Greater Mercer Public Health Partnership Community Health Needs Assessment 2024

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PREPARED BY
HEALTH RESOURCES IN ACTION

GMPHP Greater Mercer Public Health Partnership

capitalhealth

RWJBarnabas HEALTH | Robert Wood Johnson University Hospital Hamilton

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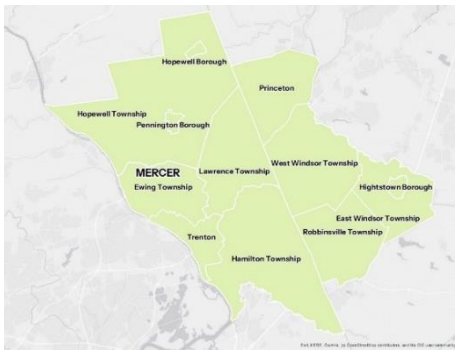
Executive Summary

Introduction

In 2024, the Greater Mercer Public Health Partnership (GMPHP) undertook a community health needs assessment (CHNA) process. The purpose of the CHNA was to identify and analyze community health needs and assets and prioritize those needs to inform strategies to improve community health. The CHNA fulfills the mandate for non-profit hospitals put forth by the Internal Revenue Service and for health department accreditation as stipulated by PHAB. The GMPHP's focus area includes the twelve municipalities in Mercer County (East Windsor Township, Ewing Township, Hamilton Township, Hightstown Borough, Hopewell Borough, Hopewell Township, Lawrence Township, Pennington Borough, Princeton, Robbinsville Township, Trenton, and West Windsor Township). This CHNA covers the primary service areas of two member hospitals: Capital Health (08534, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08628, 08629, 08638, 08648, 08690, 08691, 08505, 18940, 19030, and 19067) and Robert Wood Johnson University Hospital Hamilton (08501, 08520, 08561, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08629, 08638, 08648, 08690, 08691, and 08505).

Greater Mercer Public Health Partnership CHNA Focus Area Map, 2024



DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

Methods

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health. Data collection was conducted using a social determinants of health framework and a health equity lens. The CHNA process utilized a mixed-methods participatory approach that engaged agencies, organizations, and community residents through different avenues. Community engagement strategies were tailored to reach traditionally medically underserved populations. The CHNA process was guided by the GMPHP CHNA Advisory Board, as well as other community partners. Data collection methods included:

- Reviewing existing social, economic, and health data across Mercer County.
- Conducting a community survey with 2,991 residents designed and administered by Health Resources in Action (HRiA).
- Facilitating 4 virtual focus groups with 21 participants from populations of interest, including behavioral health providers, health officers, youth and young adult residents, and residents who identified as Latino, the latter held in Spanish.

- Conducting 6 key informant interviews with 7 community stakeholders from a range of sectors.

Findings

The following provides a brief overview of the key findings that emerged from this assessment.

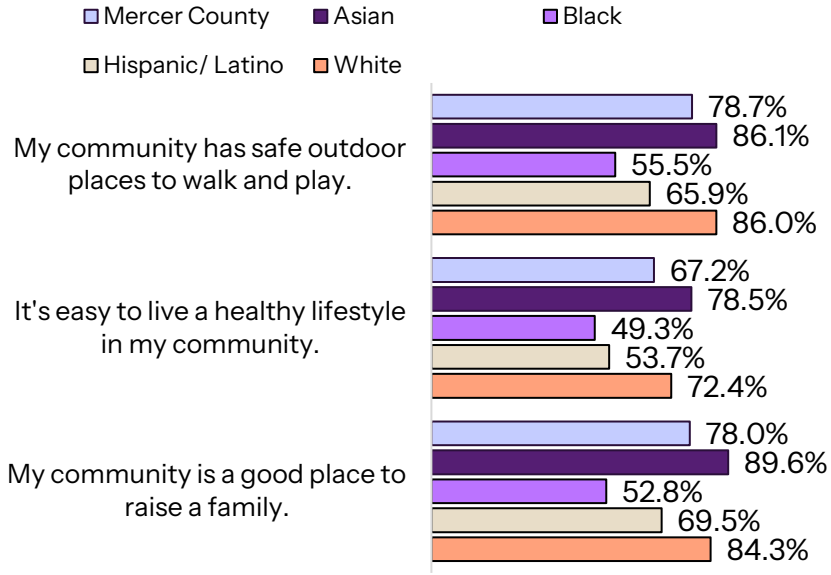
Population Characteristics

- Demographics. The GMPHP serves a population of 383,782 residents. The overall population in Mercer County grew by 2.8% between 2013-2017 and 2018-2022.[1] Mercer County is racially and ethnically diverse, with almost 1 in 3 (32.8%) residents speaking a language other than English at home. Residents identifying as White made up 46.7% of the county's residents, followed by Latino (19.2%), Black (19.1%), and Asian (12.1%) residents. In 2018-2022, 24.6% of Mercer County residents were born outside the United States, ranging from 7.5% in Hopewell Borough to 43.0% in West Windsor Township.[2]

Community Social and Economic Environment

- Community strengths and assets. Focus group and interview participants appreciated that Mercer County neighborhoods have many amenities, including green areas and parks, restaurants and shops, and good schools. Top strengths identified by Mercer County respondents to the Community Health Needs Assessment Survey in 2024 included that the community had safe outdoor places to walk and play (78.7%), was a good place to raise a family (78.0%), had places for everyone to socialize (75.2%), that there was not much violence (69.3%),

Mercer County Survey Respondents' Community Perceptions, Percent Who Agreed/Strongly Agreed, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

[1] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2013-17 & 2018-22
[2] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

and that it promoted a healthy lifestyle (67.2%).[3]

- Partnerships and Community Engagement. Participants valued the robust partnerships established among multiple organizations and across sectors that allow for effective use of resources, coordination, and rapid response in the face of public health emergencies, such as the recent Monkeypox emergency. Many participants valued how Mercer County agencies work together to conduct joint advocacy and engage in community outreach and information sharing about community services and programs.

- Education. Graduation rates varied by public school district. Several school districts in Mercer County, such as Hopewell Valley Regional School District (97.0%) and West Windsor-Plainsboro Regional School District (97.0%) outperformed New Jersey as a whole. However, Trenton (61.3%) and Ewing Township (84.7%) districts experienced lower graduation rates than other municipalities and the state. There were racial/ethnic disparities in graduation rates, with Latino and Black students experiencing lower graduation rates than their White and Asian counterparts.[4] Youth participants noted that, in general, schools had robust programs for academically strong students, as well as good vocational training programs. However, they also mentioned that public schools had insufficient resources to meet the needs of the student population, particularly of students with special needs and with poor mental and behavioral health.

- Employment and Workforce. Unemployment rates in Mercer County were lower than in New Jersey as a whole and had been trending downward over the decade prior to the COVID-19 pandemic, after which rates rose substantially. Fortunately, unemployment rates declined post 2020.[5] However, just over half (53.2%) of community health survey respondents agreed there were job opportunities in their area, with more White survey respondents agreeing compared to respondents from all other races/ethnicities.[6]

> "*Me and my friends have a hard time finding a job that pays any kind of livable wage, and none of us make enough money to even save."* – Focus group participant

- Income and Financial Security. Median household income in Mercer County showed stark disparities, ranging from $44,444 in Trenton to $183,024 in West Windsor

[3] Community Health Needs Assessment Survey, 2024
[4] New Jersey Department of Education, School Performance, 2023
[5] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023
[6] Community Health Needs Assessment Survey, 2024

Township.[7] Focus group and interview participants discussed the rising costs across the board: gas, housing, food, transportation, childcare, and healthcare, and shared the day-to-day challenge of affording necessities as prices continued to climb. While the rising cost of living affected everyone, participants shared that this had been most challenging for low-income individuals, including young adults transitioning into the workforce and recent immigrants.

- Food Insecurity and Healthy Eating. Several participants discussed how food insecurity has seemed to increase due to inflation and the rising cost of living. Unhoused populations, many of them families with children and older adults, were particularly food insecure. The food insecure population in Mercer County increased from 7.4% to 9.7% from 2020 to 2022.[8] Almost one third of Mercer County community survey respondents (29.3%) reported that it was sometimes or often true that they worried their food would run out before they had more money to buy more.[9] The situation was more dire for Black (51.6%) and Latino (63.1%) residents.

- Affordable Housing. Housing was described as a substantial community health challenge in Mercer County by focus group and interview participants. Affordable housing in Mercer County, much like across the state and nation, was scarce and participants noted that it affected different population groups. Overall, only one third of Mercer County community survey respondents agreed that there was sufficient affordable and safe housing in their community, ranging from 46.8% of Asian to 23.4% of Black respondents.[10]

> *"The housing issues cut across race, age. We tend to talk to a lot with older homeowners and younger families having trouble keeping rent affordable."*
> – Key informant interviewee

- Green Space and the Built Environment. Focus group and interview participants valued the recreational child-friendly areas in their neighborhoods and, according to the RWJF County Rankings, most Mercer County residents (99.0%) had adequate access to a location for physical activity.[11] Additionally, 78.7% of Mercer County community health survey respondents indicated that they agreed or completely agreed with the statement "my community has safe outdoor places to walk and play." However, there were disparities by race/ethnicity, with White (86.0%) and Asian

[7] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
[8] Feeding America, Map the Meal Gap, 2020-2022
[9] Community Health Needs Assessment Survey, 2024
[10] Community Health Needs Assessment Survey, 2024
[11] Business Analyst, Delorme map data, ESRI, & U.S. Census Files, as cited by RWJF-County Health Rankings 2020-2023

(86.1%) survey respondents being more likely to agree with the statement than Latino (65.9%) and Black (55.5%) survey respondents.[12]

- Transportation and Walkability. Participants shared differing perspectives on transportation and walkability in Mercer County. Focus group and interview participants indicated that in some areas, such as neighborhoods in Trenton and Princeton, there was public transportation, but that in other areas, such as Hightstown Borough, transportation was absent. Additionally, participants noted the lack of sidewalks and the cost of transportation as barriers to accessing basic needs for those lacking transportation. Overall, less than one quarter (24.4%) of Mercer County community survey respondents agreed or strongly agreed with the statement "it would be easy for me to take public transportation to where I needed to go day-to-day."[13] Despite this, interview and focus group participants mentioned several promising programs and initiatives to improve transportation and walkability, such as Complete Streets and Vision Zero initiatives and a federal grant to improve bus use, among others.

- Violence Prevention and Safety. Safety was something residents valued in their neighborhoods. For the individuals engaged in focus groups and interviews, safety and violence were not major concerns. A Latino focus group participant described, *"It's very safe. Life is very calm here."* Another participant said, *"The school in Hamilton feels very safe."* Overall, about 7 in 10 community survey respondents (69.3%) agreed or strongly agreed that there was not much violence in their neighborhood and almost half (49.4%) agreed or strongly agreed that there were few issues with violence between people in their communities.[14]

- Systemic Racism and Discrimination. Participants in focus groups and interviews recognized discrimination and racism as a systemic public health issue, with one interview participant mentioning that, *"stigma, racism, and institutional racism, is built into the systems…"* Interviewees described instances of discrimination and stereotyping against the unhoused and the LGBTQ+ populations in Mercer County, including in schools and healthcare systems. Community survey respondents who identified as people of color mentioned instances of discrimination due to their race or nationality. Around 2 in 5 Black (38.0%) and Latino (40.3%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 16.9% of survey respondents

> *"Another issue is discrimination and belonging. It is scary living out here for many community members."*
> – Key informant interviewee

[12] Community Health Needs Assessment Survey, 2024
[13] Community Health Needs Assessment Survey, 2024
[14] Community Health Needs Assessment Survey, 2024

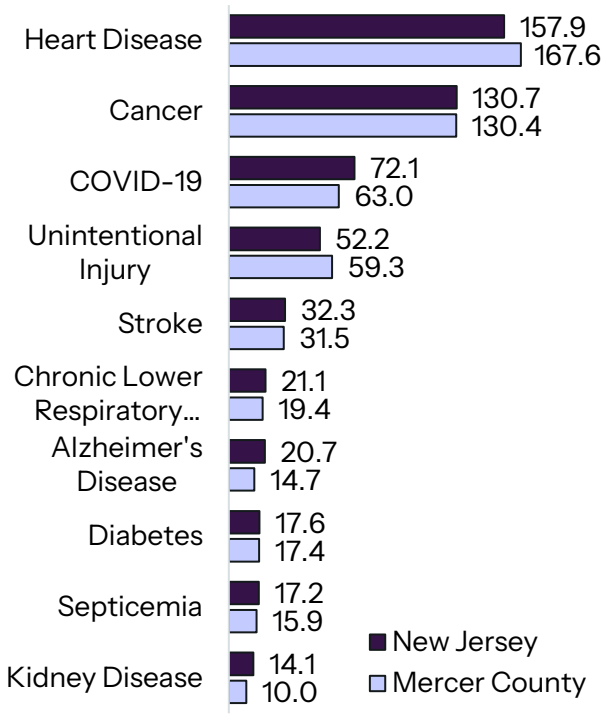
overall. Additionally, just under one third (32.4%) of LGBTQ+ survey respondents reported experiencing discrimination due to their sexual orientation.[15]

Community Health Issues

- Community Perceptions of Health. Interview and focus group participants highlighted how many community members were touched by social and economic issues, such as financial and food insecurity, housing, and transportation. They further emphasized how these issues were associated with chronic conditions that affected members of the Mercer County community, including high blood pressure and diabetes. Participants also discussed the challenges of accessing care and the difficulties of managing chronic conditions, as well as poor mental health (particularly among youth and young adults) as top community health issues in Mercer County.

  Community health survey respondents identified mental health as the top concern (29.5% of respondents), followed by cancer (26.5%), housing people can afford (24.8%), diabetes (23.6%), and overweight/obesity (22.9%) as the top five health issues in their community. Community survey respondents were also asked to rank the top health issues for children and youth in Mercer County. Respondents identified mental health issues (41.2%), bullying (30.5%), overweight/obesity (24.8%), violence and community safety (21.6%), and substance use, abuse, and overdose (14.2%) as the top five health issues impacting children and youth.[16]

Top 10 Causes of Death, by State and County, 2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

- Leading Causes of Death and Premature Mortality. The most current mortality data from New Jersey's surveillance systems are from 2021 and identified heart disease, cancer, and COVID-19 as the top three causes

[15] Community Health Needs Assessment Survey, 2024
[16] Community Health Needs Assessment Survey, 2024

of death, respectively.[17] Of note, the mortality rate for heart disease and unintentional injuries were higher in Mercer County than in the state overall.

- Overweight, Obesity, and Physical Activity. While overweight/obesity was among the top five health concerns for both adults and children identified by Mercer County survey respondents, it was not a prominent theme in focus group and interview discussions. However, almost two in five (38.7%) survey respondents in Mercer County reported ever being told by a healthcare provider that they had a weight problem. There were differences by race/ethnicity, ranging from 26.6% of Asian survey respondents to 43.0% of White survey respondents.[18]

- Chronic Disease. Chronic disease prevention and management continued to be a top priority. Data showed racial/ethnic disparities in chronic disease burden across Mercer County. Black residents experienced nearly double the rate of cardiovascular disease inpatient hospitalizations (144.1/10,000) than the Mercer County average (77.4/10,000).[19] Diabetes was a top concern for survey respondents and data indicated that it was disproportionately prevalent among Latino (17.3%) and Black (13.6%) Mercer County residents.[20] The cancer mortality rate in Mercer County was highest among Black (164.1/100,000), followed by White (135.0/100,000) residents.[21]

- Mental Health and Behavioral Health. Behavioral health and trauma were a 2021 priority and remained so in 2024. In 2024, community survey respondents selected mental health as the leading community health priority for both children and adults and was a prominent theme in interviews and focus groups. Participants identified depression, anxiety, stress, trauma, hoarding, and substance use as mental health challenges for community residents and noted that these challenges had been exacerbated by the COVID-19 pandemic. One third (33.4%) of Mercer County survey respondents reported ever being told by a provider that they had depression or anxiety issues.[22] Efforts have been made by GMPHP partner agencies to increase access to culturally competent trauma-informed mental

> *"One of my grave concerns is the mental health of kids. Since Covid, like the rest of the country, we are seeing a rise in mental health issues in kids."* – Key informant

[17] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
[18] Community Health Needs Assessment Survey, 2024
[19] Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[20] Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD)
[21] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[22] Community Health Needs Assessment Survey, 2024

and behavioral health through workforce expansion and training. In addition, since 2022, several partners started providing mental health services via telehealth, which was perceived to be a successful strategy to expand access to care.

- Infectious and Communicable Diseases. COVID-19, a priority area of the prior CHIP, was not a prominent topic among focus group and interview participants. Due to vaccination, COVID-19 deaths in Mercer County plummeted from 709 in 2020 to 39 in 2023, despite increasing infection rates.[23] Yet, participants discussed the lasting negative impacts of the pandemic on mental health, particularly of children, young people, and older adults. A silver lining uplifted by participants was that COVID-19 had improved partner coordination and ability to collaborate to rapidly respond to new emergencies. Participants did not bring up sexually transmitted infections, but rates of HIV, Chlamydia, Gonorrhea, and Hepatitis C were all more prevalent in Mercer County than in the state of New Jersey overall.[24] In 2017-2021, the incidence of HIV was higher among Black (42.4 per 100,000) and Latino (27.7 per 100,000) residents than the Mercer County average (15.6 per 100,000). In addition, some health officers mentioned concerns about low vaccination rates among certain groups, particularly the growing immigrant population, for preventable infectious conditions.

- Maternal and Infant Health. Maternal and infant health indicators are markers of inequity as most maternal and perinatal health complications are preventable with access to quality, adequate, timely care, and information, including comprehensive sexual education. Over the last three years, through Nurture NJ efforts, New Jersey made significant strides in improving perinatal health outcomes. However, as in 2021, racial/ethnic disparities persist, and participants indicated that improving maternal and infant health was an ongoing priority for Mercer County. Mercer County had a slightly higher percentage of low- and very low birth weight babies (8.0% and 1.4%, respectively) born from 2018-2022 than the state (7.8% and 1.2%, respectively).[23]

  > *"With African American families, we see huge disparities, we see late initiation of prenatal care, and a huge trust issue."*
  > – Key informant interviewee

  Disparities exist across races/ethnicities with proportionately more Black newborns born with low birth weight (13.0%) compared to White newborns (5.4%).[25] Less than half (48.7%) of Latinas in Mercer County had received prenatal care in 2018-2022

[23] New Jersey Department of Public Health, COVID-19 Dashboard, 2024
[24] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
[25] Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

compared to 64.2% overall. Participants mentioned several successful programs established in Mercer County to address these disparities, including doula services, home visits, increased prenatal care access points, and a new maternal health hub, among others.

Healthcare Access

- Access and Utilization of Healthcare Services. Access to healthcare services to prevent, diagnose early, and manage chronic conditions was a prominent theme in interview and focus group discussions. Several participants emphasized that agencies and service providers across Mercer County were willing to work together and collaborate to make access to care easier. One participant said, *"There are lots and lots of friendships and close professional relationships between the people who provide services in Mercer County."* Community survey respondents were asked about their participation in various health screenings over the past two years. In Mercer County, 87.9% of respondents reported having an annual physical exam or checkup, 67.2% receiving a flu shot, and 79.7% having a dental screening or checkup.[26]

- Barriers to Service Access. Community survey respondents were asked to identify the issues that made it harder for them to obtain medical care in the past two years. Respondents identified the inability to schedule an appointment at a convenient time (33.1%), long wait times (26.3%), doctors not accepting new patients (24.8%), insurance problems (22.4%), and cost of care (20.5%) as the top five issues. These identified barriers and challenges differed slightly by race/ethnicity. In particular, insurance problems emerged as the top barrier selected by Latino (35.6%) survey respondents.[27] In addition, focus group and interview participants also identified transportation to and from healthcare appointments as barriers to accessing care in Mercer County.

> *"Transportation to medical care is a huge issue - many of the services are available but not easily reachable for the population that may not drive, and public transportation is not reachable."* – Focus group participant

Community Vision and Suggestions for the Future

- Expand access to healthcare and social services, particularly for Latino and immigrant populations, unhoused individuals, and young adults. Community participants reported that there are many resources in Mercer County, but they are not equally accessible to all. Participants noted that, over the last three years, public health awareness and reach increased due to COVID-19 and funding to mitigate its

[26] Community Health Needs Assessment Survey, 2024
[27] Community Health Needs Assessment Survey, 2024

impact. Recommendations to continue expanding equitable access to care included hiring more healthcare professionals, particularly at federally-qualified health centers (FQHCs), strengthening collaboration between healthcare facilities, public health offices, school clinics, and homeless shelters to increase healthcare access points for vulnerable and hard-to-reach populations, and continuing to build upon and expand the screening and primary care programs that originated in response to COVID-19.

- Expand access to trauma-informed mental and behavioral health, including to mitigate the impact of adverse childhood experiences (ACEs). Several participants were concerned about the high prevalence of trauma in their communities, were aware of its long-term effects on health and well-being, and considered bolstering the provision of trauma-informed care a priority. Participants emphasized the need to increase competencies in trauma-informed care not only among healthcare providers but also among staff in social services agencies and educational institutions. These strategies would build upon ongoing efforts already in place to increase access to culturally-competent mental and behavioral health care in Mercer County. For example, several local agencies have expanded appointment hours and began offering services via telehealth in the last three years.

- Reduce stigma and discrimination and improve multilingual and culturally competent care. The communities across Mercer County are diverse with a growing immigrant population. A greater proportion of Black and Brown community health survey respondents reported feelings of being discriminated against due to their race/ethnicity when seeking medical care than their White counterparts; and a greater proportion of survey respondents identifying as LGBTQ+ reported facing discrimination due to their sexual orientation than heterosexual respondents. Focus group and interview participants shared that there was work to be done to address these issues with a participant stating, *"There needs to be a self-examination of unconscious bias and how it impacts practice, and I don't think people are taking the time to examine how they are treating people."*

> *"We all hired individuals that are specifically focused on outreach and creating partnerships in the community, to promote the services available in the communities."*
> - Focus group participant

- Ensure sustainable funding for public health and social services. Assessment participants reported a need for sustainable investment in social service organizations providing housing, food, and other services, particularly in light of growing demand. Participants also uplifted the need for additional funding to public health programs and for healthcare workforce development. Public health and social service funding was described by participants as unreliable and restricted to only certain uses. An

interviewee noted the need to work together to *"increase visibility and get more people advocating on public health's behalf for funding."* Another interviewee illustrated the need for more flexible funding, *"Some funding is extremely restrictive, and you could only use it for one specific thing."* These concerns are of particular concern given the end of COVID-19 funding, protections, and programs.

- Expand affordable housing in response to growing demand. Community participants identified expanding affordable housing as another vision for the future. Housing was identified as a concern among community survey respondents with 16.6% of Mercer County residents worried about their housing stability in the next two months. A greater proportion of Latino (38.6%) and Black (31.9%) respondents were concerned about housing stability.[28] The gap in temporary shelters and permanent affordable housing was also highlighted by community participants. An interviewee mentioned the need for *"continued advocacy with politicians to expand legislations and support for housing and integrated health."*

- Rebuild community trust in public health. Some interview and focus group participants noted that many community members distrusted public health and the healthcare system and uplifted the need to strengthen links with the community moving forward. One participant stated, *"Coming off of COVID, there is such a distrust in the healthcare system and in government, in particular…I'd love to get beyond that and have better relationships with our constituents."*

Key Themes

The following section provides an overview of the key themes that emerged from the 2024 GMPHP CHNA.

- The communities GMPHP serves are diverse and health disparities persist. Black residents faced higher rates of asthma-related hospital admissions, low birth weight births, cancer mortality, and diabetes, while Latino residents had lower preventive screening rates and fewer annual physical exams. Both Black and Latino residents reported more barriers to healthcare access, discrimination in medical care, and food insecurity compared to other groups.

> *"[To bridge cultural barriers] we've coordinated with groups that are already working with the population to bring us into one of their events to establish trust."*
> – Focus group participant

[28] Community Health Needs Assessment Survey, 2024

- Many residents lack access to affordable housing, transportation, and healthy food. Over half (50.7%) of renter-occupied households spend over 30% of their income on housing,[29] highlighting the need for more affordable options. Access to and cost of transportation to access basic services and food security were also prominent issues, with 29.3% of survey respondents worried about running out of food before having the money to buy more.[30]

- Employment and financial security affected the well-being of many residents. Employment and financial security emerged as key concerns in the assessment, with rising living costs threatening residents' financial stability. Participants highlighted a lack of well-paid job opportunities, particularly for immigrants and young people. In Mercer County, 10.3% of Black residents were unemployed compared to 3.5% of Asian and 5.7% of White residents.[31] Additionally, four municipalities had over 25% of households below the Asset Limited, Income Constrained, and Employed (ALICE) threshold, representing the population of working adults who could not afford basic needs.[32]

- Mental and behavioral health continue to be of concern in the GMPHP service area. As in the 2021 CHNA, mental and behavioral health are top issues of concern. Despite expansion of services over the last three years and extensive community outreach, mental health remained a top health concern. Participants noted that COVID-19 had exacerbated issues like depression, anxiety, isolation, trauma, and stress, particularly among youth, older adults, and immigrant populations. Participants mentioned that access to care for mental health and substance use disorders services remained a challenge. Participants emphasized the need to hire more culturally competent behavioral health providers and to build capacity to provide trauma-informed care in medical facilities and schools.

- Residents viewed chronic conditions as prevalent and linked to the social determinants of health. Participants discussed diabetes and high blood pressure as prevalent in the community, and difficult to manage, particularly for low-income, uninsured and underinsured, housing unstable, and Latino residents. Diabetes, overweight/obesity, and heart disease were among the top six concerns for survey

> *"We see all too many people in the homeless population who have horrible wounds, often because of untreated diabetes, and end up having amputations."*
> – Key informant

[29] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
[30] Community Health Needs Assessment, 2024
[31] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
[32] UnitedForALICE, ALICE Threshold, 2022

respondents. Heart disease and cancer were among the three leading causes of death in Mercer County. Black residents experienced higher cardiovascular disease and cancer mortality than other residents. Interviewees and focus group participants mentioned the barriers to healthy living faced by residents associated with the social determinants of health, including affording healthy foods, cost of medication, distance to healthcare centers, and inability to maintain contact with primary care providers.

Ending maternal and infant health disparities has been a long-standing priority for the GMPHP. While maternal and infant health were identified by participants areas of concern, they highlighted that there was state-level commitment to end disparities in maternal health, and that progress had been made in the context of supportive political and legislative context. They mentioned that state funding -coupled with local commitment- had led to the launch of promising programs, such as Success Centers and Family Connect NJ, with more resources underway, like a new Maternal and Infant Health Innovation Center to be launched in Trenton, NJ. One participant noted, *"There are a lot more home visits done than in the past."*

Healthcare access. Access to healthcare was a prominent theme in discussions with interview and focus group participants. Participants and community survey respondents described various healthcare access barriers, such as cultural barriers and stigma, long wait times for appointments, cost and insurance challenges, and lack of providers, among others. Participants reported specific barriers faced by young people with mental health issues, such as difficulty accessing resources, but mentioned student assistance coordinators as a good practice and resource for youth. Additionally, specific barriers for LGBTQ+ community members were discussed, such as lack of cultural competence and bias training among providers in Mercer County. On the other hand, participants perceived that important inroads had been made to increase access to care, through expansion of staff for community-based outreach, new primary care programs, and new access points.

> *"In the last couple of years, we all received grant funding which allowed us to increase our outreach staff, which had a positive impact, but the funding is drying up."*
> – Focus group participant

Conclusions

Through this comprehensive and iterative assessment process, an initial set of issues were identified as community needs based on an analysis of data from focus groups and interviews, the community health needs assessment survey, and quantitative surveillance and secondary data. These are listed below in no particular order:

- Health and Racial Equity
- Employment and Financial Security

- Affordable Housing
- Food Security and Healthy Eating
- Transportation and Walkability
- Systemic Racism and Discrimination
- Chronic Disease Prevention and Management
- Infectious and Communicable Diseases
- Maternal and Infant Health
- Mental and Behavioral Health
- Health Care Access
- Safety and Violence

After a multistep prioritization process that entailed the vote of a broad group of local partners and discussions with the GMPHP Advisory Board, and taking into consideration existing expertise, capacity, and experience, GMPHP will focus on the following four priority areas: Mental & Behavioral Health; Access to Wellness; Housing and Built Environment; and Maternal and Infant Health as priorities for the development of its implementation plan in 2024. GMPHP will address these priority action areas as part of ongoing community engagement efforts, with an overarching emphasis on addressing systemic racism and discrimination and promoting health and racial equity.

Introduction

Community Health Needs Assessment Purpose and Goals
A community health needs assessment (CHNA) is a systematic process to identify and analyze health needs and assets and prioritize those needs to inform the implementation of strategies to improve community health. In 2024, the Greater Mercer Public Health Partnership (GMPHP) undertook a CHNA process using a mixed-methods and participatory approach.

Founded in 2012, GMPHP is a collaboration of hospitals, health departments, the Mercer County Department of Human Services, and other not-for-profit organizations whose mission is to measurably improve the health of residents of the Greater Mercer County community. GMPHP assesses the community health every three years, and then brings together a broad cross-section of organizations to improve the health and well-being of those who live and work in Mercer County, New Jersey (NJ), through collaboration and partnership. GMPHP consists of over 15 core organizations and more than 60 community non-profits, schools, businesses, social service agencies, and governmental organizations are involved as collaborators. Two major hospitals in the area are part of the GMPHP: Capital Health and RWJUH Hamilton.

Capital Health is the region's leader in providing progressive, quality patient care with significant investments in exceptional physicians, nurses, and staff, as well as advanced technology. Comprised of two hospitals (the Regional Medical Center in Trenton and Capital Health Medical Center – Hopewell), the Hamilton outpatient facility, and various primary and specialty care practices across the region, Capital Health is a dynamic healthcare resource accredited by DNV GL - Healthcare. A five-time Magnet®-recognized health system for nursing excellence, Capital Health serves as a Level II regional trauma center, comprehensive stroke center, regional perinatal center (including a Level III NICU), and emergency mental health screening center. It also offers the region's first and most experienced Pediatric Emergency Department and most recently, New Jersey's first Autism-Friendly Pediatric Emergency Department. Capital Health takes great pride in innovative programs such as the Capital Institute for Neurosciences; a nationally accredited Center for Comprehensive Breast Care; the Center for Digestive Health; the Marjorie G. Ernest Joint Replacement Center of Excellence; the award-winning Cancer Center; and the Heart and Vascular Institute, which includes the region's first accredited Chest Pain Center.

RWJUH Hamilton is located on a 67-acre campus adjacent to Hamilton's Veterans Park in Hamilton, New Jersey in Mercer County. Hamilton Township is located immediately east of the historic City of Trenton, the state's capital. The hospital is part of the RWJBarnabas Health (RWJBH) system. RWJBH is a non-profit healthcare organization, which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated

network and collaborative accountable care organization. As one of the acute care hospitals within the system, RWJUH Hamilton's commitment to health care and the community has earned it numerous awards in quality, performance, and patient experience. This includes being the first of only two hospitals in New Jersey to receive the Malcolm Baldridge National Quality Award presented by the president of the United States. It has earned recognition as Top General Hospital twice and earned a hospital safety grade "A" by The Leapfrog Group.

This assessment process is built upon previous assessment and planning processes conducted by GMPHP. In developing the 2021 Community Health Improvement Plan (CHIP), GMPHP adopted overarching goals and objectives aimed at addressing health equity in four priority areas: COVID-19, Life Expectancy, Behavioral Health/ACEs, and Maternal Health. GMPHP achieved the overarching COVID-19 goal, as COVID-19 deaths dropped from 709 in 2020 to 39 in 2023. Partners reported that the activities taken in response to the pandemic strengthened cross-sector collaboration in Mercer County. Progress was made towards the overarching goals of reducing inequities in life expectancy and increasing identification and management of behavioral health and trauma: All GMPHP partners reported screening for the social determinants of health and now provide a warm handoff to connect clients to the appropriate social services. In addition, many partners hired staff from local communities who spoke the languages of that community and offered training in cultural sensitivity and ACE awareness. Over the last three years, GMPHP partners increased capacity and availability of integrated healthcare and behavioral health services. GMPHP actions were in line with and contributed to supporting New Jersey-wide priorities in maternal and infant health. Nurture NJ reported great improvements in maternal health: New Jersey went from 47th to 28th place in the nation in terms of maternal mortality; from 32nd to 18th place in terms of maternal morbidity; and from 36th to 18th place in the nation in breastfeeding rates. The following is a review of the strategies and the outcomes of the planned actions between 2022-2024. See Appendix H. Outcomes and Results from Previous Implementation Plan for a more detailed description of the coalition's activities, accomplishments, and impact since 2022, which includes progress made implementing the improvement plans of Capital Health and RWJUH Hamilton (Table 46). The appendix includes an impact statement, detailed implementation data, the list of GMPHP member organizations (Table 44) and the list of participating hospital staff (See Table 44. GMPHP Community Health Advisory Board Membership 2024 and Table 45. Capital Health Acknowledgements).

In early 2024, GMPHP contracted the services of Health Resources in Action (HRiA), a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNA. HRiA was also contracted by RWJBH to administer a community health resident survey across the entire health system, with input from the GMPHP. This survey data was incorporated in this GMPHP CHNA.

The GMPHP CHNA aims to gain a greater understanding of the issues that Mercer County community residents face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the assessment process conducted from January to September 2024.

The specific goals of this CHNA are to:

- Systematically identify the needs, strengths, and resources of the community to inform future planning,

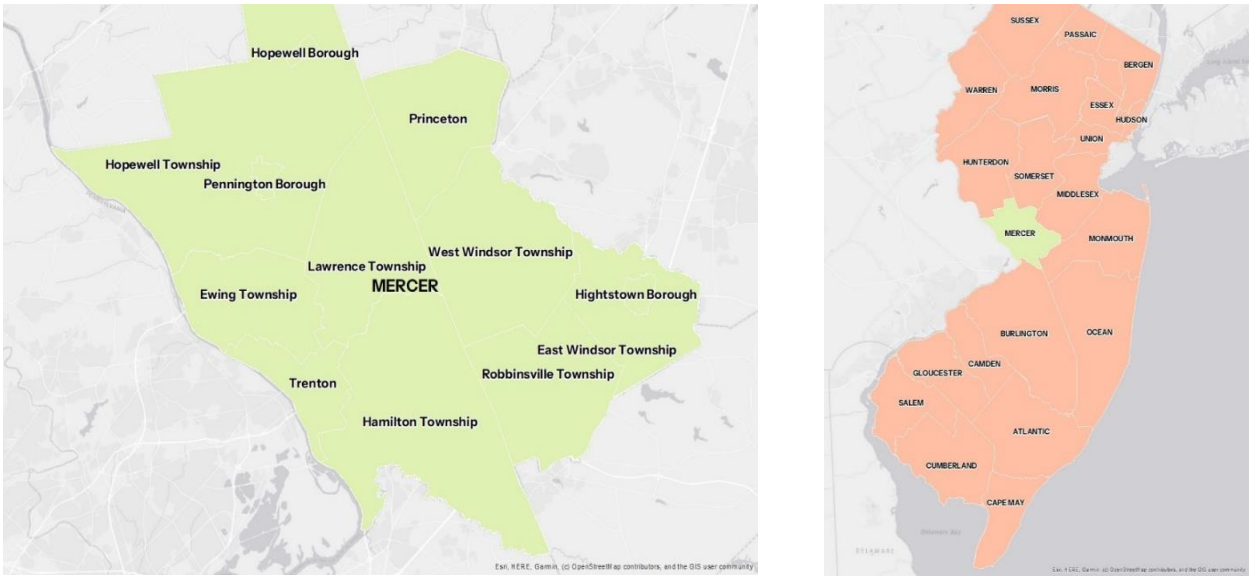
- Understand the current health status of the service area overall and its sub-populations within their social context,
- Engage the community to help determine the needs and opportunities for action, and
- Fulfill the IRS mandate for non-profit hospitals.

Area of Focus

This CHNA process aims to fulfill multiple purposes for a range of stakeholders and includes data from the geographic areas described here. The GMPHP's focus area includes the twelve municipalities in Mercer County (East Windsor Township, Ewing Township, Hamilton Township, Hightstown Borough, Hopewell Borough, Hopewell Township, Lawrence Township, Pennington Borough, Princeton, Robbinsville Township, Trenton, and West Windsor Township).

RWJUH Hamilton's primary service area (PSA) includes the following Mercer County zip codes: 08501, 08520, 08561, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08629, 08638, 08648, 08690, 08691, as well as 08505 in Burlington County. Capital Health's PSA includes the following Mercer County zip codes: 08534, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08628, 08629, 08638, 08648, 08690, 08691, in addition to 08505 in Burlington County and 18940, 19030, 19067 in Bucks County (Figure 1, which encompasses the majority of communities served by the hospitals participating in this assessment).

Figure 1. Greater Mercer Public Health Partnership CHNA Focus Area Map, 2024



DATA SOURCE: NJ Office of Information Technology, Office of GIS (NJOGIS), 2023

Methods

The following section describes how data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process.

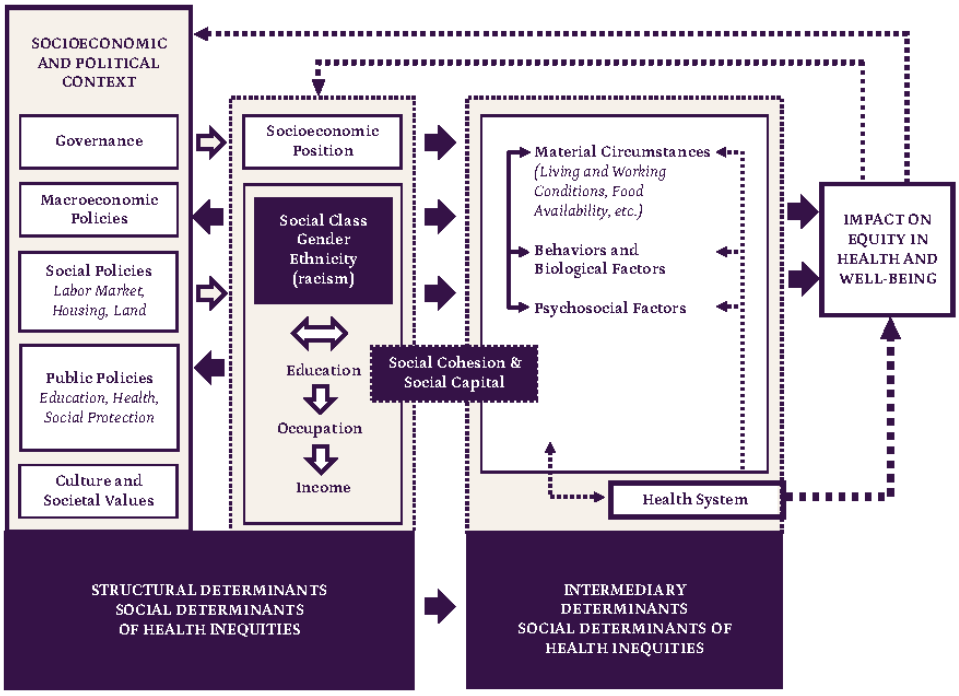
Social Determinants of Health Framework

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health.

Upstream Approaches to Health

Having a healthy population requires more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays has an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, the intermediary social determinants of health, but also by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, depicting how individual lifestyle factors are influenced by structural social determinants of health, that shape a person's access to educational opportunities and income, which in turn are influenced by the socioeconomic and political context. Further, the health system moderates the relationship between the material and biopsychosocial factors and health and well-being.

Figure 2. Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, A Conceptual Framework for Action on the Social Determinants of Health, 2010.

Further, healthcare insurers, regulators, and providers have recognized health-related social needs as those social factors that directly impact the health of individuals, such as economic strain and food availability. Healthcare sector partners can take steps to address and mitigate the impact of the health-related social factors on health through screening and referrals to social and community-based services.[33]

The data to which we have access is often a snapshot in time, but the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. To this end, much of this report is dedicated to discussing the social, economic, and community context in which residents live. We hope to describe the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens

The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are a few of the factors that drive health inequities.

The present report describes health patterns for the Mercer County population overall, as well as areas of need for specific subpopulations. Understanding factors that contribute to health patterns for these groups can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to thrive and live a healthy life.

Approach and Community Engagement Process

The CHNA aimed to engage a broad range of stakeholders that contribute to residents' health, including health departments, hospitals, community-based organizations, academic partners, and community residents through different avenues.

GMPHP Engagement

GMPHP was engaged throughout this process providing input and feedback on CHNA methodology, data collection instruments (e.g., focus group and interview guides), secondary data indicators, local data sources, community health survey administration methods, and priority stakeholders and population groups to engage in discussions. HRiA was in ongoing contact with the GMPHP Project Director, who served as liaison with GMPHP partners and the community at large.

The GMPHP Advisory Board was engaged at critical intervals throughout this process. In March 2024, GMPHP members met for a kick-off meeting during which HRiA provided an

[33] Centers for Medicare & Medicaid Services, Social Drivers of Health and Health-Related Social Needs, 2024

overview of the assessment and planning processes. A Q&A session and discussion followed this presentation. After the meeting, participants were invited to complete an online Advisory Board survey to help identify what populations and sectors to engage in focus groups and key informant interviews. The results of this survey directly informed the development of an engagement plan to guide qualitative data collection.

The GMPHP Advisory Board also provided insights into the community health resident survey. In early 2024, the Board reviewed the previous 2021 survey instrument and gave input on content that should be changed or removed from the older version of the survey. The Board then reviewed and provided feedback on the revised 2024 survey which was administered in spring 2024. GMPHP members also provided feedback to the community health survey mode of administration, tools, and the progress monitoring dashboard. HRiA provided weekly progress updates and technical assistance to GMPHP to increase responses and ensure the representation of key population groups.

During the qualitative data collection process, the GMPHP Project Director and GMPHP partners assisted with organizing focus groups with community residents, participating in key informant interviews, and/or connecting HRiA to stakeholders in the community. HRiA provided progress updates and sought guidance from GMPHP partners at two GMPHP Board meetings on May 1st and August 7th, 2024.

A Key Findings and Prioritization meeting was held on September 9th, 2024, and was attended by 74 participants from stakeholder organizations and the community at large. During this meeting, HRiA staff presented the findings from the CHNA process, including preliminary themes that emerged upon review of the qualitative, survey, and secondary data. GMPHP partners had the opportunity to ask questions, and then discuss and vote on the top priorities for the Partnership to consider when developing its Community Health Improvement Plan (CHIP). As a second step, the GMPHP Advisory Board met thereafter to consider the county's expertise and capacity to identify the final list of CHIP priorities. A detailed description of the prioritization process can be found in the Prioritization Process and Priorities Selected for Planning section.

Community Engagement

Community engagement is described below under the primary data collection methods. Capturing and lifting up a range of voices, especially those not typically represented in these processes, was a core component of this initiative. Community engagement was done via virtual focus groups and surveys, both online and in person. By engaging the community through multiple methods and in multiple languages, this CHNA aimed to depict a full and multifaced picture of current community strengths and needs. Community engagement strategies were tailored to specifically reach traditionally medically underserved groups, including low-income, uninsured and underinsured, and racially minoritized populations.

Secondary Data: Review of Existing Data, Reports, and Analyses

Secondary data are data that have already been collected for other purposes. Examining secondary data helps us to understand trends and identify differences by sub-groups. It also helps guide where primary data collection can dive deeper or fill in gaps.

Secondary data for this assessment were drawn from a variety of national, state, and local sources, including the U.S. Census Bureau American Community Survey (ACS), the U.S. Department of Labor Bureau Statistics, the National Survey of Children's Health, the U.S. Centers for Disease Control and Prevention's (CDC) Centers for Disease Control and Prevention, the National Center for Health Statistics, CDC's Behavioral Risk Factor Surveillance System (BRFSS), the County Health Rankings & Roadmaps, the Environmental Protection Agency's National Walkability Index, the NJ State Police Uniform Crime Reports, the NJ Department of Education, the NJ Department of Health's State Health Assessment Data (NJSHAD), the NJ Department of Health Office of Vital Statistics and Registry, the NJ State Cancer Registry, the NJ Housing and Mortgage Finance Agency's NJ Counts, the United Ways of New Jersey ALICE (Asset Limited, Income Constrained, Employed), Trenton Health Team's NJ Food Insecurity Index, the NJ Geographic Information Network, the NJ Annual Report on Childhood Lead Exposure, the NJ Department of Human Services' New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, the NJ Office of the Chef State Medical Examiner Dashboard, and the Search Institute Survey's Profiles of Student Life: Attitudes and Behaviors. Additionally, hospitalization data for the RWJUH Hamilton and Capital Health PSAs were provided by the respective hospitals and culled by the RWJBH System data team. The cancer appendix was prepared by the RWJBH System data team based on the CDC's State Cancer Profiles and each hospital's tumor registry.

Secondary data were analyzed by the agencies that collected or received the data. Data are typically presented as frequencies (%) or rates per 100,000 population. The race and ethnicity categories used in this report are as reported by the respective agencies. When the narrative makes comparisons between towns, by subpopulation, or with NJ overall, these are lay comparisons and *not* statistically significant differences. Since the U.S. Census Bureau does not recommend using the one-year ACS estimates for areas with fewer than 65,000 inhabitants, and many of the towns in the focus area fall below this population threshold, the U.S. Census Bureau ACS five-year estimates (2018-2022) were used to present the social and economic indicators. Sometimes, reporting agencies do not provide certain data points. This could be due to several reasons: the agency might not have the statistics, they might have suppressed the data because of low numbers, or the data might not have met statistical reliability standards. In any of these cases, we placed an asterisk (*) to indicate data were not available.

Primary Data Collection

Primary data are new data collected specifically for the CHNA. The goals of these data were to: 1) describe perceptions of the strengths and needs within the service area by key populations; 2) explore which issues are perceived to be most urgent; and 3) identify the gaps, challenges, and opportunities for addressing these issues more effectively. Primary data were collected using three different methods: key informant interviews, focus groups, and a community health survey.

Qualitative Discussion: Key Informant Interviews and Focus Groups

*Key Informant Int*erviews

A total of six key informant interview discussions were completed with seven individuals by Zoom. Interviews lasted from 45 to 60 minutes. They were semi-structured discussions that engaged institutional, organizational, and community leaders as well as frontline staff across sectors. Discussions explored interviewees' experiences addressing community needs and

priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: housing services, social services, maternal health services, and those who work with specific populations, including the immigrant community, LGBTQ residents, and older adults. See Appendix A: Organizations Represented in Key Informant Interviewees and Focus Groups for a list of sectors and organizations represented and Appendix B: Key Informant Interview Guide for the guide used.

Focus Groups
A total of 21 community residents participated in 4 virtual focus groups on Zoom conducted with specific populations of interest: Spanish-speaking Latino residents, young adults, local public health officers, and behavioral health providers. The first focus group was conducted in Spanish and the other three in English. Focus groups were up to 90-minute semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. Please see Appendix C: Focus Group Guide for the focus group facilitator's guide.

Analyses
The collected qualitative information was coded and then analyzed thematically by HRiA data analysts to identify main categories and sub-themes. The analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the focus area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Health Needs Assessment Survey
A community health needs assessment survey was developed with the input of a broad range of partners and administered over four months from April to July. The survey was piloted and validated with GMPHP members, as well as community residents. The survey focused on the social determinants of health and health issues that impact the community: community priorities, assets and challenges, health status and concerns, healthcare access and barriers, and mental health and substance use. The survey was administered online and in person. It was available in eight languages (English, Spanish, Portuguese, Arabic, simplified Chinese, Haitian Creole, Hindi, and Yiddish). A shorter version of the survey was available to facilitate outreach to low-literacy, hard-to-reach groups. These strategies were specifically tailored to reach medically underserved groups, including low-income and uninsured or underinsured community members, among others.

Extensive community outreach was conducted with assistance from GMPHP members, Mercer County-based organizations, and RWJBH staff. A link to the online survey was displayed on partners' web pages and social media sites. Recruitment and marketing materials, including flyers and postcards with QR codes that linked to the survey, were distributed online and at community-wide events. A landing site was developed where

partners could download the survey and the recruitment materials in eight languages. A dashboard was created for partners to view progress toward goals in real-time. Partners disseminated the survey link and the hardcopy version at in-person events and in organizations throughout the county, such as the public library, health facility waiting rooms, and health fairs.

The sample presented here is based on 2991 responses from Mercer County received through July 29, 2024.[34] Table 1 provides the sociodemographic characteristics of Mercer County survey respondents. In this report, people who completed the survey are referred to as "respondents" (whereas those who were part of focus groups and interviews are referred to as "participants" for distinction).

Table 1. Characteristics of Mercer County Survey Respondents (N=2991)

Age (n=2717)	
18 to 24	3.9%
25 to 44	20.6%
45 to 64	35.1%
65+	40.4%
Gender (n=2302)	
Woman	71.5%
Man	27.1%
Transgender woman	*
Transgender man	*
Non-binary/queer	0.6%
Agender/I don't identify with any gender	*
Other self-identified gender identity	0.5%
Race/Ethnicity (n=2853)	
American Indian and Alaska Native	0.8%
Asian	7.9%
Black/African American	13.6%
Hispanic/Latino	15.4%

Income (n=1871)	
Less than $10,000	6.1%
$10,000 to $14,999	3.6%
$15,000 to $24,999	6.8%
$25,000 to $34,999	5.5%
$35,000 to $49,999	9.2%
$50,000 to $74,999	13.4%
$75,000 to $99,999	12.6%
$100,000 to $149,999	18.2%
$150,000 to $199,999	10.6%
$200,000 or more	14.0%
Marital Status (n=2238)	
Married	52.7%
Single	23.6%
Separated/divorced/widowed	19.2%
Domestic partnership/civil union/living together	4.4%
Education (n=2922)	
Less than high school	1.8%

[34] The community health resident survey was administered across a large section of central and northern New Jersey to support several community health needs assessment and planning processes. The survey stayed open into mid-August 2024; however, the Mercer County sample was pulled on July 29, 2024, to ensure sufficient time for analysis for the GMPHP CHNA. Therefore all survey analyses are for respondents up to that date. A final Mercer County survey dataset will be provided to the GMPHP in 2025.

Middle Eastern and North African	0.7%
Native Hawaiian/Pacific Islander	*
White/Caucasian	63.3%
Other self-identified race/ethnicity	2.5%
Sexual Orientation (n=2164)	
Straight or heterosexual	93.4%
Gay or lesbian	2.4%
Bisexual, pansexual, or queer	3.5%
Asexual	*
Additional category	*

Some high school	3.0%
High school graduate or GED	12.1%
Some college	12.7%
Associate or technical degree/certification	10.3%
College graduate	28.2%
Postgraduate or professional degree	32.0%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers. Respondents who selected multiple race/ethnicities were assigned to each category selected.

Analyses
Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question, which varied by question. Survey data presents race and ethnicity categories as selected by respondents. The race and ethnicity categories are asked in a multiple-choice question that allows for several answers. To recognize respondents' multiple identities, the race and ethnicity categories are presented alone or in combination. For example, if someone selected "Asian" and "Black or African American" they would appear in both categories. Thus, as with other multiple-choice questions that allow for multiple responses, the percentages may not add to 100 percent. To protect respondents' privacy, an asterisk (*) is placed in any table cell with fewer than 10 responses.

Data Limitations
As with all data collection efforts, several limitations should be acknowledged. Numerous secondary data sources were drawn upon in creating this report and each source has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race and ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups (e.g., age) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

The community health survey used a convenience sample. Since a convenience sample is a type of non-probability sampling strategy, there is potential selection bias in who participated or was asked to participate in the survey. Respondents' sociodemographic distribution does not represent the sociodemographic distribution of Mercer County respondents. For example, 71.5% of the sample identified as women, compared to 50.7% of

the county's population. Due to this potential bias and that data are reported unweighted, results cannot necessarily be generalized to the larger population. Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of Mercer County as a whole. However, a range of strategies such as multiple collection sites, access points, and survey administration modalities were used to minimize selection bias (e.g., extensive community outreach at public venues and key events, and availability of survey on paper, among others) and multiple population groups – patients, RWJBH employees, the community at large, and a focus on population groups typically underrepresented in surveillance data (e.g., specific language and demographic groups) were engaged to try to yield a sample that was similar to the Mercer County population.

Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. Focus groups and interviews were conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the internet and/or phones may have experienced difficulty participating. This report should be considered a snapshot of the current time. The findings in this report can be built upon through future data collection efforts.

A Note on Race and Ethnicity

Often, data in this report are presented by racial and ethnic categories, as described above. There are limitations to categorizing people according to these heterogeneous groups, as well as, to using racial identity as a proxy for experiences of racism and discrimination. However, it is vitally important to measure health and economic inequities by race and ethnicity to inform public health policies and programs aimed at redressing systemic racism.

Context for Comparisons to Previous CHNA

Throughout this report, as appropriate, comparisons are made between this 2024 CHNA and the previous 2021 CHNA. It is important to keep in mind that these comparisons may not be as relevant given that the data collection strategies were different, particularly in regard to primary data collection, and that the previous CHNA was conducted during the height of the COVID-19 pandemic which exacerbated existing social, economic, and health inequities.

Population Characteristics

Population Overview

The Greater Mercer Public Health Partnership (GMPHP) serves a county population of 383,732 (Table 2). The smallest municipalities by population are Hopewell Borough (1,825 residents) and Pennington Borough (2,780 residents), while the largest are Hamilton Township (91,819 residents) and Trenton (90,055 residents). The overall population in Mercer County grew by 2.8% between 2013-2017 and 2018-2022, with Robbinsville Township (7.9%) and East Windsor Township (7.6%) experiencing the greatest increase. Additional population tables can be found in Appendix E. Additional Data Tables and Graphs.

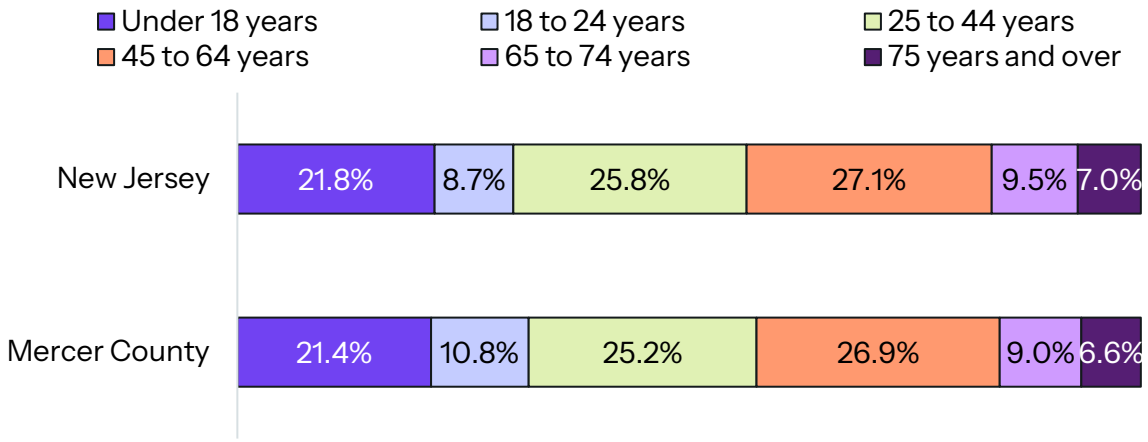
Table 2. Total Population and Percent Change, by State, County and Town, 2013-2022

	2013-2017	2018-2022	% change
New Jersey	8,960,161	9,249,063	3.2%
Mercer County	373,362	383,732	2.8%
East Windsor Township	27,675	29,784	7.6%
Ewing Township	36,437	36,140	-0.8%
Hamilton Township	89,206	91,819	2.9%
Hightstown Borough	5,527	5,864	6.1%
Hopewell Borough	1,976	1,825	-7.6%
Hopewell Township	18,503	17,521	-5.3%
Lawrence Township	33,288	32,636	-2.0%
Pennington Borough	2,591	2,780	7.3%
Princeton	30,722	30,450	-0.9%
Robbinsville Township	14,281	15,413	7.9%
Trenton	84,867	90,055	6.1%
West Windsor Township	28,289	29,445	4.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2013-2017 & 2018-2022

The age distribution of Mercer County in 2018-2022 was similar to that of New Jersey overall (Figure 3), with a slightly higher percentage of young adults ages 18-24 (10.8%) compared to the state (8.7%). Age distribution data by town can be found in Appendix E. Additional Data Tables (*Table 20. Age Distribution, by State, County and Town,* 2018-2022).

Figure 3. Age Distribution, by State and County, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

Mercer County communities are racially and ethnically diverse. A key informant interviewer described, *"Trenton is a minority majority city, we have a lot of diversity."* Secondary data show that Mercer County is more diverse than New Jersey overall (Table 3) and has a greater proportion of residents who identify as Black (19.1%) and Asian (12.1%) than the state (12.4% and 9.8%, respectively). Almost 1 in 5 Mercer County residents identify as Latino. Yet, even with this diversity, there is great variation between municipalities. Over half of West Windsor Township residents identify as Asian (50.1%), while 92.0% of Hopewell Borough residents identify as White. While Trenton (44.2%) and Ewing Township (28.4%) have the highest proportion of residents who identify as Black, Trenton (38.7%) and Hightstown Borough (30.9%) have the highest proportion of Latino residents.

Table 3. Race and Ethnicity of Mercer County Residents, by State, County, and Town, 2018-2022

	American Indian and Alaska Native	Asian	Black/ African American	Hispanic/ Latino	Native Hawaiian/ Pacific Islander	White
New Jersey	0.1%	9.8%	12.4%	21.2%	0.0%	53.0%
Mercer County	0.1%	12.1%	19.1%	19.2%	0.0%	46.7%
East Windsor Township	0.0%	21.9%	7.6%	23.3%	0.0%	44.4%
Ewing Township	0.0%	4.7%	28.4%	11.0%	0.0%	52.4%
Hamilton Township	0.0%	5.1%	12.8%	18.0%	0.0%	62.2%
Hightstown Borough	0.0%	4.3%	7.8%	30.9%	0.0%	56.0%

	American Indian and Alaska Native	Asian	Black/ African American	Hispanic/ Latino	Native Hawaiian/ Pacific Islander	White
Hopewell Borough	0.0%	1.0%	0.0%	4.3%	0.4%	92.0%
Hopewell Township	0.0%	15.2%	2.6%	3.3%	0.0%	75.0%
Lawrence Township	0.0%	14.4%	12.2%	13.7%	0.0%	57.9%
Pennington Borough	0.0%	7.6%	1.9%	5.4%	0.0%	83.2%
Princeton	0.6%	19.0%	7.3%	6.2%	0.0%	62.2%
Robbinsville Township	0.0%	27.6%	4.7%	4.4%	0.0%	59.2%
Trenton	0.1%	1.1%	44.2%	38.7%	0.0%	13.3%
West Windsor Township	0.7%	50.1%	4.6%	6.1%	0.0%	35.7%

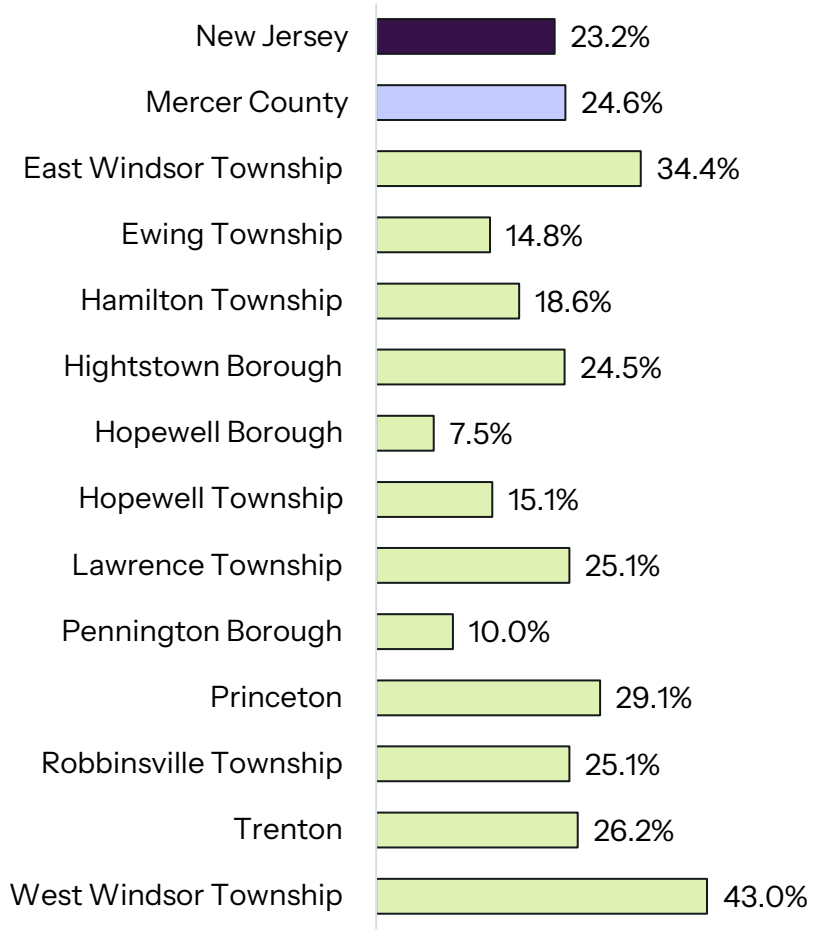
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Foreign-Born Population

Participants mentioned a growing influx of immigrants to Mercer County in recent years, as expressed by a focus group participant: *"There has been a huge shift in the population of Mercer County. About half the folks who come into the healthcare center are immigrants in one way or another, with a large portion coming from Spanish-speaking countries."* Participants also noted the arrival of refugees from conflict-affected settings, including the Northern Triangle, Afghanistan, and Haiti. Participants noted the high vulnerability of these new members of the community for whom *"a lot of issues tend to hit harder, including access to medical care, insurance, education. You name it."* Further, focus group participants underscored the need for trauma-informed care: *"Their experiences are horrendous. And I think that that's really become a challenge for anybody who's working with those families to really absorb and understand what they have gone through."* Quantitative data show that almost 1 in 4 Mercer County residents are foreign-born (24.6%), with large differences across municipalities (Figure 4). West Windsor (43.0%) and East Windsor (34.4%) townships had the highest proportion of foreign-born residents, while Hopewell Borough and Pennington Borough had the lowest proportion of foreign-born residents (7.5% and 10.0%, respectively). The proportion of foreign-born residents in Mercer County grew by 2.4% between 2013-2017 and 2018-2022, with Robbinsville Township (9.9%) and Hopewell Township (7.5%) experiencing the largest growth and Hightstown Borough the largest decline (-4.3%) (See Table 22 in the Appendix for percentage change in foreign-born population state, county, and town). Immigrants from Mercer County come primarily from India, Guatemala, the Dominican Republic, the People's Republic of China, and Haiti (Figure 5).

> *"The challenge is … the depth of trauma that they've experienced in their journeys to come to the United States …."*
> – Focus group participant

Figure 4. Percent Foreign-Born Population, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Figure 5. Top 5 Places of Birth of Foreign-Born Population, by State and County, 2018-2022

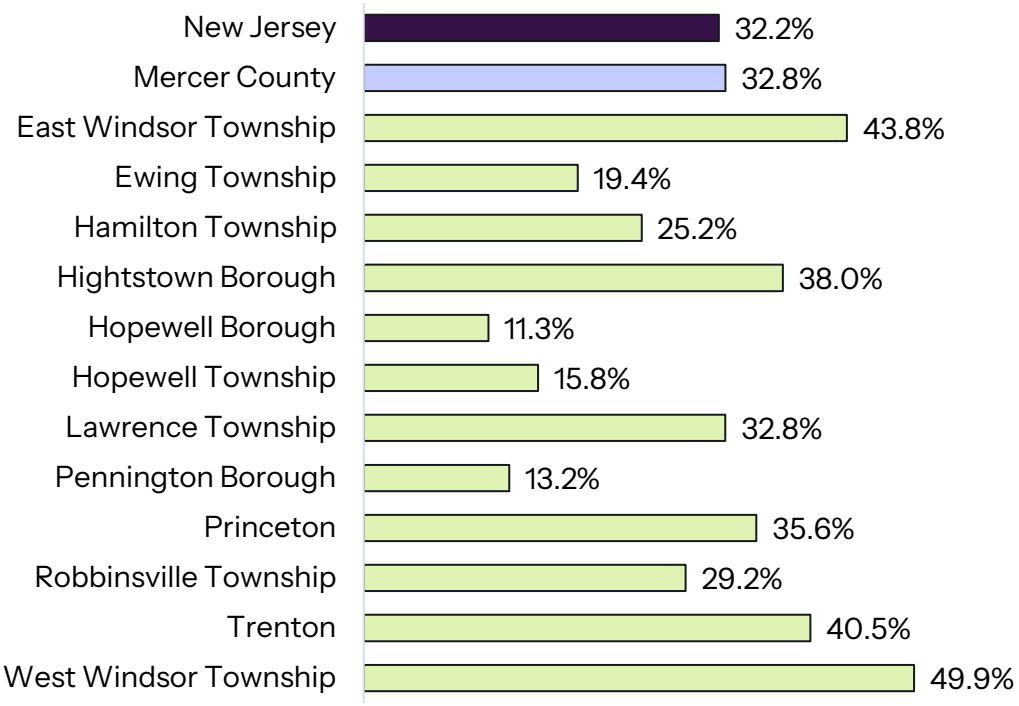
	New Jersey	Mercer County
1	India	India
2	Dominican Republic	Guatemala
3	Mexico	Dominican Republic
4	Ecuador	People's Republic of China
5	Colombia	Haiti

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Language Diversity

Almost 1 in 3 (32.8%) residents in Mercer County speak a language other than English at home (Figure 6). In West Windsor Township, almost half of residents over the age of 5 speak a language other than English (49.9%), followed by 43.8% of East Windsor Township residents. In contrast, a far smaller proportion of Hopewell Borough and Pennington Borough residents speak languages other than English at home (11.3% and 13.2%, respectively).

Figure 6. Percent Population Aged 5+ Speaking Language Other than English at Home, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Spanish is the most common language other than English spoken in Mercer County (14.6%) (Table 4). Geographic differences exist. In Trenton, 29.2% of residents speak Spanish, followed by 26.1% in Hightstown Borough. In West Windsor Township, 17.9% of residents speak Indo-European languages and 14.0% speak other languages from Asia and the Pacific Islands. Despite the prevalence of English-language learners in the GMPHP service area and the efforts to build cultural competence across organizations, interviewees and focus group participants commented that language is a barrier to accessing healthcare and other services in their communities. Behavioral health providers emphasized the difficulty of finding sufficient bilingual licensed providers to meet the mental health needs, particularly of a population that has experienced significant trauma. As one provider described, *"Within the center itself, we have a lot of cultural diversity [among providers], but in the behavioral health center, it is harder."*

Table 4. Top 5 Languages Spoken at Home, by State, County, and Town, 2018-2022

	English only	Spanish	Other Indo-European languages	Other Asian and Pacific Island languages	Chinese (Mandarin, Cantonese)	Russian, Polish, or other Slavic languages
New Jersey	65.8%	16.7%	6.0%	1.6%	1.7%	2.1%
Mercer County	67.7%	14.6%	5.6%	2.6%	2.2%	2.1%
East Windsor Township	52.7%	21.5%	10.3%	6.5%	2.3%	1.2%
Ewing Township	79.1%	8.2%	3.7%	0.6%	1.0%	0.8%
Hamilton Township	75.5%	12.8%	3.4%	0.4%	1.0%	1.6%
Hightstown Borough	65.6%	26.1%	2.0%	0.0%	0.0%	1.3%
Hopewell Borough	88.1%	2.1%	2.9%	0.0%	0.5%	1.6%
Hopewell Township	82.4%	2.2%	5.8%	1.7%	2.4%	1.0%
Lawrence Township	66.5%	8.4%	8.9%	3.5%	1.8%	6.1%
Pennington Borough	82.8%	3.3%	5.9%	2.5%	2.3%	1.4%
Princeton	61.7%	5.0%	6.1%	2.8%	8.9%	3.9%
Robbinsville Township	69.4%	3.1%	11.8%	5.2%	2.7%	2.1%
Trenton	65.3%	29.2%	0.6%	0.3%	0.2%	1.1%
West Windsor Township	45.4%	5.2%	17.9%	14.0%	8.4%	3.8%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

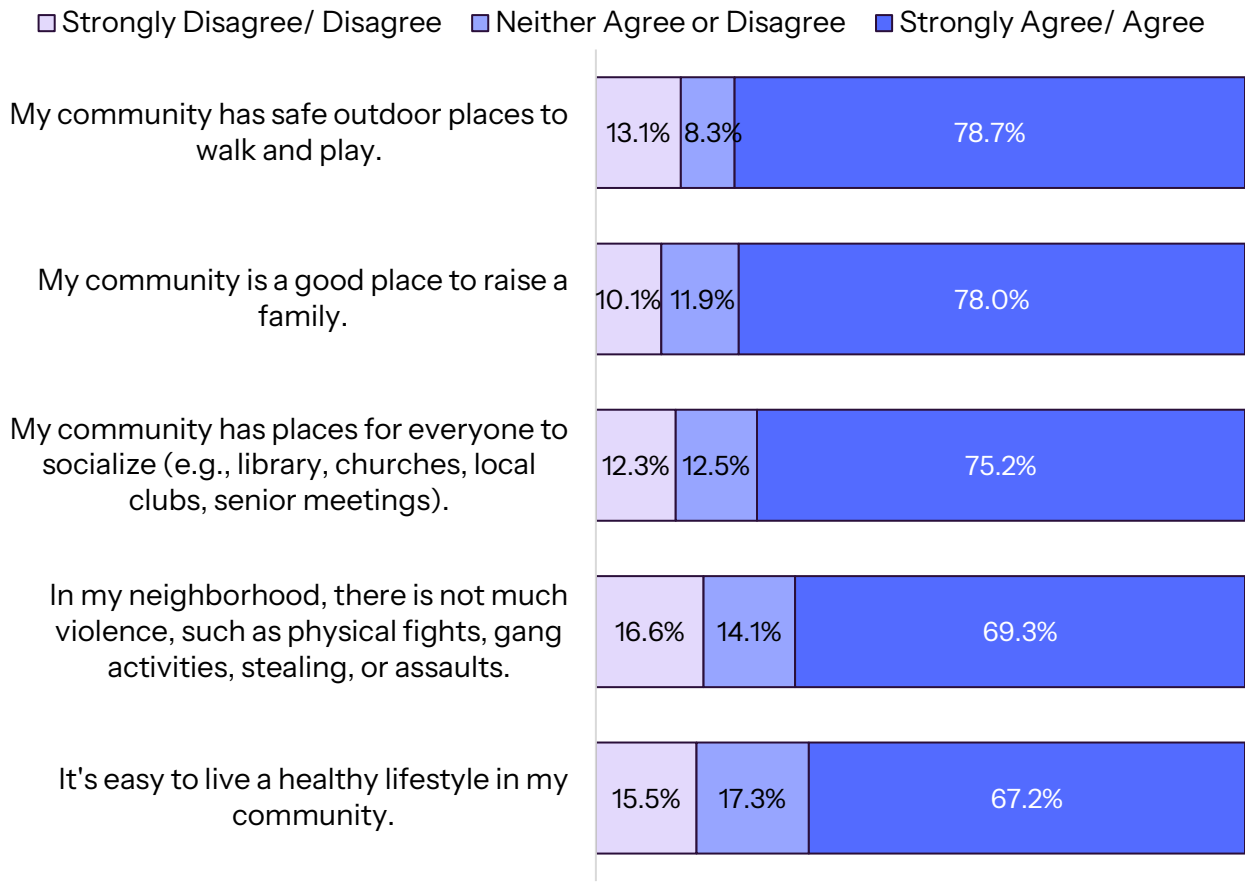
Community Social and Economic Environment

Income, work, education, and other social and economic factors are powerful social determinants of health. For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that facilitate physical activity, resident engagement, and access to healthy foods), and provide income and benefits to access health care. In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, goods, and services linked with health and healthcare access, and contribute to stressful life events that affect multiple aspects of health.

Community Strengths and Assets

Understanding the resources and services available in a community—as well as their geographic distribution—helps to identify the assets that can be drawn upon to address community health, as well as any gaps that might exist. Interviewees and focus group participants mentioned numerous positive aspects of their communities. Residents appreciated that Mercer County neighborhoods have many amenities, including green areas and parks, restaurants and shops, and good schools. Speaking of Hamilton, a focus group member stated, *"Where I live is very family-based. It is just families around here. There are a lot of safe activities for kids to do around here. The schools are great and there are a lot of like sports organizations to keep kids involved and make sure they are making good choices."* Focus group participants described their neighborhoods as *"clean and beautiful," "very peaceful,"* and *"very safe."* Community survey respondents agreed with these themes. The strengths identified by the greatest proportion of respondents were that their community had safe outdoor places to walk and play (78.7%), and that their community was a good place to raise a family (78.0%) and to socialize (75.2%) (Figure 7).

