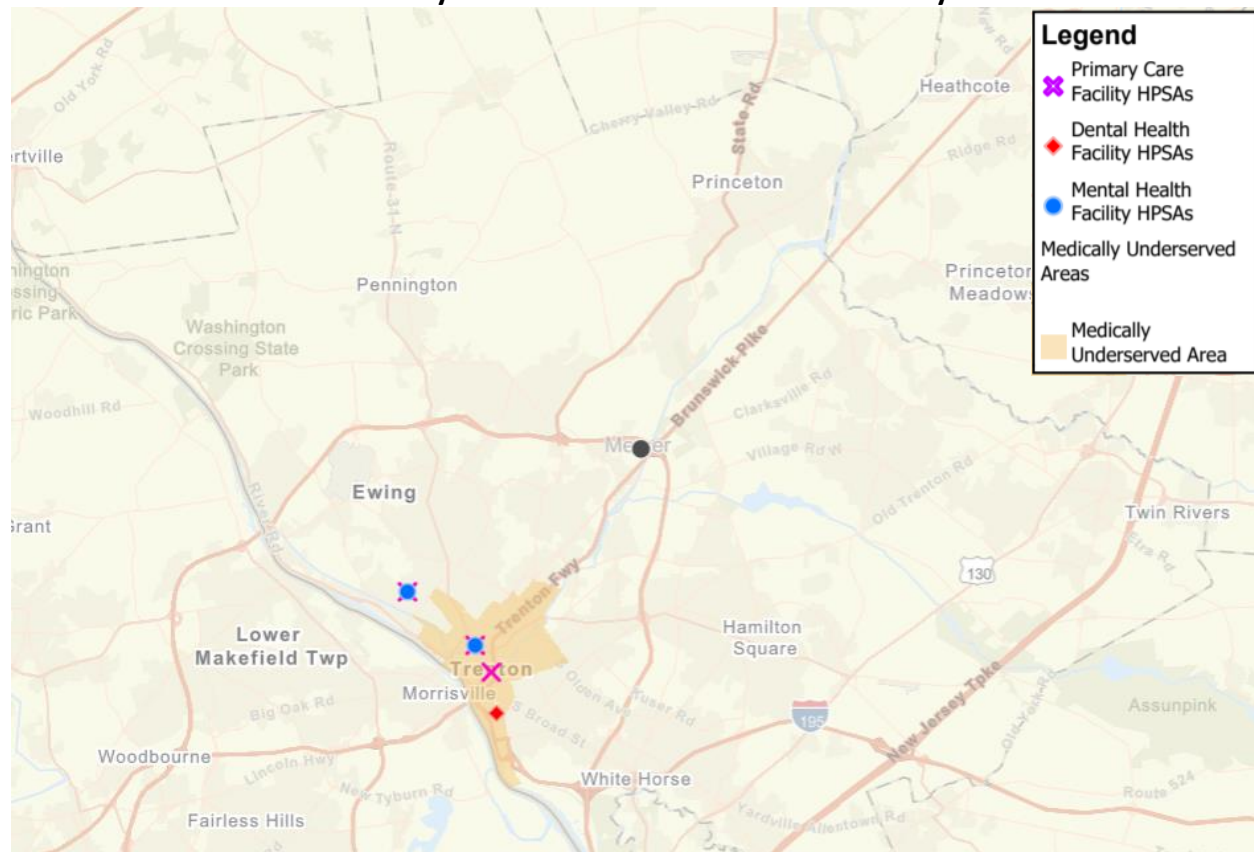
Medically Underserved Areas and Medically Underserved Populations

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

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

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

Health Professional Shortage Facilities and Medically Underserved Areas in Mercer County



Source: Health Resources and Services Administration, 2021

Utilization of Healthcare

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

Age-Adjusted Adult Healthcare Access

Blue = Fewer healthcare access barriers than state and nation

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

Source: New Jersey State Health Assessment Data, 2016, 2017; CDC, 2016, 2017

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

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

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

Orange = Higher healthcare utilization than state

	2018	2017	2016
Inpatient Hospitalizations			
Mercer County	1,013.3	1,038.9	1,075.9
New Jersey	953.0	970.5	1,005.4
Emergency Department Visits			
Mercer County	4,659.8	4,747.4	4,767.8
New Jersey	3,436.1	3,502.8	3,619.2

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

Key Stakeholder Feedback:

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

Recommendations to Increase Access to Care:

1. Go to where the people are

“Meet the people where they are at. Literally. In the streets.”

“Maintain a consistent presence among the population in need.”

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

2. Collaborate between agencies

“Work together and not in silos!”

“Partner, partner, partner...collaborative, plan, execute platforms to share information.”

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

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

3. Community outreach

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

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

4. Access to care

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

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

Health Status and Disparities

Health Behaviors

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

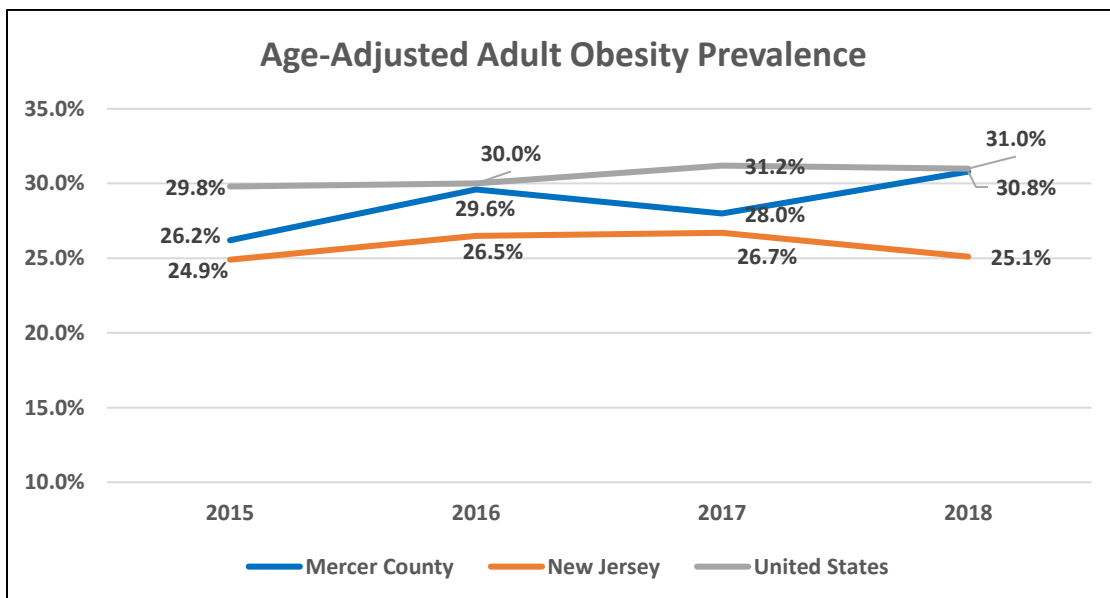
Age-Adjusted Adult Tobacco Use

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

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

Obesity

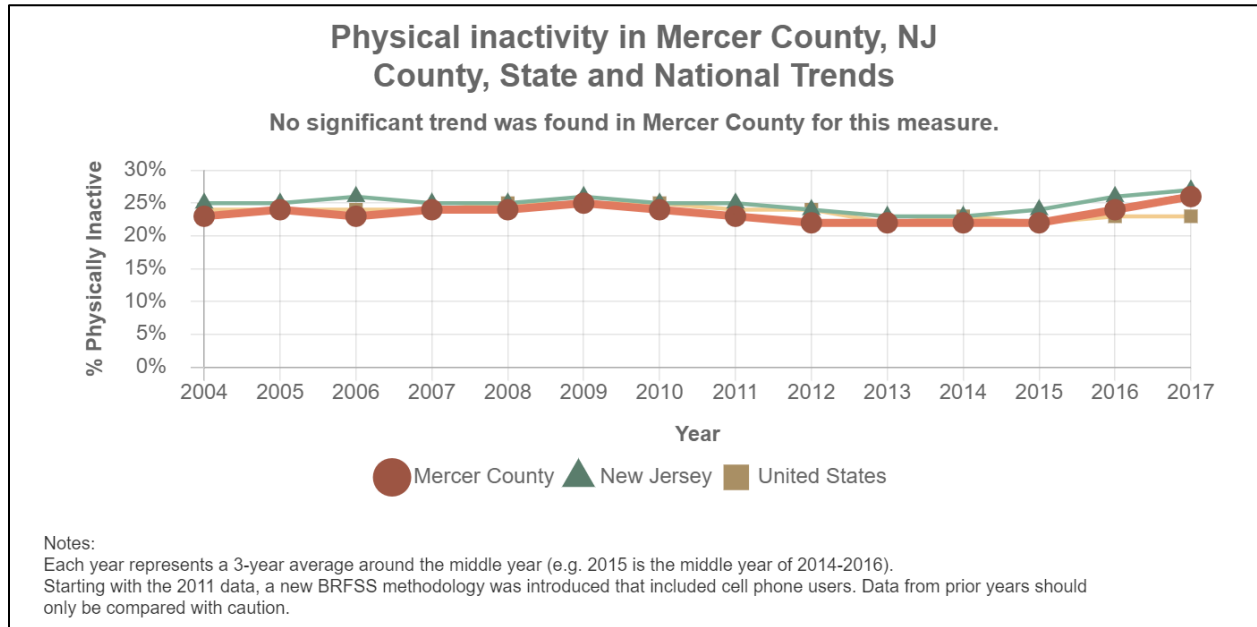
Obesity and overweight are risk factors for chronic disease such as heart disease, diabetes, and cancer, and can lead to a decreased quality of life. Many factors contribute towards the prevalence of obesity including the presence of ACES, access to affordable healthy foods, time, knowledge and access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



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

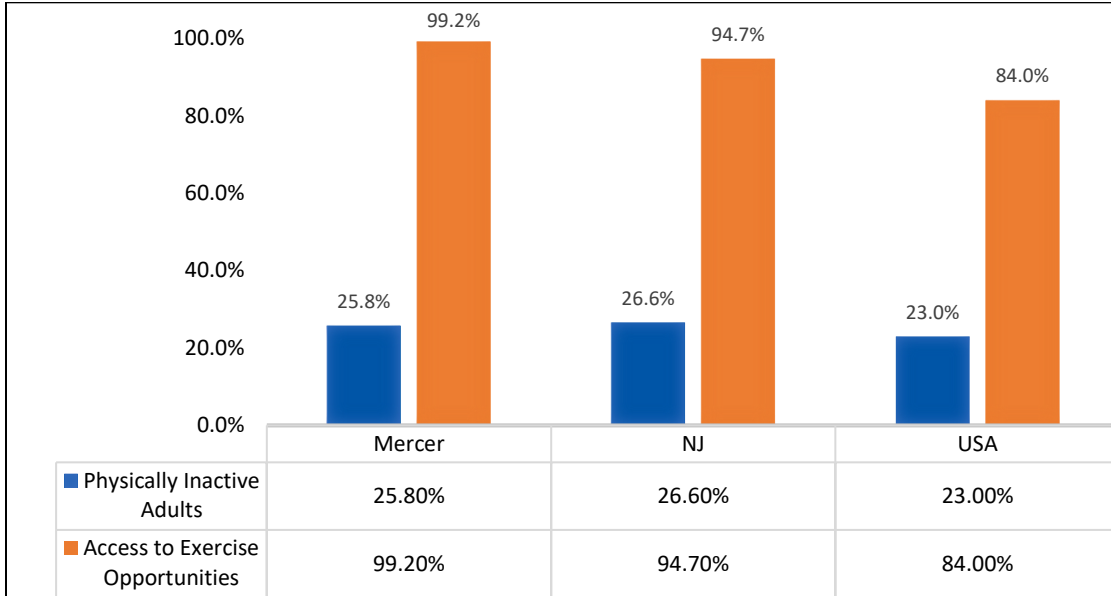
Physical Activity, Access to Exercise Opportunity, and Leisure Time Activity

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



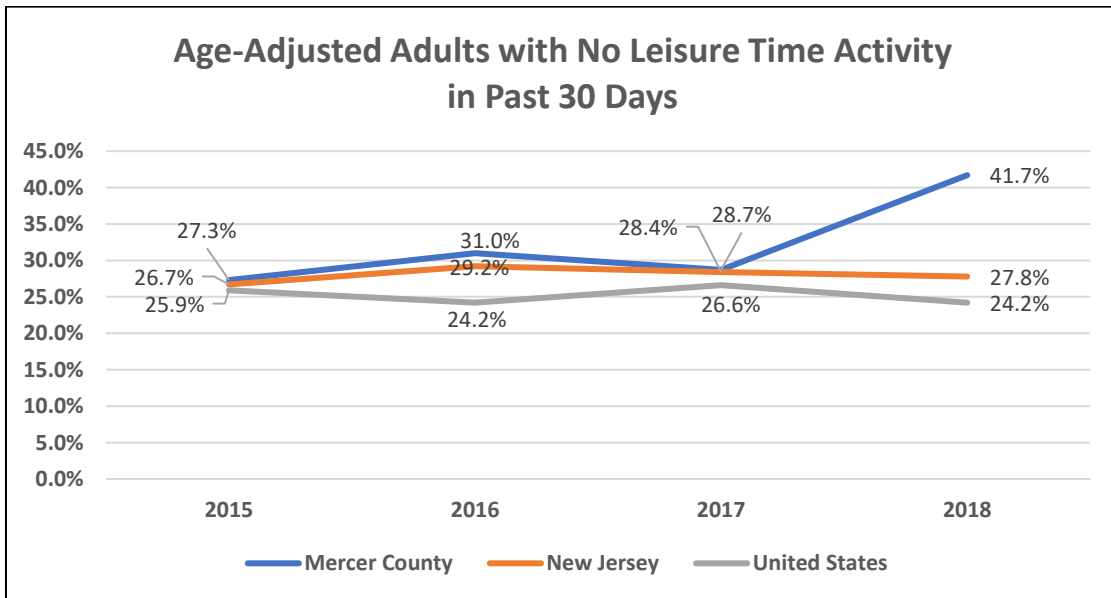
An important component of engaging in physical activity is access to exercise opportunity. The graph below demonstrates that the proportion of adults in Mercer County engaging in physical activity is consistent with state and national levels, but access to exercise opportunities is 99.2% in Mercer County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

