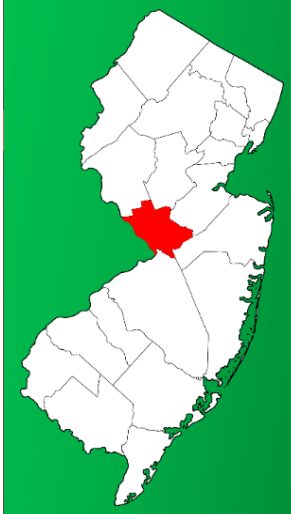
GMPHP Greater Mercer Public Health Partnership

MERCER COUNTY 2018 COMMUNITY HEALTH ASSESSMENT



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ACKNOWLEDGMENTS

The following partners led the Greater Mercer Public Health Partnership (GMPHP) Community Health Needs Assessment (CHA).

GREATER MERCER PUBLIC HEALTH PARTNERS

The Greater Mercer Public Health Partnership Community Health Assessment (CHA) was developed with the help of the organization's Executive Board and Membership Organizations, and under the leadership of its Project Director, Carol Nicholas, BA, RN.

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- Aging Advisors LLC
- AHA Senior Director Community Health
- Aim Coordinator - Henry J Austin
- Attitudes in Reverse
- Big Brother Big Sister of Mercer County
- Cancer Society
- Capital Health - Community Health
- Capital Health Alcohol and Drug Counselor
- Capital Health Community Relations
- Capital Health- Director of Planning
- Capital Health Foundation
- Capital Health-Dir. Clinical Integration
- Catholic Charities
- Central Jersey Family Health Consortium
- Chief of Addiction Services, Mercer County
- Chief of Police Hopewell
- Children's Home Society
- CHOP
- Christina Seix Academy
- Community Activist
- Community Resident
- CSN Pond Road MS
- Director Mercer County TRADE Transportation
- Director Phoenix Behavioral Health
- Director Senior Center Robbinsville
- EmPower Mercer
- Encourage Kids
- ETS
- Ewing Health Department
- GMPHP
- Greater Mercer TMA
- Gwynedd Mercy University
- Hamilton Area YMCA
- Hamilton Health Officer
- Health Coach
- Healthcare Quality Strategies Inc.
- Home Front
- Hopewell Borough Health Department
- Hopewell Public Health Nurse/Capital Health Comm. Education
- Hopewell Valley Health Department
- Hunterdon County & Mercer Chronic Disease Coalition
- Interfaith Caregivers of Mercer County
- Jewish Family Services
- Lakeview Child Center
- Lawrence Hopewell Trail
- Lawrence Public Health Nurse
- Lawrence Township Health Department
- Lawrenceville Presbyterian Church
- Lawrenceville School Board
- Manager Senior and Social Services
- Medina Community Clinic
- Mental Health Educator
- Mercer Council Alcoholism and Drug Addiction
- Mercer County Freeholder
- Mercer County Human Services
- Mercer County Mental Health Administrator
- Mercer County Office of Economic Development
- Mercer County Parks Naturalist
- Montgomery Health Department
- NAMI of Mercer County
- New Jersey Partnership for Healthy Kids
- NJ Futures Program Manager
- PACF
- Pastor New Gen Church
- Pennington Board of Health
- Phoenix - Program Director
- Physician
- Presbyterian Church Lawrenceville
- Prevention Specialist - Rider University
- Princeton Chamber of Commerce
- Princeton Community Housing
- Princeton Health Department
- Princeton Health Officer
- Princeton House
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- Retired lawyer, Ellarslie Museum
- Robert Wood Johnson Community Education
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- Rutgers University
- RWJ Hamilton
- St Francis Medical Center
- St Lawrence Rehabilitation Center
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- TCNJ School of Nursing
- TCNJ's Alcohol and Drug Education Program
- Terhune Orchards
- The Watershed
- Thomas Edison State College
- Trenton Health Department
- Trenton Health Team Population Health - Manager
- Trenton School Nurse
- Trinity Cathedral Church
- United Way of Greater Mercer County
- Viocare
- West Windsor Health Department

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Steering Committee Technical Advisors:

- New Solutions Inc. (Nancy Erickson[1])

Questions regarding the Community Needs Assessments should be directed to Greater Mercer Public Health Partnership at GMPHP.NJ@gmail.com.

1 The CHA's development consultants, New Solutions, Inc., have planned and conducted numerous community needs assessments and implementation plans with multiple organizations including individual hospitals, health systems, other health care and community organizations such as consortia comprised of a wide range of participant organizations. The NSI team, of which two are Ph.D. prepared, includes: planning consultants, market researchers, epidemiologists, computer programmers and data analysts. NSI has extensive regional and local community knowledge of health issues, community services and provider resources for the community reviewed by this assessment. This expertise, as well as the methodological and technical skills of the entire staff, was brought to bear in conducting this Community Health Needs Assessment.

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EXECUTIVE SUMMARY

Background

In 2018, the Greater Mercer County Public Health Partnership (GMPHP) undertook development of its third Community Health Assessment (CHA). The CHA was designed to ensure that Mercer County public, private, and community-based organizations continue to effectively and efficiently serve the needs of their communities. The CHA was developed in accordance with all federal rules and statutes, specifically PL 111-148 (The Affordable Care Act) which added Section 501(c) to the internal revenue code and, in accordance with New Jersey regulations N.J.A.C. 8:52 10.1-10.3 governing local boards of health. The latter regulations govern: the collection, computation, interpretation, and communication of vital statistics and health status measures within one or more New Jersey counties; the identification of threats to health; the assessment of health service needs; and the analysis, communication, and publication of access, utilization, quality, and outcome of personal health issues. This needs assessment was undertaken in this context and developed for the purpose of enhancing the quality of life throughout Mercer County. This assessment builds upon the CHAs conducted in 2012 and 2015.

The CHA uses detailed secondary public health and demographic data at state, county and municipality or zip code levels, as well as primary data collected through a community health survey, focus groups, and a World Café meeting. All data elements were reviewed by GMPHP members to determine key issues impacting the health of Mercer County residents. The Methodology Section of this CHA details the data collection process and analysis.

Service Area

Mercer County is located in west central New Jersey, bordering Somerset and Hunterdon counties to the north and Middlesex, Monmouth and Burlington counties to the east and south. The Delaware River and Pennsylvania are on the western edge of the State. The county encompasses a land mass of 226.1 square miles with seven townships, three boroughs, and 34 zip codes. The county and its subdivisions are now largely suburban with Trenton as its principal urban center. The county is home to 371,183 residents, and ten percent of the U.S. population is within the 75 miles of Mercer County. Trenton is the capital of the U.S. state of New Jersey and the county seat of Mercer County.

Mercer County

The county is made up of urban, suburban and rural areas. Wide disparities in wealth exist within some communities. The high cost of living and a lack of affordable housing has led to concerns over a dwindling middle class. The following exemplifies a few social and economic differences identified in this review.

- Mercer County has a slightly lower proportion of whites than residents of New Jersey.
- Mercer County's Asian population grew by 29% between 2010 and 2018, and Hispanic and Latino populations grew 20% during the same timeframe.
    - ➢ Trenton zip code 08611 has the highest concentration of Hispanics at 59.5%.
    - ➢ Princeton has the largest Asian population, 29.8%.
- Mercer County's population grew 1.3% compared to 2% for New Jersey.
- The County's population distribution by age is similar to that of the State.
- The County's median household income was over $73,966 in 2016 compared to $73,702 in New Jersey.
    - ➢ Princeton and Hopewell had the highest median household income in the service area at $124,954 and $122,525, respectively.
    - ➢ Trenton zip code 08608 had the lowest median household income in the county ($15,855).
- Mercer County's unemployment rate for 2016 was 5.6%, above the statewide rate of 5.2%.
    - ➢ Trenton/Hamilton zip code 08611 had the highest unemployment rate (8.8%).
- Poverty rates in Mercer County for families, people, and children, were higher than the State.
    - ➢ Children in Trenton zip code 08611 had among the highest rate of poverty at 37.5%.
- The percent of Mercer County residents with a graduate or professional degree was 19.5% compared to 14.4% of New Jersey residents.
    - ➢ 50.4% of Princeton residents had a graduate or professional degree compared to only 2.0% of Trenton zip code 08608 residents.
    - ➢ 37.8% of Trenton zip code 08608 residents failed to complete high school.
- Less than 12% of Mercer County residents have limited English proficiency in the county.
    - ➢ Residents of Trenton zip code 08611 had a rate of limited English proficiency that was over 34%.
    - ➢ 41% of Mercer County children were eligible for free school lunches.

In addition to social and demographic differences, disparities in incidence and prevalence of illness of Mercer County residents identified in this CHA include:

- The age-adjusted mortality rate for heart disease among Whites was higher than the rate for Blacks and Hispanics.
- The rate of low birth rate babies was, and has been, higher among Blacks than for both White or Hispanic residents since 2011.
- The Mercer County Black infant mortality rate was more than double that of Hispanics in 2016.
- The inpatient use rate in Mercer County (171.7 per 100,000) was higher than that of the State, and the zip codes of Trenton/Ewing zip code 08618, Trenton zip code 08628 and Trenton/Hamilton (08609) all have hospital use rates well above the statewide rate.
- ED use rates for Mercer County were also above those of the State and residents of Trenton zip code 08609 had an ED use rate more than double that of the County.
- Trenton zip codes 08608 and 08609 had Community Need Index (CNI) scores that were among the highest in the County while Trenton/Hamilton zip code 08690 had among the lowest CNI score in the county.
- The rate of persons hospitalized with a heart attack was highest in Trenton zip code 08608 in 2016.
- Among patients who used a hospital, the rate for stroke was highest among residents of Trenton zip code 08638.
- The highest rate of diabetes, renal disease, COPD, and hypertension were seen in patients from Trenton zip code 08608.

Top Health Issue

The Greater Mercer County Public Health Partnership considered primary and secondary data to determine the top health issue. Prioritization was based on capacity, resources, competencies, and needs specific to the populations served. The selected issue is within the Partnership's, competency and resources to impact in a meaningful manner and is believed to be a root cause of many of the chronic health issues facing residents of the county. For these reasons, *"to help Mercer County residents achieve a healthy weight and lifestyle throughout their lives"* was selected as the main priority issue for the 2018-2021 CHA.

Assist Mercer County Residents Achieve a Healthy Weight and Lifestyle Throughout Their Lives

Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes and high blood pressure it can also lower the risk of several different cancers. An individual's weight, waist size and the amount of weight gained since one's mid 20's can have serious health implications. These factors can strongly influence an individual's chances of developing many diseases and conditions including:

- Cardiovascular disease, heart attack, stroke;
- Diabetes;
- Cancer;
- Arthritis;
- Gallstones;
- Asthma;

- Cataracts;
- Infertility;
- Snoring;
- Sleep apnea.

To be in a healthy range, your weight isn't more than 10 pounds over what you weighed when you were in your mid-twenties. Because most adults between the ages of 18-49 gain one to two pounds each year, stopping and preventing weight gain should be a priority. Gaining weight as you age increases the likelihood of developing one or more chronic diseases.

The key to achieving and maintaining a healthy weight isn't about short-term dieting changes. It's about a lifestyle that includes healthy eating, regular physical activity and balancing the number of calories you consume with the number if calories your body uses.

Genetics affect the amount of body fat stored, where fat is distributed, and how efficiently the body converts food into energy. Family eating and physical activity habits play a role in the development of obesity. Prolonged inactivity results in calorie imbalance, the intake of calories is higher than the burning of calories. Often, inactivity is a result of other medical problems like arthritis or injuries. An unhealthy diet, high in calories and lacking in fruits and vegetables, is a significant contributor to weight gain. Research has linked social and economic factors to obesity. Socioeconomic factors include not having safe areas to exercise, cultural traditions of eating unhealthy and obese family members.

Approximately 40% of the U.S. population, or 93.3 million adults, are affected by obesity according to the 2015-2016 National Center for Health Statistics data brief. [2] But some groups are disproportionately impacted. For example, Hispanics (47%), non-Hispanic Blacks (46.85) had the highest age-adjusted prevalence of obesity followed by non-Hispanic Whites (37.9%) and non-Hispanic Asians (12.7%). The association between obesity and income or education level is complex and differs by age, sex and ethnicity.

- Overall, men and women with college degrees had lower obesity prevalence compared to those with less education.
- By race/ethnicity, the same obesity and education pattern was seen among non-Hispanic White, non-Hispanic Black, and Hispanic women, and also among non-Hispanic White men, although the differences were not all statistically significant. Although the difference was not statistically significant among non-Hispanic Black men, obesity prevalence increased with educational attainment. Among non-Hispanic Asian women and men, and Hispanic men, there were no differences in obesity prevalence by education level.
- Among men, obesity prevalence was lower in the lowest and highest income groups compared with the middle-income group. This pattern was seen among non-Hispanic White and Hispanic men. Obesity prevalence was higher in the highest income group than in the lowest income group among non-Hispanic Black men.
- Among women, obesity prevalence was lower in the highest income group than in the middle and lowest-income groups. This pattern was observed among non-Hispanic White, non-Hispanic Asian, and Hispanic women. Among non-Hispanic Black women, there was no difference in obesity prevalence by income.

[2] https://www.cdc.gov/obesity/data/adult.html

Obesity can occur at any age, even among young children. Hormonal changes and physical inactivity in older individuals also increase risk. The amount of body muscle decreases with age, leading to a decrease in metabolism. Quitting smoking is also associated with weight gain, sometimes resulting in obesity. Structured smoking cessation programs can help mitigate the effects of weight gain associated with quitting. Not getting enough sleep or conversely getting too much sleep can cause changes in the hormones that increase appetite and contribute to weight gain.

Poor nutrition and a lack of a healthy diet pattern, and regular physical activity, are health behaviors that contribute to obesity. A healthy diet pattern is one that emphasizes eating whole grains, fruits, vegetables, lean protein, low fat and fat-free dairy products, and drinking water. Healthy activity patterns include 150 minutes of moderate intensity activity or 75 minutes of vigorous activity or a combination of both, along with two days of weight training per week.

- Nearly 34% of Mercer residents reported a BMI >=30 in 2016.
- 15.2/1,000 Mercer County residents who used a hospital service in Mercer County had a diagnosis of obesity compared to 14.1/1,000 New Jersey residents.
    - Obesity rates were found to be among the highest in Trenton zip code 08608 (22.1) and Ewing (23.3).
- Between 2014-2016 the percent of Mercer County residents reporting no leisure time activity trended upwards from 19.5% in 2014 to 29.1% in 2016.
- More than 40% of all survey respondents claimed to have hypertension, high cholesterol or a weight problem.
- Obesity was the number one concern among survey respondents from Mercer.
- 44% of Mercer County service area residents indicating obesity said they were under a physician's care for the issue, while 32% were monitoring it on their own.

Healthy weight programs are available in Mercer County in both inpatient and outpatient clinic settings and include Bariatrics wellness programs, the RWJUH Bariatric surgery program offering both surgical and non-surgical weight. A bariatric surgery and medically supervised weight loss program is also available at Capital Health at the Capital Health Metabolic and Weight Loss Center. St. Francis Medical Center in Trenton also offers Bariatric surgery with a multi-disciplinary approach to the care of patients.