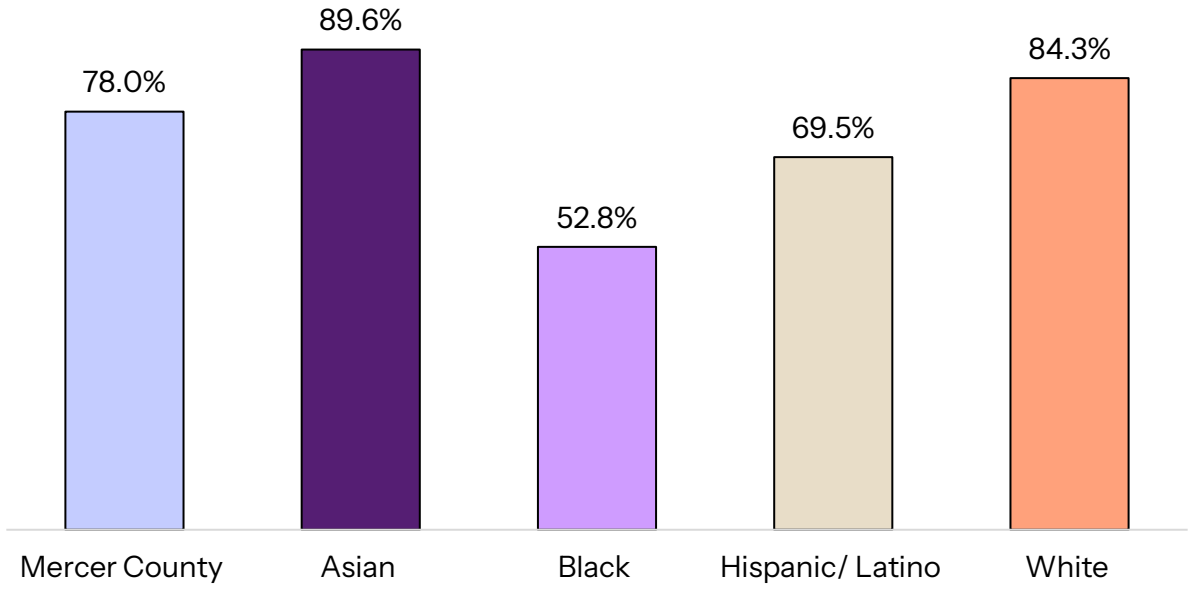
Figure 7. Community Characteristics Rated by Level of Agreement by Mercer County Survey Respondents, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=1,769 to n=2,772 for the shown questions.

Of note, responses to survey questions about community characteristics varied by race/ethnicity. For example, as can be observed in Figure 8, White and Asian respondents were more likely than Black and Latino respondents to agree or strongly agree that their community was a good place to raise a family. Of note, only about half of Black respondents (52.8%) agreed with this statement.

Figure 8. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community is a good place to raise a family*," by Race/Ethnicity, (n=2694), 2024

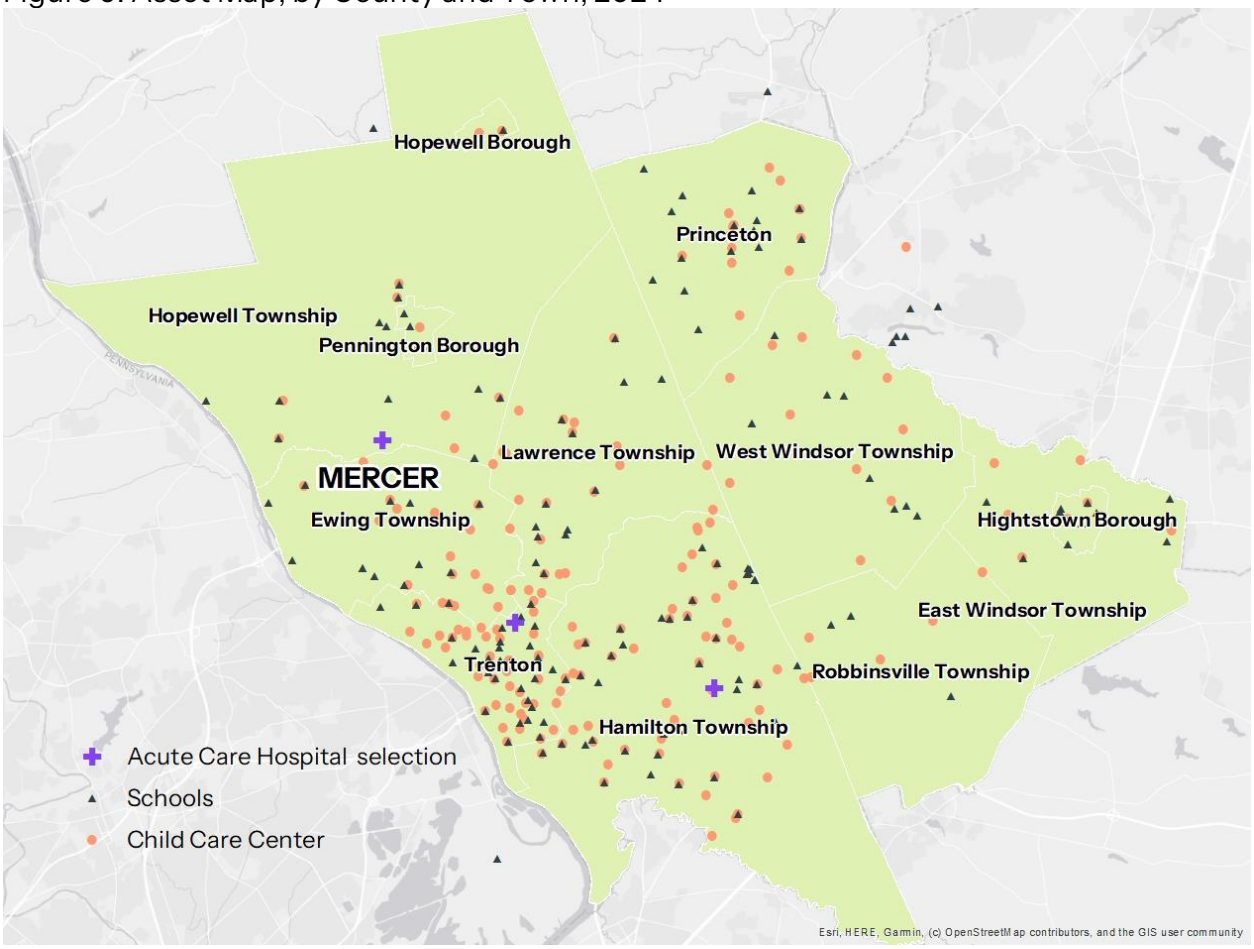


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Most interviewees valued and emphasized the high level of collaboration and partnership across the different sectors and institutions that serve Mercer County residents. One key informant described, *"Mercer County has a diversity of resources and robust partnerships. There are a lot of funding and opportunities."* Another said, *"Mercer County's professionals work together pretty well ."* The wealth of resources available in Mercer County is visually presented in the map below. There are three acute care hospitals (Capital Health Regional Medical Center, Capital Health Medical Center-Hopewell, and RWJUH-Hamilton) as well as 149 schools and 194 childcare centers in Mercer County (Figure 9). More information on assets in New Jersey can be found in Figure 96 in Appendix E. Additional Data Tables and Graphs.

> *"There are lots and lots of friendships and close professional relationships between the people who provide services in Mercer County."*
> – Focus group participant

Figure 9. Asset Map, by County and Town, 2024



DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Education

Educational attainment is an important measure of socioeconomic position that may reveal additional nuances about populations, in addition to measures of income, wealth, and poverty. NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school (Table 5). Graduation rates varied by public school district. Several school districts in Mercer County, such as Hopewell Valley Regional School District (97.0%) and West Windsor-Plainsboro Regional School District (97.0%) outperformed New Jersey as a whole. However, Trenton (61.3%) and Ewing Township (84.7%) districts experienced lower graduation rates than other municipalities and the state. Graduation rates varied across students of different racial and ethnic backgrounds as well: Latino (85.5%) and Black (86.7%) students generally experienced lower graduation rates than their Asian (95.0%) and White (95.0%) counterparts. Of note, White students in the Trenton Public School District had the lowest graduation rate, 53.8%, for any race/ethnicity group across all the school districts. More information on educational attainment in Mercer County can be found in Table 24 and Table 25 of Appendix E. Additional Data Tables and Graphs.

Table 5. Four-Year Adjusted Cohort High School Graduation Rates, by Race/Ethnicity, by State and School District, 2019-2023

	Overall	Asian	Black/ African American	Hispanic/ Latino	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
East Windsor Regional School District	92.6%	98.4%	100.0%	86.9%	97.2%
Ewing Township School District	84.7%	90.0%	85.4%	79.4%	88.1%
Hamilton Township Public School District	91.3%	94.7%	92.5%	88.1%	93.4%
Hopewell Valley Regional School District	97.0%	97.2%	*	94.4%	96.9%
Lawrence Township Public School District	95.1%	95.7%	96.1%	91.9%	96.5%
Area Vocational Technical School District of Mercer County	96.9%	*	100.0%	96.4%	93.8%
Princeton Public School District	91.5%	96.1%	93.8%	78.9%	93.1%
Trenton Public School District	61.3%	*	73.7%	55.5%	53.8%
Robbinsville Public School District	96.8%	100.0%	*	78.9%	96.8%
West Windsor-Plainsboro Regional School District	97.0%	98.8%	97.9%	88.9%	91.0%

DATA SOURCE: New Jersey Department of Education, School Performance, 2023
NOTE: Asterisk (*) indicates that data are not displayed to protect student privacy.

Young adult focus group participants for this CHNA had different experiences in high school. In general, they noted that some schools had great academic programs for academically strong students, as well as good vocational training programs. Some described the schools as *"safe"* and *"well-organized."* However, they also mentioned that public schools had insufficient resources to meet the needs of the student population, including those of students with special needs. One focus group participant mentioned, *"We have a lot of schools that need improvements. People could invest in reducing class sizes and increasing accommodations."* Another elaborated, *"The lack of accommodations may have something to do with the amount of people in the schools and in the classroom, and it doesn't allow the teachers time to give more one-on-one time to students who may have learning disabilities."*

Young adult focus group participants highlighted the need for more resources to address students' mental health issues. According to participants, such programs existed and were very supportive but were insufficient and difficult to access. As one participant explained, *"If you were not taking the traditional route and had learning disabilities you were not given the same opportunities as the other kids. I had severe ADHD my whole school career and could never afford medication or insurance. There were a lot of teachers and guidance counselors who did not help out at all, and I am not afraid to say I barely graduated."* Another theme that emerged from focus group participants was the need for schools to expand programs to build practical life skills and to offer options for students who were not college-bound. In the words of a participant, *"Some people don't have the luxury of going to college and it doesn't do a good job preparing kids for life after high school."*

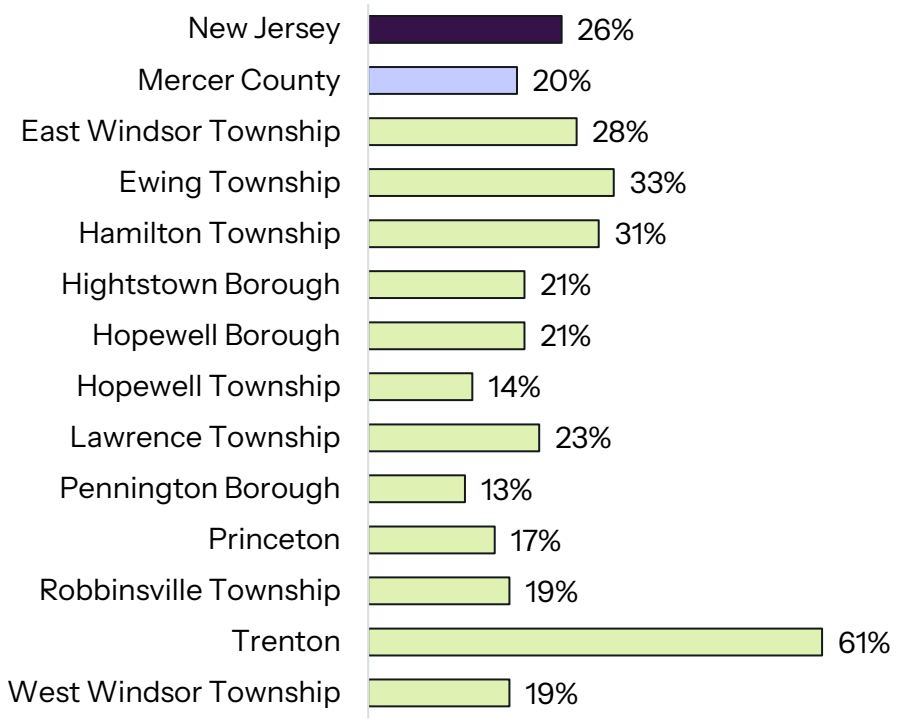
> *"I think that if we could do something in the school, it would be more like having more SAC [Student Assistance Coordinator] counselors or making teachers more aware of how to deal with mental health and mental illnesses… If we needed to start somewhere, to start with that."*
> – Focus group participant

Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. Young people, people of color, and immigrant communities in Mercer County bear the burden of unemployment and underemployment. A young participant described the cycle of intergenerational poverty in the context of a service economy characterized by insecure and precarious jobs with few professional growth opportunities: *"I personally work part-time, and a couple of my friends have part-time food service jobs, and none of us make enough money to even save. All of our money goes to our bills … And it is not for lack of trying to get better jobs."* This was echoed by a recent immigrant, *"I only work two days a week. Last week I was only given one day of work. I've been trying to find cleaning jobs, but it's been difficult. It's difficult trying to get work."* In 2022, 1 in 5 of the county's households were Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families (Figure 10), ranging from 13% in Pennington Borough to 61% in Trenton. Between 2010 and 2022, the percentage of single-headed households with children living below the ALICE threshold increased by 18% in New Jersey, overall.

> *"I'm not somebody that comes from money … Me, and a lot of my friends, and other people that I know struggle a lot with having a job that pays any kind of livable wage.*
> – Focus group participant

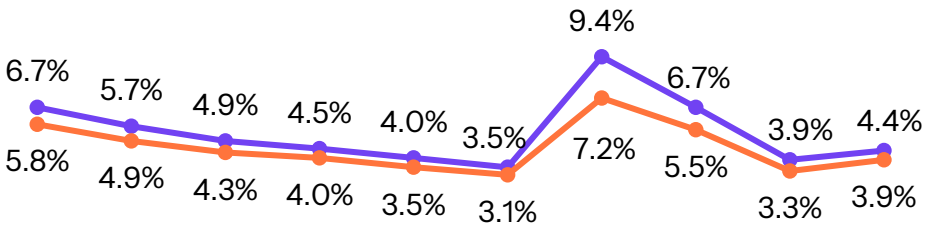
Figure 10. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022



DATA SOURCE: United For ALICE 2024, derived from American Community Survey, 2010-2022
NOTE: The ALICE Threshold is calculated by United Way's United For ALICE initiative. ALICE stands for Asset Limited, Income Constrained, and Employed. Households living below the ALICE threshold represent households with working adults who cannot afford basic needs (childcare, transportation, housing, food, etc.).

Data from the Bureau of Labor Statistics show that unemployment rates in Mercer County are lower than those of New Jersey as a whole and had been trending downward over the past decade before the COVID-19 pandemic, after which rates rose substantially (Figure 11). Fortunately, unemployment rates declined post-2020. Town-level data from the 2018-2022 American Community Survey show that Trenton and Ewing Township experienced the highest unemployment rates (10.0% and 7.1% respectively), while Hopewell Borough and Pennington Borough experienced the lowest (1.9% and 2.8%, respectively) (Figure 99 in the appendix).

Figure 11. Unemployment Rate, by State and County, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
New Jersey	6.7%	5.7%	4.9%	4.5%	4.0%	3.5%	9.4%	6.7%	3.9%	4.4%
Mercer County	5.8%	4.9%	4.3%	4.0%	3.5%	3.1%	7.2%	5.5%	3.3%	3.9%

DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023

Unemployment rates varied by race/ethnicity. Residents who identify as Black had higher unemployment rates (10.3%) than other racial/ethnic groups, particularly in West Windsor Township (14.4%), while Asian residents had lower unemployment rates (3.5%) (Table 6). In Trenton, both Black (13.4%) and White (13.2%) residents had unemployment rates above the county average. Unemployment rates by age (Table 26) and by gender (Table 27) can be found in Appendix E. Additional Data Tables and Graphs.

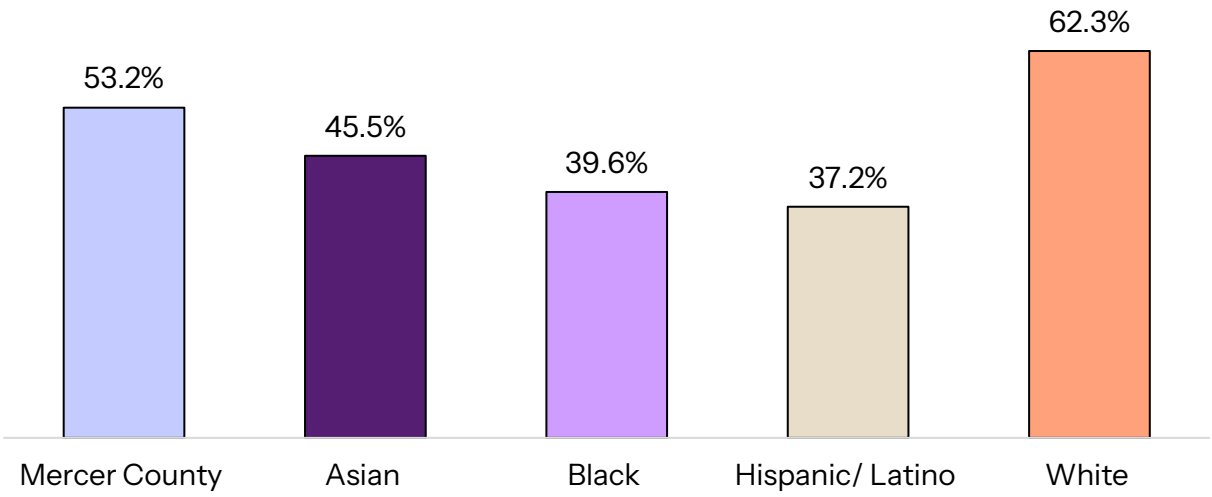
Table 6. Unemployment Rate, by Race/Ethnicity, by State, County, and Town, 2018-2022

	Overall	American Indian and Alaska Native	Asian	Black/ African American	Hispanic / Latino	White
New Jersey	6.2%	7.8%	4.7%	9.2%	7.2%	5.3%
Mercer County	6.1%	7.5%	3.5%	10.3%	4.3%	5.7%
East Windsor Twp.	4.6%	*	2.2%	12.8%	0.2%	6.5%
Ewing Township	7.1%	*	11.8%	6.5%	11.4%	6.5%
Hamilton Township	5.0%	*	0.9%	7.1%	4.8%	4.5%
Hightstown Bor.	3.9%	*	0.0%	5.8%	0.0%	6.0%
Hopewell Borough	1.9%	*	0.0%	*	0.0%	2.0%
Hopewell Township	3.0%	8.3%	0.0%	4.8%	8.9%	3.3%
Lawrence Twp.	5.8%	0.0%	2.9%	6.3%	2.1%	6.8%
Pennington Bor.	2.8%	*	22.0%	0.0%	0.0%	1.3%
Princeton	4.8%	18.5%	5.9%	1.8%	7.5%	4.5%
Robbinsville Twp.	5.2%	0.0%	3.4%	5.2%	0.0%	6.5%
Trenton	10.2%	3.9%	15.0%	13.4%	4.8%	13.2%
West Windsor Twp.	4.8%	0.0%	3.0%	14.4%	2.3%	6.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
NOTE: Asterisk (*) means that data are suppressed.

Consistent with other data, many survey respondents did not believe that there are good employment opportunities in the area. Overall, slightly over half (53.2%) of Mercer County respondents agreed that there were job opportunities in their area (Figure 12). White respondents were notably more positive, with 62.3% agreeing, compared to respondents from all other races/ethnicities.

Figure 12. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There are job opportunities in my area*," by Race/Ethnicity, (n=2244), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources that affect health and well-being.

Current economic challenges and financial insecurity were discussed in several interviews and focus groups. Participants talked about rising costs across the board: gas, housing, food, transportation, childcare, and healthcare. Focus group participants shared the day-to-day challenge of affording necessities as prices continue to climb. While the rising cost of living affects everyone, participants shared that this had been most painful for low-income individuals, including young adults transitioning into the workforce and recent immigrants.

Across Mercer County, there is variation in household financial well-being. Data from the 2018-2022 American Community Survey show that the median household income in Mercer County was slightly below that of New Jersey overall over that period. In addition, there were differences across communities, where the median household income ranged from $44,444 in Trenton to $183,024 in West Windsor Township, a four-fold difference (Table 7).

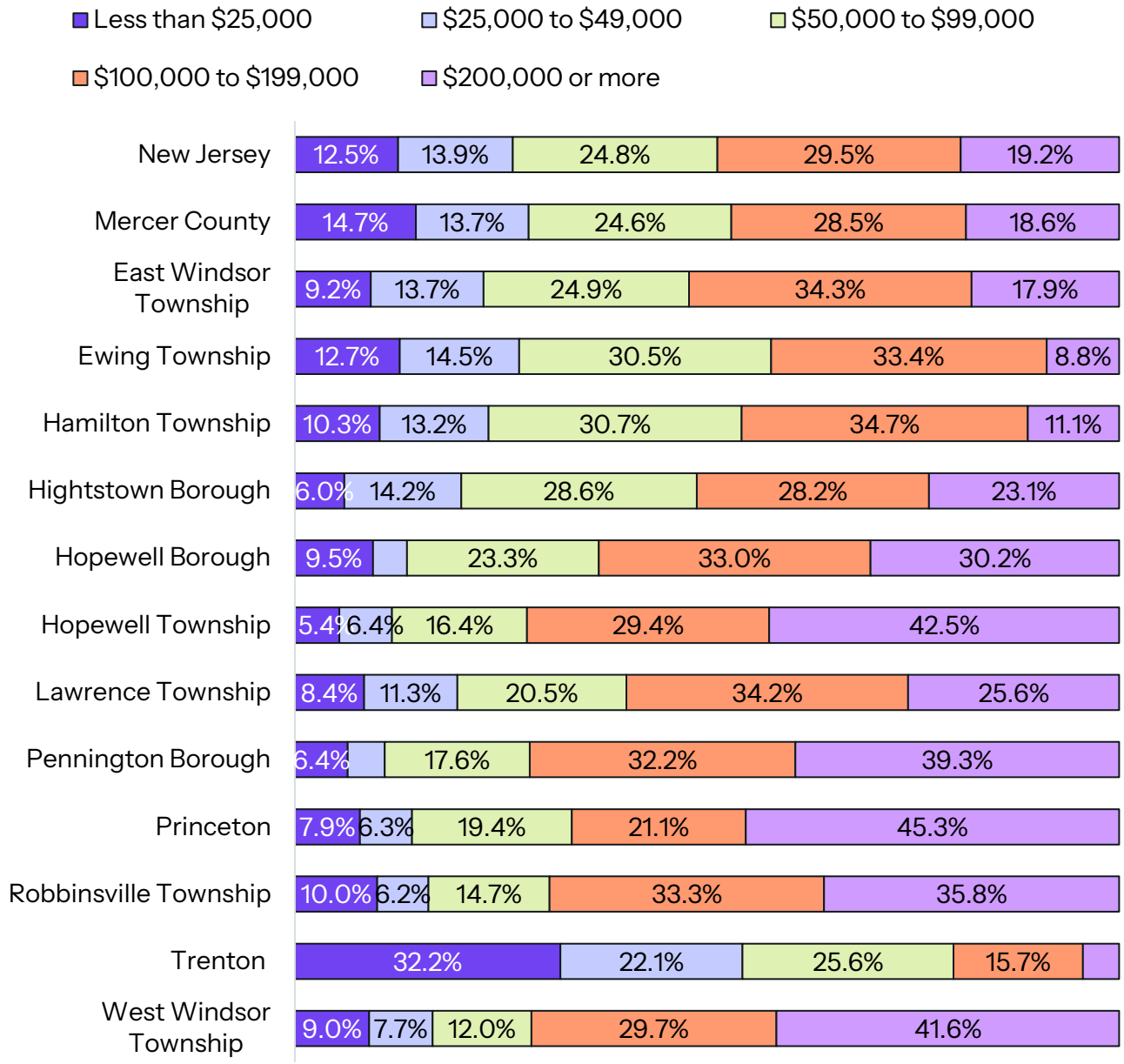
Table 7. Median Household Income, by State, County, and Town, 2018-2022

	Median Income
New Jersey	$97,126
Mercer County	$92,697
East Windsor Township	$108,060
Ewing Township	$86,751
Hamilton Township	$91,126
Hightstown Borough	$102,917
Hopewell Borough	$137,138
Hopewell Township	$178,631
Lawrence Township	$121,792
Pennington Borough	$166,957
Princeton	$176,695
Robbinsville Township	$161,526
Trenton	$44,444
West Windsor Township	$183,024

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Data on the concentration of wealth and poverty indicated large disparities. Over 30% of households in Trenton had annual incomes below $25,000; in contrast, over 45% of households in Princeton had incomes greater than $200,000 (Figure 13). Household incomes varied across racial and ethnic groups. Households of Mercer County residents identifying as Black had the lowest median incomes, while those identifying as Asian had the highest incomes (see Table 28 in Appendix E. Additional Data Tables).

Figure 13. Distribution of Household Income, by State, County, and Town, 2018-2022

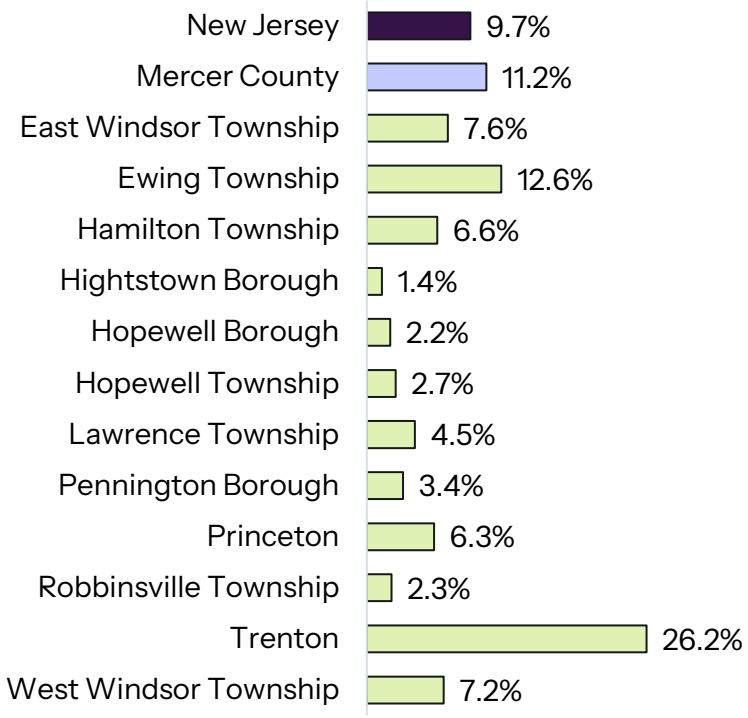


DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
NOTE: Data labels under 5.0% are not shown.

The percentage of Mercer County residents living below the poverty level represents the most extreme level of financial insecurity. For context, the federal poverty line is the same across the country - regardless of cost of living – but changes by household size. In 2022, the latest year for the American Community Survey data in the graphs below, individuals living alone or considered a household of one would fall below the federal poverty line at an income level of $13,590, while the federal poverty level for a family of four was $27,750. Figure 14 presents data on the percentage of residents falling below the poverty line in the state,

county, and town. In Mercer County, on average, 11.2% of individuals fell below the poverty line between 2018-2022, but 26.2% did so in Trenton compared to 1.4% in Hightstown Borough. See additional data in Table 29, Figure 100, and Figure 101 located in Appendix E.

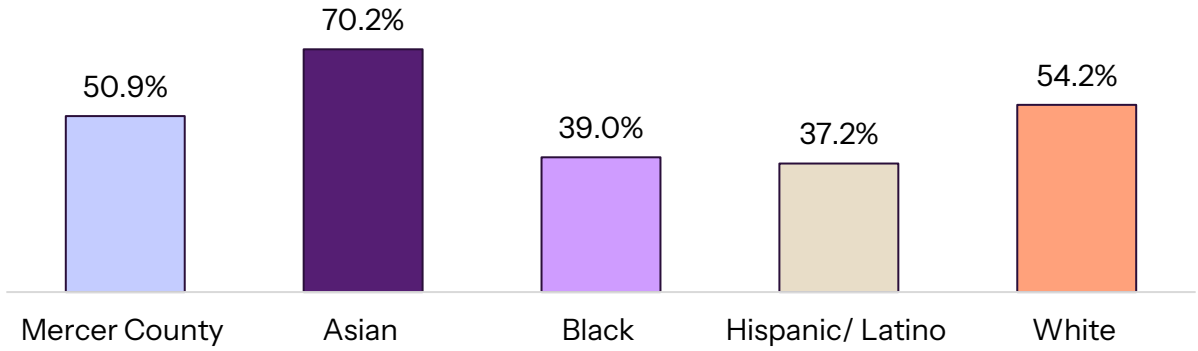
Figure 14. Individuals Below Poverty Level, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Only about half (50.9%) of survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation (Figure 15). Among them, a greater proportion of Asian respondents agreed with this statement (70.2%), compared to other groups. In contrast, proportionally fewer Black (39.0%) and Latino (37.2%) respondents were in agreement.

Figure 15. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*People in my community can afford basic needs like food, housing, and transportation*," by Race/Ethnicity, (n=2383), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Food Insecurity and Healthy Eating

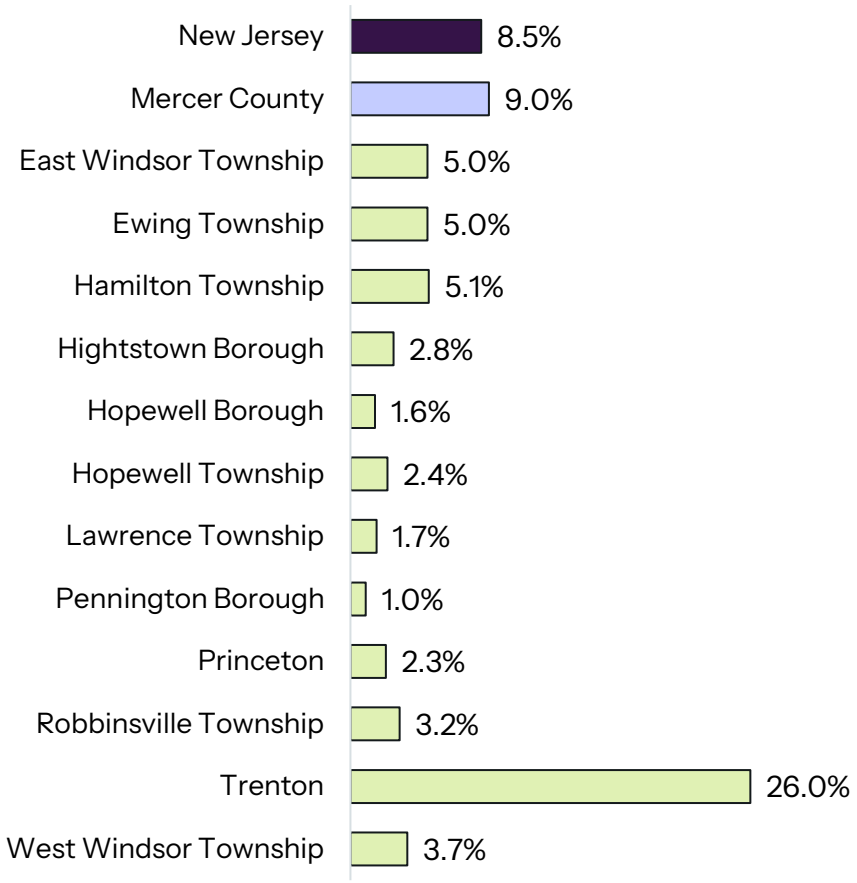
Food insecurity—not having reliable access to enough affordable, nutritious food— was a top-of-mind concern among many Mercer County residents. Several participants discussed how food insecurity has seemed to increase as a consequence of inflation and rising costs of living. Unhoused populations, many of them families with children and older adults, are particularly food insecure. One focus group participant described the situation of fellow students: *"There are a lot of kids at the school who are on free or reduced lunch. One of the biggest issues we saw during COVID-19 was that the students who were on free and reduced lunches weren't able to get that food."* A key informant serving low-income older adults noted, *"In the last couple of years food insecurity and the need for supplemental food assistance have skyrocketed."* Interviewees described multiple school- and community-based programs offering food to low-income populations, with the Department of Human Services and organizations such as HomeFront, the Trenton Health Team, and others, coordinating food pantries, congregate meals, and food delivery.

> *"We see the folks [at congregate meals] who are there to socialize and hang out but also see people whom this is the only meal they are getting today …"*
> – Focus group participant

While many food access barriers are related to income constraints, they may also be related to geography and transportation challenges. Often, these three factors intersect to inhibit food access. Transportation costs have made it more difficult for residents, particularly those who are economically vulnerable, to access healthy foods. In the words of a focus group participant, *"The food and meat are expensive, things are too far away, and you need a car to get anywhere. Having to take taxis everywhere is an issue."* Organizations have been working to address this barrier in various ways, including through mobile food pantries and home delivery. Trenton West and Trenton East were classified as food deserts by the New Jersey Economic Development Authority (2022).

Consistent with interviewee and focus group perceptions, on average, between 2018-2022, 9.0% of residents in Mercer County received supplementary food assistance (Figure 16). The proportion of households receiving food assistance ranged from 26.0% in Trenton to 1.0% in Pennington Borough. Food assistance data by race/ethnicity can be seen in Table 30 and the percent of the population who are food insecure by state and county can be seen in Figure 102 in Appendix E. Additional Data Tables and Graphs of this report.

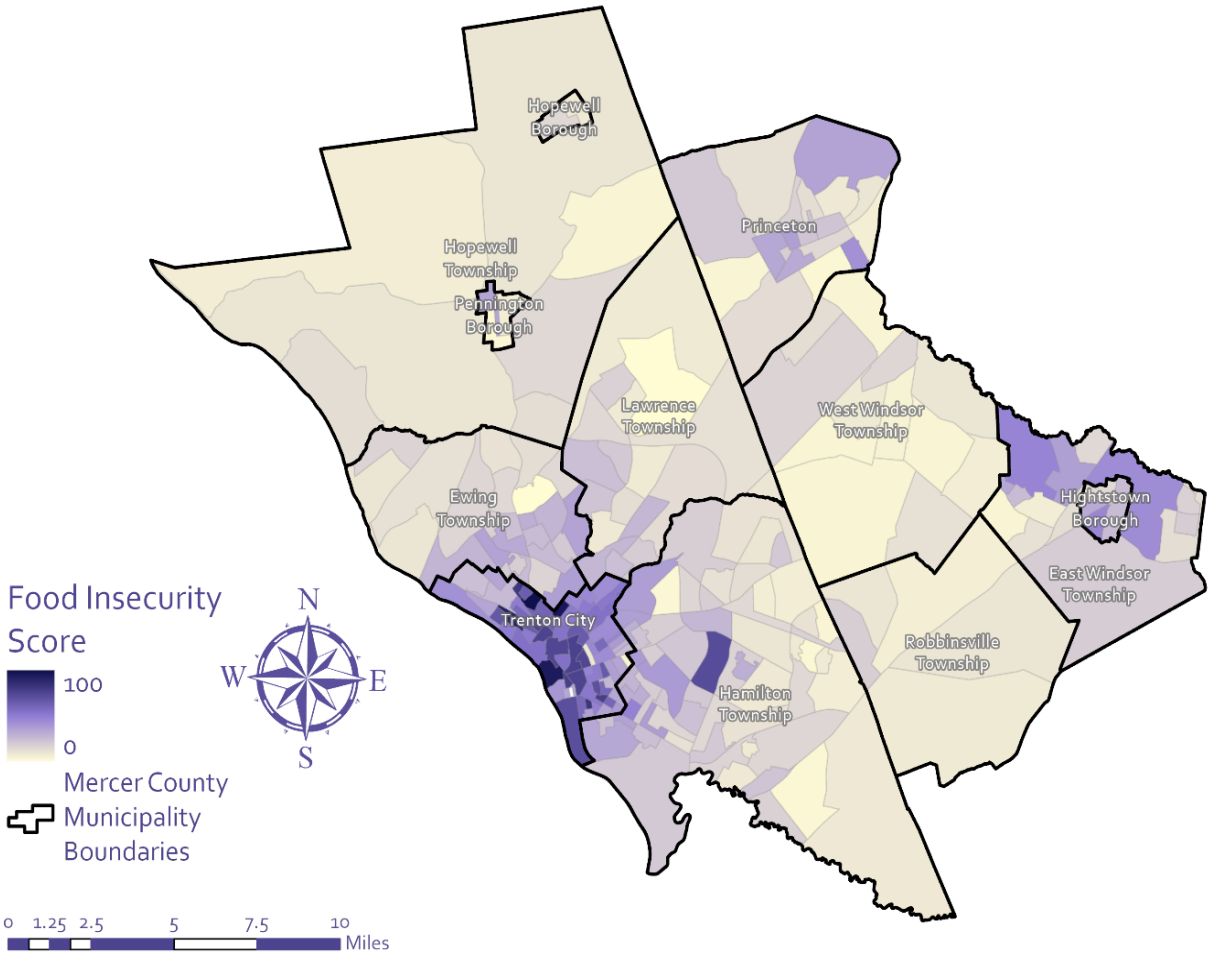
Figure 16. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

The NJ Food Insecurity Map, prepared by the Trenton Health Team, provides a visual of the geographic distribution of food-insecure areas across Mercer County. The map illustrates pockets of concentrated food-insecurity areas around Trenton and Hightstown Borough (Figure 17).

Figure 17. Mercer County Food Insecurity Score, 2022



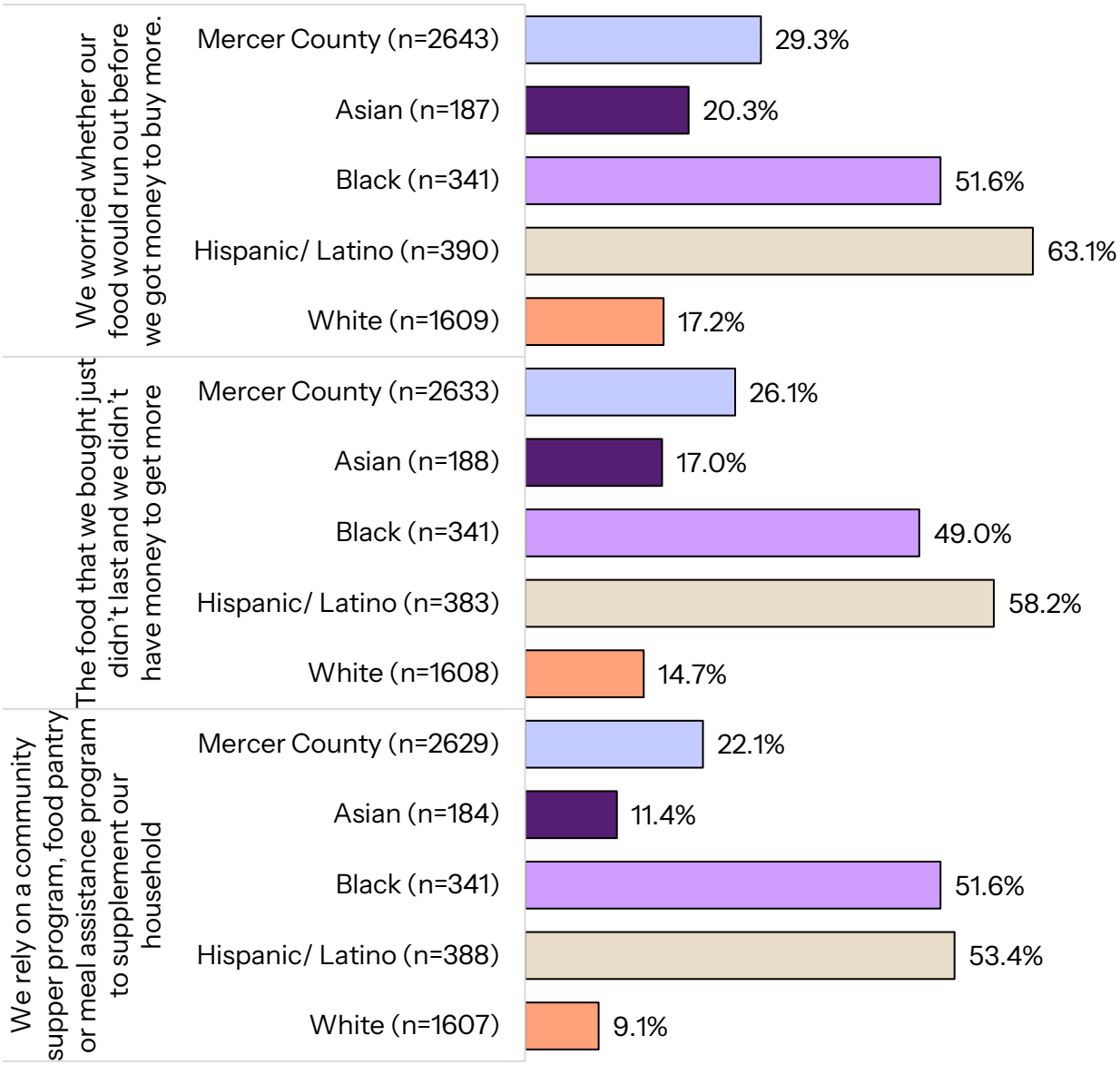
DATA SOURCE: Em Ostrowski, Trenton Health Team, March 2023
NOTE: This index is based on a score developed by the Trenton Health Team to compare the likelihood of food insecurity at the census block group level. The score is a composite of nine demographic and socioeconomic indicators that reflect people's ability to purchase and access food. Purple shades indicate higher scores, representing a higher likelihood of food insecurity. Food insecurity in the county is concentrated primarily in Trenton, NJ.

Community health survey data confirm that food security is an issue among respondents in Greater Mercer. About one-third (29.3%) of respondents reported that it was sometimes or often true that they worried their food would run out before they had money to buy more (Figure 18). In addition, 22.1% of respondents relied on food assistance. The situation was more dire for Latino survey respondents; 63.1% of them worried that their food would run out before they had more money to buy more and 53.4% of them relied on a food assistance program. It should be noted that the proportion of survey respondents reporting food insecurity was higher than that reported in other national sources. For example, Feeding America found that in 2022, 9.7% of Mercer County residents overall, 19% of Latino, and 23.0% of Black Mercer County residents were food insecure.[35] These differences could be

[35] Feeding America, Map the Meal Gap, Food Insecurity in the United States, 2022

due to differences in sampling or measurement methods, a decrease in people's purchasing power, or the ending of COVID-19 economic relief programs.

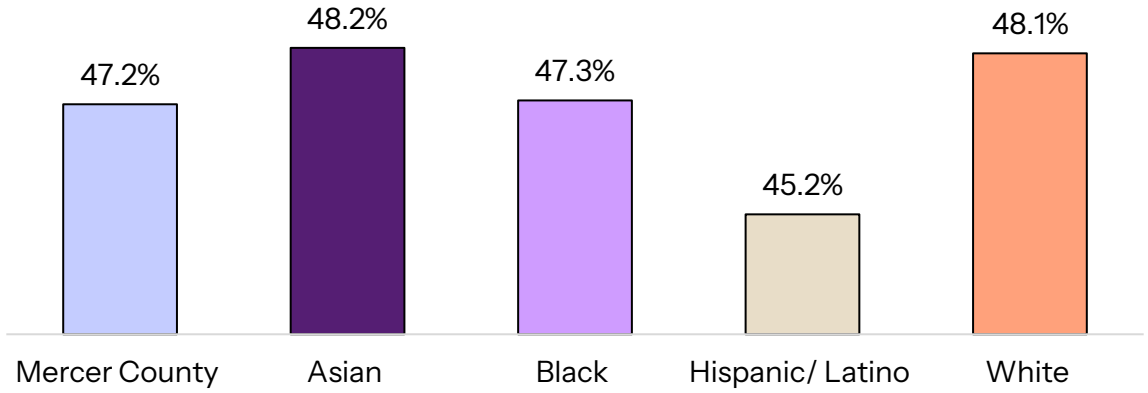
Figure 18. Household Food Situation over the Past 12 Months, Percent of Mercer County Residents Reporting Often or Sometimes True, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Many schoolchildren have school food for lunch. Schools would provide an ideal opportunity to promote a healthy diet. Unfortunately, less than half of survey respondents agreed that the schools in their community offered healthy food choices for children. This proportion was consistent across racial/ethnic groups (Figure 19).

Figure 19. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*Schools in my community offer healthy food choices for children*," by Race/Ethnicity, (n=1769), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Food prices (33.9%) and lack of time (24.3%) were the top reasons given by respondents as barriers to maintaining a healthy diet (Table 8). The proportion of respondents indicating that the price of food kept them from a healthy diet was highest among Latino (47.1%) and Black (42.6%) residents. A lower proportion of residents indicated that health literacy (8.1%) and transportation were obstacles to eating healthy foods.

Table 8. Top 5 Reasons That Keep Respondents from Eating Foods That Are Part of a Healthy Diet among Mercer County Residents, by Race/Ethnicity, 2024

	Mercer County (n=2511)	Asian (n=176)	Black (n=324)	Hispanic/Latino (n=365)	White (n=1542)
1	Nothing keeps me from eating healthy foods (46.1%)	Nothing keeps me from eating healthy foods (48.9%)	Price of healthy foods (42.6%)	Price of healthy foods (47.1%)	Nothing keeps me from eating healthy foods (51.0%)
2	Price of healthy foods (33.9%)	Lack of time to buy or prepare healthy meals (27.8%)	Nothing keeps me from eating healthy foods (35.2%)	Lack of time to buy or prepare healthy meals (28.5%)	Price of healthy foods (29.4%)
3	Lack of time to buy or prepare healthy meals (24.3%)	Price of healthy foods (27.3%)	Lack of time to buy or prepare healthy meals (26.9%)	Nothing keeps me from eating healthy foods (32.6%)	Lack of time to buy or prepare healthy meals (22.6%)
4	Not in the mood for healthy foods (9.2%)	Don't always know what foods are healthy (9.1%)	Don't always know what foods are healthy (13.6%)	Don't always know what foods are healthy (15.9%)	Not in the mood for healthy foods (10.4%)
5	Don't always know what foods are healthy (8.1%)	Not in the mood for healthy foods (8.5%)	Transportation to getting healthy foods (8.3%)	Transportation to getting healthy foods (12.3%)	Don't like taste /healthy foods don't fill me up (7.9%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Housing

Housing Affordability

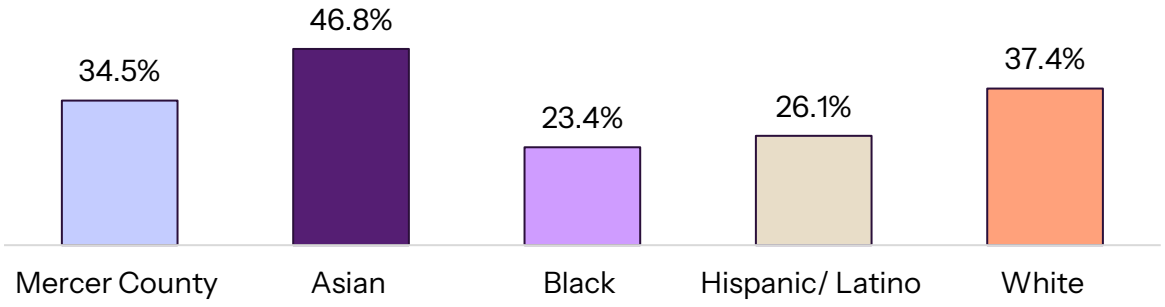
Safe and affordable housing is integral to life, health, and well-being. Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, affordable housing in Mercer County is scarce. Participants reported that the housing issues cut across race and age. An interviewee who provides services to housing unstable families described, *"We tend to talk to a lot of older homeowners who have trouble maintaining their homes and to younger families having trouble keeping rent affordable."* Participants noted that an increase in the unhoused population was driven by rising housing costs coupled with the end of the eviction moratoriums enacted during COVID-19. One key informant stated, *"Once the housing moratorium stopped post-Covid, housing became a huge issue."* Another explained, "*It is extremely expensive to live in New Jersey … We are not meeting the rising costs of living."*

> *"There are lots of evictions happening because people are falling behind in rent and mortgages."*
> – Focus group participant

According to several interviewees, the shelters and housing available for the housing unstable, low-income population in Mercer County, including older adults, immigrants, and those with substance use conditions, are not sufficient to meet the need. One interview described: *"Our hotels and motels are full. The housing available is not as robust as it used to be when we were able to place someone immediately."* That being said, several programs exist in Mercer County to support the housing unstable population. The programs mentioned by interviewees include the Trenton Neighborhood Initiative which, in partnership with the City of Trenton and the Trenton Housing Authority, offers financial assistance and financial counseling to homebuyers and provides help with repair and remediation assistance to homeowners. The programs draw from federal and state funding and supportive legislation, such as the Community Services Block Grant. Other county assets are HomeFront, a major builder of affordable housing in Mercer County, and the County Office on Aging, which provides legal assistance to prevent evictions and helps link older residents to social services.

Overall, only one-third (34.5%) of survey respondents in Mercer County agreed that there was sufficient affordable and safe housing in their community (Figure 20). This proportion was higher for Asian respondents (46.8%) and much lower for Black (23.4%) and Latino (26.1%) respondents.

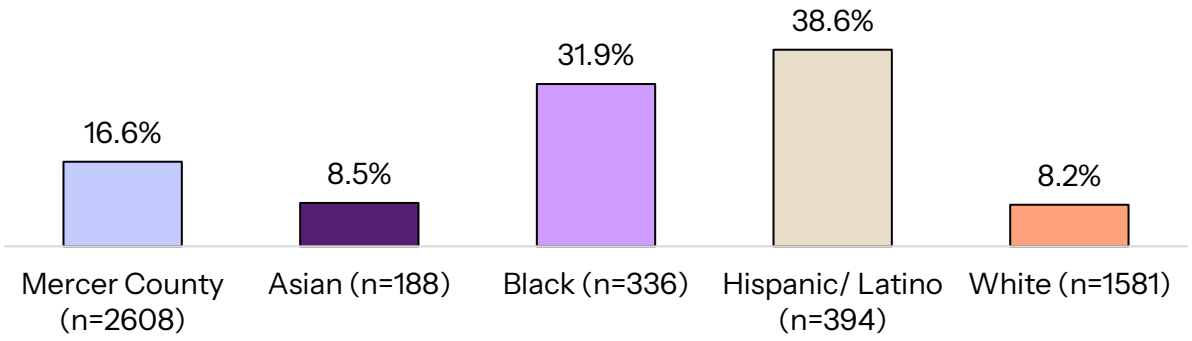
Figure 20. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There is enough housing that I can afford that is safe and well-kept in my community*," by Race/Ethnicity, (n=2383), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Echoing qualitative discussions, in Mercer County, 16.6% of respondents were concerned about their housing stability in the next two months (Figure 21). This concern was highest among Latino respondents (38.6%), followed by Black respondents (31.9%). In contrast, only 8.5% of Asian respondents and 8.2% of White respondents shared this concern.

Figure 21. Percent of Mercer County Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=2608), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

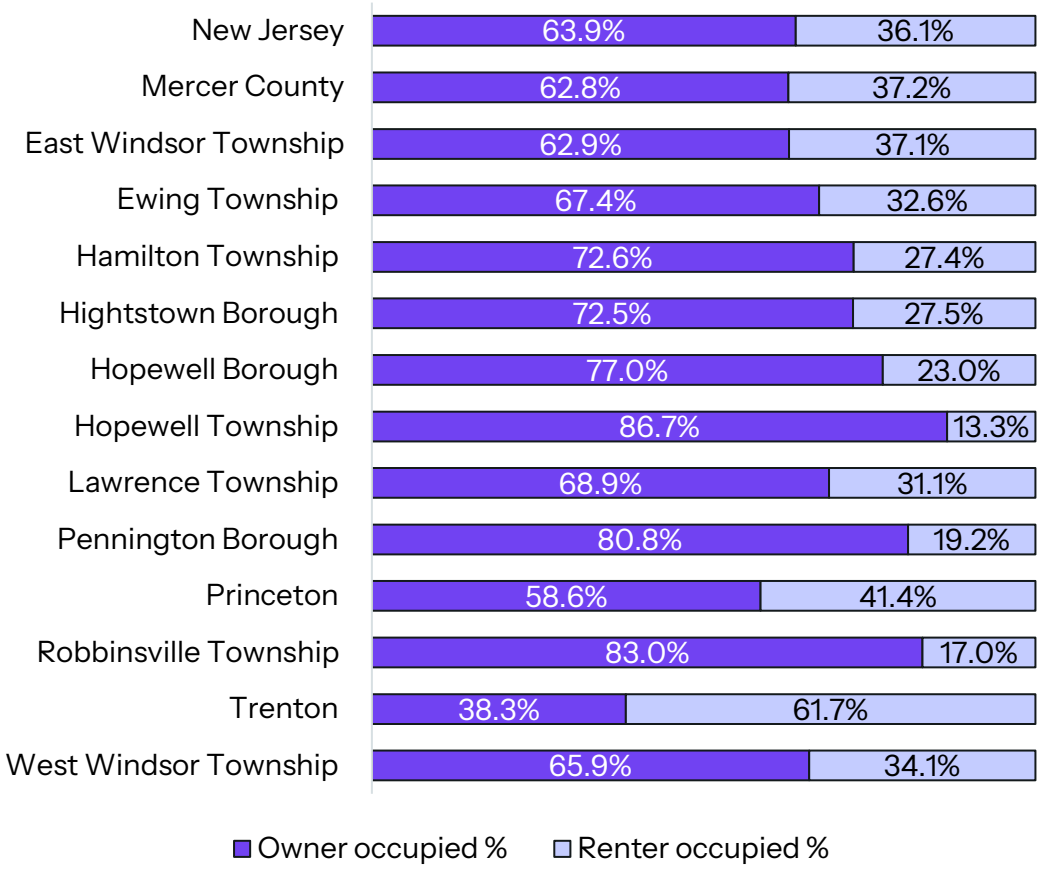
According to the 2023 Point in Time study in Mercer County, in January 2023, there were a total of 489 households—inclusive of 714 individuals—experiencing homelessness in Mercer County. Of those, 101 were identified as chronically homeless. Nearly two-thirds of the homeless population (65.3%) lived in Trenton, while other towns in Mercer County, namely Ewing (15.2%), Edison (7.3%), East Windsor (4.5%), and Hamilton (3.6% of the homeless population), included a portion of the homeless population.[36]

[36] New Jersey Housing and Mortgage Finance Agency, NJ Counts, Mercer County, Point-in-Time Count of the Homeless, January 24, 2023, https://monarchhousing.org/wp-content/uploads/2023/08/Mercer-PIT-Report-2023.pdf

Housing Landscape

Low housing stock drives housing costs. Across Mercer County, the homeowner vacancy rate is low (0.8%), with Trenton having the highest homeowner vacancy rate (2.0%) (Figure 103 in Appendix E. Additional Data Tables and Graphs). In Mercer County, 62.8% of housing units were owner-occupied versus 37.2% renter-occupied (Figure 22) in 2018-2022. In most municipalities, owner-occupied units made up a higher percentage of housing stock than in the county overall. Exceptions were Trenton and Princeton where 61.7% and 41.4% of housing units, respectively, were renter occupied. Homeownership rates were highest in Hopewell Township (86.7%) and Robbinsville Township (83.0%). Despite this burden, 97.3% of Mercer County households had on average 1 adult occupant or less per room, indicating a low incidence of overcrowding (Table 32 in the appendix).

Figure 22. Home Occupancy, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Monthly median housing costs for owner-occupied households with a mortgage ranged from $1,663 in Trenton to over $4,000 in Princeton and West Windsor Township (Table 9) in 2018-2022. Monthly median housing costs for renter-occupied households ranged from $1,177 in Trenton to $2,320 in Princeton.

Table 9. Monthly Median Housing Costs, by State, County, and Town, 2018-2022

	Owner-occupied with a mortgage	Owner-occupied without a mortgage	Renter-occupied
New Jersey	$2,728	$1,175	$1,577
Mercer County	$2,519	$1,085	$1,454
East Windsor Township	$2,783	$1,114	$1,562
Ewing Township	$2,167	$1,098	$1,441
Hamilton Township	$2,227	$1,022	$1,467
Hightstown Borough	$2,490	$1,314	$1,588
Hopewell Borough	$3,047	$1,500+	$1,672
Hopewell Township	$3,684	$1,464	$1,987
Lawrence Township	$2,844	$1,181	$1,910
Pennington Borough	$3,259	$1,500+	$1,862
Princeton	$4,000+	$1,500+	$2,320
Robbinsville Township	$3,370	$1,500+	$1,774
Trenton	$1,663	$669	$1,177
West Windsor Township	$4,000+	$1,500+	$2,293

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
NOTE: '$1500+' and '$4000+' indicate that the median falls in the highest interval of the open-ended distribution in their respective categories.

Consistent with themes shared in focus groups and interviews, data show that Mercer County lacks sufficient affordable housing stock. The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In Mercer County, in 2018-2022, 29.2% of owner-occupied households with a mortgage and 50.7% of renter-occupied households reported spending 30% or more of their income on housing costs (Table 10). Across the county, renters experience a higher housing cost burden than homeowners. Trenton experienced the highest proportion of households burdened by housing costs with 60.9% of renters spending 30% or more of their income on housing.

Table 10. Households whose Housing Costs are 30%+ of Household Income, by State, County, and Town, 2018-2022

	Owner-occupied with a mortgage	Owner-occupied without a mortgage	Renter-occupied
New Jersey	33.0%	22.3%	50.7%
Mercer County	29.2%	21.0%	50.7%
East Windsor Township	28.4%	22.2%	44.5%
Ewing Township	35.1%	26.0%	43.8%
Hamilton Township	29.2%	20.4%	53.3%
Hightstown Borough	34.0%	10.5%	53.8%
Hopewell Borough	35.8%	22.6%	46.7%
Hopewell Township	22.3%	25.4%	39.0%
Lawrence Township	30.6%	22.7%	37.7%
Pennington Borough	28.9%	14.9%	32.4%
Princeton	21.4%	21.3%	39.3%
Robbinsville Township	25.6%	12.8%	53.1%
Trenton	33.2%	19.3%	60.9%
West Windsor Township	26.1%	20.3%	31.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Green Space and Built Environment

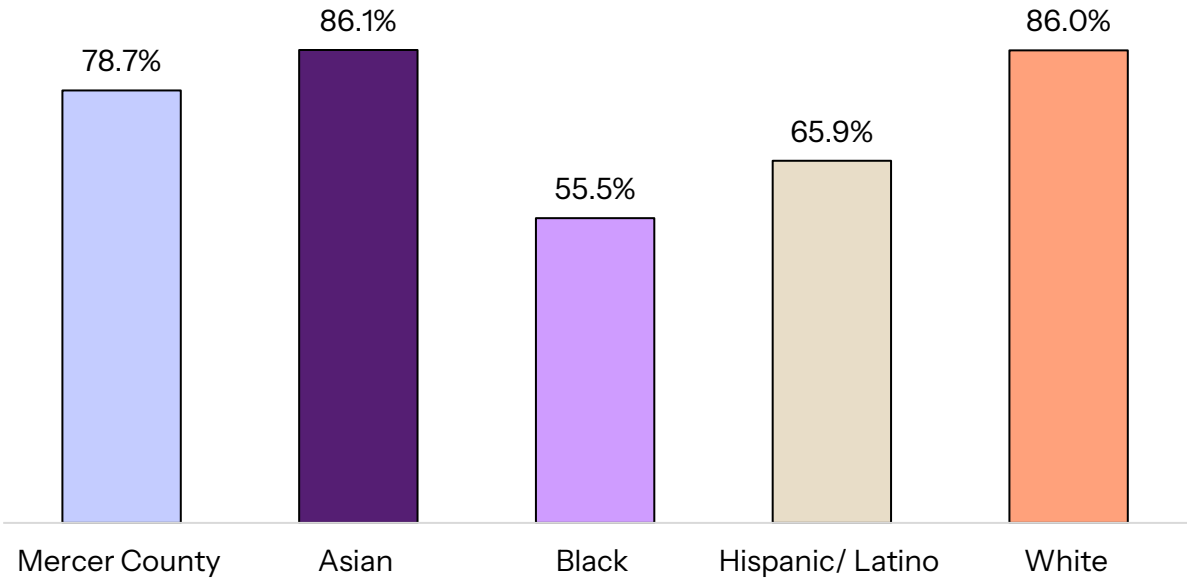
Neighborhood characteristics, including the availability of green space and the quality of the built environment, influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, increasing the incidence of health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles.

Playgrounds, green spaces, and trails, as well as bike lanes, and safe sidewalks and crosswalks, all encourage physical activity and social interaction, which can positively affect physical and mental health. Focus group participants valued the recreational kid-friendly areas in their neighborhoods: *"There is a basketball court close to where I live, and I like to take my kids there. They're able to run around and play safely."* According to the RWJF County Rankings, most Mercer County residents (99%) had adequate access to a location for physical activity (Figure 98 in Appendix E. Additional Data Tables and Graphs).

> *" There are a lot of green spaces where you can spend time with your family."*
> – Focus group participant

Community survey data from 2024 indicate that 78.7% of survey agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play." Figure 23 presents data for the overall sample and by race/ethnicity. White (86.0%) and Asian (86.1%) respondents were more likely than Black (55.5%) and Latino (65.9%) respondents to agree or strongly agree with that statement.

Figure 23. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community has safe outdoor places to walk and play*," by Race/Ethnicity, (n=2772), 2024

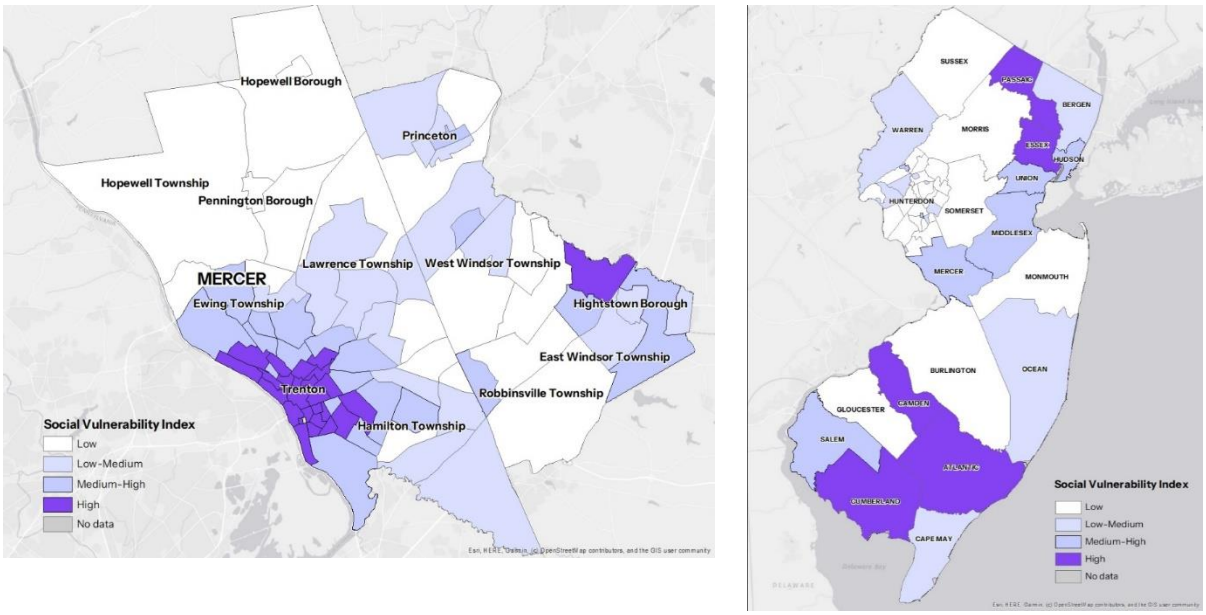


DATA SOURCE: Community Health Needs Assessment Survey, 2024

The CDC's Social Vulnerability Index (SVI) is a combined measure of factors (such as socioeconomic status, household composition, housing, and transportation) that may adversely affect residents' health and well-being. The SVI score represents the proportion of counties or census tracts that are equal to or lower than the area of interest in terms of social vulnerability. The higher the SVI, the more social vulnerability in that area, meaning that that community may need more resources to thrive. Mercer County's SVI in 2022 was 0.7, which means that 70% of counties in NJ were less vulnerable than Mercer County and 30% were more vulnerable. Census tracts around Trenton and Hightstown Borough were areas of high social vulnerability within the county (SVI $\geq$ 0.9) (Figure 24).

Table 23 and Figure 97 in the appendix present social vulnerability index data by state and county and social vulnerability index data by percentile ranking from 2022.

Figure 24. Social Vulnerability Index, by County and Census Tract, 2022



DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022

Transportation and Walkability

Interviewees and focus group participants shared varied perspectives on transportation and walkability in Mercer County. Participants indicated that some areas, including neighborhoods in Trenton and Princeton, had public transportation available. However, in municipalities such as Hightstown Borough, transportation was absent. Focus group members named distance to services, cost of transportation, and absence of sidewalks as barriers to accessing basic needs, such as health care and food, for those without vehicles. A health officer noted that *"many of the services are available but not easily reachable for the population that may not drive, and public transportation is not reachable."* In the words of a Latina resident, *"My daughter drives to the grocery store because it isn't very close."*

> *"To go to the pharmacy, I have to take a taxi and it's expensive. It costs $12 round trip."*
> – Focus group participant

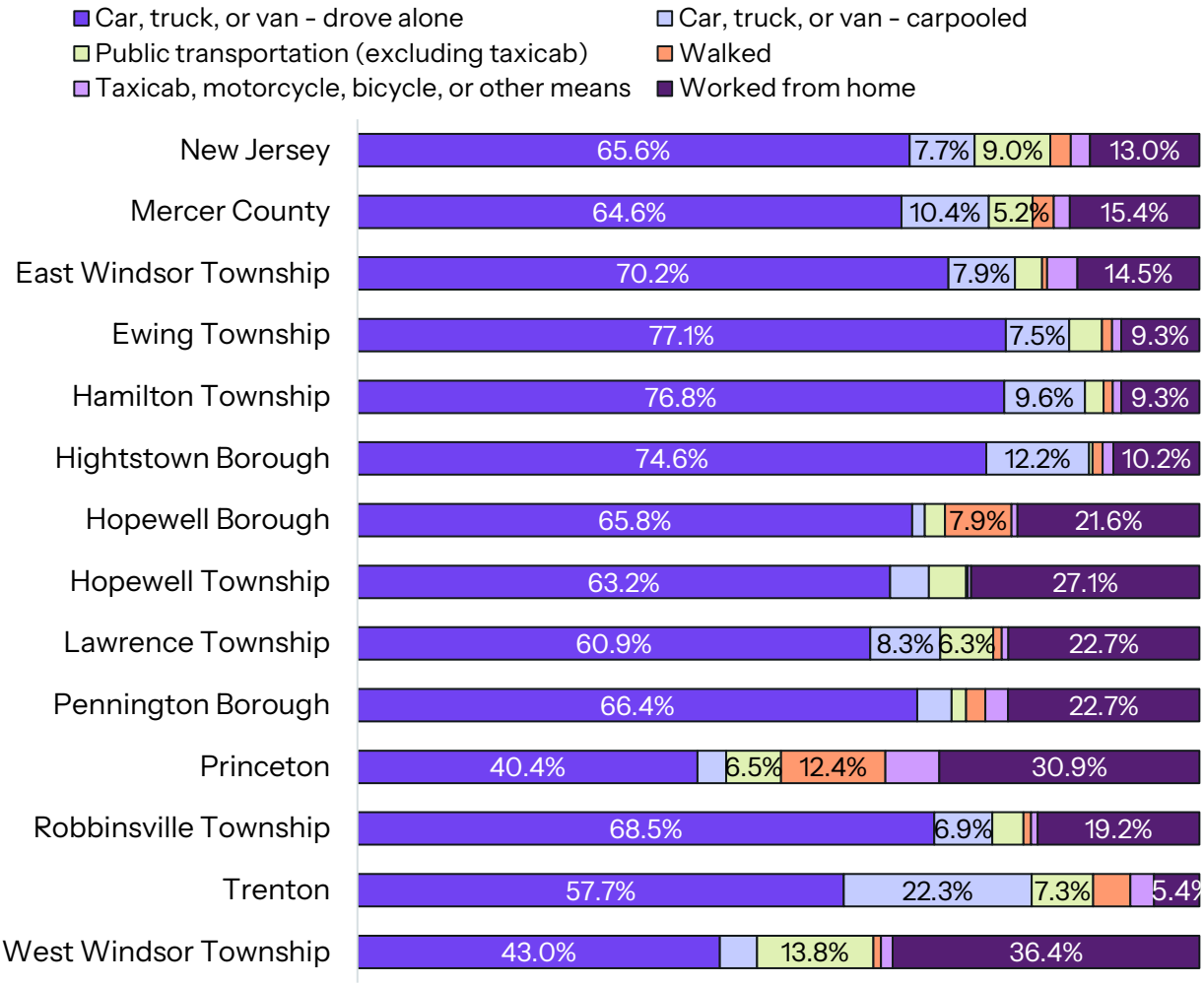
Interviewees and focus group participants mentioned several promising programs and initiatives to improve transportation and walkability. Participants noted that the county participates in the Complete Streets and Vision Zero initiatives. In the Spring of 2024, the Greater Mercer Transportation Management Authority (TMA) received a federal grant to enhance bus use. Additionally, TMA collaborates with several towns to develop safe school travel plans, increase bicycle and pedestrian awareness, and encourage more residents to use alternative transportation options. As a result, some areas are seeing more residents on

bikes, walking, and on e-scooters. Residents mentioned that most towns have bus services for older adults and visually impaired residents and that the hospitals provide low-income patients with transportation vouchers for medical appointments.

Consistent with qualitative data, the Walkability Index map showed pockets of walkable areas throughout the county, primarily around Trenton, Ewing Township, Lawrence Township, and Princeton, and large swaths where walking was difficult, particularly around Hopewell Borough, West Windsor Township, and Robbinsville Township (See Figure 105 in the appendix).

Quantitative data showed that most Mercer County residents commuted to work alone by car, truck, or van, and few used public transportation (Figure 25). There were differences across towns. Data from the 2018-2022 American Community Survey showed that Ewing Township (77.1%) and Hamilton Township (76.8%) had the highest proportion of commuters who relied on private transportation while Trenton (22.3%) had the highest proportion of commuters who carpooled. In addition, in West Windsor Township (36.4%) and Princeton (30.9%) around one-third of residents worked from home.

Figure 25. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
NOTE: Data labels under 5.0% are not shown.

As mentioned above, residents without a vehicle faced barriers to accessing basic needs. Similar to other factors, owning a private vehicle was not equally distributed across county residents. In Mercer County, 25.4% of owner-occupied households and 3.5% of renter-occupied households did not have access to a personal vehicle in 2018-2022 (Table 11); percentages were comparable to those of New Jersey as a whole. Car ownership was lowest among Trenton homeowners and highest among Hopewell Township renters.

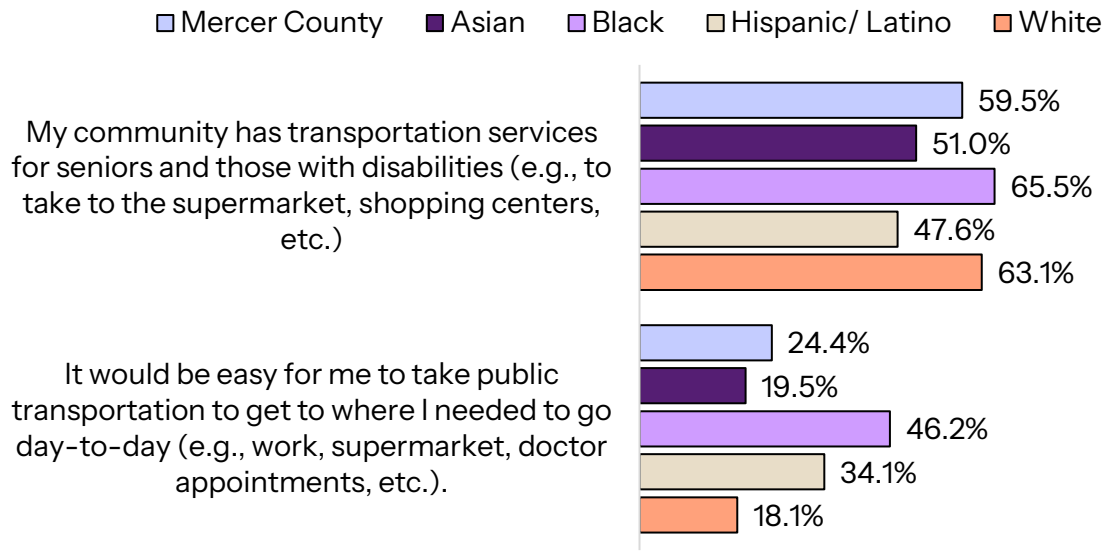
Table 11. Households (Renter vs. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2018-2022

	Owner-occupied	Renter-occupied
New Jersey	24.7%	3.7%
Mercer County	25.4%	3.5%
East Windsor Township	16.2%	1.3%
Ewing Township	12.4%	2.3%
Hamilton Township	16.7%	2.5%
Hightstown Borough	16.0%	4.1%
Hopewell Borough	12.1%	1.2%
Hopewell Township	8.9%	1.1%
Lawrence Township	8.7%	3.4%
Pennington Borough	29.8%	1.2%
Princeton	25.8%	4.4%
Robbinsville Township	14.8%	1.6%
Trenton	41.4%	10.0%
West Windsor Township	13.0%	2.1%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

A majority of Mercer County respondents believed that their community provided transportation services for seniors and those with disabilities (59.5%), with the highest agreement among Black respondents (65.5%) (Figure 26). However, fewer respondents found public transportation easy to use for daily needs (24.4%), with Black respondents again reporting the highest agreement (46.2%).