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



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

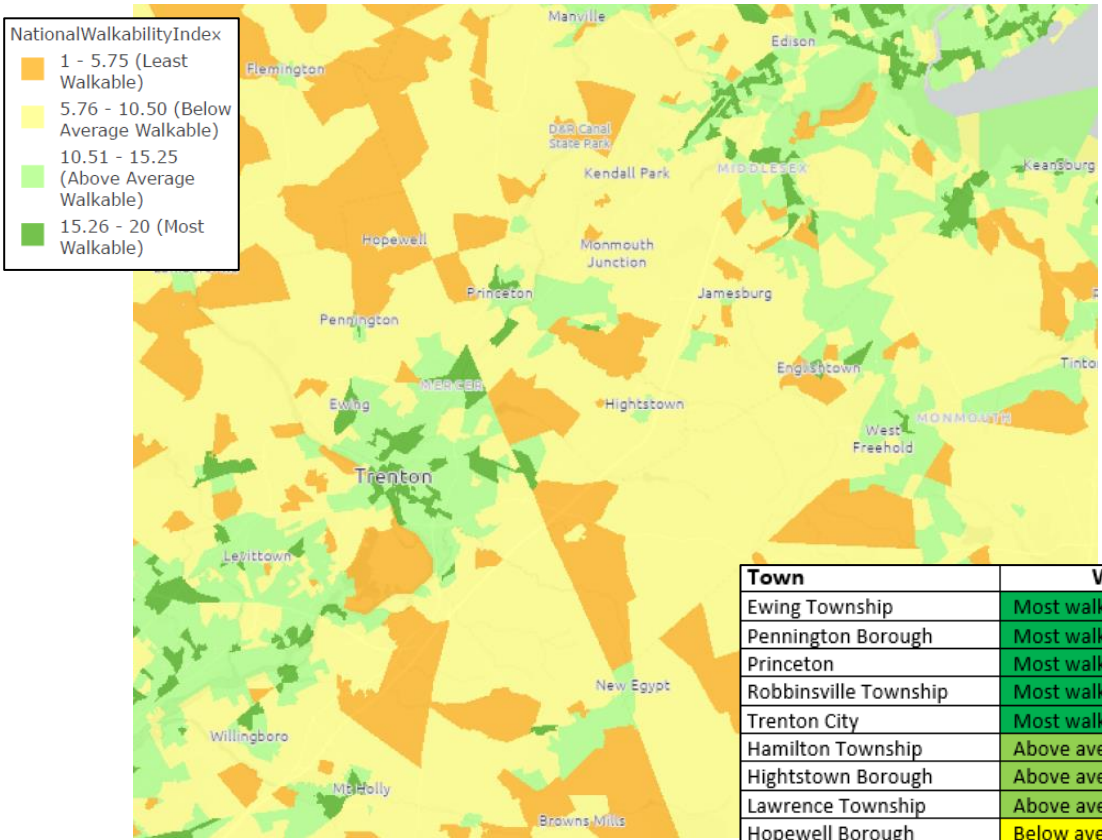
Leisure time is considered time that is “free” from work or household related responsibilities. It is during leisure time that individuals can chose to focus on physical activity. The CDC recommends that all people should engage in at least 30 minute of physical activity per day, and at least 3 ½ hours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



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

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

Mercer County National Walkability Index



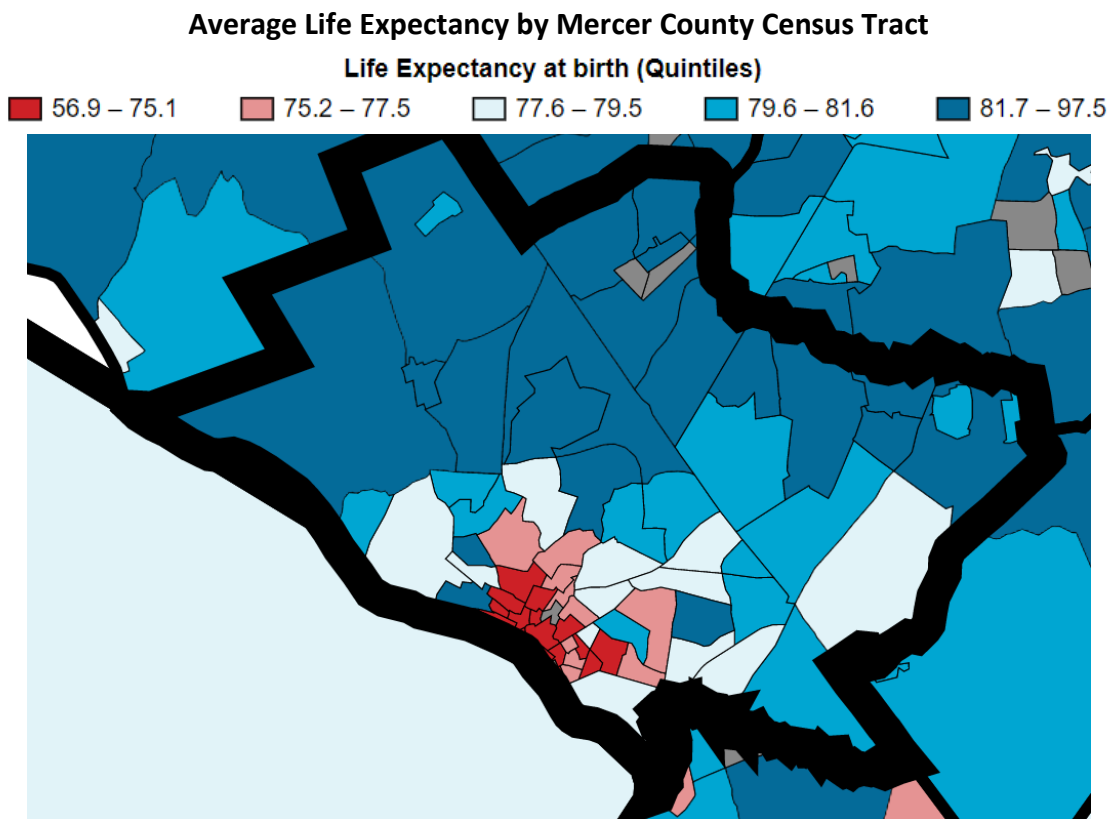
Source: BRFSS 2017, ESRI, and US Census 2019

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

Life Expectancy

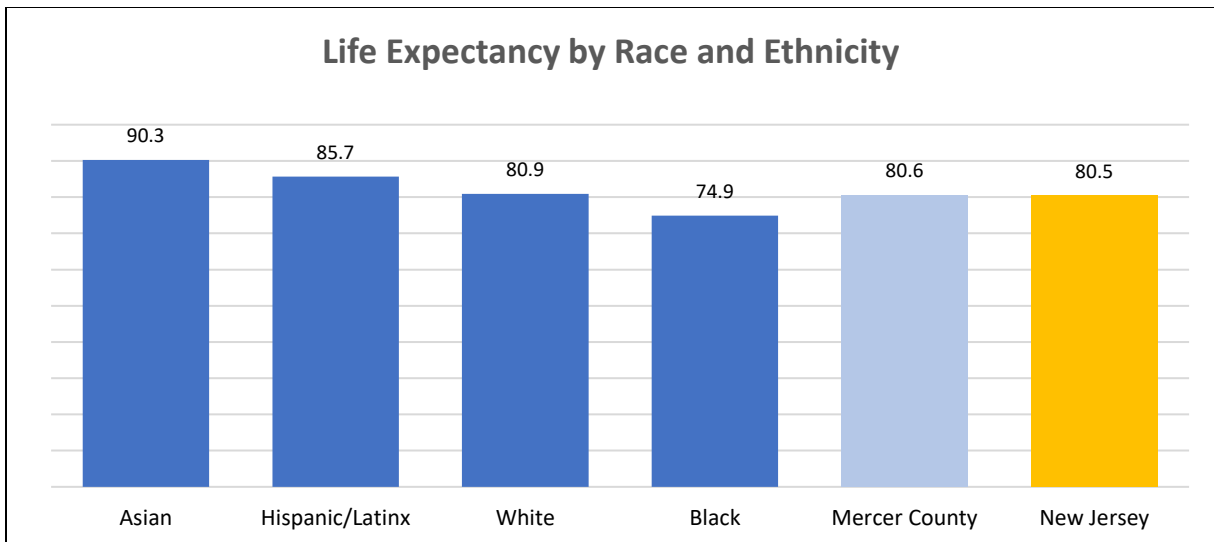
Life expectancy is the average number of years of life a person who has attained a given age can expect to live. The map below represents life expectancy at birth in Mercer County by census tract. **The data show a 17-year gap between the highest life expectancy (86.5 years in the north central part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

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



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

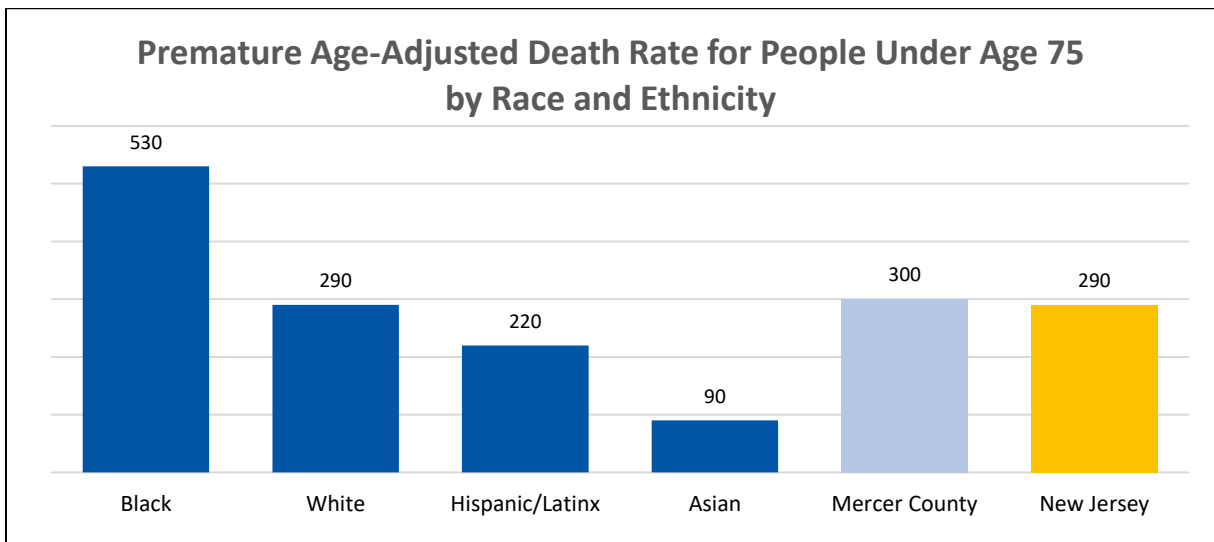
When we stratify life expectancy by race and ethnicity in Mercer County, clear disparities become evident. Mercer County is a place where people can thrive and live long, healthy lives. But those outcomes are not equally available for everyone. **The life expectancy of Black/African American people in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



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

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

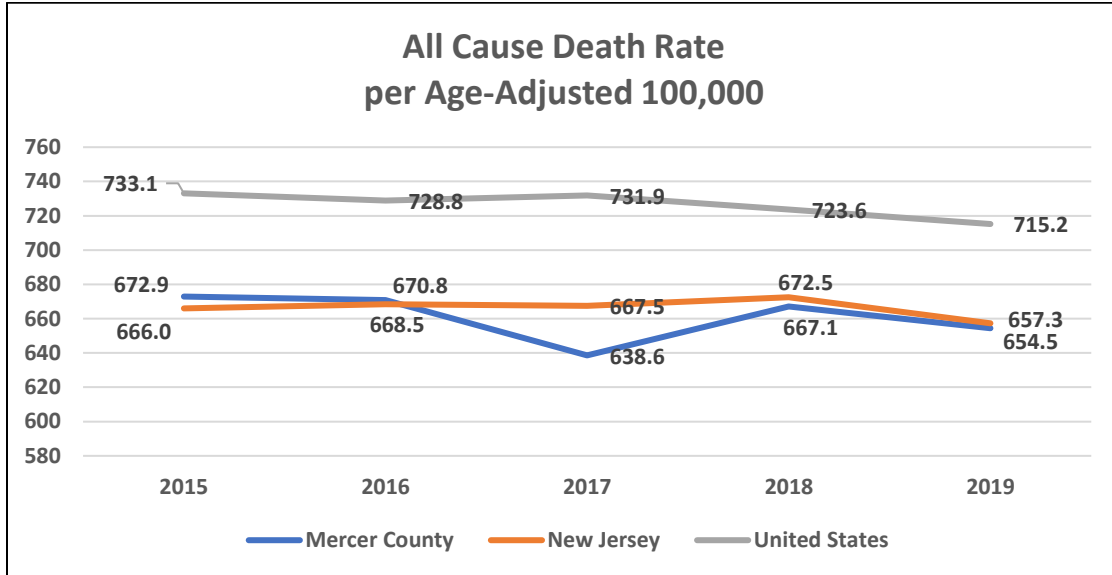
Black/African American people in Mercer County also experience premature death at a rate nearly double the Mercer County rate. The following graph represents the premature age-adjusted mortality rate in Mercer County, stratified by race and ethnicity between 2017-2019.



Source: National Center for Health Statistics – Mortality Files

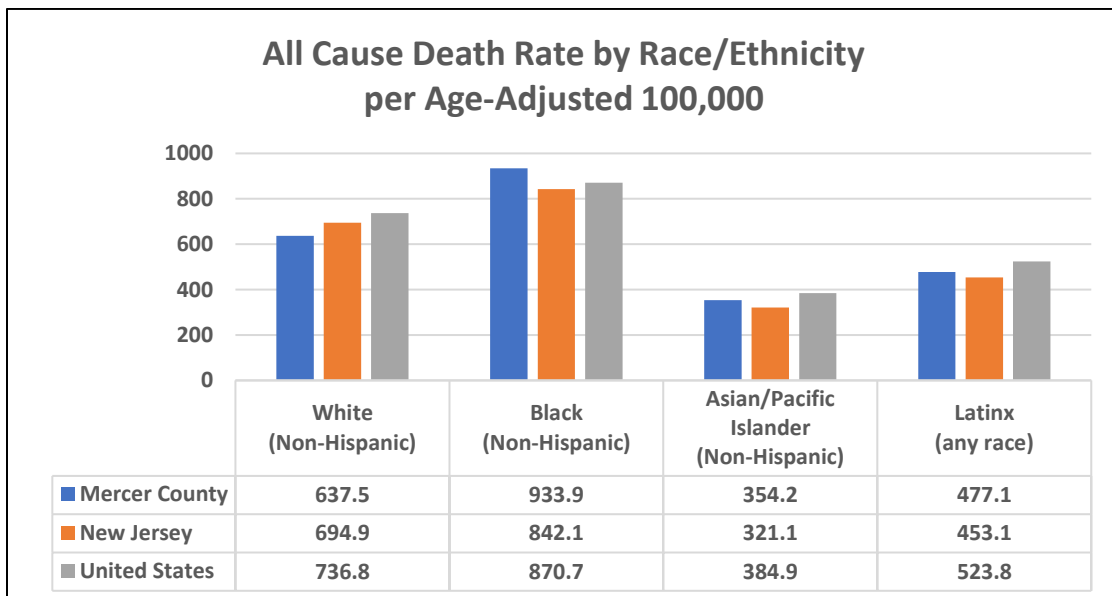
Leading Causes of Death

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



Source: CDC, 2015-2019

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



Source: CDC, 2019

Heart Disease

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

Age-Adjusted Adult High Blood Pressure and High Cholesterol Prevalence

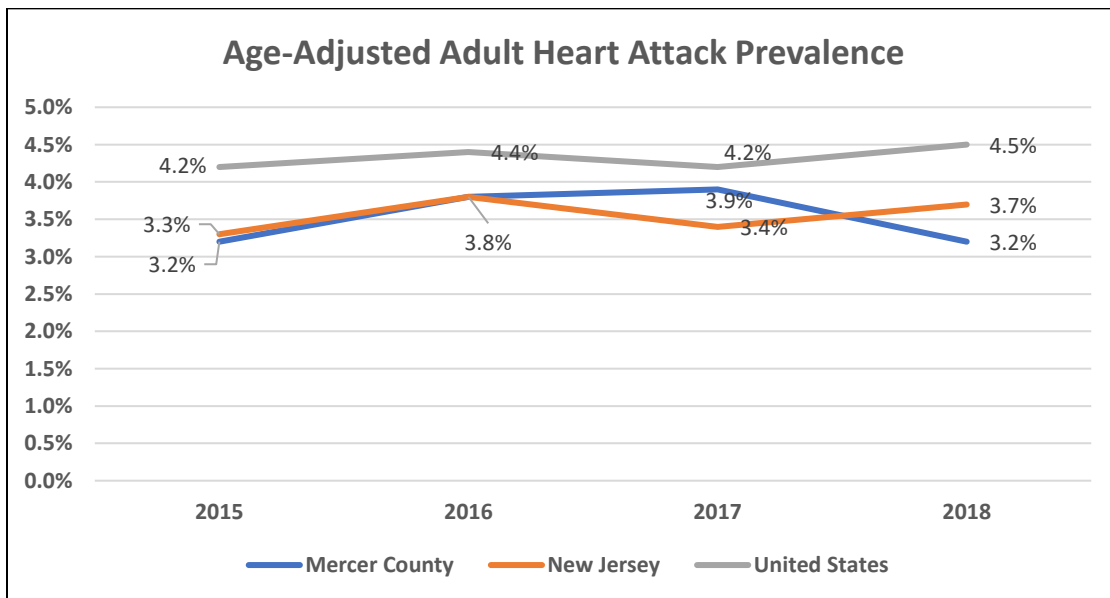
Blue = Lower prevalence than state and nation