Interfaith caregivers of Mercer County offer a free 24-week session for seniors at risk of osteoporosis to teach the benefits of exercise, nutrition and safety, drug therapy and lifestyle factors. The program was developed by New Jersey Department of Health and the North Jersey Regional Arthritis Center. The Mercer County nutrition project for older adults offers meals in settings that bring seniors together for activities and social interaction. Lunch is provided Monday-Friday at 12 sites throughout the County. The program also arranges services including nutrition education/nutrition counseling and other health, educational and recreational programs. The nutrition project for older adults also participates in the senior Farmer's Market program, which was developed to provide low income seniors with checks they can use to purchase fresh produce grown by New Jersey farmers.

In 2015, the Hamilton YMCA launched a series of healthy living programs in an effort to combat a variety of chronic diseases. Three programs, ACT Youth Weight Management and Healthy Ways Adult Weight Management and YMCA Diabetes Prevention Program are closely related to this year's goal of assisting Mercer County residents achieve and maintain a healthy weight and lifestyle throughout their lives. Mercer Street Friends Food Bank leads the community response to hunger in Mercer County, channeling

2.7 million pounds of food and groceries to a network of 80 local food partners, shelters, soup kitchens, meal sites, schools, senior and disabled programs and low-income housing sites.

In addition to the prioritized needs discussed above, this CHA identifies the following as additional health needs for the communities:

- Mental health and substance abuse;
- Chronic disease;
- Access to care/transportation;
- Coordination and communication;
- Cancer;
- Cardiovascular disease/stroke;
- Diabetes;
- Underserved populations/healthy equity;
- Chronic respiratory diseases and asthma;
- Chronic diabetes;
- Hypertension;
- Food security;
- Safe recreational spaces; and
- Health concerns related to aging.

Relationship of the State Improvement Plan (SHIP) to the GMPHP Plan

Healthy New Jersey 2020 (HNJ2020), the State Health Improvement Plan (SHIP) was the result of a multiyear process to obtain input from a diverse group of stakeholders from throughout the State. The SHIP includes over one hundred health improvement objectives. However, the HNJ 2020 leading health indicator have been the focus of the state's effort over the last several years. These indicators include:

- Access to health care
- Improve birth outcomes
- Increase childhood vaccination
- Reduce the burden of heart disease and stoke
- Prevent obesity

These leading health indicators are related to the state's overarching goals of:

1. Achieving high quality, longer lives free of preventable disease, disability, injury and premature death.
2. Achieving health equity, eliminate disparities and improve health for all people.
3. Creating social and physical environments that promote good health for all.
4. Promoting quality of life, healthy development and healthy behaviors across all life stages.

Similarly, the overarching goal of the 2018 GMPHP Plan "to help Mercer County residents achieve a healthy weight and lifestyle throughout their lives", is viewed as an underlying issue related to the each of the state's 4 overarching goals. The importance of maintaining a healthy weight is a significant factor in many preventable diseases and disabilities. Eating a healthy diet and getting regular exercise is important to promote quality of life and healthy development and, are behaviors which are important across all stages of life. Creating environments which promote heathy lifestyles and ensure safe spaces

for physical and social activities is similarly important for maintaining healthy lifestyles. Lastly ensuring all people have access to good nutritional food to maintain appropriate weight helps to reduce many of the health disparities that exist in our communities.

Three of the 5 leading health indicators for New Jersey have met the targets set forth in the SHIP plan these include: birth outcomes, teen obesity and deaths due to heart disease. Access to primary care, childhood immunization and adult obesity targets are yet to be achieved. GMPHP believes that it's overarching goal to help Mercer County residents achieve a healthy weight and lifestyle throughout their lives is paramount to reducing adult obesity; that access to care must be viewed broadly, and not just with regard to medical care, but also with regard to access to services that promote healthy lifestyles. Lastly, GMPHP believes that achieving lifestyle changes that promote healthy behaviors translates to a variety of health behaviors including healthy diet, exercise and health behavioral changes that promote early screening, detection and vaccination against diseases.

1. INTRODUCTION

In 2018, the Greater Mercer County Public Health Partnership (GHPHP) undertook development of its third Community Health Assessment (CHA). The CHA was designed to ensure that Mercer County hospitals and other Mercer County public, private, and community-based organizations continue to effectively and efficiently serve the needs of their communities. The CHA was developed in accordance with all federal rules and statutes, specifically PL 111-148 (The Affordable Care Act) which added Section 501(c) to the internal revenue code and, in accordance with New Jersey regulations N.J.A.C. 8:52 10.1-10.3 governing local boards of health. The latter regulations govern: the collection, computation, interpretation, and communication of vital statistics and health status measures within one or more New Jersey counties; the identification of threats to health; the assessment of health service needs; and the analysis, communication, and publication of access, utilization, quality, and outcome of personal health issues. This needs assessment was undertaken in this context and developed for the purpose of enhancing the quality of life throughout Mercer County. This assessment builds upon the CHAs conducted in 2012 and 2015. See **Appendix A** for the 2015 Community Health Improvement Plan Summary Update.

The CHA uses detailed secondary public health and demographic data at state, county and municipality or zip code levels, as well as primary data collected through a community health survey, focus groups, and a World Café meeting. All data elements were reviewed by GMPHP members to determine key issues impacting the health of Mercer County residents. The Methodology Section of this CHA details the data collection process and analysis.

The CHA data sources include *Healthy People 2020* and the County Health Rankings, Census Bureau, and CDC, to name a few. *Healthy People 2020* and County Health Rankings, which are described below, also provide benchmarks for county-specific indicators.

- *Healthy People 2020* is a 10-year agenda to improve the nation's health that encompasses the entire continuum of prevention and care. For over three decades *Healthy People* has established benchmarks and monitored progress over time to measure the impact of prevention activities. *Healthy People 2020* benchmarks are used throughout the report to assess the health status of residents.
- *County Health Rankings*, published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, rank the health of nearly all counties in the United States. The rankings look at a variety of measures that affect health such as high school graduation rates, air pollution levels, income, rates of obesity and smoking, etc. These rankings are also used throughout the report to measure the overall health of Mercer County residents. County rates are also compared to statewide rates.

The GMPHP needs assessment was undertaken and developed for the purpose of enhancing the health and quality of life throughout the community. To this end, a broad array of information both internal and external was used to understand recent health indicators and the opportunities to provide a positive impact on health and wellness. In addition to the priority area mentioned below, other significant needs determined through this process include:

- Mental Health and Substance Abuse;
- Chronic Disease;
- Access to care/transportation;
- Coordination and Communication;

- Cancer;
- Cardiovascular disease/stroke;
- Diabetes;
- Underserved populations/health equity;
- Chronic respiratory disease and asthma;
- Chronic diseases;
- Hypertension;
- Food Security;
- Safe Recreational Spaces; and
- Health Concerns related to Aging

Top Health Issue

GMPHP, in its review of both primary and secondary source data, determined to work on one global priority it believes is the root cause of most of the health issues or concerns raised during the assessment. The priority area was selected using criteria that considered population health impact and whether the selected priority areas would be within GMPHP's purview, competency and resources to implement in a meaningful manner. The top priority area chosen was to assist Mercer County residents achieve and maintain a healthy weight and lifestyle throughout their lives.

> *Reaching and maintain a healthy weight is important to overall health and can help individuals prevent and control many diseases and conditions. Individuals who are overweight or obese are at higher risk of developing serious health problems including heart disease, high blood pressure, type 2 diabetes, arthritis and some cancers. Poor nutrition, unhealthy eating habits, and lack of physical activity are behaviors that contribute to overweight and obesity.*

Assist Mercer County Residents Achieve a Healthy Weight and Lifestyle Throughout Their Lives

Maintaining a healthy weight is important for health. In addition to lowering the risk of heart disease, stroke, diabetes and high blood pressure it can also lower the risk of several different cancers. An individual's weight, waist size and the amount of weight gained since one's mid 20's can have serious health implications. These factors can strongly influence an individual's chances of developing many diseases and conditions including:

- Cardiovascular disease, heart attack, stroke;
- Diabetes;
- Cancer;
- Arthritis;
- Gallstones;
- Asthma;
- Cataracts;
- Infertility;
- Snoring;
- Sleep apnea.

To be in a healthy range, your weight isn't more than 10 pounds over what you weighed when you were in your mid-twenties. Because most adults between the ages of 18-49 gain one to two pounds each year, stopping and preventing weight gain should be a priority. Gaining weight as you age increases the likelihood of developing one or more chronic diseases.

The key to achieving and maintaining a healthy weight isn't about short-term dieting changes. It's about a lifestyle that includes healthy eating, regular physical activity and balancing the number of calories you consume with the number if calories your body uses.

Genetics affect the amount of body fat stored, where fat is distributed, and how efficiently the body converts food into energy. Family eating and physical activity habits play a role in the development of obesity. Prolonged inactivity results in calorie imbalance, the intake of calories is higher than the burning of calories. Often, inactivity is a result of other medical problems like arthritis or injuries. An unhealthy diet, high in calories and lacking in fruits and vegetables, is a significant contributor to weight gain. Research has linked social and economic factors to obesity. Socioeconomic factors include not having safe areas to exercise, cultural traditions of eating unhealthy and obese family members.

Approximately 40% of the U.S. population, or 93.3 million adults, are affected by obesity according to the 2015-2016 National Center for Health Statistics data brief. But some groups are disproportionately impacted. For example, Hispanics (47%), non-Hispanic Blacks (46.85) had the highest age-adjusted prevalence of obesity followed by non-Hispanic Whites (37.9%) and non-Hispanic Asians (12.7%). The association between obesity and income or education level is complex and differs by age, sex and ethnicity.

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- By race/ethnicity, the same obesity and education pattern was seen among non-Hispanic White, non-Hispanic Black, and Hispanic women, and also among non-Hispanic White men, although the differences were not all statistically significant. Although the difference was not statistically significant among non-Hispanic Black men, obesity prevalence increased with educational attainment. Among non-Hispanic Asian women and men, and Hispanic men, there were no differences in obesity prevalence by education level.
- Among men, obesity prevalence was lower in the lowest and highest income groups compared with the middle-income group. This pattern was seen among non-Hispanic White and Hispanic men. Obesity prevalence was higher in the highest income group than in the lowest income group among non-Hispanic Black men.
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Obesity can occur at any age, even among young children. Hormonal changes and physical inactivity in older individuals also increase risk. The amount of body muscle decreases with age, leading to a decrease in metabolism. Quitting smoking is also associated with weight gain, sometimes resulting in obesity. Structured smoking cessation programs can help mitigate the effects of weight gain associated with

[3] https://www.cdc.gov/obesity/data/adult.html

quitting. Not getting enough sleep or conversely getting too much sleep can cause changes in the hormones that increase appetite and contribute to weight gain.

Poor nutrition and a lack of a healthy diet pattern, and regular physical activity, are health behaviors that contribute to obesity. A healthy diet pattern is one that emphasizes eating whole grains, fruits, vegetables, lean protein, low fat and fat-free dairy products, and drinking water. Healthy activity patterns include 150 minutes of moderate intensity activity or 75 minutes of vigorous activity or a combination of both, along with two days of weight training per week.

- Nearly 34% of Mercer residents reported a BMI >=30 in 2016.
- 15.2/1,000 Mercer County residents who used a hospital service in Mercer County had a diagnosis of obesity compared to 14.1/1,000 New Jersey residents.
    - Obesity rates were found to be amongst the highest in Trenton zip code 08608 (23.1/1,000) and Ewing (23.3/1,000).
- Between 2014-2016 the percent of Mercer County residents reporting no leisure time activity trended upwards from 19.5% in 2014 to 29.1% in 2016.
- More than 40% of all survey respondents claimed to have hypertension, high cholesterol or a weight problem.
- Obesity was the number one concern among survey respondents from Mercer.
- 44% of Mercer County service area residents indicating obesity said they were under a physician's care for the issue, while 32% were monitoring it on their own.

Healthy weight programs are available in Mercer County in both inpatient and outpatient clinic settings and include Bariatrics wellness programs, the RWJUH Bariatric surgery program offering both surgical and non-surgical weight. A bariatric surgery and medically supervised weight loss program is also available at Capital Health at the Capital Health Metabolic and Weight Loss Center. St. Francis Medical Center in Trenton also offers Bariatric surgery with a multi-disciplinary approach to the care of patients.

Interfaith caregivers of Mercer County offer a free 24-week session for seniors at risk of osteoporosis to teach the benefits of exercise, nutrition and safety, drug therapy and lifestyle factors. The program was developed by New Jersey Department of Health and the North Jersey Regional Arthritis Center. The Mercer County nutrition project for older adults offers meals in settings that bring seniors together for activities and social interaction. Lunch is provided Monday-Friday at 12 sites throughout the County. The program also arranges services including nutrition education/nutrition counseling and other health, educational and recreational programs. The nutrition project for older adults also participates in the senior Farmer's Market program, which was developed to provide low income seniors with checks they can use to purchase fresh produce grown by New Jersey farmers.

In 2015, the Hamilton YMCA launched a series of healthy living programs in an effort to combat a variety of chronic diseases. Three programs, ACT Youth Weight Management and Healthy Ways Adult Weight Management and YMCA Diabetes Prevention Program are closely related to this year's goal of assisting Mercer County residents achieve and maintain a healthy weight and lifestyle throughout their lives. Mercer Street Friends Food Bank leads the community response to hunger in Mercer County, channeling 2.7 million pounds of food and groceries to a network of 80 local food partners, shelters, soup kitchens, meal sites, schools, senior and disabled programs and low-income housing sites.

In addition to the prioritized needs discussed above, this CHA identifies the following as additional health needs for the communities:

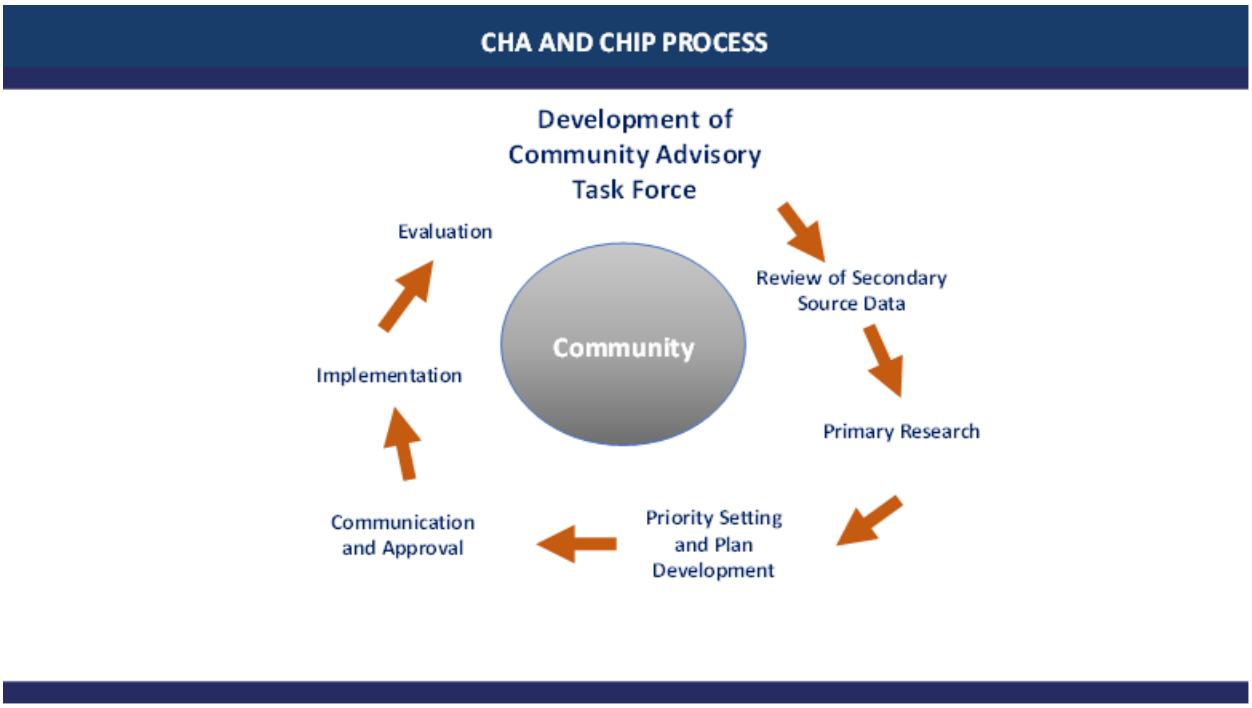
- Mental health and substance abuse;
- Chronic disease;
- Access to care/transportation;
- Coordination and communication;
- Cancer;
- Cardiovascular disease/stroke;
- Diabetes;
- Underserved populations/healthy equity;
- Chronic respiratory diseases and asthma;
- Chronic diabetes;
- Hypertension;
- Food security;
- Safe recreational spaces; and
- Health concerns related to aging.