Figure 26. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, 2024



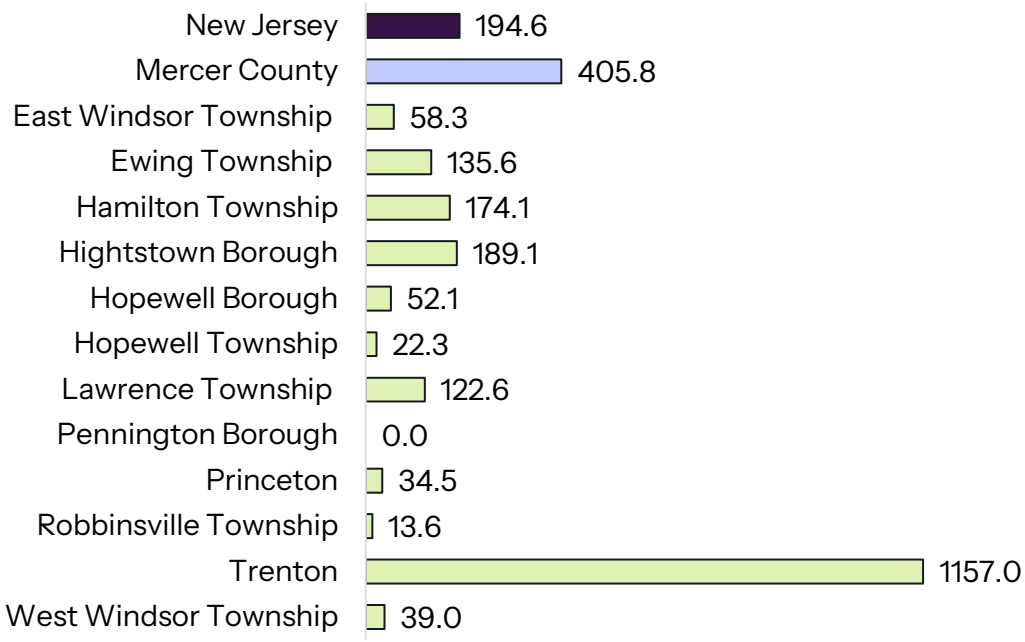
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: "My community has transportation services for seniors and those with disabilities (e.g., to take to the supermarket, shopping centers, etc.)" was answered by 2108 residents.
"It would be easy for me to take public transportation to get to where I needed to go day-to-day (e.g., work, supermarket, doctor appointments, etc.)" was answered by 2495 residents.

Violence Prevention and Safety

Safety was something residents valued in their neighborhoods. A Latino focus group participant described, *"It's very safe. Life is very calm here. It is a very beautiful place."* Another participant mentioned that *"the school here in Hamilton feels very safe."* Among the specific individuals engaged in the qualitative discussions, crime and violence were not major themes in any of the focus groups or key informant interviews.

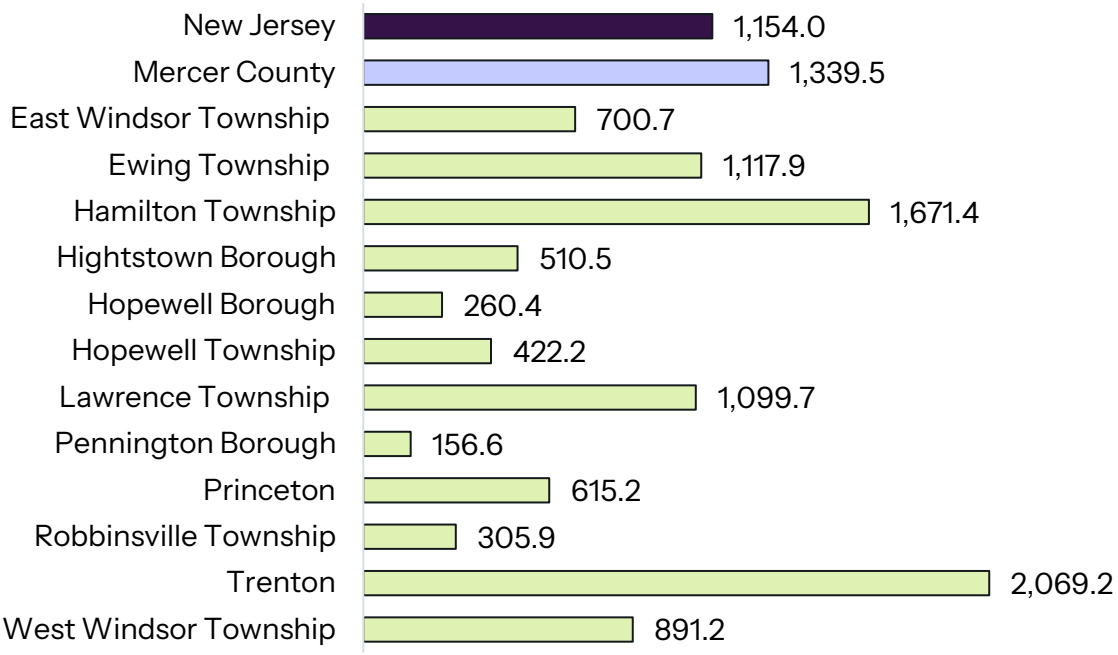
However, violence and trauma are important public health issues affecting physical and mental health. People can be exposed to violence in many ways: they may be victims and suffer from premature death or injuries, or witness or hear about crime and violence in their community. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime (i.e., murder, rape, aggravated assault) in 2020 varied widely across municipalities (Figure 27). At 1157.0 incidents per 100,000 residents, Trenton had a rate almost three times higher than that of the county (405.8 per 100,000 residents) and six times higher than that of the state (194.6 per 100,000 residents). Property crime (i.e., burglary, larceny, and auto theft) was much more common than violent crime and followed similar patterns by municipality (Figure 28).

Figure 27. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2020



DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2020

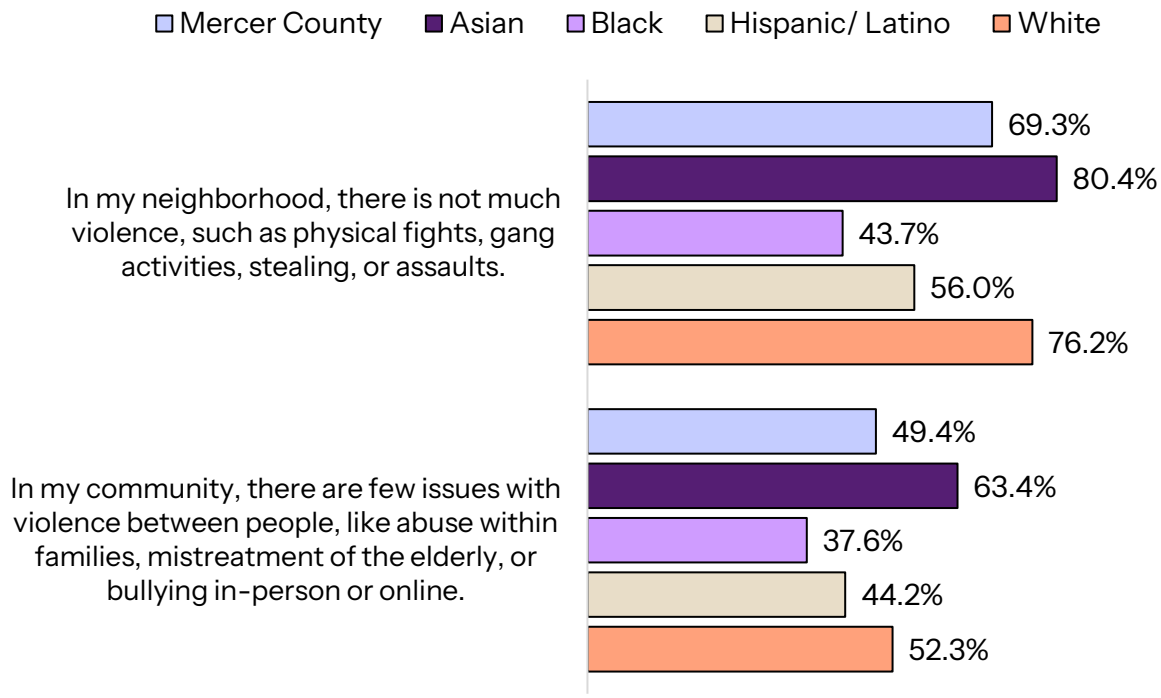
Figure 28. Property Crime Rate per 100,000 Population, by State, County and Town, 2020



DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2020

About 7 in 10 respondents (69.3%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied by race, with proportionately more Asian (80.4%) and White (76.2%) respondents agreeing, compared to 56.0% of Hispanic/Latino and only 43.7% of Black respondents (Figure 29). Almost half of the respondents agreed that there were few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community (49.4%). Agreement was highest among Asian (63.4%) respondents and lowest among Hispanic/Latino (44.2%) and Black (37.6%) respondents. Notably, bullying and community violence were among the top community concerns for children and youth, endorsed by 30.5% and 21.6% of respondents, respectively (See Figure 33 below).

Figure 29. Percent of Mercer County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The first statement was answered by 2568 residents. The second was answered by 2088 residents.

Systemic Racism and Discrimination

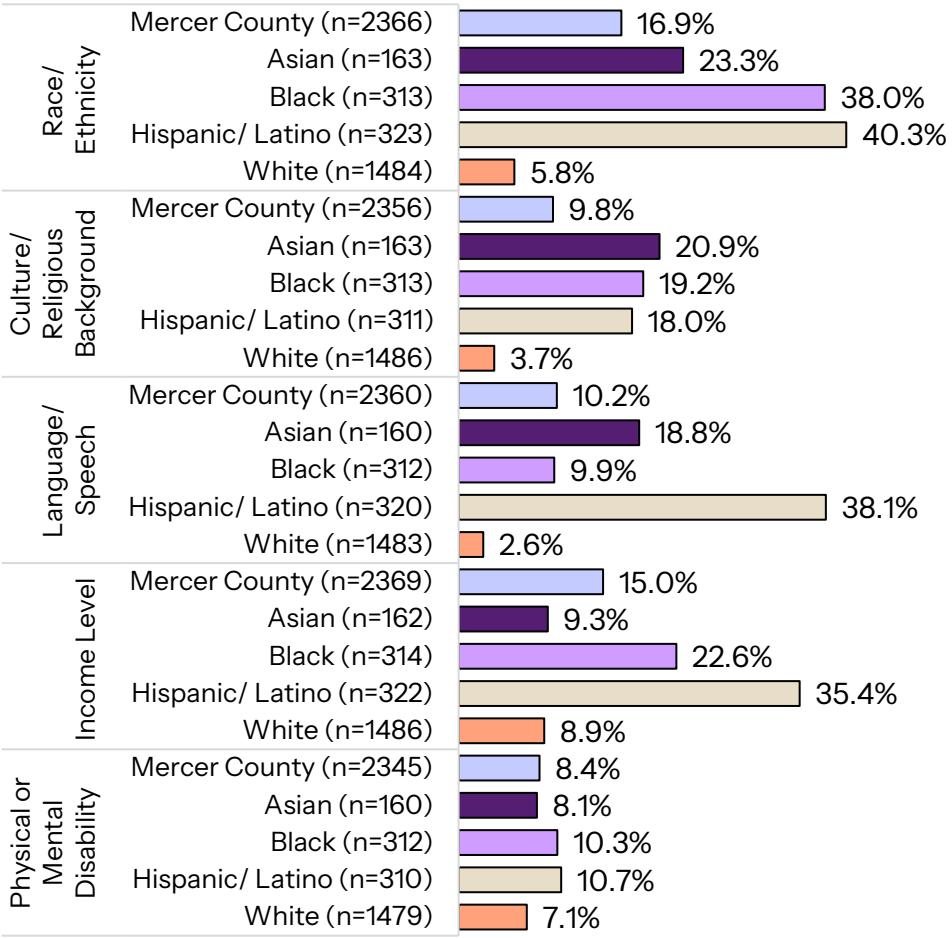
Perceptions related to discrimination and racism varied throughout qualitative discussions. These discussions took place in a national context of polarization and backlash against efforts to redress systemic racism and discrimination and promote diversity, equity, and inclusion for all regardless of gender and racial identity, among other identity categories. Several interviewees and focus group participants recognized discrimination and hatred as a systemic, public health issue. An interviewee mentioned that *"stigma, racism, institutional racism is built into the systems in Trenton."* Another interviewee described how onerous documentation requirements impeded people of color from benefiting from social services. One participant emphasized that *"many organizations' lack of representation doesn't allow for diversity of ideas and change."* Interviewees described instances of discrimination and stereotyping against the unhoused population and the LGBTQ+ community, including in schools and healthcare centers. One behavioral health provider explained the need for bias training: *"There needs to be a self-examination of unconscious bias and how it impacts practice."*

> *"I don't think people are taking the time to examine how they are treating and judging those who walk through the door. That is what leads people to not come back through the door. And if you are dealing with trauma, you are hyper-aware of judgment."*
> – Focus group participant

Survey respondents who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. Data from the 2024 community survey provide additional insight into experiences of discrimination when receiving healthcare. More than one-third of Black (38.0%) and Latino (40.3%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 16.9% of respondents overall (Figure 30). Additionally, Latino (18.0%), Black (19.2%), and Asian (20.9%) survey respondents also reported feeling discriminated against when receiving medical care based on their culture and religious background. Nearly 2 in 5 Latino respondents (38.1%) and 1 in 5 Asian respondents (18.8%) also reported feeling discriminated against due to their language/speech.

Other forms of discrimination while receiving medical care also emerged from the survey. In Mercer County, 18.6% of survey respondents felt discriminated against due to their age, 15.8% due to their body size, 8.0% due to their gender or gender identity, and 5.6% due to their sexual orientation. However, 32.4% of LGBTQ+ respondents experienced discrimination due to their sexual orientation (Figure 31).

Figure 30. Percent of Mercer County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Figure 31. Percent of Mercer County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, by Sexual Orientation, (n=2343), 2024

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The LQBTQ+ category includes gay, lesbian, bisexual, pansexual, queer, asexual, and other self-defined categories.

Community Health Issues

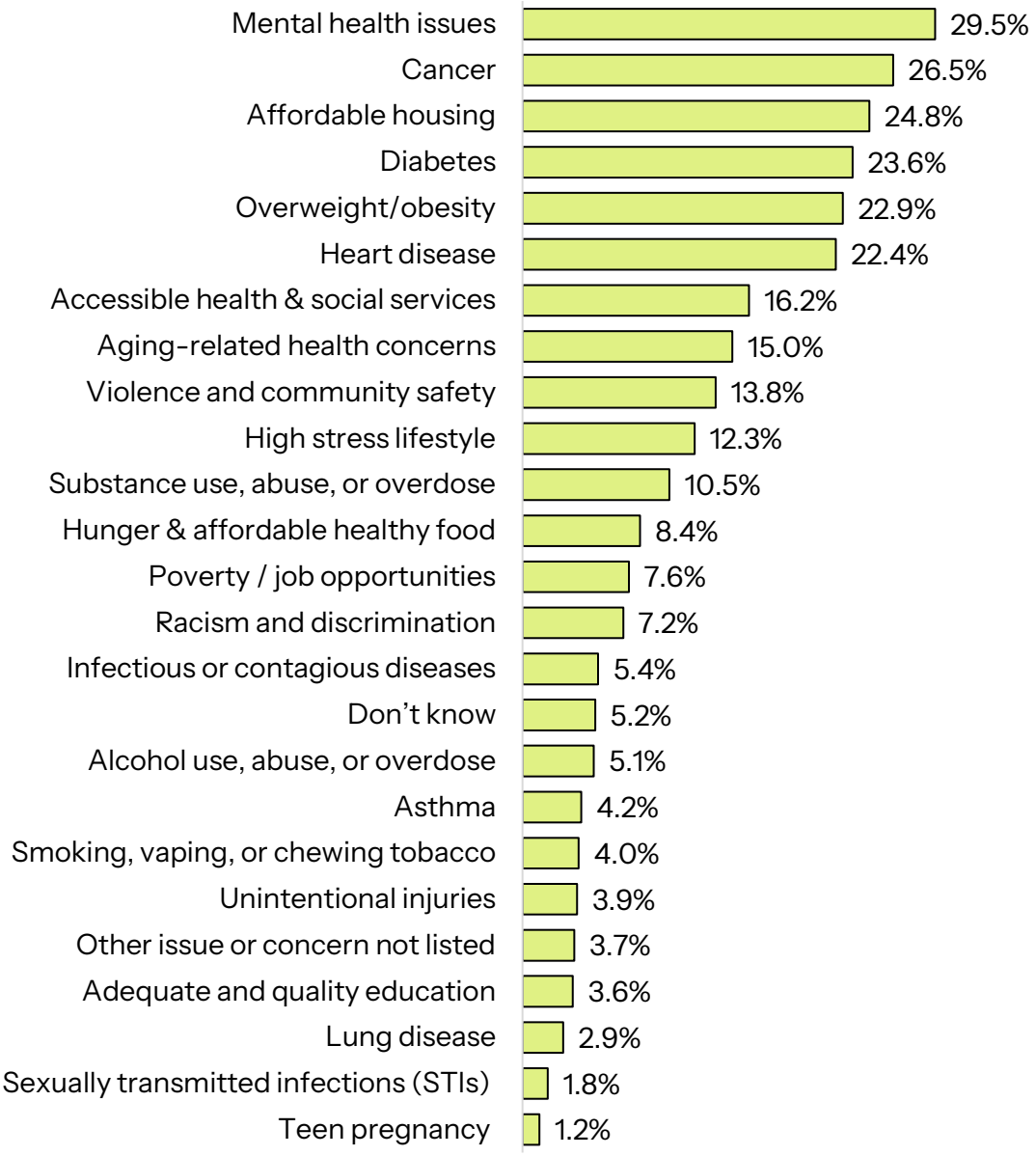
Understanding community health issues is a critical step of the assessment process. The disparities underscored by these issues mirror the historical patterns of systemic, economic, and racial inequities experienced for generations across the United States.

Community Perceptions of Health

Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns, and facilitators and barriers to addressing health conditions. Focus group participants and interviewees were asked about top concerns in their communities. Participants identified social and economic issues such as financial and food insecurity, housing, and transportation – and how these were associated with chronic conditions that affect many members of the community, including high blood pressure and diabetes. They also discussed the challenges of accessing care and the difficulties of managing chronic conditions, the increase in mental health concerns, particularly among youth, and the need to bolster their detection, management, and trauma-informed care, and the lingering effects of the COVID-19 pandemic, including distrust of the healthcare system and government. Participants discussed the need for more sustainable funding for social and health services in the context of growing demand.

Community survey respondents were presented with a list of issues and also could write in others and were asked to mark the top three health concerns or issues in their community overall. Respondents in Mercer County ranked mental health (29.5%), followed by cancer (26.5%), housing people can afford (24.8%), diabetes (23.6%), and overweight/obesity (22.9%) as the top five health issues in their communities (Figure 32, Table 12). For community survey respondents who selected "other" top health concerns in Mercer County, the most common write-in responses were related to environmental factors and climate change (e.g., lead, PFAS, clean drinking water, air quality, legionnaires' disease, asbestos removal, industrial environmental contamination, sound pollution, smoke from cannabis, air conditioning), road safety (e.g., speeding, running lights, pedestrian safety), transportation, sexual and reproductive health (e.g., access to prenatal care, abortion, fertility care, doulas), and health care (e.g., access, quality).

Figure 32. Top Health Concerns in the Community Overall, Mercer County Residents, (n=2943), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

There were differences in top health issues by race/ethnicity (Table 12). Diabetes was the top concern among Asian, Black, and Latino survey respondents. Mental health issues were identified as the top concern among White respondents. Housing people can afford ranked as the second top concern among Black and Latino respondents, with Asian and White respondents identifying heart disease and cancer as the second top concerns, respectively. Of note, a high-stress lifestyle was a top concern for Asian residents.

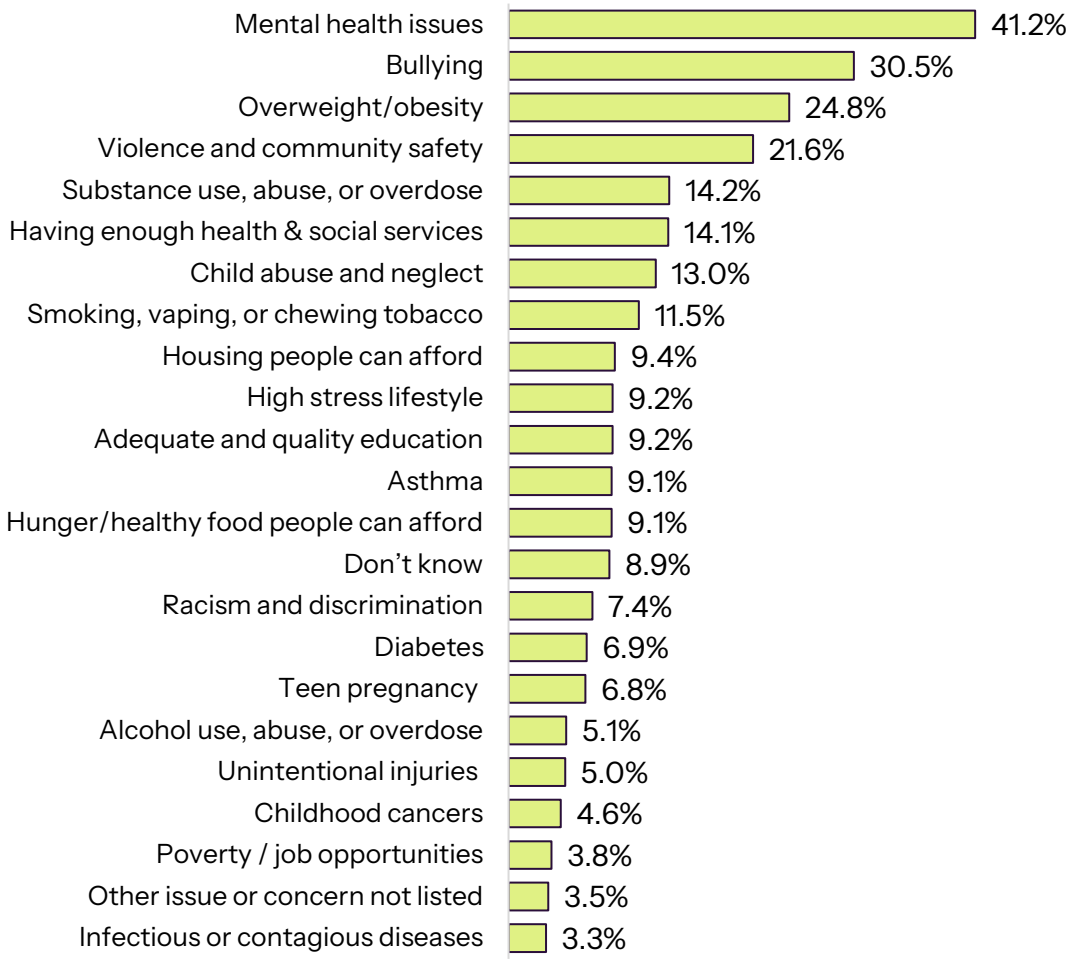
Table 12. Top Health Concerns in the Community Overall, Mercer County Residents, by Race/Ethnicity, (n=2943), 2024

	Asian (n=222)	Black (n=384)	Hispanic/Latino (n=410)	White (n=1788)
1	Diabetes (32.0%)	Diabetes (31.3%)	Diabetes (32.2%)	Mental health issues (34.1%)
2	Heart disease (27.0%)	Housing people can afford (26.0%)	Housing people can afford (24.4%)	Cancer (28.5%)
3	Mental health issues (25.2%)	Cancer (25.5%)	Overweight/ obesity (23.4%)	Housing people can afford (26.6%)
4	High-stress lifestyle (23.0%)	Mental health issues (25.3%)	Cancer (21.0%)	Overweight/ Obesity (26.2%)
5	Aging-related health concerns (22.5%)	Heart disease (20.8%)	Having enough health & social services that people can use (19.0%)	Heart disease (23.4%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

Survey respondents also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (41.2%), followed by bullying (30.5%), overweight/obesity (24.8%), violence and community safety (21.6%), and substance use, abuse, or overdose (14.2%) as the top five health issues in their communities (Figure 33). For community survey respondents who selected “other” as top health concerns for youth and children, the most common write-in answers were the most common write-in responses were related to social media use, gaming/screen time, environmental issues, opportunities and spaces to support positive youth development, and childcare.

Figure 33. Top Health Concerns in the Community for Children and Youth, Mercer County Residents, (n=2810), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

As with other issues, there were notable differences by race/ethnicity (Table 13). Mental health concerns were identified as the top concern for children and youth among Asian, Black, and White respondents. Instead, Latino respondents identified overweight/obesity as the top concern for children and youth. Bullying was ranked as the second top concern for children and youth among Asian and White respondents, with Latino and Black respondents identifying mental health issues and substance use as the second top concerns for children and youth, respectively. Of note, asthma was a top concern for children among Black residents.

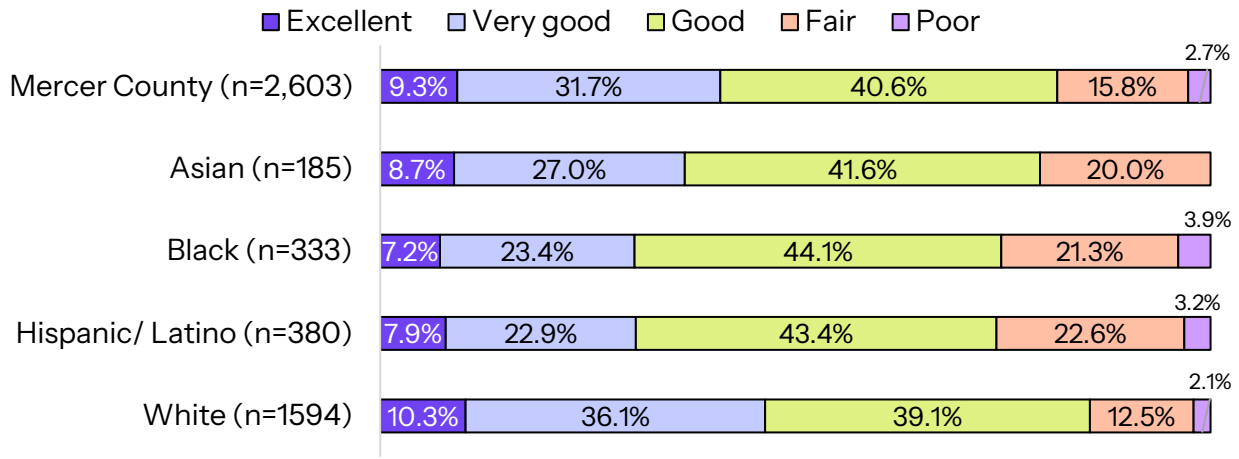
Table 13. Top Health Concerns in the Community for Children and Youth, Mercer County Residents, by Race/Ethnicity, (n=2810), 2024

	Asian (n=222)	Black (n=384)	Hispanic/Latino (n=410)	White (n=1788)
1	Mental health issues (39.6%)	Mental health issues (31.0%)	Overweight/ obesity (33.0%)	Mental health issues (47.9%)
2	Bullying (34.8%)	Violence and community safety (27.4%)	Mental health issues (27.8%)	Bullying (33.0%)
3	Overweight/ obesity (18.8%)	Bullying (24.4%)	Bullying (23.8%)	Overweight/ obesity (24.9%)
4	Violence and community safety (15.5%)	Overweight/ obesity (19.7%)	Teen pregnancy (15.0%)	Violence and community safety (24.0%)
5	Smoking, vaping, or chewing tobacco (15.0%)	Asthma (17.2%)	Smoking, vaping, or chewing tobacco (14.5%)	Substance use, abuse, or overdose (16.4%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select their top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

Most survey respondents perceived their health to be good (40.6%) or very good (31.7%) (Figure 34). Proportionally more White respondents considered themselves to be in excellent and very good (36.1%) than those from other races/ethnicities.

Figure 34. Self-Assessed Overall Health Status, Mercer County Residents, by Race/Ethnicity, (n=2603), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The Asian category does not add to 100% because % for poor were suppressed due to n<10.

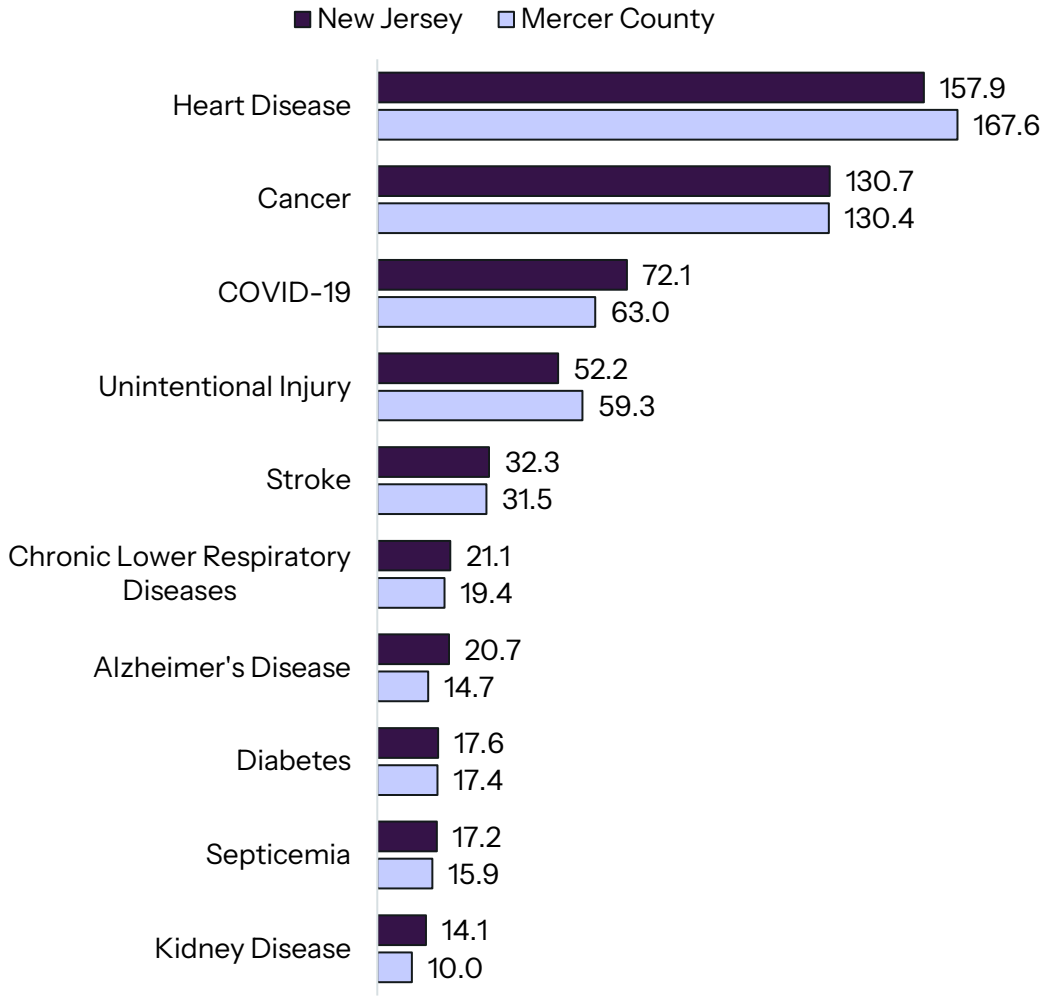
Leading Causes of Death and Premature Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before the age of 75 years) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted.

The most current mortality data from New Jersey's surveillance systems are available for 2021, the second year of the COVID-19 pandemic. Figure 35 shows the age-adjusted mortality rate per 100,000 residents for the top 10 causes of death by state and county in 2021. The leading cause of death in Mercer County in 2021 was heart disease (167.6 per 100,000), followed by cancer (130.4 per 100,000), and COVID-19 (63.0 per 100,000). Of note, the mortality rate for heart disease and unintentional injuries were higher in Mercer County than in the state overall. Unintentional injuries can stem from many different types of events and can include motor vehicle crashes and falls to name a few. In recent years, drug overdose has been a driver of unintentional injuries in the state.[37] More data on injury deaths and hospitalizations as well as life expectancy can be found in Appendix E. Additional Data Tables and Graphs.

[37] Healthy NJ 2020, https://www.nj.gov/health/chs/hnj2020/topics/injury-violence-prevention.shtml#ref

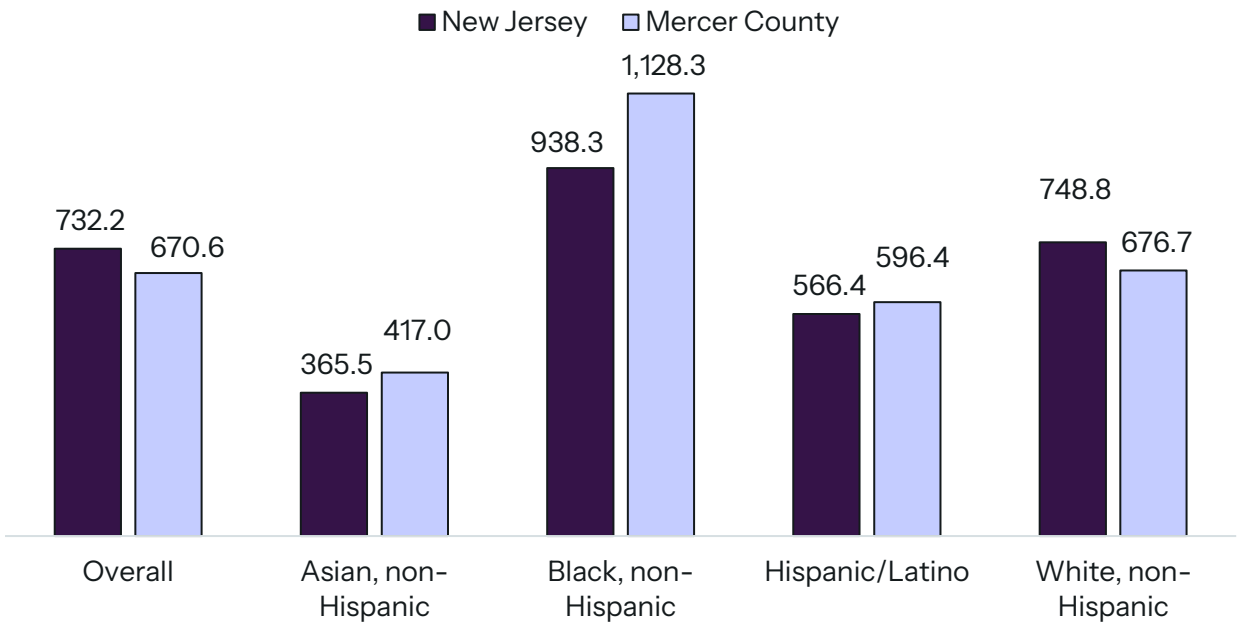
Figure 35. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 36 presents the overall age-adjusted mortality rate per 100,000 residents in 2021. Black residents had the highest age-adjusted mortality rate with 1,128.3 per 100,000 residents compared to the county average of 670.6 per 100,000 residents.

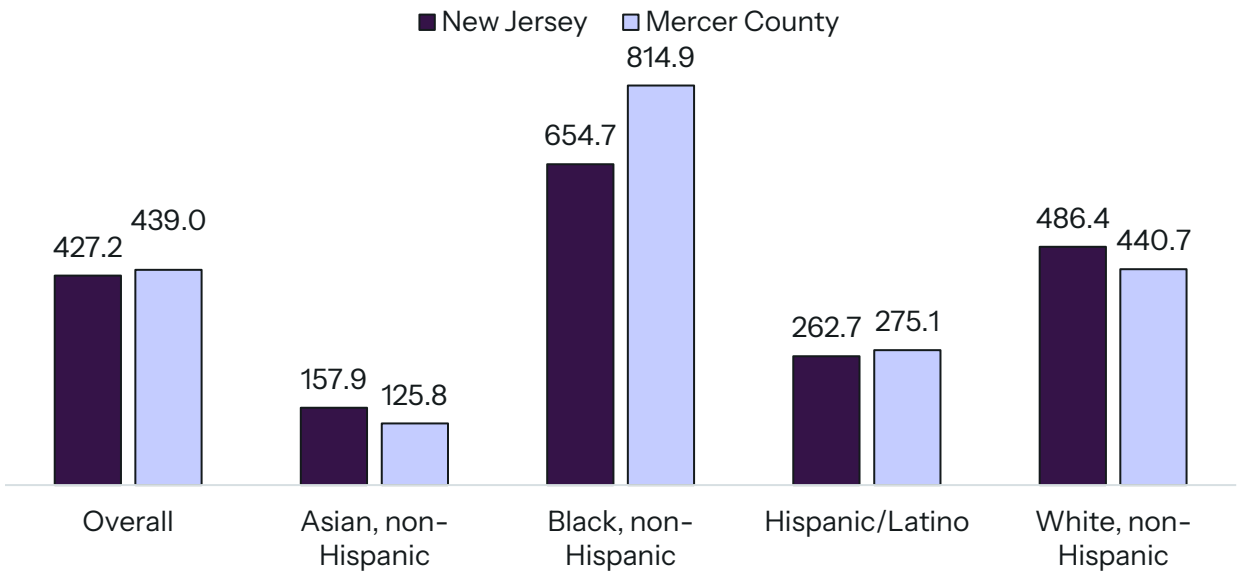
Figure 36. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 37 shows premature mortality (deaths before age 75) rates per 100,000 population by state, county, and race/ethnicity. In 2021, the premature mortality rate in Mercer County (439.0 per 100,000) was higher than for the state (427.2 per 100,000). Black residents in the GMPHP service area experienced a far higher premature mortality rate (814.9 per 100,000) than residents of other races/ethnicities, and higher than the average premature mortality rate of Black residents in New Jersey overall (654.7 per 100,000). This was consistent with findings from the 2021-CHNA-CHIP process, where Black residents of Mercer County were found to experience premature death (530.0 per 100,000) at a rate nearly double the Mercer County rate (290.0 per 100,000). Reducing premature mortality rates among Black residents to reduce racial inequities was identified as a goal in the 2021 CHNA-CHIP process.

Figure 37. Premature Mortality (Deaths Before Age 75) Rate per 100,000, by Race/Ethnicity, by State and County, 2021



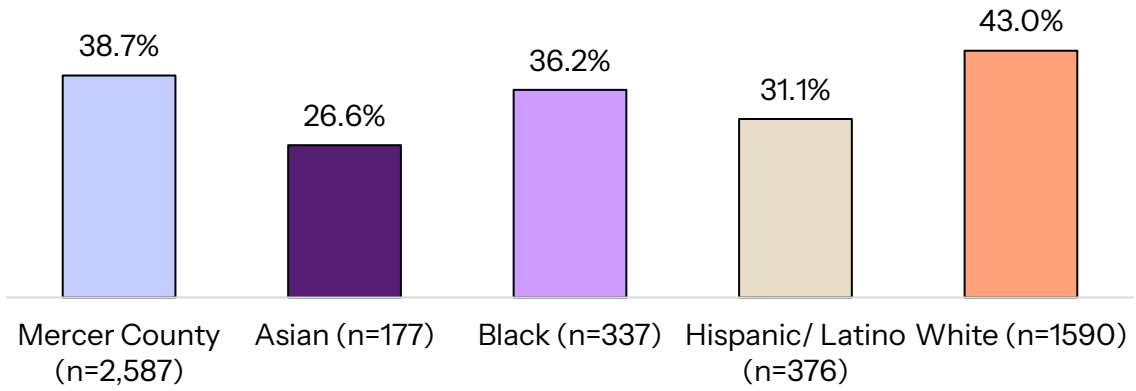
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Overweight, Obesity, and Physical Activity

Obesity is a leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. While overweight/obesity was identified as the fifth top health concern by community survey respondents, and the third top health concern among children and youth, it was not a prominent theme in conversations with focus group members or interviewees. One interviewee did highlight a disproportionate burden of overweight population among low-income populations of Trenton. Increasing physical activity, particularly among Black and Brown populations, was identified by residents as a priority to end inequities in health outcomes in the previous CHNA-CHIP process.

Almost 2 in 5 (38.7%) survey respondents in Mercer County reported ever being told by a healthcare provider that they had a weight problem (Figure 38). This proportion varied by race/ethnicity and ranged from 26.6% of Asian to 43.0% of White residents. Almost half (48.4%) of respondents who were ever told they had a weight problem reported currently being under medical care to manage this condition. Figure 107 in the appendix shows 24% of Mercer County residents self-reported being obese in 2021.

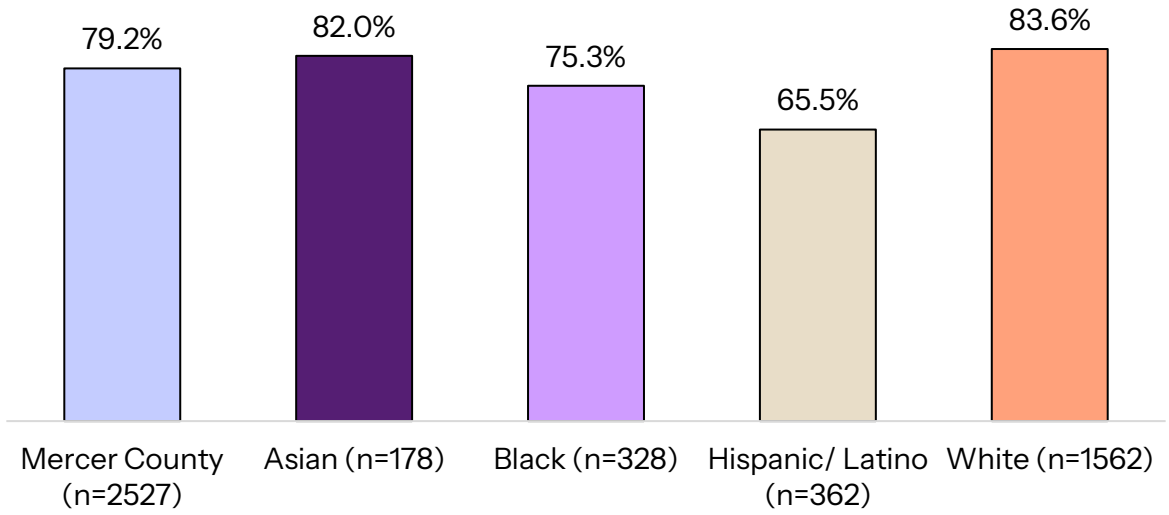
Figure 38. Mercer County Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=2587), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked if they had engaged in any physical activity in the past month. A majority of Mercer County respondents (79.2%) indicated that they did so, ranging from 65.5% of Latino to 83.6% of White respondents (Figure 39). On average, respondents with children indicated that their children had been physically active for at least 60 minutes in 5 of the past 7 days.

Figure 39. Mercer County Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=2527), 2024

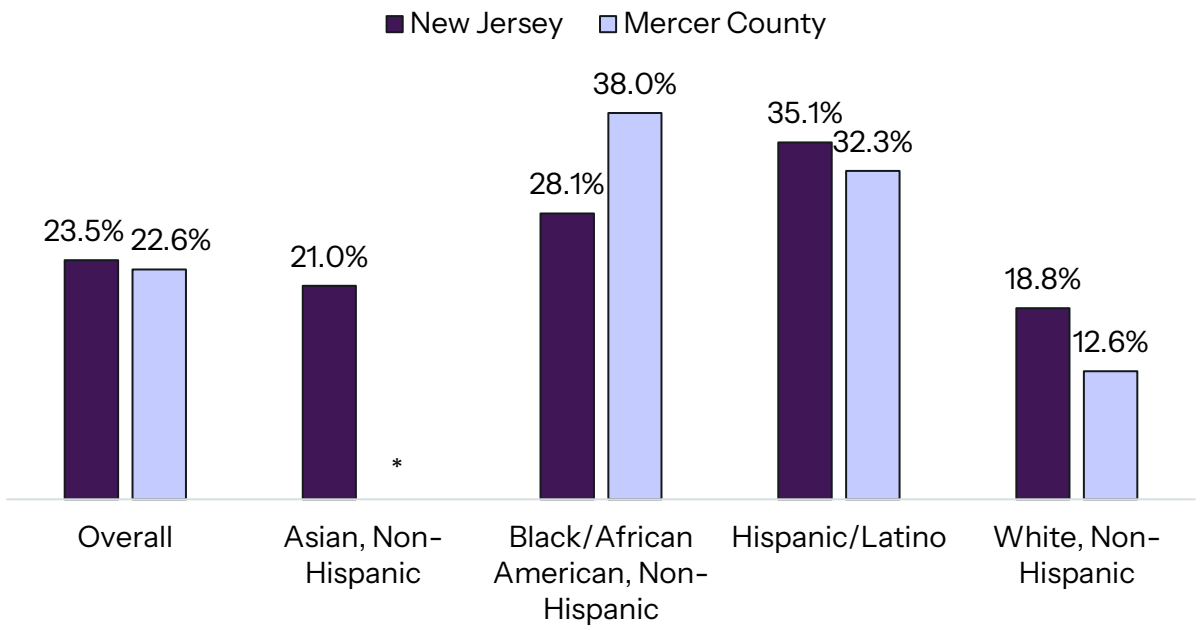


DATA SOURCE: Community Health Needs Assessment Survey, 2024

The built environment and availability of leisure time are two factors that affect physical activity. As mentioned in the section on community assets, focus group participants valued that there were green areas and parks to walk and play sports in their neighborhoods. Yet, many Mercer County residents reported not spending time on physical activity. According to the Behavioral

Risk Factor Survey, in 2021, the most recent year for which these surveillance data are available,22.6% of Mercer County residents reported having no leisure time for physical activity. There were differences by race and ethnicity with 38.0% of Black and 32.3% of Latino respondents reporting no leisure time compared to 12.6% of White respondents (Figure 40). This has improved since the 2021-CHNA-CHIP process where 41.7% of Mercer County adults reported no leisure time activity in the past 30 days compared to a New Jersey average of 27.8%. Figure 98 in the appendix reports the percentage of the population with adequate access to a location for physical activity by state and county from 2020-2023.

Figure 40. Percent of Adults Reporting No Leisure Time for Physical Activity, by Race/Ethnicity, by State and County, 2021



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

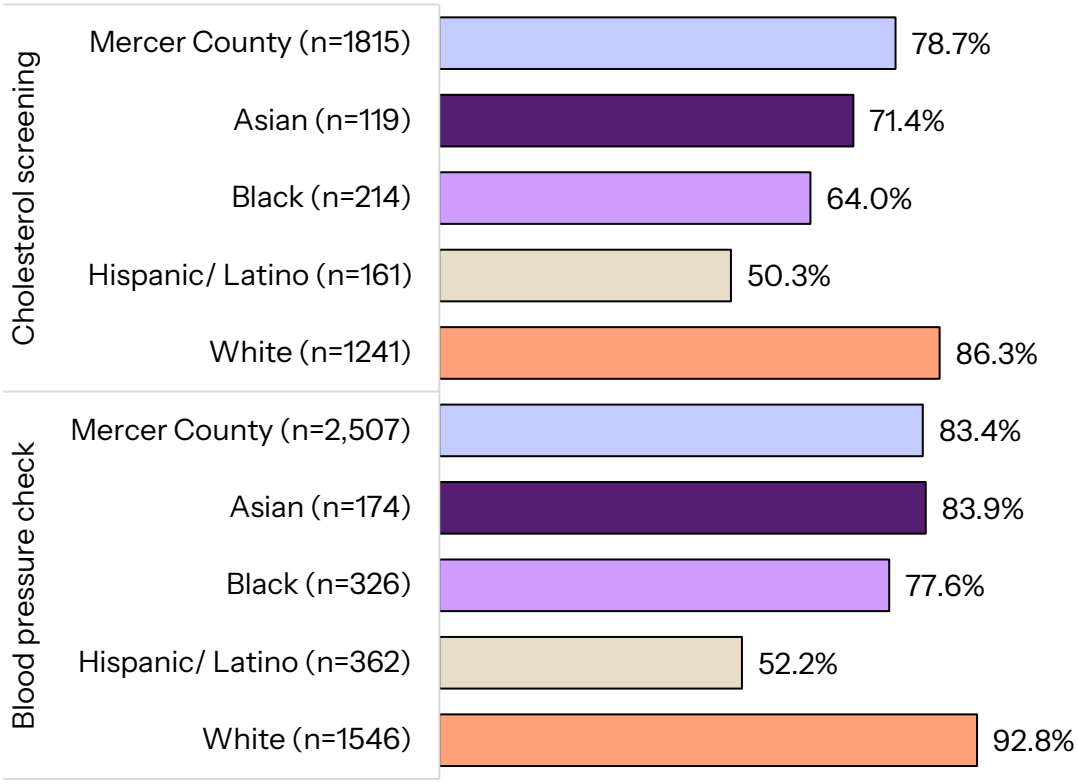
Chronic Conditions

Chronic conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer, are some of the most prevalent conditions in the United States. Chronic disease was mentioned as a community concern by several interviewees who noted that Mercer County had, like the rest of the country, high rates of diabetes, asthma, and cancer. Of particular concern were chronic disease management, including diabetes leading to amputations, and late cancer detection among older, unhoused, and residents of color. Inequities in heart disease and diabetes were identified as a community concern in the 2021 CHNA. The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in Mercer County.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are significant risk factors for heart disease, stroke, and other chronic diseases. There are three steps to address these conditions: prevention, screening and diagnosis, and management. Prevention based on lifestyle and behavior was discussed earlier in the sections on food insecurity and healthy eating, and on overweight, obesity, and physical activity. This section focuses on diagnosis and management. Community survey respondents in 2024 were asked if they had ever received a cholesterol or blood pressure screening in the past two years. Over three-quarters (78.7%) indicated that they had participated in a cholesterol screening, and 83.4% in a blood pressure screening (Figure 41). The results differed by race/ethnicity. Only 50.3% of Latino and 64.0% of Black respondents reported being screened for cholesterol, compared to 86.3% of White respondents. Blood pressure checks also differed by race/ethnicity. Notably, only 52.2% of Latino respondents indicated that they had participated in blood pressure screenings compared to 92.8% of White respondents.

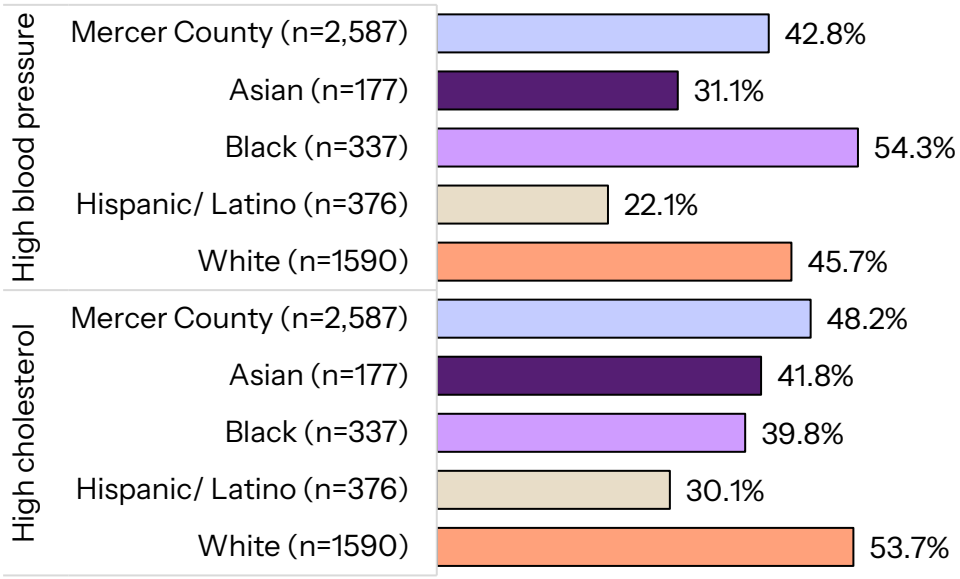
Figure 41. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Cholesterol screening percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. That is, those assigned male at birth aged 35 years and older and those assigned female at birth aged 45 years and older.

A high proportion of survey respondents reported being affected by high cholesterol and high blood pressure. Overall, 42.8% of survey respondents in Mercer County reported ever being told by a healthcare provider that they had high blood pressure and 48.2% that they had high cholesterol (Figure 42). Fewer Latino (22.1%) and Asian (31.1%) reported having been told they had high blood pressure compared to Black respondents (54.3%). In terms of high cholesterol, percentages ranged from 30.1% of Latino to 53.7% of White respondents. These percentages should not be interpreted as the prevalence of the conditions among survey respondents, given that this survey used a convenience sample and there are inequities in access to a healthcare provider to obtain a diagnosis. For example, as seen above, there were differences in the proportion of residents that indicated being screened for these conditions, with proportionally fewer Latino residents being screened. Of the survey respondents who were ever told that they had high blood pressure or high cholesterol, 85.9% and 76.3% reported being under medical care for high blood pressure and high cholesterol, respectively.

Figure 42. Percent of Community Survey Respondents Ever Told They Had High Blood Pressure or High Cholesterol by a Provider, Mercer County Residents, by Race/Ethnicity, 2024



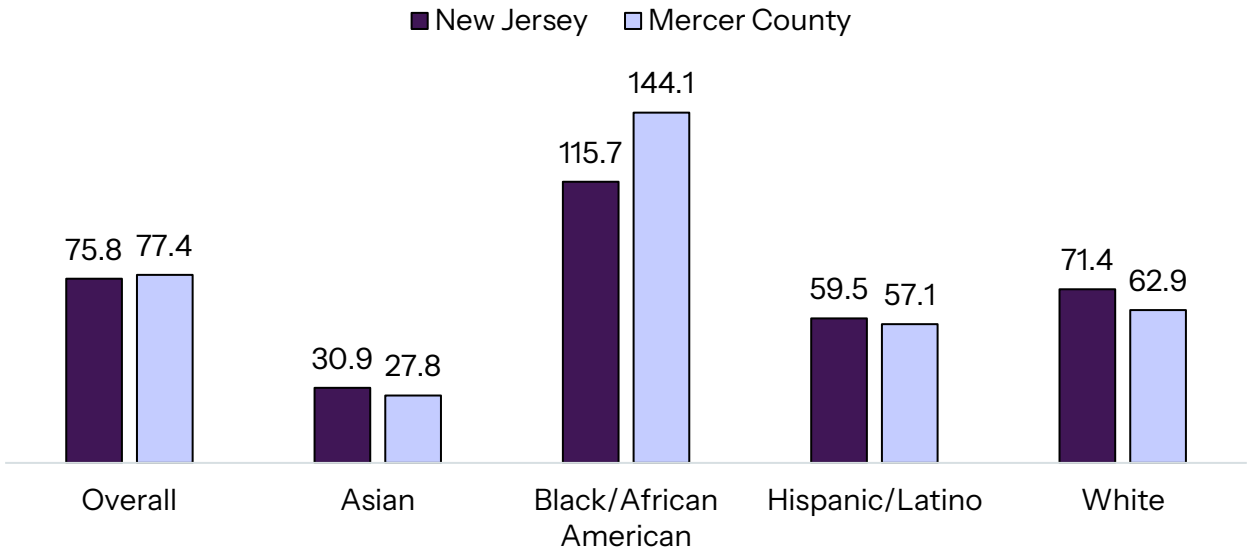
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Heart Disease

While focus group and interview participants did not directly discuss heart disease, it is the leading cause of death in Mercer County, and closely associated with other conditions mentioned by residents such as diabetes and overweight/obesity.

According to surveillance data, the rate of cardiovascular disease hospitalizations (77.4 per 10,000 population) was slightly higher in Mercer County compared to New Jersey overall (75.8 per 10,000) (Figure 43). Disparities exist within Mercer County with Black residents being hospitalized due to cardiovascular disease at nearly two times the county rate (144.1 per 10,000).

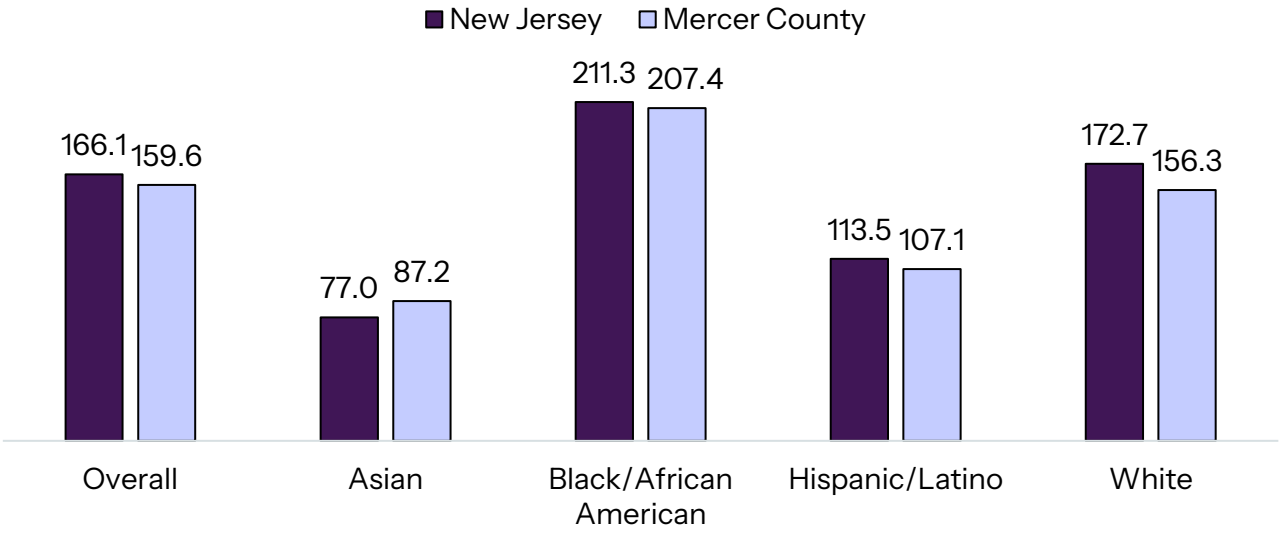
Figure 43. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2021



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death certificate data show that in 2020 the heart disease mortality rate was slightly lower in Mercer County (159.6 per 100,000 residents) than in the state (166.1 per 100,000) (Figure 44). Heart disease mortality rates were highest among Black (207.4 per 100,000), followed by White (156.3 per 100,000) residents.

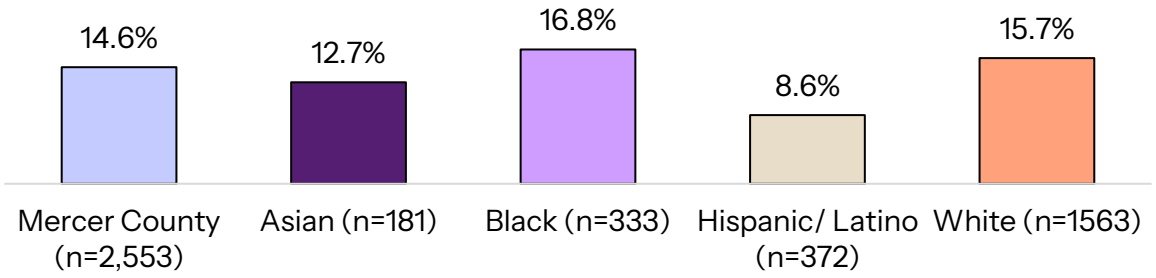
Figure 44. Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Overall, 14.6% of community survey respondents in Mercer County indicated receiving heart disease education in the past two years (Figure 45). Participation in heart disease education differed by race/ethnicity, with only 8.6% of Latino residents reporting participating compared to 16.8% of Black and 15.7% of White residents.

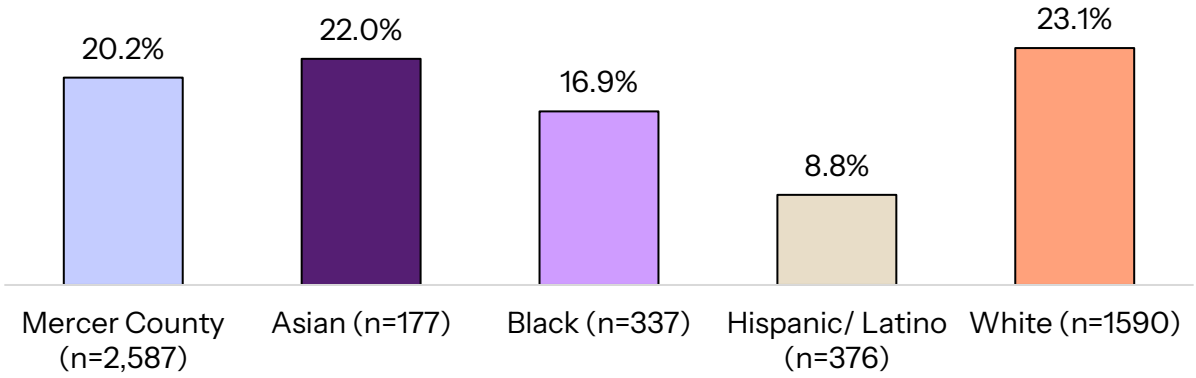
Figure 45. Percent of Community Survey Respondents Participating in Heart Disease Education in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Overall, 20.2% of community survey respondents indicated ever having been told by a provider that they had a heart condition (Figure 46) and 3.2% that they had a stroke. As with other health indicators, differences existed by race/ethnicity with a higher percentage of White (23.1%) and Asian (22.0%) respondents reporting having been told they had a heart condition.

Figure 46. Percent of Community Survey Respondents Ever Being Told They Had a Heart Condition by a Provider, Mercer County Residents, by Race/Ethnicity, (2587), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

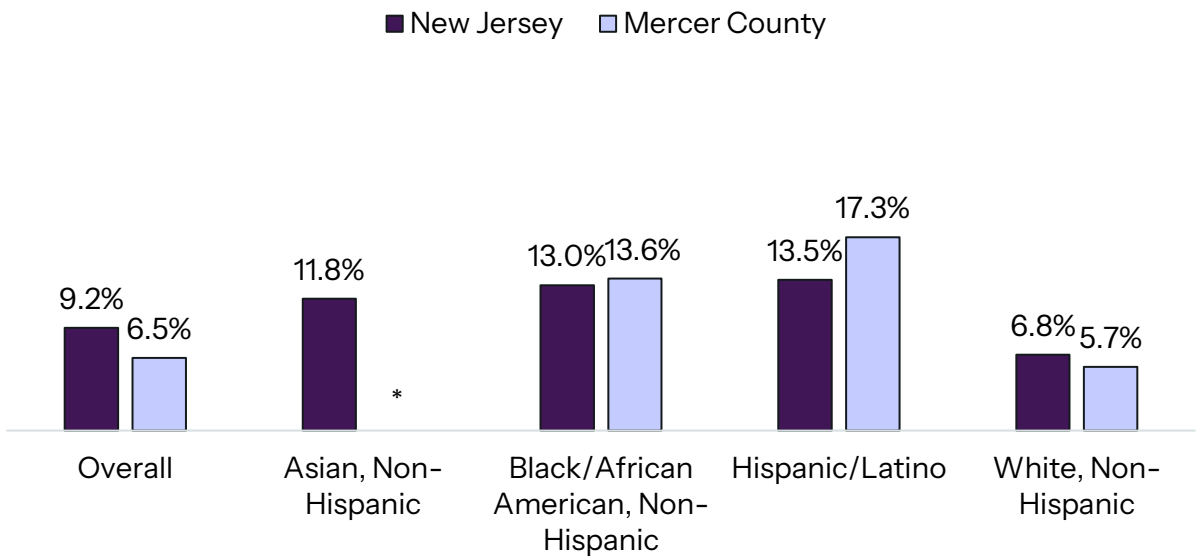
Diabetes

Diabetes and diabetes management to prevent its worse health outcomes were top health concerns mentioned by discussion participants. Participants indicated observing an increase in cases of diabetes in recent years and noted that diabetes was prevalent in their communities. An interviewee from Trenton noted, *"Yesterday, we were talking about amputation risk among people with diabetes, with rates above the national average. We are missing the early detection which dovetails with many of the things we are talking about."* Another interviewee emphasized the challenge of managing diabetes and other chronic conditions among homeless or housing-unstable populations. An immigrant focus group participant recounted their experiences with the condition: *"It's difficult to obtain medication for diabetes because I'm not working … My health was really declining for a while because I couldn't get meds*." The themes that emerged strongly among discussion participants were insurance problems and cost barriers.

> *"We haven't figured out a way to help manage those with chronic disease such as diabetes."*
> – Key informant

Figure 47 shows the percentage of adults who reported a diagnosis of diabetes overall and by race/ethnicity from 2017 to 2021, the most recent years that surveillance data are available and aggregated over time due to small numbers. Overall diabetes rates were lower in Mercer County (6.5%) than in New Jersey (9.2%). Diabetes rates in Mercer County were highest among Latino (17.3%) and Black (13.6%) residents, in both cases, surpassing those of New Jersey. Community survey respondents identified diabetes as their fourth top health concern overall.

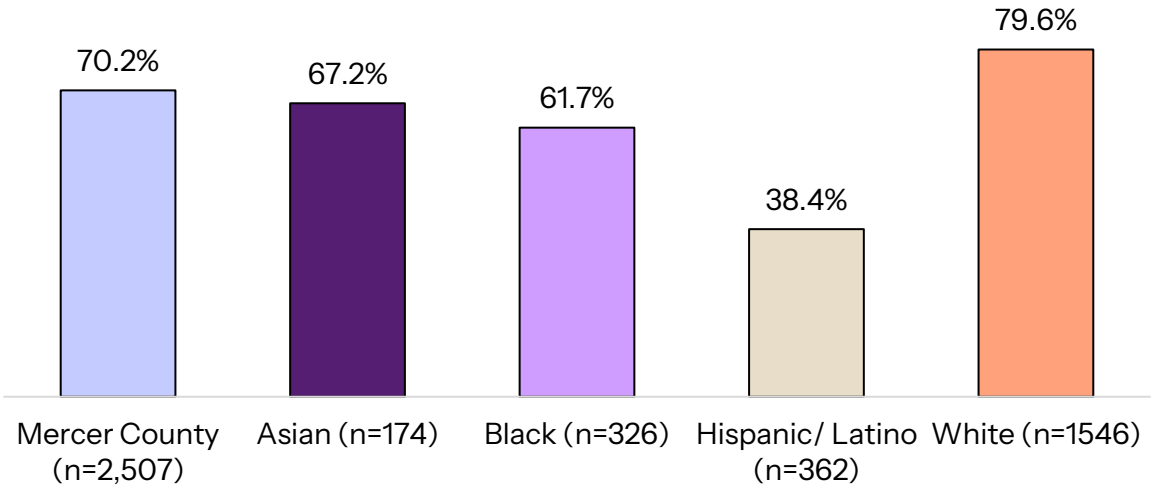
Figure 47. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2017-2021
NOTE: Asterisk (*) means that data are suppressed.

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years. In Mercer County, 70.2% of respondents were screened for diabetes (Figure 48). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 38.4% among Latino to 79.6% among White respondents.

Figure 48. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, (n=2507), 2024



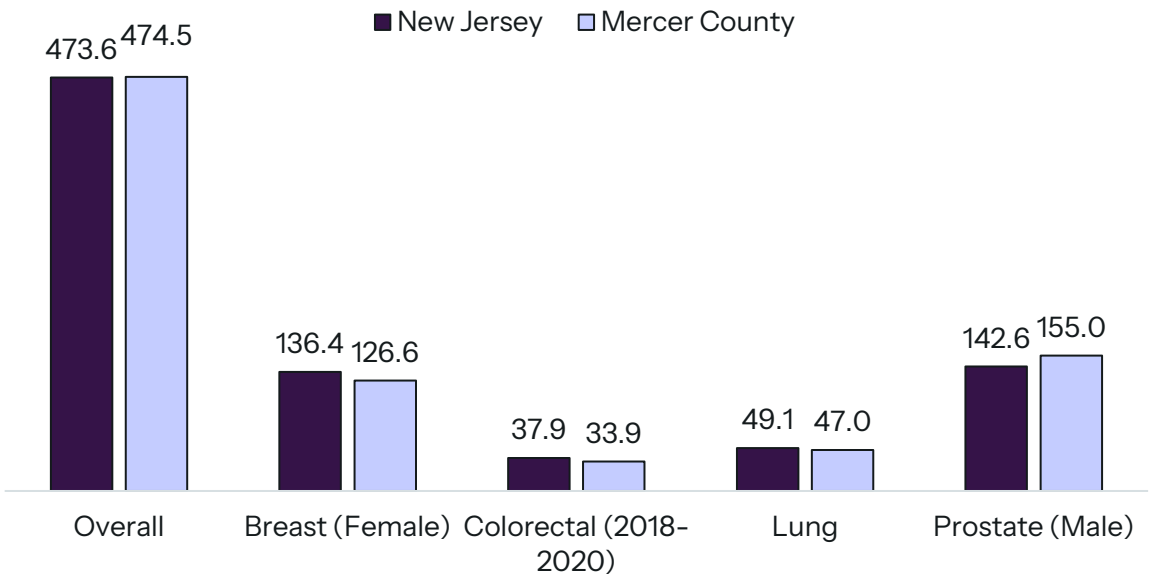
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Cancer

Even though cancer is the second leading cause of death in Mercer County and New Jersey overall, it was not a prominent theme discussed in focus groups. However, a couple of interviewees mentioned concern for late-stage cancer diagnoses among low-income and unhoused populations. In addition, cancer was identified as the second top concern among community survey respondents. Community respondents and quantitative data suggest that cancer is a health issue in Mercer County.

Overall, there were 474.5 cases of cancer per 100,000 residents in Mercer County, according to the NJ State Cancer Profile; prostate (155.0 cases per 100,000 males), breast (126.6 cases per 100,000 females), and lung and bronchus (47.0 cases per 100,000 population) cancers were the most common types of cancer in 2017-2021 (Figure 49). Recent trends indicate that overall cancer incidence is declining (see Appendix G. Cancer Data). Figure 108 in the appendix presents additional data on cancer-related deaths.

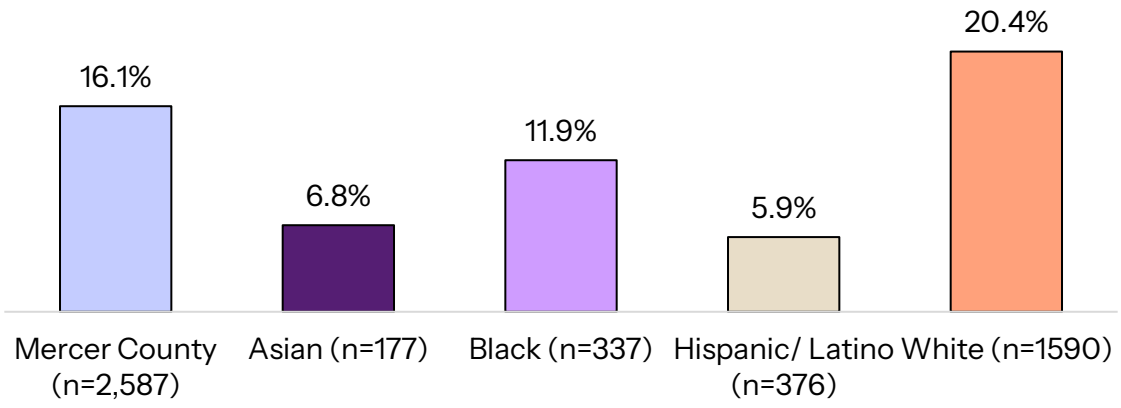
Figure 49. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2023

Among Mercer County community survey respondents, 16.1% reported ever being told they had cancer by a provider (Figure 50). Percentages differed by race/ethnicity, ranging from 5.9% of Latino to 20.4% of White respondents. Slightly over half (51.4%) of survey respondents diagnosed with cancer were currently under medical care to manage the condition.