Orange = Higher prevalence than state and nation

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

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

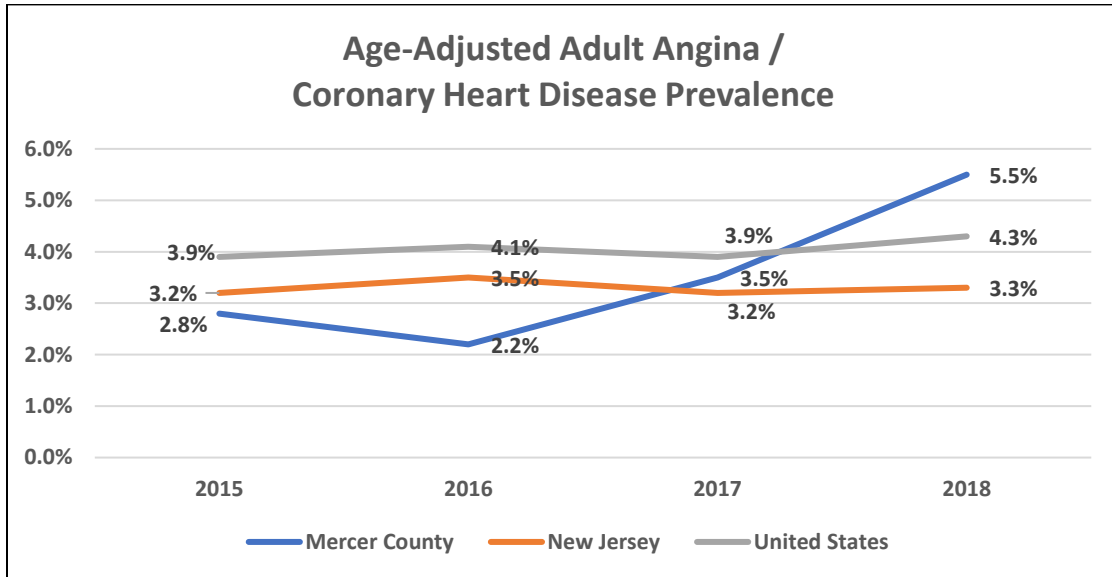
*Data reflect crude percentages, not age-adjusted, based on availability.



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

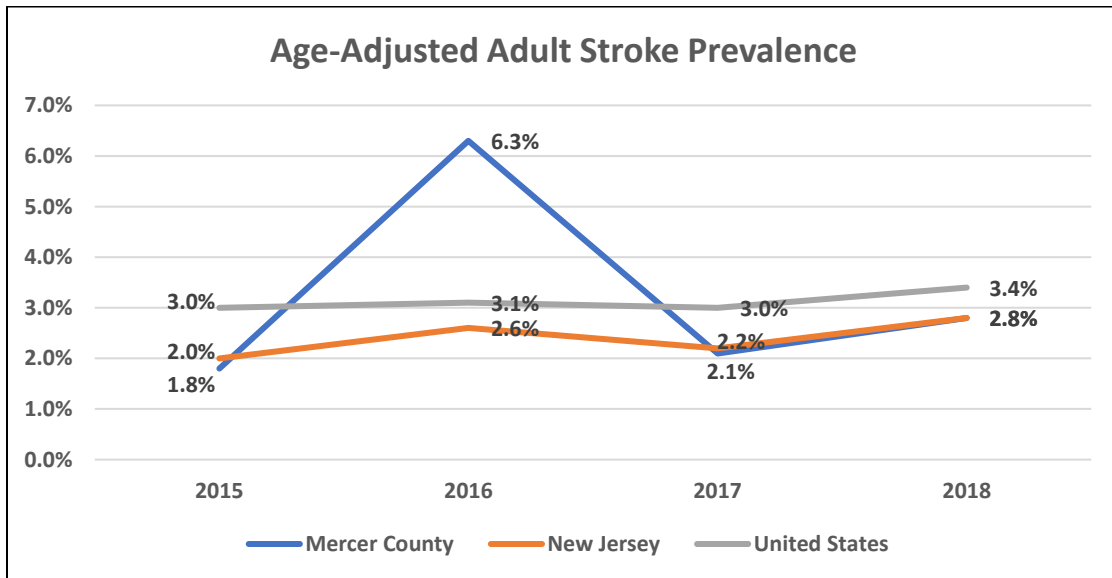
*US data reflect crude percentages, not age-adjusted, based on availability.

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



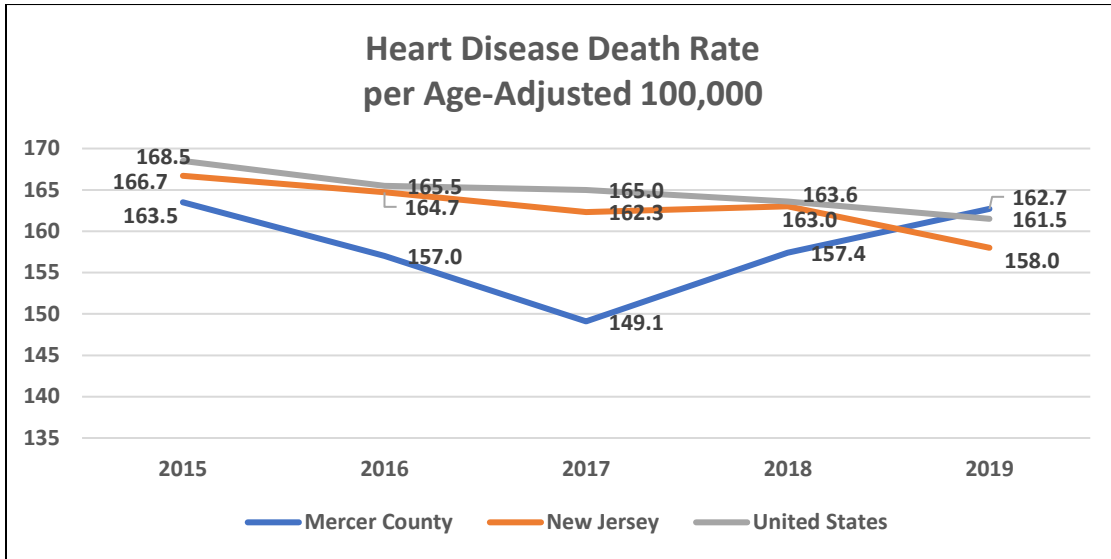
Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018
 *US data reflect crude percentages, not age-adjusted, based on availability.

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



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

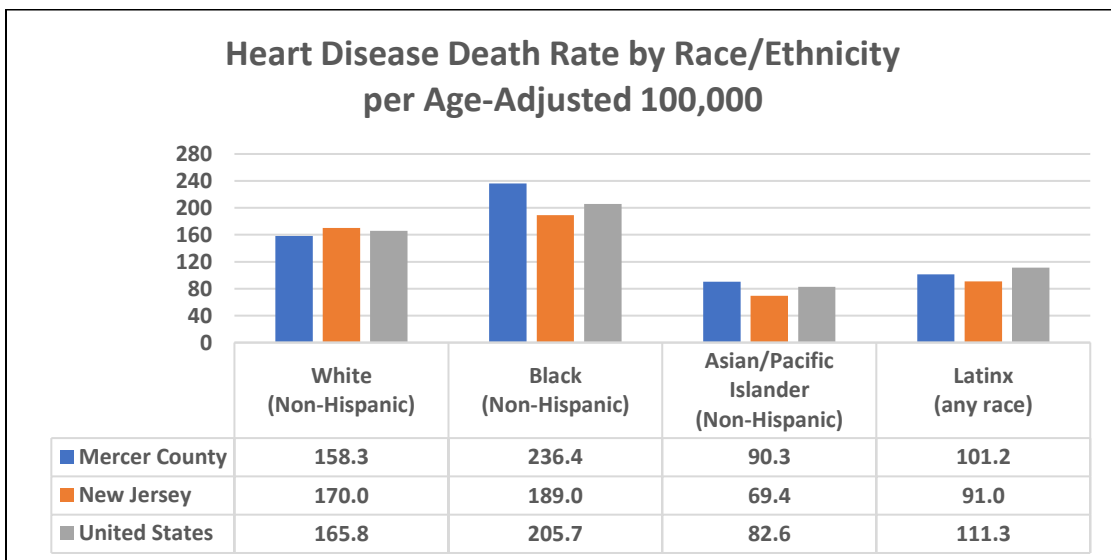
The age-adjusted death rate from heart disease in Mercer County has historically been better than state and national rates, but has been trending upward rapidly since 2017. This increase is consistent with the increased prevalence of angina and CHD shown above. Heart disease death is attributable to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



Source: CDC, 2015-2019

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

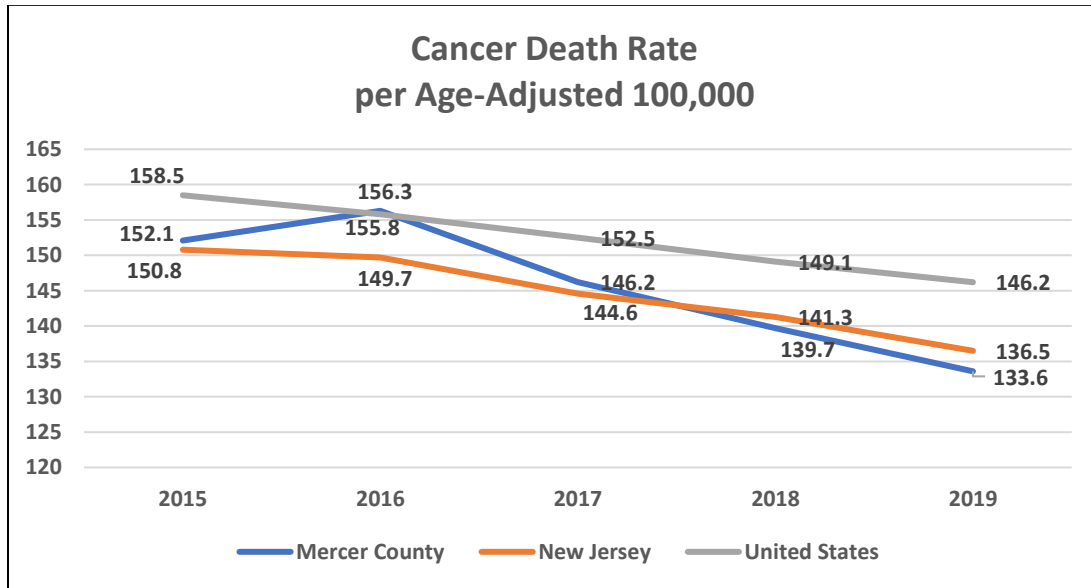
However, Black/African American non-Hispanic people living in Mercer County have a death rate due to heart disease (236.4) higher than other Black/African Americans in New Jersey (189.0) and across the US (205.7). The heart disease death rate for Whites in Mercer County is 158.3. This disparity in outcomes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



Source: CDC, 2019

Cancer

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



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

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

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

Orange = Higher incidence than state and nation

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

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

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

Invasive Cancer Incidence per Age-Adjusted 100,000

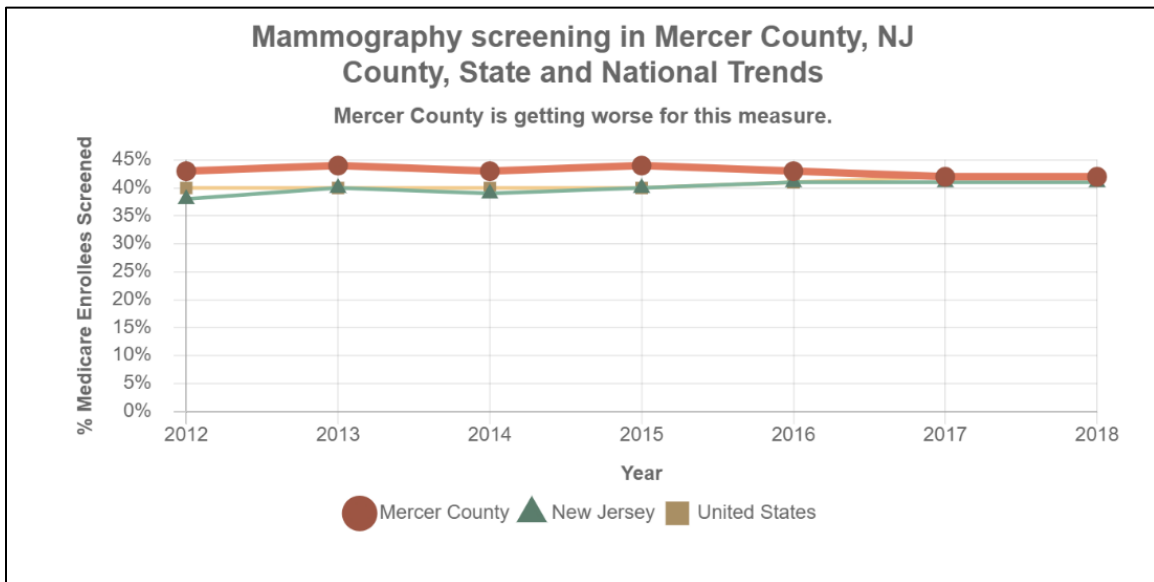
Blue = Lower incidence than state and nation