2. *METHODOLOGY/SERVICE AREA*

A. *METHODOLOGY*

GMPHP developed an evidenced-based process to determine the health needs of Mercer County residents. CHA data sources include both primary and secondary data to provide qualitative and quantitative information about the communities. Data from these sources were reviewed the GMPHP membership to identify and prioritize the top issues facing residents in the service area (see Top Health Issues section).

The flow chart below identifies the CHA and CHIP process employed.



Prioritization Process

Following GMPHP's review of quantitative and qualitative data on August 6th, a list of 12 issues were identified by consultants as common themes of the research. Through discussion, this list was expanded to 15. These issues became the suggested priority issues and included:

- Mental Health and Substance Abuse
- Chronic Disease
- Overweight and Obesity, Nutrition
- Health Concerns Related to Aging
- Chronic Respiratory Diseases and Asthma
- Coordination and Communication
- Access to Care/Transportation
- Cardiovascular Disease/Stroke
- Underserved Populations/Health Equity

- Diabetes
- Hypertension
- Maternal Child Health
- Cancer
- Food Security
- Safe Recreational Spaces

A ballot was developed, and a survey sent on August 14, 2018 to the GMPHP membership asking them to rank each issue based on the following criteria.

- Number of people impacted
- Risk of mortality and morbidity associated with the problem
- Impact of the problem on vulnerable populations
- Meaningful progress can be made within a three-year timeframe
- Community's capability and competency to impact

A tally of the 48 ballots cast resulted in the following five issues to be ranked highest overall.

- Underserved Populations
- Mental Health and Substance Abuse
- Food Security
- Chronic Diseases
- Access to Transportation

Rankings were also developed and weighted for each prioritization criterion.

On September 5th, members of the GMPHP Board met to discuss and determine the priority/priorities it would undertake for the next three years. The Board reviewed the top five priority areas and weighted ranking, undertook root cause analysis and reviewed evidence-based programs that met the group's priority goals and agreed that for the next three years the Partnership would work to help Mercer County residents achieve and maintain a healthy weight and lifestyle throughout their lives.

Relationship of the State Improvement Plan (SHIP) to the GMPHP Plan

Healthy New Jersey 2020 (HNJ2020), the State Health Improvement Plan (SHIP) was the result of a multiyear process to obtain input from a diverse group of stakeholders from throughout the State. The SHIP includes over one hundred health improvement objectives. However, the HNJ 2020 leading health indicator have been the focus of the state's effort over the last several years. These indicators include:

- Access to health care
- Improve birth outcomes
- Increase childhood vaccination
- Reduce the burden of heart disease and stoke
- Prevent obesity

These leading health indicators are related to the state's overarching goals of:

1. Achieving high quality, longer lives free of preventable disease disability, injury and premature death.
2. Achieving health equity, eliminate disparities and improve health for all people.
3. Creating social and physical environments that promote good health for all.
4. Promoting quality of life, healthy development and healthy behaviors across all life stages.

Similarly, the overarching goal of the 2018 GMPHP Plan "to help Mercer County residents achieve a healthy weight and lifestyle throughout their lives", is viewed as an underlying issue related to the each of the state's 4 overarching goals. The importance of maintaining a healthy weight is a significant factor in many preventable diseases and disabilities. Eating a healthy diet and getting regular exercise is important to promote quality of life and healthy development, and are behaviors which are important across all stages of life. Creating environments which promote heathy lifestyles and ensure safe spaces for physical and social activities is similarly important for maintaining healthy lifestyles. Lastly ensuring all people have access to good nutritional food to maintain appropriate weight helps to reduce many of the health disparities that exist in our communities.

Three of the 5 leading health indicators for New Jersey have met the targets set forth in the SHIP plan these include: birth outcomes, teen obesity and deaths due to heart disease. Access to primary care, childhood immunization and adult obesity targets are yet to be achieved. GMPHP believes that it's overarching goal to help Mercer County residents achieve a healthy weight and lifestyle through their lives is paramount to reducing adult obesity; that access to care must be viewed broadly, and not just with regard to medical care, but also with regard to access to services that promote a healthy lifestyle. Lastly, GMPHP believes that achieving lifestyle changes that promote healthy behaviors translates to a variety of health behaviors including healthy diet, exercise and health behavioral changes that promote early screening, detection and vaccination against diseases.

Secondary Data Sources

Over 100 secondary data sources were compiled for this CHA. Indicators were compared by county and State, and to benchmarks. Sources include: The United States Census Bureau, Centers for Disease Control and Prevention (CDC), New Jersey Department of Health (NJDOH), and Behavioral Risk Factor Surveillance System (BRFSS). See **Appendix B** for a detailed list of sources.

Appendix C contains a detailed report of cancer incidence and mortality by cancer site for Mercer County for the years 2010-2017.

Health Profile

Section 5 provides a comprehensive presentation of health outcomes as well as the health factors that contribute to the health and well-being of Mercer County residents.

Color Indicator Tables

Throughout the Health Profile Section of this CHA, the color indicator tables compare county level data to *Healthy People 2020* targets, County Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity are compared to data for all races in the county, unless otherwise indicated. Mercer County was the midpoint value compared to a range 20% higher than the value for New Jersey, *Healthy People*

2020, or County Health Rankings Benchmarks, or 20% lower than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmarks. If the county value was within the range 20% lower or 20% higher than the comparison indicator, or considered within reasonable range, the indicator will be yellow. The table will be red if the Mercer County value is more than 20% worse or lower than the indicator value. If the Mercer County value is 20% better or higher than the indicator value, the table will be green.

Primary Data Sources

Community Health Needs Surveys

On-line survey Interviews were conducted among 1,701 residents of the Greater Mercer County. Interviews were conducted online and by telephone. A link to the online survey was displayed on hospital web pages and social media sites. Additionally, postcards were handed out at area businesses and libraries, directing residents to the online survey link. A telephone augment was conducted to capture additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. Bruno and Ridgway Research Associates, Inc. administered the on-line and telephone surveys from April 2 to June 18, 2018. Survey results are incorporated into this CHA. (See Section 3)

Focus Group Discussions

Five focus groups were undertaken to uncover additional information from key community groups and individuals with respect to health needs, challenges and barriers, and suggestions for improving access to health care services. Focus groups were located in each of the five major geographic areas. (See Section 4.)

World Café Meeting

The World Café meeting was held on April 25, 2018, and brought together community representatives to discuss four issues including:

1. What Does a Healthy Community Look Life?
2. *What Do You View as a Barrier to Good Health in Mercer County?*
3. Whose Voice Do We Still Need to Hear?
4. Which parts are most relevant to our community health assessment?

The World Café Report is found **Appendix D**. (See Section 4.)

Assets and Gaps

Section 6, Assets and Gaps, summarizes the preceding components of the CHA. Assets highlight county information indicating improvement over time, in comparison to other counties and the State, or in comparison to other races or genders. Gaps focus on disparities in Mercer County or the RWJUH Mercer service area that have a negative trend, in comparison to other counties in the State or to other races or genders.

Resource Inventory

A service area-specific resource inventory is included as **Appendix E,** which details health and social service resources available to residents in Mercer County. Providers' names, addresses, and phone numbers and type of services provided are contained in the inventory.

B. SERVICE AREA

The CHA focuses primarily on the health needs of Mercer County residents. Much of the data are provided at the county level, but where available city or zip code level data are provided to enhance understanding of specific regions or populations. The county consists of the following zip codes:

08520	Hightstown
08525	Hopewell
08534	Pennington
08540	Princeton
08541	Princeton
08542	Princeton
08543	Princeton
08544	Princeton
08550	Princeton Junction
08560	Titusville
08561	Windsor
08601	Trenton
08602	Trenton
08603	Trenton
08604	Trenton
08605	Trenton
08606	Trenton
08607	Trenton
08608	Trenton
08609	Trenton/Hamilton
08610	Hamilton
08611	Hamilton
08618	Ewing
08619	Mercerville
08620	Hamilton
08625	Trenton
08628	Ewing
08629	Hamilton
08638	Ewing
08646	Trenton
08648	Lawrence Township
08650	Hamilton
08690	Hamilton
08691	Robbinsville

Mercer County

3. MERCER COUNTY COMMUNITY HEALTH NEEDS SURVEY

Research Objective

The primary objective of this research was to obtain opinions of residents within Mercer County in order to meet government CHA requirements. Areas of focus included:

- Health issues and concerns that impact the community;
- Barriers to accessing health care;
- Strengths and weaknesses of community services offered;
- Personal health attitudes, conditions and behaviors.

Methodology

Survey interviews were conducted among residents of Mercer County. Interviews were conducted on-line and by telephone. A link to the on-line survey was displayed on hospital web pages and social media sites. Additionally, postcards were handed out at area businesses and libraries, directing residents to the on-line survey link. A telephone augment was conducted to capture additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. The interview averaged 15-20 minutes in length and was conducted April 27-June 18, 2018.

Sample Composition Highlights

A total of 1,701 interviews were conducted in Mercer County among adults aged 21+. These interviews broke down among gender, age and ethnicity as follows: 1,219 (72%) Females, 377 (22%) Males; 689 (41%) 21-49 years of age, 454 (27%) 50-64 years of age, 489 (29%) 65+ years of age; 925 (54%) Caucasian, 270 (16%) African-American, 170 (10%) Hispanic, 218 (13%) Asian.[4]

A. MERCER COUNTY RESIDENT SURVEY SUMMARY

This Community Health Assessment survey generated learnings and insights that can be used to effectively serve the health care needs of the community.

- **Obesity is the #1 health concern of area residents. High levels of concern were also cited for chronic illnesses such as diabetes, cancer and heart disease.**
  - Obesity is a leading contributor to chronic illnesses and a major cause of death in the U.S. More than one-half of respondents claim to have high blood pressure, high cholesterol and/or a weight problem.
  - Increasing outreach and developing educational programs that address nutrition and wellness, with focus on preventative lifestyle behaviors, could improve the health and overall well-being of area residents.
  - Healthy eating and exercise programs in schools could aid in lowering childhood obesity and the risks associated with chronic conditions.

[4] Not shown are "other" mentions and "no answer".

- **Additionally, high levels of concern were cited regarding mental health, substance use/abuse, health concerns related to aging and high stress lifestyles.**
    - The rising opioid epidemic and increased concern about mental health issues present opportunities to increase education to both community residents and to health care professionals in an effort to help reduce the growing trend of opioid/Rx drug abuse and the stigma associated with mental health.

- **Regardless of age, income level or ethnicity, the key barriers to seeking medical care are insurance issues and related cost concerns.**
    - Addressing the economic challenges associated with access to care, including insurance issues, will serve to improve access and affordability of care to a greater proportion of the community.

- **The Greater Mercer County is regarded highly by most residents, with many positive services offered to the community. However, specific needs for improvement are cited in the areas of transportation services, healthy food choices in schools, safe/affordable housing and interpersonal violence.**
    - Since access to services can be challenging for some, expanding transportation services, particularly for seniors and persons with disabilities, can improve access to care for these population groups.

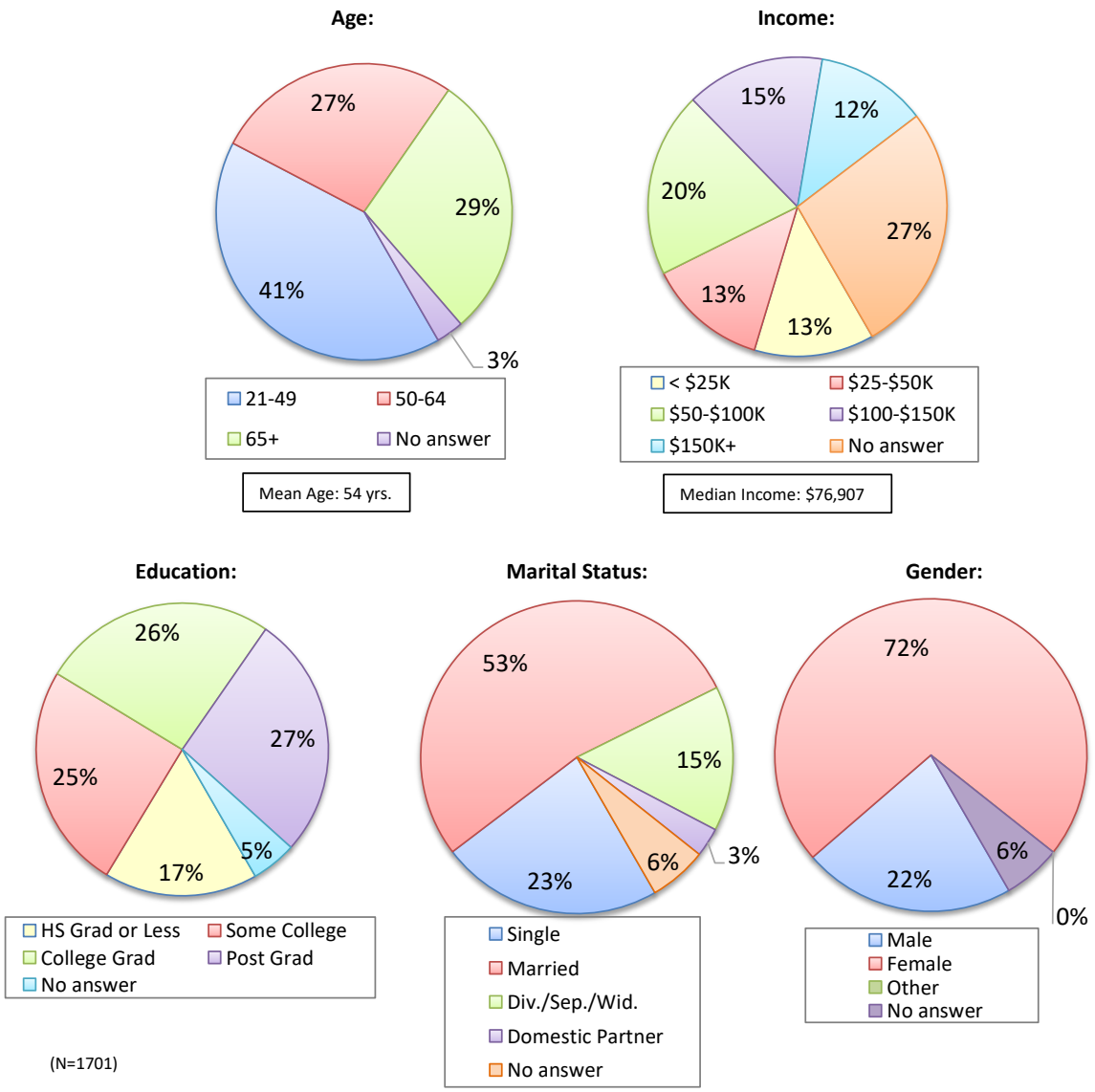
- **Greater Mercer County residents describe their overall health as being good/very good and exhibit many positive health-related behaviors (healthy eating, physical activity, annual physicals and recommended screening tests).** They report their children eat breakfast daily and are physically active. However, a substantial portion of residents (Hispanics, lower income, older residents) do not eat healthy, lead a sedentary lifestyle, do not get recommended screening tests and/or suffer chronic medical conditions.
    - Diagnostic screenings are crucial in the early detection, treatment and management of chronic diseases. The availability of these preventative services should be expanded to ensure they are reaching and serving minority and lower income populations in a cost-efficient manner.