Figure 50. Percent of Community Survey Respondents Ever Told They Had Cancer by a Provider, Mercer County Residents, by Race/Ethnicity (n=2587), 2024

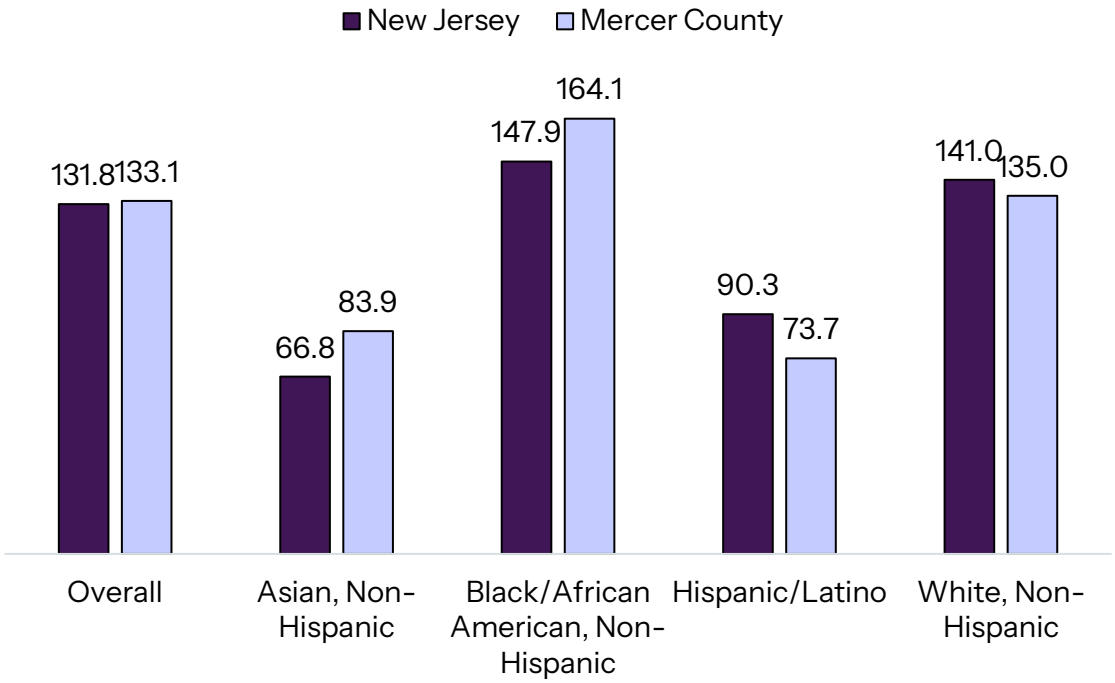


DATA SOURCE: Community Health Needs Assessment Survey, 2024

According to hospital tumor registries, in 2023, 8.9% and 17.7% of cancer cases in RWJUH-Hamilton were Stage 3 and Stage 4, respectively. In Capital Health, 9.9% and 14.2% of cancer cases were Stage 3 and Stage 4, respectively, that year. Around half of the respiratory system (55.7%) and lip and oral cavity (50.0%) cancer cases at RWJUH-Hamilton were Stage 4. At Capital Health, all mesothelioma (100.0%) and half of bones and joints (50.0%) cancer cases were Stage 4 (Appendix G. Cancer Data).

In 2020, the last year for which these data were available, the overall cancer mortality rate in Mercer County was comparable to that of the state (133.1 per 100,00) (Figure 51). Black residents had a higher cancer mortality rate (164.1 per 100,000) than the county average, while Asian (83.9 per 100,000) and Latino (73.7 per 100,000) residents had the lowest cancer mortality rates of any race/ethnic group.

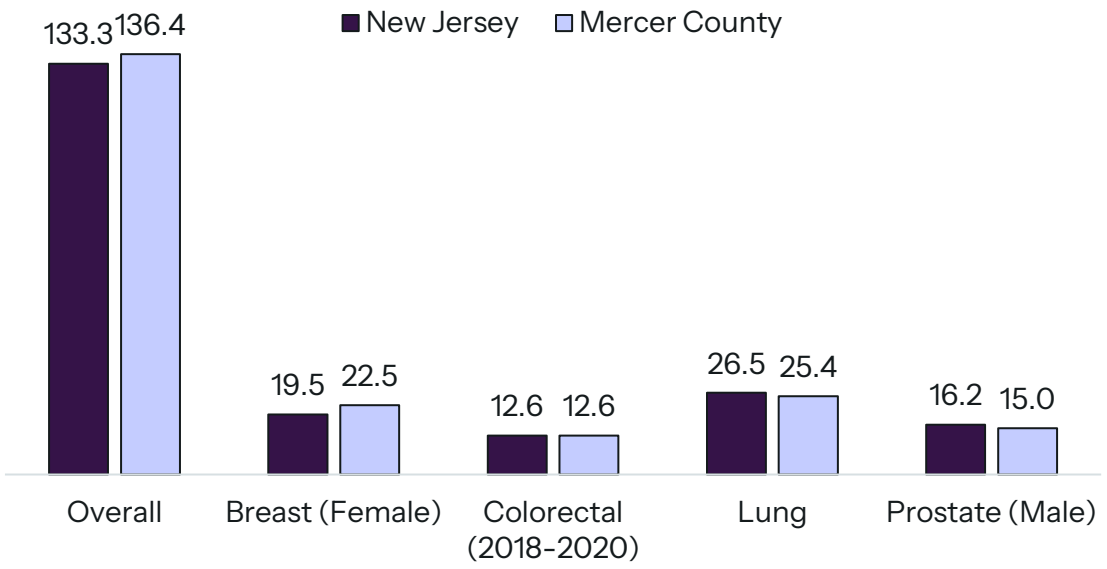
Figure 51. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

The cancers that claimed the most lives in Mercer County were lung and bronchus cancer (25.4 deaths per 100,000 population), followed by breast (22.5 deaths per 100,000 females), and prostate (15.0 deaths per 100,000 population) cancers (Figure 52). The mortality rate of these three cancers fell from 2016-2020 (Appendix G. Cancer Data).

Figure 52. Age-Adjusted Deaths Due to Cancer per 100,000, by Cancer Site, State and County, 2020

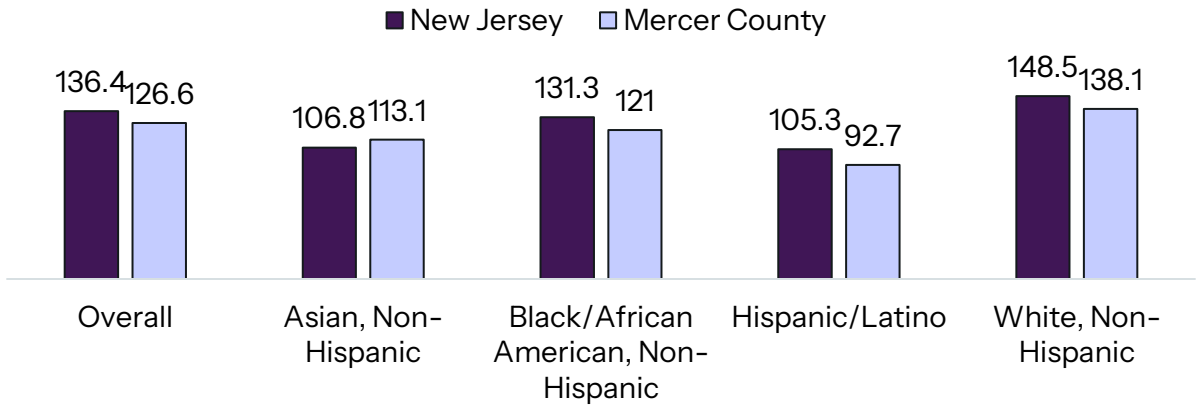


DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Breast Cancer

Cancer registry data are presented in Figure 53 for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017-2021 across New Jersey and in Mercer County by race/ethnicity. The breast cancer incidence rate in Mercer County (126.6 per 100,000) was highest among White (138.1 per 100,000) and lowest among Latino (92.7 per 100,000) residents. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry, caution should be used when comparing rates among Latino residents to rates in the different racial groups. More information on breast cancer deaths can be found in Figure 109 in Appendix E. Additional Data Tables and Graphs.

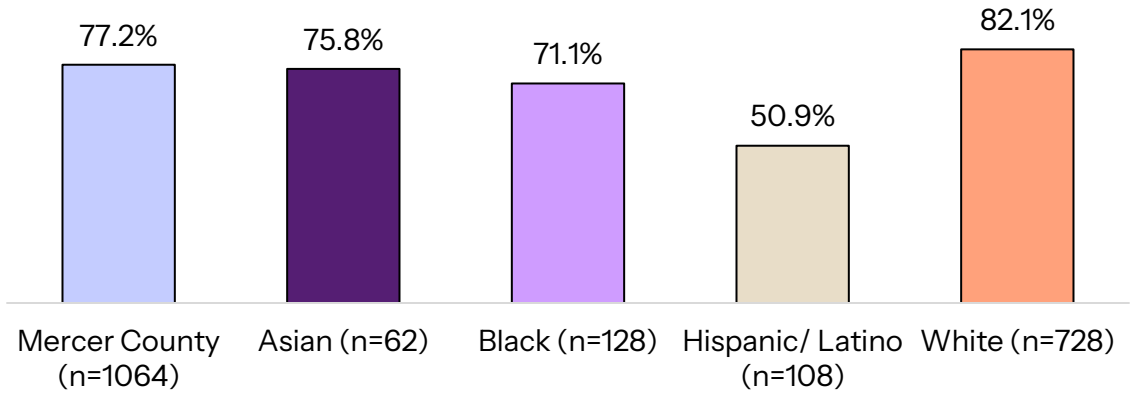
Figure 53. Age-Adjusted Rate of Female Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

Screening and early detection are critical to improved cancer-related outcomes. Community survey participants who identified as female were asked if they had participated in mammography screenings in the past two years. Overall, 77.2% of female Mercer County residents had a mammography in the past two years (Figure 54). However, there were differences by race/ethnicity with Latina respondents reporting participating the least (50.9%) and White respondents the most (82.1%).

Figure 54. Percent of Community Survey Respondents Who Had Mammography Screening in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, (n=1064) 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Mammograms or breast examination screenings are recommended for those assigned female at birth aged 40 to 74 years old.

HPV-Associated Cancers

Human papillomavirus (HPV) is a group of viruses that spread through vaginal, anal, and oral sex. HPV infections are prevalent among sexually active people. Whereas most infections resolve on their own, in some cases HPV can cause cancers such as throat (or oropharyngeal) cancer, anal cancer, penile cancer, vaginal cancer, and vulvar cancer. Throat was the most common HPV-associated cancer in Mercer County in 2017-2021 (11.2 per 100,000) (Table 14). The Mercer County rates of HPV-associated cancers rates were comparable to those of the state. Figure 110 in Appendix E. Additional Data Tables and Graphs presents additional data on deaths due to prostate cancer in 2020.

Table 14. Age-Adjusted Rate of HPV-Associated Cancers per 100,000, by State and County, 2017-2021

	Overall	Oral Cavity & Pharynx	Anus	Penis (Male)	Vagina (Female)	Vulva (Female)	Cervix Uterine Cavity
NJ	473.6	11.2	1.8	0.9	0.6	2.9	7.2
Mercer	474.5	11.3	2.8	0.5*	0.4*	3.0	7.1

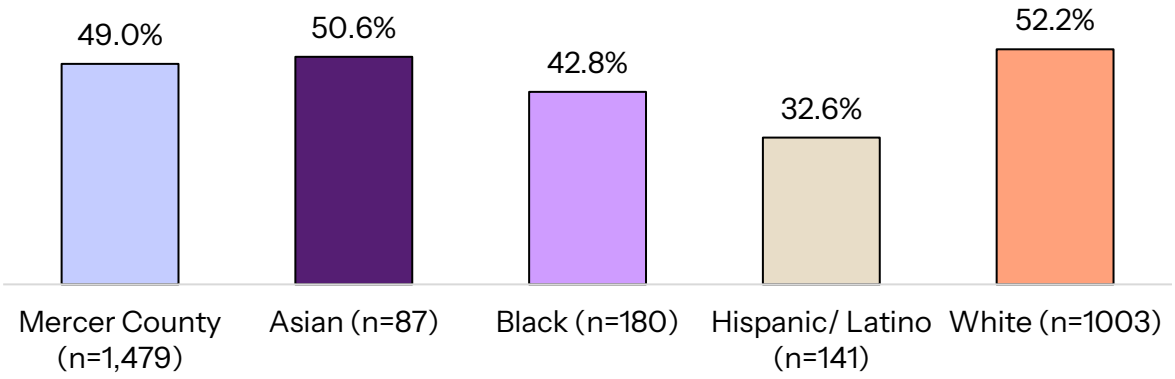
DATA SOURCE: New Jersey State Cancer Registry, 2017-2021 NOTE: Asterisk (*) means that the age-adjusted rate is not stable due to less than 15 cases.

Colon and Skin Cancer Screenings

Colon and skin cancers are relatively common and may not have noticeable symptoms in their early stages. Regular cancer screenings are one of the most effective means to detect and treat it early, when treatment is easier. Community survey respondents were asked about their participation in screenings for colon and skin cancer within the past two years. About half (49.0%) of respondents reported receiving a colon cancer screen (Figure 55) and over one-third (36.6%) a skin cancer screen in the last two years (Figure 56). The proportion of Asian, Black, and Latino residents screened for skin cancer was substantially lower than for White residents.

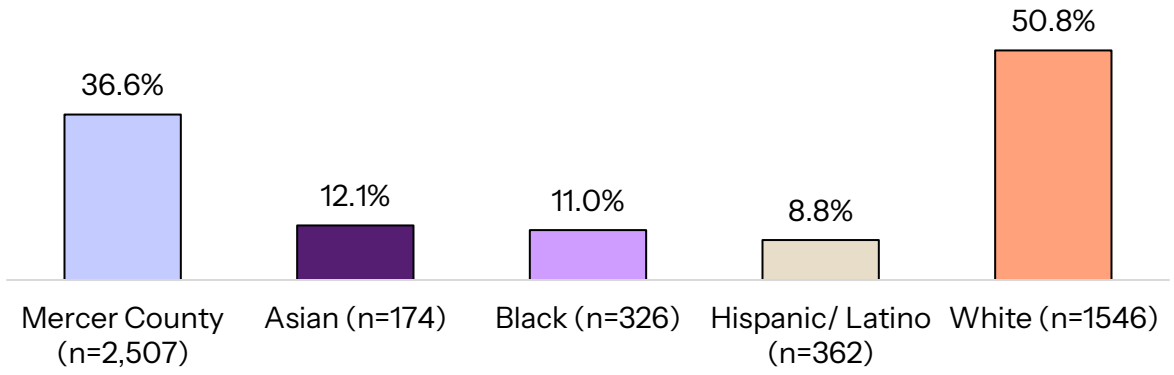
Of note, the percentages of colon cancer screenings found in the community health survey are lower than those in state health statistics. According to the New Jersey Behavioral Risk Factor Survey, an estimated 70.9% of 50-75 year-old adults in Mercer County self-reported being current with colorectal cancer screening recommendations in 2017-2020 (defined as having had a take-home fecal immunochemical test (or high-sensitivity fecal occult blood test within the past year, and/or a flexible sigmoidoscopy within the past 5 years with a take-home FIT/FOBT within the past 3 years, and/or a colonoscopy within the past ten years). In 2020, 71.6% of New Jersey 50-75 year old adults were current with colorectal cancer screening recommendations in New Jersey in 2020. These percentages were lower among Asian (63.9%) and Latino (64.5%) New Jersey adults. A consideration is that the community health survey data are drawn from a convenience sample and may not be representative of the population of New Jersey or Mercer overall. In addition, the lower percentages observed in the community health survey may be indicative of disruptions in access to care caused by the COVID-19 pandemic. Finally, these discrepancies may be due to differences in the question wording.

Figure 55. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, Mercer County Residents, by Race/Ethnicity, (n=1479), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. For colon cancer screening, this is adults aged 45 to 75 years old.

Figure 56. Percent of Community Respondents Screened for Skin Cancer in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, (n=2507), 2024

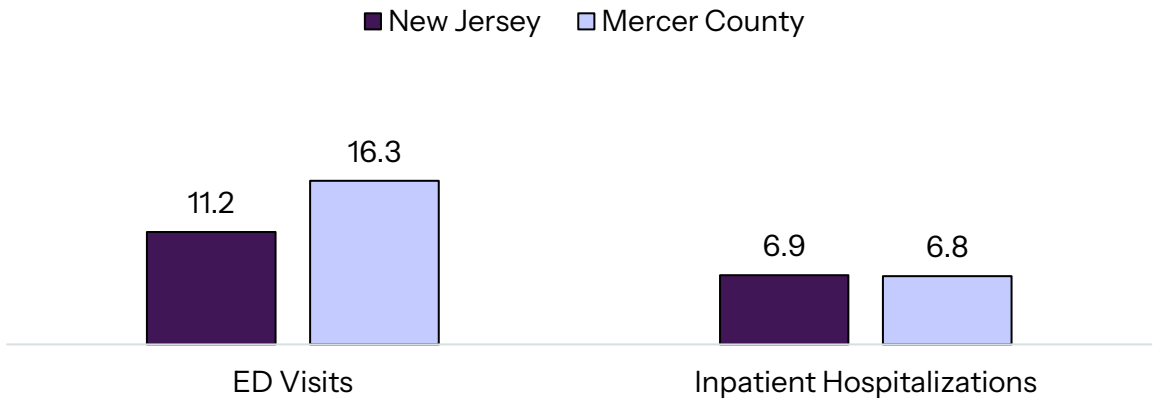


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. It is one of the main diseases in the grouping of chronic lower respiratory disease, the sixth leading cause of death in the state in 2021 (Figure 35). In 2021, Mercer County had higher rates of emergency department (ED) visits due to COPD (16.3 per 10,000 population) than New Jersey overall (11.2 per 10,000) and similar rates of COPD-related hospitalizations to relative to the state (6.9 per 10,000 and 6.8 per 10,000 population, respectively) (Figure 57). Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F. Hospitalization Data.

Figure 57. Age-Adjusted Rate of Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2021



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

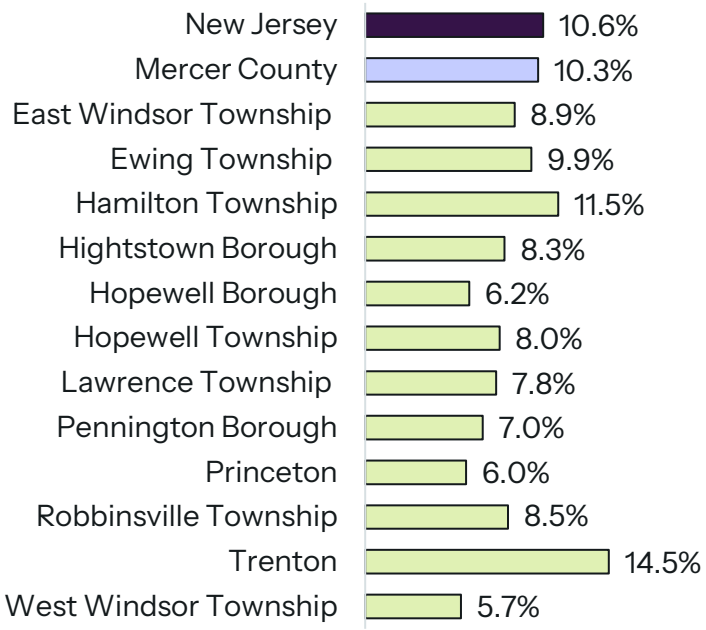
Disability

Disabilities, such as hearing impairment, vision impairment, cognitive impairment, and impaired mobility, impact residents' daily lives. Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities.

> *"You see people come in with walkers and rollators and after 6-8 weeks they are standing up straight."*
> – Key informant interviewee

Whereas disability was not a prominent theme discussed in focus groups, it was of concern to interviewees working with unhoused and older populations. To illustrate this point, an interviewee described, *"We see all too many people within the homeless population who have horrible wounds often because of untreated diabetes and end up having amputations."* An interviewee working with older adults noted, *"We have a gamut of services for people with disabilities. The goal there is to keep them at home."* Numerous programs exist to promote healthy bones and physical activity, both critical to independent living, cognitive well-being, and chronic disease management among older adults. American Community Survey data from 2018-2022 show that the number of people with disabilities differs across the Mercer County service area. Overall, about 10.3% of Mercer County residents have a disability. The percentage of individuals living with a disability ranges by town within Mercer County from West Windsor Township (5.7%) to Trenton (14.5%) (Figure 58). More information on the percent of residents with a disability by age can be found in Table 33 in the appendix. The proportion of persons with a disability is likely higher among certain groups. For example, 47.5% of homeless persons in New Jersey reported having some type of disability in 2023 according to the New Jersey Counts report.

Figure 58. Percent of Persons with a Disability, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates

Behavioral Health: Mental Health and Substance Use

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the healthcare field, mental health and substance use are typically discussed under the larger framework of behavioral health. Reducing the impact of trauma on health outcomes was a priority of the 2021-2022 GMPHP CHNA-CHIP process.

Mental Health

Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression, anxiety, stress, trauma, hoarding, and substance use as mental health challenges for community residents and noted that these all have been exacerbated since the pandemic. One interviewee perceived that suicide rates in the region had risen. Poor mental health has a negative impact on overall well-being: those with mental health conditions have difficulty managing other health conditions and accessing services such as healthcare, housing, and food resources.

> *"Many kids come from care clinic usually when there are situations of abuse or neglect… There the ACE scores are pretty high…"*
> – Focus group participant

Youth mental health was of particular concern to interviewees and focus group participants, particularly following the COVID-19 pandemic. One interviewee explained, *"One of my grave concerns is the mental health of kids. Since COVID, like the rest of the country, we are seeing a rise in mental health issues in kids. For the first time, we had to hire a psychologist and behavioral health specialist for the summer camp program."*

The mental health of older adults was also mentioned as a community concern by several interviewees. Interviewees reported that older residents, many of whom experienced substantial isolation and fear during the pandemic, had high rates of depression, a condition that was more common among those who were homebound or did not have family close by. One interviewee stated they had seen *"the huge impact and fallout of isolation in the older adult population and the rapid decline in those who may have Alzheimer's or dementia due to lack of socialization."*

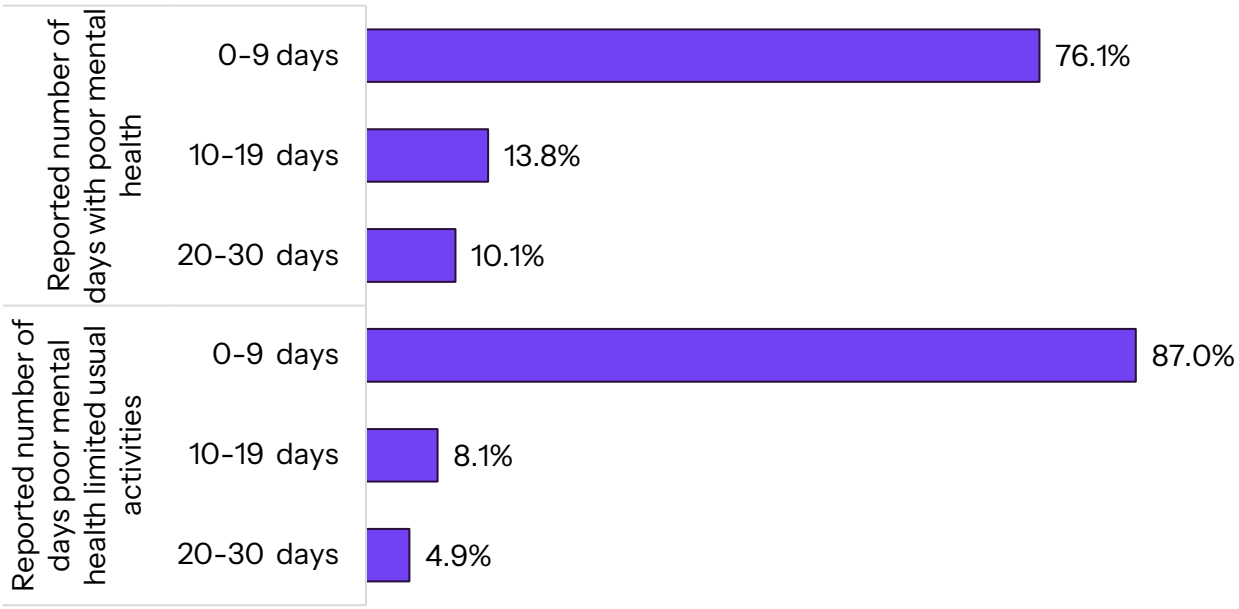
Another community concern was the mental health of immigrants, noted by several interviewees and focus group participants. Participants reported that immigrant populations in Mercer County experienced high levels of trauma. One focus group participant stated, *"About half the folks who come into the health center are immigrants in one way or another with a large portion coming from Spanish-speaking countries … Their experiences are horrendous and that becomes a challenge for anyone working with those families."*

> *"Our goal was to create a trauma informed campus and we are pretty much there. This semester we connected with 600 students. We are working on an integrated way to provide services…"*
> – Focus group participant

Quantitative data confirm participants' perceptions that mental health is a pressing community issue. As described earlier, community survey respondents identified mental health issues as

the top health concern in their communities. Among Mercer County survey community respondents, 13.8% reported experiencing 10-19 days of poor mental health, and 10.1% reported 20-30 days of poor mental health in the last 30 days (Figure 59). Additionally, 8.1% of survey respondents reported experiencing 10-19 days in which poor mental health limited their usual activities, and 4.9% reported 20-30 days in which poor mental limited their usual activities. Prevalence of depression can be found in Figure 115 in the appendix. Mental and behavioral health was identified as a priority area during the 2021-GMPHP-CHNA-CHIP process as well. In 2017, the age-adjusted percent of Mercer County residents with a history of diagnosed depression was 20.1% and in 2018, Mercer County residents experienced an average of 4.3 mentally unhealthy days compared to the New Jersey average of 3.8 days.

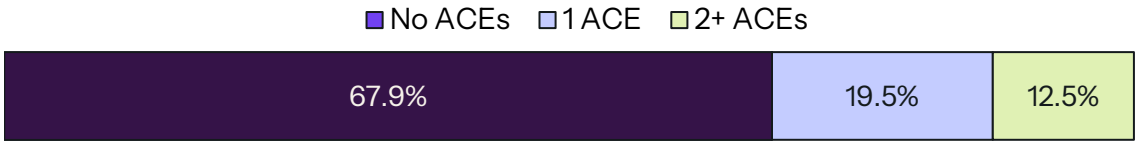
Figure 59. Percent of Mercer County Community Survey Respondents with Poor Mental Health in the Last 30 Days, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" was answered by 2152 respondents.
"During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?" was answered by 2147 respondents.

Experiencing adverse childhood experiences (ACEs) is a strong risk factor for poor mental and physical health outcomes in childhood and in adulthood. While ACEs data at the county or town level is not readily available, the National Survey of Children's Health indicates that in 2021-2022, 19.5% of children in the state of New Jersey had experienced one ACE, and 12.5% had experiences 2 or more ACEs (Figure 60). Data on LGBTQ+ students' developmental assets, a protective factor for the impact of ACEs, are presented in the appendix (Figure 117).

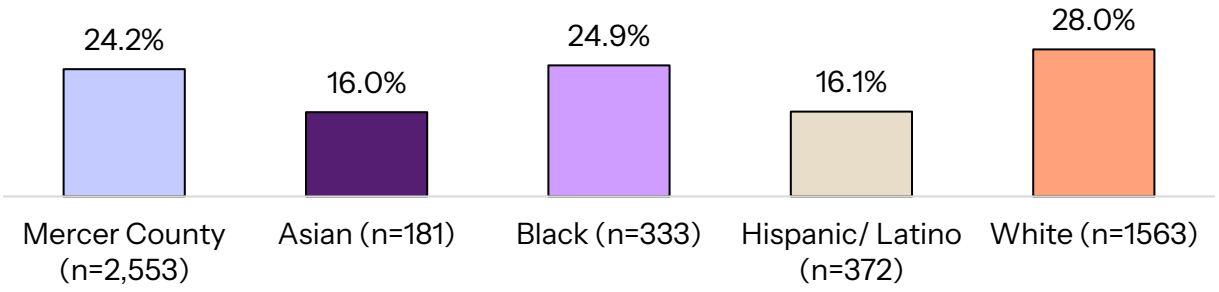
Figure 60. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2021-2022



DATA SOURCE: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau

Almost 1 in 4 (24.2%) Mercer County survey respondents reported receiving mental health counseling in the past two years. Rates of participation varied by race/ethnicity. Proportionally more White (28.0%) and Black (24.9%) respondents reported receiving mental health counseling in the last two years compared to Asian (16.0%) and Latino (16.1%) respondents (Figure 61).

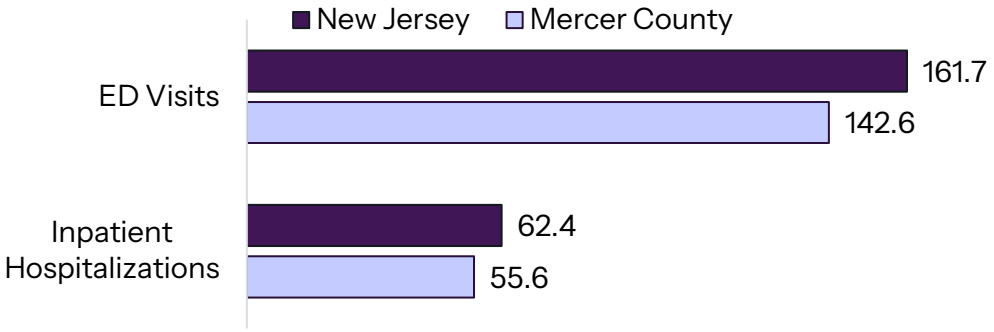
Figure 61. Percent of Mercer County Survey Respondents who Received Mental Health Counseling in the Past 2 Years, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Hospital discharge data from 2021 show that Mercer County had relatively lower rates of emergency department (ED) visits (142.6 per 10,000) and inpatient hospitalizations (55.6 per 10,000) due to mental health than New Jersey (161.7 and 62.4 per 10,000, respectively) (Figure 62).

Figure 62. Age Adjusted Rate of Emergency Visits and Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2021



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death Certificate Database data from 2021 indicate that overall suicide rates in Mercer County (6.0 per 100,000) were lower than in the state (7.1 per 100,000). White New Jersey residents had the highest rate of suicide deaths than any other racial/ethnic group (Table 15).

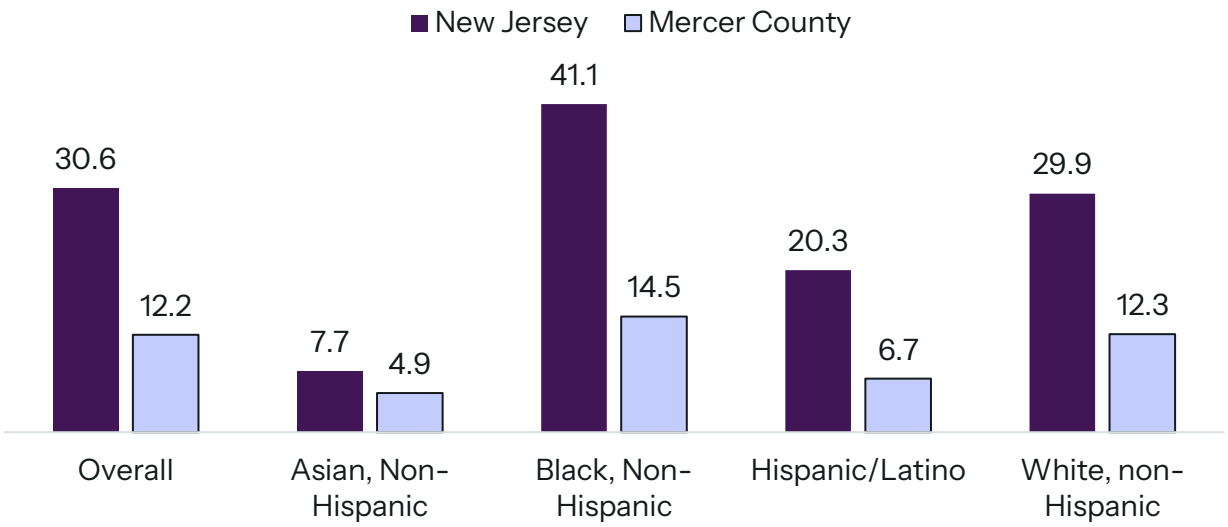
Table 15. Age-Adjusted Rate of Suicide Deaths per 100,000, by Race/Ethnicity, by State, 2021

	Rate	Asian	Black/African American	Hispanic/Latino	White
New Jersey	7.1	4.4	4.5	4.2	9.1

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Rate by race/ethnicity is not available at the county level.

According to hospital discharge data, rates of pediatric hospitalization due to mental health between 2017-2021 were lower in Mercer County (12.2 per 10,000) than in New Jersey (30.6 per 10,000). Rates were highest in Mercer County among Black children (14.5 per 10,000) and lowest among Asian children (4.9 per 10,000) (Figure 63).

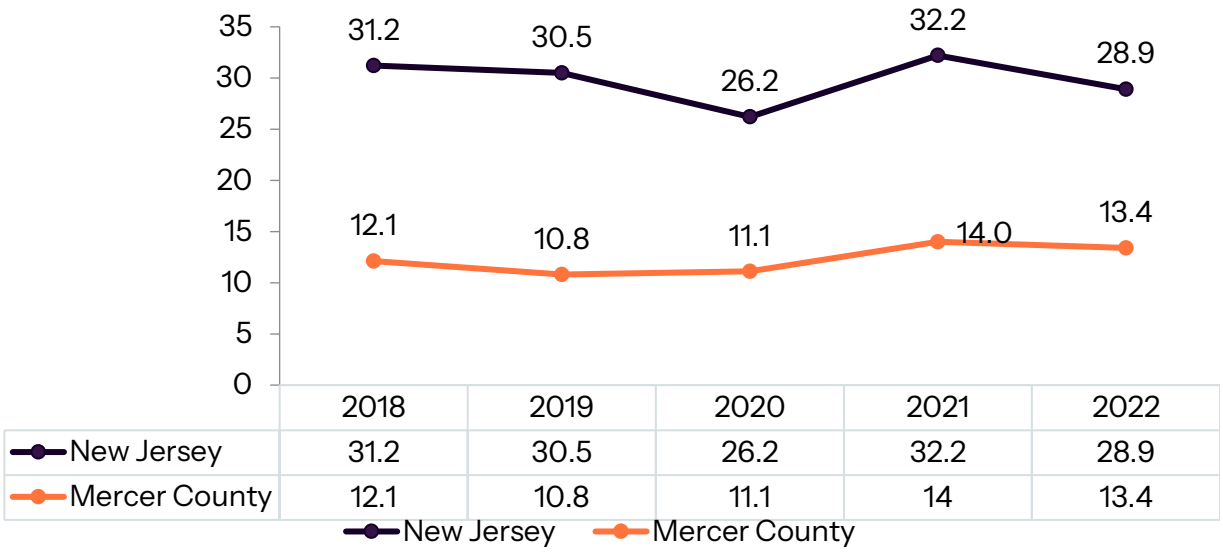
Figure 63. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2017-2021



disease

Pediatric hospitalizations due to mental health were consistently lower in Mercer County compared to New Jersey between 2018 and 2022 (Figure 64). The county experienced an increase in hospitalization rates in the aftermath of the COVID-19 pandemic.

Figure 64. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2018-2022

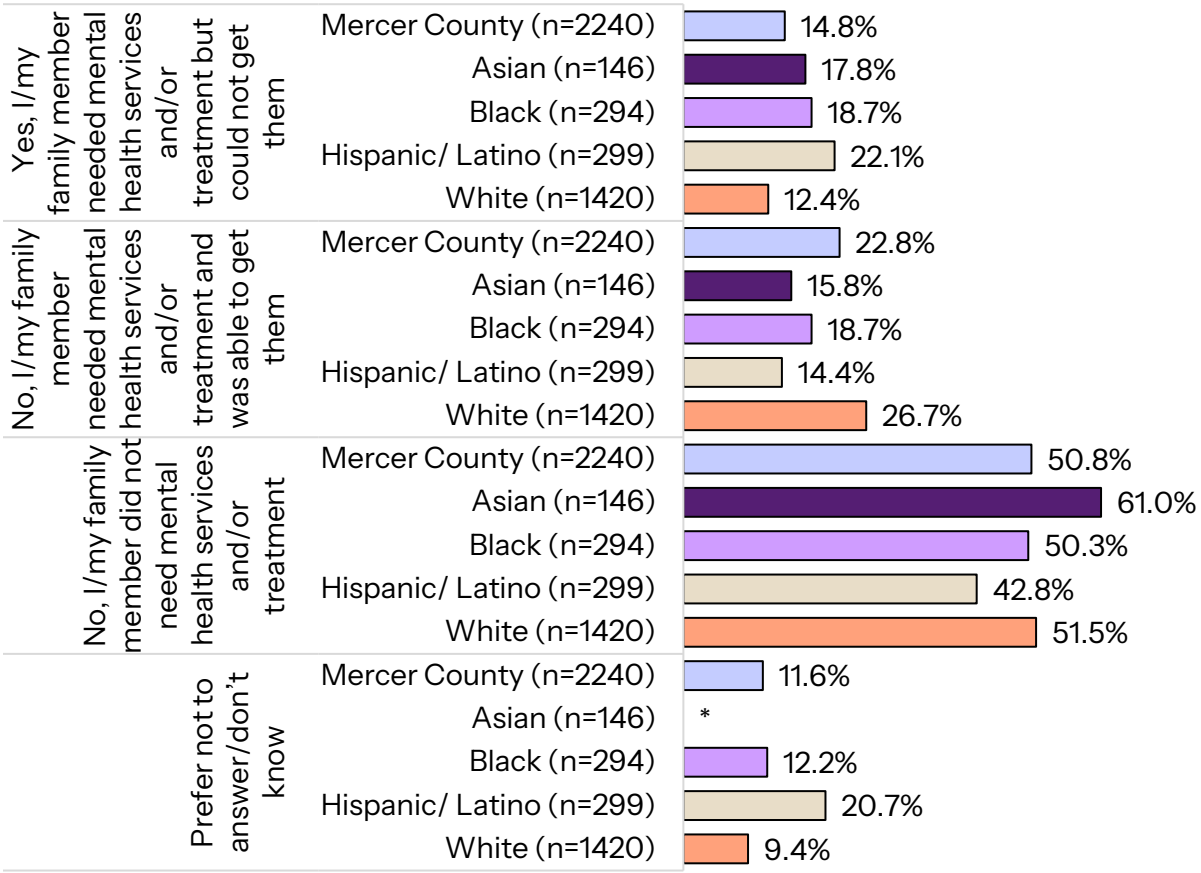


DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD)

Difficulty accessing mental health services was a theme in focus group and interview conversations, as described below. Mercer County community survey respondents were asked

about their experiences seeking help for mental health problems for themselves or a family member over the past two years. Overall, 14.8% of Mercer County respondents who reported seeking mental health services and/or treatment indicated that they could not access them (Figure 65). A higher proportion of Latino respondents (22.1%) reported not being able to access needed help. In Mercer County, 22.8% of respondents sought mental health services and/or treatment and accessed them in the past two years. White respondents (26.7%) were the most likely to access needed mental health help.

Figure 65. Community Health Survey Respondents' Experiences Accessing Help for Mental Health Problems for Respondent or a Family Member in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed.

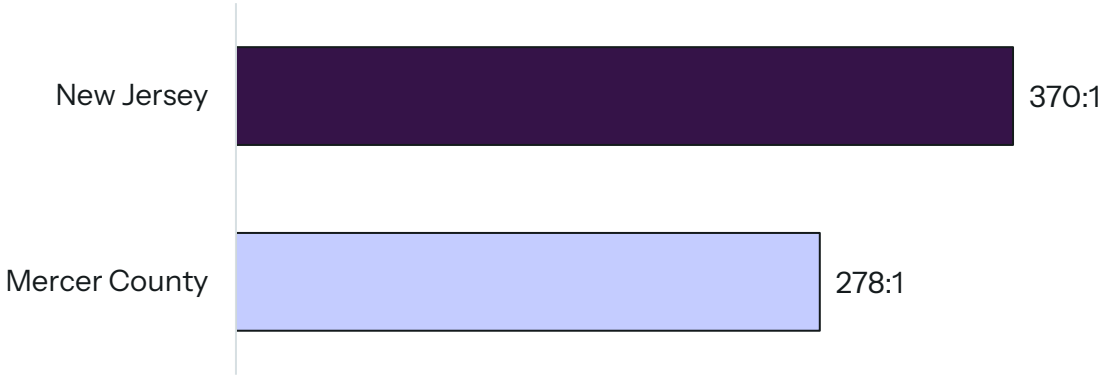
Participants stated that there were challenges in accessing resources to address mental health concerns. Focus group participants, especially those who were uninsured or insured by Medicaid, and youth, reported difficulty finding mental health providers. One focus group participant described the situation of young people with mental health issues, *"So much is misunderstood about mental health and there are not enough services or organizations who*

> *"There is a huge lack of knowledge in regard to the programs and resources available in Spanish…"*
> – Focus group participant

understand and can help them in that moment." More detailed survey data on challenges to accessing services can be found in the next section – Substance Use - since the community survey asked about respondents' combined barriers to accessing mental health and substance use barriers.

Mental health workforce data indicate that, in 2022, Mercer County had a better population to mental health provider ratio than the state; there was one mental health provider per 278 Mercer County residents compared to one provider per 370 New Jersey residents (Figure 66).

Figure 66. Ratio of Population to Mental Health Provider, by State and County, 2022



DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings, 2023

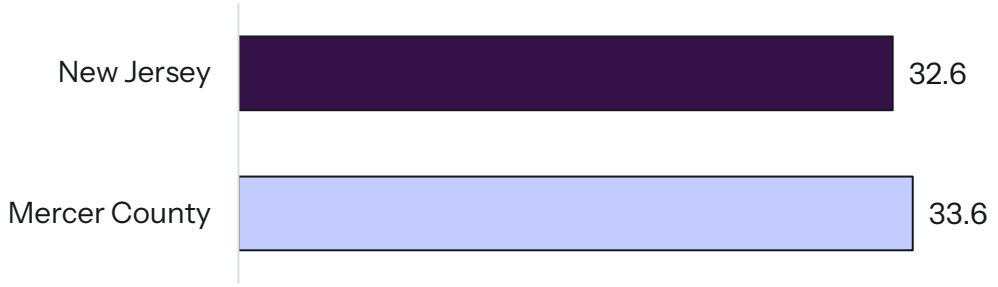
Substance Use

Problem substance use is the uncontrolled consumption of a substance, including alcohol, tobacco, or other psychoactive substances, despite harmful consequences. Substance misuse may impact health and affect social and economic well-being. Several interviewees and focus group participants identified substance misuse, particularly opioids, as a problem. The presence of fentanyl and xylazine was worrisome, as described by an interviewee working in the unhoused population: *"There is concern about new drugs on the street [xylazine] and the horrible wounds it is leaving. They are very difficult to treat in a shelter population and near impossible to treat when living on the streets."*

> *"The level of suicidality is sky high. The people coming into our center who come in with suicide intentions went from 2 to 3 people a month to 2 to 3 people a day…"*
> – Focus group participant

Figure 67 shows the age-adjusted unintentional overdose rate per 100,000 population in 2020. Mercer County had slightly higher rates of unintentional overdose mortality (33.6 per 100,000 population) when compared to the state rate (32.6 per 100,000 population). Most of the overdose mortality was attributable to opioids. The opioid-related overdose mortality in Mercer County that year was 29.4 per 100,000 (Figure 120). Additional data on other substances are presented in the Substance Use section of Appendix E. Additional Data Tables and Graphs.

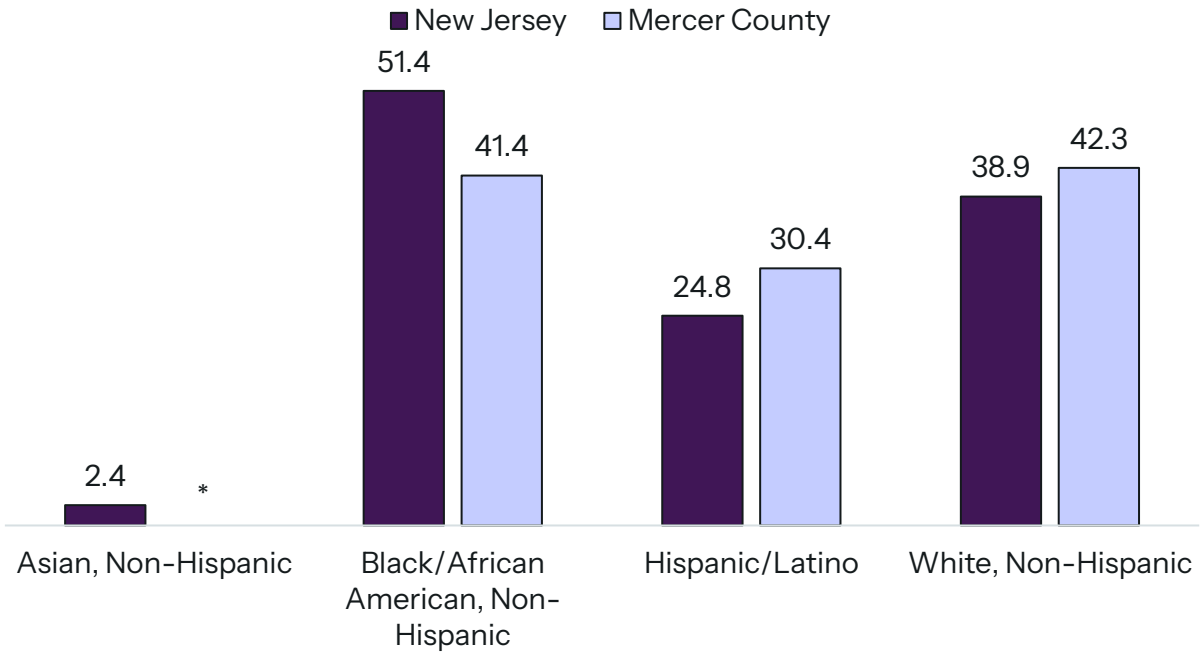
Figure 67. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by State and County, 2020



DATA SOURCE: NJ SUDORS v.01232024

The unintentional overdose mortality differed across race/ethnicity with the highest rates appearing among White residents (42.3 per 100,000) followed by Black (41.4 per 100,000) and Latino residents (30.4 per 100,000 population) (
Figure 68).

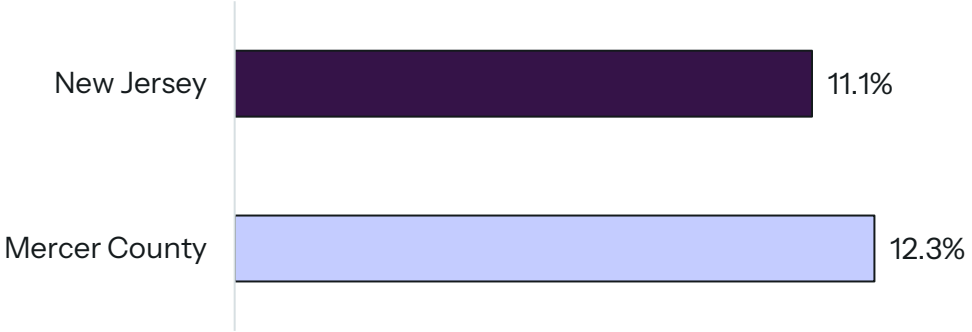
Figure 68. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by Race/Ethnicity, by State and County, 2020



DATA SOURCE: NJ SUDORS v.01232024
NOTE: Asterisk (*) means that data are suppressed, as there are fewer than 20 cases.

Tobacco is among the most consumed substances. In 2020, the percentage of adults who reported currently smoking was similar between Mercer County (12.3%) and the state (11.1%) (Figure 69). Additional data on alcohol and opioid use may be found in the appendix.

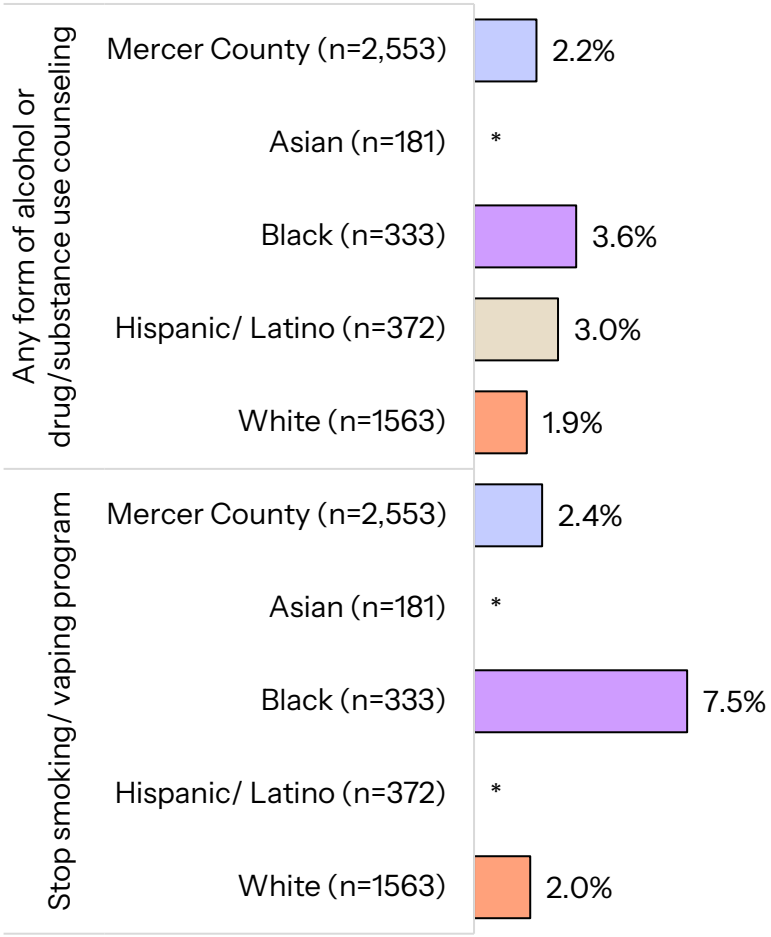
Figure 69. Percent of Adults Who Reported Current Smoking, by State and County, 2020



DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2023

Community survey respondents were asked about their participation in any form of counseling for alcohol or drug use over the past two years. Overall, 2.2% of Mercer County residents reported receiving substance use counseling, with the highest participation among Black residents (3.3%) (Figure 70). Survey respondents were also asked about their participation in any programs to reduce smoking or vaping over the past two years. Overall, 2.4% of respondents indicated that they participated in such programs. Black respondents reported the highest percentage of participation with 7.5% followed by White respondents at 2.0%. The number of Asian and Latino respondents was too low to present the data.

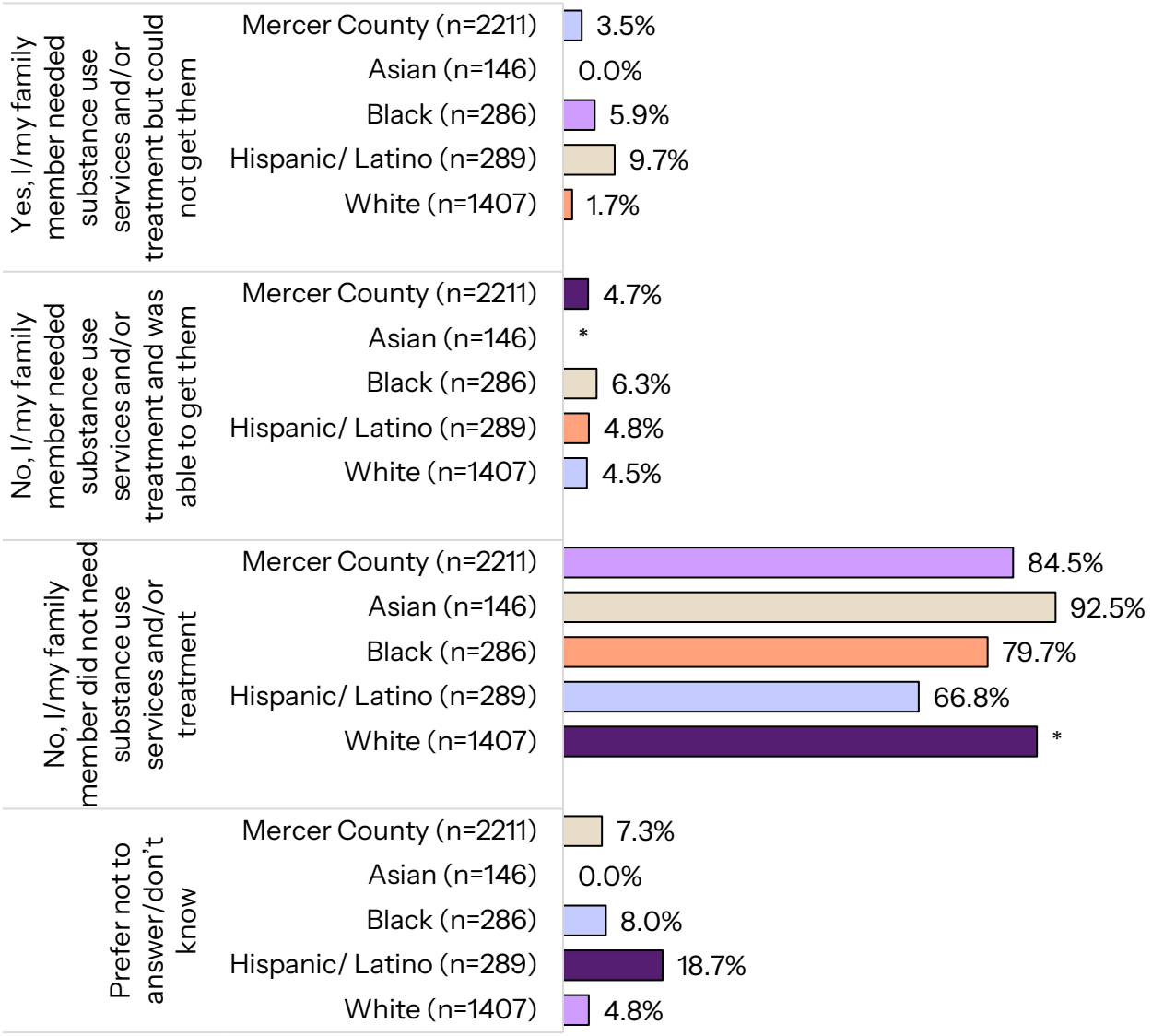
Figure 70. Percent of Participation in Substance Use/ Stop Smoking Counseling in the Past 2 Years, Mercer County Survey Respondents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed.

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member in Mercer County over the past two years. Overall, 3.5% of Mercer County respondents indicated that they needed substance use services and/or treatment but could not access them. This differed by race/ethnicity with 9.7% of Latino survey respondents needing services but not obtaining them compared to no Asian respondents (0.0%) in this situation (Figure 71). On the other hand, 4.7% of Mercer County survey respondents reported that they or a family member needed substance use services and were able to obtain them.

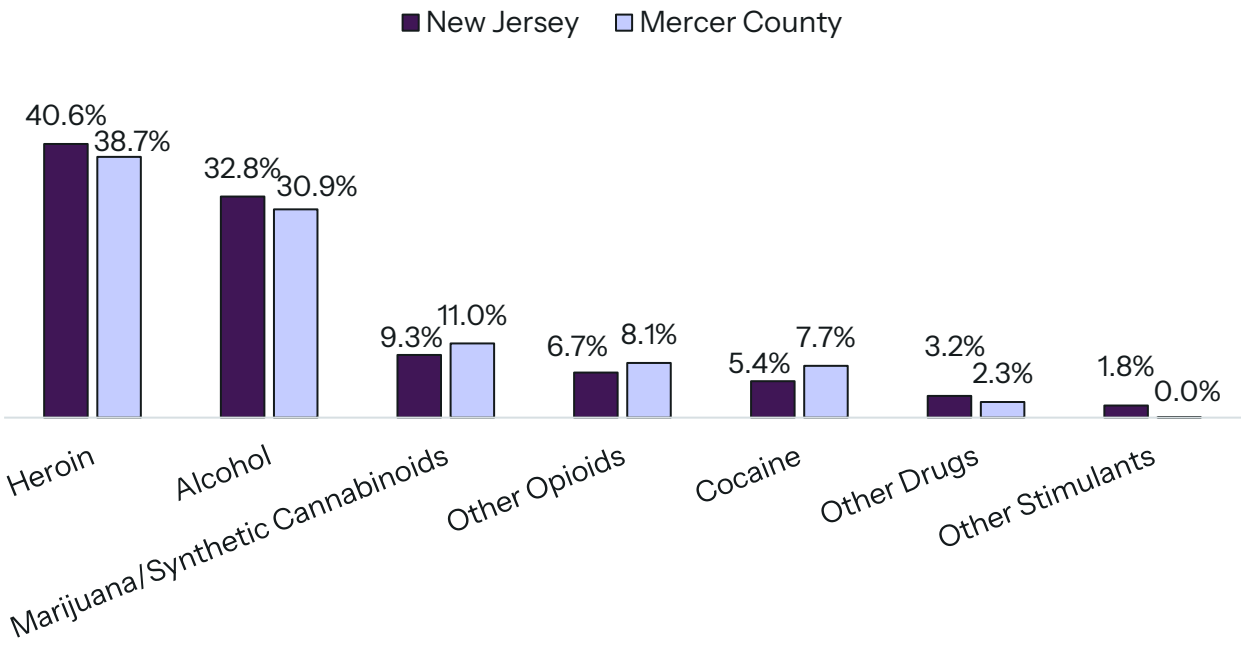
Figure 71. Access to Substance Use/Treatment for Respondent or a Family Member in the Past 2 Years, Mercer County Survey Respondents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed.

Figure 72 shows the percentage of substance use treatment admissions by primary drug from 2018-2022. Admission rates were highest for heroin and alcohol. In Mercer County, more than one-third of admissions to substance use treatment services were for heroin misuse (38.7%) and little less than one-third were for alcohol misuse (30.9%). Additional information on substance use treatment admission from 2018-2022 can be found in Figure 121 in the appendix.

Figure 72. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2018-2022



DATA SOURCE: Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services

Difficulties Accessing Mental Health and/or Substance Use Services

Participants stated that there were challenges in accessing resources to address mental health concerns. Focus group participants, especially those who were uninsured or insured by Medicaid, and youth, reported difficulty finding mental health providers. One focus group participant described, *"If you don't have money you can't pay for copays … We are seeing it is hard to provide comprehensive services. It is hard to find providers, clinicians, things like that."*

> *"A lot of what we are seeing is caused by trauma… There aren't many well versed in dealing with trauma and are medicating incorrectly and misdiagnosing."* – Focus group participant

Community survey respondents were asked to list their top five reasons they had difficulty obtaining mental health or substance use services in the past two years. The main issues that Mercer County residents who tried to obtain mental health services listed as barriers to obtaining such services were: counselors or services not accepting new patients (37.6%), insurance problems (36.7%), long wait times (31.8%), cost of care (31.6%), and fear/dislike of providers (18.5%) as the top five reasons (Figure 73).

Figure 73. Barriers Faced by Mercer County Survey Respondents when Trying to Access Mental Health or Substance Use Care for Themselves or a Family Member in the Past 2 Years, 2024

DATA SOURCE: Community Health Needs Assessment Survey, 2024

There were differences in top challenges for getting mental health and/or substance use services in the 2024 survey by race/ethnicity (Table 16). Cost of care was the top reason among Asian (41.5%) and Black (36.8%) survey respondents, insurance problems for Latino respondents (46.5%), and counselors or services not accepting new patients for White respondents (38.7%). Insurance problems ranked as the second top reason among Asian (39.0%), Black (33.0%), and White respondents (35.0%), while Latino respondents (43.4%) identified cost of care as the second top reason.

Table 16. Top Five Reasons for Difficulty Getting Mental Health or Substance Use Services and/or Treatment by the Respondent or a Family Member in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, 2024

	Mercer County (n=820)	Asian (n=41)	Black (n=106)	Hispanic/ Latino (n=99)	White (n=558)
1	Providers not accepting new patients (37.9%)	Cost of care (41.5%)	Cost of care (36.8%)	Insurance problems (46.5%)	Providers not accepting new patients (38.7%)
2	Insurance problems (36.7%)	Insurance problems (39.0%)	Insurance problems (33.0%)	Cost of care (43.4%)	Insurance problems (35.0%)
3	Wait times are too long (31.8%)	Wait times are too long (34.2%)	Wait times are too long (31.1%)	Providers not accepting new patients (35.4%)	Wait times are too long (30.1%)
4	Cost of care (31.6%)	Providers not accepting new patients (34.2%)	Providers not accepting new patients (30.2%)	Wait times are too long (32.3%)	Cost of care (27.2%)
5	Stigma/shame about getting services (13.7%)	*	Fear or dislike of providers (22.6%)	Fear or dislike of providers (26.3%)	Fear or dislike of providers (15.2%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed.

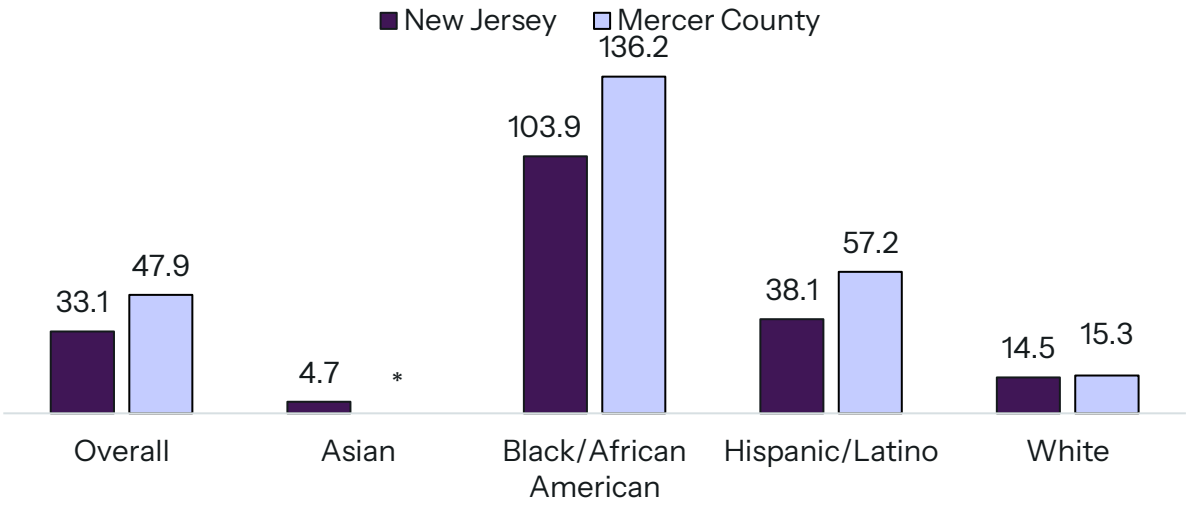
Environmental Health

A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far-reaching and include exposure to hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. This section describes both environmental health factors in the Mercer County service area and the prevalence of conditions these factors can trigger.

Asthma

While asthma is a relatively common chronic condition and disproportionately affects communities of color, it was not mentioned in the focus groups and interviews as a top concern. However, 9.1% of community health survey respondents ranked asthma as the top concern for children and youth. Asthma was ranked among the top five concerns among children and youth by Black respondents (17.2%). Hospital discharge data shows the age-adjusted asthma emergency department (ED) visit rate per 10,000 population by race/ethnicity in the state overall and in Mercer County. In 2021, the age-adjusted asthma ED visit rate for Black residents was almost triple the rate of the state and Mercer County overall (
Figure 74). Further, the asthma rates among Black and Latino Mercer County residents were higher than the rate among those groups in the state overall. The age-adjusted asthma ED visit rate was lowest among White residents in Mercer County. Figure 122 in the appendix presents additional data on inpatient hospitalizations due to asthma.

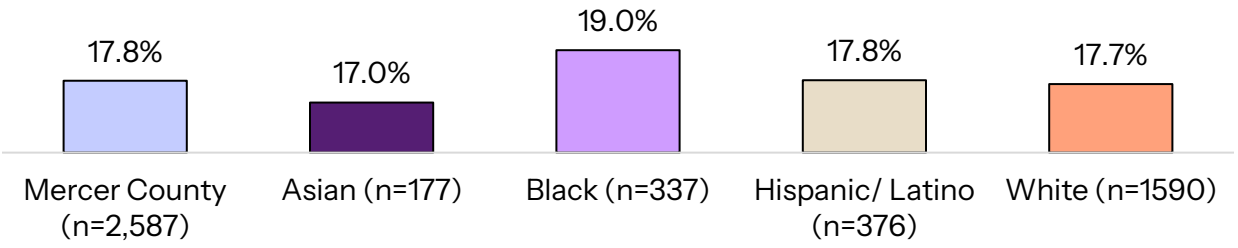
Figure 74. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2021



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: (*) means data are not presented because rates do not meet National Center for Health Statistics standards of statistical reliability for presentation.

Community survey respondents were asked if they or a member of their household had ever been told by a healthcare provider that they had asthma. In Mercer County, 17.8% of respondents reported ever being told by a healthcare provider that they or a household member had asthma (Figure 75).

Figure 75. Percent of Community Health Survey Respondents in Mercer County Ever Being Told by a Healthcare Provider that They or a Household Member Had Asthma, by Race/Ethnicity, (n=2587), 2024



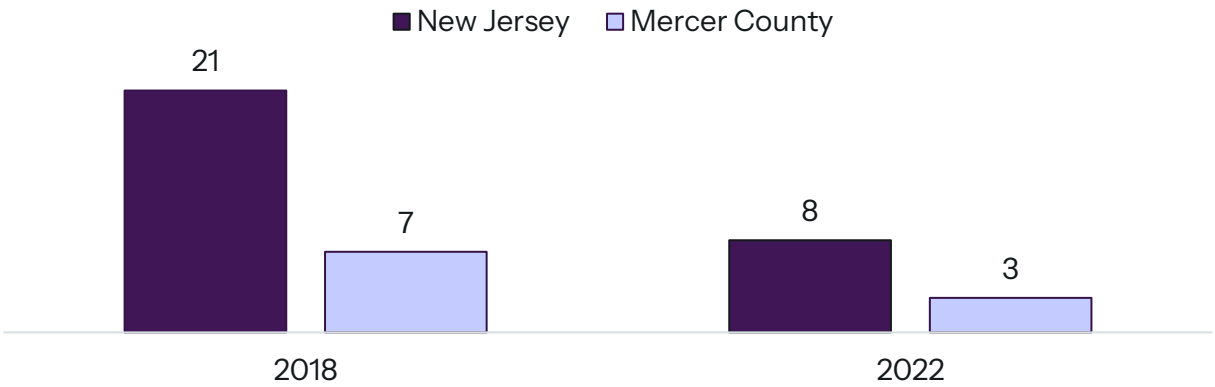
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Among community survey respondents ever told by a provider that they or a household member had asthma, 73.0% indicated that they were currently receiving medical care for the condition.[38]

Air Quality

The air quality in Mercer County is better than the air quality of the state overall, and there have been improvements from 2018 to 2022. In 2022, there were eight days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone levels (an eight-hour period above 0.070 ppm). Mercer County had three days of poor air quality in 2022, compared to 7 in 2018 (Figure 76).

Figure 76. Days with Ozone Levels Exceeding the Federal Standard, by State and County, 2018 and 2022



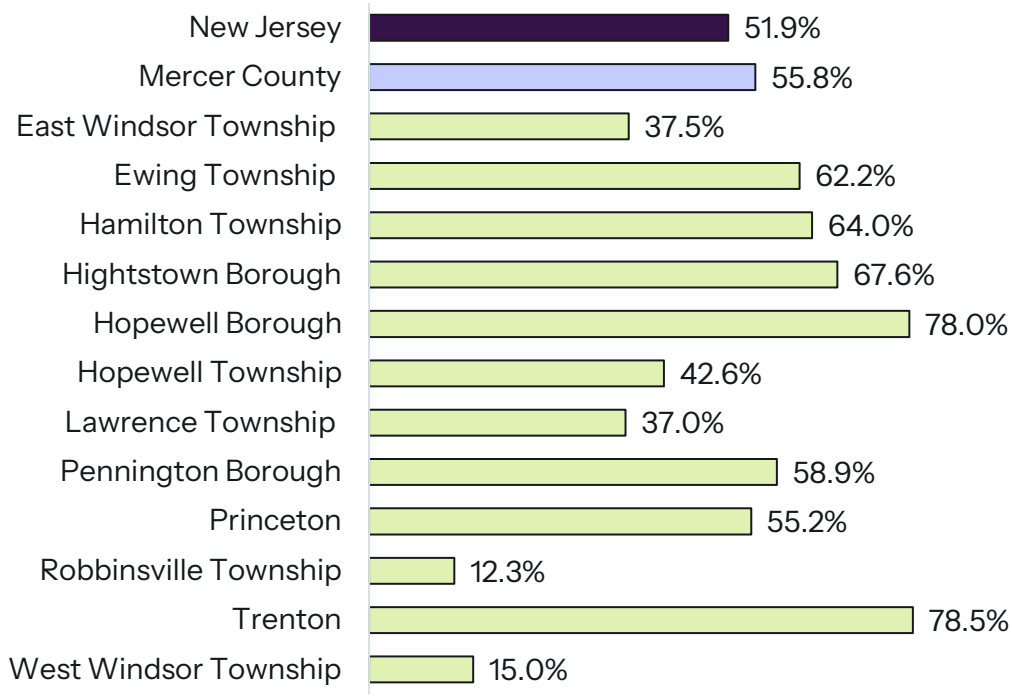
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD)
NOTE: The federal health-based standard for ozone in outdoor air is 0.070 parts per million (ppm) averaged over an 8-hour period.

Lead

In 1978, the federal government banned consumer use of lead-based paint. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. Figure 77 shows that the majority of housing in the Mercer County service area was built prior to 1979. In most cases, the proportion of older housing is higher in Mercer County municipalities than in the state overall. Trenton, Hopewell Borough, Hightstown Borough, Hamilton Township, Ewing Township, Pennington Borough, and Princeton had a greater proportion of older housing stock when compared to the state average. Only Hopewell Township, East Windsor Township, Lawrence Township, West Windsor Township, and Robbinsville Township had a lower proportion of older housing stock compared with the state overall (Figure 77). Lead contamination in water is of grave concern to children's health. Water violations were reported in Mercer County (Table 34 in the Data Appendix).

[38] DATA SOURCE: Community Health Needs Assessment Survey, 2024

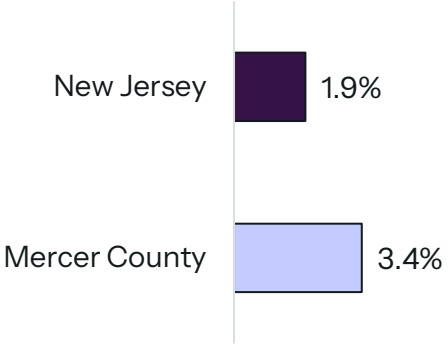
Figure 77. Percent of Houses Built Prior to 1979, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables, 2018-2022

New Jersey Department of Health data from 2022 show that the percentage of children aged 1-5 with elevated blood lead levels was higher in Mercer County (3.4%) than in the state overall (1.9%) (Figure 78).

Figure 78. Percentage of Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, 2022



DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2022

Infectious and Communicable Diseases

This section discusses COVID-19 and sexually transmitted infections.

COVID-19

COVID-19 was a top concern for the 2021 GMPHP CHIP. In 2024, COVID-19 was no longer a top concern among most participants who were engaged in the assessment process. However, the lasting impacts of the COVID-19 pandemic were discussed in several focus group conversations and interviews. The COVID-19 pandemic has affected all sectors of life and created substantial challenges for many. Participants shared the impact of the pandemic on mental well-being. The negative effects on youth mental health and on the cognitive functioning of seniors, stemming from isolation during the COVID-19 pandemic, were two areas of concern among participants.

Table 17 shows the rate of COVID-19 cases per 100,000 population from 2020 to 2022. COVID-19 rates increased each year from 2020 to 2022 in the state and the county. Overall, Mercer County had comparable rates of COVID-19 cases to the state with the greatest difference in 2021 (Table 17).

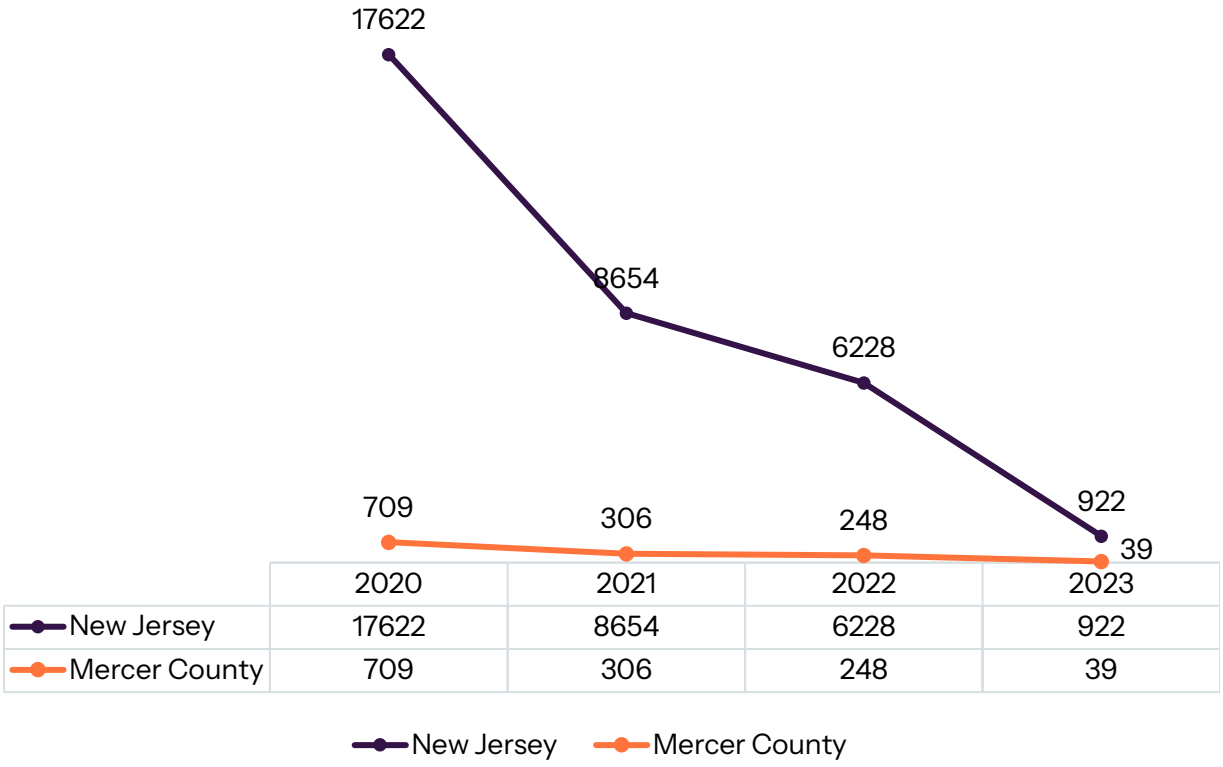
Table 17. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2022

	2020	2021	2022
New Jersey	5,679.0	11,010.2	12,868.3
Mercer County	5,618.2	9,251.6	13,432.0

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Despite the increase in COVID-19 rates over time, the number of COVID-19 deaths has decreased each year (Figure 79).