Orange = Higher incidence than state and nation

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

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

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

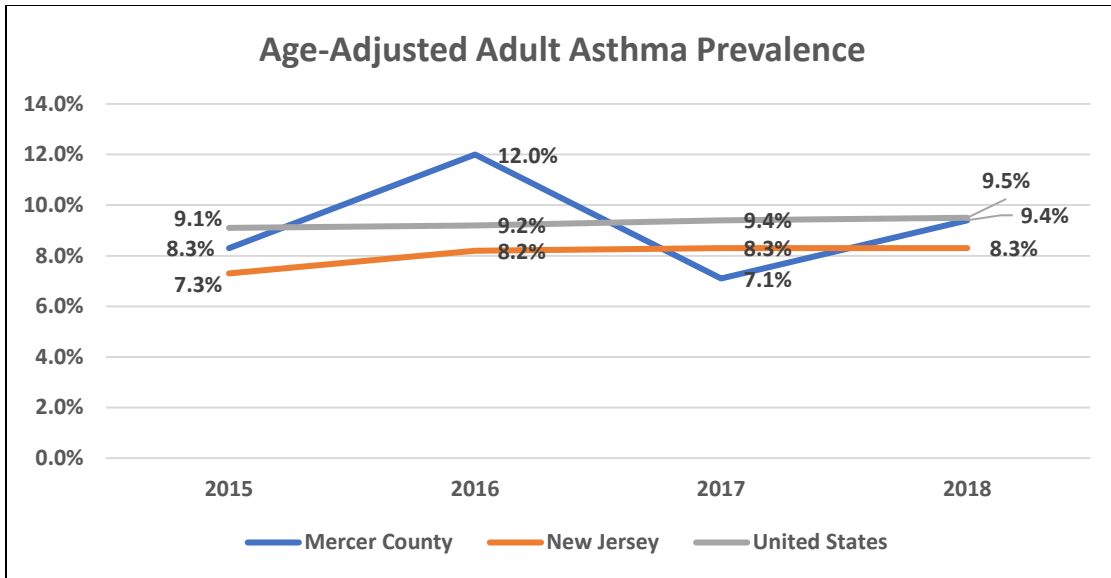


Source: Centers for Medicare and Medicaid Services Mapping Medicare Disparities by Population, 2018

Respiratory Disease

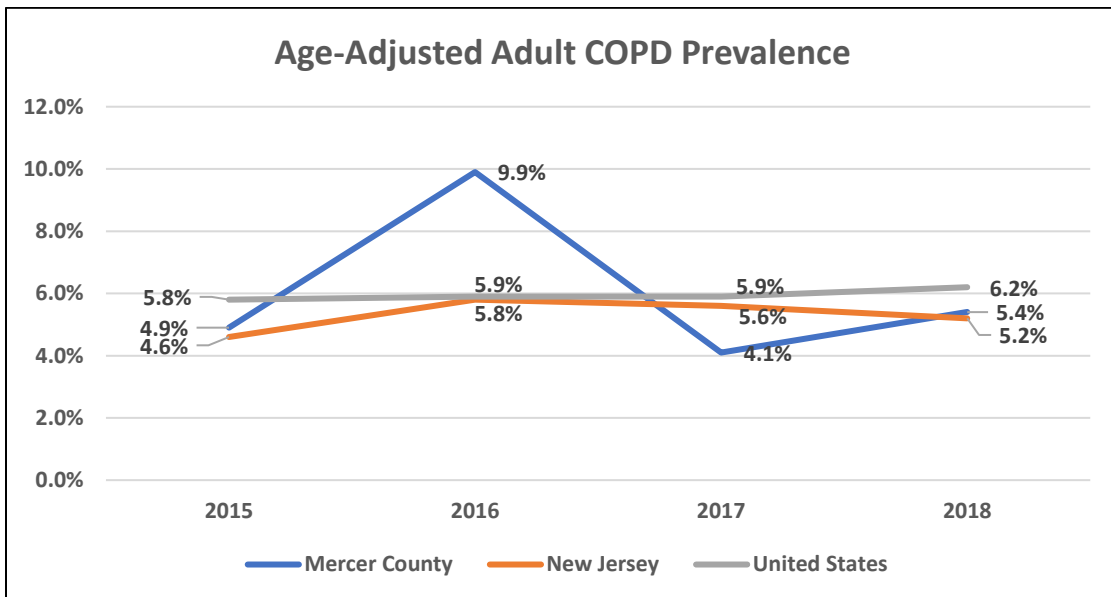
Lung and respiratory diseases are among the leading causes of death nationwide and contribute towards diminished quality of life. The presence of respiratory disease is the result of a variety of environmental, social, clinical, and individual factors. Therefore, interventions aimed at improving quality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

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



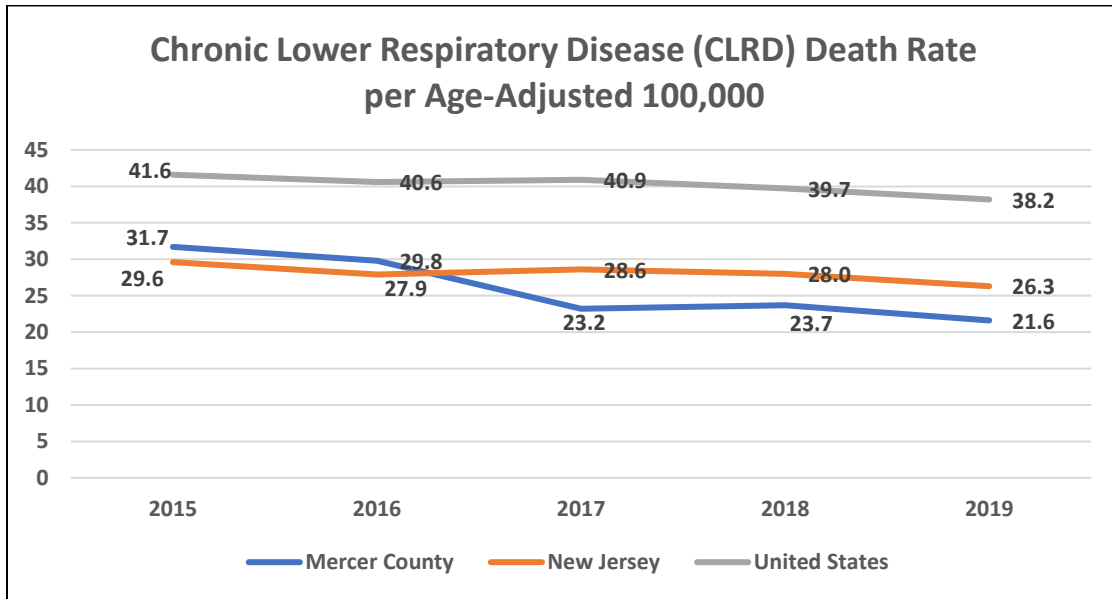
Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

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

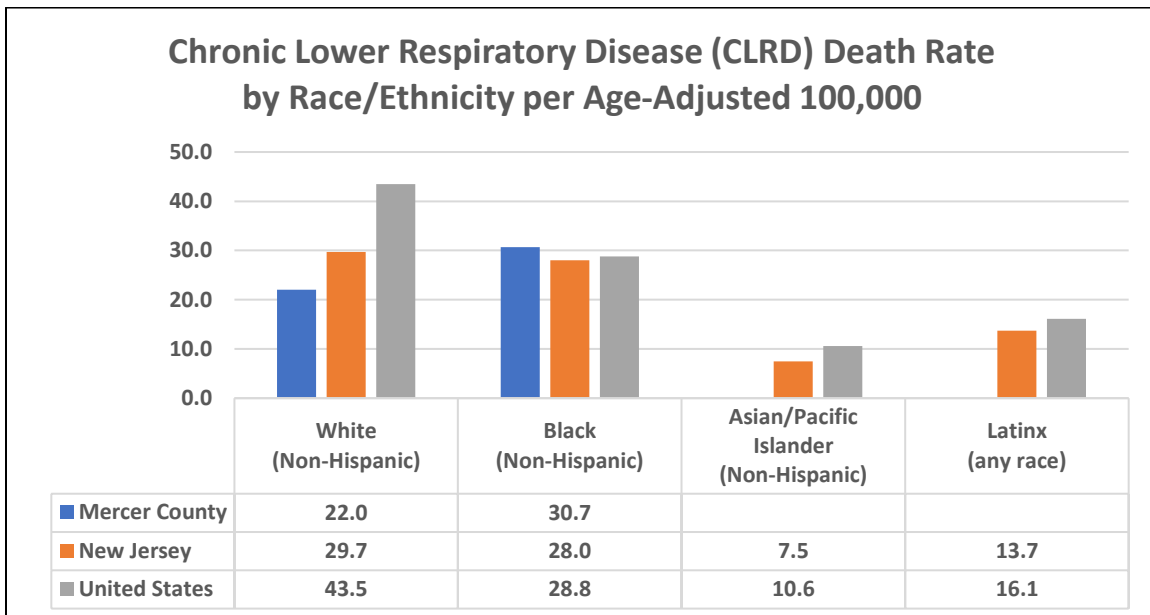


Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

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



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

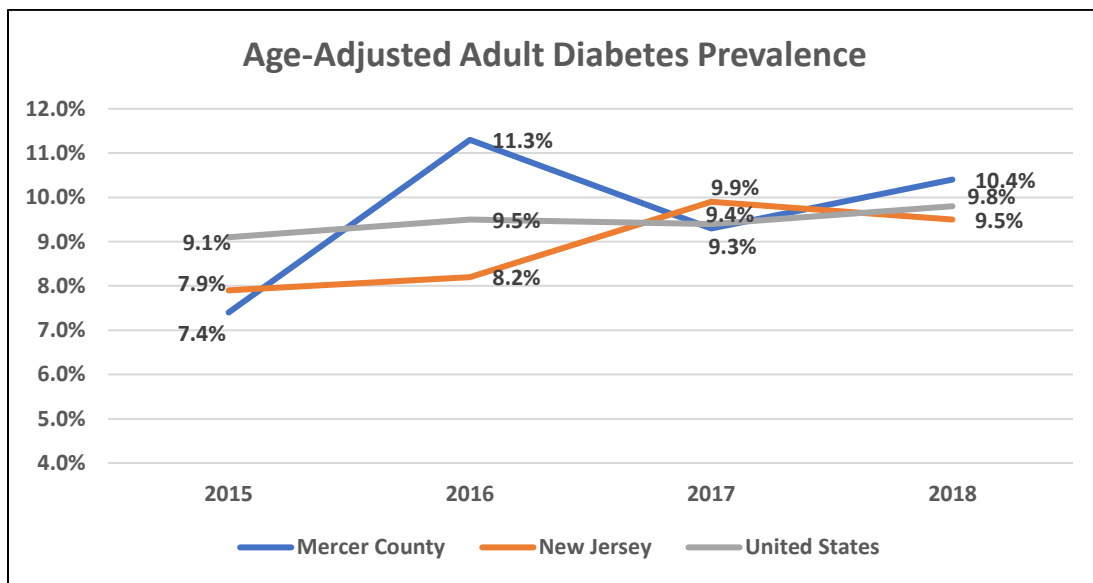


Source: CDC, 2019 *Mercer County data are reported as available due to low death counts.

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

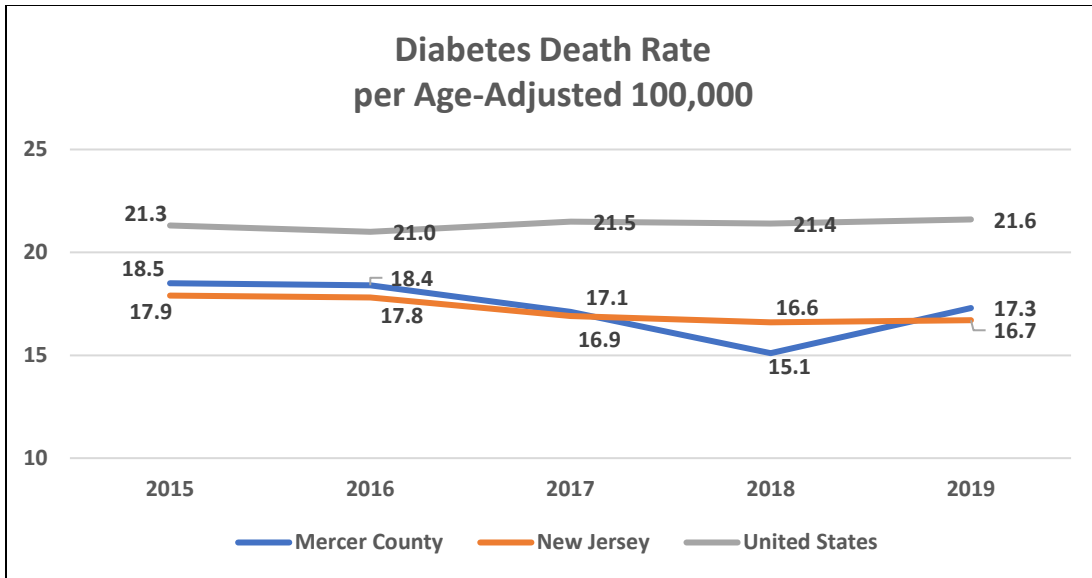
Diabetes

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



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

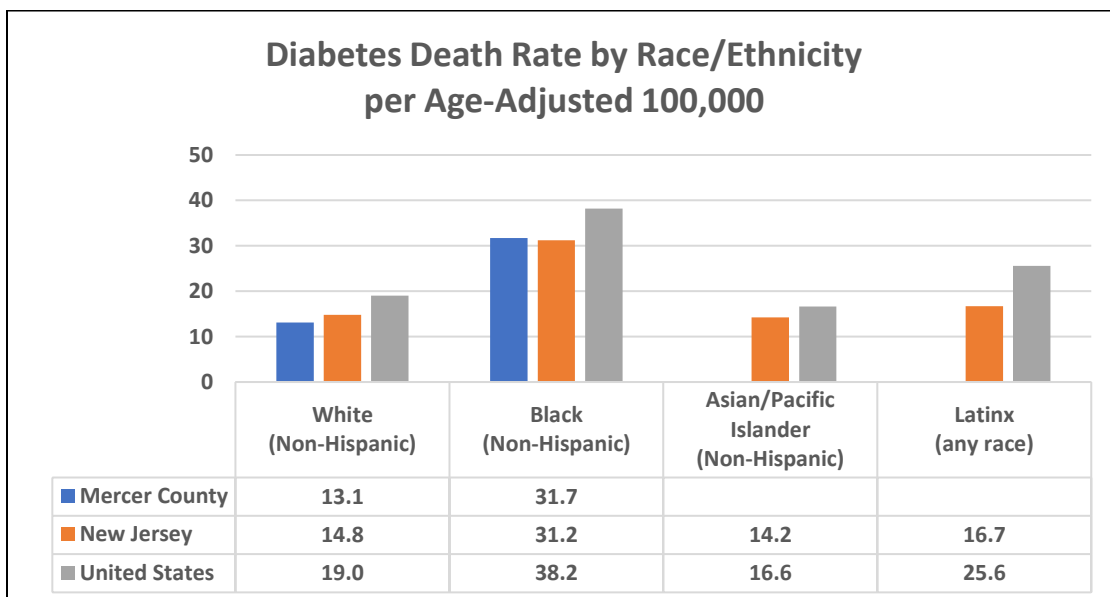
The following graph shows the age-adjusted rate of death from diabetes in Mercer County, New Jersey, and the US over time, demonstrating that the death rate from diabetes in New Jersey and Mercer County is lower than the national rate.