In summary, survey data suggest that wellness initiatives, programs and services addressing the availability, accessibility and affordability of care would meet a significant portion of the communities' needs.

B. SUMMARY TABLES OF MERCER COUNTY RESIDENT SURVEY

WHO RESPONDED?

Profile of Respondents in Greater Mercer County



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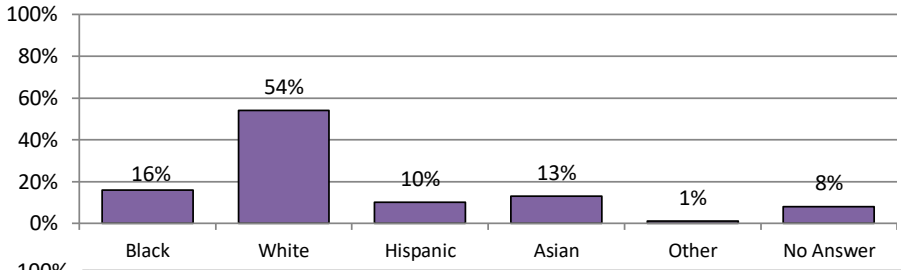
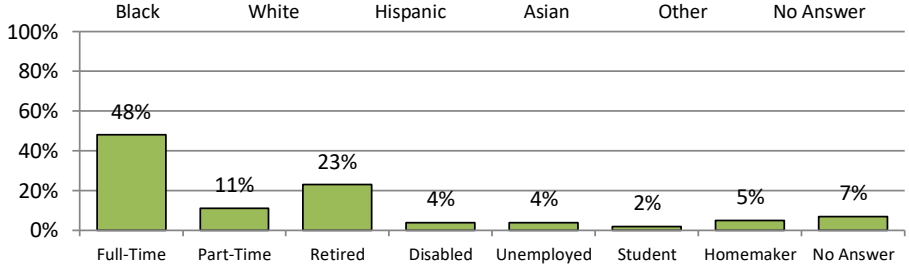
Profile of Respondents in Greater Mercer County – (continued)

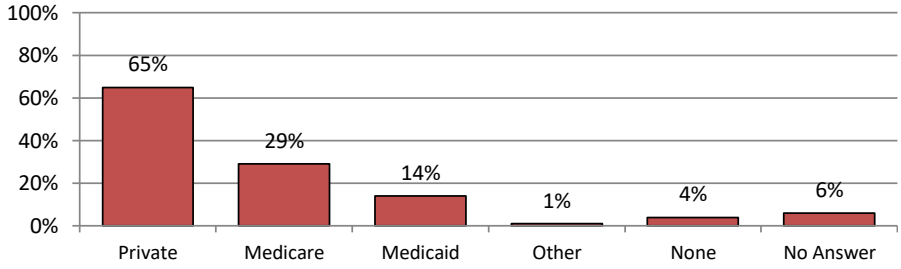
Ethnicity*^:



Employment^:



Health Insurance^:



(N=1701)
*Quotas were established to align closely with census data.
^ = Multiple mentions.

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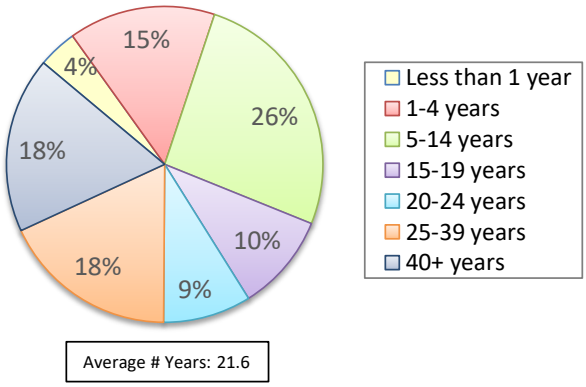
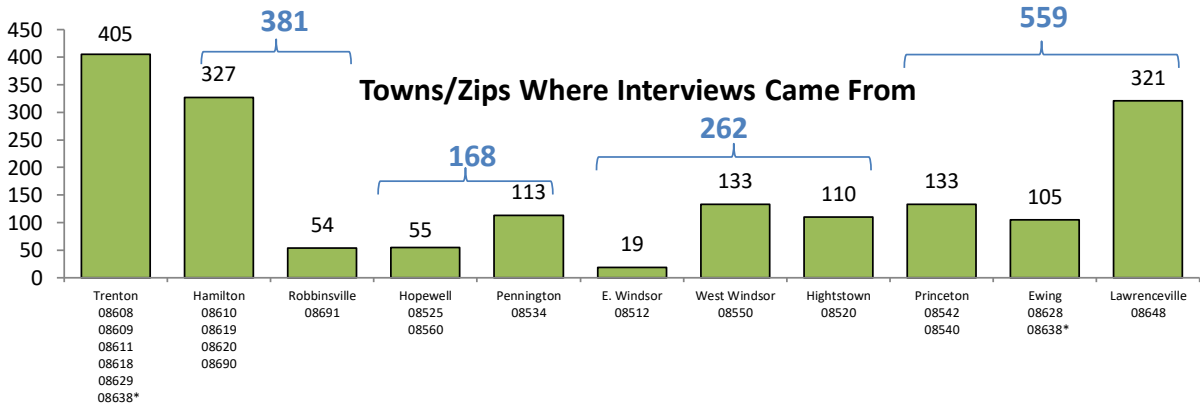
Length of Time in Area





(N=1701)
*08638 included in both Trenton and Ewing groups.

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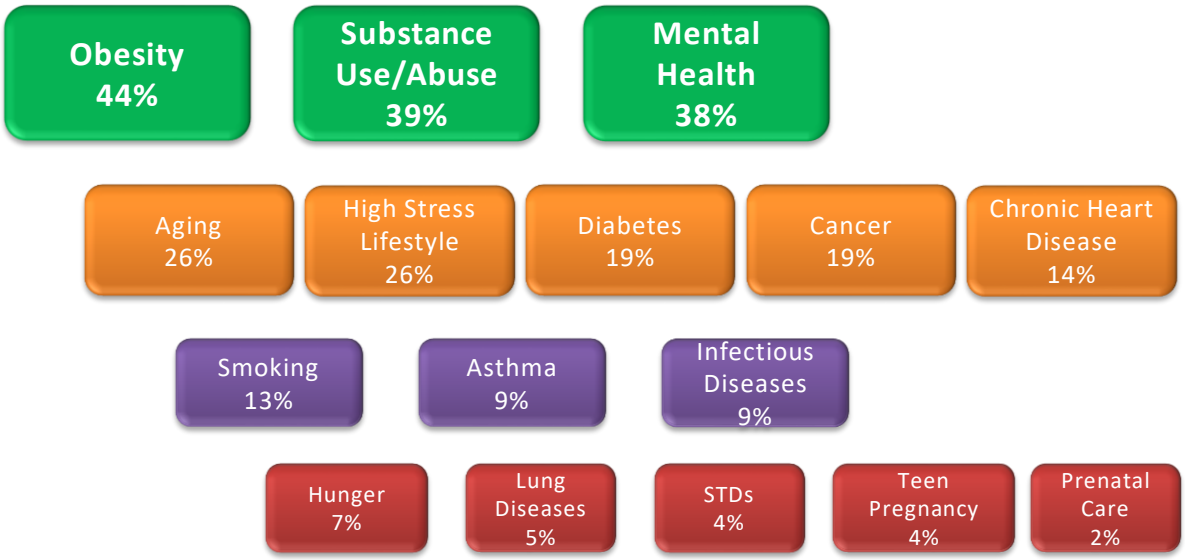
HEALTH-RELATED CONCERNS OF AREA RESIDENTS

Major Health Concerns Among Residents in the Greater Mercer County Community

- Obesity is the #1 health concern among area residents, although followed closely by concerns about mental health issues and substance use/abuse.



(N=1701)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

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Summary of Health Concerns by Subgroups

Obesity

- #1 health concern among most age, gender, income, education and ethnic groups with the exception of Asians, who are more concerned about aging and chronic heart disease.

Substance Use/Abuse

- Caucasian
- Female
- Younger (<65)
- Mid/higher income ($25K+)

Mental Health

- Caucasian
- Female
- Younger (<65)
- Highest income ($150K+)

Aging

- Asian/Caucasian
- Older (65+)

High Stress Lifestyle

- Highest income ($150K+)
- Younger (<65)

Diabetes

- Male
- Lower income (<$50K)
- Older (65+)
- *Least among Caucasians*

Cancer

- African Am.
- Older (65+)

Chronic Heart Disease

- Asian
- Older (65+)
- Male
- Lower income (<$50K)

Smoking

- Male
- Younger (<50)
- Hispanic/African Am.
- Lower income (<$50K)

Asthma

- Hispanic/African Am.
- Female
- Lowest income (<$25K)

Infectious Diseases

- Asian
- Older (65+)

Hunger

- African Am.
- Lowest income (<$25K)

Lung Disease

- Older (65+)

STDs

- Hispanic/African Am.
- Younger (<50)
- Lower income (<$50K)

Teen Pregnancy

- Hispanic/African Am.
- Younger (<50)
- Lower income (<$50K)

Prenatal Care

- Hispanic
- Younger (<50)
- Lower income (<$50K)

(N=1701)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

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Community Health-Related Issues of Concern – by Ethnicity

Most concerned about mental health and substance abuse

Cite aging and chronic heart disease as key areas of concern

	Caucasian (n=925) (A)	*African American* (n=270) (B)	*Hispanic* (n=170) (C)	*Asian* (n=218) (D)
Obesity	48%[D]	48%[D]	48%[D]	26%
Mental Health	44%[BCD]	38%[CD]	30%	26%
Substance Use/Abuse	46%[BD]	38%[D]	39%[D]	13%
Aging	28%[BC]	15%	10%	47%[ABC]
High Stress Lifestyle	27%[B]	21%	29%[B]	26%
Cancer	18%[D]	23%[D]	19%	13%
Diabetes	15%	24%[A]	20%[A]	27%[A]
Chronic Heart Disease	10%	12%	10%	31%[ABC]
Smoking	9%	21%[AD]	28%[AD]	8%
Asthma	6%	15%[AD]	16%[AD]	9%
Hunger	7%[D]	13%[AD]	9%[D]	2%
Infectious Diseases	7%	6%	11%[AB]	17%[ABC]
Lung Disease	5%	4%	2%	7%[C]
Teen Pregnancy	1%	12%[AD]	14%[AD]	1%
STDs	2%[D]	13%[ACD]	8%[AD]	1%
Lack of Prenatal Care	1%	3%[AD]	5%[AD]	1%

Express higher concern about smoking, asthma, teen pregnancy and STDs

High concern about infectious disease

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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Community Health-Related Issues of Concern – by Age

- Mental health, substance abuse & high stress lifestyle skew younger (<65), as well as teen pregnancy, STDs and smoking.

	21-49 *(n=689) (A)*	***50-64*** *(n=454) (B)*	***65+*** *(n=489) (C)*
Obesity	46%[C]	47%[C]	39%
Mental Health	46%[C]	44%[C]	23%
Substance Use/Abuse	44%[C]	48%[C]	25%
Aging	12%	26%[A]	47%[AB]
High Stress Lifestyle	33%[C]	28%[C]	14%
Cancer	16%	18%	25%[AB]
Diabetes	12%	19%[A]	27%[AB]
Chronic Heart Disease	9%	9%	24%[AB]
Smoking	15%[C]	12%[C]	9%
Asthma	11%[C]	9%	7%
Hunger	7%	10%[C]	5%
Infectious Diseases	8%	7%	11%[AB]
Lung Disease	3%	4%	9%[AB]
Teen Pregnancy	6%[BC]	4%[C]	1%
STDs	7%[BC]	4%[C]	1%
Lack of Prenatal Care	4%[BC]	1%	1%

Concerns related to aging and chronic diseases skew older

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

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Community Health-Related Issues of Concern – by Gender

	Male *(n=377) (A)*	***Female*** *(n=1219) (B)*
Obesity	48%	44%
Mental Health	29%	42%[A]
Substance Use/Abuse	35%	41%[A]
Aging	26%	26%
High Stress Lifestyle	27%	26%
Cancer	18%	20%
Diabetes	24%[B]	17%
Chronic Heart Disease	18%[B]	12%
Smoking	16%[B]	12%
Asthma	6%	10%[A]
Hunger	7%	7%
Infectious Diseases	7%	9%
Lung Disease	6%	4%
Teen Pregnancy	3%	5%[A]
STDs	3%	5%
Lack of Prenatal Care	2%	2%

Males indicate more concern about diabetes, chronic heart disease and smoking, while females often cite mental health and substance use/abuse issues

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

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Community Health-Related Issues of Concern – by Income

	Under $25K *(n=216) (A)*	***$25-50K*** *(n=219) (B)*	***$50-100K*** *(n=341) (C)*	***$100-150K*** *(n=248) (D)*	***$150K+*** *(n=213) (E)*
Obesity	41%	49%[A]	52%[A]	51%[A]	48%
Mental Health	31%	35%	39%[A]	45%[AB]	56%[ABCD]
Substance Use/Abuse	27%	44%[A]	49%[A]	45%[A]	46%[A]
Aging	26%[B]	19%	22%	29%[BC]	24%
High Stress Lifestyle	24%	24%	26%	29%	34%[ABC]
Cancer	18%	19%	18%	15%	20%
Diabetes	25%[CDE]	20%[E]	17%	17%	12%
Chronic Heart Disease	16%[CDE]	15%[E]	11%	10%	9%
Smoking	28%[BCDE]	16%[CDE]	11%[E]	9%	6%
Asthma	15%[BCDE]	9%	10%[D]	6%	7%
Hunger	13%[BCDE]	7%	5%	8%[E]	4%
Infectious Diseases	9%[DE]	7%	9%[DE]	4%	4%
Lung Disease	6%[D]	5%	5%	3%	3%
Teen Pregnancy	8%[CDE]	6%[DE]	4%[D]	1%	1%
STDs	9%[CDE]	8%[CDE]	2%	2%	2%
Lack of Prenatal Care	4%[CDE]	4%[DE]	2%	*	1%

Teen pregnancy, STDs and lack of prenatal care cited by lower income residents

Lower income groups cite more concern about a variety of issues such as diabetes, chronic heart disease, smoking, asthma and hunger

High concern about mental health and high stress lifestyle

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level. * = Less than 0.5%.