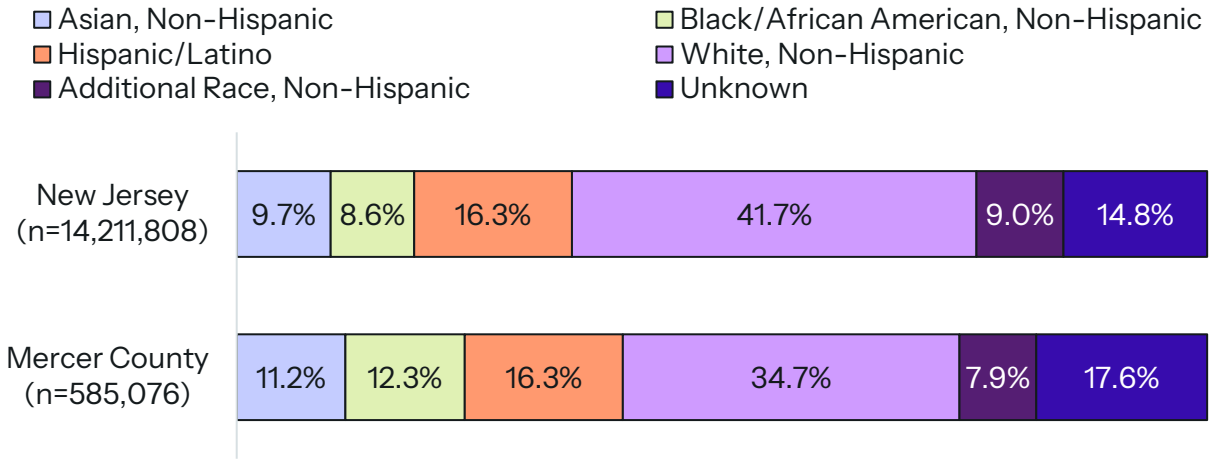
Figure 79. Number of COVID-19 Confirmed Deaths, by Race/Ethnicity, by State and County, 2020-2023



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2024

Since the start of the COVID-19 pandemic, over 850,000 individual COVID-19 vaccines have been administered in Mercer County. Over a third (34.7%) of the 585,076 primary series doses administered (first set of vaccines for COVID-19, not booster shorts), were to White residents, followed by 16.3% to Latino residents (Figure 80).

Figure 80. Percent of COVID-19 Primary Series Vaccine Doses Administered, by Race/Ethnicity, by State and County, 2020-2023

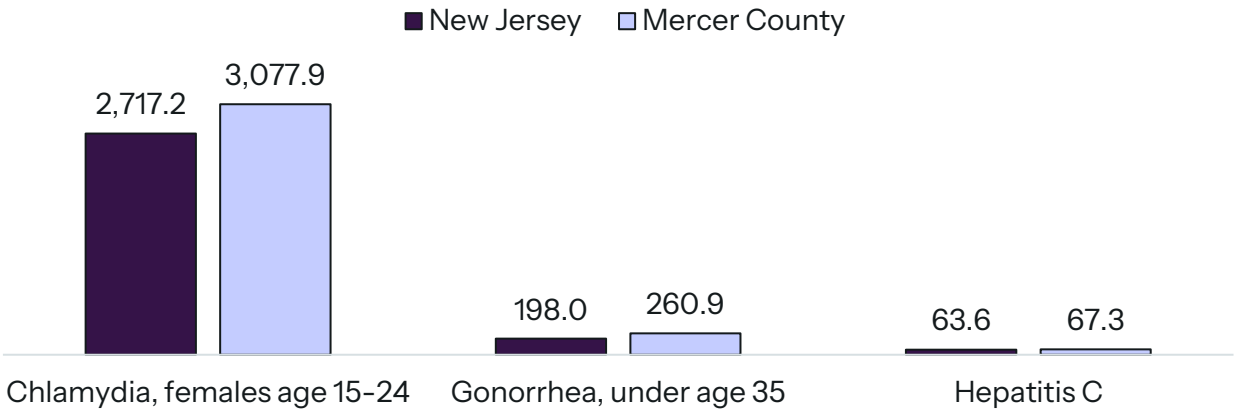


DATA SOURCE: New Jersey Department of Public Health, COVID-19 Data Dashboard, 2024
NOTE: The final update of COVID-19 vaccination data occurred on 10/22/2023.

Sexual Health and Sexually Transmitted Infections

Sexual health and sexually transmitted infections were not brought up as concerns by focus group and interview participants. However, sexually transmitted infections are associated with adverse birth outcomes, including preterm birth and low birth weight, two issues of concern in Mercer County. Chlamydia was the most common sexually transmitted disease in the state and across the Mercer County service area, with more cases per 100,000 population in Mercer County than in the state overall (3,077.9 and 2,717.2 per 100,000, respectively) (Figure 81). Rates of Gonorrhea (260.9 per 100,000) and Hepatitis C (67.3 per 100,000) were also higher in Mercer County, compared to the state, 198.0 and 63.6 per 100,000 population in New Jersey overall respectively. More information on sexual health and sexually transmitted infections can be found in Table 35 in the appendix.

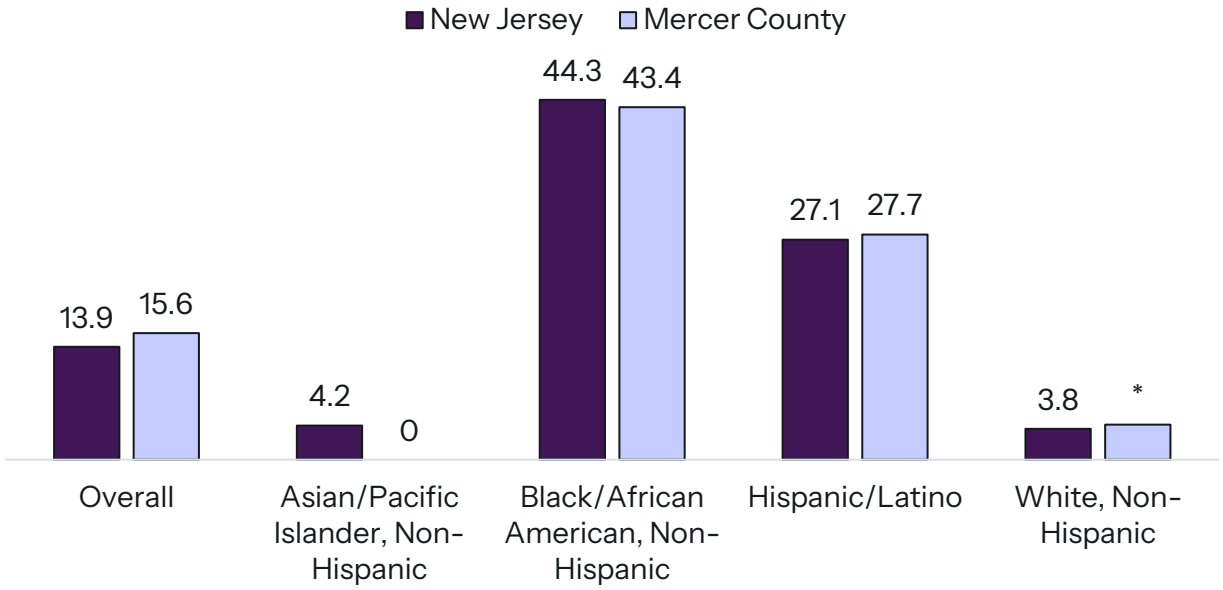
Figure 81. Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000, by State and County, 2018-2022



DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The average 5-year HIV incidence rate was 15.6 per 100,000 Mercer County residents in 2017-2021 (Figure 82). The HIV incidence rates were substantially higher among Black (43.4 per 100,00) and Latino (27.7 per 100,00) residents.

Figure 82. HIV Incidence Rate per 100,000 Population (Age 13+), by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: Enhanced HIV/AIDS Reporting System; Division of HIV/AIDS, STD, and TB Services; New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation. The racial/ethnic categories are as presented by the data source.

Maternal and Infant Health

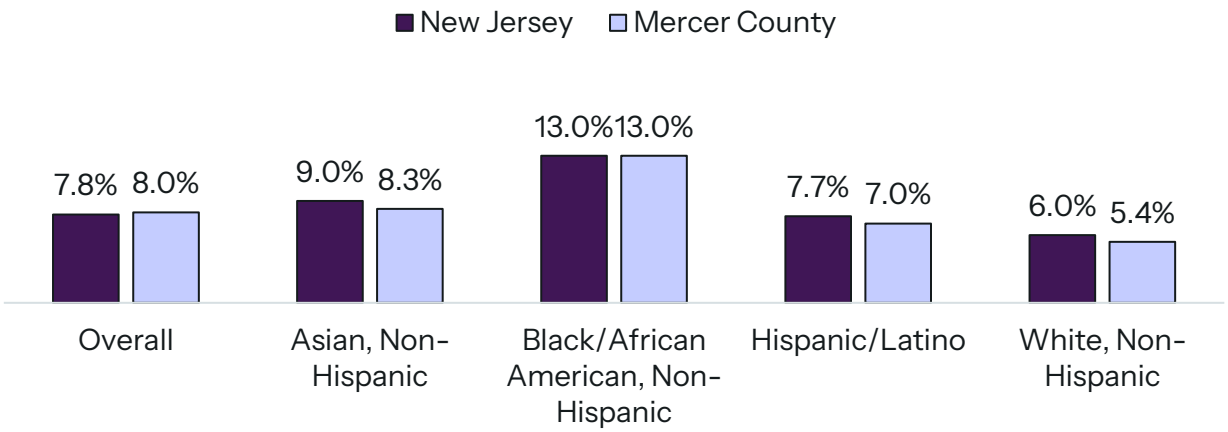
The health and well-being of mothers, infants, and children are important indicators of community health. Maternal and infant health were issues of concern in the last CHIP and were discussed by several participants in the current assessment. A few interviewees mentioned the disparities faced by Black families in Mercer County: *"With African American families, we see huge disparities, we see late initiation of prenatal care, and a huge trust issue and many women are choosing home births."* Participant conversations around maternal and infant health discussed the resources currently available in Mercer County and the efforts made by the county to reduce disparities, such as the Nurture New Jersey Strategic Plan and the Family Connect Pilot Program and those currently under development like the upcoming Maternal and Infant Health Innovation Center.

> *"One of the recommendations of the strategic plan was to develop a maternal health innovation center."*
> – Key informant interviewee

Quantitative data evidence that maternal and infant health were issues of concern in Mercer County. Teen mothers face higher risks of pregnancy complications, such as eclampsia and systemic infections, than women in their twenties. Teen pregnancy is more prevalent in Mercer County than in the state overall. According to the Hospital Discharge Data Collection System, in 2022, there were 8.4 births per 1,000 females ages 15-17, higher than 3.4 births per 1,000 females ages 15-17 in New Jersey (Figure 123 in the appendix). Infant mortality per 1,000 births was also high in Mercer County at 6.4 per 1,000 births compared to a New Jersey rate of 3.5 per 1,000 births in 2021 (Figure 125 in the Appendix).

Grave racial and ethnic disparities exist in maternal and infant health outcomes. Birth data from the NJ Birth Certificate Database showed that Mercer County (8.0%) had a slightly higher percentage of low birth weight babies born from 2018-2022 than the state (7.8%) (Figure 83). Data across racial/ethnic groups shows that a higher percentage of Black newborns were of low birth weight compared to other races/ethnicities in Mercer County and the state, with White women having the lowest percentage of low birth weight births in the county. These findings were consistent with findings from the 2021-CHNA-CHIP where maternal and infant health were identified as priority areas. A similar pattern occurred for very low birth weight outcomes (Figure 124) and preterm births (Figure 126 in the Appendix).

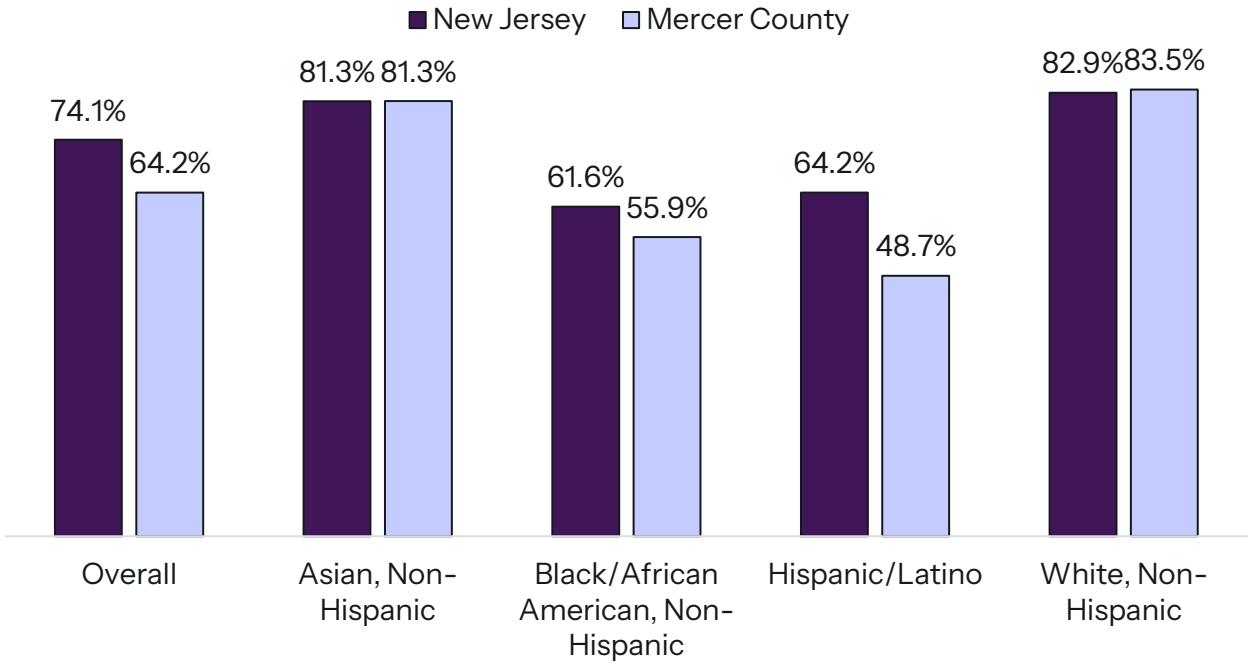
Figure 83. Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2018-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Low birth weight is defined as less than 2,500 grams

Prenatal care is a critical evidence-based strategy to prevent and manage pregnancy complications and reduce poor birth outcomes. The percentage of pregnant women receiving prenatal care in the first trimester was lower in Mercer County (64.2%) than in New Jersey overall (74.1%). There were stark differences by race/ethnicity, with 48.7% of Latino women in Mercer County receiving prenatal care in the first trimester compared to 83.5% of White women in Mercer County (Figure 84).

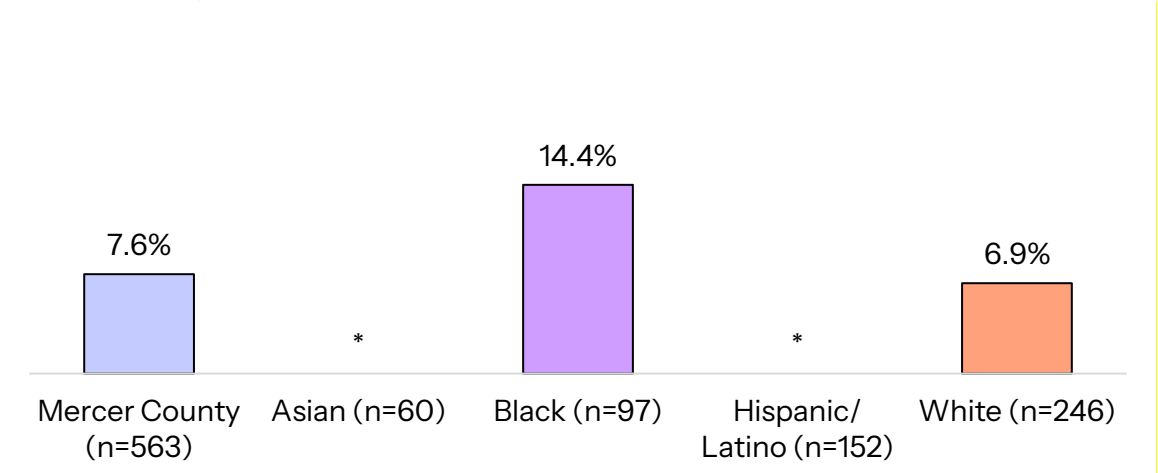
Figure 84. Percent of Pregnant Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity, by State and County, 2018-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Community survey respondents were asked about their participation in parenting classes over the past two years. Overall, 7.6% of Mercer County respondents reported attending parenting classes, ranging from 6.9% of White to 14.4% of Black respondents (Figure 85).

Figure 85. Participation in Parenting Classes in Past 2 Years, Mercer County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated for parenting classes only among respondents reporting having any children under age 18 living with them at home or who they are regularly responsible for. Asterisk (*) means that data were suppressed.

Access to Services

This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death.

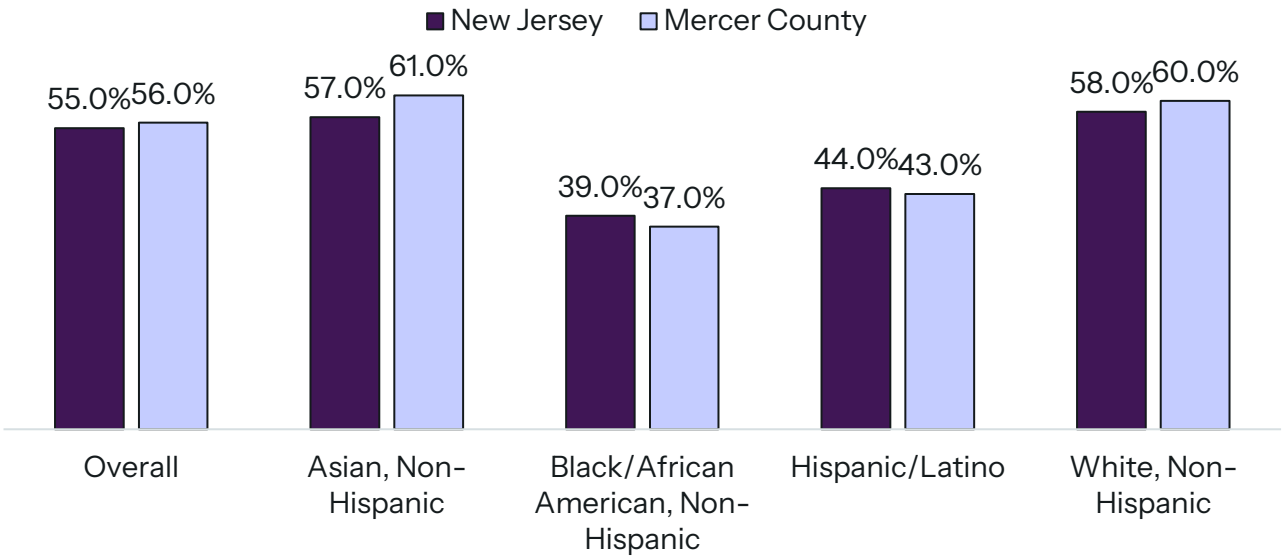
Access and Utilization of Preventive Services, Including Immunizations

Access to preventive services was a prominent theme in interviews and focus group discussions. Several participants mentioned that the county's agencies and service providers are very collaborative which makes attaining services easier. One participant stated, *"Mercer County and the professionals work together pretty well … There are lots and lots of friendships and close professional relationships between the people who provide services in Mercer County."* Additionally, focus group and interview participants discussed hiring outreach staff to improve awareness of and connection to existing services within the county. One participant said, *"We all hired individuals that are specifically focused on outreach, on creating partnerships in the community, and on promoting those partners and the services available in the communities."*

> *" In Lawrence, we developed a partnership with a new pharmacy that came to town that has been very fruitful and working quite nicely. We hope it continues ."*
> – Focus group participant

Well over half (56.0%) of Mercer County residents enrolled in fee-for-service Medicare were vaccinated annually against the flu. Vaccination rates differed across race/ethnicity with Asian (61.0%) and White (60.0%) residents in Mercer being vaccinated at the highest percentages compared to Latino (43.0%) and Black (37.0%) residents (Figure 86).

Figure 86. Percentage of Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by Race/Ethnicity, by State and County, 2020



DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings 2023

Community survey respondents were asked what their top five sources of health information were. The top five sources of health information for Mercer County survey respondents overall were healthcare providers (80.9%), online resources (42.8%), family member (25.0%), urgent care (22.7%), and friends (17.4%) (Figure 87). The top three sources of health information were consistent across race/ethnicity.

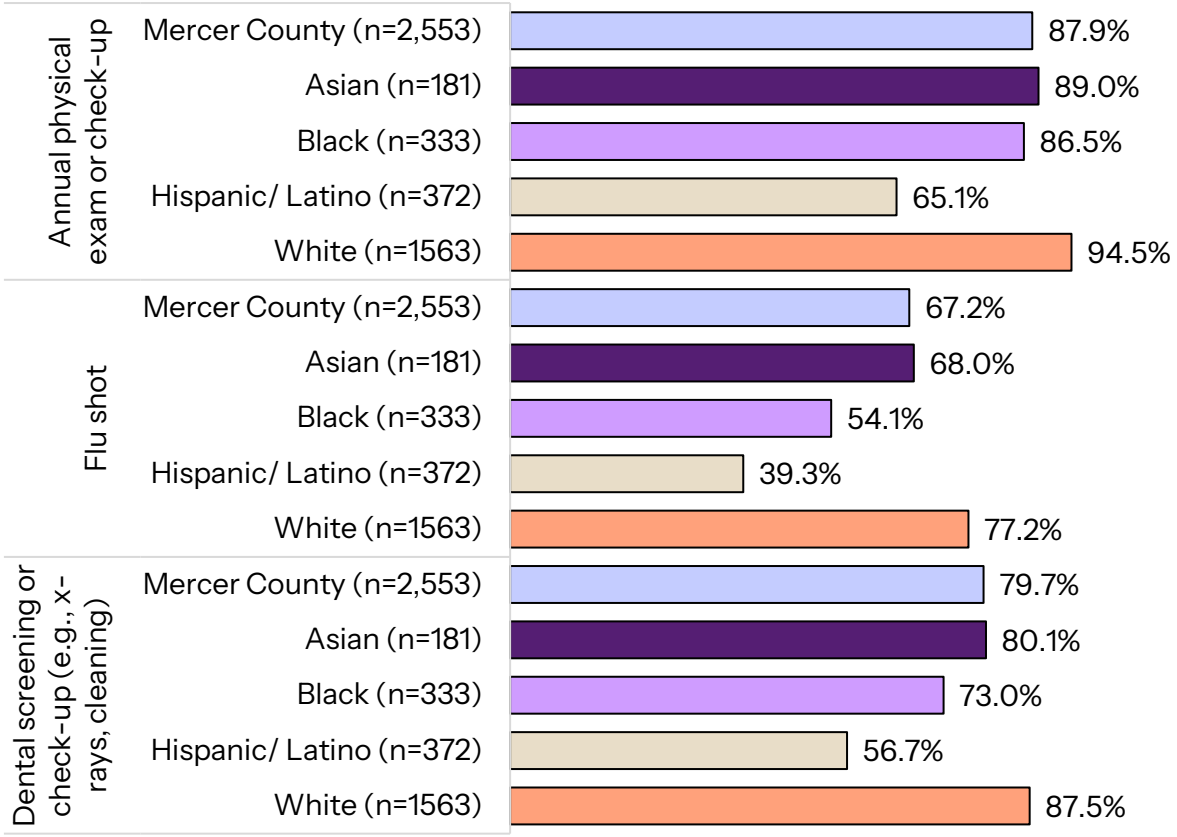
Figure 87. Top 5 Sources of Health Information among Mercer County Survey Respondents, by Race/Ethnicity, 2024

	Mercer County (n=2383)	Asian (n=160)	Black (n=309)	Hispanic/ Latino (n=340)	White (n=1484)
1	Health care provider (80.9%)	Health care provider (79.4%)	Health care provider (79.0%)	Health care provider (49.7%)	Health care provider (90.0%)
2	Online resources (42.8%)	Online resources (49.4%)	Online resources (27.8%)	Online resources (25.0%)	Online resources (49.9%)
3	Family member (25.0%)	Family member (32.5%)	Family member (18.5%)	Family member (22.1%)	Family member (25.9%)
4	Urgent care (22.7%)	Friends (22.5%)	Urgent care (22.3%)	Urgent care (23.2%)	Urgent care (24.1%)
5	Friends (17.4%)	Urgent care (16.9%)	Hospital emergency department (16.2%)	Hospital emergency department (22.7%)	Friends (18.7%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Respondents to the 2024 community survey were asked about their participation in various health screenings and preventive services in the last two years. Overall, 87.9% of survey respondents in the GMPHP service area reported having an annual physical exam in the last two years, while 67.2% reported having a flu shot, and 79.7% received dental screening (Figure 88). Latino respondents reported the lowest percentage of participation in screenings with 65.1%, 39.3%, and 56.7% of respondents reporting having a physical exam, receiving a flu shot, and receiving a dental screening, respectively in the last two years.

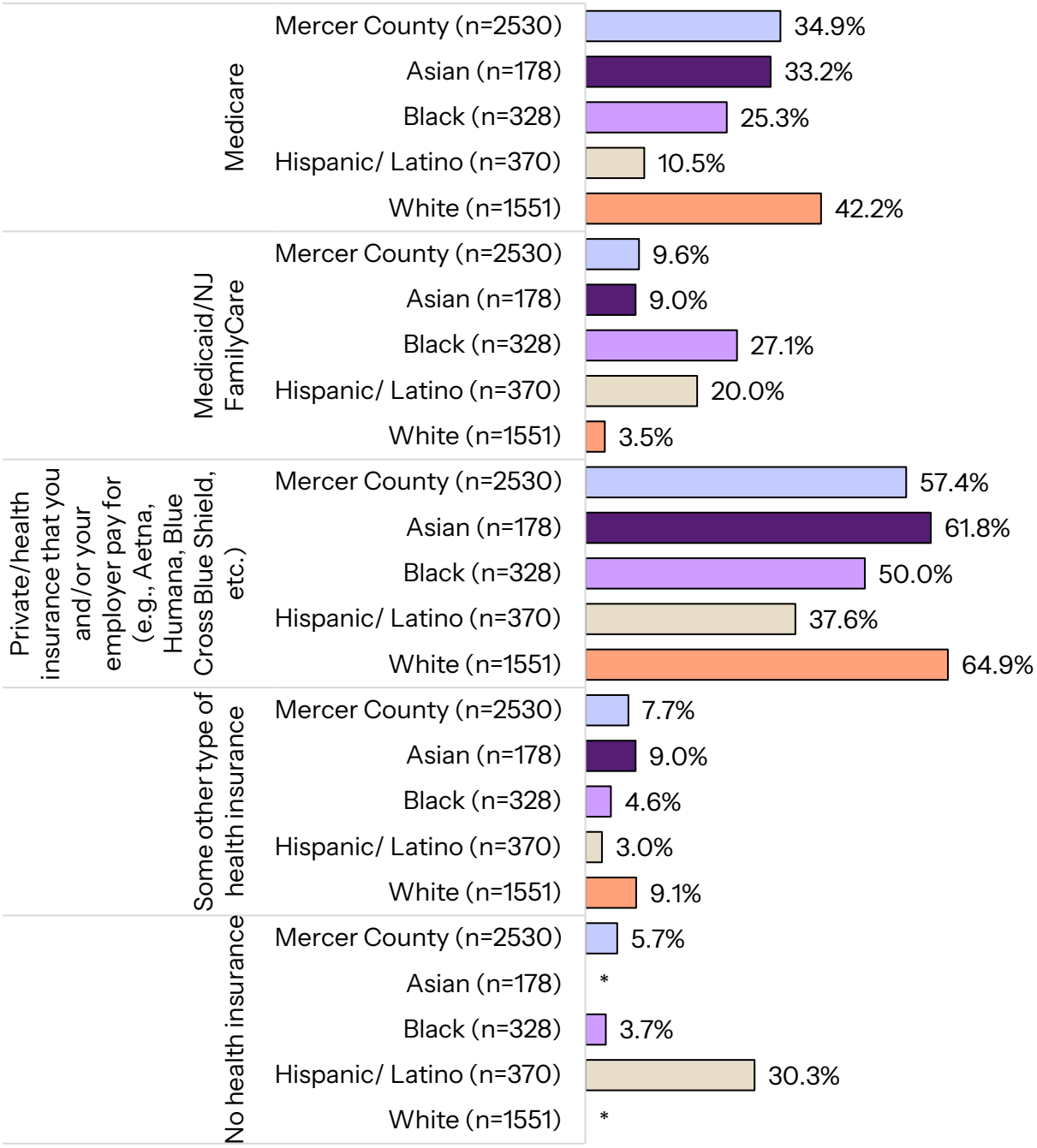
Figure 88. Participation in Selected Preventive Services in the Past 2 Years, Mercer County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked about their health insurance coverage. Overall, 34.9% of survey respondents in the GMPHP service area reported having Medicare, 9.6% reported having Medicaid/NJ FamilyCare, 57.4% reported having private insurance, and 7.7% reported having some other type of insurance (Figure 89). The biggest racial/ethnic disparities in insurance coverage were among the uninsured residents. Almost 1 in 3 (30.3%) of Latino respondents reported being uninsured compared to 5.7% of Mercer County respondents, overall.

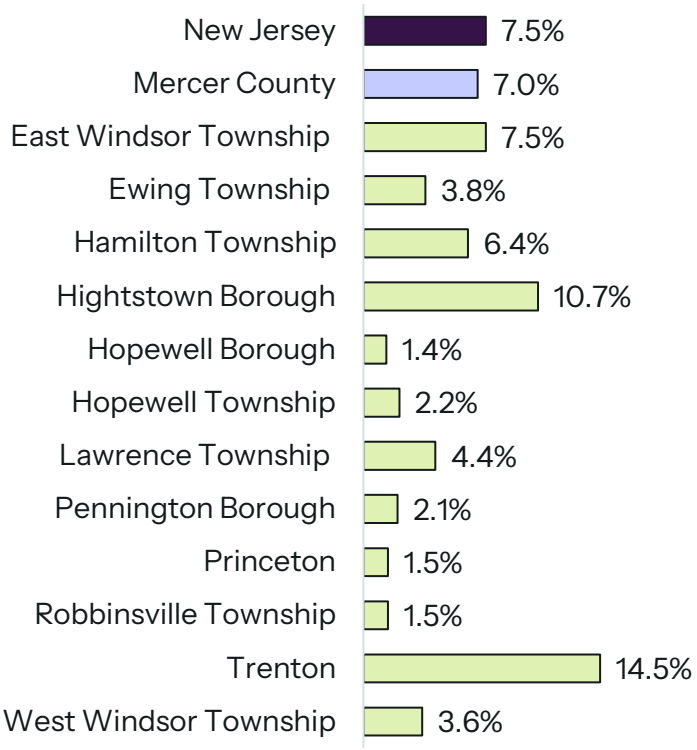
Figure 89. Type of Health Insurance, Mercer County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed.

U.S. Census data show the percentage of uninsured population from 2018-2022. Overall, Mercer County has a similar percentage of uninsured population than New Jersey (7.0% and 7.5%, respectively). Differences exist across towns in Mercer County with Hopewell Borough (1.4% uninsured population) having the lowest and Trenton (14.5% uninsured population) having the highest percentage of uninsured residents (Figure 90). More information on health insurance rates and uninsured populations can be found in Figure 128 and Table 37 in the appendix.

Figure 90. Percent Uninsured, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

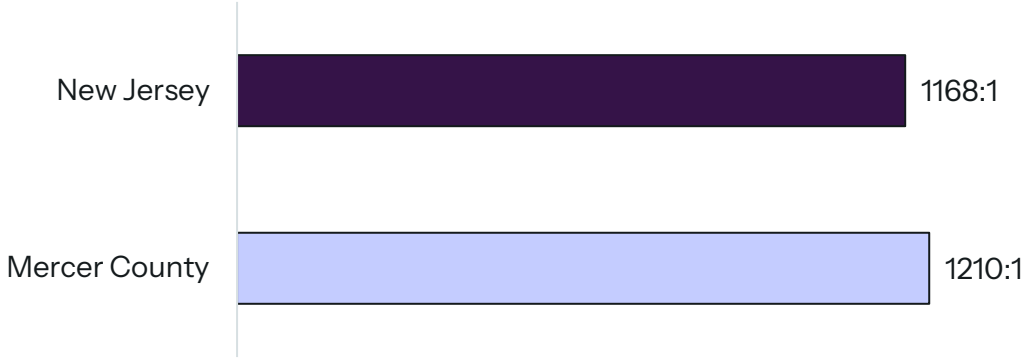
Barriers to Accessing Healthcare Services

Interviewees and focus group participants shared that Mercer County residents in the GMPHP service area faced barriers to accessing healthcare. Challenges such as cost, lack of providers, lack of insurance, language and transportation barriers, lack of culturally competent care, and stigma or bias were among the barriers mentioned. A focus group participant describing the lack of mental health providers stated there was *"a lot of need and not a lot of counselors or therapists who stay in this work … ."* Another focus group participant described transportation barriers to services and stated, *"Transportation to medical care is a huge issue. Many of the services are available but not easily reachable for the population that may not drive, and public transportation is not reachable."*

> *"We are always looking for counselors and therapists. There is a dearth of therapists in New Jersey as a whole."*
> – Focus group participant

Data from the 2023 County Health Rankings show the ratio of population to primary care providers in 2021. Mercer County has a larger ratio at 1210:1 compared to New Jersey overall with 1168:1 (Figure 91) indicating a relative lack of primary care providers compared to the state average. Figure 129 in the appendix provides a ratio of population to mental health provider by state and county in 2022.

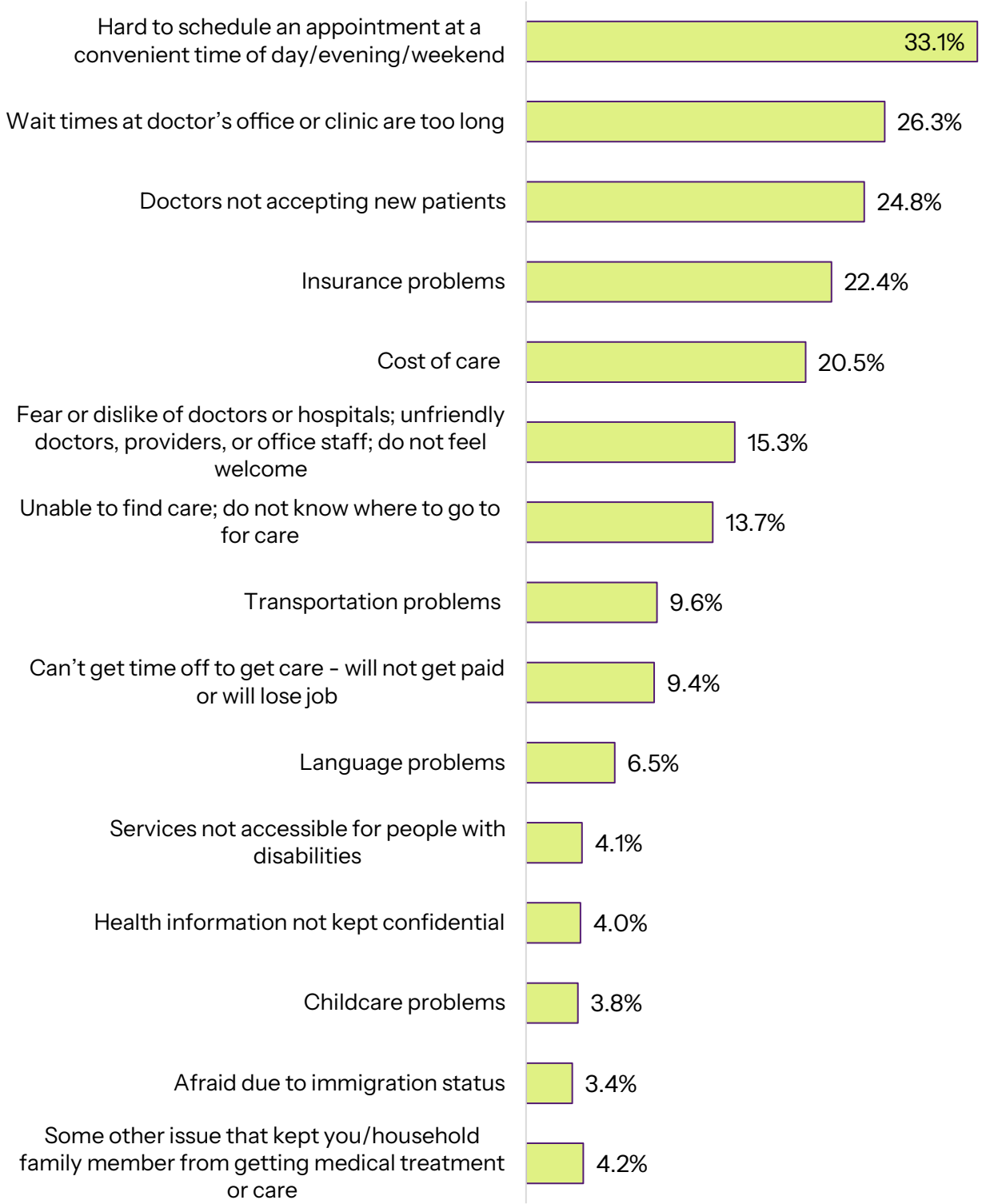
Figure 91. Ratio of Population to Primary Care Provider, by State and County, 2021



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings 2023

Community survey respondents were asked to identify the issues that made it harder for them or a family member to get medical care or treatment when needed. The full list of barriers is graphed below (Figure 92). The top issues survey respondents identified overall were inability to schedule an appointment at a convenient time (33.1%), long wait times (26.3%), doctors not accepting new patients (24.8%), insurance problems (22.4%), and cost of care (20.5%)

Figure 92. Health Care Access Barriers Reported by Community Health Survey Respondents in Mercer County, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Responses are only among survey respondents who reported seeking specialty care.

Table 18 below presents the top five challenges by racial/ethnic groups. Of note, the top reason provided by Latino residents were insurance problems (35.6%).

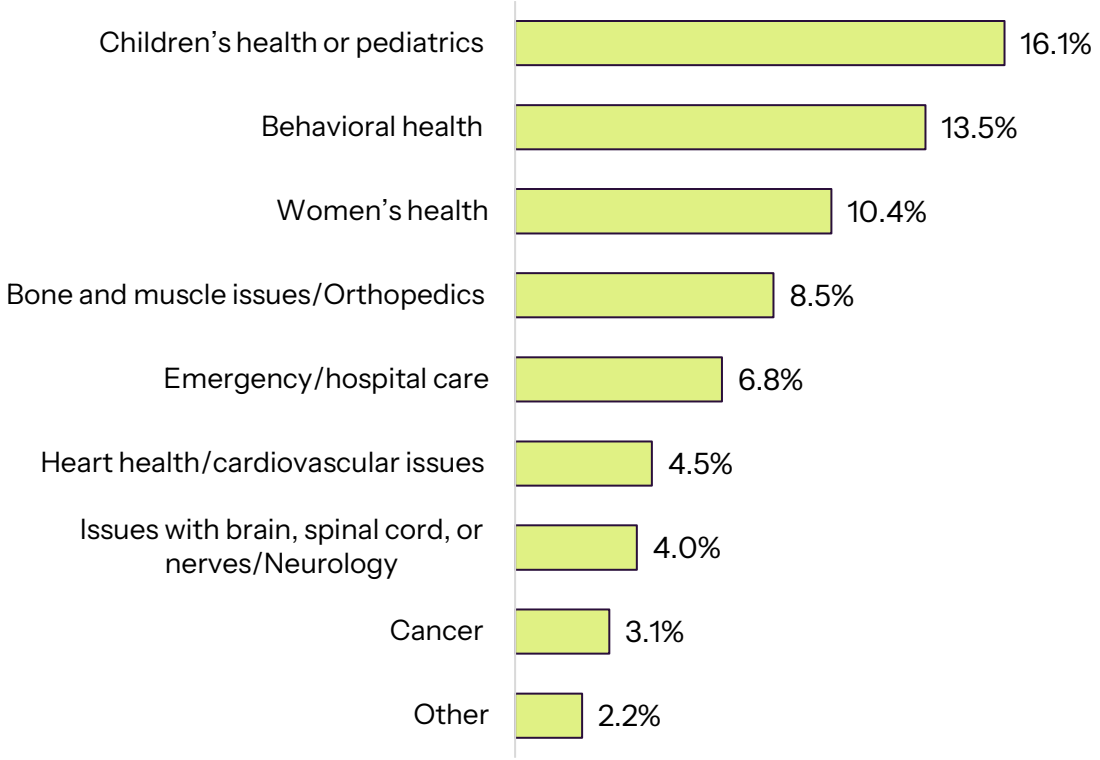
Table 18. Top 5 Health Care Access Barriers, Mercer County Residents, by Race/Ethnicity, 2024

	Mercer County (n=2444)	Asian (n=163)	Black (n=323)	Hispanic/ Latino (n=346)	White (n=1519)
1	Hard to schedule an appointment at a convenient time (33.1%)	Hard to schedule an appointment at a convenient time (40.5%)	Hard to schedule an appointment at a convenient time (29.1%)	Insurance problems (35.6%)	Hard to schedule an appointment at a convenient time (33.1%)
2	Wait times at doctor's office or clinic are too long (26.3%)	Wait times at doctor's office or clinic are too long (30.1%)	Wait times at doctor's office or clinic are too long (25.7%)	Hard to schedule an appointment at a convenient time (35.3%)	Doctors not accepting new patients (25.5%)
3	Doctors not accepting new patients (24.8%)	Doctors not accepting new patients (30.1%)	Cost of care (23.5%)	Cost of care (33.5%)	Wait times at doctor's office or clinic are too long (24.9%)
4	Insurance problems (22.4%)	Insurance problems (20.9%)	Insurance problems (21.4%)	Wait times at doctor's office or clinic are too long (28.9%)	Insurance problems (19.6%)
5	Cost of care (20.5%)	Unable to find care; do not know where to go to for care (17.9%)	Doctors not accepting new patients (18.6%)	Language problems (24.4%)	Cost of care (16.4%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Below is the percentage of community survey respondents from Mercer County who reported needing specialist care and not being able to access such care, by type of care (Figure 93). The greatest proportion of respondents facing difficulties in accessing care were for those needing pediatric care (16.1%), behavioral health care (13.5%), and women's health care (10.4%).

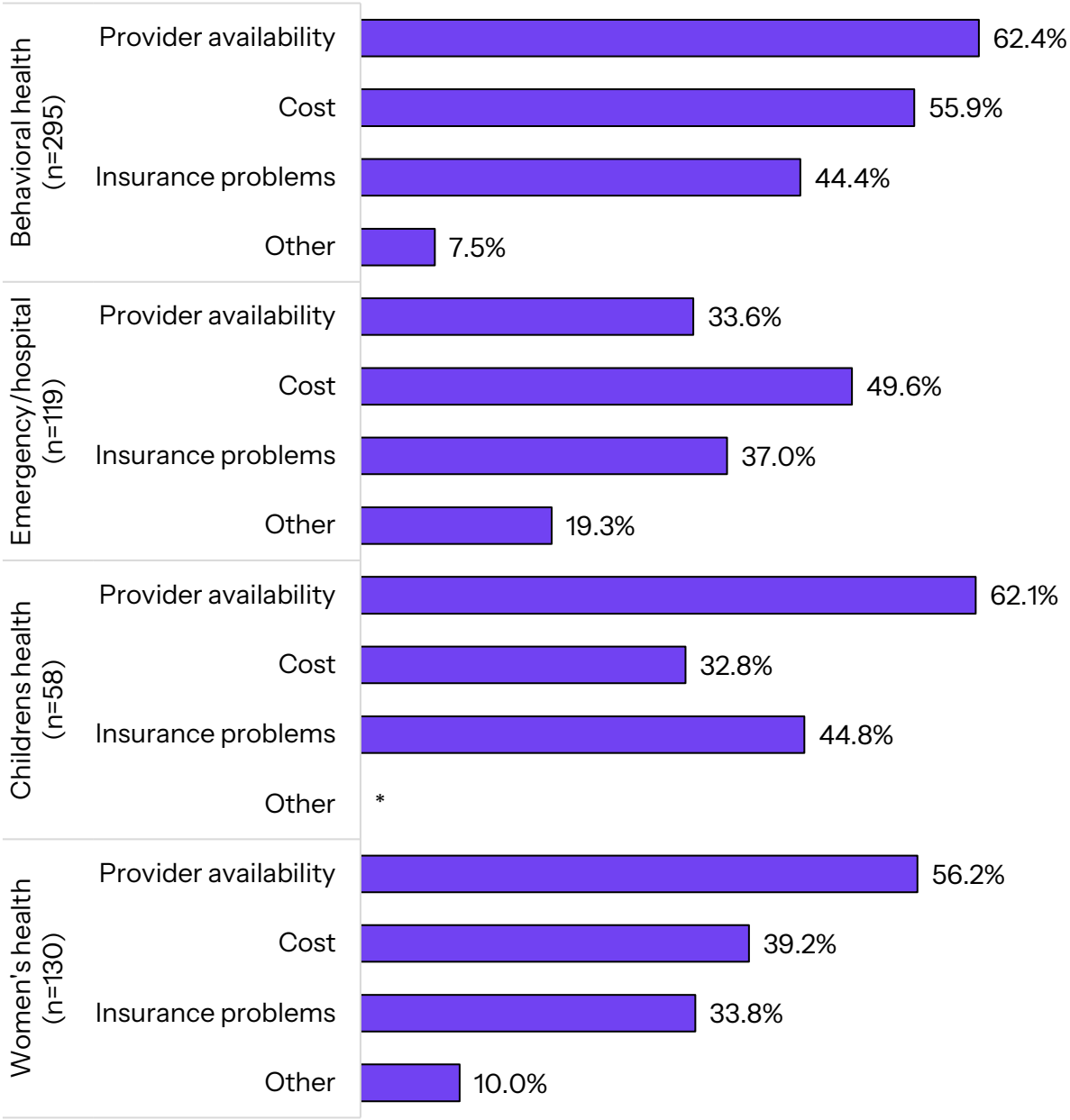
Figure 93. Percent of Community Survey Respondents in Mercer County Who Reported Needing Specialist Care and Not Being Able to Go, by Type of Care Needed, 2024

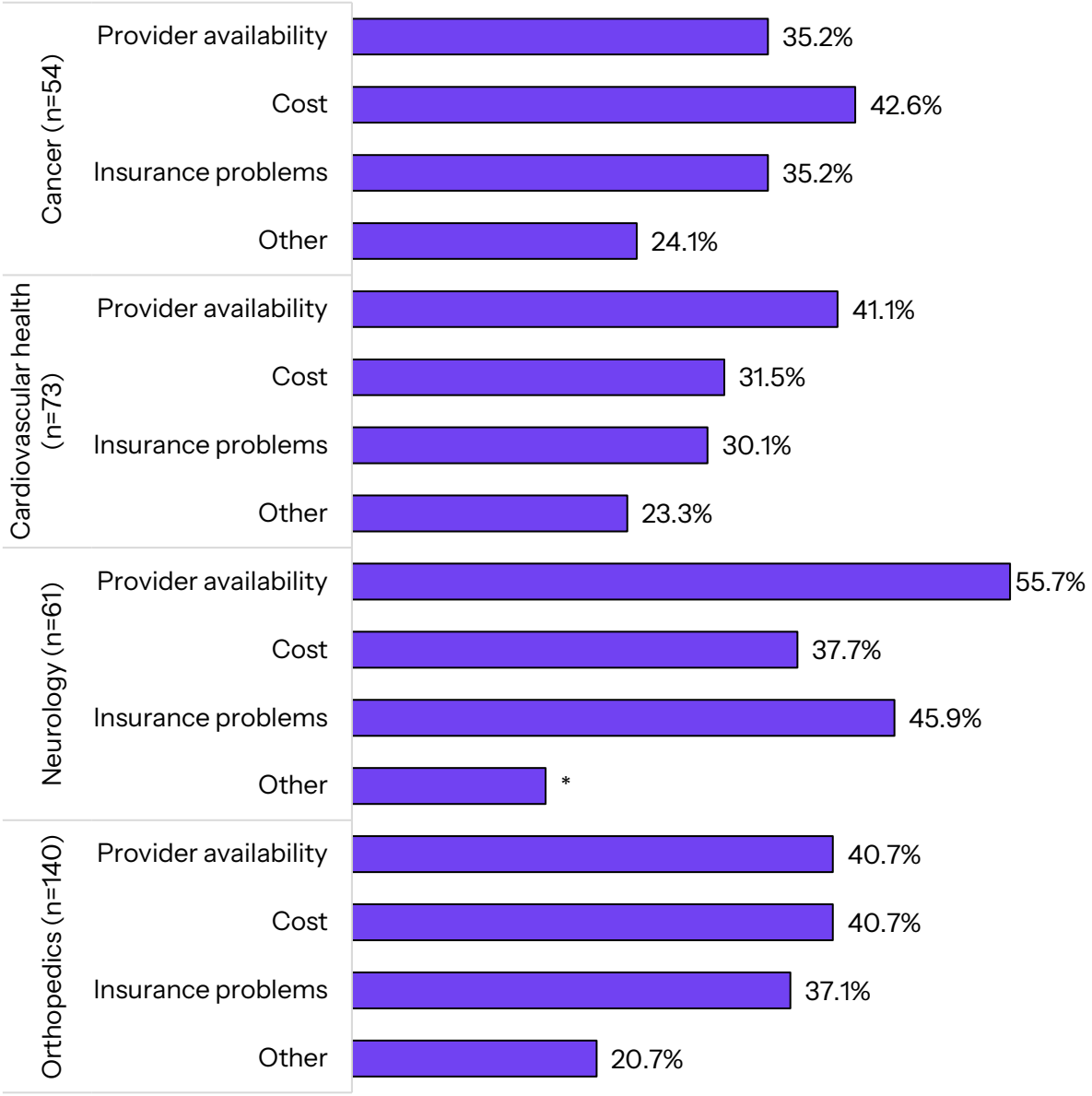


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Responses are only among survey respondents who reported needing specialty care.

The largest barrier to seeking care for behavioral health (62.4%), children's health (62.1%), cardiovascular health (41.1%), neurology (55.7%), and women's health (56.2%) was provider availability (Figure 94). Community respondents reported the largest barrier to seeking care for cancer (42.6%) and from hospitals and/or emergency departments (49.6%) was cost, and the biggest barriers for care for orthopedics were provider availability (40.7%) and cost (40.7%).

Figure 94. Factors Preventing Community Survey Respondents from Obtaining Specialist Care, Mercer County Survey Respondents, by Provider Type, 2024





DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing community needs and their vision for the future of their communities. Community participants included organizational leaders from different health and social service sectors (e.g., housing, older adults, unhoused residents), mental and behavioral health providers, health officers and administrators, and Mercer County residents at large belonging to specific population groups, including Latino and young adults. The following section summarizes the assessment participants' recommendations for future consideration.

More accessible health centers/medical facilities within Mercer County. Community participants noted a need for easier access to health service providers and facilities in Mercer County. Community survey respondents noted a lack of provider availability as a main barrier to accessing various types of health services within the county (Figure 94, on previous page); this perception was supported by quantitative data showing the ratio of primary care providers to residents being worse than New Jersey overall (Figure 91). Additionally, focus group and interview participants noted a need for more facilities in towns where no or few health centers operate. One participant stated, *"Many people can't get an appointment with the Federally-Qualified Health Center as there is only one in the county."*

> *"We need a health center here [Hightstown]. Everything that people need is in other towns, which then causes the issue of transportation and makes everything more difficult."*
> – Focus group participant

More training to address discrimination, stigma, and bias, and to improve cultural competency. Community survey respondents reported feelings of being discriminated against when seeking medical care (Figure 30), and health indicators were typically worse for residents of color compared to their white counterparts in Mercer County. Focus group and interview participants also noted there was work to be done to address these issues with one participant stating, *"There needs to be a self-examination of unconscious bias and how it impacts practice and I don't think people are taking the time to examine how they are treating people."*

Improved funding and funding structure for social services and organizations. Assessment participants reported a need for more investment in the community, local public health, workforce development, and shelters as areas for improvement in the future. Funding was described by participants as unreliable and often restricted to certain uses. One participant stated the need to work together to *"increase visibility and get more people advocating on public health's behalf for funding."* Another interviewee illustrated the need for more flexible funding*: "Some funding is extremely restrictive, and you could only use it for one specific thing. So, you can only buy apples even if your community needs oranges."*

Expansion of affordable housing. Another vision for the future among community participants was expanding affordable housing. Housing was identified as a concern among community survey respondents with 16.6% of Mercer County residents worried about their housing stability in the next two months (Figure 21). These concerns were greater among Black (31.9%) and Latino (38.6%) respondents worried about housing stability in the next two months. Focus group and interview participants also noted a need to expand affordable housing in the county with one participant saying there was a need for *"continued advocacy with politicians to expand legislations and support for housing and integrated health."*

> *"There isn't enough education around sexual health or cultural competency training among doctors to address the needs of the LGBTQ population"*
> – Key informant

Universal trauma-informed care in medical facilities and schools. Community survey respondents identified mental health as a main community concern for both adults and youth (Figure 32 & Figure 33). Incorporating trauma-informed care in medical facilities and schools was identified by focus group and interview participants as a way to address some of the mental health challenges experienced in the county. One participant said, *"The thing about trauma is that it's not about what is wrong with you, it's about what happened to you and how you are dealing with it … We need to work together to meet the complex and intersecting needs of the population."*

Building and rebuilding trust among the community. Interview and focus group participants noted a lack of trust for public health and healthcare providers in the community and identified rebuilding trust, and, in some instances, building trust, as a main goal going forward. One participant stated, *"Coming off of COVID, there is such a distrust in the healthcare system and in government in particular. Here, we're doing a pretty decent job, and we have pretty good buy-in from our residents, but there is a sizable and vocal group of upset folks from everything that happened in the last couple of years. I'd love to get beyond that and have better relationships with our constituents."*

> *"We need to build capacity to address trauma and ACEs in every setting not just in hospitals but also in schools."*
> – Focus group participant

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment examined the current health status of the communities that GMPHP serves. Several key themes emerged from this synthesis:

The communities GMPHP serves are diverse and health disparities exist. The communities in the GMPHP service area vary in terms of their demographic composition, income levels, and health status. Mercer County is racially and ethnically diverse, with many residents who speak a language other than English at home. Secondary data about health status and healthcare access, and community survey data reflect challenges for different populations. Black residents in the GMPHP service area experienced higher rates of asthma-related admissions to hospitals, higher percentages of low birth weight births, cancer mortality, and diabetes than other groups. Latino residents who completed the community health survey had lower preventive screening rates and a lower percentage who had an annual physical exam compared to other groups. A greater percentage of Black residents and Latino residents responding to the community survey reported barriers to accessing healthcare, feeling discriminated against when receiving medical care, and experiencing food insecurity compared to other respondents.

Affordable housing, transportation, and food were top community concerns. Housing challenges in the GMPHP service area were a frequent topic of conversation with residents and interviewees. Lack of quality affordable housing was identified as a key gap in the region by community survey respondents. Residents in many GMPHP communities spend 30% or more of their income on housing. Participants saw a need for prioritization and expansion of affordable housing. For many residents, transportation, including transportation to access healthcare appointments and services, is a substantial challenge. Participants noted the need for more hospital-provided health transportation services. Food security concerns in the GMPHP service area have grown since the pandemic. Quantitative data show that a little less than one-third of community survey respondents reported worrying that their food would run out.

Employment and financial security affected the well-being of many residents. Employment and financial security were discussed by participants as a key theme from this assessment. Rising costs of living threatened residents' financial security. Participants noted that there were limited well-paid employment opportunities, with benefits, fixed income, and livable wages particularly for immigrants and young people. In the county, the highest unemployment rates were among people of color with 10% of Black residents, 8% of American Indian/Alaskan Native residents, and 7% of Latino residents, being unemployed compared to 5% of Asian and White residents. Additionally, there were multiple municipalities in Mercer County with more than 25% of households living below the ALICE threshold.

Behavioral health continues to be a significant concern in the GMPHP service area. Mental health was identified as a community concern in multiple interviews and focus group. Community survey respondents rated mental health as the top health concern in 2024. Participants identified depression, anxiety, isolation, trauma, and stress as mental health challenges for community residents and noted that these all have been exacerbated since the

pandemic. Preventing and addressing adverse childhood experiences (ACEs) were identified as an important strategy to address mental health issues. Youth and older adult mental health were of particular concern as students and older adults struggled with isolation and fear over the past two years. Another community of concern were the immigrant populations in the county, who were described by focus group participants as having increased rates of trauma due to their experiences. Difficulty accessing mental health services was a theme in focus group and interview conversations. While substance misuse was identified less often, use of substances is closely correlated with mental health issues, and concern for emerging drugs such as xylazine was noted as growing problems. Participants suggested that addressing mental health and substance misuse concerns should be a priority over the next few years. Ensuring trauma-informed care is implemented in medical facilities and schools was identified as a goal for addressing mental and behavioral health in the county.

Chronic diseases were identified as prevalent in the GMPHP service area. Heart disease and cancer were among the three leading causes of death in Mercer County. Black residents experienced higher cardiovascular disease and cancer mortality than other groups. Disparities were also seen in diabetes and other chronic illnesses. Chronic diseases are linked to the social determinants of health such as an unhealthy diet, unstable housing, unsafe/polluted neighborhoods, lack of leisure time, and is exacerbated by the rising cost of living participants noted in the county.

Infectious and communicable diseases were mentioned in the context of vaccination gaps. Interview and focus group participants identified infectious disease and infectious disease prevention as a concern in Mercer County. Participants noted large gaps and wait times for childhood immunizations, which disproportionately impacted immigrant communities and placed an increased demand on local public health departments and federally-qualified health centers (FQHCs). Additionally, participants noted a rise in tuberculosis among immigrant communities and a need for increased adult vaccinations across the county. A need to address stigma and mistrust in the health care system among some communities was identified as a strategy to address this gap.

Ending maternal and infant health disparities has been a long-standing priority for GMPHP. Maternal and infant health was discussed in multiple interviews and focus groups with assessment participants. Quantitative data shows racial/ethnic disparities exist in Mercer County, with Black and Latino residents experiencing higher rates of low birth weight births and lower rates of access to prenatal care. Infant mortality per 1,000 births was higher in Mercer County compared to New Jersey overall. Interview and focus group participants also discussed maternal and infant health disparities among residents of color, particularly among Black residents. Issues such as distance to care, lack of wraparound support, need for trust building among communities, and support for homeless families and immigrants were all issues discussed by community participants. While maternal and infant health was identified as a challenge area, participants did note there were resources currently available such as Success Centers and Family Connects NJ with more resources being developed like the Maternal and Infant Health Innovation Center.

Safety and violence emerged as an issue for some residents. Safety was something that residents valued in their neighborhoods, with focus group and interview participants noting how

safe and calm their neighborhoods were. Almost 70% of community survey respondents reported there was not much violence such as physical fights, gang activities, stealing, or assaults with differences across race/ethnicity. Additionally, almost 50% of community survey respondents reported there being few issues with violence between people in their community. Despite community respondents reporting feeling safe and low rates of violence in their community, quantitative data shows rates of violent crime vary widely across municipalities in Mercer County with Trenton having a rate almost three times higher than Mercer County overall.

Access to healthcare was a prominent theme in discussions with interview and focus group participants. Interview and focus group participants and community survey respondents described various healthcare barriers such as cultural barriers and stigma, long waiting times for appointments, cost and insurance challenges, and a lack of available providers, among others. Participants reported specific barriers for youth with mental health issues such as difficulty accessing resources but mentioned student assistance coordinators as a good practice and resource for youth. Additionally, specific barriers for LGBTQ+ community members were discussed such as lack of cultural competence and bias training among providers in Mercer County.

Prioritization Process and Priorities Selected for Planning

Prioritization allows hospitals, organizations, and coalitions to target and align resources, leverage efforts, and focus on achievable objectives and strategies for addressing priority needs. Priorities for this process were identified by examining data and themes from the CHNA findings utilizing a systematic, engaged approach. This section describes the approach and outcomes of the prioritization process.

Criteria for Prioritization

A high-level set of criteria were used for the large-scale GMPHP meeting for ease of the initial process. These criteria were comprised of:

- Relevance – How important is it?
- Appropriateness – Should we do it?
- Impact – What will we get out of it?
- Feasibility – Can we do it?

A more detailed set of prioritization criteria were then used to guide additional conversations with the GMPHP Advisory Board to refine the priorities:

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

Prioritization Process

The prioritization process was multifaceted and aimed to be inclusive, participatory, and data driven.

Step 1: Input from Community Members and Stakeholders via Primary Data Collection

During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the three top priority issues for

future action and investment (Appendices B and C). Community survey respondents were also asked to select up to four of the most important issues for future action in their communities, noted in the Community Health Issues section of this report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, eleven major initial issue areas were identified for the GMPHP service area (listed below in no particular order):

- Health and Racial Equity
- Employment & Financial Security
- Affordable Housing
- Food Security & Healthy Eating
- Transportation & Walkability
- Systemic Racism & Discrimination
- Chronic Disease Prevention & Management
- Infectious & Communicable Diseases
- Maternal & Infant Health
- Mental & Behavioral Health, including ACEs
- Health Care Access

Step 2: Data-Informed Voting via a Prioritization Meeting

On September 9, 2024, a 120-minute virtual Key Findings Presentation and Prioritization meeting was held with GMPHP members and partners to present and discuss the preliminary findings and conduct a poll on the preliminary priorities for action.

During the prioritization meeting, attendees heard a brief data presentation on the preliminary key findings from the assessment. Next, meeting participants discussed the data as a group and offered their perspectives and feedback on the various issues. At this time, a participant suggested adding Safety & Violence as an additional potential priority area for consideration. In addition, participants uplifted Health and Racial Equity and Systemic Racism & Discrimination as cross-cutting issues. Then, using the polling platform Mentimeter, meeting participants were asked to vote for up to four of the twelve priorities identified from the data and based on the high-level prioritization criteria. Preliminary polling results identified the following six issues: Mental & Behavioral Health; Food Security & Healthy Eating; Health Care Access; Chronic Disease Prevention & Management; Affordable Housing; and Health and Racial Equity.

Step 3: GMPHP Health Officers and Advisory Board Review & Recommendation

The GMPHP Board met to review the polling results and discuss priorities for the CHIP. Discussions resulted in combining Food Insecurity and Health Eating with Chronic Disease, adding Housing, and including Maternal and Infant Health to support the strong coalition work in this area. HRiA met with GMPHP's Project Director to refine priority area titles and the topics to be included under each priority based on assessment data. The resulting recommendations for priorities areas were shared with members of the GMPHP Board for approval.

Priorities Selected for Planning

Based on the assessment findings as well as existing initiatives, expertise, capacity, and experience the GMPHP selected the following priorities to focus on when developing their implementation plan: Mental & Behavioral Health; Access to Wellness; Housing and Built Environment; and Maternal and Infant Health.

Greater Mercer Public Health Partnership Community Health Needs Assessment 2024 Appendix

November 2024

PREPARED BY
HEALTH RESOURCES IN ACTION

GMPHP Greater Mercer Public Health Partnership

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Appendix A: Organizations Represented in Key Informant Interviewees and Focus Groups

Organization	Sector
RISE Action Corporation	Latinx Residents
Henry J. Austin Health Center	Behavioral Health Providers
TCNJ AmIOK program	Behavioral Health Providers
Campfire	Youth
Mercer County Division of Public Health and Mercer County Health Officers Association	County and Local Health Officers
Pride Coalition	LGBTQ+ Leaders
NJ Coalition to End Homelessness	Housing/Homeless Services
Trenton Health Team & Capital Health	General Health
Mercer County Office on Aging & Disability Resource Center	Older adults
Catholic Charities, Diocese of Trenton	Social Services
Trenton Health Team	Maternal Health

Appendix B: Key Informant Interview Guide

Health Resources in Action
GMPHP 2024 Community Health Assessment-Community Health Improvement Plan
Virtual Key Informant Interview Guide

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community served by the GMPHP, and identify sub-populations most affected
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.

BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston that works throughout the US. I'd also like to introduce my colleague _____. They work with me on this project and are here to take notes during our discussion, so I can give you my full attention. Thank you for taking the time to talk with me today.

- The GMPHP is conducting a community health assessment to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively.

- Our interview will last about 45 – 60 minutes. After all the data gathering is completed, we will be writing a summary report on key themes that have emerged during these discussions. We will be including quotes, but we will not include any names or identifying information. Nothing that you say here will be connected directly to you in our report.

- [NOTE IF TRANSCRIBING] We plan to transcribe these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health Resources in Action, who are writing the report, will be reviewing the transcription. Do you have any concerns with me turning on the transcription now?

- Do you have any questions before we begin?

INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about yourself and the work that your organization does? [TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]
    a. What is your organization's mission/services?

b. What communities do you work in? Who are your main clients/audiences?

SOCIAL DETERMINANTS OF HEALTH: COMMUNITY ASSETS AND CONCERNS (15 minutes)

2. What are some of the community's strongest assets/strengths?
    a. Can you tell me about some promising initiatives in your community?
    b. Can you describe existing partnerships and collaborations that are helping to strengthen the community? What health issue are they tackling? Who are they serving? What have been the main accomplishments?
    c. How have these strengths changed over the last several years?

3. What are some of the biggest problems or concerns in your community? [PROBE ON SDOH IF NEEDED – FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]
    a. How do these issues affect people's daily lives?
    b. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
    c. What resources or services are available to help people address those challenges?
    d. What do you see as gaps in services that are needed to help people address these issues?
    e. How have these issues changed in recent years?

[REPEAT SET OF QUESTIONS FOR TWO OR THREE ISSUES MENTIONED]

PERCEPTIONS OF HEALTH ISSUES, HEALTHCARE ACCESS, AND BARRIERS (13 minutes)

4. What do you think are the most pressing health concerns in the community/among the residents you work with? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)
    a. What do you see as the biggest barriers or challenges to addressing these issues?
    b. Are there groups in the community that are more impacted by these concerns? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)
    c. What do you think the community should do to address these issues?
    d. Which groups/organizations can address these issues/are addressing these issues?

5. Please describe what programs are working well to address the issues we've discussed [probe specific issues, specific populations]

6. What are some of the communities' priorities related to racial equity and health?

a. In what ways have stigma, racism and discrimination affected the concerns we've discussed? How have these experiences affected specific groups? (PROBE DEPENDING ON GROUP, EG LATINX, IMMIGRANTS, LGBTQ, ETC).
b. What current efforts are in place that you know of working to address health inequities?

For Interviewees Working in Housing and/or Transportation

- What barriers do you see residents experiencing around accessing affordable and healthy housing? How about with transportation?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region?
- What has been working well in the community to improve access to healthy, affordable housing? How about related to transportation? What has been challenging or not working well? Where are there opportunities for improvement or innovation?

For Interviewees Working in Financial Instability, Employment, and Workforce Development

- What challenges are residents facing regarding hiring, employment, or job security?
- What were the needs in this community around workforce development? What is needed to improve residents' employability? What training or resources are needed?
- Are there any approaches to improving workforce development and financial stability that you think has changed because of the pandemic and its impacts?

For Interviewees Working with Communities where Discrimination is a Concern

- What are some of the specific challenges around discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- How has the pandemic and/or movements for racial justice impacted addressing issues and needs of diverse groups?

For Interviewees Working with Seniors/Older Adults

- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working in the Areas of Substance Use or Mental Health

- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?
- Have you noticed any changes in trends in your community as it relates to stress and behavioral health stemming from isolation?

- Can you tell me more about the impact you've seen trauma have on health outcomes in your community? (outcomes specifically related to poverty and housing insecurity, and infant mortality rates)

For Interviewees Working with Youth/Young Adults

- What are some of the challenges youths are facing in your community?
- What should health care and social service providers consider when treating health and other issues in youth populations? How can institutions best respond to the needs of younger individuals?
- How has the pandemic and its effects impacted youths and organizations serving younger individuals?
- What are your major concerns for the future? Do you have examples of programs or approaches that have been working well that could be built on going forward?

For Interviewees Working in Food Assistance and Food Security

- What barriers do you see residents experiencing around accessing affordable and healthy food?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this?
- What has been working well in the community to improve access to healthy, affordable food?
- What has been challenging or not working well? What opportunities exist for improvement or innovation?

For Interviewees Working in Public and Charter Schools (Pre-K through College)

- What are some of the most pressing needs of students and their families that you are seeing in schools?
- Can you tell me a bit more about the resources that are available to help address the needs of students and families? And what if any impact you are seeing these resources have in this community?
- What have been some challenges or things that haven't been working well? Are there opportunities for improvement or innovation?
- What has your experience been with traumatic stress and children (ACEs)? And what are some opportunities for improvement you'd like to see?

For Interviewees Working on Health and Community Policy

- Can you tell me about some of the recent policy work or changes you have taken part in as it relates to health and the community?
- What are challenges you have experienced relating to policy?
- What are some opportunities you see for collaboration to improve funding for health and community programs?

For Interviewees Working in Maternal and Child Health

- Can you explain any trends you see as it relates to race/ethnicity and birth outcomes for mothers and babies?

- Can you tell me a bit more about the resources that are available to help improve outcomes for mothers and children in Mercer county?
- What have been some challenges or things that haven't been working well? Are there areas for improvement or innovation?

For Interviewees Working with Immigrant Populations

- Can you tell me about some of the challenges facing the immigrant populations you work with?
- How have the demographics of the clients you work with changed over the last three years?
- Can you tell me more about the resources that are available to support immigrant populations and their needs within the community?
- What are some of the challenges or things that haven't been working well? Are there areas for improvement?

VISION FOR THE FUTURE (10 MINUTES)

7. I'd like you to think about the future of your community. When you think about the community 3 years from now, what would you like to see? What's your vision?
    a. What are the next steps to help this vision become a reality?

8. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding? [MAKE SURE TO ASK THIS QUESTION]

9. If you had one major takeaway call to action, need, or issue for us to address urgently, what would that be, and why?

CLOSING (2 MINUTES)

Thank you so much for your time and sharing your opinions. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Thank you again. Your feedback is valuable, and we greatly appreciate your time.

Appendix C: Focus Group Guide

Health Resources in Action
GMPHP 2024 Community Health Needs Assessment-Community Health Improvement Plan
Virtual Focus Group Guide

Goals of the focus group:

- To determine perceptions of the strengths and needs of the community
- To understand residents' current experiences and challenges
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

BACKGROUND (5 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization based in Boston that works throughout the US. I'd also like to introduce my colleague _____. They work with me on this project and are here to take notes during our discussion, so I can give you my full attention. Thank you for taking the time to talk with me today.

- The GMPHP is conducting a community health assessment to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively.

- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. The findings from these conversations will inform decisions around future investments to improve the community. We greatly appreciate your feedback, insight, and honesty.

- We're going to be having a focus group today. Has anyone here been part of a focus group before?

- You are here because we want to hear from you. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share what you think, both positive and negative.

- This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.

- After all the data gathering is completed, we will be writing a summary report on key themes that have emerged during these discussions. We will be including quotes, but we

will not include any names or identifying information. Nothing that you say here will be connected directly to you in our report.

- [NOTE IF AUDIORECORDING/TRANSCRIBING] We'd like to audio record/transcribe this conversation to ensure we have captured the main points of the discussion. No one but the analysts at Health Resources in Action, who are writing the report, will be listening to the audio recordings/reading the transcript. Does anyone have any concerns with me turning the recorder/transcription on now?

- If I ask a question that you don't feel comfortable answering it's okay for us to skip and move on to the next questions.

- Does anyone have any questions before we begin?

INTRODUCTIONS (5 minutes)

First, let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us:

1) Your first name
2) What city or town you live in
3) One thing you love about where you live.