Source: CDC, 2015-2019

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

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



Source: CDC, 2019

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

Mental and Behavioral Health

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

Adult Mental Health Measures

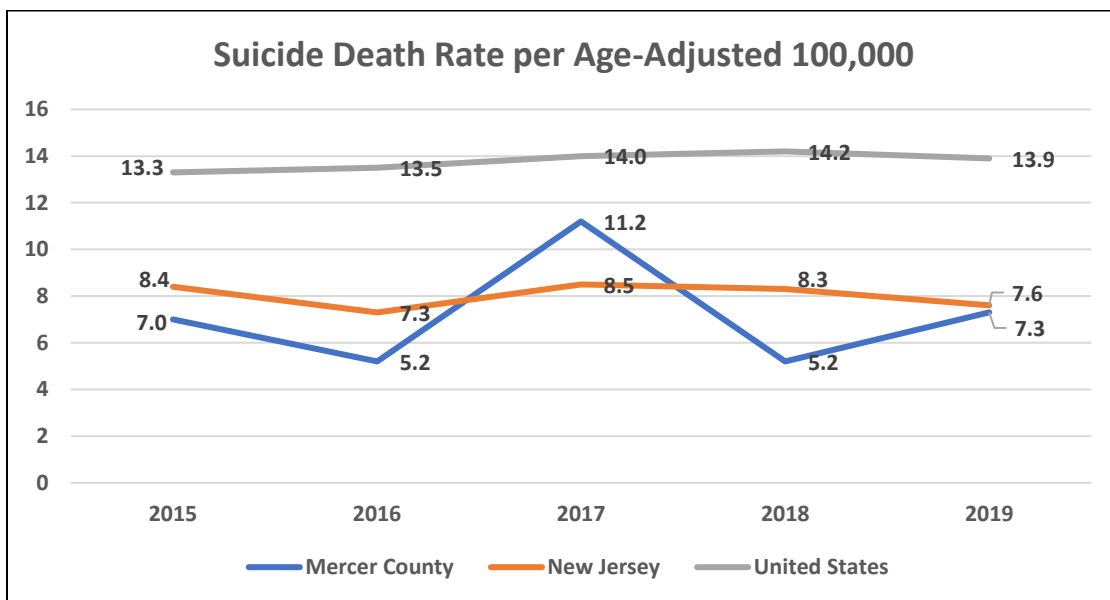
Orange = Higher reported mental distress than state and nation

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

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

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

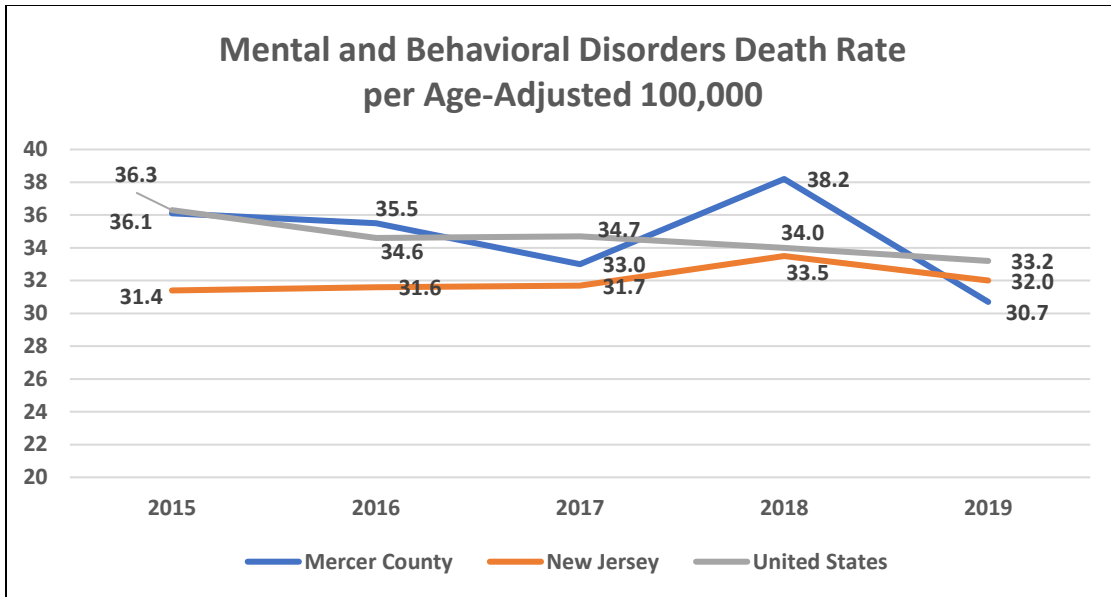
Frequent mental distress is also a risk factor for suicide. The graph below demonstrates that there has been variation in the death rate due to suicide in Mercer County since 2015. It should be noted that these data reflect the rate of death from suicide before the COVID pandemic.



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

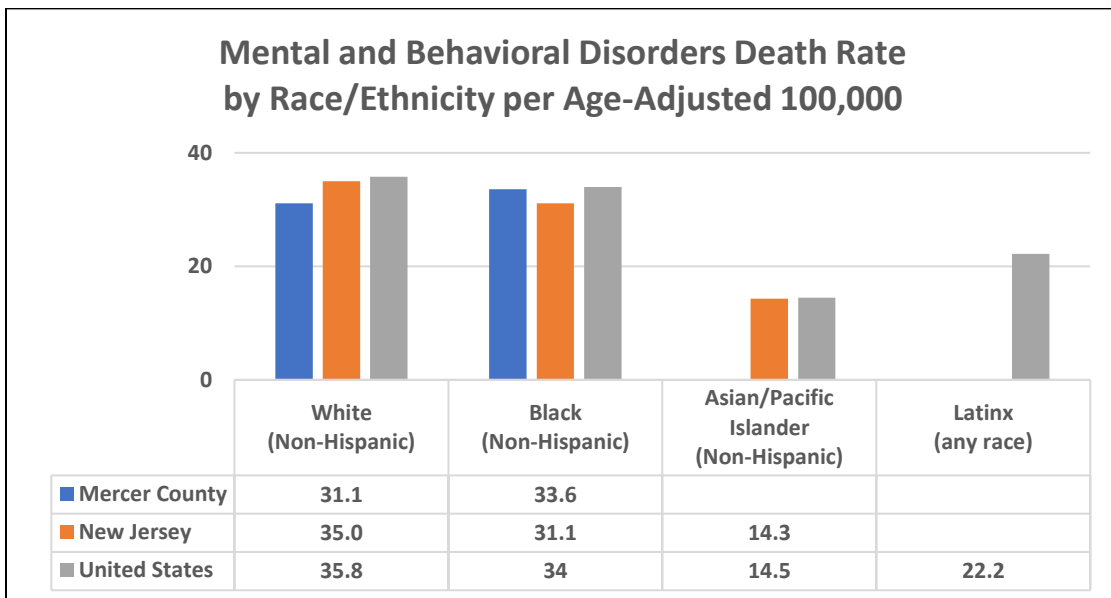
Source: CDC, 2019; *Mercer County data are excluded due to low death counts.

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



Source: CDC, 2015-2019

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



Source: CDC, 2019

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

Substance Use Disorder

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

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

Age-Adjusted Adult Alcohol Use Behaviors

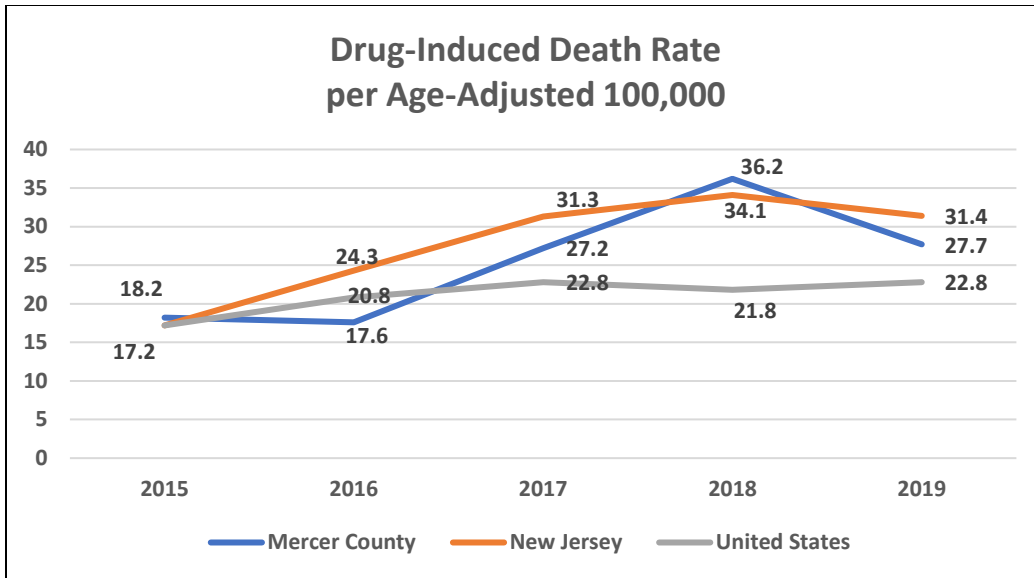
Orange = Higher alcohol use than state and nation

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

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

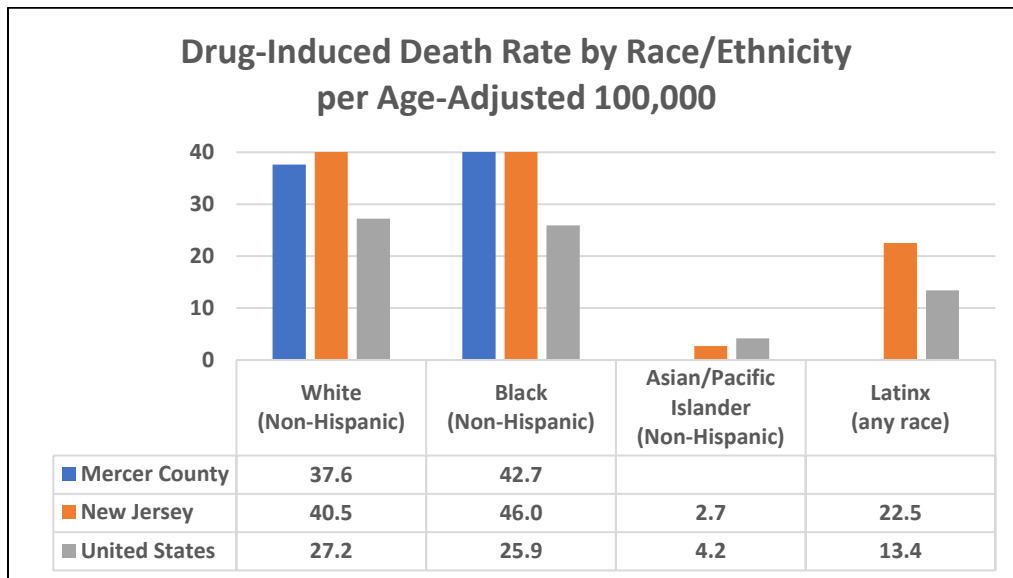
The CDC reports that the number of drug overdose deaths nationwide increased by nearly 5% from 2018 to 2019 and has quadrupled since 1999. Drug-induced deaths include all deaths for which drugs are the underlying cause, including drug overdoses and deaths from medical conditions resulting from chronic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

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



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

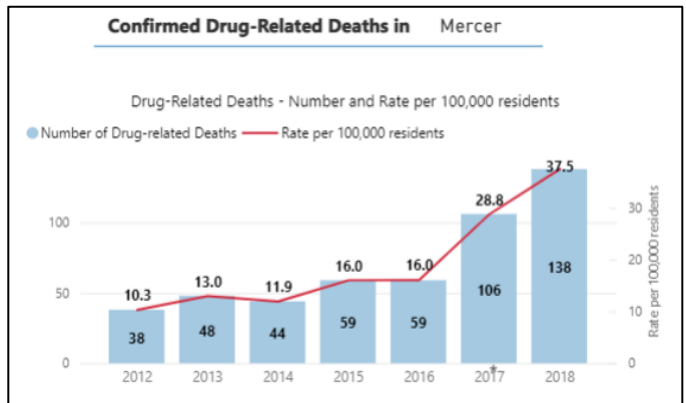
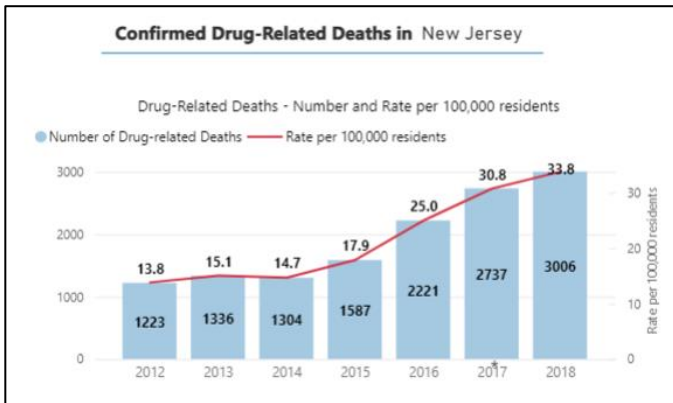
When drug-induced deaths nationwide are stratified by race and ethnicity, the rate is higher for Whites than Black/African Americans. However, in New Jersey and in Mercer County, that finding is reversed with Black/African Americans dying from drugs at a higher rate than Whites. Although the rate of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



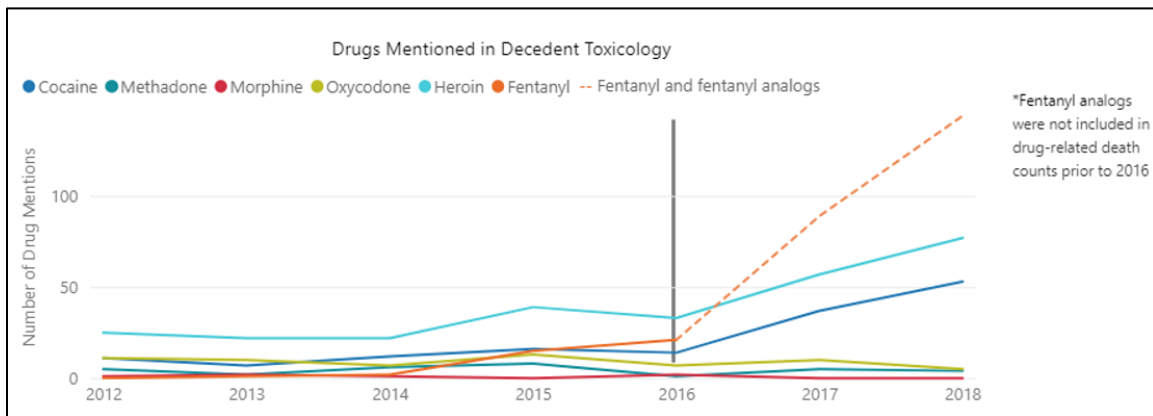
Source: CDC, 2019

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

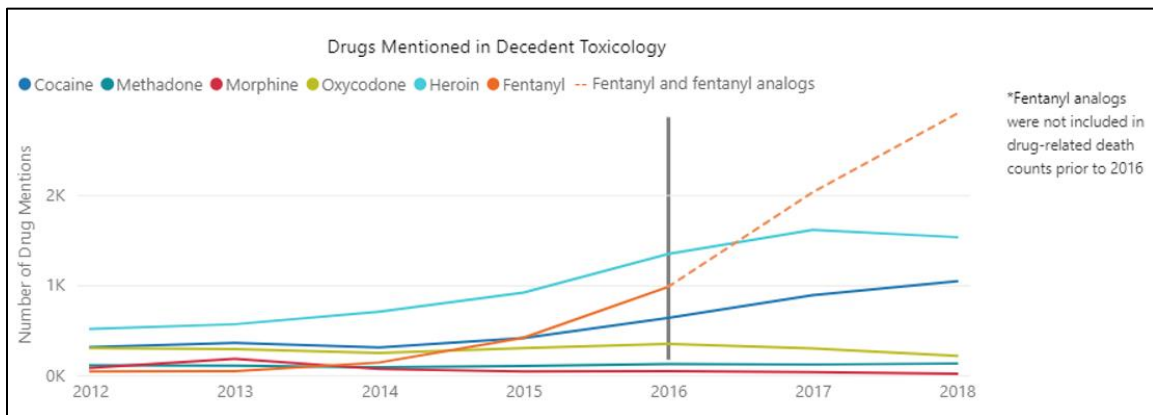
Over 70% of the 70,630 overdose deaths nationally in 2019 involved an opioid. Synthetic opioids such as fentanyl are laboratory produced and have similar effects as natural opioids, but can have far greater potency, increasing the risk for overdose and death. Across the US, heroin- and prescription opioid-involved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