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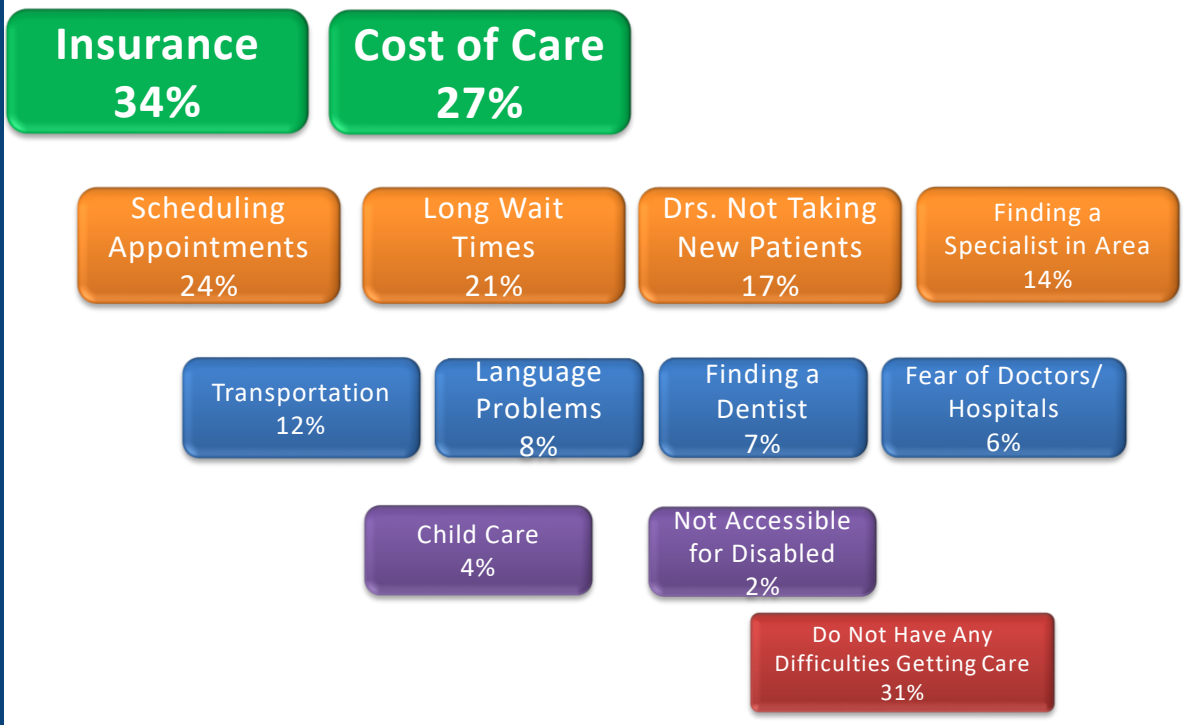
BARRIERS TO ACCESSING HEALTH CARE SERVICES

Major Barriers to Accessing Health Care in the Greater Mercer County

- Insurance and cost of care are the key barriers to obtaining health care services among area residents.
- Roughly one-third of residents claim they do not experience any difficulty accessing the care they need.



(N=1701)
Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

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Summary of Health Care Barriers by Subgroups

Insurance

Cost of Care

- Virtually all age, gender, income, education and ethnic groups cite insurance and cost of care as key issues.
- Particularly high concern among lower income (<$50K) residents, younger (<65) and Hispanics.

Scheduling Appointments

- Younger (<65)
- Female
- Highest income ($150K+)
- *Least among Asian*

Long Wait Times

- Younger (<65+)
- Hispanic

Doctors Not Taking New Patients

- Female

Finding a Specialist

- Hispanic/Asian
- Female
- Lower income (<$50K)
- Younger (<50)

Transportation

- Asian
- Lower income (<$50K)
- Older (65+)

Language Problems

- Lowest income (<$25K)
- Asian
- Older (65+)

Finding a Dentist

- Lower income (<$50K)
- Asian/Hispanic

Fear of Doctors/ Hospitals

Child Care

- Younger (<50)
- Hispanic/African Am.
- Lower income (<$50K)

Not Accessible for Disabled

- Hispanic/African Am.

No Difficulty Getting Care

- Older (50+)
- Higher income ($50K+)
- Caucasian/African Am.

(N=1701)

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

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Barriers to Accessing Health Care Services – by Ethnicity

Most likely to cite insurance/ cost issues

	Caucasian *(n=925) (A)*	***African American*** *(n=270) (B)*	***Hispanic*** *(n=170) (C)*	***Asian*** *(n=218) (D)*
Insurance Problems	32%	39%[AD]	44%[AD]	28%
Cost of Care	25%	28%	40%[ABD]	25%
Scheduling Appointments	26%[BD]	20%	27%[D]	17%
Long Wait Times	20%	19%	30%[ABD]	22%
Drs Not Taking New Patients	19%[D]	16%	16%	12%
Finding a Specialist	11%	15%	21%[A]	17%[A]
Transportation Problems	6%	16%[A]	14%[A]	27%[ABC]
Fear of Doctors/Hospitals	6%	6%	7%	4%
Finding a Dentist	4%	7%	11%[A]	16%[AB]
Language Problems	1%	2%	14%[AB]	37%[ABC]
Child Care	2%	9%[AD]	12%[AD]	3%
Not Accessible for Disabled	1%	4%[AD]	5%[AD]	1%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	36%[BCD]	30%[CD]	22%	19%

Cite more barriers vs. other ethnic groups

Cite difficulties with language, transportation and finding a dentist

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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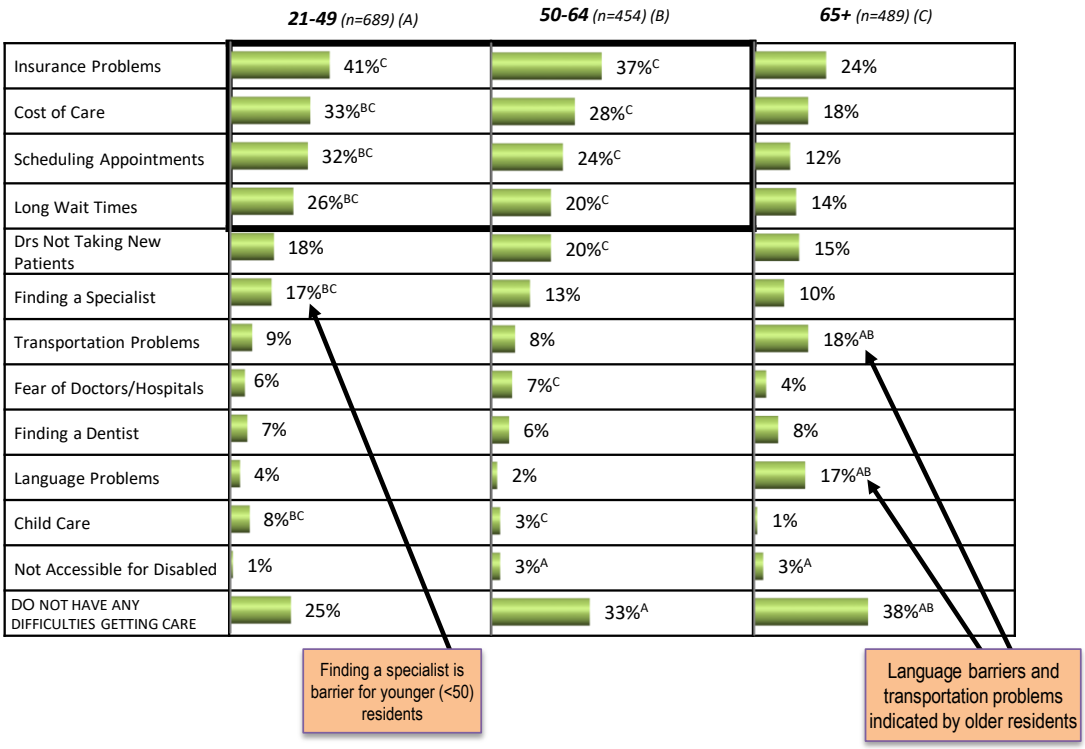
Barriers to Accessing Health Care Services – by Age

- In general, younger residents (<65) cite more barriers to care than older residents.



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

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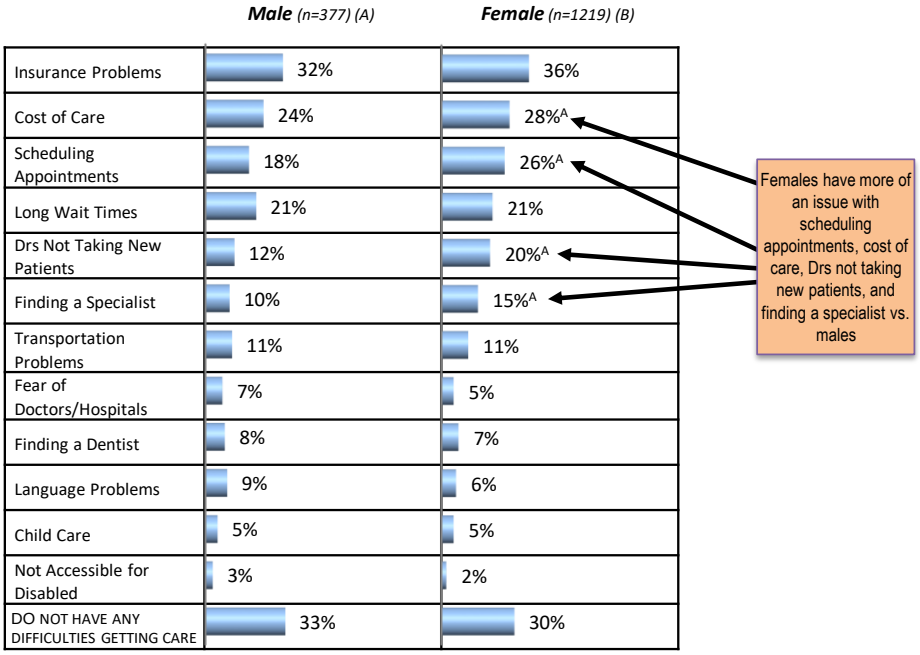
Barriers to Accessing Health Care Services – by Gender



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

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Barriers to Accessing Health Care Services – by Income

- Lower income groups (<$50K) have more barriers vs. higher income groups and are the most likely to encounter insurance/cost problems when seeking care. However, high income residents are more likely to cite difficulties with scheduling appointments.

	Under $25K *(n=216) (A)*	***$25-50K*** *(n=78) (B)*	***$50-100K*** *(n=341) (C)*	***$100-150K*** *(n=248) (D)*	***$150K+*** *(n=213) (E)*
Insurance Problems	45%[CDE]	47%[CDE]	33%	30%	29%
Cost of Care	28%[DE]	38%[ACDE]	31%[DE]	21%	18%
Scheduling Appointments	14%	23%[A]	28%[A]	27%[A]	36%[ABCD]
Long Wait Times	23%	21%	23%[D]	17%	21%
Drs Not Taking New Patients	19%	16%	17%	15%	20%
Finding a Specialist	16%[D]	17%[CD]	12%	9%	13%
Transportation Problems	23%[BCDE]	10%[DE]	7%	5%	5%
Fear of Doctors/ Hospitals	8%	7%	6%	5%	5%
Finding a Dentist	13%[BCDE]	8%[DE]	5%	3%	3%
Language Problems	16%[BCDE]	4%[D]	2%[D]	*	1%
Child Care	6%[C]	10%[ACDE]	2%	4%	3%
Not Accessible for Disabled	5%[CDE]	2%[D]	2%[D]	*	1%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	23%	22%	33%[AB]	38%[AB]	32%[AB]

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
* = Less than 0.5%.

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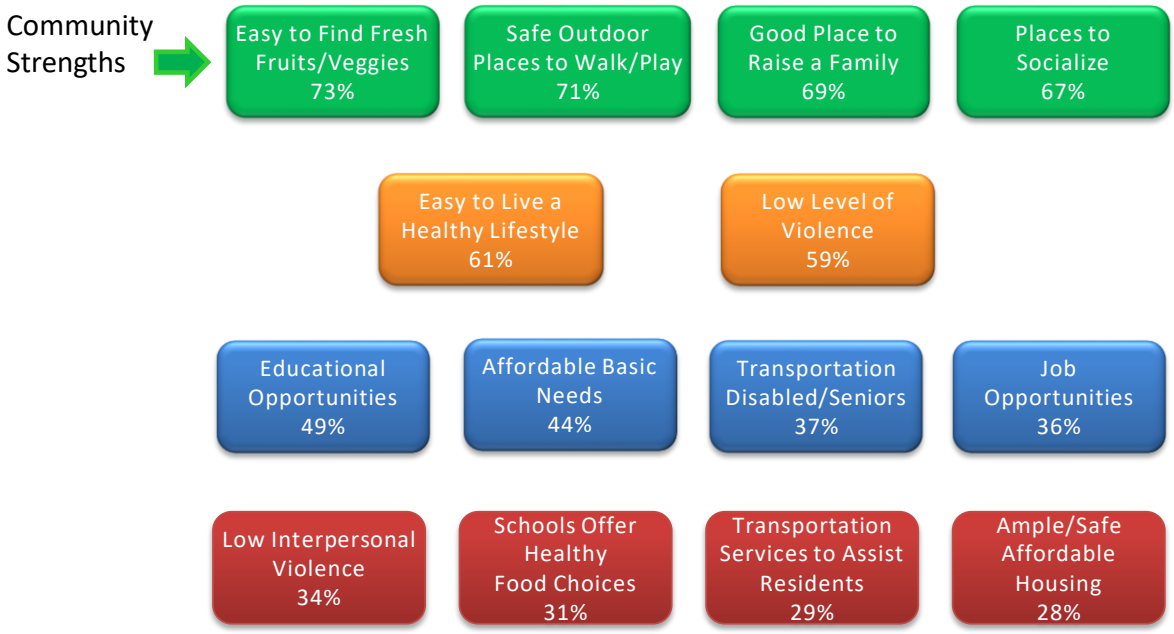
COMMUNITY STRENGTHS AND WEAKNESSES

Area Strengths

- A large majority of residents surveyed feel their community is a good place to raise a family, with safe places to walk/play, ease of finding fresh food and ample places to socialize.
- On the other hand, the community receives relatively low scores in the areas of interpersonal violence, safe, affordable housing, healthy food offerings at schools and transportation services to assist residents.



(N=1701) **Top 2 Box Agreement**
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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Summary of Community Strengths by Subgroups

- Overall, Caucasians tend to rate community services high, while African Am. rate community services low versus other ethnic groups.
- Additionally, those in higher income brackets are more positive to their community services versus those in lower income brackets and males are overall more positive than females.