[MODERATOR STARTS THEN ALL PARTICIPANTS INTRODUCE THEMSELVES]

SOCIAL DETERMINANTS OF HEALTH: COMMUNITY ASSETS AND CONCERNS (15 minutes)

Now, we're going to move to talking more about the community that you live in.

1. If someone was thinking about moving into your neighborhood, what would you say are some of the biggest strengths of your community - or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
    a. How have these strengths changed over the last several years?

2. What are some of the biggest problems or concerns in your community? [PROBE ON SOCIAL DETERMINANTS OF HEALTH – FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]
    a. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis? [PROBE ON SDOH ISSUES IF NEEDED – STIGMA/DISCRIMINATION, ECONOMIC SECURITY, ETC.]
    b. Are there groups in the community that are more impacted by these concerns? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)
    c. What are some of the lasting impacts that COVID-19 had on your community? How have community concerns changed over the last three years? (PROBE ON: HOUSING, FOOD, MENTAL HEALTH, ISOLATION, BASIC NEEDS, IMPACT ON CHILDREN, IMPACTS ON SENIORS, ETC.)

PERCEPTIONS OF HEALTH ISSUES, HEALTHCARE ACCESS, AND BARRIERS (13 minutes)

3. What do you think are the most pressing *health* concerns in your community? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)
    a. What do you see as the biggest barriers or challenges to addressing these issues?
    b. What do you think the community should do to address these issues?
    c. Are there groups in the community that are more impacted by these concerns? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)

4. What are some of the communities' priorities related to racial equity and health?
    a. What are some current efforts in place that you know of working to address health inequities? (PROBE DEPENDING ON GROUP, EG LATINX, IMMIGRANTS, LGBTQ, ETC).
    b. What have been your experiences related to racism and discrimination and the concerns we've discussed? How have these experiences affected specific groups? (PROBE DEPENDING ON GROUP, EG LATINX, IMMIGRANTS, LGBTQ, ETC).

PRIORITY SPECIFIC SECTION – TAILORED TO DISTINCT POPULATION GROUPS (10 minutes)

I've heard in our conversation today that [NAME ISSUES] are a top concern for the community. [NAME THE MAJOR 3-4 ISSUES MENTIONED IN THE DISCUSSION– FOOD INSECURITY/HEALTHY EATING; ACCESS TO HEALTHCARE; MENTAL HEALTH; BEHAVIORAL HEALTH; CHRONIC DISEASE; TRANSPORTATION; SOCIAL; ECONOMIC; ETC.]

5. Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?

6. Let's talk about some of these issues [FACILITATOR TO ASK QUESTIONS ABOUT 3-4 PRIORITY ISSUES THAT CAME UP]

    a. Access to Care
        i. What are some of the major barriers related to accessing preventive or primary care services that are affecting people in your community?
        ii. What are the tools or resources that you need to be able to access health care?
        iii. What programs are working well to help navigate care? Please describe them.
    b. Mental Health
        i. From your perspective, what are the key issues related to mental health in your community?
            i. Which, if any, populations in the community face more of these issues? For example, adolescents/young adults, seniors.

ii. What services or programs currently exist to address mental health?
    i. What do you like about these services?
    ii. What are the barriers related to accessing mental health services?
iii. How could your community address these issues? For example, what services or policies could be put in place?
    i. Where should the community put more funding towards?

c. Substance Use
    i. From your perspective, what are the key issues related to substance use that are facing your community?
        i. In your opinion, what's causing or influencing those issues?
        ii. Which, if any, populations in the community face more of these issues? For example, adolescents/young adults, seniors.
    ii. What services or programs currently exist to address substance use issues?
        i. What's working well about these services?
        ii. What barriers do people face in accessing substance use services?
    iii. What are some resources or services the community could provide to better address substance use?
    iv. How do current policies address substance use? (ex. Punitive vs rehabilitative, prevention vs treatment)
        i. What changes should be made to policies to better address substance use?

d. Nutrition and Food Insecurity
    i. Could you tell me a bit about how food insecurity affects your community?
        i. How does food insecurity affect diverse populations specifically?
    ii. What services do you know of that people in your community go to for food? (ex. Networks of food pantries, SNAP benefits at farmer's markets, etc).
        i. In your community, how easy or difficult is it to access foods that are important to your culture?
    iii. What else do you feel needs to be in place in order to meaningfully address food insecurity in your community in the long term?
    iv. What are some policies or programs that the local government can implement to address food insecurity in your community?

e. Immigrant Health
    i. What are some of the specific challenges around immigration issues or discrimination that your community faces?
    ii. What should health care and social service providers consider when treating health and other issues in diverse populations/your cultural group?
    iii. How do current town policies perpetuate discrimination or racism?
        i. What changes need to be made to work towards a more equitable community?

f. Housing
    i. What are the most significant barriers that the community experiences as it relates to housing? [PROBE: Costs, Availability, Quality, Utilities]
        i. Which, if any, populations in the community that face more barriers to housing? (Examples: Seniors, People with disabilities, Low-income residents)

ii. What are some changes to policy that the town can make to address affordable housing?

g. Economic Stability and Cost of Living
   i. Could you describe the issues that your community is facing related to economic or job security?
      i. What are the unique issues that diverse populations face related to economic/job security?
   ii. How are you or your community being affected by the costs of living?
      i. How have you had to adjust your spending? What sacrifices have you had to make to offset higher inflation?
      ii. Are there certain populations/groups in the community that are more impacted by cost-of-living concerns? If yes, which ones?
   iii. What are the most important resources that the community needs to improve financial security or workforce development?

h. Senior or Older Populations
   i. What are some of the most important issues that senior populations in the community are currently facing?
      i. What makes these issues even more difficult for senior populations?
   ii. What are the current services or programs that exist for senior populations?
      i. What makes these services good?
      ii. Where are there gaps or barriers in the current services or programs for seniors? What would you like to see added or changed?
   iii. How can local government best respond to the unique needs of senior populations?
      i. What are some policies that need to change to better support seniors?

i. Youth and Adolescents
   i. What are some of the most important issues that youth in the community are facing?
      i. In your opinion, what's causing or influencing these issues?
   ii. What are the most pressing mental health issues facing youth specifically?
      i. In your opinion, what's causing or influencing these issues?
      ii. What, if any, groups are more impacted by mental health issues? For example, high school students, youth of color, LGBTQ youth, etc.
   iii. What services are available to youth to address mental health?
      i. What are some additional barriers that youth may face when trying to access mental health support?
   iv. How can local government best respond to the unique needs of youth populations?
      i. What are some policies that need to change to better support youth?

j. Built Environment
   i. What challenges does the community face in its built environment? By built environment, I mean things like transportation, roads and bike lanes, or parks and other public spaces.

i. Which populations in the community are most impacted by these challenges? For example, seniors, youth, or low-income residents.
ii. What factors do you think are causing or influencing these issues?

ii. How safe do you feel with using alternative transportation such as walking or biking in your community? What influences that safety (Ex: Presence of designated bike lanes, maintenance of sidewalks)
i. What would you change in your community to encourage more walking or biking?

iii. Thinking about green spaces, like parks or walking trails, in your community – what do you like most about these spaces?
i. What would you change or add to these spaces to encourage more people to use them?
ii. What are the most common ways you use these spaces? What do you use them the most for?
iii. What are your most pressing safety concerns when it comes to using these spaces for recreation?

k. Violence and Safety
i. What are the major concerns in your community related to violence and safety?
ii. Could you describe the relationship between your community and the local police?
i. What initiatives/programs, if any, have been implemented to address racial inequities in the criminal justice system?

iii. What are some promising violence prevention programs or policies that you've come across and would like to see implemented?
i. How might these programs alleviate or exacerbate inequities in the criminal justice system?

VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)

7. I'd like you to think ahead about the future of your community. When you envision the community 3 years from now, what would you like to see?
   a. What do you see as the immediate next steps in working towards this vision?
   b. What do you think needs to be in place to support sustainable change?

8. We've talked about a lot of issues today, thinking about what would make the most impact, who is most affected by the issues, and how feasible it is to make change – What do you think are the 3 highest priority issues for action? What issues are the most important to make greater investments in? [MAKE SURE TO ASK THIS QUESTION]

CLOSING (2 minutes)
Thank you so much for your time and sharing your opinions. Your perspective about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

Thank you again. Your feedback is valuable, and we greatly appreciate your time and sharing your opinion. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS WILL RECEIVE GIFT CARD AND WHO TO CONTACT IF THEY HAVE QUESTIONS.]

Acute, Ambulatory, Long Term Care And Licensed Residential Services

Provider Type	Name	ADDRESS	TELEPHONE
ADULT DAY HEALTH SERVICES FACILITY	ELITE CARING (RGS OPERATING, LLC)	**80 WEST UPPER FERRY ROAD EWING, NJ 08628**	(609) 883-0020
ADULT DAY HEALTH SERVICES FACILITY	RISING STAR ADULT DAY CARE CENTER, LLC	**1980 NORTH OLDEN AVENUE, SUITE 10 EWING, NJ 08618**	(609) 403-6979
ADULT DAY HEALTH SERVICES FACILITY	WISHING WELL ADULT DAY HEALTH CARE, LLC	**3450 PRINCETON PIKE, SUITE 120 LAWRENCEVILLE, NJ 08648**	(609) 356-0628
ADULT DAY HEALTH SERVICES FACILITY	MANAV, LLC	**4 CROSSROAD DRIVE, SUITE #108 HAMILTON, NJ 08619**	(484) 515-6990
ADULT DAY HEALTH SERVICES FACILITY	PRESTIGE OF EWING AMDC LLC	**1676 NORTH OLDEN AVENUE EWING, NJ 08638**	(609) 434-0041
ADULT DAY HEALTH SERVICES FACILITY	SENIOR CARE CENTERS OF AMERICA, INC.	**410 WHITEHEAD ROAD HAMILTON, NJ 08619**	(609) 883-0200
AMBULATORY CARE FACILITY	RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C.	**2501 KUSER ROAD HAMILTON, NJ 08691**	(609) 585-8800
AMBULATORY CARE FACILITY	PRINCETON RADIOLOGY ASSOCIATES, PA	**8A QUAKERBRIDGE PLAZA MERCERVILLE, NJ 08619**	(609) 890-0033
AMBULATORY CARE FACILITY	PRINCETON LONGEVITY MEDICAL GROUP LLC	**104 CARNEGIE CENTER DRIVE PRINCETON, NJ 08540**	(609) 919-0895
AMBULATORY CARE FACILITY	MERCER DIAGNOSTIC IMAGING, LLC	**1245 WHITEHORSE MERCERVILLE ROAD, SUITE 403 HAMILTON TWP, NJ 08619**	(609) 581-2727
AMBULATORY CARE FACILITY	PRINCETON ORTHOPAEDIC ASSOCIATES II, P.A.	**325 PRINCETON AVENUE PRINCETON, NJ 08540**	(609) 924-5044
AMBULATORY CARE FACILITY	RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C.	**3120 PRINCETON PIKE LAWRENCEVILLE, NJ 08648**	(609) 734-3931
AMBULATORY CARE FACILITY	PRINCETON RADIOLOGY ASSOCIATES, PA	**419 NORTH HARRISON STREET PRINCETON, NJ 08540**	(609) 683-1463
AMBULATORY CARE FACILITY	PRINCETON RADIOLOGY ASSOCIATES, PA	**300 PRINCETON-HIGHTSTOWN ROAD EAST WINDSOR, NJ 08520**	(609) 426-9200
AMBULATORY CARE FACILITY	COMPREHENSIVE MEDICAL DIAGNOSTICS LLC	**300-B PRINCETON HIGHTSTOWN ROAD, SUITE 205 EAST WINDSOR, NJ 08520**	(609) 490-1444
AMBULATORY CARE FACILITY	SUMMIT MEDICAL GROUP, P.A.	**3311 BRUNSWICK AVENUE LAWRENCEVILLE, NJ 08648**	(609) 716-7030
AMBULATORY CARE FACILITY	SOUTHBROAD IMAGING L.L.C.	**2000 SOUTH BROAD STREET HAMILTON, NJ 08610**	(609) 695-9433
AMBULATORY CARE FACILITY	Advanced Medical Emergency Resource Coalition Inc	**842 SILVIA STREET, ENTERPRISE PARK, BLDG D WEST TRENTON, NJ 08628**	(732) 744-5822

Provider Type	Name	ADDRESS	TELEPHONE
AMBULATORY CARE FACILITY	Advanced Medical Emergency Resource Coalition Inc	**842 SILVIA STREET, ENTERPRISE PARK, BLGD D WEST TRENTON, NJ 08628**	(732) 744-5822
AMBULATORY CARE FACILITY	PLANNED PARENTHOOD OF NCSNJ	**437 EAST STATE STREET TRENTON, NJ 08608**	(609) 503-7662
AMBULATORY CARE FACILITY - SATELLITE	RWJ OCCUPATIONAL HEALTH CENTER	**1440 LOWER FERRY ROAD EWING, NJ 08618**	(609) 890-4450
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF NCSNJ	**2279 ROUTE 33, GOLDEN CREST CORP CTR, SUITE 510 HAMILTON TOWNSHIP, NJ 08690**	(609) 599-4881
AMBULATORY SURGICAL CENTER	NEW JERSEY SURGERY CENTER, L.L.C.	**1225 WHITEHORSE-MERCERVILLE RD, BLDG D, SUITE 209 MERCERVILLE, NJ 08619**	(609) 581-6200
AMBULATORY SURGICAL CENTER	HAMILTON ENDOSCOPY AND SURGERY CENTER, LLC	**1235 WHITEHORSE-MERCERVILLE ROAD SUITE 310 HAMILTON, NJ 08619**	(609) 581-6610
AMBULATORY SURGICAL CENTER	HAMILTON SURGERY CENTER, LLC	**1445 WHITEHORSE MERCERVILLE ROAD HAMILTON, NJ 08619**	(609) 689-4820
AMBULATORY SURGICAL CENTER	PRINCETON ENDOSCOPY CENTER LLC	**731 ALEXANDER ROAD SUITE 104 PRINCETON, NJ 08540**	(609) 452-1111
AMBULATORY SURGICAL CENTER	SURGICAL SPECIALISTS AT PRINCETON, L.L.C.	**136 MAIN STREET, SUITE 100 PRINCETON, NJ 08540**	(609) 799-1130
AMBULATORY SURGICAL CENTER	CAMPUS EYE GROUP AMBULATORY SURGICAL CENTER, LLC	**1700 WHITEHORSE-HAMILTON SQUARE RD HAMILTON, NJ 08690**	(609) 587-2020
AMBULATORY SURGICAL CENTER	PRINCETON ORTHOPAEDIC ASSOCIATES II, P.A.	**727 STATE ROAD PRINCETON, NJ 08540**	(609) 924-8131
AMBULATORY SURGICAL CENTER	HAMILTON SURGICAL SERVICES PA	**994 WHITEHORSE AVENUE HAMILTON, NJ 08610**	(609) 585-3073
AMBULATORY SURGICAL CENTER	MERCER COUNTY SURGERY CENTER, LLC	**2A PRINCESS ROAD LAWRENCEVILLE, NJ 08648**	(609) 895-0290
AMBULATORY SURGICAL CENTER	PRINCETON SURGIPLEX, L.L.C.	**932 STATE ROAD, SUITE 101 PRINCETON, NJ 08540**	(609) 454-5047
AMBULATORY SURGICAL CENTER	RELIANT SURGICAL CENTER, LLC	**300 B PRINCETON HIGHTSTOWN ROAD, SUITE101 EAST WINDSOR, NJ 08520**	(609) 426-9696
AMBULATORY SURGICAL CENTER	Bob Entity test	**120 South Stockton Street Trenton, NJ 08611**	(609) 376-7900
ASSISTED LIVING PROGRAM	ASSISTED LIVING, INC	**1015 WHITEHEAD ROAD EXTENSION EWING, NJ 08638**	(609) 883-8502
ASSISTED LIVING PROGRAM	POPULATION HEALTH MANAGEMENT SERVICES LLC	**750 BRUNSWICK AVENUE TRENTON, NJ 08638**	(609) 394-6000

Provider Type	Name	ADDRESS	TELEPHONE
ASSISTED LIVING RESIDENCE	WELL BL OPCO LLC	**155 RAYMOND ROAD PRINCETON, NJ 08540**	(732) 329-8888
ASSISTED LIVING RESIDENCE	INSPIRED SENIOR LIVING OF HAMILTON MT, LLC	**2560 KUSER ROAD HAMILTON, NJ 08691**	(609) 438-9900
ASSISTED LIVING RESIDENCE	WRP OPERATING HAMILTON NJ LLC	**1750 YARDVILLE-HAMILTON SQUARE ROAD HAMILTON, NJ 08690**	(609) 421-0300
ASSISTED LIVING RESIDENCE	BROOKDALE SENIOR LIVING COMMUNITIES, INC	**1645 WHITEHORSE-MERCERVILLE ROAD TRENTON, NJ 08619**	(609) 586-4000
ASSISTED LIVING RESIDENCE	SPRINGPOINT AT MEADOW LAKES, INC	**300 MEADOW LAKES EAST WINDSOR, NJ 08520**	(609) 448-4100
ASSISTED LIVING RESIDENCE	ROSE HILL ASSOCIATES, LLC	**1150 WASHINGTON BLVD ROBBINSVILLE, NJ 08691**	(609) 371-7007
ASSISTED LIVING RESIDENCE	WELL BL PORTFOLIO 1 OPCO LLC	**775 MT. LUCAS ROAD PRINCETON, NJ 08540**	(609) 430-4000
ASSISTED LIVING RESIDENCE	GREENWOOD HOUSE HOME FOR THE JEWISH AGED	**50 WALTER STREET EWING, NJ 08628**	(609) 883-5391
ASSISTED LIVING RESIDENCE	VILLAGE SENIOR CARE, LLC	**291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550**	(609) 918-1075
ASSISTED LIVING RESIDENCE	CARNEGIE ASSISTED LIVING AT PRINCETON LLC	**1000 WINDROW DRIVE PRINCETON, NJ 08540**	(609) 514-9111; (609) 419-1326
ASSISTED LIVING RESIDENCE	CARE ONE AT HAMILTON, LLC	**1660 WHITEHORSE-HAMILTON SQUARE ROAD HAMILTON TOWNSHIP, NJ 08619**	(609) 586-4600
ASSISTED LIVING RESIDENCE	WELL BL OPCO LLC	**143 WEST FRANKLIN AVENUE PENNINGTON, NJ 08534**	(609) 730-9922
COMPREHENSIVE PERSONAL CARE HOME	LAWRENCE ASSISTED LIVING LLC	**ONE BISHOPS DRIVE LAWRENCEVILLE, NJ 08648**	(609) 896-0006
COMPREHENSIVE REHABILITATION HOSPITAL	LAWRENCE OPERATOR LLC	**2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648**	(609) 896-9500
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.	**2 HAMILTON HEALTH PLACE HAMILTON, NJ 08690**	(609) 689-9260
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE HAMILTON HOME, LLC	**3836 QUAKERBRIDGE ROAD, SUITE 208 HAMILTON, NJ 08619**	(609) 586-5001
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.	**1840 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648**	(609) 278-0999
END STAGE RENAL DIALYSIS	KIDNEY LIFE, LLC	**88 PRINCETON HIGHTSTOWN ROAD, SUITE 102 PRINCETON JCT, NJ 08550**	(609) 799-0084
END STAGE RENAL DIALYSIS	RENAL CENTER OF HAMILTON, L.L.C	**1013 WHITEHORSE AVENUE HAMILTON, NJ 08610**	(609) 438-3002

Provider Type	Name	ADDRESS	TELEPHONE
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE	**707 ALEXANDER ROAD BUILDING 3 SUITE 301 PRINCETON, NJ 08540**	(609) 520-8995
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.	**1962 NORTH OLDEN AVENUE EWING, NJ 08638**	(609) 671-1600
FEDERALLY QUALIFIED HEALTH CENTERS	HENRY J. AUSTIN HEALTH CENTER, INC.	**321 NORTH WARREN STREET TRENTON, NJ 08618**	(609) 278-5909
GENERAL ACUTE CARE HOSPITAL	CAPITAL HEALTH SYSTEM, INC.	**750 BRUNSWICK AVE TRENTON, NJ 08638**	(609) 394-6000
GENERAL ACUTE CARE HOSPITAL	CAPITAL HEALTH SYSTEM, INC.	**ONE CAPITAL WAY PENNINGTON, NJ 08534**	(609) 303-4000
GENERAL ACUTE CARE HOSPITAL	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON	**ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690**	(609) 586-7900
HOME HEALTH AGENCY	VNA HOME CARE OF MERCER COUNTY, INC	**2 SOUTH GOLD DRIVE, SUITE B HAMILTON, NJ 08691**	(609) 695-3461
HOME HEALTH AGENCY	PRINCETON HEALTHCARE SYSTEM, A NJ NONPROFIT CORP	**105 COLLEGE ROAD EAST, 2ND FLOOR PRINCETON, NJ 08540**	(609) 497-4900
HOSPICE CARE - INPATIENT	SERENITY HOSPICE CARE L.L.C.	**1 HAMILTON HEALTH PLAZA HAMILTON TOWNSHIP, NJ 08690**	(609) 227-2400
HOSPICE CARE PROGRAM	PRINCETON HEALTHCARE SYSTEM, A NJ NONPROFIT CORP	**105 COLLEGE ROAD EAST 2ND FLOOR 2ND FLOOR PRINCETON, NJ 08540**	(609) 497-4900
HOSPICE CARE PROGRAM	GREENWOOD HOUSE HOSPICE SERVICES, INC.	**25 SCOTCH ROAD, SUITE I EWING, NJ 08628**	(609) 883-6026
HOSPICE CARE PROGRAM	VNA HOME CARE OF MERCER COUNTY, INC	**2 SOUTH GOLD DRIVE, SUITE B HAMILTON, NJ 08691**	(609) 695-3461
HOSPITAL BASED - LONG TERM CARE FACILITY SNF/NF	LAWRENCE OPERATOR LLC	**2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648**	(609) 896-9500
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON	**2575 KLOCKNER ROAD HAMILTON, NJ 08690**	(609) 584-2895
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	CAPITAL HEALTH SYSTEM, INC.	**1401-1445 WHITEHORSE-MERCERVILLE ROAD HAMILTON, NJ 08619**	(609) 588-5050
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	CAPITAL HEALTH SYSTEM, INC.	**433 BELLEVUE AVENUE TRENTON, NJ 08618**	(609) 394-4296

Provider Type	Name	ADDRESS	TELEPHONE
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON	**1 UNION STREET, WEST LAKE OFFICE BUILDING ROBBINSVILLE, NJ 08691**	(609) 584-6681
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	CAPITAL HEALTH SYSTEM, INC.	**1225 WHITEHORSE-MERCERVILLE RD, BLDG D, SUITE 206 HAMILTON, NJ 08619**	(609) 599-5018
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	CHILDREN'S SPECIALIZED HOSPITAL	**3575 QUAKERBRIDGE ROAD HAMILTON, NJ 08619**	(732) 258-7050
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	CAPITAL HEALTH SYSTEM, INC.	**245 CLARKSVILLE ROAD PRINCETON JUNCTION, NJ 08550**	(609) 303-4000
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON	**2 HAMILTON HEALTH PLACE HAMILTON, NJ 08690**	(609) 586-7900
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	CAPITAL HEALTH SYSTEM, INC.	**601 HAMILTON AVENUE HAMILTON, NJ 08629**	(609) 599-5000
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	GREENWOOD HOUSE HOME FOR THE JEWISH AGED	**53 WALTER STREET TRENTON, NJ 08628**	(609) 883-5391
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	LAWRENCE OPERATOR LLC	**1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648**	(609) 896-0006
LONG TERM CARE FACILITY SNF/NF	HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC	**2300 HAMILTON AVE HAMILTON, NJ 08619**	(609) 588-5800
LONG TERM CARE FACILITY SNF/NF	Riverside Health and Rehabilitation Center LLC	**325 JERSEY STREET TRENTON, NJ 08611**	(609) 394-3400
LONG TERM CARE FACILITY SNF/NF	HAMILTON AMOP, LLC	**3 HAMILTON HEALTH PLACE HAMILTON, NJ 08690**	(609) 631-2555
LONG TERM CARE FACILITY SNF/NF	SPRINGPOINT AT MEADOW LAKES, INC	**300 MEADOW LAKES EAST WINDSOR, NJ 08520**	(609) 448-4100
LONG TERM CARE FACILITY SNF/NF	BRUNSWICK GARDEN GROUP LLC	**1314 BRUNSWICK AVENUE TRENTON, NJ 08638**	(609) 656-9291
LONG TERM CARE FACILITY SNF/NF	PREFERRED CARE AT MERCER, LLC	**1201 PARKWAY AVENUE EWING, NJ 08628**	(609) 882-6900
LONG TERM CARE FACILITY SNF/NF	BELLEVUE GARDEN GROUP LLC	**439 BELLEVUE AVENUE TRENTON, NJ 08618**	(609) 396-2646
LONG TERM CARE FACILITY SNF/NF	CLOVER MEADOWS HEALTHCARE & REHAB CENTER LLC	**112 FRANKLIN CORNER ROAD LAWRENCEVILLE, NJ 08648**	(609) 896-1494
LONG TERM CARE FACILITY SNF/NF	HAMILTON OPERATOR, LLC	**1501 STATE HWY 33 HAMILTON SQUARE, NJ 08690**	(609) 586-1114
LONG TERM CARE FACILITY SNF/NF	COMPLETE CARE AT MERCERVILLE, LLC	**2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619**	(609) 586-7500

Provider Type	Name	ADDRESS	TELEPHONE
LONG TERM CARE FACILITY SNF/NF	AVALON OPERATOR LLC	**1059 EDINBURG ROAD HAMILTON, NJ 08690**	(609) 588-0091
LONG TERM CARE FACILITY SNF/NF	Water's Edge Care and Rehab Center LLC	**512 UNION STREET TRENTON, NJ 08611**	(609) 393-8622
LONG TERM CARE FACILITY SNF/NF	CARNEGIE POST ACUTE CARE AT PRINCETON LLC	**5000 WINDROW DRIVE PRINCETON, NJ 08540**	(609) 987-1221
PEDIATRIC DAY HEALTH SERVICES FACILITY	RAINBOW CHILDREN'S MEDICAL DAY CARE LLC	**100 YOUNGS ROAD, SUITE 6 MERCERVILLE, NJ 08619**	(609) 981-7575
PEDIATRIC DAY HEALTH SERVICES FACILITY	BELMAR PEDIATRIC DAY CARE, LLC	**325 JERSEY STREET TRENTON, NJ 08611**	(609) 396-2299
PEDIATRIC DAY HEALTH SERVICES FACILITY	BELMAR PEDIATRIC DAY CARE, LLC	**325 JERSEY STREET TRENTON, NJ 08611**	(609) 396-2299
RESIDENTIAL DEMENTIA CARE HOME	PHNJ, LLC	**181 WASHINGTON ROAD PRINCETON, NJ 08540**	(609) 514-0912
SURGICAL PRACTICE	GLASGOLD GROUP	**4390 ROUTE 1 NORTH, SUITE 100 PRINCETON, NJ 08540**	(732) 846-6540
SURGICAL PRACTICE	HAZEN PLASTIC SURGERY	**311 COMMONS WAY PRINCETON, NJ 08540**	(609) 921-7747
SURGICAL PRACTICE	LAKEWOOD UROLOGY LLC	**1374 WHITEHORSE-HAMILTON SQUARE ROAD, SUITE 101 HAMILTON, NJ 08690**	(609) 581-5900
SURGICAL PRACTICE	James F McGuckin MD Of NJ, PA	**1450 PARKSIDE AVENUE, UNIT 18 TRENTON, NJ 08638**	(609) 882-1770

Mercer County Mental Health Services

Certified Community Behavioral Health Clinic (CCBHC)
Catholic Charities Diocese of
Trenton 10 Southard Street
Trenton, NJ 08609
(609) 396-4557

Certified Community Behavioral Health Clinic (CCBHC)

Catholic Charities Diocese of Trenton
1225-1255 Whitehorse Mercerville Road
Hamilton, NJ 08619
(609) 256-4200
Certified Community Behavioral Health Clinic (CCBHC)

Oaks Integrated Care
1001 Spruce Street
Ewing, NJ 08638
(609) 396-6788

Community Support Services (CSS)
Catholic Charities - Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 867-9339

Community Support Services (CSS)
PennReach, Inc.
18 South
Main Street
Allentown, NJ
08501
(609) 802-1702

County Mental Health Board
Mercer County Division of Mental Health
640 South Broad Street
Trenton, NJ 08650
(609) 989-6574 / 6529

Homeless Services (PATH)
Oaks Integrated Care
31 Lexington Avenue
Ewing, NJ 08618

Certified Community Behavioral Health Clinic (CCBHC)
Catholic Charities Diocese
of Trenton 39 North Clinton
Avenue
Trenton, NJ 08609
(609) 393-6336/ ((800) 360-7711

Certified Community Behavioral Health Clinic (CCBHC)
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5944

Certified Community Behavioral Health Clinic (CCBHC)
Oaks Integrated Care
2550 Brunswick Pike
Lawrenceville, NJ 08648
(609) 396-8877

Community Support Services (CSS)
Oaks Integrated Care
31 Lexington Avenue
Ewing, NJ 08618
(609) 583-1900

Community Support Services (CSS)
SERV
Centers of
NJ 407 West
State Street
Trenton, NJ
08618
(609) 394-0212

Early Intervention Support Services (EISS)
(Crisis Intervention Services)
Catholic Charities - Diocese of Trenton
1225-1255 Whitehorse Mercerville Rd
Building B, Suite 504-505
Hamilton, NJ 08619
(609) 256-4200

Intensive Family Support Services (IFSS)

(609) 583-1900

Integrated Case Management Services (ICMS)
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608

(609) 396-4258

Involuntary Outpatient Commitment (IOC)
Oaks Integrated Care
P.O. Box 1393
Trenton, NJ 08608
(609) 396-6788

Oaks Integrated Care
1001 Spruce Street
Trenton, NJ 08638
(609) 954-9726

Intensive Outpatient Treatment & Support Services (IOTSS)
Oaks Integrated Care
Intensive Outpatient Services
314-316 East State Street
Trenton, NJ 08608
(609) 954-9726
Referral Line: (609) 218-0978

Justice Involved Services
Oaks Integrated
314-316 East State
Street Trenton, NJ
08608
(609) 396-5944

Outpatient
Catholic Charities - Diocese of Trenton
39 North Clinton Avenue
Trenton, NJ 08608
(609) 394-9398

Partial Care
A.A.M.H. - Mercer
819 Alexander Road
Princeton, NJ 08540
(609) 452-2088, ext. 230

Partial Care
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5344

Program of Assertive Community Treatment (PACT)
Catholic Charities - Diocese of Trenton
47 North Clinton Avenue
Trenton, NJ 08609
(609) 396-9777 Ext 2216 (PACT Team 1)

Outpatient
Oaks Integrated
Care 2550
Brunswick Pike
Lawrenceville, NJ 08648

(609) 396-8877

Partial Care
Catholic Charities - Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 396-4557

PRIMARY SCREENING CENTER for MERCER
Capital Health Regional Medical Center
750 Brunswick Avenue
Trenton, NJ 08638
HOTLINE: (609) 396-4357 or (609) 989-7297

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Trenton
47 North Clinton Avenue
Trenton, NJ 08609
(609) 396-9777 Ext 2216 (PACT Team 2)
(609) 396-9777 Ext 2216 (PACT Team 3)

Residential Services
SERV / Mercer
532 West State Street
Trenton, NJ 08618

Residential Intensive Support Team (RIST) Oaks Integrated Care 1001 Spruce Street - Suite 205 Trenton, NJ 08638 (609) 396-6788, Ext. 214 **Residential Services / Transitional & Community Support Services (CSS)** Catholic Charities – Diocese of Trenton 41 Steinert Avenue Hamilton Township, NJ 08619 (609) 890-2527 **Short Term Care Facility** Capital Health Regional Medical Center/Fuld Campus 750 Brunswick Avenue Trenton, NJ 08638 (609) 394-6106	(609) 394-0212 **Self-Help/Wellness Center** Reach Out/Speak Out CWC 6 North Broad Street Trenton, NJ 08608 (609) 984-8008 **Primary Psychiatric Emergency Screening Services** Capital Health Regional Medical Center 750 Brunswick Ave Trenton, NJ 08638 (609) 396-4357

Supported Employment Services Catholic Charities - Diocese of Trenton 10 Southard Street Trenton, NJ 08609 (609) 393-8912 **Voluntary Unit** Capital Health, Fuld Campus 750 Brunswick Avenue Trenton, NJ 08638 (609) 394-6049, ext. 6996	**Systems Advocacy** Community Health Law Project 3635 Quakerbridge Rd, Suite 14 Hamilton, NJ 08619 (609) 392-5553

STATE OF NEW JERSEY
Department of Human Services/ Mental Health and Addiction Services (DMHAS)

ADDICTION SERVICES TREATMENT DIRECTORY – MERCER COUNTY

- 276 Bakers Detox LLC dba Level up Treatment Lawrenceville

License No: 1000166
Agency Type: Unknown
Phone No: 5612221719

Services:

- Co-Occurring Treatment Services
- Short Term Residential Substance Abuse Treatment

Beds Capacity: 18 Available:0

- Inpatient Withdrawal Management

Beds Capacity: 21 Available:21

Address:
276 BAKERS BASIN ROAD

- Anita Vaughn

NPI Number: 1578503942
Phone No: 6093946000
Type of Medication Offered:
Buprenorphine

Services:

- Medication-Assisted Treatment

Address:
750 Brunswick Avenue

2nd Address:
One Capital Way

- Another Door Opens Recovery Center

License No: 2000438
Agency Type: Non-Profit
Phone No: 6093931219

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:

1230 PARKWAY AVENUE

- Beachway New Jersey LLC

License No: 2000933
Agency Type: Profit
Phone No: 2012548440

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

4 Princess Road, Suite 208

- Catholic Charities, Diocese of Trenton, Project Free/New Choices

License No: 2000312
Agency Type: Unknown
Phone No: 6093964557

Type of Medication Offered:

Buprenorphine

Services:

- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:

10 SOUTHARD STREET

- Creative Change Counseling, Inc.

License No: 2000899
Agency Type: Non-Profit
Phone No: 6096677353

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

3525 QUAKERBRIDGE ROAD

- Eleanor Health

NPI Number: 1538578380
Phone No: 609-757-9293
Type of Medication Offered:
Buprenorphine

Services:

- Medication-Assisted Treatment

Address:

2131 NJ-33 Suite B

- Footprints Recovery NJ, LLC

License No: 2000889
Agency Type: Unknown
Phone No: 6092494645

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

3535 QUAKERBRIDGE ROAD

- IRON Recovery and Wellness Center, INC

License No: 2000345

Agency Type: Non-Profit
Phone No: 6093948988
Type of Medication Offered:
Methadone ,Buprenorphine

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**
Address:
132 PERRY STREET

- IRON Recovery and Wellness Center, INC

License No: 2000345
Agency Type: Non-Profit
Phone No: 6093948988
Type of Medication Offered:
Methadone ,Buprenorphine

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**
Address:
132 PERRY STREET

- Iron Recovery and Wellness Center, INC. Gryphon House

License No: 2000078
Agency Type: Non-Profit
Phone No: 6093948988
Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**
Address:
144 PERRY STREET

- Iron Recovery and Wellness Center, INC. Gryphon House

License No: 2000078
Agency Type: Non-Profit
Phone No: 6093948988
Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**
Address:
144 PERRY STREET

- JV Serenity IOP Princeton, LLC

License No: 2000927
Agency Type: Profit
Phone No: 6096514001
Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
4065 QUAKERBRIDGE ROAD

Mpower Wellness NJ, LLC D/B/A Wellness Recovery Center New Jersey
License No: 2000930
Agency Type: Unknown
Phone No: 6092006227

Services:

- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
231 Clarksville Rd

Suite #1

Oaks Integrated Care, Inc.

License No: 2000597
Agency Type: Non-Profit
Phone No: 6093965944

Services:

- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:

314-316 EAST STATE STREET

- ## Phoenix Behavioral Health, LLC

License No: 2000621
Agency Type: Profit
Phone No: 6097713777
Type of Medication Offered:
Buprenorphine ,Vivitrol

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

1014 WHITEHEAD RD EXT

- ## Pinnacle Treatment Centers NJ-III, LLC, d/b/a Hamilton Treatment Services

License No: 2000709
Agency Type: Non-Profit
Phone No: 6098389067
Type of Medication Offered:
Methadone ,Buprenorphine

Services:

- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment

Address:
3444 QUAKERBRIDGE PLAZA

- Pinnacle Treatment Centers, NJ-III, LLC dba Trenton Treatment Services

License No: 2000912
Agency Type: Non-Profit
Phone No: 6093938000

Services:

- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment

Address:
801 NEW YORK AVENUE

Princeton House Behavioral Health
License No: 2000179
Agency Type: Unknown
Phone No: 6096882788

Services:

- Intensive Outpatient Treatment
- Outpatient Treatment

Address:
300 CLOCKTOWER DRIVE, SUITE 101

- Raul Valcarcel MD/DO

NPI Number: 1831223510
Phone No: 609-918-0330
Type of Medication Offered:
Buprenorphine

Services:

- Medication-Assisted Treatment

Address:
685 Avon Dr

Rescue Mission of Trenton
License No: 1000030
Agency Type: Non-Profit
Phone No: 6093962183

Services:

- Long Term Residential Substance Abuse Treatment

Beds Capacity: 25 Available:1

Address:
96 CARROLL ST

Rescue Mission of Trenton
License No: 1000082
Agency Type: Non-Profit
Phone No: 6093962183

Services:

- Co-Occurring Treatment Services
- Halfway House Substance Abuse Treatment

Beds Capacity: 66 Available:8

Address:
96 CARROLL ST

Rescue Mission of Trenton
License No: 2000107
Agency Type: Non-Profit
Phone No: 6093962183

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:
72 EWING ST

Shahid Meer MD
NPI Number: 1346284049
Phone No: 6098901050
Type of Medication Offered:
Buprenorphine

Services:

- Medication-Assisted Treatment

Address:

1245 Whitehorse-Mercerville Road Ste 418

Shahid Meer MD

NPI Number: 1346284049
Phone No: 6098901050
Type of Medication Offered:
Buprenorphine

Services:

- Medication-Assisted Treatment

Address:

1440 Pennington Rd Ste 1

Shahid Meer MD

NPI Number: 1346284049
Phone No: 6098901050
Type of Medication Offered:
Buprenorphine

Services:

- Medication-Assisted Treatment

Address:

1601 Whitehorse Mercerville Rd Ste 4

- ## Spiritual Awakening LLC, DBA Silver Linings Recovery Center

License No: 2000888
Agency Type: Unknown
Phone No: 0

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

251 Princeton Hightstown Road

The Counseling Center at Clark, LLC

License No: 2000884
Agency Type: Non-Profit
Phone No: 7328821920
Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:
691 ROUTE 130 N

The Living Room NJ, LLC d/b/a The Living Room at Princeton

License No: 2000944
Agency Type: Profit
Phone No: 0
Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
239 & 243 Wall St.

NEW JERSEY **DEPARTMENT OF HUMAN SERVICES**

New Jersey Human Services is here to help you and your family.

GET HELP WITH:

AFFORDING HEALTH CARE COVERAGE

Visit www.NJFamilyCare.org
1-800-701-0710

AFFORDING GROCERIES

Visit www.NJSNAP.gov
1-800-687-9512

INCOME ASSISTANCE FOR INDIVIDUALS AND FAMILIES

Visit NJHelps.org

CHILD CARE

Visit www.ChildCareNJ.gov
1-800-332-9227

ADDICTION TREATMENT AND RECOVERY

Call 844-REACHNJ

MENTAL HEALTH & EMOTIONAL SUPPORT

Suicide & Crisis Lifeline 988
NJMentalHealthCares 866-202-HELP
ASL Videophone 973-870-0677

SUPPORTS FOR OLDER RESIDENTS

Call 877-222-3737

SERVICES FOR INDIVIDUALS WITH DISABILITIES

Call 888-285-3036

State of New Jersey
Phil Murphy, Governor | Tahesha L. Way, Lt. Governor

Department of Human Services
Sarah Adelman, Commissioner

Toll-Free Hotlines/Helplines

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Child Abuse/Neglect Hotline
1-877-NJ ABUSE (652-2873)

1-800-835-5510 (TTY)

24 hours a day - 7 days a week

Any person having reasonable cause to believe that a child has been abused or neglected has a legal responsibility to report it to DCF's Child Protection and Permanency (CP&P). Calls can be made anonymously.

Safe Haven Hotline
1-877-839-2339

24 hours a day - 7 days a week

This hotline is for distressed parents who wish to give up an unwanted infant, 30 days or younger, anonymously. While no names or records are required, callers are encouraged to voluntarily provide information.

2ND Floor Youth Helpline
1-888-222-2228

24 hours a day - 7 days a week

This is a youth helpline serving all youth and young adults in New Jersey. Youth who call are assisted with their daily life challenges by professional staff and trained volunteers. Anonymity and confidentiality are assured except in life-threatening situations.

2-1-1
www.nj211.org

24 hours a day – 7 days a week

This phone number connects callers to various human services organizations in their community.

DCF Info Line
1- 855-INFO-DCF (463-6323)

8:30 a.m. - 4:30 p.m. Monday - Friday

This helpline provides callers with general information about the Department of Children and Families' (DCF) programs and services.

Children's System of Care
1-877-652-7624

24 hours a day - 7 days a week

Call this number to find out about services for children and teens with emotional and behavioral health care challenges and their families.

Crisis Text Line
Text "NJ" to 741741

24 hours a day - 7 days a week

Connect with a crisis counselor, trained in active listening and collaborative problem solving, helping to defuse a "hot" moment or a crisis.

Family Helpline
1-800-THE-KIDS (843-5437)

24 hours a day - 7 days a week

If you're feeling stressed out, call to speak to a trained volunteer of Parents Anonymous who can provide support and refer you to resources in your community.

Domestic Violence Hotline
1-800-572-SAFE (7233)

24 hours a day – 7 days a week

Call for information about domestic violence services in your local area.

Sexual Violence Hotline
1-800-601-7200

24 hours a day – 7 days a week

Call for information about sexual violence services in your local area.

NJ Helps
www.njhelps.org

At this web site you can find out about services and programs for children, families and individuals. You can also prescreen for eligibility for programs such as Food Stamps, Medicaid and others.

MOM2MOM
1-877-914-MOM2 (914-6662)

24 hours a day - 7 days a week

The Mom2Mom helpline offers 24/7 peer support to mothers of children with special needs.

www.nj.gov/dcf

Appendix E. Additional Data Tables and Graphs
Population Overview

Table 19. Race/Ethnicity Distribution and Percent Change, by State, County and Town, 2018-2022

	American Indian and Alaska Native, non-Hispanic			Asian, non-Hispanic			Black/African American, non-Hispanic			Hispanic/Latino		
	2017	2022	% change	2017	2022	% change	2017	2022	% change	2017	2022	% change
New Jersey	0.1%	0.1%	0.0%	9.4%	9.8%	0.4%	12.7%	12.4%	-0.3%	19.7%	21.2%	1.5%
Mercer County	0.0%	0.1%	0.1%	10.7%	12.1%	1.4%	19.7%	19.1%	-0.6%	16.9%	19.2%	2.3%
East Windsor Township	0.0%	0.0%	0.0%	19.7%	21.9%	2.2%	7.0%	7.6%	0.6%	23.2%	23.3%	0.1%
Ewing Township	0.2%	0.0%	-0.2%	4.8%	4.7%	-0.1%	28.0%	28.4%	0.4%	8.5%	11.0%	2.5%
Hamilton Township	0.1%	0.0%	-0.1%	4.8%	5.1%	0.3%	13.3%	12.8%	-0.5%	14.9%	18.0%	3.1%
Hightstown Borough	0.0%	0.0%	0.0%	4.7%	4.3%	-0.4%	6.3%	7.8%	1.5%	36.1%	30.9%	-5.2%
Hopewell Borough	0.0%	0.0%	0.0%	3.9%	1.0%	-2.9%	1.0%	0.0%	-1.0%	3.2%	4.3%	1.1%
Hopewell Township	0.0%	0.0%	0.0%	6.6%	15.2%	8.6%	5.5%	2.6%	-2.9%	5.4%	3.3%	-2.1%
Lawrence Township	0.0%	0.0%	0.0%	15.7%	14.4%	-1.3%	11.5%	12.2%	0.7%	8.6%	13.7%	5.1%
Pennington Borough	0.0%	0.0%	0.0%	1.8%	7.6%	5.8%	2.2%	1.9%	-0.3%	3.6%	5.4%	1.8%
Princeton	0.0%	0.6%	0.6%	16.8%	19.0%	2.2%	6.2%	7.3%	1.1%	7.4%	6.2%	-1.2%
Robbinsville Township	0.0%	0.0%	0.0%	14.8%	27.6%	12.8%	3.1%	4.7%	1.6%	4.9%	4.4%	-0.5%
Trenton	0.0%	0.1%	0.1%	1.4%	1.1%	-0.3%	48.6%	44.2%	-4.4%	36.0%	38.7%	2.7%

	American Indian and Alaska Native, non-Hispanic			Asian, non-Hispanic			Black/African American, non-Hispanic			Hispanic/Latino		
	2017	2022	% change	2017	2022	% change	2017	2022	% change	2017	2022	% change
West Windsor Township	0.0%	0.7%	0.7%	46.6%	50.1%	3.5%	2.7%	4.6%	1.9%	3.0%	6.1%	3.1%

	Native Hawaiian/Pacific Islander, non-Hispanic			White, non-Hispanic			Additional Race, non-Hispanic			2+ Races		
	2017	2022	% change	2017	2022	% change	2017	2022	% change	2017	2022	% change
New Jersey	0.0%	0.0%	0.0%	56.1%	53.0%	-3.1%	0.4%	0.7%	0.3%	1.7%	2.8%	1.1%
Mercer County	0.0%	0.0%	0.0%	50.8%	46.7%	-4.1%	0.2%	0.2%	0.0%	1.6%	2.5%	0.9%
East Windsor Township	0.0%	0.0%	0.0%	47.5%	44.4%	-3.1%	0.6%	0.0%	-0.6%	2.0%	2.7%	0.7%
Ewing Township	0.0%	0.0%	0.0%	56.7%	52.4%	-4.3%	0.0%	0.7%	0.7%	1.8%	2.9%	1.1%
Hamilton Township	0.1%	0.0%	-0.1%	65.1%	62.2%	-2.9%	0.3%	0.3%	0.0%	1.6%	1.6%	0.0%
Hightstown Borough	0.0%	0.0%	0.0%	51.1%	56.0%	4.9%	1.1%	0.2%	-0.9%	0.7%	0.7%	0.0%
Hopewell Borough	0.0%	0.4%	0.4%	90.1%	92.0%	1.9%	0.0%	0.0%	0.0%	1.8%	2.4%	0.6%
Hopewell Township	0.0%	0.0%	0.0%	80.3%	75.0%	-5.3%	0.1%	0.0%	-0.1%	2.1%	4.0%	1.9%
Lawrence Township	0.0%	0.0%	0.0%	62.1%	57.9%	-4.2%	0.0%	0.1%	0.1%	2.1%	1.7%	-0.4%

	Native Hawaiian/Pacific Islander, non-Hispanic			White, non-Hispanic			Additional Race, non-Hispanic			2+ Races		
	2017	2022	% change	2017	2022	% change	2017	2022	% change	2017	2022	% change
Pennington Borough	0.0%	0.0%	0.0%	90.7%	83.2%	-7.5%	0.0%	0.3%	0.3%	1.8%	1.7%	-0.1%
Princeton	0.0%	0.0%	0.0%	67.2%	62.2%	-5.0%	0.3%	0.2%	-0.1%	2.0%	4.6%	2.6%
Robbinsville Township	0.0%	0.0%	0.0%	75.2%	59.2%	-16.0%	0.3%	0.1%	-0.2%	1.6%	4.0%	2.4%
Trenton	0.0%	0.0%	0.0%	13.1%	13.3%	0.2%	0.2%	0.2%	0.0%	0.8%	2.4%	1.6%
West Windsor Township	0.0%	0.0%	0.0%	45.4%	35.7%	-9.7%	0.2%	0.2%	0.0%	2.1%	2.7%	0.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 20. Age Distribution, by State, County and Town, 2018-2022

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.8%	8.7%	25.8%	27.1%	9.5%	7.0%
Mercer County	21.4%	10.8%	25.2%	26.9%	9.0%	6.6%
East Windsor Township	22.1%	8.5%	27.2%	26.1%	8.5%	7.5%
Ewing Township	16.9%	21.3%	21.0%	23.4%	9.4%	8.0%
Hamilton Township	18.5%	7.7%	27.1%	26.4%	11.9%	8.5%
Hightstown Borough	13.1%	9.3%	29.7%	31.7%	8.6%	7.8%
Hopewell Borough	26.1%	4.5%	18.7%	35.4%	8.6%	6.8%
Hopewell Township	22.6%	8.9%	20.0%	33.0%	8.4%	7.1%
Lawrence Township	18.4%	14.3%	23.6%	27.7%	9.1%	6.8%
Pennington Borough	22.7%	4.7%	18.5%	31.7%	13.7%	8.6%

Princeton	19.0%	25.4%	19.6%	22.7%	7.0%	6.1%
Robbinsville Township	27.4%	5.7%	23.1%	34.3%	6.1%	3.3%
Trenton	25.9%	7.9%	28.8%	25.2%	7.6%	4.6%
West Windsor Township	25.0%	5.5%	23.3%	32.3%	8.3%	5.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 21. Age Distribution, by Race/Ethnicity, by State, County, and Town, 2018-2022

	Asian, Non-Hispanic						Black/African American, Non-Hispanic					
	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.4%	7.7%	32.2%	26.2%	7.5%	4.9%	22.7%	10.2%	28.3%	26.3%	7.6%	5.0%
Mercer County	23.1%	10.4%	29.5%	26.8%	6.1%	4.1%	22.8%	10.5%	27.6%	26.4%	7.8%	4.9%
East Windsor Township	21.3%	5.5%	32.6%	28.4%	5.2%	7.0%	19.7%	10.2%	34.0%	25.3%	7.8%	3.1%
Ewing Township	4.6%	44.5%	25.3%	13.7%	6.0%	5.8%	24.1%	12.7%	21.0%	26.0%	10.0%	6.1%
Hamilton Township	18.2%	5.5%	36.7%	22.4%	13.0%	4.2%	18.7%	13.4%	29.4%	30.1%	5.1%	3.3%
Hightstown Borough	17.6%	20.4%	23.6%	22.0%	11.2%	5.2%	25.5%	2.8%	30.3%	26.8%	6.3%	8.3%
Hopewell Borough	0.0%	0.0%	72.2%	27.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hopewell Township	34.3%	1.6%	30.5%	25.7%	3.3%	4.6%	0.0%	24.1%	37.8%	33.1%	5.1%	0.0%
Lawrence Township	20.6%	8.9%	33.9%	27.0%	7.3%	2.2%	26.8%	13.6%	17.0%	27.6%	8.0%	7.1%
Pennington Borough	33.8%	7.1%	38.1%	21.0%	0.0%	0.0%	38.5%	0.0%	48.1%	13.5%	0.0%	0.0%
Princeton	15.9%	31.7%	21.3%	22.5%	2.6%	6.0%	22.7%	31.2%	24.3%	14.5%	4.6%	2.7%
Robbinsville Township	32.0%	3.4%	35.7%	23.9%	4.1%	0.9%	24.6%	0.0%	18.0%	46.9%	8.8%	1.8%
Trenton	19.0%	21.3%	29.7%	17.3%	6.4%	6.3%	23.2%	7.7%	29.7%	25.8%	8.3%	5.4%

	Asian, Non-Hispanic						Black/African American, Non-Hispanic					
	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
West Windsor Township	27.0%	5.0%	25.9%	32.7%	6.3%	3.2%	36.3%	11.2%	26.0%	20.3%	6.3%	0.0%

	Hispanic or Latino						White, Non-Hispanic					
	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	28.5%	10.3%	29.9%	22.8%	5.2%	3.3%	18.0%	7.9%	22.5%	29.6%	12.4%	9.6%
Mercer County	31.9%	11.3%	29.8%	21.3%	3.7%	2.1%	14.9%	10.7%	21.5%	30.1%	12.9%	10.0%
East Windsor Township	28.1%	10.3%	27.2%	26.4%	4.4%	3.6%	18.8%	8.0%	24.0%	25.6%	12.7%	11.0%
Ewing Township	29.4%	26.6%	20.7%	19.2%	1.6%	2.6%	10.7%	22.2%	21.4%	23.6%	11.5%	10.7%
Hamilton Township	36.0%	6.9%	34.7%	18.4%	2.9%	1.2%	12.9%	7.1%	23.1%	28.7%	15.9%	12.2%
Hightstown Borough	16.3%	21.1%	31.3%	23.4%	6.4%	1.4%	9.4%	3.0%	29.6%	37.8%	9.6%	10.6%
Hopewell Borough	15.4%	17.9%	32.1%	25.6%	9.0%	0.0%	25.2%	3.9%	17.7%	36.9%	8.9%	7.4%
Hopewell Township	21.2%	6.7%	40.1%	24.3%	5.3%	2.5%	19.0%	9.9%	16.9%	36.0%	10.0%	8.3%
Lawrence Township	34.9%	12.5%	28.4%	21.3%	1.8%	1.1%	11.9%	15.4%	21.9%	29.9%	11.6%	9.3%
Pennington Borough	42.3%	8.7%	12.8%	27.5%	4.7%	4.0%	18.9%	4.5%	16.8%	33.9%	15.8%	10.1%
Princeton	11.6%	45.9%	27.4%	10.3%	3.3%	1.5%	18.6%	20.2%	18.2%	26.5%	9.2%	7.4%
Robbinsville Township	23.1%	12.1%	24.6%	35.6%	2.4%	2.4%	25.1%	6.9%	18.3%	37.8%	7.5%	4.4%
Trenton	33.0%	9.5%	29.5%	21.5%	4.1%	2.4%	10.6%	3.7%	23.0%	36.5%	18.0%	8.3%

	Hispanic or Latino						White, Non-Hispanic					
	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
West Windsor Township	29.3%	8.6%	24.1%	29.2%	7.5%	1.2%	16.6%	4.9%	20.5%	35.8%	11.8%	10.5%

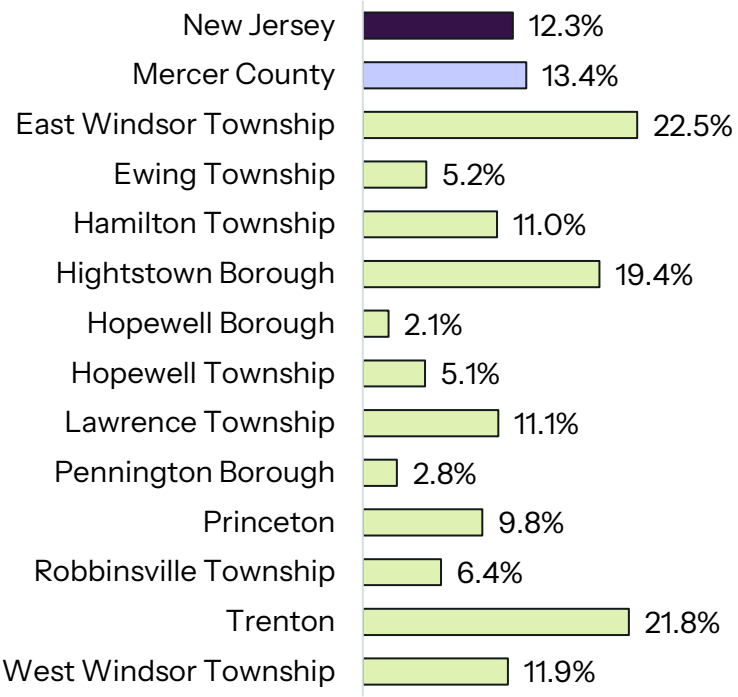
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 22. Percent Change in Foreign-Born Population, by State, County, and Town, 2013-2022

	2013-2017	2018-2022	% change
New Jersey	22.1%	23.2%	1.1%
Mercer County	22.2%	24.6%	2.4%
East Windsor Township	33.8%	34.4%	0.6%
Ewing Township	12.6%	14.8%	2.2%
Hamilton Township	16.3%	18.6%	2.3%
Hightstown Borough	28.8%	24.5%	-4.3%
Hopewell Borough	9.0%	7.5%	-1.5%
Hopewell Township	10.7%	15.1%	4.4%
Lawrence Township	24.6%	25.1%	0.5%
Pennington Borough	9.4%	10.0%	0.6%
Princeton	26.1%	29.1%	3.0%
Robbinsville Township	15.2%	25.1%	9.9%
Trenton	24.5%	26.2%	1.7%
West Windsor Township	39.5%	43.0%	3.5%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

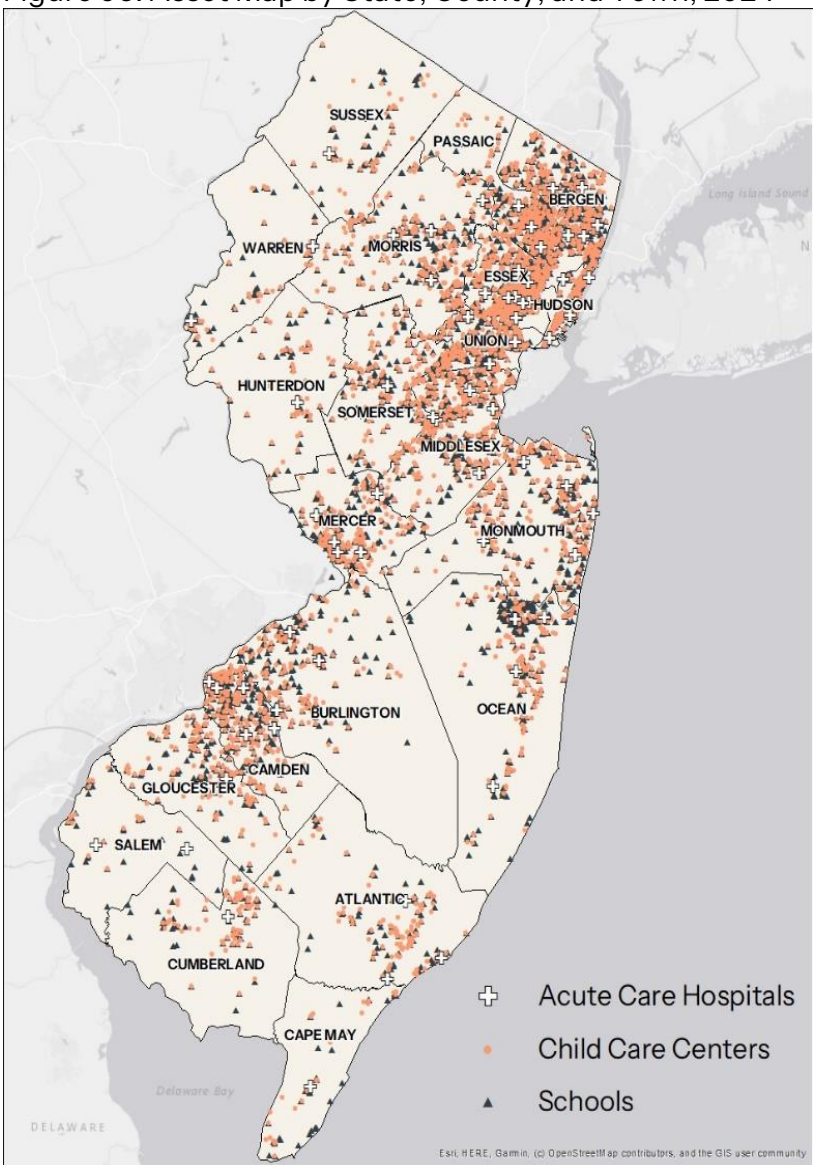
Figure 95. Percent Population Lacking English Proficiency (Out of Population Who Speak a Language Other than English at Home), by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Green Space and Built Environment

Figure 96. Asset Map by State, County, and Town, 2024



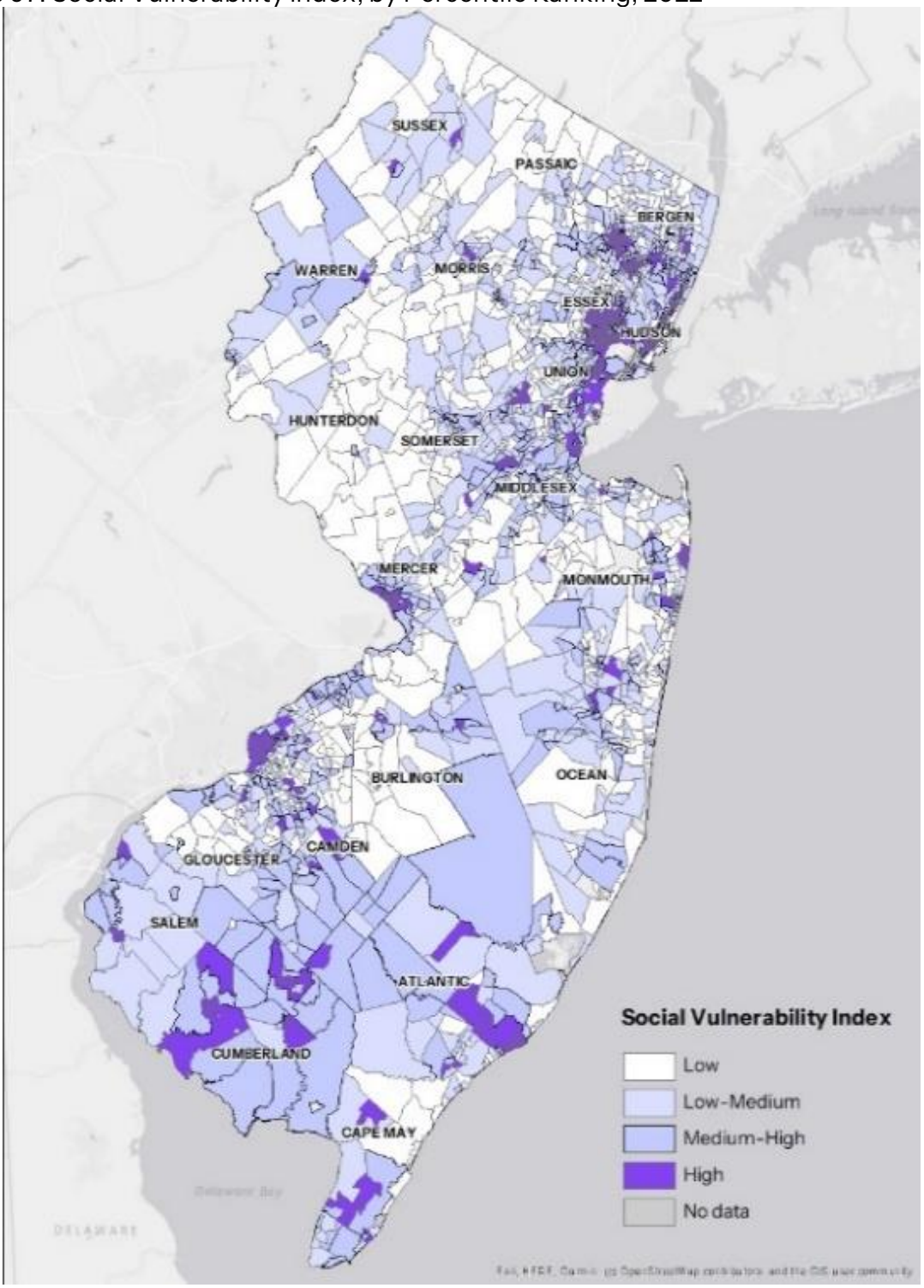
DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Table 23. Social Vulnerability Index, by State and County, 2022

	Overall SVI
New Jersey	0.5
Mercer County	0.7

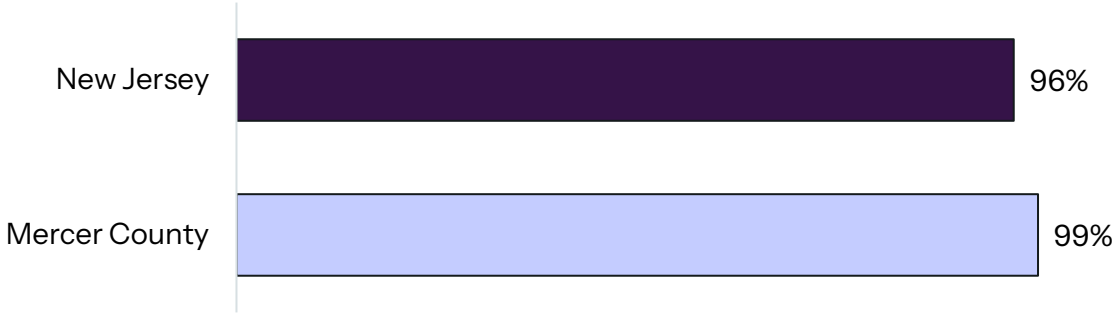
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. For example, a CDC/ATSDR SVI ranking of 0.85 signifies that 85% of tracts (or counties) in the state or nation are less vulnerable than the tract (or county) of interest and that 15% of tracts (or counties) in the state or nation are more vulnerable.

Figure 97. Social Vulnerability Index, by Percentile Ranking, 2022



DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability.

Figure 98. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023



DATA SOURCE: Business Analyst, Delorme map data, ESRI, & U.S. Census Files, as cited by RWJF-County Health Rankings 2020-2023

Education

Table 24. Educational Attainment of Adults Aged 25+, by State, County, and Town, 2018-2022

	High school graduate or higher	Bachelor's degree or higher
United States	89.1%	34.3%
New Jersey	90.6%	42.3%
Mercer County	89.7%	44.2%
East Windsor Township	92.3%	48.8%
Ewing Township	93.0%	43.4%
Hamilton Township	91.2%	33.2%
Hightstown Borough	89.7%	35.3%
Hopewell Borough	98.4%	67.9%
Hopewell Township	95.5%	63.9%
Lawrence Township	93.4%	59.9%
Pennington Borough	98.4%	76.2%
Princeton	97.8%	85.4%
Robbinsville Township	97.8%	67.6%
Trenton	76.3%	15.6%
West Windsor Township	98.5%	82.5%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

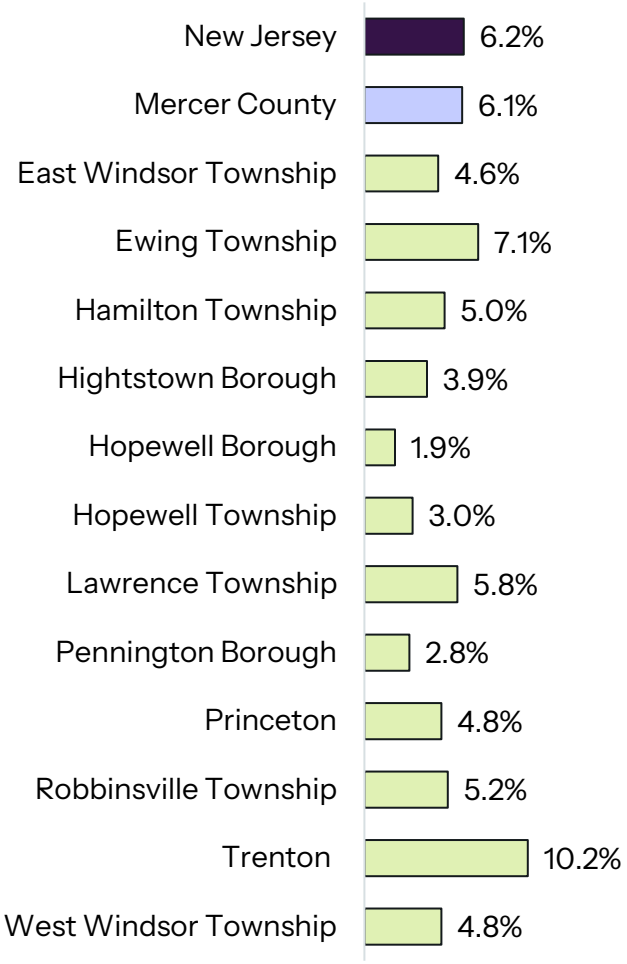
Table 25. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), by Race/Ethnicity, by State, County, and Town, 2018-2022

	American Indian and Alaska Native		Asian		Black/ African American		Hispanic/ Latino		Native Hawaiian/ Pacific Islander		White	
	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+
New Jersey	70.8%	20.8%	92.7%	71.8%	89.6%	27.1%	76.1%	21.9%	83.7%	30.9%	95.2%	46.9%
Mercer County	79.4%	29.2%	93.8%	79.1%	86.5%	22.7%	69.0%	18.1%	88.0%	43.5%	96.3%	52.0%
East Windsor Township	*	*	91.1%	71.9%	92.6%	31.2%	80.1%	22.4%	*	*	98.0%	51.9%
Ewing Township	*	*	96.0%	75.3%	90.1%	28.0%	85.9%	32.9%	100%	100%	95.2%	50.8%
Hamilton Township	*	*	84.0%	51.5%	83.0%	21.4%	80.2%	20.4%	78.4%	27.5%	95.4%	36.4%
Hightstown Borough	*	*	87.7%	69.7%	96.4%	22.5%	75.5%	6.1%	*	*	94.4%	45.6%
Hopewell Borough	*	*	100%	77.8%	*	*	80.8%	26.9%	*	*	99.2%	69.4%
Hopewell Township	95.8%	0.0%	92.9%	73.2%	77.5%	19.4%	65.0%	24.0%	*	*	97.8%	65.2%
Lawrence Township	100.0%	47.1%	95.7%	80.2%	94.0%	57.4%	71.1%	24.9%	10O%	100%	96.7%	60.8%
Pennington Borough	*	*	100.0%	64.5%	100.0%	31.3%	79.5%	31.5%	*	*	99.0%	80.0%
Princeton	89.3%	53.0%	96.9%	85.8%	92.7%	63.5%	90.1%	68.1%	100%	0.0%	99.0%	88.9%
Robbinsville Township	0.0%	0.0%	98.1%	91.0%	90.3%	58.4%	91.3%	54.1%	*	*	98.7%	58.5%
Trenton	58.4%	0.0%	60.3%	27.2%	84.9%	15.1%	56.4%	10.3%	*	*	90.7%	26.8%
West Windsor Township	100%	58.3%	97.9%	91.7%	98.2%	51.9%	96.8%	45.9%	*	*	99.5%	79.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
NOTE: Asterisk (*) means that data are suppressed. HS = High School degree or GED completed; BA/BS+ = Bachelor's degree or above obtained.

Employment and Workforce

Figure 99. Unemployment Rate, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 26. Unemployment Rate, by Age, by State, County, and Town, 2018-2022

	16 to 19 years	20 to 24 years	25 to 44 years	45 to 64 years	65+
New Jersey	15.9%	11.8%	17.7%	15.0%	12.0%
Mercer County	13.3%	13.4%	17.3%	15.4%	9.4%
East Windsor Township	27.2%	13.3%	4.3%	17.9%	5.8%
Ewing Township	17.2%	7.5%	15.0%	21.7%	15.1%
Hamilton Township	5.8%	8.4%	14.5%	13.1%	4.1%
Hightstown Borough	0.0%	0.0%	19.9%	5.3%	0.0%
Hopewell Borough	0.0%	0.0%	0.0%	13.4%	0.0%
Hopewell Township	0.0%	15.9%	11.0%	7.8%	14.3%
Lawrence Township	9.1%	17.7%	10.4%	16.8%	13.3%
Pennington Borough	30.4%	19.2%	0.0%	0.8%	0.0%

Princeton	17.3%	9.1%	9.4%	8.5%	2.0%
Robbinsville Township	6.6%	16.3%	6.2%	18.3%	2.9%
Trenton	7.8%	23.2%	33.5%	23.0%	22.6%
West Windsor Township	38.1%	21.8%	9.5%	12.2%	5.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 27. Unemployment Rate, by Gender, by State, County, and Town, 2018-2022

	Overall	Male	Female
New Jersey	6.2%	5.8%	6.0%
Mercer County	6.1%	6.7%	5.4%
East Windsor Township	4.6%	4.4%	3.3%
Ewing Township	7.1%	7.1%	5.9%
Hamilton Township	5.0%	6.8%	3.2%
Hightstown Borough	3.9%	0.0%	8.5%
Hopewell Borough	1.9%	0.0%	4.2%
Hopewell Township	3.0%	4.6%	1.4%
Lawrence Township	5.8%	5.0%	6.7%
Pennington Borough	2.8%	1.2%	2.4%
Princeton	4.8%	2.4%	5.9%
Robbinsville Township	5.2%	5.8%	4.7%
Trenton	10.2%	11.7%	9.2%
West Windsor Township	4.8%	5.3%	3.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Income and Financial Security

Table 28. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2018-2022

	Asian	Black/ African American	Hispanic/ Latino	White
New Jersey	$ 146,386	$ 65,351	$ 70,220	$ 109,096
Mercer County	$ 176,200	$ 56,828	$ 72,250	$ 108,700
East Windsor Township	$ 141,095	$ 81,823	$ 82,230	$ 112,424
Ewing Township	$ 116,250	$ 91,716	$ 77,841	$ 85,377
Hamilton Township	$ 101,974	$ 73,907	$ 86,660	$ 99,959
Hightstown Borough	$ 94,286	*	$ 78,706	$ 123,208
Hopewell Borough	*	*	*	$ 137,138
Hopewell Township	$ 197,481	$ 76,723	$ 200,500	$ 170,551
Lawrence Township	$ 145,709	$ 107,182	$ 105,553	$ 120,272
Pennington Borough	$ 180,956	*	$ 208,456	$ 166,304
Princeton	$ 211,625	$ 46,474	$ 178,321	$ 176,913
Robbinsville Township	$ 203,571	*	$ 164,676	$ 131,453
Trenton	$ 42,700	$ 40,441	$ 49,035	$ 49,304
West Windsor Township	$ 213,104	*	*	$ 151,406

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

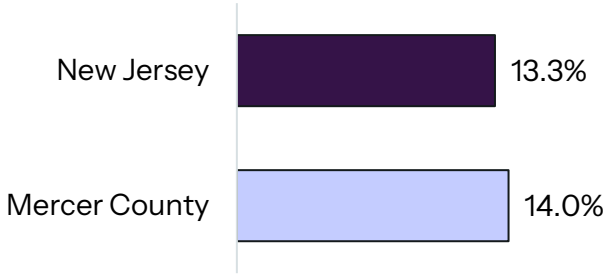
NOTE: Asterisk (*) means that data are suppressed.