Drug-Related Death Toxicology: Mercer County



Drug-Related Death Toxicology: New Jersey



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

Populations of Special Interest

Older Adults

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

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

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

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

Blue = Lower prevalence than state and nation

Orange = Higher prevalence than state and nation

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

Source: Centers for Medicare and Medicaid Services, 2018

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

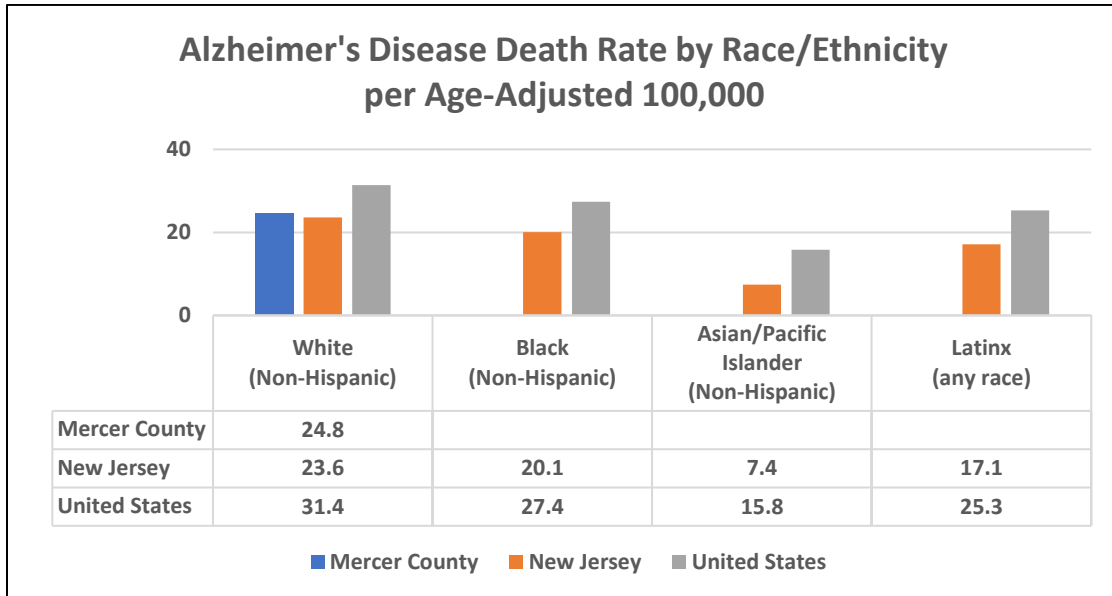
Blue = Lower prevalence than state and nation

Orange = Higher prevalence than state and nation

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

Source: Centers for Medicare and Medicaid Services, 2018

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



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

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

Seniors Living Alone

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

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

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

Source: United States Census Bureau, 2015-2019

Mothers and Babies

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

2019 Births

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

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

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

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

**Data is suppressed due to low counts.

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

2019 Birth Rates per 1,000 by Race and Ethnicity

Blue = Higher birth rate than state and nation

Orange = Lower birth rate than state and nation

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

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

**Data is suppressed due to low counts. [^]These data reported separately for US. The Asian birth rate is 13.0. The Native Hawaiian or Other Pacific Islander birth rate is 17.0.

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

2019 Teen Birth Rates per 1,000 Live Births

Orange = Higher teen birth rate than state and nation

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

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

**Data is suppressed due to low counts.

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

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

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

Blue = Higher percentage in labor force than state and nation

Orange = Lower percentage in labor force than state and nation

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

Source: United States Census Bureau, 2015-2019

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

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

2019 Maternal and Child Health Indicators

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

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

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

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

**Data is suppressed due to low counts.

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

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

Maternal and Child Health Indicators by Race and Ethnicity

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

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

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

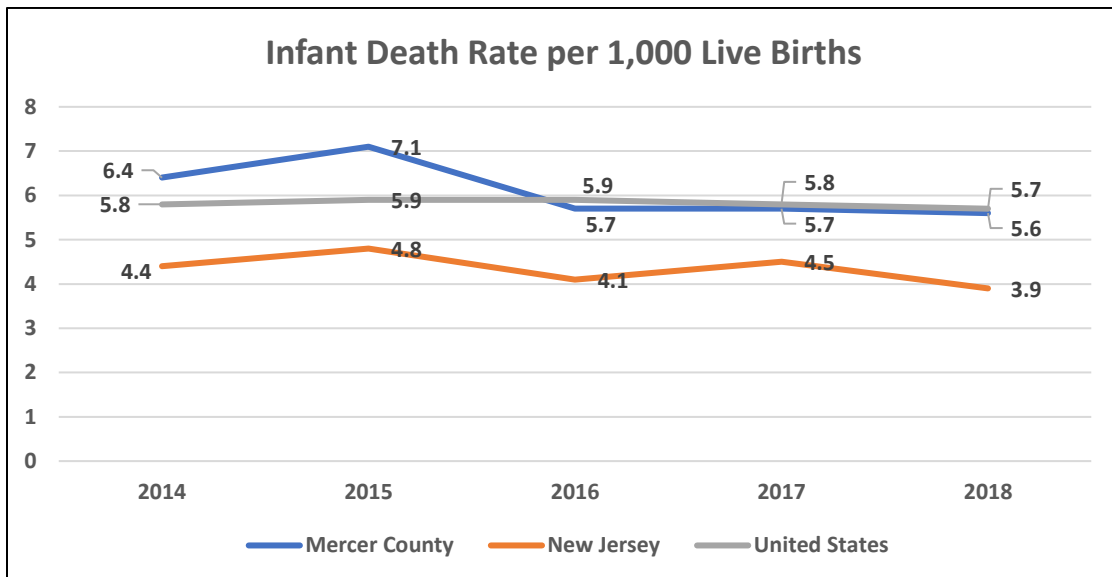
Mercer County has numerous, high quality programs in place that provide world class care, support, and engagement for expectant mothers. However, many pregnant women, particularly Black/African American and Latina women, are still not receiving prenatal care during the first trimester. The CHNA qualitative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

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

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

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

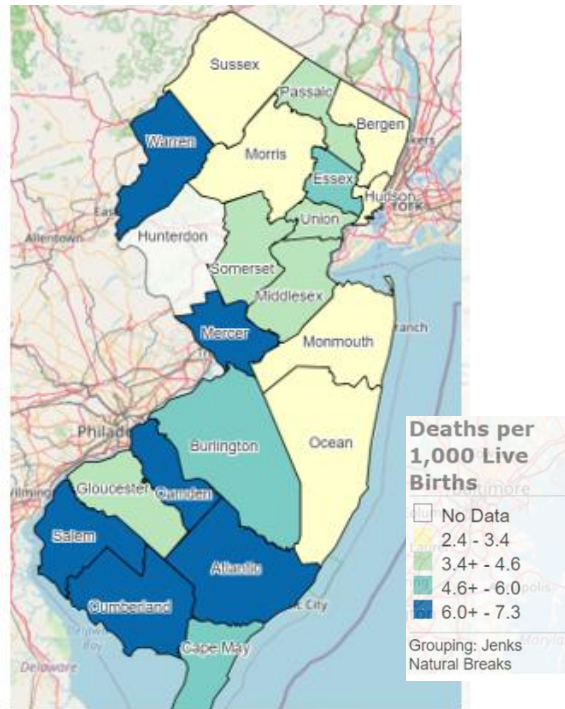
The graph below shows that New Jersey has historically had a lower infant death rate than the nation. The Mercer County infant death rate has been variable, but consistently above the state rate.



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

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

Infant Mortality Rate by Mother's County of Residence



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

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

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

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

Orange = Higher death rate than Mercer County overall rate

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

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

Youth

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

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

Blue = More diverse than state

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

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

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

Orange = Higher program enrollment than state

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

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

Household Digital Access

Blue = Greater digital access than state and nation

Orange = Lower digital access than state and nation

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

Source: United States Census Bureau, 2015-2019

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

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

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

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

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

Source: CDC Youth Risk Behavior Surveillance System, 2019

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

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

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

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

Source: CDC Youth Risk Behavior Surveillance System, 2019

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

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

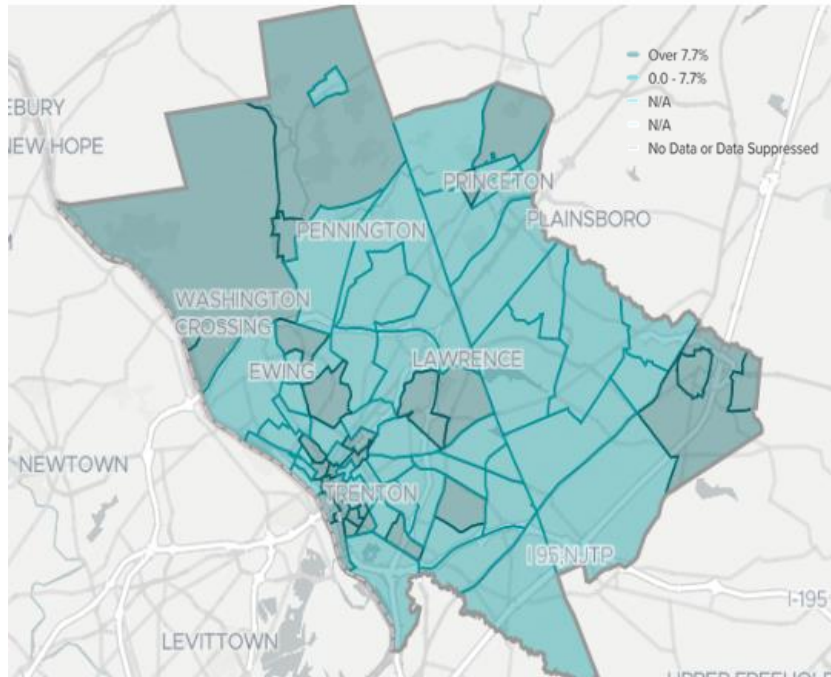
Disconnected Youth

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

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

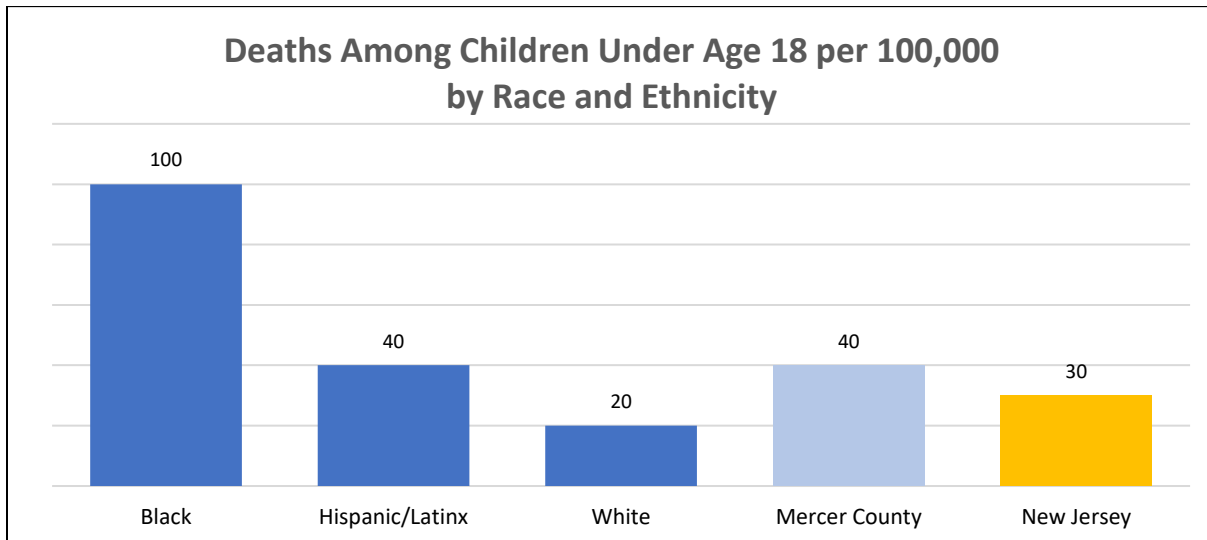
Source: United States Census Bureau, 2015-2019

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



Source: United States Census Bureau, 2015-2019

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



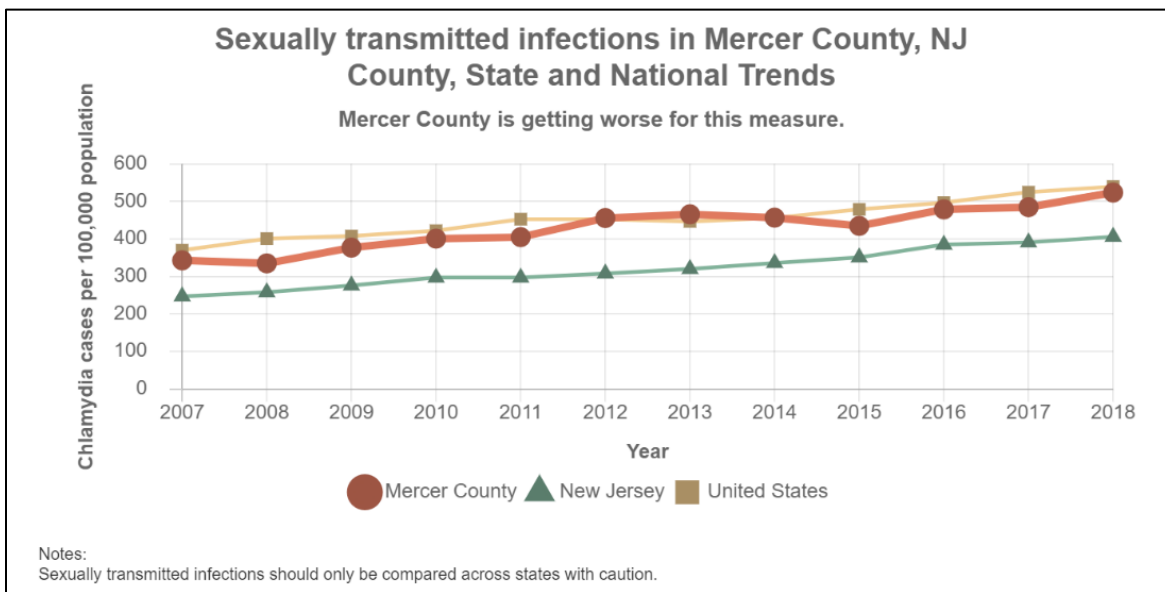
Source: National Center for Health Statistics – Mortality Files, 2017-2019 (from County Health Rankings)