Easy to Find Fresh Fruits/Veggies
- Caucasian/Hispanic
- Higher income ($100K+)

Safe Outdoor Places to Walk/Play
- Caucasian/Asian
- Older (50+)
- Higher income ($100K+)
- *Least among African Am.*

Good Place to Raise a Family
- Caucasian
- Older (50+)
- Higher income ($100K+)
- *Least among African Am.*

Places to Socialize
- Caucasian
- Older (50+)
- Higher income ($100K+)

Easy to Live a Healthy Lifestyle
- Caucasian/Asian
- Higher income ($50K+)
- Older (50+)

Low Level of Violence
- Higher income ($50K+)
- Male
- Older (50+)
- *Least among African Am.*

Educational Opportunities
- Caucasian
- Higher income ($100K+)
- Male
- Mid age (50-64)

Affordable Basic Needs
- Male
- Highest income ($150K+)
- *Least among African Am.*

Transportation Services for Disabled/Seniors
- Lower Income (<$50K)
- Older (50+)
- *Least among Asian*

Job Opportunities
- Younger (<65)
- Higher income ($100K+)
- *Least among Asian*

Low Interpersonal Violence
- Male
- Older (65+)
- Asian

Schools Offer Healthy Food Choices
- Younger (<65)
- *Least among Asian*

Transportation Services to Assist Residents
- Older (65+)
- Male
- African Am.
- Lowest income (<$25K)
- *Least among Asian*

Ample/Safe Affordable Housing
- Male

(N=1701) **Top 2 Box Agreement**
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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Community Strengths and Weaknesses – by Ethnicity

	Caucasian *(n=925) (A)*	***African American*** *(n=270) (B)*	***Hispanic*** *(n=170) (C)*	***Asian*** *(n=218) (D)*
Safe Outdoor Places to Walk/Play	80%[BC]	46%	62%[B]	75%[BC]
Good Place to Raise a Family	80%[BCD]	46%	62%[B]	67%[B]
Easy to Find Fresh Fruits/Veggies	86%[BCD]	52%	71%[BD]	56%
Places to Socialize	78%[BCD]	54%	61%	54%
Easy to Live Healthy Lifestyle	69%[BCD]	42%	49%	62%[BC]
Low Level of Violence	68%[BCD]	36%	51%[B]	61%[BC]
Educational Opportunities	60%[BCD]	33%	40%[D]	30%
Affordable Basic Needs	48%[B]	34%	42%	43%[B]
Transportation Services for Disabled/Seniors	39%[D]	42%[D]	41%[D]	25%
Job Opportunities	43%[BD]	29%[D]	44%[BD]	17%
Low Interpersonal Violence	34%[B]	26%	39%[B]	43%[AB]
Ample/Safe Affordable Housing	28%[B]	22%	31%[B]	33%[B]
Schools Offer Healthy Food Choices	30%[D]	39%[AD]	41%[AD]	24%
Transportation to Assist Residents	29%[D]	39%[ACD]	31%[D]	19%

Rate most services highest

Rate most services lowest

Least likely to feel there are educational and job opportunities

Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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

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Community Strengths and Weaknesses – by Age

- Older residents (50+) are more positive towards many community services vs. their younger counterparts, although younger (<65) residents feel there are job opportunities and that schools offer healthy food choices.

	21-49 *(n=689) (A)*	***50-64*** *(n=454) (B)*	***65+*** *(n=489) (C)*
Safe Outdoor Places to Walk/Play	66%	75%[A]	74%[A]
Good Place to Raise a Family	64%	75%[A]	73%[A]
Easy to Find Fresh Fruits/Veggies	73%	80%[AC]	70%
Places to Socialize	63%	73%[A]	71%[A]
Easy to Live Healthy Lifestyle	54%	67%[A]	67%[A]
Low Level of Violence	52%	63%[A]	67%[A]
Educational Opportunities	44%	57%[AC]	48%
Affordable Basic Needs	42%	45%	46%
Transportation Services for Disabled/Seniors	32%	40%[A]	42%[A]
Job Opportunities	40%[C]	41%[C]	27%
Low Interpersonal Violence	31%	32%	41%[AB]
Ample/Safe Affordable Housing	26%	29%	29%
Schools Offer Healthy Food Choices	36%[C]	33%[C]	24%
Transportation to Assist Residents	25%	27%	36%[AB]

Top 2 Box Agreement
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

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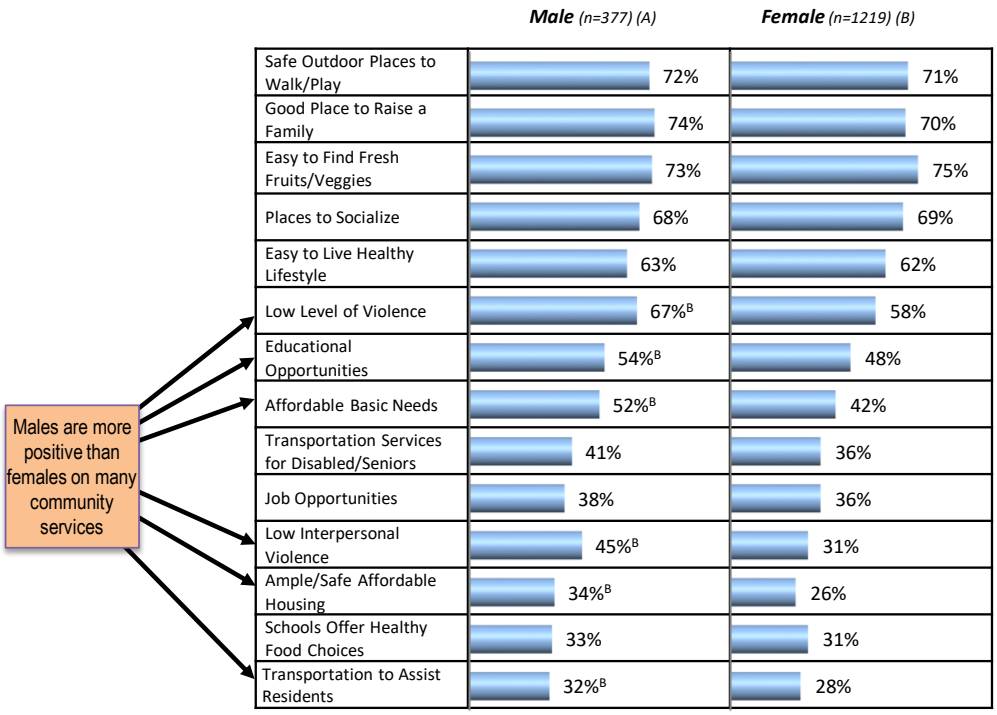
Community Strengths and Weaknesses – by Gender



Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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

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Community Strengths and Weaknesses – by Income

- In general, those in higher income ($50K+) brackets are more positive to their community services versus those in lower income groups.

	Under $25K *(n=216) (A)*	***$25-50K*** *(n=219) (B)*	***$50-100K*** *(n=341) (C)*	***$100-150K*** *(n=248) (D)*	***$150K+*** *(n=213) (E)*
Safe Outdoor Places to Walk/Play	59%	58%	70%[AB]	80%[ABC]	86%[ABC]
Good Place to Raise a Family	60%	58%	71%[AB]	80%[ABC]	86%[ABCD]
Easy to Find Fresh Fruits/Veggies	57%	65%[A]	75%[AB]	87%[ABC]	90%[ABC]
Places to Socialize	60%	63%	69%[A]	78%[ABC]	75%[ABC]
Easy to Live Healthy Lifestyle	50%	50%	61%[AB]	69%[ABC]	73%[ABC]
Low Level of Violence	48%	45%	60%[AB]	66%[ABC]	76%[ABCD]
Educational Opportunities	37%	41%	51%[AB]	60%[ABC]	64%[ABC]
Affordable Basic Needs	38%	34%	44%[B]	47%[ABC]	57%[ABCD]
Transportation Svcs. for Disabled/Seniors	44%[D]	42%	37%	35%[ABC]	38%
Job Opportunities	33%	31%	38%[B]	45%[ABC]	51%[ABC]
Low Interpersonal Violence	38%[BC]	30%	28%	35%[ABC]	39%[BC]
Ample/Safe Affordable Housing	35%[BC]	21%	24%	32%[ABC]	30%[B]
Schools Offer Healthy Food Choices	31%	33%	28%	34%[ABC]	37%[C]
Transportation to Assist Residents	40%[BCDE]	31%[E]	31%[E]	26%[ABC]	20%

Lower income residents tend to rate the available transportation systems high

Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

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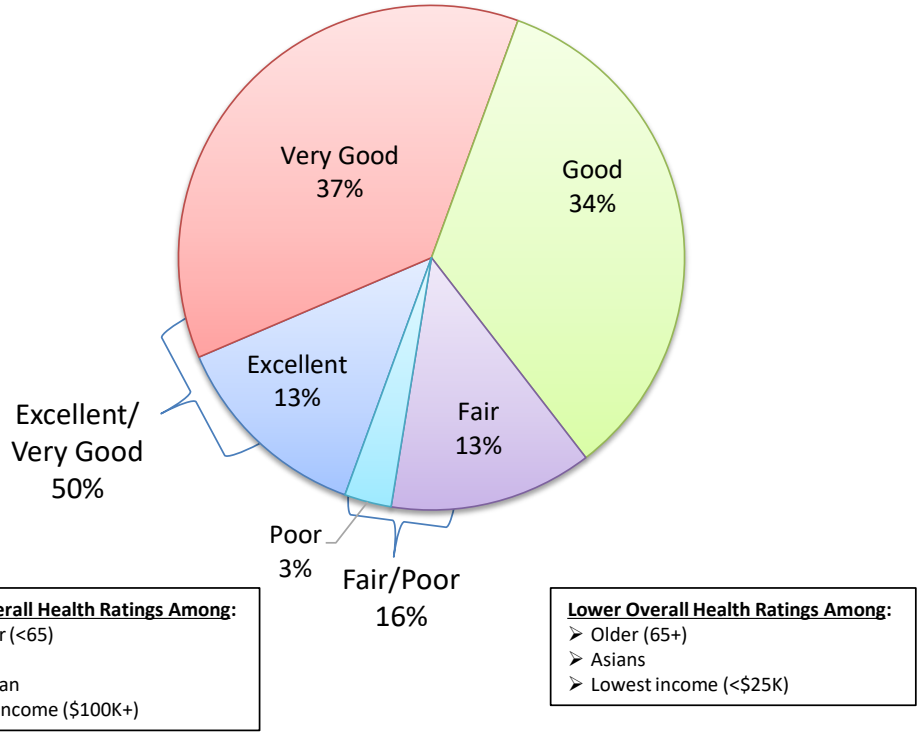
PERSONAL HEALTH HABITS AND PRACTICES

Self-Description of Overall Health

- In all, one-half of residents describe their health as being excellent or very good; one-third describes it as good, while 16% say their health is fair or poor.



(N=1701)
Q.6 - How would you describe your overall health?

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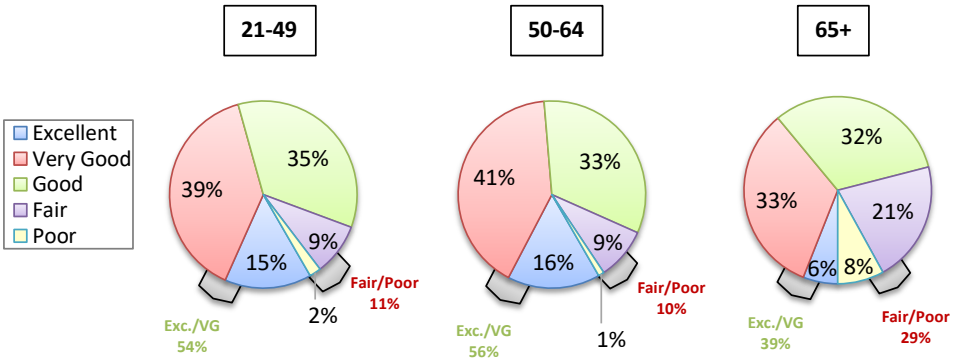
Self-Description of Overall Health – by Subgroups

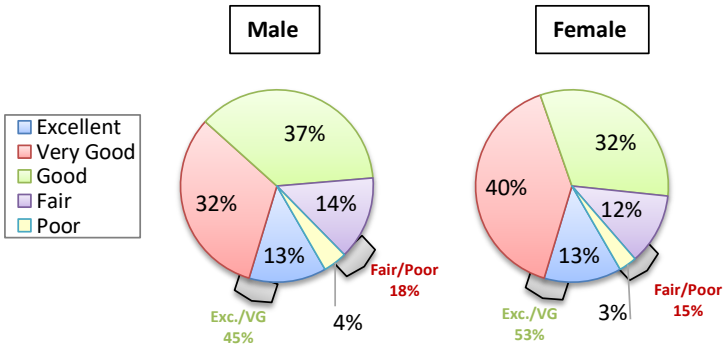
Age:

Younger residents (<65) describe their overall health being better vs. older (65+) residents.



Gender:

Females describe their overall health as better vs. males.



(N=1701)
Q.6 - How would you describe your overall health?

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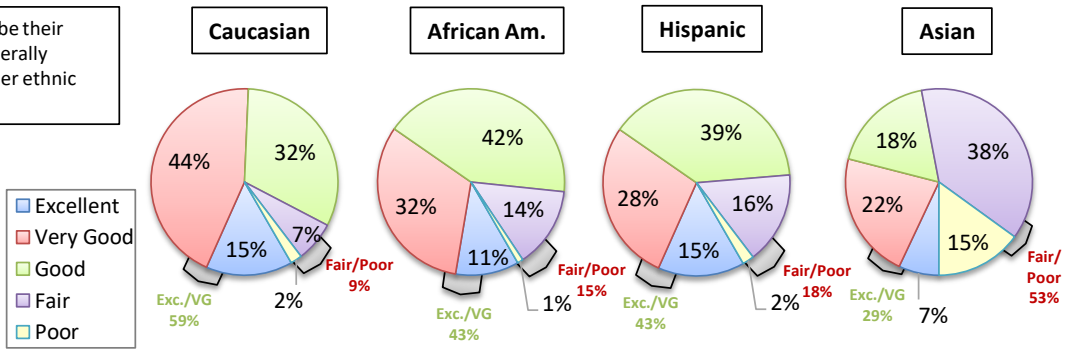
Self-Description of Overall Health – by Subgroups – (continued)

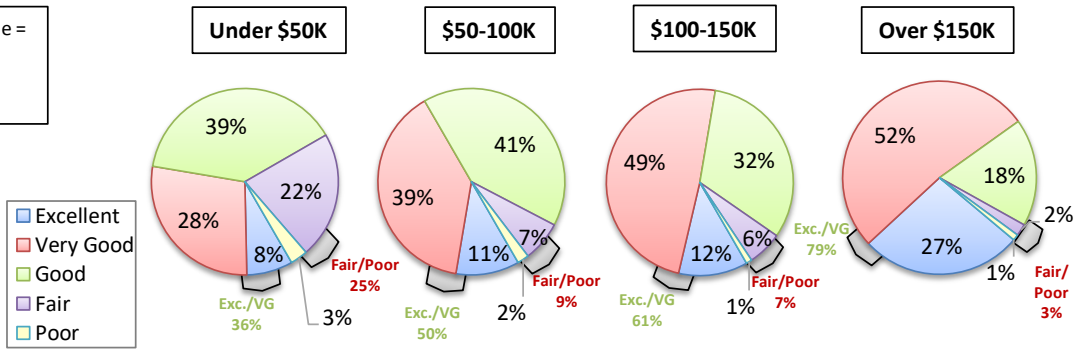
Ethnicity:

Asians describe their health as generally worse vs. other ethnic groups.