Table 29. Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2018-2022

	American Indian and Alaska Native	Asian	Black/African American	Hispanic/ Latino	Native Hawaiian /Pacific Islander	White
New Jersey	16.0%	6.1%	16.1%	16.5%	13.2%	6.2%
Mercer County	14.8%	6.8%	19.9%	16.9%	11.1%	6.1%
East Windsor Township	*	9.3%	8.3%	12.6%	*	4.0%
Ewing Township	*	15.0%	11.5%	14.4%	0.0%	12.6%
Hamilton Township	*	10.1%	11.5%	9.6%	21.6%	4.0%
Hightstown Borough	*	0.0%	2.8%	0.7%	*	1.7%
Hopewell Borough	*	22.2%	*	25.6%	0.0%	1.0%
Hopewell Township	1.6%	0.6%	17.0%	5.2%	*	3.0%
Lawrence Township	0.0%	3.3%	6.2%	5.1%	0.0%	4.0%
Pennington Borough	*	26.2%	0.0%	0.0%	*	1.7%
Princeton	18.9%	8.0%	3.2%	9.4%	0.0%	5.8%
Robbinsville Township	0.0%	1.6%	6.4%	0.0%	*	2.6%
Trenton	22.5%	34.4%	27.3%	24.4%	*	23.7%
West Windsor Township	0.0%	5.3%	32.1%	19.6%	*	4.9%

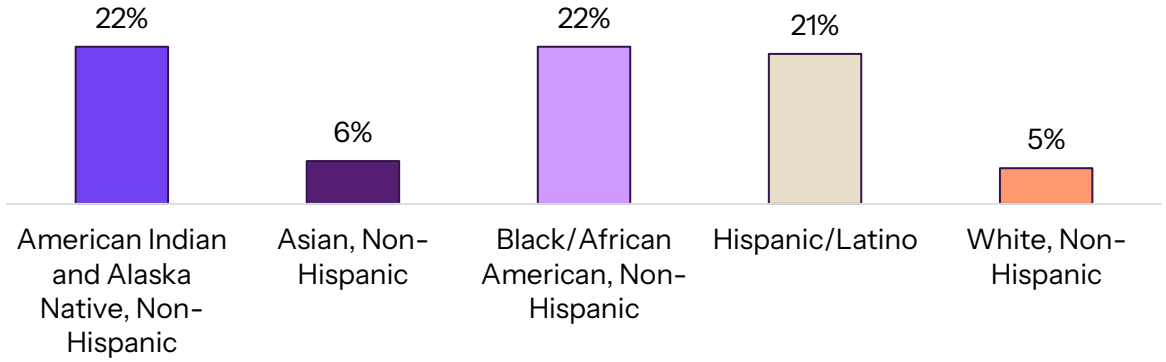
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022
NOTE: Asterisk (*) means that data are suppressed.

Figure 100. Percentage of Children Living Below the Poverty Line, by State and County, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

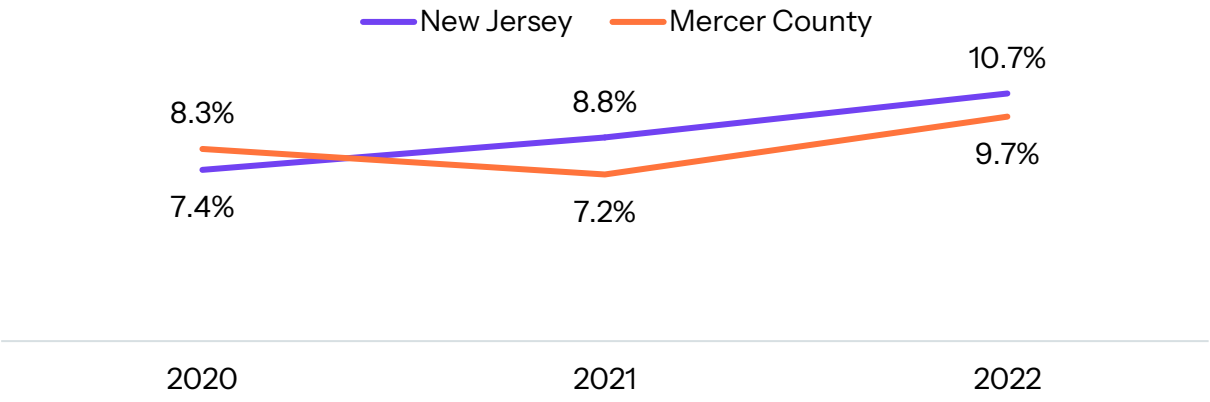
Figure 101. Percent Children Living Below the Poverty Line, by Race/Ethnicity, by Mercer County, 2018-2022



DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation

Food Access and Food Insecurity

Figure 102. Percent Food Insecure, by State and County, 2020-2022



DATA SOURCE: Feeding America, Map the Meal Gap, 2020-2022

Table 30. Households Receiving Food Stamps/SNAP, by Race/Ethnicity, by State, County, and Town, 2018-2022

	Asian	Black/ African American	Hispanic/ Latino	White
New Jersey	5.5%	27.4%	37.4%	28.6%
Mercer County	6.1%	41.1%	28.3%	24.1%
East Windsor Township	23.3%	24.9%	20.0%	31.8%
Ewing Township	4.0%	35.6%	22.7%	33.3%
Hamilton Township	11.6%	20.7%	21.3%	47.0%
Hightstown Borough	0.0%	50.9%	0.0%	49.1%
Hopewell Borough	0.0%	0.0%	0.0%	100.0%
Hopewell Township	33.8%	12.0%	0.0%	54.2%
Lawrence Township	0.0%	10.1%	10.1%	72.7%
Pennington Borough	0.0%	0.0%	0.0%	100.0%
Princeton	30.5%	26.7%	10.0%	35.7%
Robbinsville Township	15.8%	0.0%	10.3%	73.9%
Trenton	1.6%	50.5%	34.2%	13.5%
West Windsor Township	31.1%	21.8%	0.0%	44.5%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

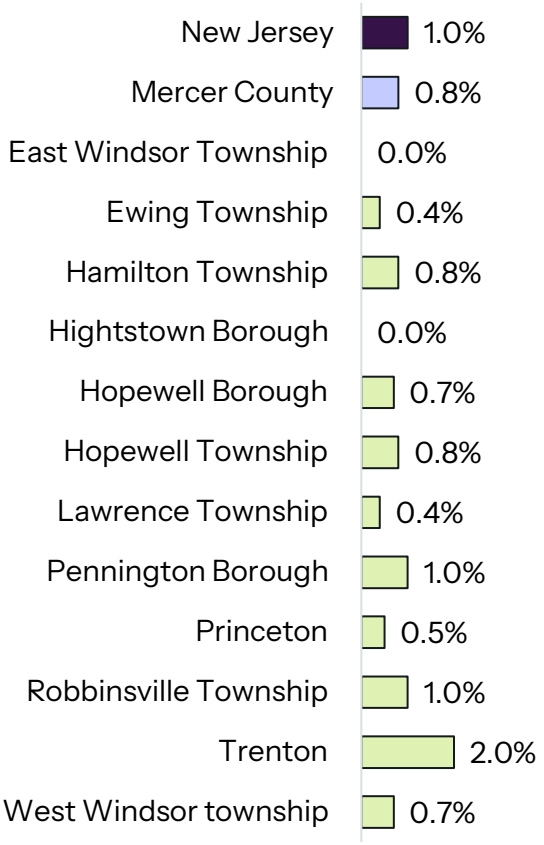
Table 31. Food Desert Factor Score, by Designated Food Desert Communities, 2022

		Population Weighted Average Food Desert Factor Score	Average Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Mercer	Trenton West	63.8	82.5	27,151
	Trenton East	58.9	78.8	57,113

DATA SOURCE: New Jersey Economic Development Authority, 2022
NOTE: Food Desert Factor Score ranges from 0 to 100. Higher scores indicate more factors consistent with being a Food Desert Community.

Housing

Figure 103. Homeowner Vacancy Rate, by State, County, and Town, 2018-2022



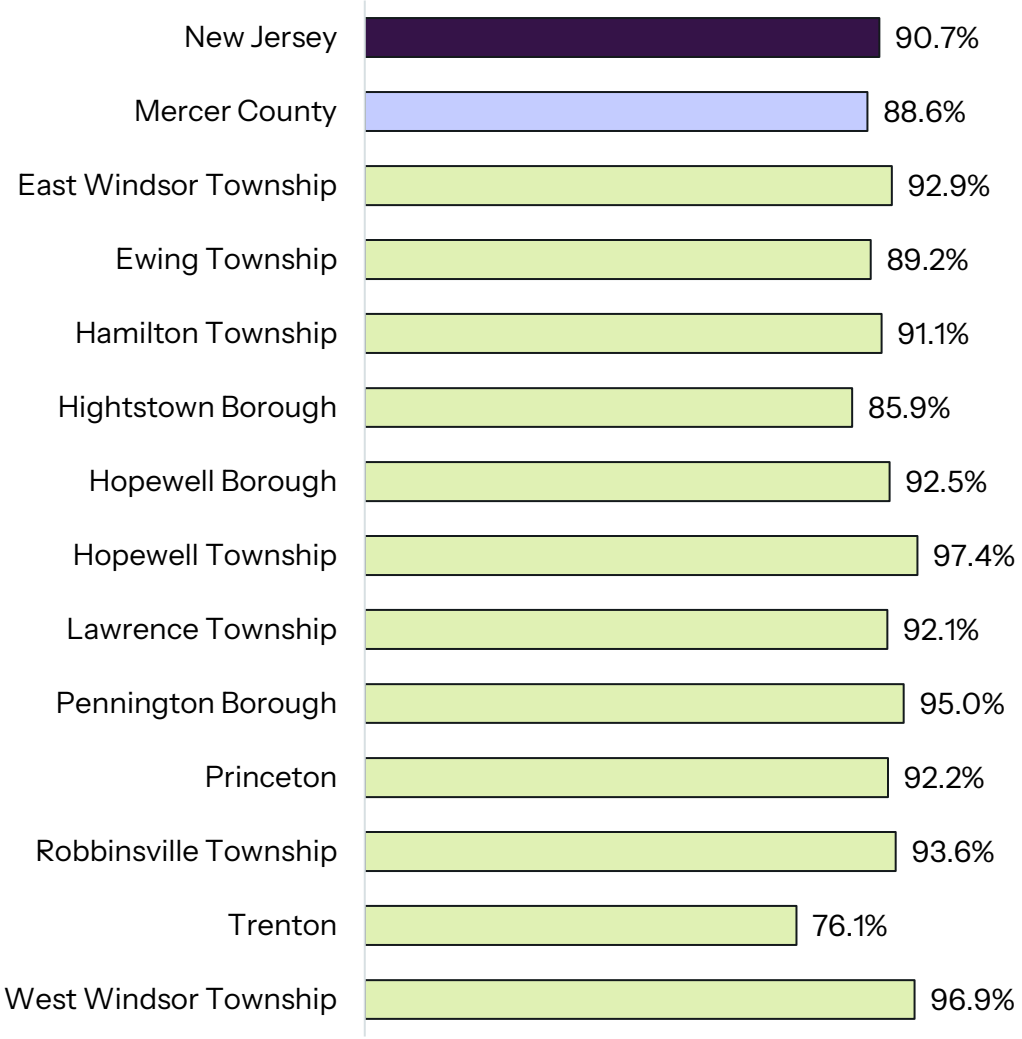
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 32. Household Occupants per Room, by State, County, and Town, 2018-2022

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.4%	2.3%	1.3%
Mercer County	97.3%	1.8%	0.9%
East Windsor Township	96.8%	1.9%	1.2%
Ewing Township	99.0%	0.9%	0.2%
Hamilton Township	98.6%	1.0%	0.4%
Hightstown Borough	96.6%	3.4%	0.0%
Hopewell Borough	100.0%	0.0%	0.0%
Hopewell Township	99.6%	0.0%	0.4%
Lawrence Township	97.3%	2.3%	0.4%
Pennington Borough	100.0%	0.0%	0.0%
Princeton	97.9%	1.6%	0.5%
Robbinsville Township	99.1%	0.6%	0.2%
Trenton	94.5%	3.2%	2.3%
West Windsor Township	96.9%	2.8%	0.3%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

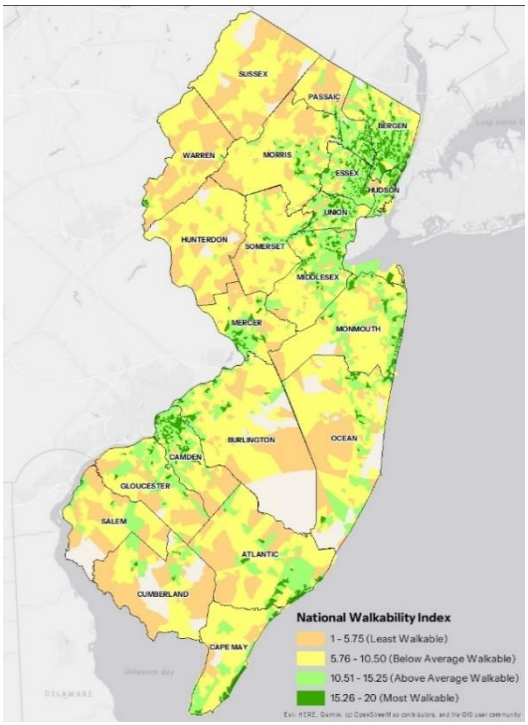
Figure 104. Households with Internet, by State, County, and Town, 2018-2022

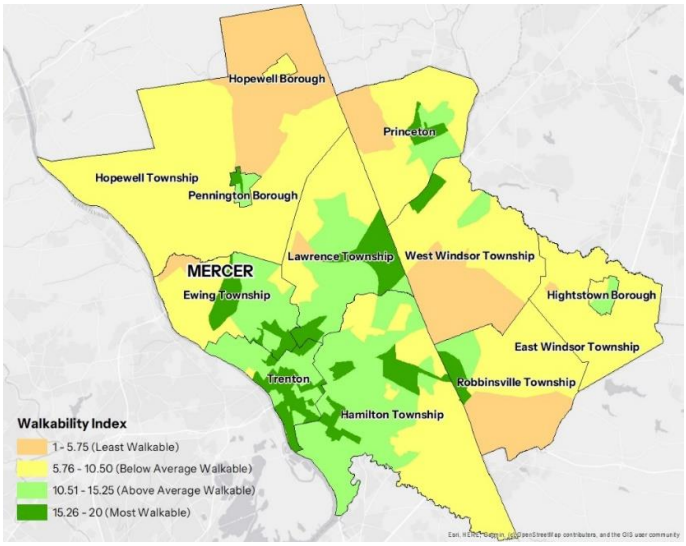


DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Transportation

Figure 105. National Walkability Index, by State and Town, 2021

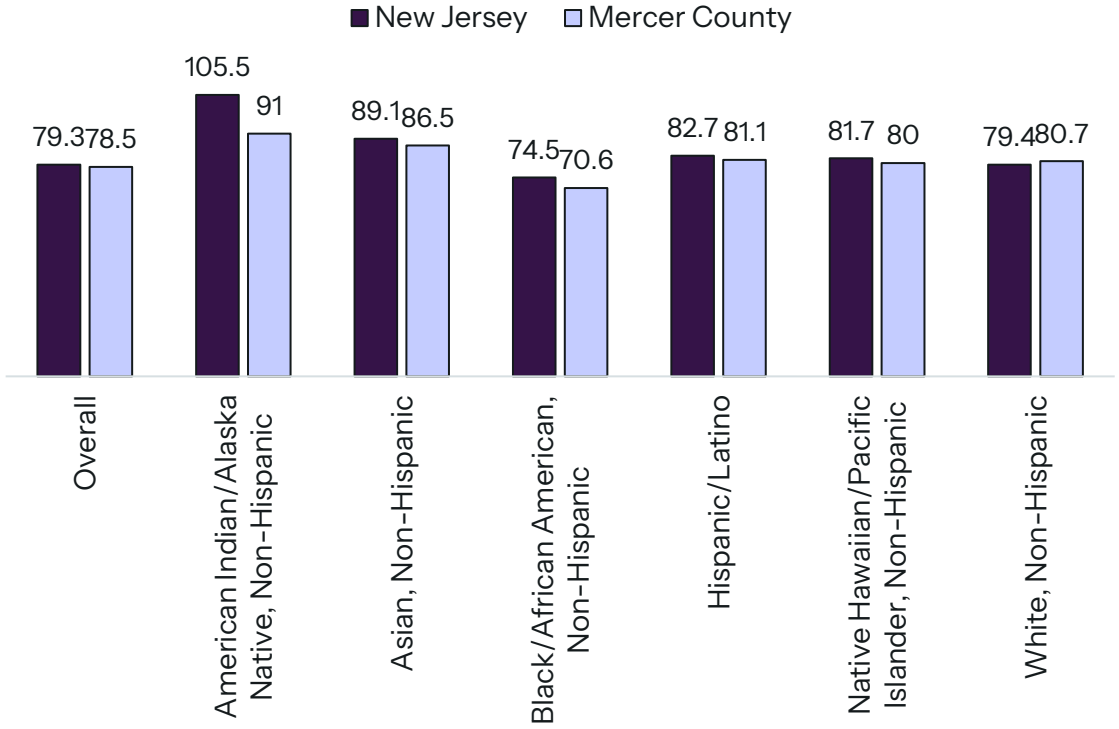




DATA SOURCE: U.S. EPA, National Walkability Index, 2021

Leading Causes of Death and Premature Mortality

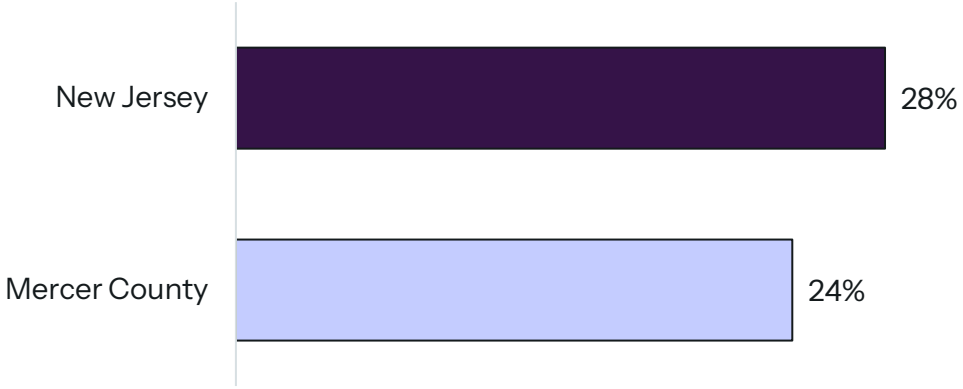
Figure 106. Life Expectancy in Years, by State and County, 2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Obesity and Physical Activity

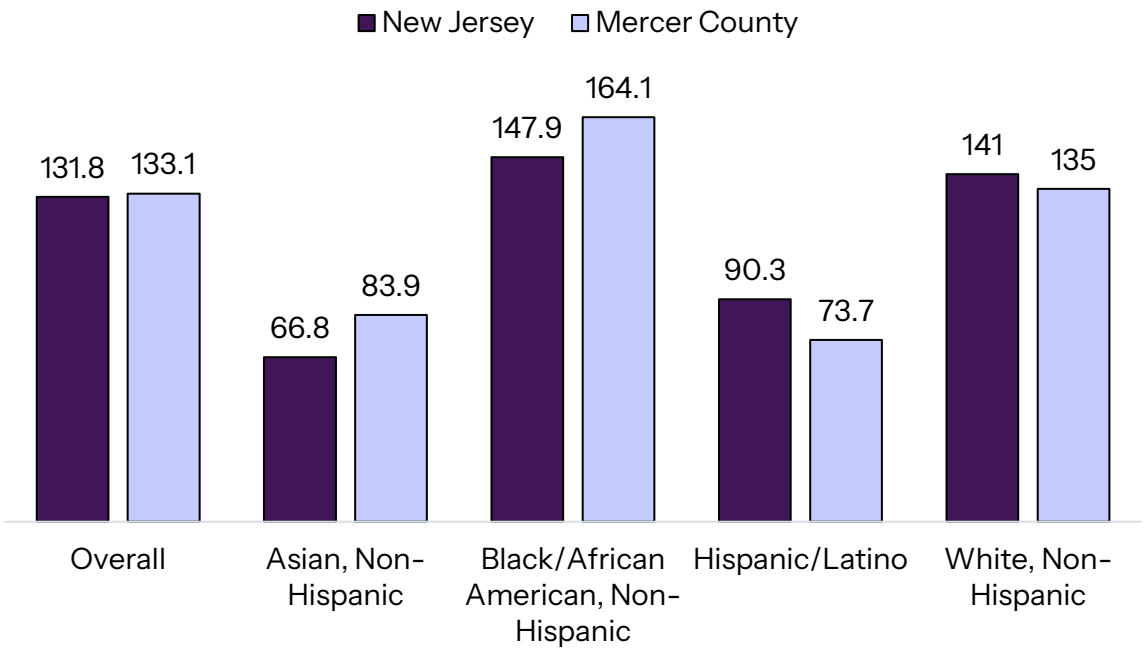
Figure 107. Percent Adults Self-Reported Obese, by State and County, 2021



DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2023

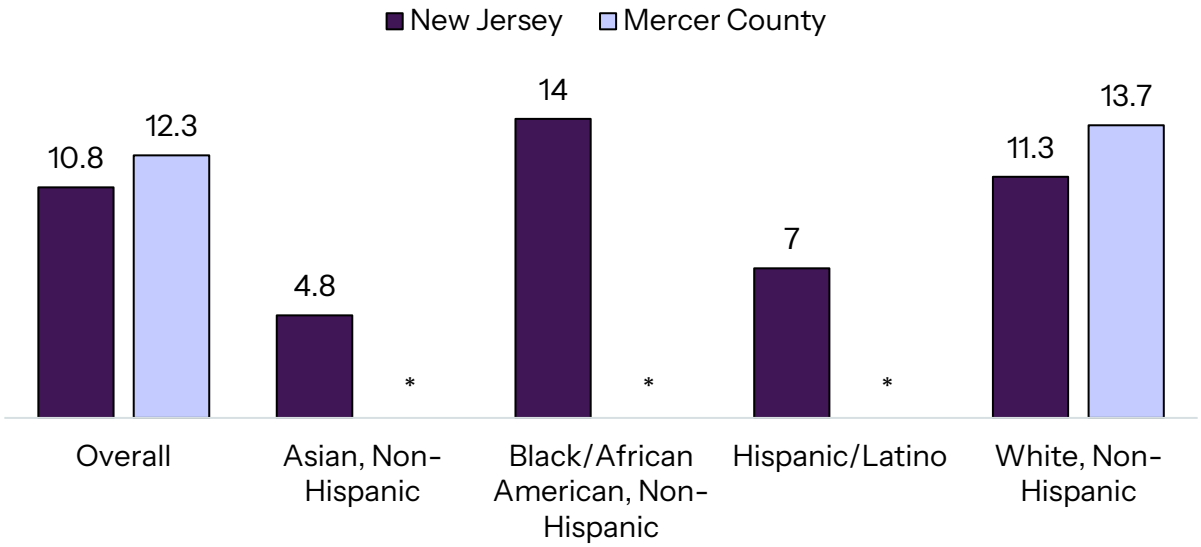
Cancer and Chronic Disease

Figure 108. Age-Adjusted Rate of Deaths due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2020



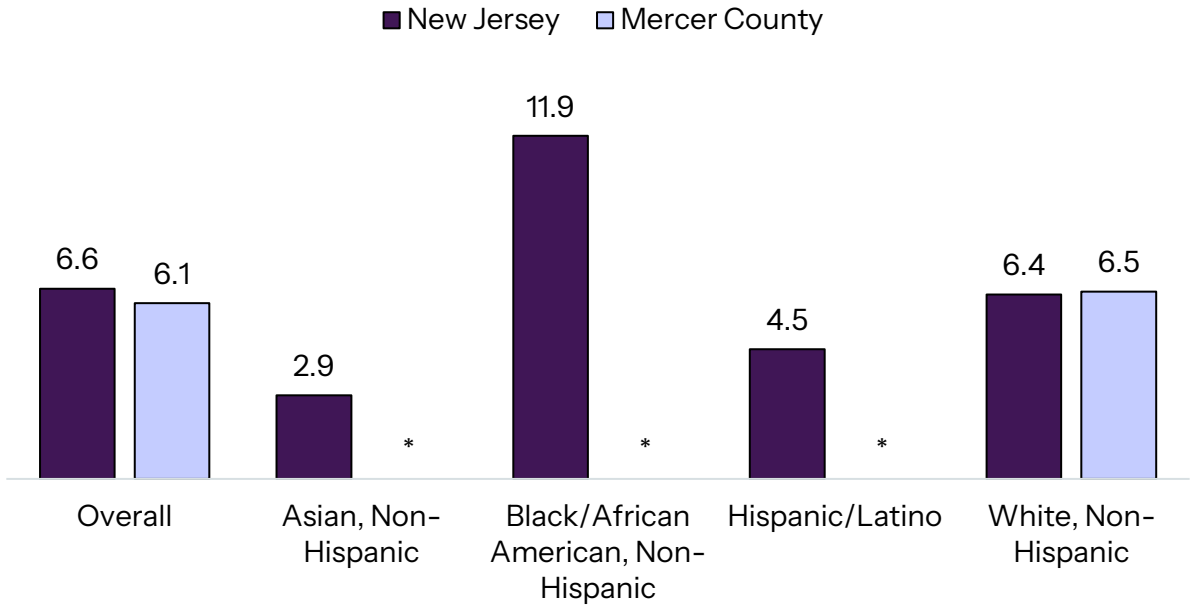
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 109. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2020



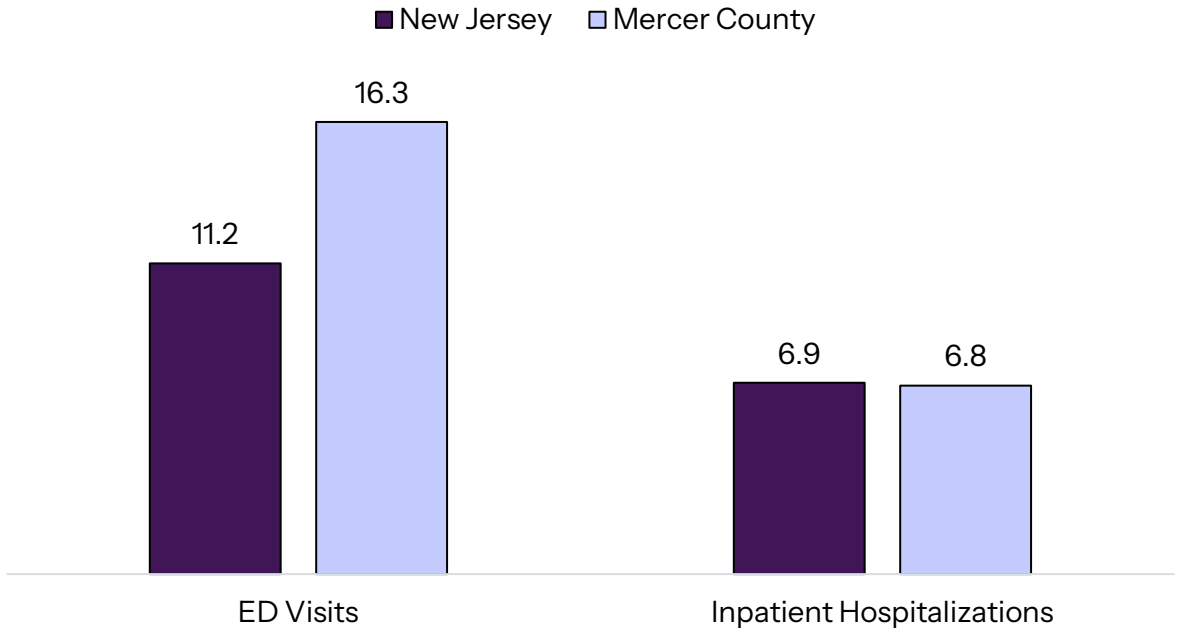
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed.

Figure 110. Age-Adjusted Rate of Deaths due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2020



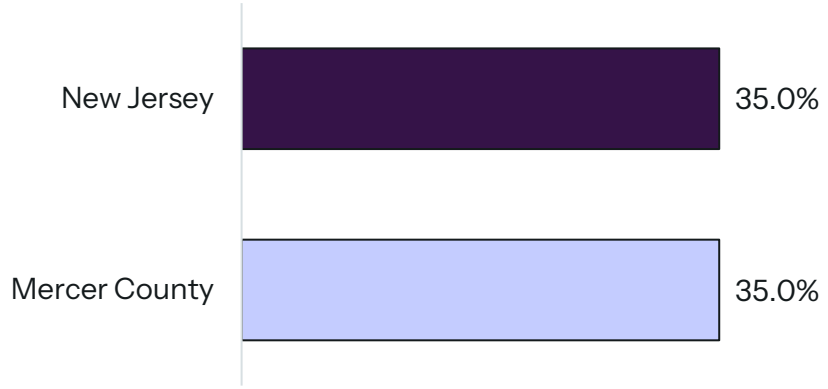
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed.

Figure 111. Age-Adjusted Rate of Emergency Department Visits & Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2021



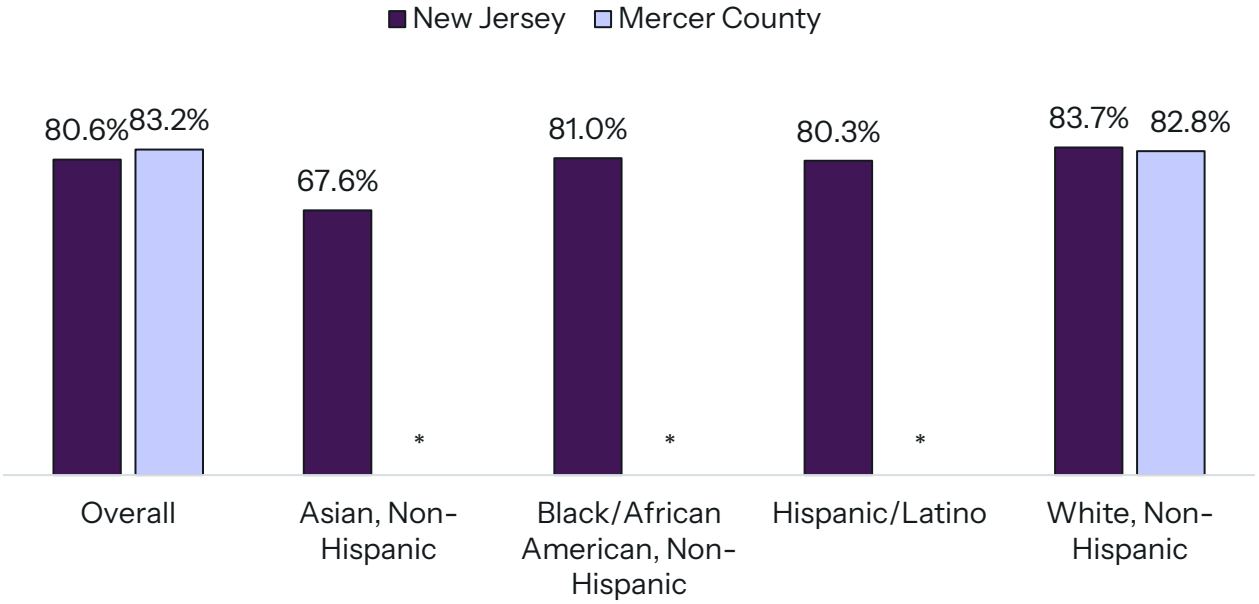
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 112. Percent with a Mammography Screening in the Past Year, by State and County, 2020



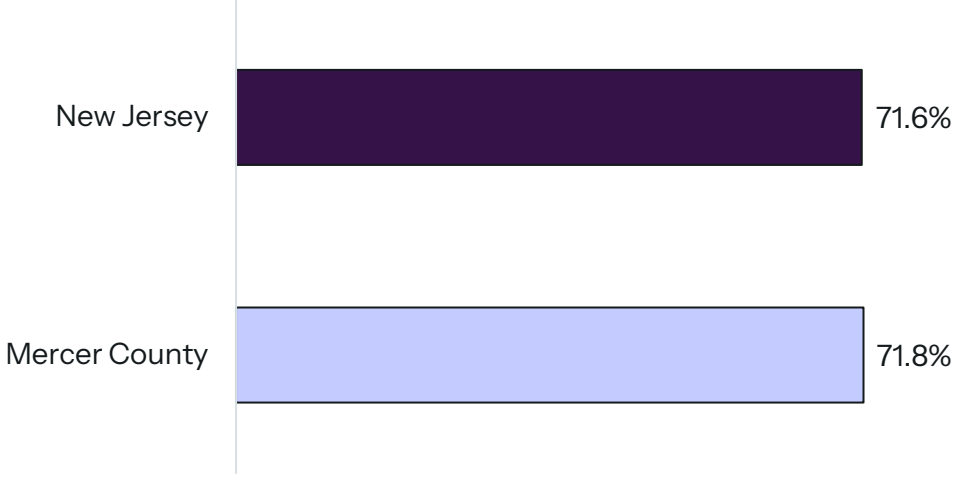
DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings, 2023

Figure 113. Percent of Females Aged 21-65 Self-Reported to Have Had a Pap Test in Past Three Years, by Race/Ethnicity, by State and County, 2017-2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 114. Percent of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Disability

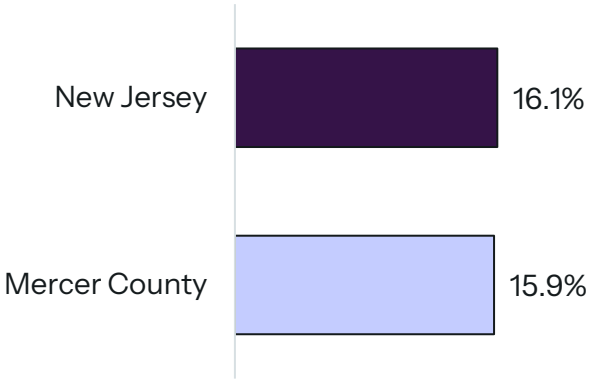
Table 33. Percent with Disability, by Age, by State, County, and Town, 2018-2022

	Overall	Under 5 Years	5-17 Years	18-34 Years	35-64 Years	65-74 Years	75+ Years
New Jersey	10.6%	0.5%	4.7%	5.5%	9.1%	20.0%	43.8%
Mercer County	10.3%	0.5%	5.1%	4.8%	10.3%	17.5%	41.5%
East Windsor Township	8.9%	0.0%	3.7%	3.5%	6.8%	18.5%	43.6%
Ewing Township	9.9%	0.0%	2.1%	4.1%	11.9%	16.4%	35.5%
Hamilton Township	11.5%	0.2%	5.5%	5.6%	10.3%	18.2%	40.5%
Hightstown Borough	8.3%	0.0%	9.7%	2.4%	3.5%	27.6%	37.8%
Hopewell Borough	6.2%	0.0%	0.0%	19.0%	2.7%	19.1%	20.2%
Hopewell Township	8.0%	0.0%	4.7%	8.2%	4.9%	17.0%	31.1%
Lawrence Township	7.8%	0.0%	4.0%	2.9%	7.2%	13.1%	41.4%
Pennington Borough	7.0%	2.4%	4.9%	2.5%	2.1%	8.7%	44.6%
Princeton	6.0%	1.0%	2.0%	3.3%	4.2%	11.9%	40.5%
Robbinsville Township	8.5%	0.0%	7.2%	6.9%	4.9%	18.5%	67.4%
Trenton	14.5%	0.8%	8.0%	6.0%	20.2%	22.9%	47.6%
West Windsor Township	5.7%	1.1%	2.1%	3.5%	3.6%	8.7%	41.4%

DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates
NOTE: Data labels under 5.0% are not shown.

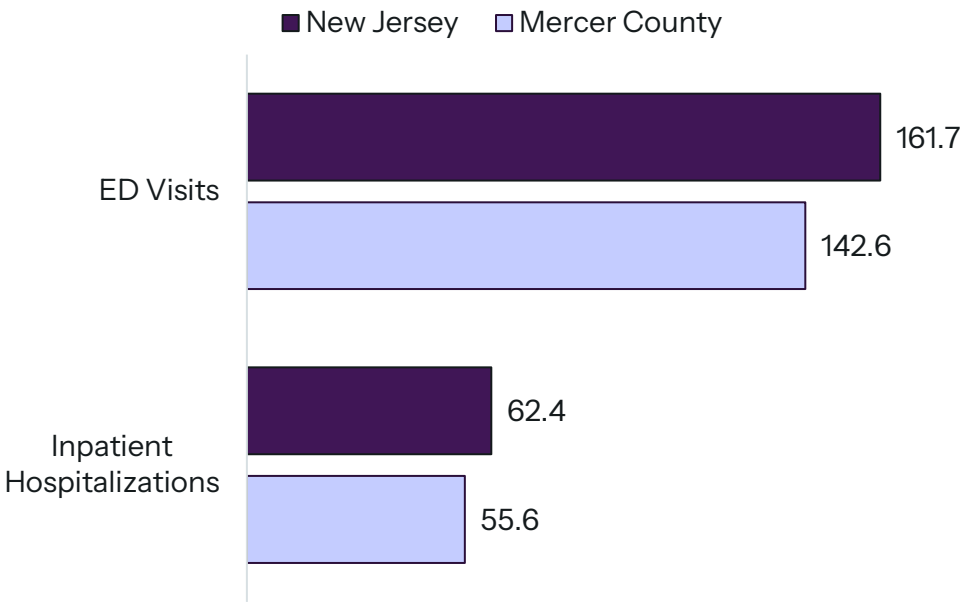
Behavioral Health: Mental Health and Substance Use

Figure 115. Percent Adults Ever Diagnosed with Depression, 2018-2021



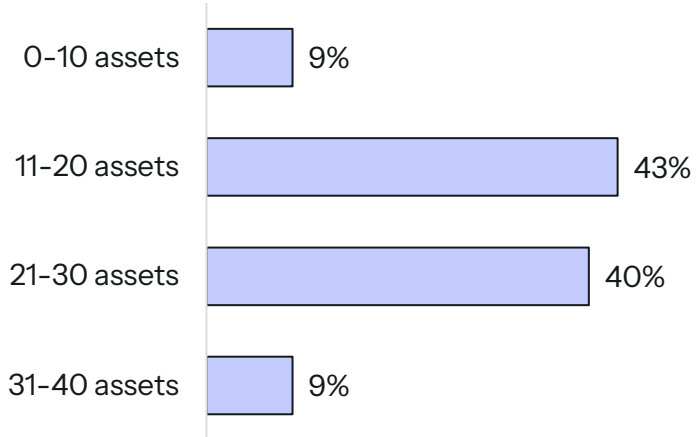
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health

Figure 116. Age-Adjusted Rate of Emergency Visits & Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2021



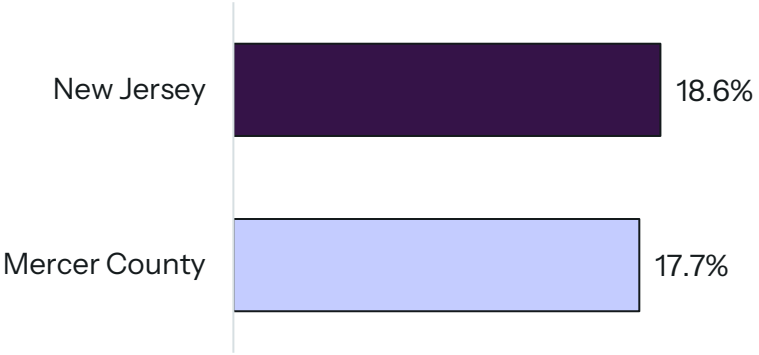
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 117. Percent Hopewell Valley Regional Students Experiencing Developmental Assets, Grade 6-12, 2022



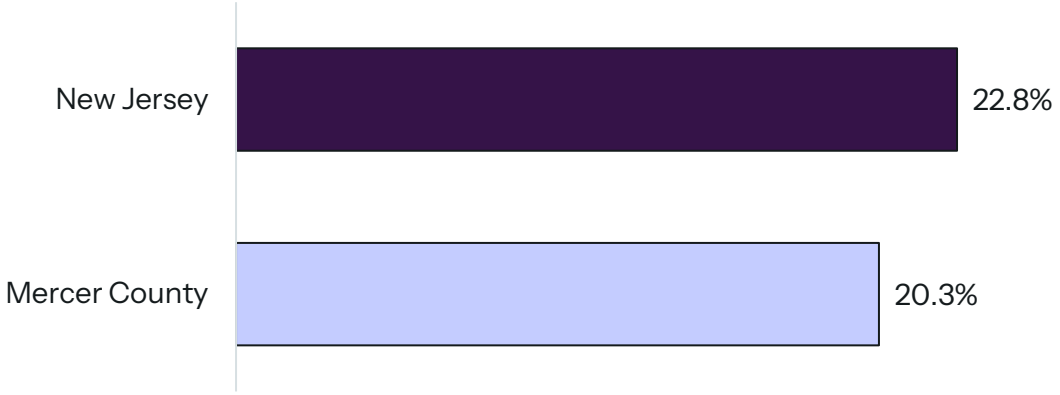
DATA SOURCE: 2022 Search Institute Survey; Profiles of Student Life: Attitudes and Behaviors; Key Findings
NOTE: Hopewell Valley Regional School District serves Hopewell Borough, Hopewell Township, and Pennington Borough. Introduced by the Search Institute, the developmental assets are 40 common sense, positive experiences and qualities that help influence choices a young person makes.

Figure 118. Percent Adults Reported Excessive Drinking, by State and County, 2020



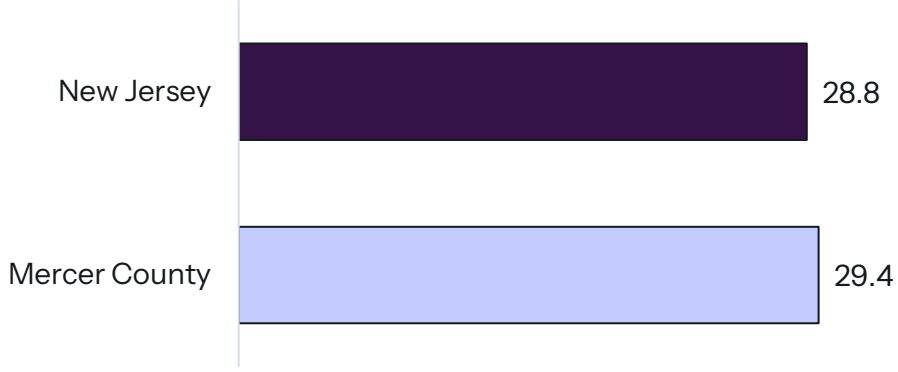
DATA SOURCE: Behavioral Risk Factor Surveillance System as cited by County Health Rankings 2023
NOTE: Excessive drinking refers to heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)) or binge drinking (4 or more drinks on one occasion within a two-hour window for women and 5 or more drinks on one occasion within a two-hour window for men).

Figure 119. Percent Driving Deaths with Alcohol Involvement, by State and County, 2016-2020



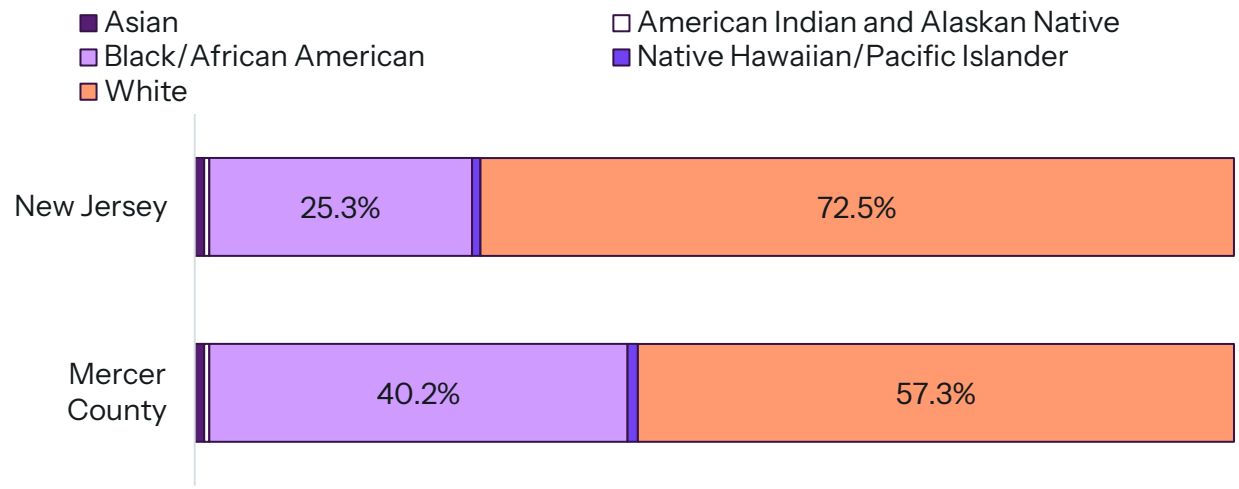
DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings 2023

Figure 120. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2020



DATA SOURCE: NJ SUDORS v.01232024

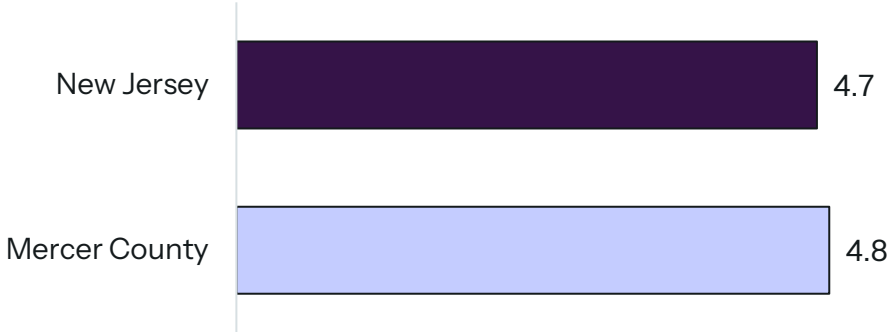
Figure 121. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2018-2022



DATA SOURCE: Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services
NOTE: Data labels under 5.0% are not shown.

Environmental Health

Figure 122. Age-Adjusted Asthma Inpatient Hospitalization Rate per 10,000 Population by Race/Ethnicity, by State and County, 2021



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023

Table 34. Presence of Drinking Water Violations, by County, 2021

	Presence of Water Violation
Mercer County	Yes

DATA SOURCE: Safe Drinking Water Information System as cited by County Health Rankings 2023

Infectious and Communicable Disease

Table 35. Age-Adjusted Rate of Primary/Secondary Syphilis per 100,000, by Race/Ethnicity, by State and County, 2015-2022

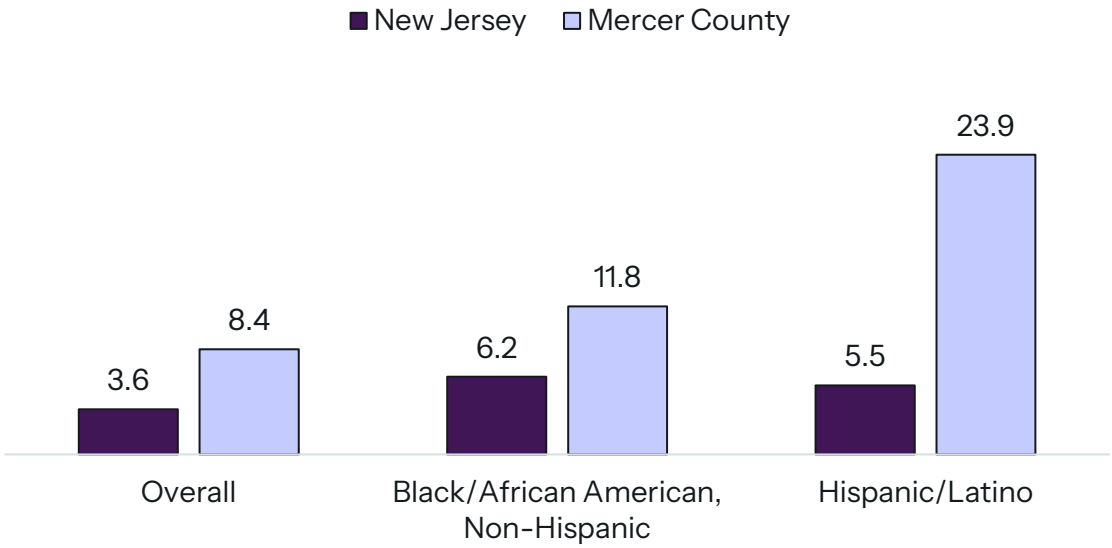
	2015	2016	2017	2018	2019	2020	2021	2022
New Jersey, Overall	4.2	5.3	5.6	6.4	7.1	8.2	9.8	11
New Jersey, Asian/Pacific Islander, Non-Hispanic	*	*	*	2.9	*	2.7	3.2	2.7
New Jersey, Black/African American, Non-Hispanic	12.1	14.4	15.7	19.6	20.6	26.6	29	32.7
New Jersey, Hispanic/Latino	5.5	7.9	6.9	8.4	9.1	10.3	12.2	16.4
New Jersey, White, Non-Hispanic	2.5	2.6	3.2	2.8	3.6	3.7	5.2	4.9
Mercer County, Overall	*	*	*	*	*	*	*	*
Mercer County, Asian/Pacific Islander, Non-Hispanic	*	*	*	*	*	*	*	*
Mercer County, Black/African American, Non-Hispanic	*	*	*	36.1	36.2		33.2	40.5
Mercer County, Hispanic/Latino	*	*	*	*	*	*	*	*
Mercer County, White, Non-Hispanic	*	*	*	*	*	*	*	*

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: All data for Mercer County in 2015 is suppressed. Suppressed data not shown.

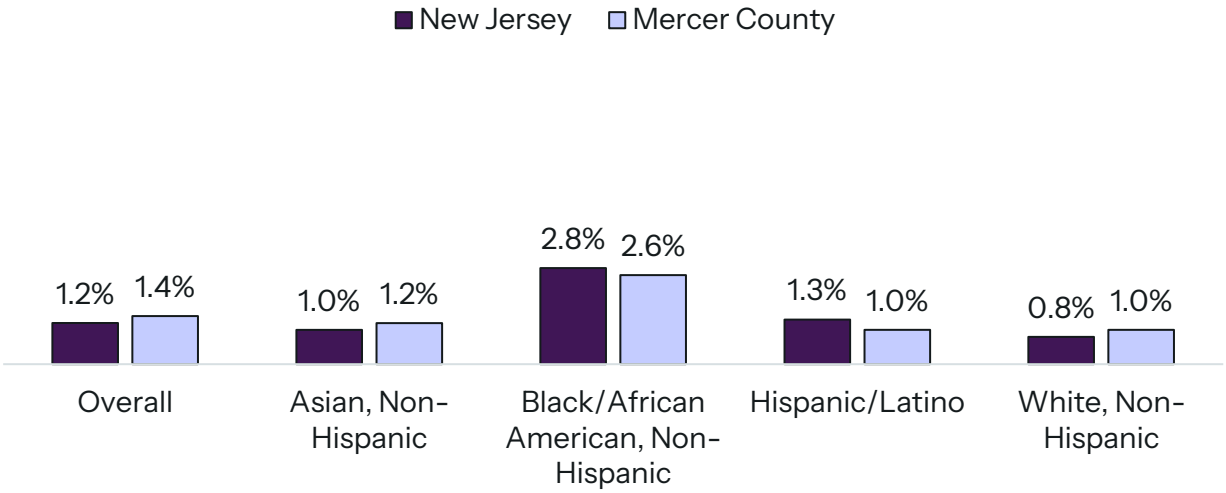
Maternal and Infant Health

Figure 123. Birth Rate per 1,000 Female Population Aged 15-17, by Race/Ethnicity, by State and County, 2018-2022



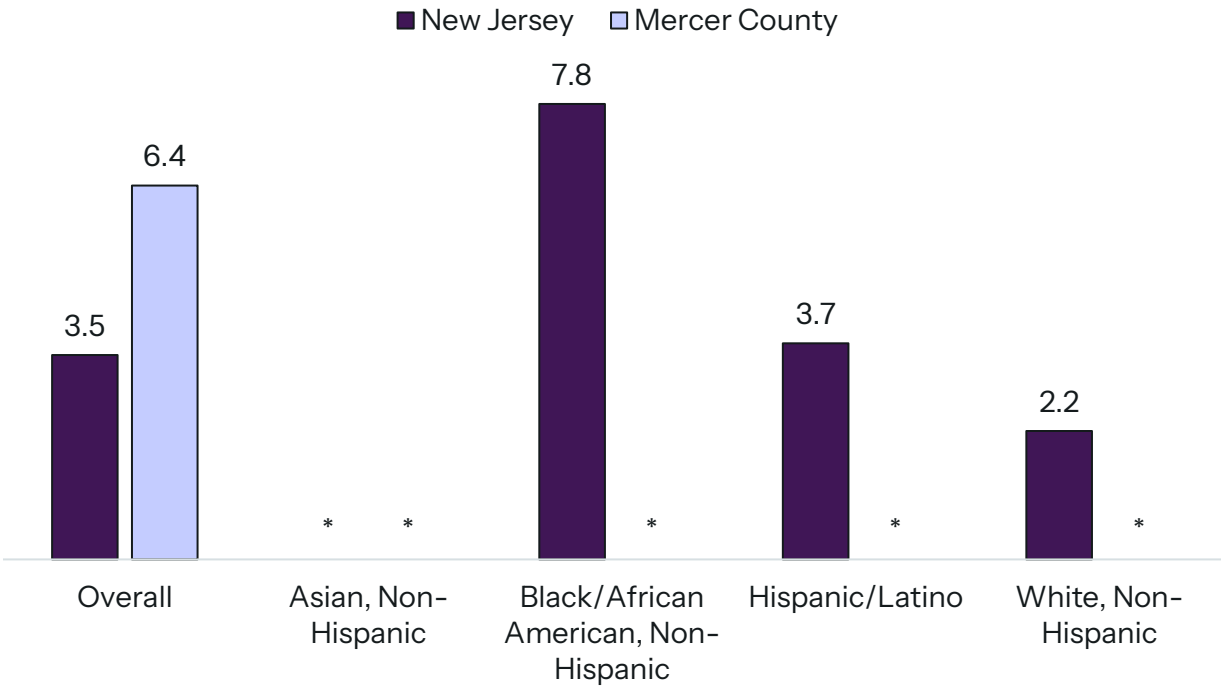
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023

Figure 124. Percent Very Low birth weight Births, by State and County, 2018-2022



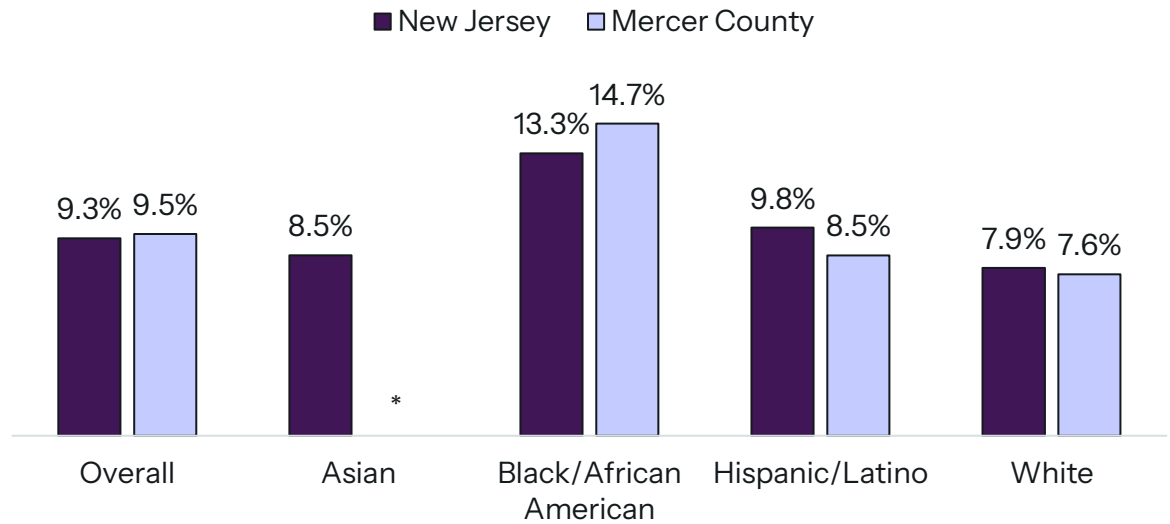
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Very low birth weight is defined as less than 1,500 grams.

Figure 125. Infant Mortality Rate per 1,000 Births, by State and County, 2021



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 126. Percent Preterm Births, by State and County, 2022



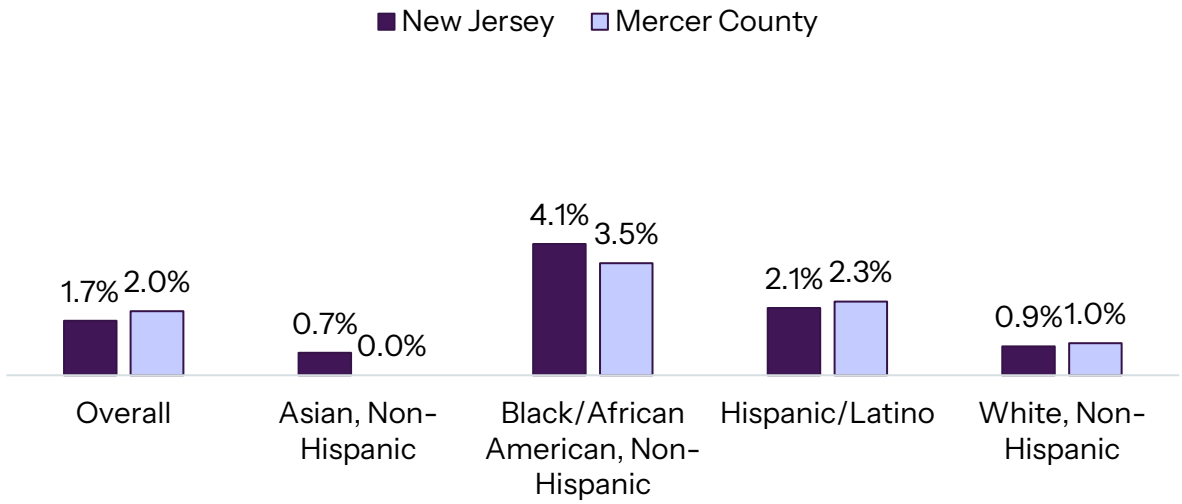
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate. Asterisk (*) means that data are suppressed.

Table 36. Percent Immunized Children, by State, 2020

	Overall
New Jersey	68.7%

DATA SOURCE: National Immunization Survey, Center for Disease Control and Prevention via New Jersey State Health Assessment Data (NJSHAD), 2024

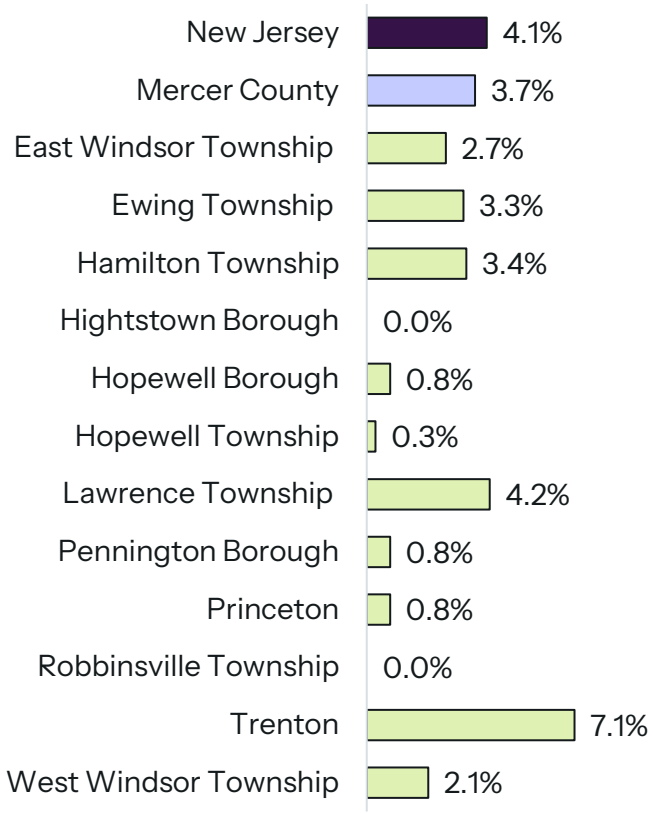
Figure 127. Percent Receiving No Prenatal Care, By Race/Ethnicity, by State and County, 2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Access to Care

Figure 128. Percent of Population under 19 Uninsured, by Town, by State and County, 2018-2022



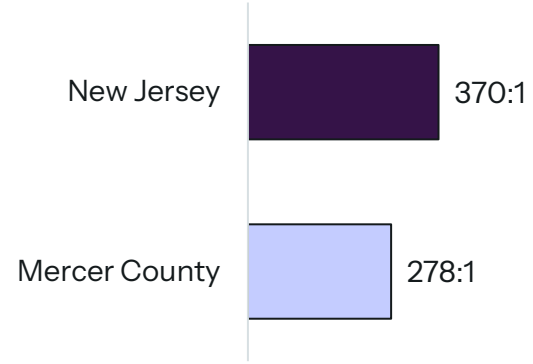
DATA SOURCE: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

Table 37. Percent of Population with Private Health Insurance, by State, County, and Town, 2018-22

	%
New Jersey	71.7%
Mercer County	73.7%
East Windsor Township	74.0%
Ewing Township	81.4%
Hamilton Township	77.7%
Hightstown Borough	78.1%
Hopewell Borough	88.7%
Hopewell Township	90.9%
Lawrence Township	82.5%
Pennington Borough	90.8%
Princeton	92.4%
Robbinsville Township	91.1%
Trenton	44.7%
West Windsor Township	86.7%

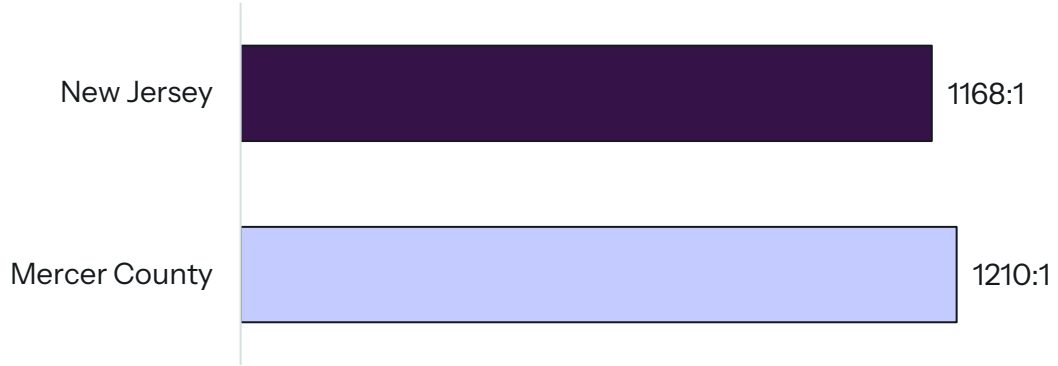
DATA SOURCE: Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

Figure 129. Ratio of Population to Mental Health Provider, by State and County, 2022



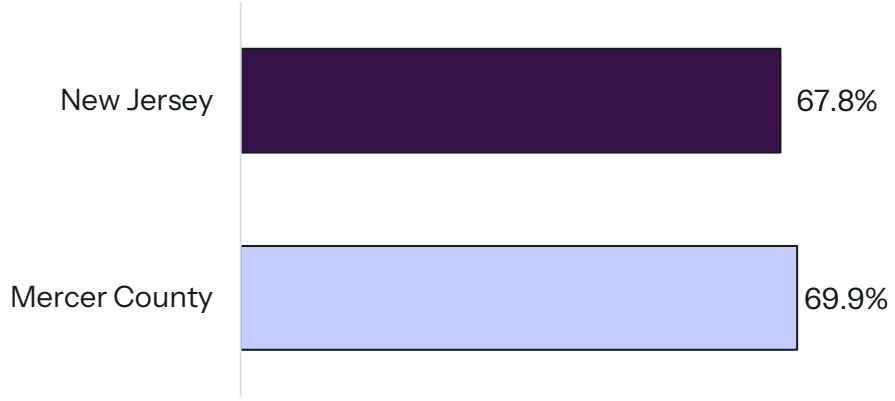
DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings 2023

Figure 130. Ratio of Population to Dentist, by State and County, 2021



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2023

Figure 131. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by State and County, 2017-2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Injury

Table 38. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2021

	Rate
New Jersey	543.6

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Table 39. Injury Deaths per 100,000 Population, by State and County, 2016-2020

	Rate
New Jersey	63
Mercer County	64

DATA SOURCE: National Center for Health Statistics - Mortality Files as cited by County Health Rankings 2023

Appendix F. Hospitalization Data

Table 40. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022

Age	New Jersey	Mercer County	RWJUH-Hamilton PSA	Capital Health PSA
Total	304.6	381.1	419.6	333.9
Under 18	67.4	415.3	462.9	363.9
18-64	185.6	378.0	416.3	335.5
65 and over	51.6	348.3	373.9	289.3

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

Table 41. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Mercer County	RWJUH-Hamilton PSA	Capital Health PSA
Total	304.6	381.1	419.6	333.9
Asian	90.7	84.7	98.6	78.3
Black	546.9	713.1	657.2	647.3
Hispanic	373.3	573.2	616.5	591.4
White	219.3	215.1	192.3	146.4

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

Table 42. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	Total	8.1	3.8	2.5	1.8
	Asian	1.6	2.2	1.5	0.9
	Black	13.1	5.0	4.3	3.9
	Hispanic	5.8	2.7	1.5	1.6
	White	8.2	4.1	2.6	1.5
Mercer County	Total	8.4	3.9	2.6	2.0
	Asian	1.8	0.9	0.7	0.2
	Black	14.8	6.0	4.5	4.3
	Hispanic	5.6	2.7	1.2	1.7
	White	8.0	3.9	2.6	1.4
RWJUH- Hamilton PSA	Total	9.2	4.2	2.7	2.3
	Asian	2.3	1.4	0.7	0.2
	Black	13.3	5.3	4.1	3.9
	Hispanic	6.0	2.9	1.3	1.8
	White	7.7	3.8	2.4	1.5
Capital Health PSA	Total	8.0	3.8	2.4	1.9
	Asian	1.5	0.9	0.4	0.2
	Black	13.3	5.4	3.9	3.9
	Hispanic	5.6	2.8	1.2	1.6
	White	6.6	3.3	2.1	1.2

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

Table 43. Hospital Admission Rates per 1,000 Population, by Age, Race/Ethnicity, State, County, and Primary Service Area, 2022

	Age	Race/Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	Total	Total	75.8	1.1	10.7	10.7	3.4	1.5
		Asian	30.8	0.1	8.6	3.6	0.9	0.2
		Black	103.3	1.8	11.3	15.7	6.1	2.4
		Hispanic	57.0	1.5	13.1	5.5	2.3	1.1
		White	77.5	0.9	8.4	12.2	3.1	1.5
	Under 18	Total	2.8	0.0	0.1	0.0	0.3	0.0
		Asian	1.4	0.0	0.0	0.0	0.1	0.0
		Black	4.3	0.0	0.1	0.0	0.6	0.0
		Hispanic	3.9	0.0	0.2	0.1	0.3	0.0
		White	1.7	0.0	0.0	0.0	0.3	0.0
	18-64	Total	39.5	1.1	10.6	3.6	2.6	1.4
		Asian	17.4	0.1	8.6	1.2	0.7	0.2
		Black	65.8	1.8	11.2	7.9	5.1	2.2
		Hispanic	38.8	1.5	12.9	2.5	1.8	1.1
		White	33.1	0.9	8.4	3.1	2.3	1.4
	65 and over	Total	33.4	0.0	0.0	7.1	0.4	0.1
		Asian	12.0	0.0	0.0	2.4	0.1	0.0
		Black	33.3	0.0	0.0	7.8	0.5	0.2
		Hispanic	14.3	0.0	0.0	3.0	0.2	0.0
		White	42.7	0.1	0.0	9.1	0.5	0.2
Somerset County	Total	Total	74.1	0.7	11.4	11.0	3.7	1.3
		Asian	24.2	0.1	7.5	3.0	0.5	0.1
		Black	111.8	1.3	12.6	20.2	7.3	2.1
		Hispanic	59.1	0.8	19.7	4.3	2.4	1.3
		White	69.7	0.6	6.6	11.9	3.3	1.2
	Under 18	Total	10.0	-	0.8	0.0	0.4	0.0
		Asian	5.3	-	0.0	0.0	0.0	0.0
		Black	10.5	-	0.6	0.0	0.6	0.0
		Hispanic	12.4	-	2.0	0.1	0.3	0.0
		White	6.7	-	0.1	0.0	0.4	0.0
	18-64	Total	66.7	1.1	18.1	6.5	5.2	1.9
		Asian	20.9	0.1	11.3	1.5	0.7	0.2
		Black	114.7	2.0	20.0	16.1	10.6	3.0
		Hispanic	75.2	1.3	30.9	4.2	3.5	2.0
		White	48.0	0.9	10.7	4.7	4.4	1.8
		Total	184.7	0.1	-	42.1	2.3	0.6
		Asian	83.1	0.0	-	18.3	0.2	0.0

	Age	Race/Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
	65 and over	Black	266.0	0.2	-	71.4	3.8	1.5
		Hispanic	142.1	0.0	-	27.1	2.1	0.8
		White	164.9	0.2	-	38.2	2.2	0.4
RWJUH-Hamilton PSA	Total	Total	78.9	0.8	12.1	12.0	4.1	1.4
		Asian	28.0	0.1	9.4	4.0	0.5	0.2
		Black	101.6	1.1	11.4	18.5	6.6	1.9
		Hispanic	63.1	0.8	21.1	4.7	2.5	1.3
		White	63.6	0.7	6.0	11.2	3.2	1.1
	Under 18	Total	10.4	0.0	1.0	0.1	0.6	0.0
		Asian	5.4	0.0	0.0	0.0	0.0	0.0
		Black	9.6	0.0	0.6	0.0	0.6	0.0
		Hispanic	12.7	0.0	2.2	0.1	0.3	0.0
		White	5.1	0.0	0.2	0.0	0.7	0.0
	18-64	Total	71.8	1.2	18.9	7.1	5.7	2.0
		Asian	25.5	0.1	14.1	1.8	0.6	0.3
		Black	101.7	1.6	17.6	14.5	9.3	2.7
		Hispanic	80.5	1.3	33.1	4.6	3.7	2.0
		White	44.4	1.0	9.5	4.3	4.1	1.6
	65 and over	Total	200.5	0.2	0.0	47.6	2.5	0.7
		Asian	85.0	0.0	0.0	24.7	0.4	0.0
		Black	260.3	0.2	0.0	70.2	3.6	1.4
		Hispanic	174.6	0.0	0.0	34.0	2.4	1.1
		White	170.4	0.3	0.0	41.5	2.3	0.4
Capital Health PSA	Total	Total	79.6	0.6	11.0	12.8	3.8	1.5
		Asian	26.8	0.1	9.1	3.7	0.5	0.2
		Black	104.9	1.1	11.8	18.4	6.5	1.8
		Hispanic	60.2	0.8	20.5	4.7	2.7	1.3
		White	70.4	0.4	6.4	12.7	3.0	1.4
	Under 18	Total	10.1	0.0	0.7	0.1	0.7	0.0
		Asian	5.0	0.0	0.0	0.0	0.0	0.0
		Black	11.0	0.0	0.5	0.1	0.7	0.0
		Hispanic	11.3	0.0	2.1	0.1	0.3	0.0
		White	6.9	0.0	0.1	0.0	0.7	0.0
	18-64	Total	68.9	1.0	17.5	7.1	5.2	2.2
		Asian	25.0	0.1	13.9	1.6	0.8	0.4
		Black	105.0	1.7	18.3	14.8	9.4	2.6
		Hispanic	78.2	1.3	32.7	4.8	4.1	2.0
		White	48.5	0.6	10.3	5.0	3.8	2.1

	Age	Race/Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
	65 and over	Total	209.4	0.2	0.0	50.3	2.7	0.9
		Asian	75.7	0.0	0.0	21.0	0.0	0.0
		Black	268.1	0.2	0.0	73.0	3.8	3.9
		Hispanic	168.3	0.0	0.0	32.5	1.9	1.1
		White	191.2	0.2	0.0	46.5	2.6	0.8

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System.
Note. Dash (-) means that data were suppressed by the reporting agency.