Reportable Diseases, Prevention, and Screening

Infectious Diseases

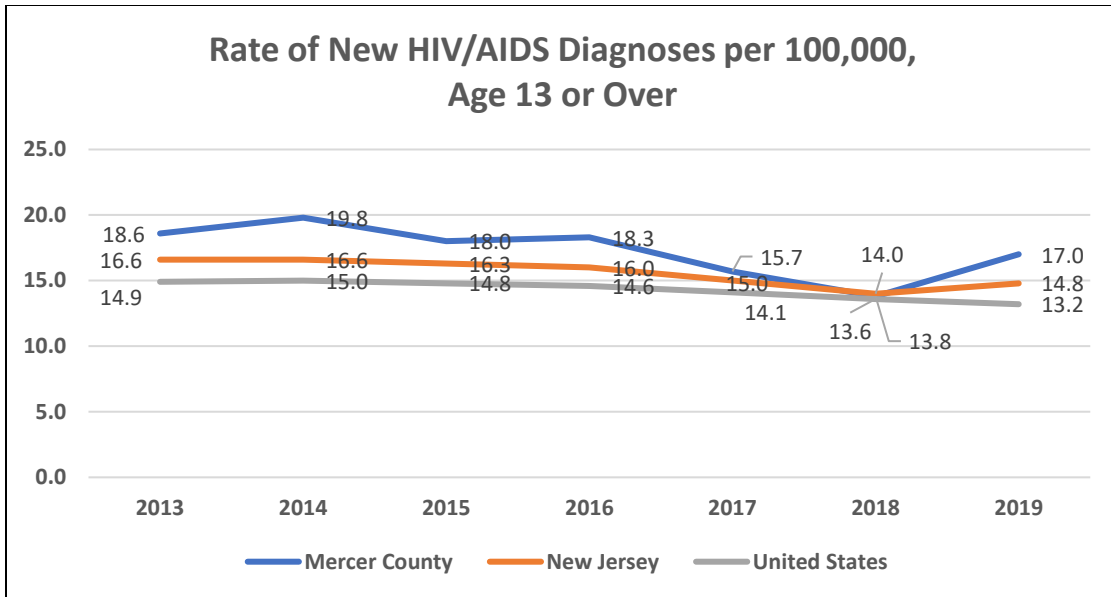
Sexually transmitted infections (STIs) are among the infectious diseases that require reporting to the CDC and state and local health departments upon detection due to their highly contagious nature. Reportable STI's include chlamydia, gonorrhea, and HIV. All of these infections can be prevented and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

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



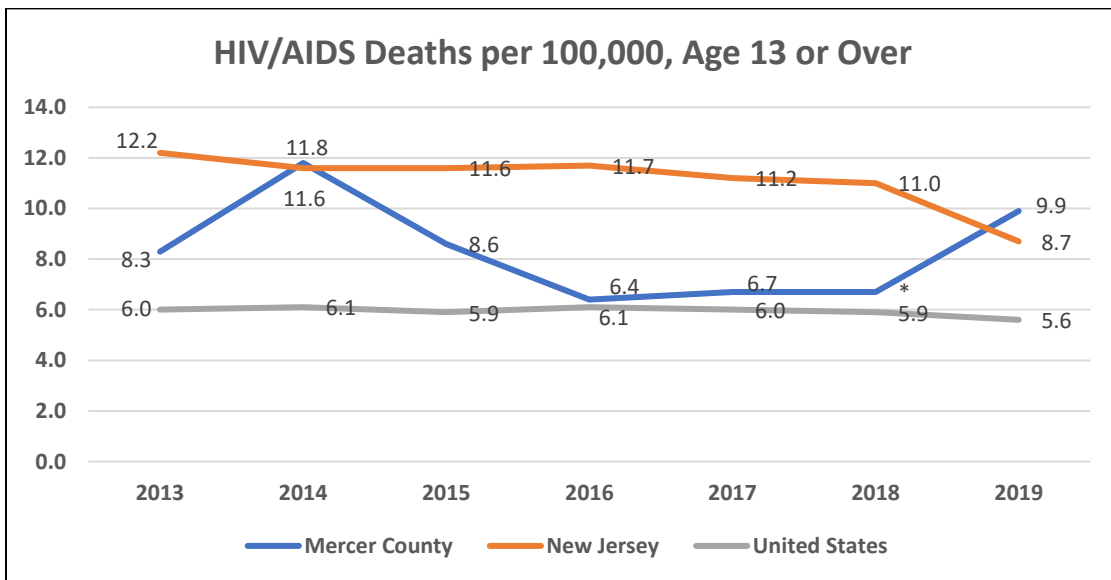
Source: Centers for Disease Control and Prevention Atlas Plus, 2018

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



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

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



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

*2018 data for Mercer County is not reported due to a death count less than 20.

COVID-19

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

COVID-19 Prevalence

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

Mercer County, NJ

Updated on October 18



VACCINATION PROGRESS



Daily new cases >
● **12.4** PER 100K

Infection rate >
● **0.96**

Positive test rate >
● **2.6%**

% Vaccinated >
71.5% 1+ DOSE

Age Adjusted Rates

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

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

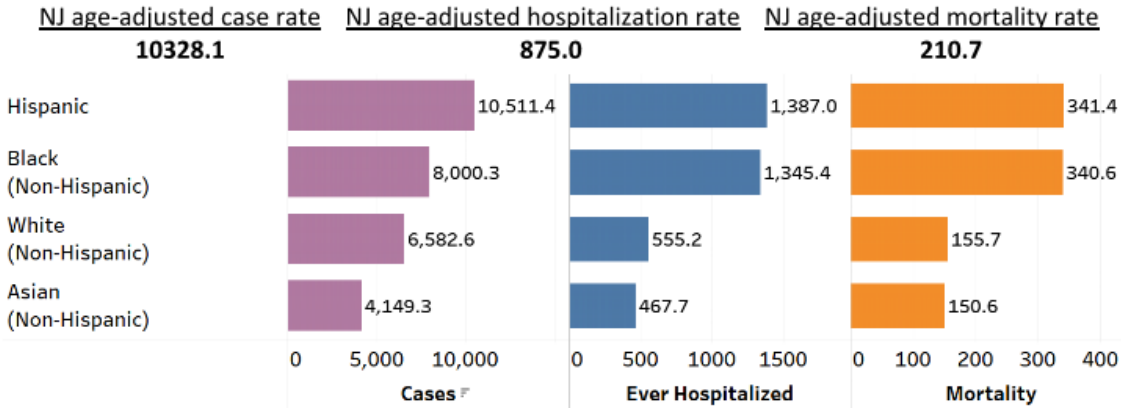
In fact, the preliminary list of the leading causes of death in New Jersey during 2020 indicate that for Black/African American, Asian, and Latinx/Hispanic people, COVID-19 became the #1 leading cause of death in 2020, but is #3 among White non-Hispanic New Jerseyans.

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

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

All data are preliminary and subject to change

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



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

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

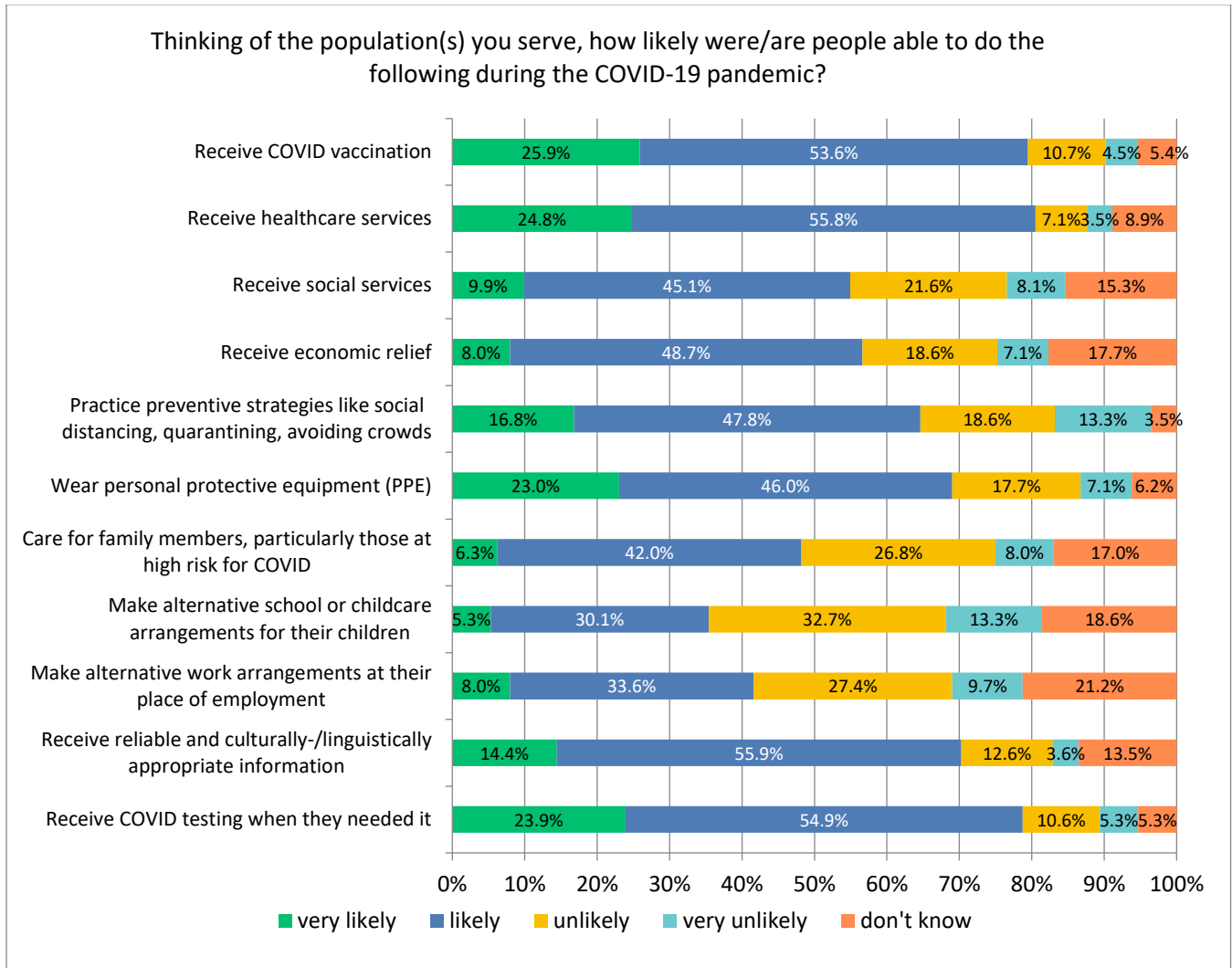
Notes

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



COVID-19 Community Perspectives

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



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

Key Stakeholder Feedback:

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

COVID-19 Vaccines

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

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

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

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

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

COVID-19 Vaccination by Municipality as of 10.13.2021

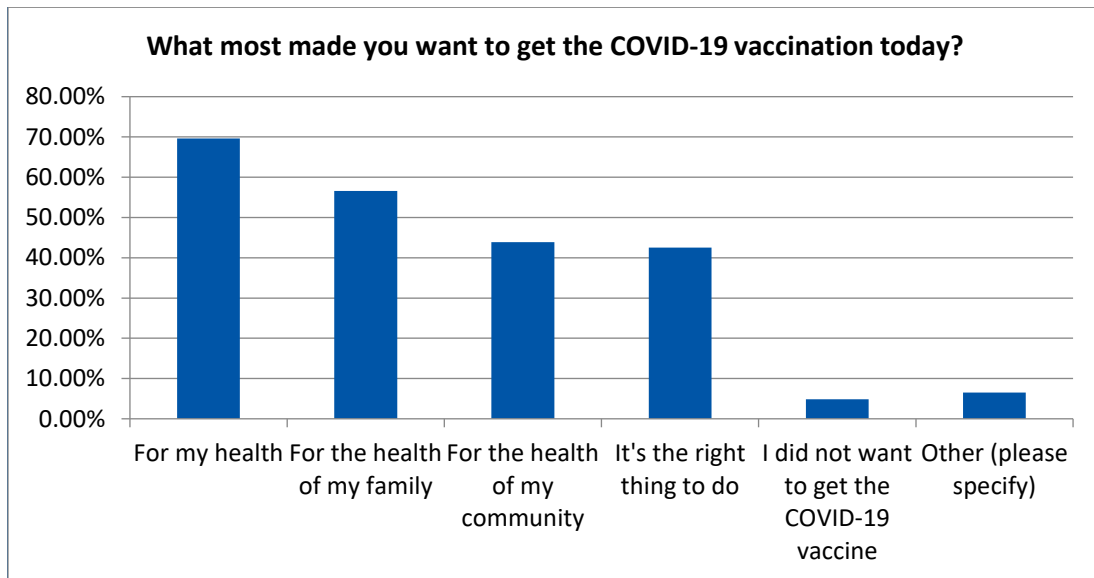
	Percent Vaccinated
East Windsor Twp	85%
Ewing Twp	61%
Hamilton Twp	71%
Hightstown Boro	88%
Hopewell Boro	79%
Hopewell Twp	71%
Lawrence Twp	72%
Pennington Boro	91%
Princeton	80%
Robbinsville Twp	77%
Trenton City	60%
West Windsor Twp	84%
Mercer County	71.5%
New Jersey	73.9%
United States	66.0%

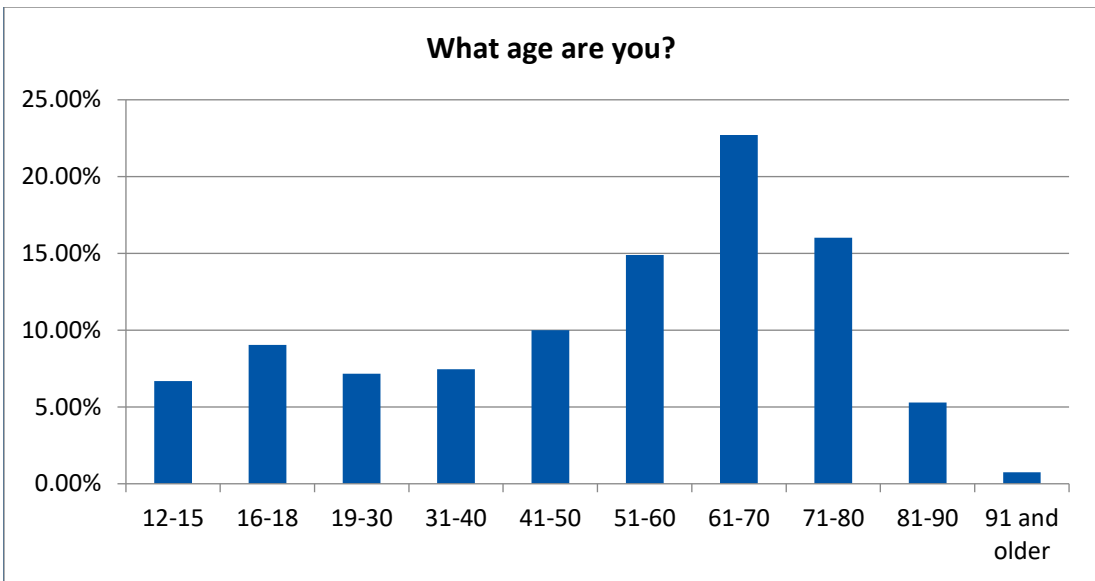
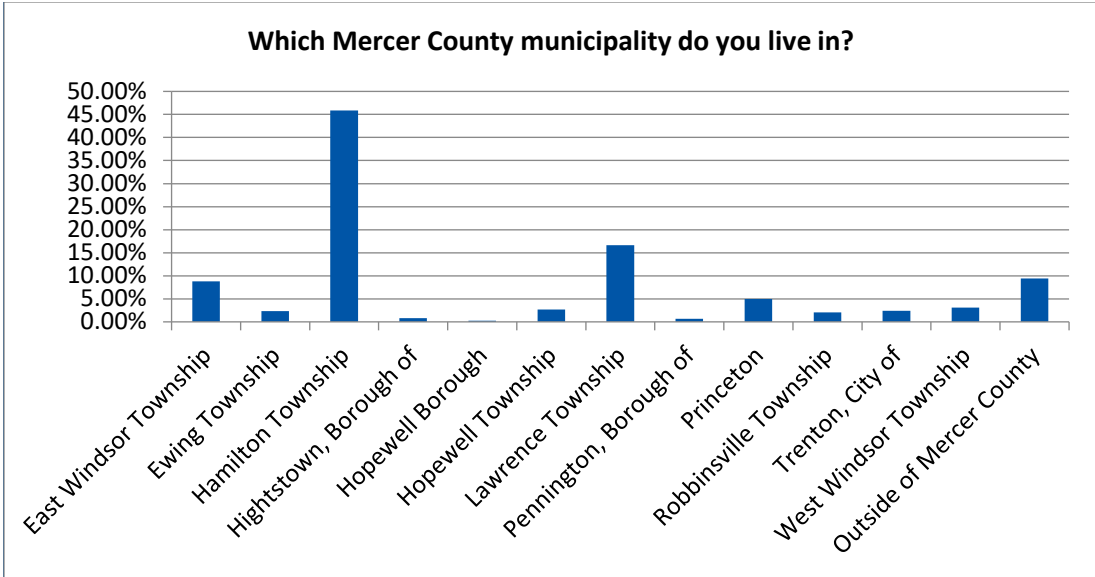
Source: <https://covid19.nj.gov/>; COVIDActNow