Income:

Higher income = better self described health.



(N=1701)
Q.6 - How would you describe your overall health?

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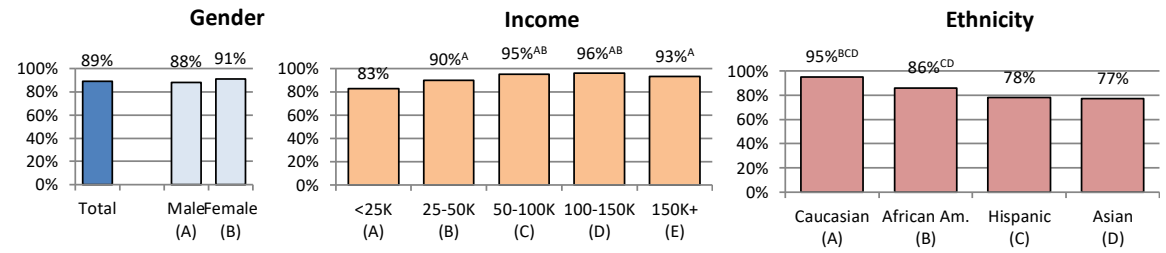
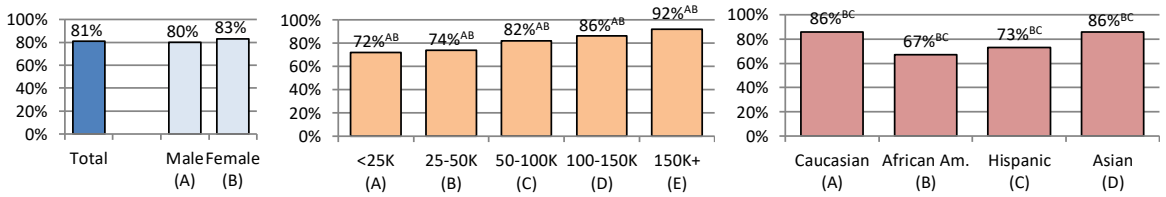
Self-Description of Understanding and Eating Healthy

- The large majority of residents feel they understand what food is healthy (89%) and most say they eat healthy food regularly (81%).
- Those with higher incomes are most likely to eat healthy on a regular basis.
- While African Americans claim to understand what healthy food is, they are the least likely to eat healthy regularly.

Have enough information to understand what food is healthy



Eat healthy food on a regular basis



(N=1701)
Q.11 - Do you feel that you…
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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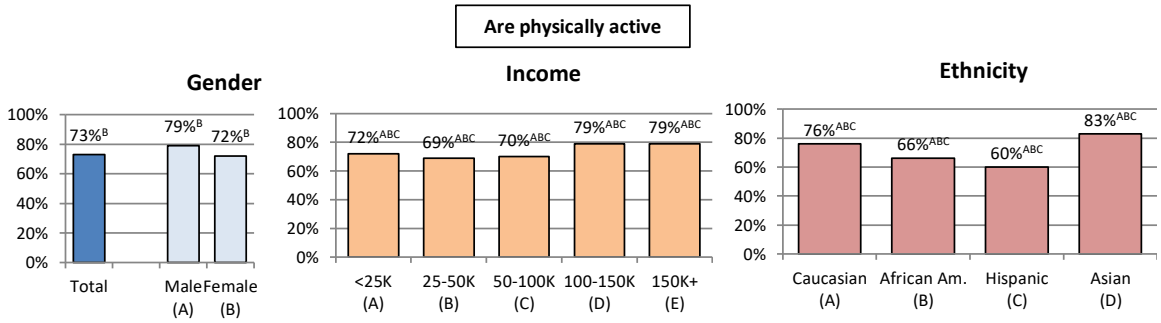
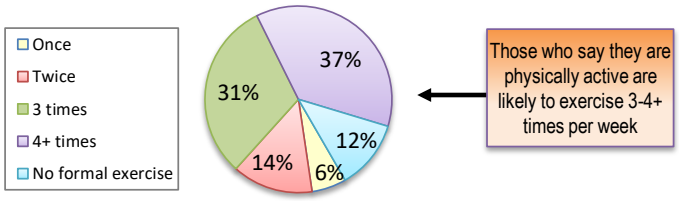
Self-Description of Physical Activity

- In all, 7 of 10 residents claim to be physically active. Males are more active than females and physical activity is highest among the Asian and Caucasian ethnic groups.



 # Times Exercise per Week
(Among those who are physically active)
(N=1241)



Q.11 - Do you feel that you…
Q.11 - How often do you exercise each week?
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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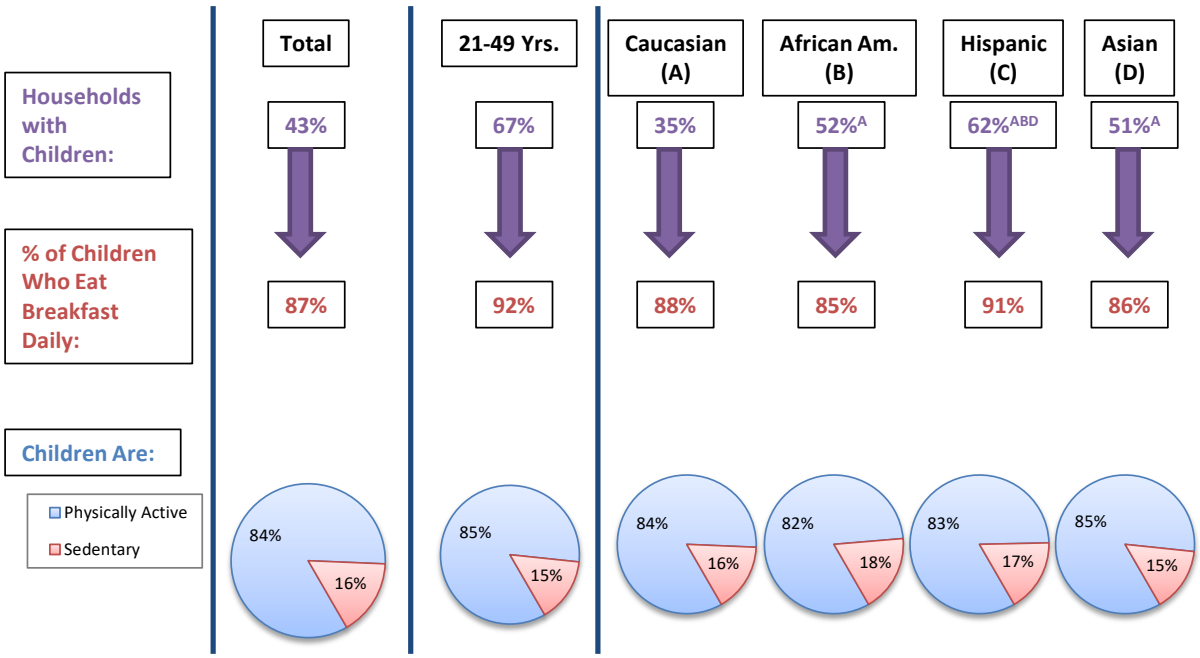
Activity Level of Children in Household

- In households with children, the large majority appear to be eating breakfast daily and are physically active.



(N=1701)
Q.11a - Do you have any children that live with you?
Q.11b - Do they eat breakfast before the start of the school day?
Q.11c - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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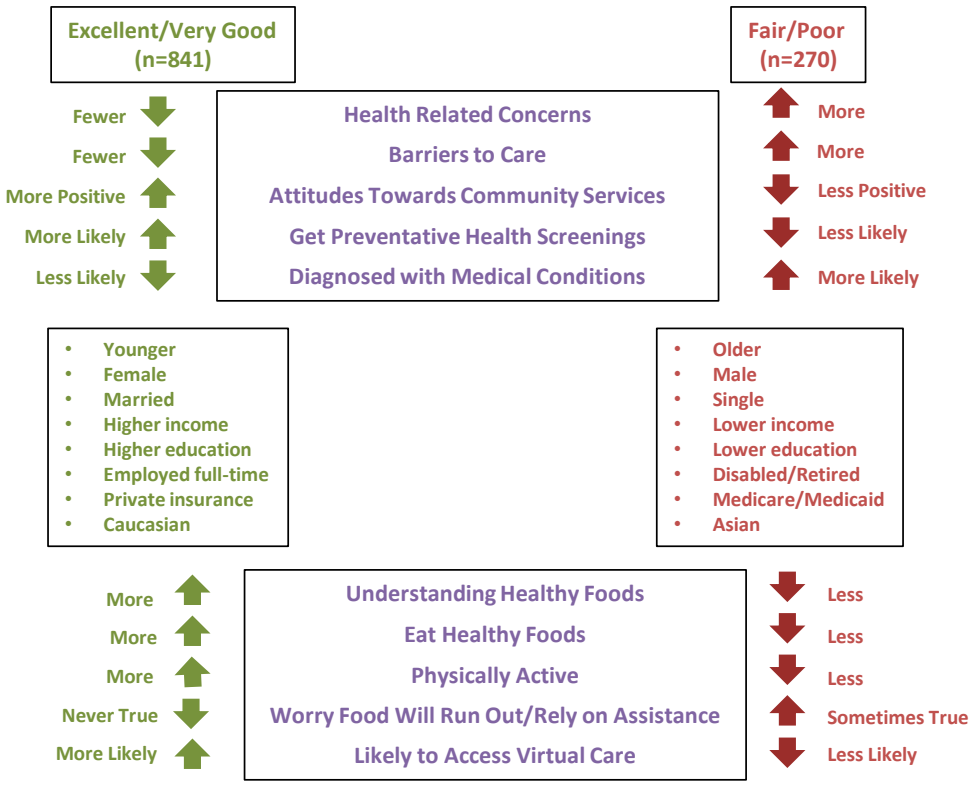
Profile of Those in "Excellent/Very Good" Health vs. Those in "Fair/Poor" Health



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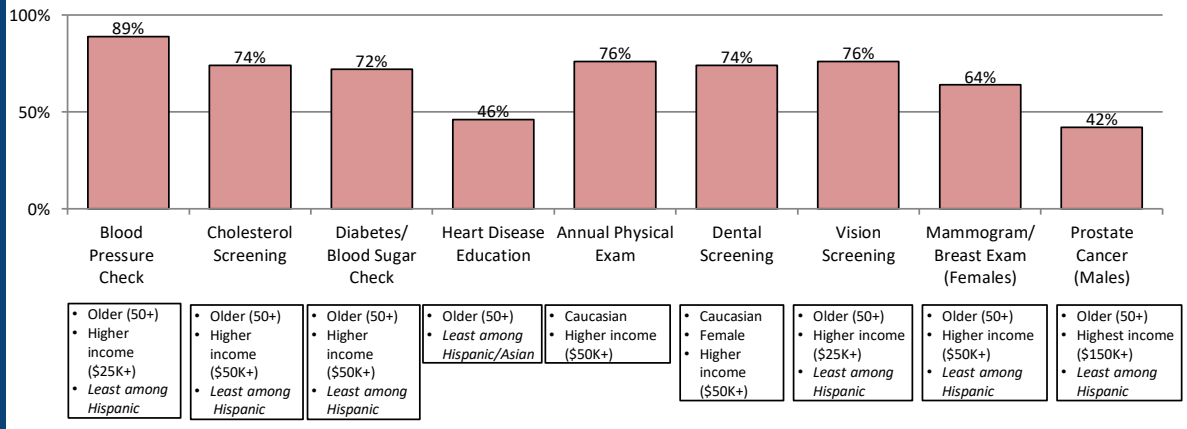
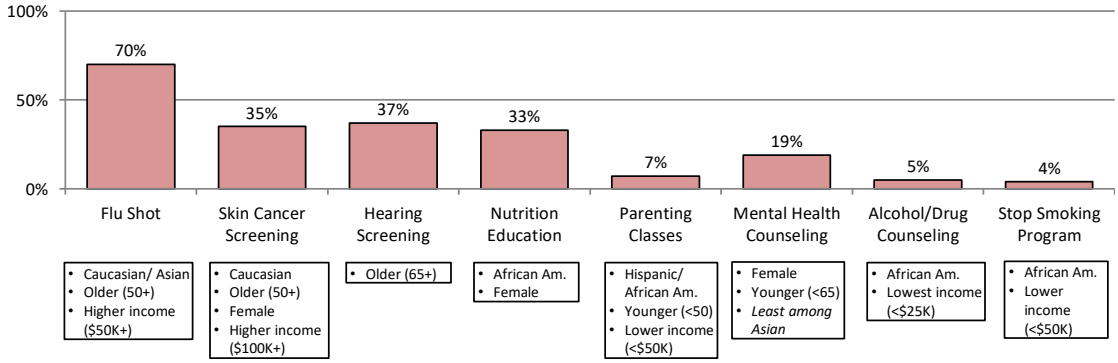
INCIDENCE OF SCREENING TESTS AND CONDITIONS DIAGNOSED

Incidence of Screenings/Exams/Tests – Past 2 Years

- Hispanics are significantly less likely versus other ethnic groups to get any screening tests or exams.
- Higher income residents are more likely to get screening tests than lower income residents, and screening exams skew towards the older (50+) population.





(N=1701)
Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.