Appendix G. Cancer Data

G1. CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN MERCER COUNTY 2023

The majority of Capital Health's cancer patients reside in Mercer County. In total, 68.4% of inpatients and 64.6% of outpatients resided in Mercer County. The total number of patients in 2023 was 826, with 538 (65%) comprised of Mercer County residents. The number of analytic and non-analytic tumor registry patients were over 1,100 with Mercer County residents representing the majority of cases as summarized in the following table.

CANCER PATIENT ORIGIN	2023 CAPITAL HEALTH CANCER IP REGISTRY PATIENTS	%	2023 CAPTAL HEALTH CANCER OP PATIENTS	%
Mercer County	229	68.4%	505	64.6%
Out of Mercer County	106	31.6%	277	35.4%
TOTAL	**335**	**100.0%**	**782**	**100.0%**

Source: Capital Health

About seventy-seven percent of RWJ-H's cancer inpatients and 77.8% of cancer outpatients resided in the Primary Service Area. In total, 72.6% of inpatients and 77.0% of outpatients resided in Mercer County. Hamilton (08690 and 08610) represents the largest segment of RWJ-H's inpatient cancer patients. Similarly, Hamilton (08690 and 08610) zip codes of origin represent the largest segments of RWJ-H's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2023 RWJ HAM IP PATIENTS	%	2023 RWJ HAM OP PATIENTS	%
Mercer County	645	72.6%	731	77.0%
Primary Service Area	685	77.1%	738	77.8%
Secondary Service Area	79	8.9%	71	7.5%
Out of Service Area (NJ)	103	11.6%	129	13.6%
Out of State	22	2.5%	11	1.2%
TOTAL	**889**	**100.0%**	**949**	**100.0%**
Hamilton (08690)	131	14.7%	119	12.5%
Hamilton (08610)	107	12.0%	115	12.1%

Source: Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

The health factors and outcomes explored in the CHNA bear relevance to the oncology services of Capital Health and Robert Wood Johnson University Hospital Hamilton and their review of specific cancer needs for the community.

G2: CANCER INCIDENCE RATE REPORT: MERCER COUNTY 2016-2020

INCIDENCE RATE REPORT FOR MERCER COUNTY 2016-2020				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	491.4	2,165	falling	-0.5
Bladder	21.2	94	falling	-3.2
Brain & ONS	6.9	28	stable	-0.5
Breast	132.7	302	stable	0
Cervix	7.6	15	stable	6.1
Colon & Rectum	35.1	154	falling	-3.3
Esophagus	3.8	17	falling	-3.2
Kidney & Renal Pelvis	18.6	81	rising	2.5
Leukemia	17.4	74	rising	2.1
Liver & Bile Duct	8.2	38	rising	1.8
Lung & Bronchus	50.5	228	falling	-1.5
Melanoma of the Skin	21.8	96	stable	0.4
Non-Hodgkin Lymphoma	22.5	97	stable	0
Oral Cavity & Pharynx	10.7	49	rising	8.2
Ovary	12.3	29	stable	-0.9
Pancreas	15.3	69	rising	1.9
Prostate	158.4	337	falling	-1.9
Stomach	6.8	30	stable	-0.9
Thyroid	18.3	73	falling	-14.3
Uterus (Corpus & Uterus, NOS)	33.1	83	rising	1.5

The Source for D2 and following tables D3, D4, D5 and D6 is:
https://statecancerprofiles.cancer.gov

G3: CANCER INCIDENCE DETAILED RATE REPORT: MERCER COUNTY 2016-2020
SELECT CANCER SITES: RISING INCIDENCE RATES

		Kidney & Renal Pelvis	Leukemia	Liver & Bile Duct	Oral Cavity & Pharynx	Pancreas	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR MERCER COUNTY 2016-2020 All Races (includes Hispanic),	Age-Adjusted Incidence Rate(†) - cases per 100,000	18.6	17.4	8.2	10.7	15.3	33.1
	Average Annual Count	81	74	38	49	69	83
	Recent Trend	rising	rising	rising	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	2.5	2.1	1.8	8.2	1.9	1.5
White Non-Hispanic,	Age-Adjusted Incidence Rate(†) - cases per 100,000	19.1	18.3	7.7	11.8	15.5	34.4
	Average Annual Count	53	51	22	34	47	55

All Ages	Recent Trend	rising	rising	rising	rising	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	2.7	1.8	2.4	11.9	2	1.2
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	21.7	11.9	11.5	7.6	19	36.7
	Average Annual Count	17	9	10	6	14	17
	Recent Trend	stable	stable	stable	stable	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.7	0.5	1.5	-3.1	3.1	3.4
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	9	12.7	*	10.7	12.3	22.3
	Average Annual Count	4	5	3 or fewer	5	4	5
	Recent Trend	*	*	*	*	stable	*
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	*	*	-1.2	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	13.6	15.5	9.6	8.2	11.4	26.6
	Average Annual Count	7	8	4	4	4	6
	Recent Trend	stable	*	*	*	*	*
	Recent 5-Year Trend (‡) in Incidence Rates	-0.3	*	*	*	*	*
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	27.7	22.6	12.9	17.5	14.8	n/a
	Average Annual Count	56	44	28	38	29	n/a
	Recent Trend	rising	rising	stable	rising	stable	n/a
	Recent 5-Year Trend (‡) in Incidence Rates	3	1.8	1.6	10.3	1.1	n/a
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	11.3	13.3	3.9	4.8	15.6	33.1
	Average Annual Count	26	30	10	11	40	83
	Recent Trend	stable	rising	stable	stable	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.7	2.3	2.6	-2.6	2.7	1.5

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

G4: CANCER MORTALITY RATE REPORT: MERCER COUNTY 2016-2020

MORTALITY RATE REPORT: MERCER COUNTY 2016-2020					
Cancer Site	**Met Healthy People Objective of ***?**	**Age-Adjusted Mortality Rate - cases per 100,000**	**Average Annual Count**	**Recent Trend**	**Recent 5-Year Trend**
All Cancer Sites	No	142	640	falling	-1.8
Bladder	***	4.6	21	stable	-0.4
Brain & ONS	***	4.2	19	stable	-0.5
Breast	No	20.7	51	falling	-2.4
Cervix	Yes	2.7	6	stable	-1.3
Colon & Rectum	Yes	13.3	60	falling	-3
Esophagus	***	3.1	14	falling	-2.2

Kidney & Renal Pelvis	***	3	13	falling	-1.3
Leukemia	***	5.5	24	falling	-1.3
Liver & Bile Duct	***	5.6	27	rising	1.5
Lung & Bronchus	No	29.3	133	falling	-4.4
Melanoma of the Skin	***	2	9	falling	-1.7
Non-Hodgkin Lymphoma	***	4.8	22	falling	-3.4
Oral Cavity & Pharynx	***	2.1	10	falling	-2.4
Ovary	***	7.3	18	falling	-1.1
Pancreas	***	12.2	55	rising	1.3
Prostate	No	17.9	32	falling	-3.8
Stomach	***	3	13	falling	-4
Thyroid	***	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	***	5.6	14	stable	0.6

*** No Healthy People 2030 Objective for this cancer.*

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

G5: CANCER MORTALITY DETAILED RATE REPORT: MERCER COUNTY 2016-2020

		Liver & Bile Duct	Pancreas
MORTALITY RATE REPORT FOR MERCER COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	5.6	12.2
	Average Annual Count	27	55
	Recent Trend	rising	rising
	Recent 5-Year Trend in Death Rates	1.5	1.3
White Non-Hispanic, All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	5	11.9
	Average Annual Count	16	37
	Recent Trend	stable	rising
	Recent 5-Year Trend in Death Rates	1.2	1.2
Black (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	6.3	18.6
	Average Annual Count	6	14
	Recent Trend	*	rising
	Recent 5-Year Trend in Death Rates	*	2.3
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	*	*
	Average Annual Count	3 or fewer	3 or fewer
	Recent Trend	*	*
	Recent 5-Year Trend in Death Rates	*	*

Hispanic (any race), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	8.7	*
	Average Annual Count	3	3 or fewer
	Recent Trend	*	*
	Recent 5-Year Trend in Death Rates	*	*
MALES	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	8.3	12.4
	Average Annual Count	18	24
	Recent Trend	rising	stable
	Recent 5-Year Trend in Death Rates	1.5	0.8
FEMALES	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	3.4	12
	Average Annual Count	9	31
	Recent Trend	stable	rising
	Recent 5-Year Trend in Death Rates	0.8	1.6

*** No Healthy People 2030 Objective for this cancer.*

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

G6 : CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
All Cancer Sites: All Races (includes Hispanic), Both Sexes, All				
New Jersey	481.9	53,389	falling	-0.5
US (SEER+NPCR)	442.3	1,698,328	stable	-0.3
Cape May County	559	900	stable	-0.4
Gloucester County	533.7	1,930	stable	-0.2
Ocean County	532.8	4,817	stable	1.5
Monmouth County	526.4	4,389	rising	1
Burlington County	519.4	3,025	stable	-0.3
Camden County	517.6	3,187	stable	-0.3
Sussex County	512	979	falling	-0.5
Salem County	510.2	436	stable	0
Warren County	507.5	740	stable	-0.4
Cumberland County	504	891	stable	0.1
Mercer County	491.4	2,165	falling	-0.5
Atlantic County	490.4	1,755	falling	-0.7
Morris County	484.4	3,134	falling	-0.6

Hunterdon County	474.7	836	stable	-0.2
Bergen County	465.8	5,678	stable	-0.4
Passaic County	455.7	2,624	falling	-0.6
Somerset County	453	1,882	falling	-0.6
Middlesex County	452.9	4,432	falling	-0.7
Essex County	452.5	4,014	stable	-0.3
Union County	446.4	2,875	falling	-1
Hudson County	398.2	2,679	stable	0.3
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22	2,487	falling	-1.1
US (SEER+NPCR)	18.9	74,016	falling	-2
Cape May County	29.8	50	falling	-4.1
Ocean County	27.6	276	stable	5.2
Hunterdon County	25.6	46	stable	0.2
Sussex County	25.5	49	stable	-0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	25.1	216	stable	-0.2
Gloucester County	24.7	89	falling	-5.2
Burlington County	24.5	146	stable	-0.3
Cumberland County	24	43	stable	-0.4
Salem County	23.9	22	stable	0.2
Warren County	23.9	37	stable	-1
Atlantic County	23.1	85	falling	-4.5
Morris County	22.8	152	falling	-1.4
Camden County	22	136	stable	-1.2
Middlesex County	21.4	210	falling	-1.1
Mercer County	21.2	94	falling	-3.2
Bergen County	20.9	266	falling	-1.5
Passaic County	20.2	118	stable	-1.3
Somerset County	19.7	82	stable	-1.1
Union County	18.9	122	falling	-2
Essex County	16.8	147	falling	-1.4
Hudson County	15.5	99	falling	-1.8
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				

New Jersey	6.8	689	falling	-0.4
US (SEER+NPCR)	6.4	22,602	falling	-0.7
Gloucester County	8.4	27	stable	1.2
Ocean County	8.2	60	stable	0.2
Somerset County	7.9	29	stable	-0.2
Cape May County	7.7	11	stable	-1
Monmouth County	7.5	57	stable	-0.8
Bergen County	7.4	80	stable	-0.2
Sussex County	7.3	12	stable	-1.4
Burlington County	7.2	38	stable	0.7
Passaic County	7.2	38	stable	-0.2
Mercer County	6.9	28	stable	-0.5
Hunterdon County	6.8	11	stable	-0.9
Camden County	6.8	39	stable	-0.7
Salem County	6.7	5	*	*

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Morris County	6.5	39	falling	-3.4
Middlesex County	6.3	58	stable	-0.8
Warren County	6.2	8	stable	1.1
Atlantic County	6	20	stable	-1.7
Cumberland County	5.8	9	stable	-1.5
Union County	5.7	34	stable	-0.9
Hudson County	5.7	39	stable	-0.6
Essex County	5.6	47	stable	-0.3
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	137.1	7,854	rising	0.6
US (SEER+NPCR)	127	249,750	rising	0.5
Burlington County	151	454	rising	1.4
Monmouth County	150.9	650	stable	0.3
Morris County	146.7	483	stable	0.2
Hunterdon County	146.2	130	stable	0.5
Gloucester County	145.4	279	rising	1.8
Bergen County	144	896	rising	0.9
Cape May County	143.9	112	stable	0.2

Somerset County	142.5	309	stable	0.2
Sussex County	141	139	stable	0
Camden County	138.7	450	stable	0.6
Ocean County	135.2	616	stable	0.9
Passaic County	134.9	402	rising	1.5
Mercer County	132.7	302	stable	0
Union County	132.6	451	stable	0.3
Warren County	132.3	99	stable	-0.2
Essex County	130.6	625	rising	1.4
Atlantic County	130.3	239	stable	0.2
Middlesex County	128.5	651	stable	-0.1
Salem County	122.7	53	stable	0.5
Cumberland County	120.8	111	stable	0.8
Hudson County	112.5	403	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
New Jersey	7.4	365	falling	-1.7
US (SEER+NPCR)	7.5	12,553	stable	-0.4
Cumberland County	10.9	9	stable	-2
Cape May County	9.5	5	stable	1
Passaic County	9.5	24	stable	-1.5
Essex County	9.1	40	stable	3
Hudson County	8.3	29	falling	-2.4
Atlantic County	8.1	12	stable	-1.7
Union County	8	25	stable	-0.8
Middlesex County	7.9	37	stable	-1.1
Mercer County	7.6	15	stable	6.1
Burlington County	7.4	18	stable	-1
Camden County	7.4	21	falling	-2.4
Ocean County	7	23	stable	-1.3
Gloucester County	6.8	11	stable	-1
Warren County	6.8	3	stable	-1.2
Morris County	6.7	19	stable	-0.9
Hunterdon County	6.3	4	stable	21.6

Monmouth County	6.2	22	stable	-1.4
Somerset County	5.8	11	stable	2.3
Bergen County	5.3	30	stable	-1.3
Sussex County	5.1	4	falling	-3.7
Salem County	*	3 or fewer	*	*
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All				
New Jersey(7)	38.7	4,270	falling	-1.5
US (SEER+NPCR)(1)	36.5	138,021	falling	-1.1
Cape May County(7)	45.1	71	stable	-0.2
Gloucester County(7)	44.3	158	falling	-2.5
Salem County(7)	44.1	36	falling	-1.9
Sussex County(7)	43.8	82	stable	0
Camden County(7)	43.2	263	stable	-2
Cumberland County(7)	42.7	74	stable	-1.6
Warren County(7)	42.5	62	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Ocean County(7)	41.7	378	stable	-1.6
Burlington County(7)	40.6	234	falling	-2.4
Passaic County(7)	39.6	227	stable	-0.5
Essex County(7)	38.7	340	stable	-1.1
Monmouth County(7)	38.6	319	stable	-1.8
Atlantic County(7)	38.5	136	falling	-3.4
Bergen County(7)	37.3	460	stable	-0.4
Hudson County(7)	37	247	falling	-2.7
Morris County(7)	36.5	239	stable	0.4
Union County(7)	36.3	232	falling	-3
Middlesex County(7)	36.1	353	falling	-2.9
Mercer County(7)	35.1	154	falling	-3.3
Hunterdon County(7)	34.9	61	falling	-2.3
Somerset County(7)	34.7	145	falling	-2.8
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	4.2	486	falling	-1.2
US (SEER+NPCR)(1)	4.5	17,922	stable	-0.1
Cape May County(7)	6.3	11	stable	0.8

Ocean County(7)	6	57	stable	-0.3
Warren County(7)	5.6	9	stable	0
Hunterdon County(7)	5.6	11	stable	-0.8
Gloucester County(7)	5.4	20	stable	1.4
Camden County(7)	5.3	34	stable	-0.7
Cumberland County(7)	5.3	9	stable	0
Sussex County(7)	5.2	11	stable	-1.1
Atlantic County(7)	4.9	18	stable	-1.5
Morris County(7)	4.6	31	stable	-0.3
Monmouth County(7)	4.5	39	stable	-1
Burlington County(7)	4.3	26	stable	-1.4
Passaic County(7)	4.1	24	stable	-0.8
Mercer County(7)	3.8	17	falling	-3.2
Middlesex County(7)	3.7	38	stable	-1.5
Union County(7)	3.4	22	stable	-1.7

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County(7)	3.4	42	falling	-1.8
Essex County(7)	3.4	30	falling	-3.1
Hudson County(7)	3	21	stable	-2.1
Somerset County(7)	2.8	12	stable	-1.1
Salem County(7)	*	3 or fewer	*	*
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	16.2	1,785	stable	0.6
US (SEER+NPCR)(1)	17.2	65,490	rising	1.2
Salem County(7)	21	17	stable	1.3
Camden County(7)	19	116	stable	0.2
Burlington County(7)	18.8	109	stable	-0.2
Mercer County(7)	18.6	81	rising	2.5
Cape May County(7)	18.4	28	stable	1.8
Gloucester County(7)	18.2	68	stable	0.3
Ocean County(7)	17.9	156	rising	1.6
Warren County(7)	17.6	25	stable	1
Cumberland County(7)	17	30	falling	-6.6
Atlantic County(7)	16.5	58	stable	-0.2

Bergen County(7)	16.3	200	stable	0.6
Monmouth County(7)	15.8	132	rising	1.1
Middlesex County(7)	15.8	155	stable	0.3
Hunterdon County(7)	15.6	26	stable	0.3
Passaic County(7)	15.4	90	stable	0.7
Morris County(7)	15.3	99	stable	0.8
Sussex County(7)	15	30	stable	-0.5
Union County(7)	14.5	93	stable	0.6
Essex County(7)	14	124	stable	0.7
Hudson County(7)	13.7	94	rising	1
Somerset County(7)	13.3	56	stable	0
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	15.8	1,686	rising	1
US (SEER+NPCR)(1)	13.9	51,518	falling	-1.9
Sussex County(7)	23.3	39	rising	3.6

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County(7)	18.7	149	rising	1.8
Hunterdon County(7)	18.2	31	stable	0.3
Morris County(7)	17.9	111	rising	1.5
Mercer County(7)	17.4	74	rising	2.1
Gloucester County(7)	17.3	59	stable	1
Ocean County(7)	17.3	157	stable	0.8
Warren County(7)	16.6	23	stable	1.4
Burlington County(7)	16.3	92	stable	1
Middlesex County(7)	16	147	stable	0.3
Cape May County(7)	15.5	24	stable	-0.6
Camden County(7)	15.2	90	stable	0.6
Bergen County(7)	15	176	stable	-2.4
Somerset County(7)	14.8	59	stable	-0.2
Union County(7)	14.7	91	stable	0.3
Essex County(7)	14.1	123	stable	0.8
Cumberland County(7)	13.9	24	stable	-8.9
Atlantic County(7)	13.8	47	stable	0
Passaic County(7)	13.6	75	stable	-9.3

Hudson County(7)	12.6	83	stable	0.6
Salem County(7)	11.9	9	stable	-1
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All				
New Jersey(7)	8	935	stable	0.5
US (SEER+NPCR)(1)	8.6	34,900	stable	0
Cumberland County(7)	11.9	21	rising	4.1
Cape May County(7)	11	19	rising	4.5
Atlantic County(7)	10.5	40	stable	2.2
Camden County(7)	9.2	61	stable	-4.4
Hudson County(7)	9	62	rising	2.8
Ocean County(7)	8.9	86	rising	3.6
Salem County(7)	8.7	8	rising	4
Essex County(7)	8.3	77	stable	1.1
Mercer County(7)	8.2	38	rising	1.8
Passaic County(7)	7.8	47	stable	0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County(7)	7.7	98	rising	1.4
Middlesex County(7)	7.7	78	rising	2.1
Sussex County(7)	7.6	16	stable	1.9
Union County(7)	7.5	50	rising	2.3
Burlington County(7)	7.5	46	rising	2.1
Gloucester County(7)	7.3	28	rising	1.7
Monmouth County(7)	7.2	63	rising	2
Morris County(7)	7	47	rising	2.2
Warren County(7)	6.9	10	stable	1.5
Somerset County(7)	6.4	28	rising	2.2
Hunterdon County(7)	5.3	10	rising	2.2
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	51.3	5,849	falling	-1.9
US (SEER+NPCR)(1)	54	215,307	falling	-1.8
Salem County(7)	77.9	70	stable	1.4
Cape May County(7)	70.8	125	stable	-0.8
Ocean County(7)	69.8	702	stable	0.7
Gloucester County(7)	68.8	251	falling	-4.9

Cumberland County(7)	66.2	120	falling	-0.9
Warren County(7)	63.9	96	stable	-0.6
Atlantic County(7)	63.5	236	falling	-1.5
Camden County(7)	60.4	382	falling	-1.4
Burlington County(7)	57.4	346	falling	-1.1
Sussex County(7)	57	113	falling	-1.4
Monmouth County(7)	55.6	480	falling	-1.5
Mercer County(7)	50.5	228	falling	-1.5
Middlesex County(7)	45.9	453	falling	-2
Bergen County(7)	45.4	576	falling	-1.6
Morris County(7)	44.4	295	falling	-1.9
Passaic County(7)	43.4	254	falling	-1.9
Essex County(7)	42.9	379	falling	-2.2
Somerset County(7)	39.6	166	falling	-1.9
Hudson County(7)	39.2	257	falling	-2.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hunterdon County(7)	38.6	72	falling	-12.5
Union County(7)	37.9	245	falling	-5.8
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21	2,295	stable	0.4
US (SEER+NPCR)(1)	22.5	83,836	stable	1.5
Cape May County(7)	50.1	79	stable	1.9
Hunterdon County(7)	34.7	61	stable	1.6
Ocean County(7)	31.6	274	stable	-0.2
Monmouth County(7)	29.9	245	stable	-1.3
Sussex County(7)	28.6	53	stable	0.4
Gloucester County(7)	28.2	99	stable	1
Atlantic County(7)	26.9	94	rising	1.7
Morris County(7)	26.1	166	stable	0.3
Warren County(7)	25.7	37	stable	0.6
Burlington County(7)	25.6	146	stable	0.6
Somerset County(7)	24.8	102	stable	0.4
Salem County(7)	23.7	20	stable	-0.5
Camden County(7)	22.6	135	stable	0.5

Mercer County(7)	21.8	96	stable	0.4
Cumberland County(7)	17.5	30	stable	1.6
Bergen County(7)	16.8	202	falling	-1.5
Middlesex County(7)	15.4	149	falling	-5.5
Union County(7)	14.2	92	stable	-1.5
Passaic County(7)	12.3	70	stable	-0.3
Essex County(7)	10.4	92	stable	-0.6
Hudson County(7)	7.7	53	stable	-0.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21.3	2,323	stable	0
US (SEER+NPCR)(1)	18.6	70,394	falling	-1.3
Monmouth County(7)	24.2	200	stable	1.7
Morris County(7)	23.6	151	stable	-0.1
Sussex County(7)	23.5	44	stable	-0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Warren County(7)	23.3	34	stable	-0.4
Somerset County(7)	22.8	93	stable	0.3
Bergen County(7)	22.6	271	stable	0.2
Mercer County(7)	22.5	97	stable	0
Camden County(7)	22.3	135	stable	0.3
Ocean County(7)	22.1	202	stable	0.6
Burlington County(7)	21.8	125	stable	-0.2
Middlesex County(7)	21.5	207	stable	-0.1
Cumberland County(7)	20.8	36	stable	0.2
Passaic County(7)	20.6	117	stable	0.4
Atlantic County(7)	20.6	73	stable	-0.2
Gloucester County(7)	20.5	72	stable	-4.8
Union County(7)	18.8	120	stable	-0.3
Hunterdon County(7)	18.5	34	stable	-0.8
Essex County(7)	17.8	154	falling	-1.8
Salem County(7)	17.2	15	stable	-0.9
Hudson County(7)	17.1	113	stable	-0.5
Cape May County(7)	16.9	28	stable	-0.4

Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.4	1,298	rising	0.9
US (SEER+NPCR)	11.9	46,507	stable	0
Cape May County	15.8	25	stable	0.5
Salem County	15	14	stable	0.7
Cumberland County	14.5	26	rising	2.2
Sussex County	14.2	27	stable	1.5
Ocean County	13.9	124	stable	2.6
Atlantic County	12.8	48	rising	1.4
Monmouth County	12.8	110	stable	0.8
Camden County	12.6	79	rising	1.6
Warren County	12.3	18	stable	2
Gloucester County	12	45	stable	0.9
Middlesex County	11.6	115	rising	1.9
Morris County	11.4	75	stable	1.6

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Burlington County	11.2	68	stable	1.1
Somerset County	11.1	48	stable	0.4
Passaic County	11	65	stable	2.3
Hunterdon County	10.9	21	stable	1.3
Mercer County	10.7	49	rising	8.2
Essex County	10.7	96	stable	-2.3
Bergen County	9.8	123	stable	0.2
Hudson County	9.4	66	stable	-0.7
Union County	8.6	55	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.3	654	falling	-2
US (SEER+NPCR)	10.1	19,863	falling	-3.3
Warren County	15	11	stable	0.9
Cape May County	14.7	11	stable	-0.2
Somerset County	12.6	27	falling	-2
Mercer County	12.3	29	stable	-0.9
Atlantic County	12.3	22	stable	-2.4
Cumberland County	11.9	11	stable	-1.2

Burlington County	11.8	35	stable	-0.9
Hudson County	11.8	42	stable	-0.8
Union County	11.6	39	falling	-1.9
Camden County	11.6	38	falling	-2.1
Hunterdon County	11.5	10	falling	-2.5
Sussex County	11.2	11	falling	-3.1
Middlesex County	11.2	58	falling	-2.3
Ocean County	11.1	52	falling	-1.3
Essex County	10.9	51	falling	-1.7
Bergen County	10.7	68	stable	-1
Monmouth County	10.6	47	falling	-2
Gloucester County	10.5	20	falling	-2.9
Passaic County	10.4	32	falling	-2.5
Morris County	10.2	36	falling	-3.1
Salem County	*	3 or fewer	*	*

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	14.8	1,687	rising	1.2
US (SEER+NPCR)(1)	13.2	52,045	rising	1
Ocean County(7)	16.8	162	rising	1.6
Salem County(7)	16.7	15	stable	1.8
Camden County(7)	16.4	103	rising	1.4
Cumberland County(7)	16.4	30	stable	1.6
Sussex County(7)	15.7	30	rising	3.1
Atlantic County(7)	15.6	58	rising	1.4
Burlington County(7)	15.6	92	rising	1.7
Gloucester County(7)	15.4	57	stable	1.1
Mercer County(7)	15.3	69	rising	1.9
Morris County(7)	15.2	102	rising	1.5
Warren County(7)	14.9	22	stable	-13.4
Essex County(7)	14.7	130	stable	0.8
Monmouth County(7)	14.6	127	rising	1.1
Bergen County(7)	14.3	182	stable	0.4
Passaic County(7)	14.2	84	stable	0.6

Hudson County(7)	14.2	93	stable	3.3
Hunterdon County(7)	14.1	26	stable	1.7
Somerset County(7)	13.4	59	rising	1.4
Middlesex County(7)	13.4	134	stable	0.9
Union County(7)	13.3	86	stable	0.4
Cape May County(7)	13	23	stable	0
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	143.3	7,783	stable	3.6
US (SEER+NPCR)	110.5	212,734	rising	2.5
Essex County	167.5	690	stable	4.7
Burlington County	165.9	480	stable	2.8
Mercer County	158.4	337	falling	-1.9
Cape May County	158	135	falling	-1.5
Gloucester County	156.5	284	falling	-1.5
Union County	154.8	478	rising	5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	151.9	456	falling	-1.6
Monmouth County	150.2	636	rising	6.3
Cumberland County	148.6	128	stable	-0.2
Passaic County	145.8	405	falling	-2.2
Morris County	142.4	463	falling	-2.6
Salem County	142.2	63	stable	-1.6
Bergen County	137.3	823	stable	-1.6
Somerset County	136	277	falling	-2.2
Middlesex County	135.1	645	rising	4.8
Hunterdon County	130	124	rising	7.5
Atlantic County	127.9	231	falling	-2.2
Ocean County	127.7	563	stable	6.6
Sussex County	124.7	128	falling	-3.7
Warren County	120	92	falling	-3.1
Hudson County	114.1	344	stable	1.3
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	7.5	832	falling	-1
US (SEER+NPCR)(1)	6.2	23,883	falling	-1

Passaic County(7)	10.4	59	stable	-0.1
Essex County(7)	9.2	81	falling	-1.3
Cumberland County(7)	8.8	15	stable	-1.5
Union County(7)	8.8	56	stable	-0.9
Hudson County(7)	8.4	56	falling	-1.9
Camden County(7)	8.3	51	stable	0.4
Bergen County(7)	8.2	101	stable	-0.7
Atlantic County(7)	7.7	28	stable	-0.8
Middlesex County(7)	7	69	falling	-2.2
Somerset County(7)	7	29	stable	-1.3
Monmouth County(7)	6.8	59	stable	6.5
Mercer County(7)	6.8	30	stable	-0.9
Sussex County(7)	6.6	13	stable	-0.6
Burlington County(7)	6.5	39	stable	-0.2
Gloucester County(7)	6	22	stable	-1.7

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Morris County(7)	6	39	falling	-1.7
Ocean County(7)	5.9	54	stable	-0.8
Warren County(7)	5.7	9	stable	-0.1
Salem County(7)	5.3	4	stable	-0.5
Hunterdon County(7)	5.3	10	stable	0.1
Cape May County(7)	5.2	9	stable	-1.7
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	17.5	1,673	falling	-2.2
US (SEER+NPCR)(1)	13.3	44,551	falling	-2.3
Monmouth County(7)	24.3	165	stable	0.2
Ocean County(7)	23.4	146	stable	0.1
Gloucester County(7)	21.7	67	rising	3.1
Warren County(7)	20.6	25	rising	2.2
Salem County(7)	20	13	stable	2.8
Hunterdon County(7)	19.2	26	rising	4.6
Bergen County(7)	18.8	191	stable	-0.6
Camden County(7)	18.6	100	falling	-6.1
Mercer County(7)	18.3	73	falling	-14.3

Burlington County(7)	17.8	88	falling	-3.8
Middlesex County(7)	17.1	151	stable	-1.7
Morris County(7)	16.9	91	stable	-2.6
Sussex County(7)	16.8	26	rising	3.4
Atlantic County(7)	16.2	46	stable	0.2
Somerset County(7)	16.1	57	falling	-6.1
Passaic County(7)	15	79	stable	-1.1
Cape May County(7)	14.9	15	stable	-3.2
Union County(7)	14.8	87	stable	3.8
Hudson County(7)	13.7	98	stable	-0.6
Essex County(7)	13.1	111	stable	-0.4
Cumberland County(7)	11.2	18	stable	-0.4
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,967	rising	0.8
US (SEER+NPCR)	27.4	56,871	rising	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Warren County	39.2	31	stable	1.4
Cumberland County	38	36	stable	1.6
Hunterdon County	37.7	37	rising	4.5
Sussex County	36.6	40	stable	0.4
Camden County	35.9	124	stable	0
Mercer County	33.1	83	rising	1.5
Ocean County	33	163	stable	0.3
Middlesex County	32.5	175	stable	0.6
Monmouth County	31.8	147	stable	0
Cape May County	31.7	27	stable	-12.7
Burlington County	31.7	103	stable	1.1
Essex County	31.6	160	rising	1.6
Morris County	31.4	113	stable	0.4
Union County	31.1	113	stable	1.1
Atlantic County	31	62	stable	-8
Somerset County	30.9	73	stable	0.1
Gloucester County	30.9	64	stable	1
Hudson County	30	112	rising	1.4

Bergen County	29.3	199	stable	0.1
Salem County	28.5	14	stable	0.3
Passaic County	28.5	91	stable	0.2

Capital Health Medical Center-Hopewell - TUMOR REGISTRY SUMMARY

In 2023, Capital Health's tumor registry data showed that 9.9% and 14.2% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Mesothelioma (100%); Bones and Joints (50%); Digestive Systems (31.1%); Lymphomas (37.2%) and Respiratory Systems (27.5%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

	2023				Cases (both analytic and non-analytic)	2023		
Main Site/SubSite	Analytic Total	Non-Analytic Total	Stage3	Stage4	2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
ORAL CAVITY & PHARYNX						0.0%	10.0%	10.0%
Tongue						0.0%	0.0%	0.0%
Salivary Glands						0.0%	0.0%	0.0%
Floor of Mouth						0.0%	100.0%	100.0%
Gum & Other Mouth						0.0%	0.0%	0.0%
Tonsil						0.0%	0.0%	0.0%
Other Oral Cavity & Pharynx						0.0%	0.0%	0.0%
DIGESTIVE SYSTEM	215	36	40	78	251	15.9%	31.1%	47.0%
Esophagus						12.5%	25.0%	37.5%
Stomach	20				22	22.7%	40.9%	63.6%
Small Intestine					11	18.2%	18.2%	36.4%
Colon Excluding Rectum	57		12	23	67	17.9%	34.3%	52.2%
Rectum & Rectosigmoid	27				32	25.0%	12.5%	37.5%
Anus, Anal Canal & Anorectum					12	25.0%	0.0%	25.0%
Liver & Intrahepatic Bile Duct	20				21	14.3%	33.3%	47.6%
Gallbladder						16.7%	50.0%	66.7%
Other Biliary	12				13	15.4%	15.4%	30.8%
Pancreas	45			26	55	3.6%	47.3%	50.9%
Retroperitoneum						100.0%	0.0%	100.0%
Peritoneum, Omentum & Mesentery						0.0%	0.0%	0.0%
Other Digestive Organs						0.0%	0.0%	0.0%
RESPIRATORY SYSTEM	114	17	25	36	131	19.1%	27.5%	46.6%
Larynx						50.0%	0.0%	50.0%
Lung & Bronchus	112	17	24	36	129	18.6%	27.9%	46.5%
BONES & JOINTS						0.0%	50.0%	50.0%
SOFT TISSUE						20.0%	20.0%	40.0%
SKIN EXCLUDING BASAL & SQUAMOUS	16				20	5.0%	15.0%	20.0%
Melanoma -- Skin	14				18	5.6%	16.7%	22.2%
Other Non-Epithelial Skin						0.0%	0.0%	0.0%

	2023				Cases (both analytic and non-analytic)	2023		
MainSite/SubSite	Analytic Total	Non-Analytic Total	Stage3	Stage4	2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST	273	20	17	14	293	5.8%	4.8%	10.6%
FEMALE GENITAL SYSTEM	96	19	18		115	15.7%	7.0%	22.6%
Cervix Uteri	12				12	33.3%	8.3%	41.7%
Corpus & Uterus, NOS	49				54	11.1%	5.6%	16.7%
Ovary	21				28	17.9%	14.3%	32.1%
Vagina						0.0%	0.0%	0.0%
Vulva					13	15.4%	0.0%	15.4%
Other Female Genital Organs						16.7%	0.0%	16.7%
MALE GENITAL SYSTEM	129	33	18	17	162	11.1%	10.5%	21.6%
Prostate	124	31	17	17	155	11.0%	11.0%	21.9%
Testis						25.0%	0.0%	25.0%
Penis						0.0%	0.0%	0.0%
URINARY SYSTEM	89				97	8.2%	9.3%	17.5%
Urinary Bladder	40				43	4.7%	9.3%	14.0%
Kidney & Renal Pelvis	44				49	10.2%	8.2%	18.4%
Ureter						33.3%	0.0%	33.3%
Other Urinary Organs						0.0%	50.0%	50.0%
BRAIN & OTHER NERVOUS SYSTEM	51	16			67	0.0%	0.0%	0.0%
Brain	21				26	0.0%	0.0%	0.0%
Cranial Nerves Other Nervous System	30	11			41	0.0%	0.0%	0.0%
ENDOCRINE SYSTEM	39				45	0.0%	0.0%	0.0%
Thyroid	31				34	0.0%	0.0%	0.0%
Other Endocrine including Thymus					11	0.0%	0.0%	0.0%
LYMPHOMA	42			16	43	11.6%	37.2%	48.8%
Hodgkin Lymphoma						28.6%	28.6%	57.1%
Non-Hodgkin Lymphoma	35			14	36	8.3%	38.9%	47.2%

	2023				Cases (both analytic and non-analytic)	2023		
MainSite/SubSite	Analytic Total	Non-Analytic Total	Stage3	Stage4	2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
MYELOMA	19				24	4.2%	0.0%	4.2%
LEUKEMIA	29				37	0.0%	13.5%	13.5%
Lymphocytic Leukemia	15				20	0.0%	25.0%	25.0%
Myeloid & Monocytic Leukemia	11				14	0.0%	0.0%	0.0%

Other Leukemia						0.0%	0.0%	0.0%
MESOTHELIOMA						0.0%	100.0%	100.0%
KAPOSI SARCOMA						0.0%	0.0%	0.0%
MISCELLANEOUS	44				50	0.0%	0.0%	0.0%
Total	1172	184	134	192	1356	9.9%	14.2%	24.0%

RWJUH-Hamilton - TUMOR REGISTRY SUMMARY

In 2023, RWJUH-H's tumor registry data showed that 8.9% and 17.7% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Respiratory System (55.7%), followed by Lip and Oral Cavity (50.0%) and Female Genital Organs (30.0%).

Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		**124**	**1.0%**	**9.8%**	**10.8%**
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES		[redacted]	**0.0%**	**0.0%**	**0.0%**
DIGESTIVE ORGANS		**130**	**19.8%**	**25.0%**	**44.8%**
	COLON	26	12.0%	16.0%	28.0%
	ESOPHAGUS	14	25.0%	75.0%	100.0%
	GALLBLADDER	[redacted]	0.0%	50.0%	50.0%
	LIVER AND INTRAHEPATIC BILE DUCTS	16	45.5%	18.2%	63.6%
	PANCREAS	24	6.3%	56.3%	62.5%
	RECTOSIGMOID JUNCTION	11	40.0%	20.0%	60.0%
	RECTUM	14	25.0%	8.3%	33.3%
	STOMACH	[redacted]	12.5%	12.5%	25.0%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**16**	**0.0%**	**0.0%**	**0.0%**
	MENINGES	14	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		**48**	**10.0%**	**30.0%**	**40.0%**
	CERVIX UTERI	10	14.3%	14.3%	28.6%
	CORPUS UTERI	19	0.0%	23.1%	23.1%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**98**	**0.0%**	**0.0%**	**0.0%**
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	98	0.0%	0.0%	0.0%
LIP, ORAL CAVITY AND PHARYNX		**10**	**16.7%**	**50.0%**	**66.7%**
LYMPH NODES		**27**	**0.0%**	**5.9%**	**5.9%**
MALE GENITAL ORGANS		**166**	**14.0%**	**8.0%**	**22.0%**
	PROSTATE GLAND	162	14.9%	8.5%	23.4%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**80**	**13.1%**	**55.7%**	**68.9%**
	BRONCHUS AND LUNG	72	12.7%	58.2%	70.9%
SKIN		**15**	**22.2%**	**11.1%**	**33.3%**
THYROID AND OTHER ENDOCRINE GLANDS		**12**	**0.0%**	**14.3%**	**14.3%**
URINARY TRACT		**74**	**5.2%**	**1.7%**	**6.9%**
	BLADDER	54	4.5%	0.0%	4.5%
	KIDNEY	17	8.3%	8.3%	16.7%
Grand Total		**819**	**8.9%**	**17.7%**	**26.6%**

Appendix H. Outcomes and Results from Previous Implementation Plan

COMMUNITY HEALTH IMPROVEMENT PLAN 2021 - IMPACT CONCLUSIONS 2024

In developing the 2021 Community Health Improvement Plan, the GMPHP adopted overarching goals and objectives aimed at addressing health equity in the four selected priority areas of Covid-19, Life Expectancy, Behavioral Health/ACEs, and Maternal Health. The following is a review of the strategies and the outcomes of the planned actions between 2022-2024.

1. 2021 CHNA Report - Priority Area: COVID-19

"COVID-19 did not impact 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-19 has become one of the top five leading causes of death; In NJ, it is the third leading cause of death for White, non-Hispanic residents and the number one cause of death among Black, Asian, and Latinx residents."

Guiding Goal: Reduce death disparities among population groups.

Strategies
Successfully Completed: Hosted testing centers and vaccination clinics in neighborhoods at various times and days.
Successfully Completed: Partnered with social services, employers, housing, faith-based, and other community-based organizations that serve BIPOC populations to host vaccination clinics.
Successfully Completed: Partnered with EMS to provide mobile vaccination clinics in neighborhoods of high risk and/or high non-vaccination rates.
Successfully Completed: Created monthly, coordinated messaging from GMPHP partner agencies with science-based and timely information about COVID and vaccination using the trusted sources identified through the COVID survey.
Successfully Completed: Increased participation in GMPHP by community-based organizations that predominantly serve Black African American, Latinx, Asian, and other communities of color.

Data 2024

- According to the CDC, the overall death rate from COVID-19 dropped by about 69% from roughly 246 000 deaths in 2022 to 76 000 in 2023. In 2022, the COVID death rate for white Americans was 58.6 per 100,000 compared to 71.0 per 100,000 for Black Americans. In 2023, the rate was 19.6 per 100,000 for white Americans and 17 per 100,000 for Black Americans.

- In 2023, the virus was the tenth-leading cause of death among Americans, down from the fourth-leading cause in 2022 and the third-leading cause of death between March 2020 and October 2021.

Impact Conclusion: The goal to achieve health equity and reduce death disparities was achieved.

Incidental Benefits

- Townships collaborated to organize mass clinics together. Hospitals collaborated with Mercer County to run large vaccination clinics at the Cure Arena.
- Group homes learned to communicate and take guidance from the health department like never before.
- School nurses worked with the health departments to do contact tracing and run mass vaccination clinics. This experience trained them to develop safe return to school infection control policies in their schools once schools reopened
- Daycares learned to collaborate with their health departments as a resource and guide.
- Townships learned more about their home bound population and were able to vaccinate and serve like never before.

2. 2021 CHNA Report – Priority Area: Life Expectancy

"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."

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

Strategies:
Improvements: Advocate for racism as a public health crisis; share CHNA findings with policy makers, employers, community leaders, and residents; use results to advocate for socioeconomic policies that improve health in communities for color.
Some Improvement: Explore models to increase access to affordable housing options within Mercer County.
Successful Improvements: Train and hire staff from diverse communities to work as community health workers, patient navigators, case managers, care, and support staff.
Successfully Completed: Partner with social services, employers, housing, faith-based, and other community-based organizations that serve BIPOC populations to host vaccination clinics.
Successfully Completed: Screen for social determinants of health and provide "warm hand off" to connect patients to social support services.
Successfully Improved: Increase early detection of chronic disease among Black African Americans.
Successfully Completed: Increase availability and knowledge of using telehealth for chronic disease management.

Data 2024:

- Mercer County poverty rate is now 11.2. Trenton has a decreased rate from 28.7% to 26.2 but is still unacceptable.
- Mercer County population without health insurance remains similar at 7%, and Trenton residents at 14.5% an improvement of 3%.
- Mercer County has a higher ratio of population to medical providers than recorded overall in New Jersey.
- Cancer mortality rates in all types of cancers has gone down, but screening rates has not improved.
- African American cancers are detected at a later stage than other races.

Impact Conclusion:
The GMPHP CHNA was used by most of the local nonprofits as they developed their strategic plans and grant applications. The data results were used to advocate for socioeconomic policies that improve health in communities of color and recently immigrated families.
Staff was hired from local communities who spoke the languages of that community and were trained in cultural sensitivity and ACE awareness.
All of our partners report that they screen for social determinants of health and provide a "warm hand off" to connect people to the appropriate social services.
Numerous mobile events were held to do cancer screenings in Trenton, Ewing, and Hamilton specifically targeting underserved populations of color. Even though the cancer mortality rates for different cancers has decreased, the healthy behaviors and screening rates have not improved. Cancer in African Americans is still found in later stages. Further efforts need to be devised that 1) encourage people to have a primary doctor they trust and will follow the screening recommendations; 2) train more providers in motivational interviewing; and 3) continue efforts to encourage people to eat a healthy diet.
Housing is still a social determinant of health that is being addressed by our partners, but only small gains have been made. A manual of housing options and requirements was shared with our partners to help the public find appropriate housing they could afford, but much still needs to be done.

Incidental Benefits:
During Covid, the different nonprofits that addressed food insecurity gathered together under the leadership of SNAP-Ed and the Trenton Health Team, to form the Mercer Food Stakeholder Group. Initiatives that were started include: 1) Backpacks with food were sent home with children on Fridays; 2) food pantries were opened in schools; 3) mobile vans went out to underserved areas; 4) senior housing units provided food delivery to seniors in need; and 5) a Food Finder Website was set up to help people find the 80 pantries and meal services available in Mercer County.

3. 2021 CHNA Report: Priority Area: Behavioral Health and Trauma

"In recognition of the wide impact of ACES (Adverse Childhood Experiences), 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."

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

Strategies:
Not measured: Adopt Substance Abuse and Mental Health Service Administration (SAMHSA) National Center for Trauma Informed Care (NCTIC) 6 Principles for Trauma Informed Care
Successfully Improved: Incorporate social and emotional support and resources with all services.
Needs Improvement: Explore models to increase access to affordable housing options within Mercer County.
Successfully Improved: Train and hire staff from diverse communities to work as community health workers, patient navigators, case managers, care, and support staff.
Successfully Completed: Partner with social services, employers, housing, faith-based, and other community-based organizations that serve BIPOC populations to host vaccination clinics.
Successfully Improved: Screen for trauma and behavioral health needs and provide "warm hand off" to connect patients to social support services.
Successfully Improved: Increase capacity and availability to integrated healthcare and behavioral health services.
Successfully Improved: Increase availability and knowledge of using telehealth for behavioral health management.

Data 2024

- When surveyed, our partners all reported that they Incorporate social and emotional support and resources with all services their organizations provide.
- Our partners reported that they try to hire local people that can service clients in Spanish.
- All of the partners reported that their ability to serve people using telehealth had significantly increased during and post Covid.

Impact Conclusion

Catholic Charities of Trenton will provide the mental health services for the new mental health NJ4S program legislated in 2023. Under the guidance and expertise of the Rutgers University Center for Comprehensive School Mental Health, selected schools will receive intensive training on implementing evidence-based practices and strategies to strengthen mental health support services. More details are not yet available.

Several new behavioral health and substance abuse organizations have established in the area, and most of them offer after work hours and weekend options for appointments. Capacity has been significantly increased, but there is still room for improvement for child and adolescent behavioral health services. Most non-profit and for-profit organizations have integrated telehealth into their services when appropriate. Several nonprofits upgraded their computer facilities so clients who did not have a computer would have access to services.

A TCNJ professor successfully started ACE Awareness training to local daycares who otherwise would not have had the funds to train their staff. This could lead to earlier treatments and preventative actions.
The CHA 2024 shows more people are aware of the need for childhood mental health interventions which shows a shift in the perceptions of "negative stigma" attached to getting mental health care. This is a definite improvement in the last 5 years.

Incidental Benefits
New community partnerships developed to show the movie "Resilience-The Biology of Stress and the Science of Hope". After the movie viewing, professionals explained the relevance of resiliency and adverse childhood experiences on long term health outcomes which could impact life expectancy and quality of life.
GMPHP and TCNJ were guest speakers at the New Jersey State Office of Resilience webinar on how ACEs can be imbedded into a Community Health Improvement Plan. Follow up phone calls indicated other organizations will look into their own county CHIPs.

4. 2021 CHNA Report: Priority Area - Maternal Child Health

"In Mercer County, the rate of infant deaths among Black babies was 30% higher than the statewide rate and more than two times larger than the national average. This high rate indicated the need to address structural factors at the community level that were 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."

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

Strategies:
Improving: Adopt Substance Abuse and Mental Health Service Administration (SAMHSA) National Center for Trauma Informed Care (NCTIC) 6 Principles for Trauma Informed Care.
Successfully Improved: Incorporate social and emotional support and resources with all services.
Needs Improvement: Explore models to increase access to affordable housing options within Mercer County.
Successfully Improving: Train and hire staff from diverse communities to work as community health workers, patient navigators, case managers, care, and support staff.
Successfully Completed: Partner with social services, employers, housing, faith-based, and other community-based organizations that serve BIPOC populations to host vaccination clinics.
Successfully Improved: Screen for trauma and behavioral health needs and provide "warm hand off" to connect patients to social support services.
Successfully Improved: Increase capacity and availability to integrated healthcare and behavioral health services.
Successfully Improved: Increase availability and knowledge of using telehealth for behavioral health management.

Needs improvement, especially in the Latino population: Increase initiation of prenatal care during first trimester.

Data 2024

- The percentage of pregnant women receiving prenatal care in the first trimester was lower in Mercer County (62.5%) than in the rest of New Jersey (74.2%) with only 35.7% of Latino women in Mercer County receiving prenatal care in the first trimester. This is a significant decrease since 2019 (51.8%).
- Black babies were higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9). Infant mortality per 1,000 births was also high in Mercer County at 6.4 per 1,000 births compared to a New Jersey rate of 3.5 per 1,000 births in 2021. Since 2011, the infant mortality rate in New Jersey declined more than 29% overall. This data still does not meet Health People 2030 or NJDOH goals.
- Nurture NJ reported recently that maternal mortality in NJ compared to the nation went from 47th place to 28th place; Morbidity went from 32nd place to 18th place; breastfeeding went from 36th place to 18th place in the nation. Specific statistics for Mercer County are still not available.
- In 2022 CJFHC increased social service referrals to 2,435 (up 42.7%).

Impact Conclusion: In 2023, Capital Health increased maternal prenatal care services, thereby reducing the wait for a Medicaid prenatal care visit from 3 months to 1-2 weeks. The successful implementation of culturally competent community health workers, patient navigators, and doula services at the clinics in 2023 addresses a systems change that should result in improved maternal and infant health.
A pilot Family Connects program started to do home visits of postpartum women and infants in 2022, and that data are not available to date, but historically in other states, this program has produced favorable outcomes.
A new breastfeeding support group called ROSE (Reaching Our Sisters Everywhere) started in 2022, where African American breastfeeding women mentor new African American breastfeeding mothers.
GMPHP partners are advocating for policy changes allowing Medicaid to reimburse Doula services. Doula services are recognized nationally as a strategy that improves birth outcomes, and potentially decreases disparities.
Capital Health Medical Center, Trenton Health Team, and Rutgers have been selected to establish a Maternal Health Innovation Center in Trenton through the NJ Economic Development Authority funding in the near future. This is a major system and environmental change.
In conclusion, given the policy, system, and environmental changes implemented between 2022-2024, we expect and are hopeful to see an improvement in the maternal child health indicator once the 2023 data are available.

Incidental Benefits
Collaborations and partnerships improved between food security, social services, and the nonprofits, creating a willingness to start new innovations i.e. Meals on Wheels is holding conversations on capacity to serve meals to food insecure pregnant women. Partners state they don't feel like they are working in silos anymore.

Respectfully submitted November 8, 2024.
Carol Nicholas
Project Director

The members of the GMPHP Community Health Advisory Board, listed in Table 44, made possible the achievements presented in this progress report.

Table 44. GMPHP Community Health Advisory Board Membership 2024

Aetna	Mercer County Office on Aging and Disability
American Heart Association	Mercer Street Friends
Attitudes in Reverse	Mount Carmel Guild
Advocates for Mom and Dad	NAMI
Brain Injury Association	NJ Cancer Institute
Boys and Girls Club	NJ Futures
Campfire	NJ Health Care Quality Institute
Capital City Farm	NJCEED
Capital Health Medical Center • Urban Institute; OB Clinic	NJDOH – Office of Minority and Multicultural Health
Catholic Charities Diocese of Trenton	Oaks Integrated Care
Central Jersey Family Health Consortium	Office of Early Childhood
Children's Futures	Phoenix Behavioral Health
Children's Home Society of New Jersey	Presbyterian Church of Lawrenceville
Eat for Your Health	Princeton Breast Cancer Resource Center
Empower Somerset	Princeton House
Encouraging Kids	Princeton Housing Authority
Greater Mercer Transportation Management Association	Rainbow Nursey Medical Day Care
Grounds for Sculpture	Rolling Harvest
Hamilton YMCA	Rider University- Health Care Management
Hand in Hand	RWJB Hamilton Hospital • Tobacco Cessation • Better Health Program
Helping Arms	Share My Meals
Henry J Austin	SNAP-Ed
HiTops	TCNJ School of Nursing and Public Health
HomeFront	Terhune Orchard
Hunterdon Mercer Chronic Disease Coalition	The Watershed
Interfaith Caregivers of Mercer County Isles	Thomas Edison State University
Jewish Family and Children's Services	Trenton Free Public Library
Latin American Legal and Education Defense Fund	Trenton Health Team
Lawrence Hopewell Trail	Tri-State Transportation Circuit
Lawrence Rehabilitation Center • Lawrence Meadows • Avalon Rehabilitation	Trinity Cathedral
Meals on Wheels	TruDoulas

Mercer Council on Alcohol and Drug Abuse	United Way of Mercer County
Mercer County Health Officer Association	Well Beyond Partners
Mercer County Human Services	Woman Space
Mercer County Office of Economic Development	

The following Capital Health staff contributed to advancing the hospital's SIP (Table 45).

Table 45. Capital Health Acknowledgements

Member	Titles
Borgos, Suzanne	Chief Strategy Officer
Cohen, Jeremye	VP of Planning and Business Development
Dr. Maghazehe, Kam	Community Health Improvement Manager
Dr. Goldsmith, Daniel	Associate Program Director - Internal Med (IM)
Stier, Katrina	Director of PR/ Marketing/Comm Ed
Dr. Hasan , Saba	Program Director- IM
Dr. Remstein, Robert	Chief Academic Officer
Visconti, Debbie	Chief Revenue Officer
Dr. Vypritskaya, Ekaterina	Program Director - Transitional Med
Dr. Mican, Deb	Chief Nursing Officer
Russell, Michael	VP Of Medical Group
Yorks, Matt	Specialty Director- Capital Health Medical Group
Dr. Schwartz, Eric	VP of Community Health Transformation
Deb Sansone	Director of Quality

RWJUH Hamilton 2021 Improvement Plan Results as of 11/8/24

The following partners contributed to the RWJBarnabas Health (RWJBH) Community Health Needs Assessment processes:

RWJBH Community Health Needs Assessment Steering Committee

Committee Members

- Tamara Cunningham, Vice President, System Development, Co-Chair
- Barbara Mintz, MS, RDN, Senior Vice President, Social Impact and Community Investment Leadership, Co-Chair
- Lina Shihabuddin, MD, Accountable Care and Population Health
- Frank Ghinassi, PhD, ABPP, Senior Vice President, Behavioral Health
- Lauren Burke, Vice President, Cardiac and Neurosciences
- Mary O'Dowd, MPH, Executive Director for Health Systems and Population Health Integration, Rutgers, Community and Health Systems,
- Balpreet Grewal-Virk, Senior Vice President, Community Health
- Suzette Robinson, MHA, Senior Vice President, Diversity and Inclusion
- Bill Faverzani, Senior Vice President, Pediatrics
- Cathy Dowdy, Senior Vice President and Comptroller, Financial Accountability
- Rich Henwood, Vice President, Financial Accountability
- George Helmy, Executive Vice President, Government Relations
- Joseph Jaeger, DrPH, GME/Physician Education/Research
- Indu Lew, Executive Vice President, System Leadership Coordination
- Deborah Larkin-Carney, RN, BSN, MBA, Senior Vice President, Quality
- Perry Halkitis, PhD, MS, MPH, Dean, School of Public Health, Rutgers University, Public Health
- Susan Solometo, MBA, Senior Vice President, Oncology
- Patrick Knaus, Executive Vice President, Strategy
- Suzanne Spernal, DNP, APN-BC, RNC-OB, Women's and Children's Services

Facility Representation

- Barnabas Health Behavioral Health Center (BHBHC) – Christine Belluardo, Administrative Director of Clinical Engagement
- Cooperman Barnabas Medical Center (CBMC) – Margie Heller , Senior Vice President – Community Health & Global Strategic Partnerships
- Community Medical Center (CMC) – Kristine Fields, Director, Community Outreach
- Clara Maass Medical Center (CMMC) – Clarissa Soto Vargas, Manager, Community Health
- Children's Specialized Hospital (CSH) – Megan Granozio, Director, Marketing and Public Relations
- Jersey City Medical Center (JCMC) – Whitney Bracco, AVP, Ambulatory and Social Impact
- Monmouth Medical Center (MMC) and Monmouth Medical Center, Southern Campus (MMCSC) – Abigail Thompson, Regional Director, Community Health/Social Impact and Community Investment

- Newark Beth Israel Medical Center (NBIMC) – Atiya Jaha-Rashidi, Chief Equity Officer and VP or Community Relations,
- Robert Wood Johnson University Hospital (RWJUH) Hamilton – Diane Grillo, VP, Wellness Program
- Robert Wood Johnson University Hospital (RWJUH) New Brunswick – Mariam Merced, Director, Community Health
- Robert Wood Johnson University Hospital (RWJUH) Rahway – Christina Manata, Director, Physician Relations
- Robert Wood Johnson University Hospital (RWJUH) Somerset – Serena Collado, Director, Community Health
- Trinitas Regional Medical Center – Rosemary Moynihan, VP Mission Integration

Technical Advisers:

- Withum Smith&Brown (S. Mariani)
- Health Resources in Action (HRiA)

Table 46. RWJUH Hamilton 2021 Improvement Plan Results

Overarching Priority: To Create A Culture of Health Equity and Trust
Priority Area: Life expectancy and Chronic Disease
GOAL 1: Ensure all residents have equitable access to resources to prevent and manage chronic disease to reduce disparities in life expectancy resulting from chronic diseases.
Key CHNA Findings: • Life expectancy in Mercer County (80.6) is on par with New Jersey (80.5), but life expectancy for Black people (74.9) is lower than all other race and ethnic groups: White (80.9), Latinx (85.7), and Asian (90.3). • The percent of the population that is uninsured in Trenton (17.6%) and Hightstown (16.6%) is two times higher than NJ (7.8%) and US (8.8%). • Heart disease deaths are increasing in Mercer County (162.7) and higher than NJ (158.0) and the US (161.5); heart disease deaths among Black people in Mercer County (236.4) are higher than any other group and higher than among Black people anywhere else. • Diabetes deaths are increasing in Mercer County from 15.1 (2018) to 17.3 (2019); The diabetes death rate is nearly two times greater for Black people (31.7) than White people (13.1) in Mercer County. • One in five Mercer County Senior Medicare Beneficiaries are living with four or more chronic conditions. • The ability to afford appropriate and safe housing creates barriers for chronic disease prevention and management; older adults, racial and ethnic minorities, low-income residents; and youth with asthma are particularly impacted by lack of adequate housing. • As of 2018, nearly 1 in 10 Mercer County residents were food insecure; anecdotal evidence supports this percentage has increased significantly with COVID-19. • 41.7% Mercer County adults report having no leisure activity in past 30 days compared to NJ (27.8%) and the US (24.2%) averages.
Objectives 1. By 2024, reduce the proportion of people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%) 2. By 2024, reduce uninsured rates in Trenton and Hightstown by 50% to align with state and national rates. 3. By 2024, reduce premature age adjusted death rates among Black African American residents in Mercer County to align with the combined Mercer County rate (300). 4. By 2024, increase duration of physical activity/leisure activity among adults and children across Mercer County to 30 minutes per day or 3 ½ hours per week, per CDC exercise recommendations. 5. By 2024, increase the proportion of Mercer County households that exit the homeless system to permanent housing by 5%. 6. By 2024, promote resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs).

	Strategy	Performance Indicator	Tracking / Outcomes
1.1(a)	Reduce the proportion of "unknown" entries to demographic characteristics by 5% each calendar year.	· # reminders built in to EPIC · Fields populated into LVM1 · % of "unknown" entries reduced	2022: 14% 2023: 25% 2024: 29% (percent reduction)
1.1(b)	Make available training regarding why and how to collect race, ethnicity, data based on evidence-based tools such as AHA Disparities Toolkit each calendar year.	· % of staff trained Increase social determinants of health screenings each year	All point of entry staff required to complete 'REAL' training. 2023: 23 out of 26 Hamilton staff trained 88.46% 2022: N/A 2023: 17% 2024: 80%
1.2	Increase the utilization of mental health screening as a standard tool for primary care and chronic disease maintenance visits by 5% each calendar year.	· implementation of 'trauma informed mental health screening' · % of mental health screenings	Mental Health Screening tool implemented across all ambulatory practices; 2022: 497 2023: 884 2024: 980
1.3	Highlight formal and informal activities taking place on the field through the marketing and communications activities in social media, newsletters, and public communication.	· Promote and Monitor utilization of Community Field · Tracking of public promotions	2023: A press release, with call to action, distributed to all local and companywide media outlets for the opening of the Community Garden and its related community programming found at rwjbh.org/HamiltonPrograms. Language includes "programs are open to all community members and registration is required." 2024: A community garden member testimonial video was promoted and amplified across all media channels, YouTube and shared on the hospital's annual meeting presented by the hospital CAO, and again the call to action learn more at Community Education, rwjbh.org/HamiltonPrograms. Nutrition programs/cooking demonstrations with RWJUH Hamilton's Registered Dietician are promoted, shared and amplified on all social media channels, internal comms and media outlets like *TapInto* online, and Community Newspaper Group.

	Engage Community Impact Alliance (CIA) to promote and support community activities taking place on the RWJUHH Community Field.	· # events · Tracking of public promotion	2022-2024 promoted and held 9 events that raised over $35K to support its mission to fundraise in support meaningful impact to Maternal and Child health goals.
	Encourage the utilization of the RWJUHH Community Field by individuals and organizations/programs focused on inclusion of individuals from vulnerable populations (low income, BIPOC, youth, ages 65+).	· # of outreach activities · Culturally competent campaigns	2022: Continued daily use of Community Turf Field; 2023 3 formal educational event sessions, including the Grand Opening of Community Education Garden 2024 3 formal educational event sessions for the Community Education Garden
1.4(a)	Create short video tool in key languages designed to teach patients how and why to access telehealth.	· # activities · # participants from diverse and vulnerable populations · Produce and promote video	Public and Inpatient promotions for Telehealth / TeleMed® were a system initiative during the pandemic with a dedicated landing page and a call to action and where consumers and patients were driven to learn more: https://www.rwjbh.org/patients-visitors/telehealth/; Also listed in the hospital's Inpatient Patient Guide with a direct contact phone #888-724-7123. Via the MyChart App and desktop platform available to those patients who sign up and participate, patients can now access their medical records 24/7 online. And in platform patients have direct connectivity available to Telehealth.
1.4(b)	Increase in-person participation in wellness activities among diverse people age 65+ by 10% each year.	· Baseline # · % increase • # of programs	"Healthy Lives at Hamilton" increased participation significantly over 2+ years 2022: Launched 2023: 53 newly enrolled 2024: YTD 150 active participants Better Health (No-cost 65+ programming) 544 baseline membership 2022: 83% increase 2023: 56% increase 2024: 29% YTD ALPS (Advanced Learning Program & Skill building) All-inclusive special needs classes with members ranging from ages 23 to 83 years old

			2023: Launched 2024: Fall session expanded number of classes and memberships served, including collaboration with Better Health 65+ programs on nutrition and wellness.
1.5(a)	Onboard a cohort of junior volunteers who identify as local Hamilton high school students who are BIPOC and/or receive significant social services from the school district to develop career and professional awareness and workplace skills that will enhance economic / scholastic opportunities in the future.	· # students participating in Mentoring Program · # youth volunteers	2022: · N/A · 37 Junior Volunteers 2023: · Spring session had 9 students from Trenton High School participate in RWJUHH Big Brothers Big Sisters of Mercer County Workplace Mentoring Program · 57 Junior Volunteers 2024 · N/A · 60+ Junior Volunteers
1.5(b)	Increase participation on Patient and Family Advisory Council (PFAC) among diverse chronic disease patients ages 65+.	· # PFAC representative of diverse chronic disease treatment	· 5 of ~10

Overarching Priority: To Create A Culture of Health Equity and Trust

Priority Area: Behavioral Health, Trauma and Adverse Childhood Experiences

GOAL 2: Foster a community where acute, chronic and systemic trauma are recognized and appropriately treated as an integral component of health and wellness opportunities for all people. Incorporate Ending Racism Together tenants, trauma informed strategies, behavioral health and social determinants of health screenings in all patient interactions.

Key CHNA Findings:

- COVID-19 has become one of the top five leading causes of death; In NJ, it is the third leading cause of death for White, non-Hispanic residents and the number one cause of death among Black, Asian, and Latinx residents.
- Approximately one-third of all Trenton residents across all race and ethnicities live in poverty; another 20.4% of all Mercer residents are asset limited. These data are prior to COVID-19.
- A marker for trauma, Mercer County (5.7) has among the highest Infant Mortality rates in the state (4.3) and higher than US (5.8). Infant mortality among Black babies is higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9).
- HUD documented housing problems exist in higher than NJ and US proportions for renters in Trenton, Hightstown, Pennington; Renters and Homeowners are Housing Cost Burdened
- The most common reason for experiencing homelessness is being asked to leave a shared residence, suggesting high-undetected housing cost burdens.
- As of 2018, nearly 1 in 10 Mercer County residents were food insecure; anecdotal evidence supports this percentage has increased significantly with COVID-19.

Measurable Objectives

1. By 2024, reduce the proportion of people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%)
2. By 2024, reduce premature age adjusted death rates among Black African American residents in Mercer County to more closely align with the combined Mercer County rate (300). (p. 8)
3. By 2024, increase the proportion of Mercer County households that exit the homeless system to permanent housing by 5%. (p.47)
4. By 2024, reduce household food insecurity and hunger across Mercer County to 7%. (HP2030 Goal: 6%) (p.43)
5. By 2024, increase number of households that has a computer and broadband access to at least 90%. (p.88)
6. By 2024, promote resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs).

	Strategy	Performance Indicator	Tracking / Outcomes
2.1	Reduce the proportion of "unknown" entries to demographic characteristics by 10% each calendar year.	- Review demographics screening tool - Review reminders - Analyze pop with BH participation	Screening tool reviewed; EPIC reminders reviewed; Analysis of Better Health participation in process.
2.2	Increase the utilization of mental health screening as a standard tool for primary care and chronic disease maintenance visits by 10% each calendar year.	- Review Mental Health screening tool - Review reminders - Review Policies & Procedures - # completed screenings	Reviewed Mental Health Screening tool, EPIC reminders and P&P implemented across all ambulatory practices 2023: * 2024: *
2.3(a)	Ensure all active Adjunct Chaplains and Chaplain Interns receive anti-	- Review training resources	Training resources included lessons entitled "*Pastoral Care for a Diverse*

	racism and trauma-informed pastoral care training at the end of each calendar year.	· # trained pastoral care providers and volunteers	*Population"; "Inclusive Pastoral Care for a Diverse Community"; and "Trauma-Informed Approach for Pastoral Care Professionals".* A total of 14 pastoral care providers were trained over the academic years 2023 through summer session 2024.
2.3(b)	Ensure RWJUHH staff from each department engage in Ending Racism Together initiatives each calendar year.	· # RWJUHH staff engaged in initiative	All staff are required to complete e-Learning modules for Ending Racism under Diversity, Equity and Inclusion.
2.4	Utilize SDoH metrics available in EPIC to determine patient barriers to accessing care and maintaining healthy behaviors and make referrals for support.	· Review SDOH screening tool and implementation plan · # completed SDOH screenings	Reviewed SDOH screening tool and implemented across all ambulatory practices. 2022: N/A 2023: 797 2024: 3,040 YTD
2.5	Incorporate review of the tenants of the HRO in staff meetings and signing of the commitment in staff review process each calendar year.	· # signed commitments	All staff are required to sign the tenants of HRO annually.
2.6	Schwartz Rounds are an evidence-based program implemented at RWJUHH to support employees in awareness of their own emotional connection to their work, and in turn expanding compassion to themselves and those they care for.	· Schwartz Round schedule / topics	2022 Sessions: "Feeling Undervalued: Hero to Zero" "Caring While Living with Grief & Loss" "Caregivers as Caregivers" 2023 Sessions: "Sharing the Gift of Life: Experiences in Organ / Tissue Donation" ""Caring for our LGBTQ Neighbors: Prideful Respect for Patients & Colleagues"; "Stories that Inspire" 2024 Sessions: "Being Mortal--When We Are the Patient" "Things They Never Told Me-What I Learned on The Job" "Working Behind the Scenes: 'Invisible' Team Members" "I'm Worried About You: When Patient Choices Don't Align with Our Recommendations" "Humor in the Hospital"
2.7	Create short video tool in key languages designed to teach patients how and why to access	· # activities · # participants from diverse and	Public and Inpatient promotions for Telehealth / TeleMed® were a system initiative during the pandemic with a

	behavioral health through telehealth.	vulnerable populations · produce and promote video	dedicated landing page and a call to action and where consumers and patients were driven to learn more: https://www.rwjbh.org/patients-visitors/telehealth/; Also listed in the hospital's Inpatient Patient Guide with a direct contact phone #888-724-7123. Via the MyChart App and desktop platform available to those patients who sign up and participate, patients can now access their medical records 24/7 online. And in platform patients have direct connectivity available to Telehealth.

Overarching Priority: To Create A Culture of Health Equity and Trust

Priority Area: Maternal Child Health Strategies

GOAL 3: Eliminate disparities in infant and maternal mortality based on race by promoting equity in opportunities for social determinants of health and wellness for all birthing people.

Key CHNA Findings:

- Mercer County (5.7) has among the highest Infant Mortality rates in the state (4.3) and higher than US (5.8). Infant mortality among Black babies is higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9).
- 65.7% of Mercer County Moms access prenatal care in the first trimester compared to NJ (74.5%) and US (77.6%) averages and below the HP2030 goal (80.5%). Black (55.7%) and Latinx (51.8%) moms in Mercer County are less likely to access early prenatal care than any other group.
- Breastfeeding at 8 weeks of age at 50.9% in New Jersey. This is a leading priority in Healthy NJ 2020 Plan (State Health Improvement Plan).

Measurable Objectives

1. By 2024, increase onset of first trimester prenatal care among all pregnant people in Mercer County to align with state average of 75%.
2. By 2024, increase the proportion of pregnant African American and Latinx people accessing prenatal care during the first trimester in participating programs by 5% each year.
3. By 2024, increase participation in pre- and postpartum care programs for delivering person and baby through infant age 2.
4. By 2024, increase the onset and duration of breastfeeding through infant age 1.
5. By 2024, annually make 1000 perinatal home visits to people from Mercer County who gave birth in Mercer County.
6. By 2024, increase by 10% per year the number of people who receive a referral for social support in the perinatal period who receive the referred service.

	Strategy	Performance Indicator	Tracking / Outcomes
3.1(a)	Reduce the proportion of "unknown" entries to demographic characteristics by 5% each calendar year.	- Review demographics screening tool - Review policies & procedures - Review reminders	Reviewed demographics screening tool, P&P and EPIC reminders.
3.1(b)	Incorporate staff training regarding why and how to collect race, gender, ethnicity, data based on evidence-based tools such as AHA Disparities Toolkit each calendar year.	- Review EPIC training policies & procedures	All point of entry staff required to complete 'REAL' training. 2023: 23 out of 26 Hamilton staff trained 88.46%
3.2	Increase the utilization of mental health screening as a standard tool for all visits by 5% each calendar year.	- Review Mental Health screening tool - Review Policies & Procedures - # completed Mental Health screenings	Reviewed Mental Health Screening tool and P&P implemented across all ambulatory practices; 2022: N/A 2023: * 2024: *
3.3(a)	Incorporate staff training regarding why and how to collect SDoH indicators as part of EPIC training each calendar year.	- Review policies & procedures - Review referrals	Reviewed SDoH training P&P and referral process implemented across all ambulatory practices.
3.3(b)	Implement and utilize SDoH metrics as a standard tool for primary care,	- Review SDOH screening tool - Review Policies & Procedures	Reviewed SDoH screening tool and P&P.

	emergency, behavioral health, and wellness maintenance visits by 5% each calendar year.	· # completed SDOH / BH screenings for adult female pop	2022: N/A 2023: * 2024: *
3.3(c)	Increase direct referrals for SDoH and BH care during patient visits and follow up tracking by 5% each calendar year.	· Review tracking policies and procedures for referrals	P&P for referral tracking reviewed for NJ QIP and Peer Recovery Programs Populations. Community Health Worker program in process for screening of all patients.
3.4	Leverage the relationship building work of the CIA to increase partnerships with agencies providing supportive services such as housing, education and job training by 10% each calendar year.	· # events · Tracking of public promotion	2022-2024 promoted and held 9 events that raised over $35K to support its mission to fundraise in support meaningful impact to Maternal and Child health goals; 10+ public job fairs held; 4 ALPS drives / supports as a core mission for social responsibility held “Positive Sticks” in honor of Maternal Mental Health month, Thanksgiving dinners assembled for Mercer Street Friends Food Bank, Hygiene Kits donated to TASK, and a Diaper Drive for HomeFront.

**EPIC reports containing CHIP specific data have been requested and pending validation.*