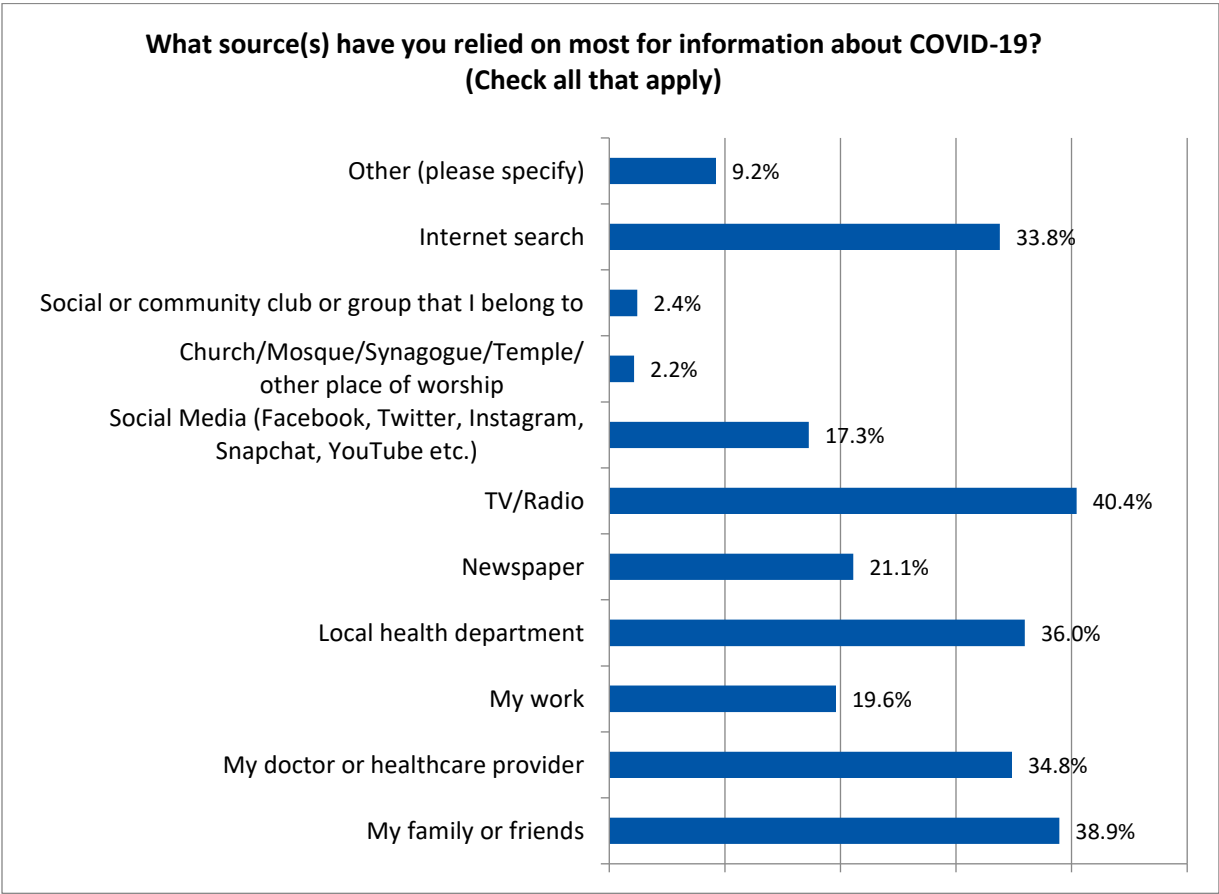
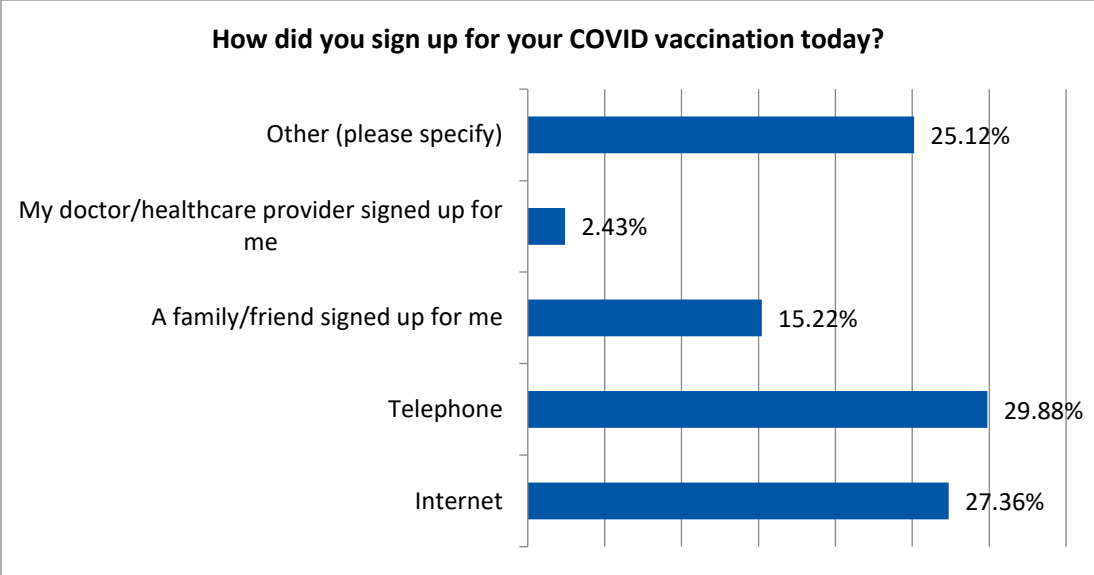
As the vaccination campaign began to roll out, GMPHP in partnership with 35th Street Consulting rolled out a convenience survey available in English and Spanish at all of the large vaccination sites hosted by its healthcare partners throughout Mercer County. This survey was designed to capture information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

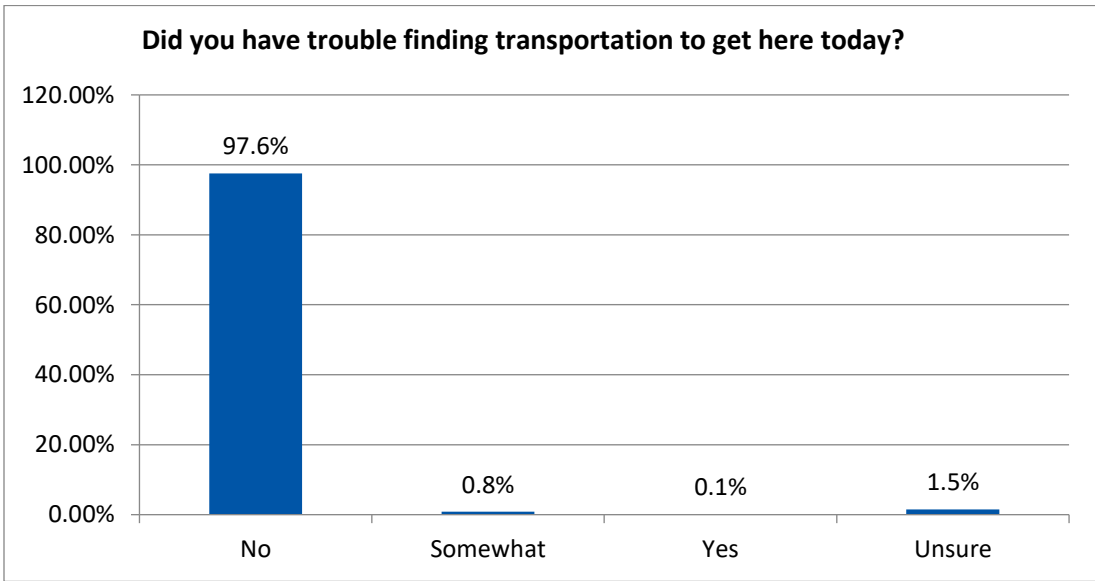
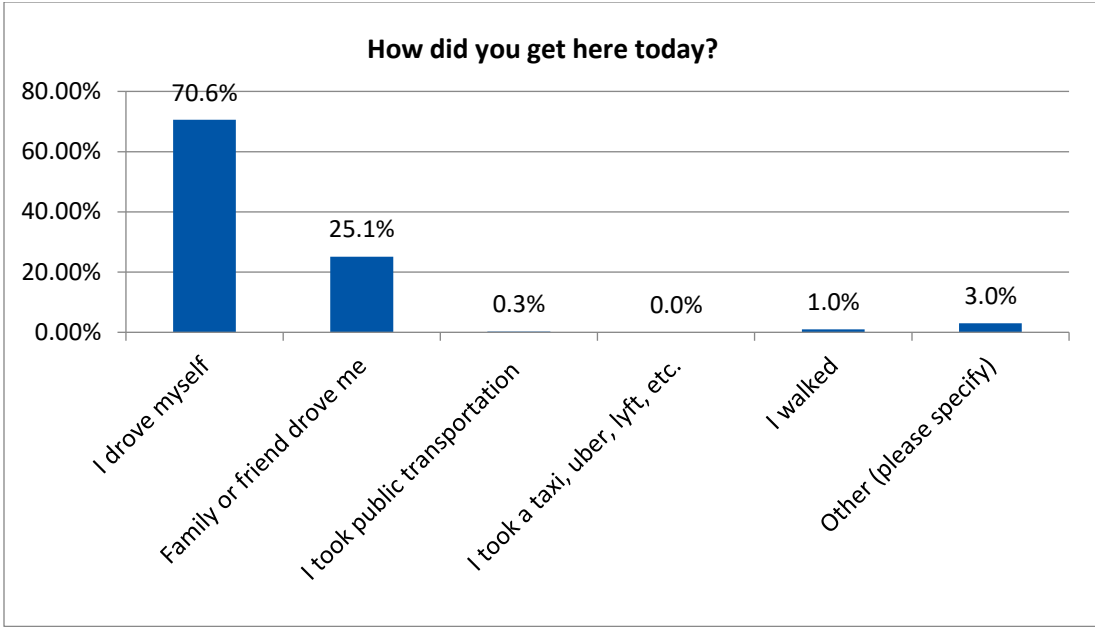
- The best methods and communication channels to share reliable health information;
- The efficacy of using email, phone, or other forms of registration for key appointments;
- The convenience and accessibility of the venues utilized for vaccination; and
- The motivations of individuals who have taken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

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

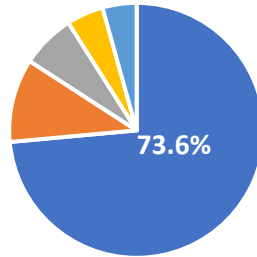






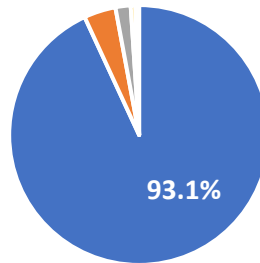


Scheduling my COVID-19 vaccination appointment was easy.



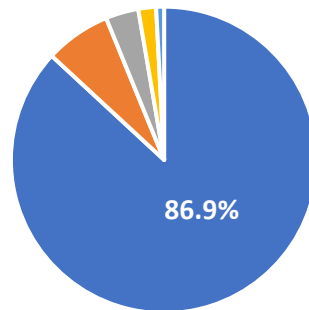
■ Agree ■ Somewhat agree ■ Neutral ■ Somewhat disagree ■ Disagree

The instructions were clear about where and when to get my vaccine today.



■ Agree ■ Somewhat agree ■ Neutral ■ Somewhat disagree ■ Disagree

This location was convenient for me.



■ Agree ■ Somewhat agree ■ Neutral ■ Somewhat disagree ■ Disagree

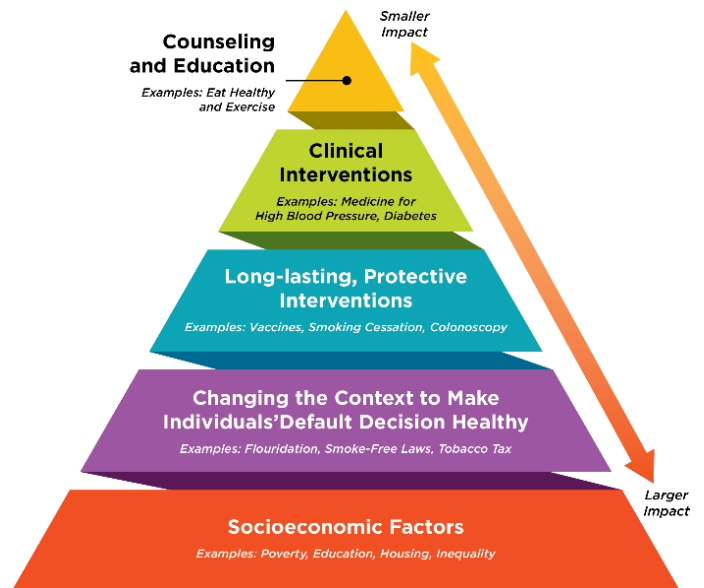
Community Health Priorities and Planning

Determining Community Health Priorities

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

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

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



Community Health Improvement Plan (CHIP)

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

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

Priority Health Needs

COVID-19

Guiding Goal: Reduce death disparities among population groups.

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

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

Life Expectancy

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

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

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

Behavioral Health and Trauma

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

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

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

Maternal and Child Health

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

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

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

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

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

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

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GMPHP Member Organizations

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

- Department of Health and Human Services
- Office of Economic Development
- Parks Administration
- Mercer County Medical Reserve Corps
- Mercer County Community College

Mercer Street Friends
Montgomery Health Department, serving Hopewell and Pennington Boroughs
Mount Carmel Guild
NAMI of Mercer County
New Direction Counseling Center - PCL

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

- Lawrence Township
- Princeton
- West Windsor
- East Windsor
- Hamilton
- Hopewell Township

Well Beyond Partners
West Windsor Health Department
Womanspace
YWCA

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