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Incidence of Screenings/Exams/Tests – by Ethnicity

	Caucasian *(n=925) (A)*	***African American*** *(n=270) (B)*	***Hispanic*** *(n=170) (C)*	***Asian*** *(n=218) (D)*
Blood Pressure Check	94%[BCD]	87%[C]	67%	93%[BC]
Cholesterol Screening	81%[BCD]	64%[C]	53%	77%[BC]
Diabetes/Blood Sugar Check	77%[BCD]	66%[C]	56%	78%[BC]
Heart Disease Education	51%[BCD]	51%[C]	27%	37%[C]
Annual Physical Exam	83%[BCD]	72%[C]	62%	67%
Dental Screening	83%[BCD]	68%[C]	55%	67%[C]
Vision Screening	80%[BCD]	73%[C]	57%	80%[BC]
Mammogram/Breast Exam (Females)	72%[BCD]	56%[C]	39%	61%[C]
Prostate Cancer Screen (Males)	50%[BCD]	33%[C]	15%	37%[C]
Flu Shot	75%[BCD]	60%[C]	58%	80%[ABC]
Skin Cancer Screening	50%[BCD]	19%[C]	18%	17%
Hearing Screening	34%[BCD]	47%[C]	35%	42%[A]
Nutrition Education	32%[BCD]	48%[C]	30%	27%
Parenting Classes	4%[BCD]	14%[C]	12%[AD]	6%
Mental Health Counseling	23%[BCD]	22%[C]	19%[D]	12%
Alcohol/Drug Counseling	4%[BCD]	9%[C]	7%	5%
Stop Smoking Program	3%[BCD]	9%[C]	4%	3%

Least likely to get preventative screening tests

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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Incidence of Screenings/Exams/Tests – by Age

	21-49 *(n=689) (A)*	***50-64*** *(n=454) (B)*	***65+*** *(n=489) (C)*
Blood Pressure Check	84%	95%[A]	94%[A]
Cholesterol Screening	60%	86%[A]	84%[A]
Diabetes/Blood Sugar Check	62%	82%[A]	81%[A]
Heart Disease Education	39%	56%[AC]	49%[A]
Annual Physical Exam	72%	84%[AC]	78%[A]
Dental Screening	72%	81%[AC]	74%
Vision Screening	68%	81%[A]	84%[A]
Mammogram/Breast Exam (Females)	45%	83%[AC]	75%[A]
Prostate Cancer Screen (Males)	12%	56%[A]	63%[A]
Flu Shot	60%	74%[A]	81%[AB]
Skin Cancer Screening	26%	45%[A]	40%[A]
Hearing Screening	33%	37%	43%[AB]
Nutrition Education	34%	36%[C]	30%
Parenting Classes	13%[BC]	4%[C]	1%
Mental Health Counseling	25%[BC]	19%[C]	12%
Alcohol/Drug Counseling	5%	6%	4%
Stop Smoking Program	4%	5%[C]	3%

Most screening exams skew towards the older population (50+), with the exception of mental health counseling and parenting classes

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

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Incidence of Screenings/Exams/Tests – by Gender

	Male *(n=377) (A)*	***Female*** *(n=1219) (B)*
Blood Pressure Check	90%	90%
Cholesterol Screening	75%	74%
Diabetes/Blood Sugar Check	72%	73%
Heart Disease Education	48%	46%
Annual Physical Exam	76%	77%
Dental Screening	70%	77%[A]
Vision Screening	75%	77%
Mammogram/Breast Exam (Females)	NA	64%
Prostate Cancer Screen (Males)	42%	NA
Flu Shot	71%	71%
Skin Cancer Screening	30%	37%[A]
Hearing Screening	42%[B]	35%
Nutrition Education	29%	35%[A]
Parenting Classes	6%	7%
Mental Health Counseling	16%	21%[A]
Alcohol/Drug Counseling	6%	5%
Stop Smoking Program	5%	3%

Females tend to have a higher incidence than males with regard to dental screening, skin cancer screening, nutrition education and mental health counseling

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B) = Significantly greater than indicated cell at the 90% confidence level. NA = Not applicable.

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Incidence of Screenings/Exams/Tests – by Income

	Under $25K *(n=216) (A)*	***$25-50K*** *(n=219) (B)*	***$50-100K*** *(n=341) (C)*	***$100-150K*** *(n=248) (D)*	***$150K+*** *(n=213) (E)*
Blood Pressure Check	77%	87%[A]	94%[AB]	94%[AB]	98%[ABCD]
Cholesterol Screening	53%	66%[A]	78%[AB]	82%[AB]	88%[ABCD]
Diabetes/Blood Sugar Check	60%	66%[A]	76%[AB]	77%[AB]	79%[AB]
Heart Disease Education	35%	45%[A]	53%[AB]	54%[AB]	49%[A]
Annual Physical Exam	63%	75%[A]	82%[AB]	79%[AB]	88%[ABCD]
Dental Screening	50%	66%[A]	81%[AB]	85%[AB]	92%[ABCD]
Vision Screening	55%	76%[A]	81%[AB]	80%[AB]	87%[ABCD]
Mammogram/Breast Exam (Females)	43%	49%[A]	70%[AB]	75%[AB]	74%[AB]
Prostate Cancer Screen (Males)	32%	35%[A]	46%[AB]	39%[AB]	57%[ABD]
Flu Shot	65%	59%[A]	74%[AB]	73%[AB]	79%[AB]
Skin Cancer Screening	15%	25%[A]	38%[AB]	49%[AB]	48%[ABC]
Hearing Screening	35%	36%[A]	38%[AB]	37%[AB]	34%
Nutrition Education	32%	39%[A]	37%[AB]	38%[AB]	31%
Parenting Classes	11%[CE]	10%[A]	4%[AB]	8%[AB]	4%
Mental Health Counseling	24%	22%[A]	20%[AB]	23%[AB]	19%
Alcohol/Drug Counseling	13%[BCDE]	6%[A]	4%[AB]	3%[AB]	2%
Stop Smoking Program	7%[CDE]	6%[A]	4%[AB]	2%[AB]	1%

Alcohol/ drug counseling is more common among poverty level residents

Highest incomes have more screening tests

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

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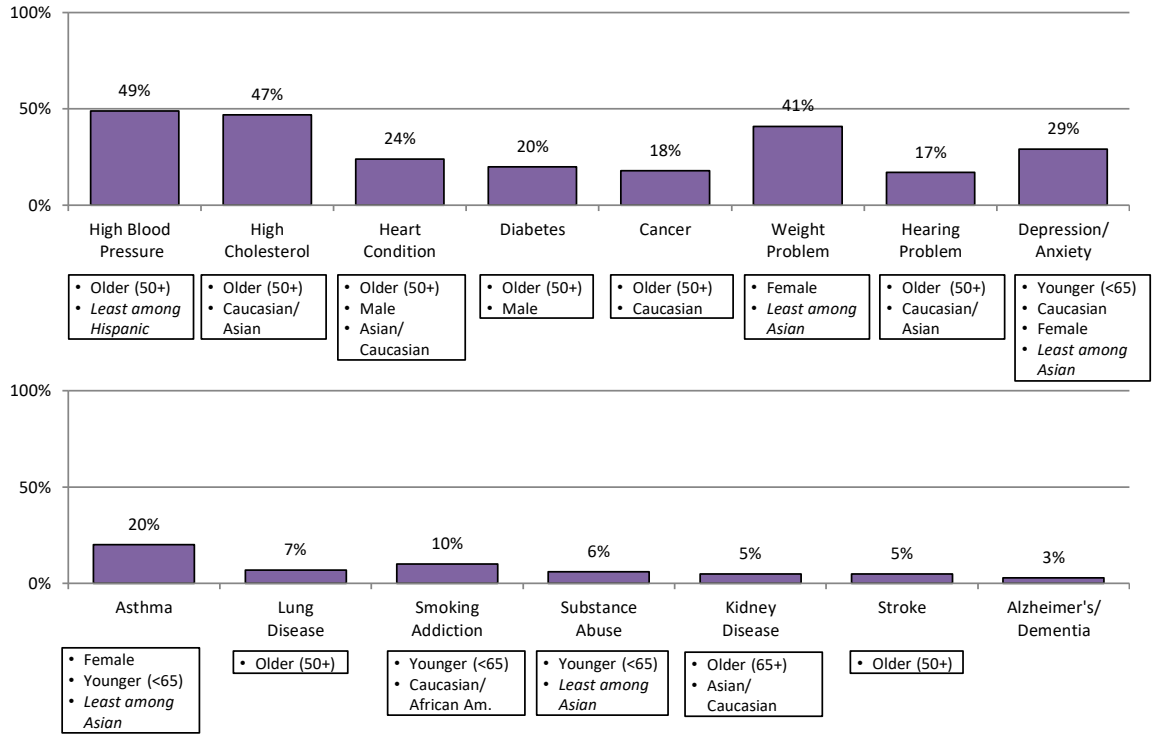
Conditions Diagnosed by Physician (Self or Family Member)

- Older residents (65+) report being diagnosed with more conditions versus their younger counterparts, although depression/anxiety, smoking addiction and substance abuse skew towards the younger population.
- Males report somewhat higher incidence of heart disease and diabetes, while females report more weight issues, depression/anxiety and asthma.



(N=1701)
Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

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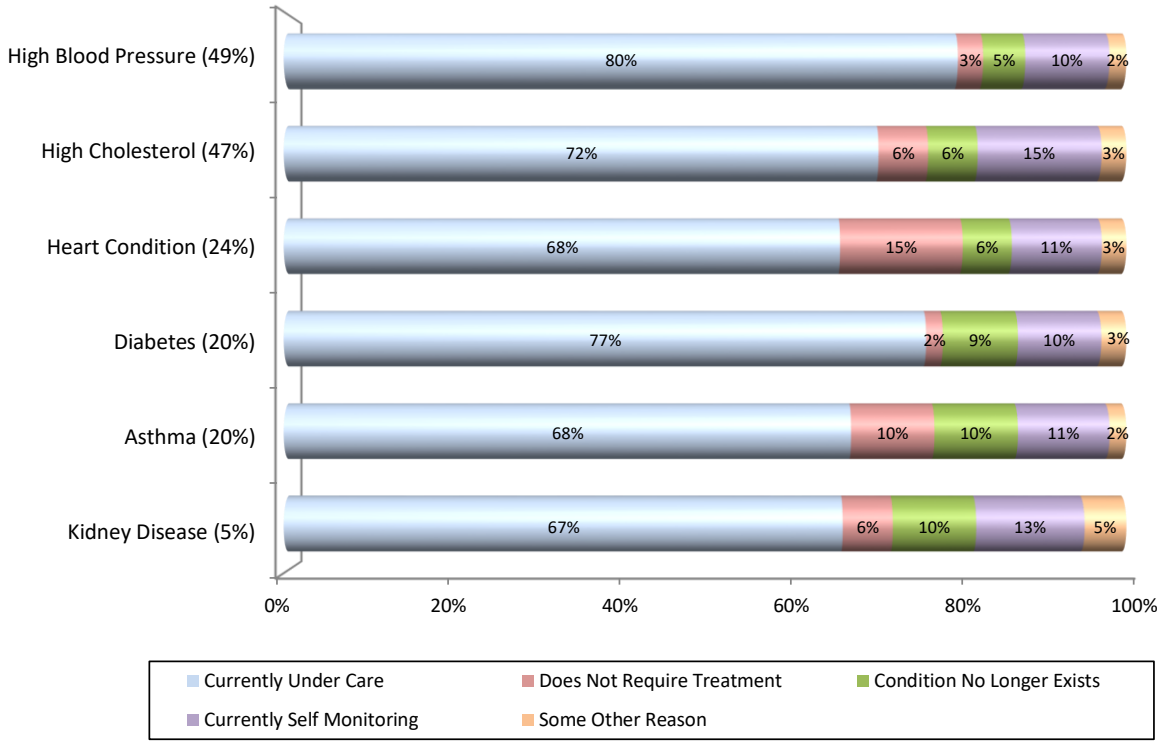
How Conditions Are Being Managed

- The large majority of those reporting high blood pressure, diabetes, high cholesterol, heart conditions, asthma and kidney disease are currently under care for their conditions, with some reporting the condition no longer exists, does not require treatment or is currently being monitored on their own.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

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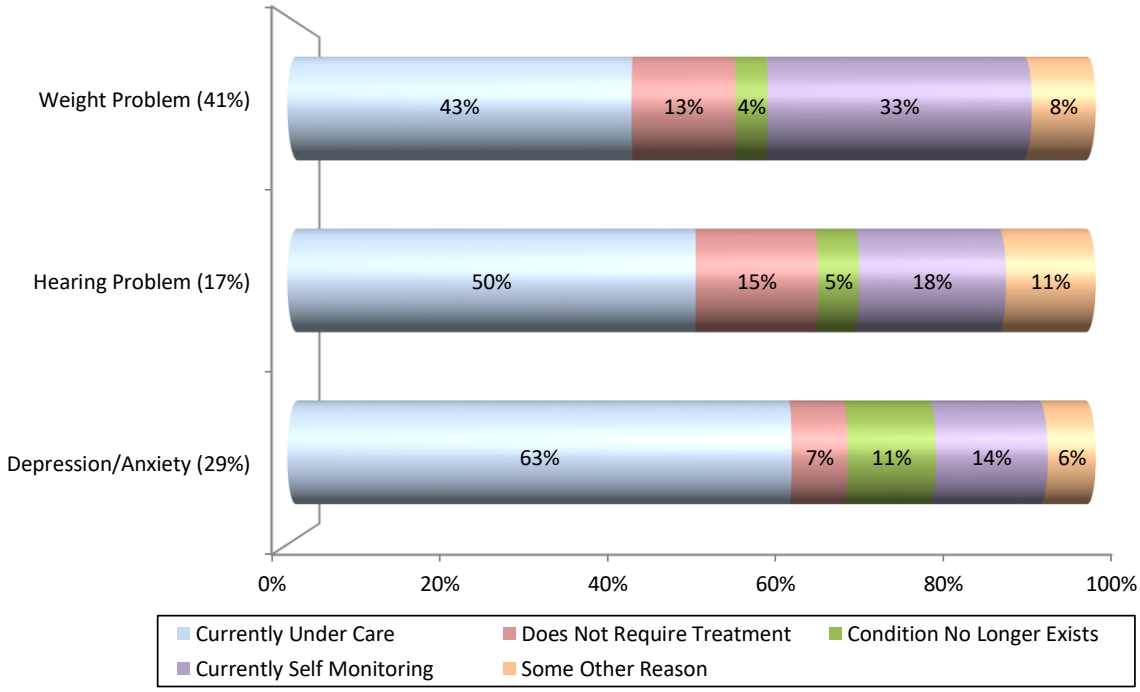
How Conditions Are Being Managed – (continued)

- Of those reporting weight issues, 43% say they are currently under a physicians care for the condition, while about one-third (33%) say they are currently monitoring on their own; 13% say the condition does not warrant treatment and a handful say the condition no longer exists.
- While a majority of those diagnosed with depression/anxiety are currently under care, some are monitoring it on their own, say it doesn't require treatment or the condition no longer exists.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

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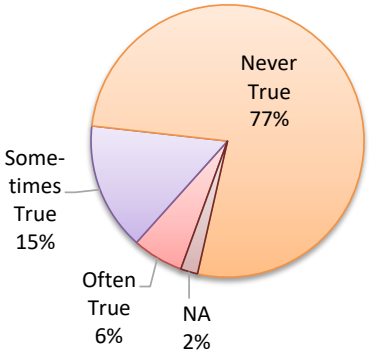
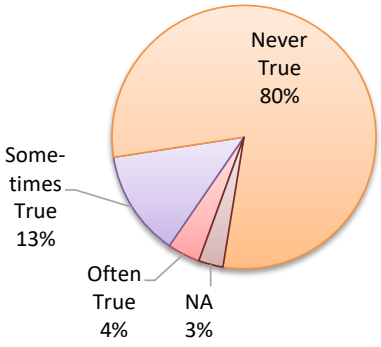
ADDITIONAL DATA

Statements About Ample Food/Food Assistance Programs

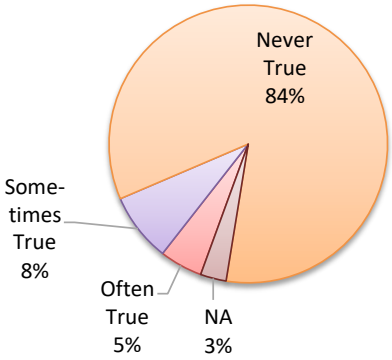
"We worried whether our food would run out before we got money to buy more."



"The food that we bought just didn't last and we didn't have money to get more."



"We rely on a community supper program, food pantry or meal assistance program to supplement our household."



Those who agree with these statements tend to be: lower income, younger (<50), African Am. or Hispanic.

(N=1701)
Q.12 - Please read the following statements that people have made about their food situation. For each one, indicate how true the statement was for your household over the last 12 months.

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Physician Habits

- Older and higher income residents are significantly more likely versus their younger/lower income counterparts to visit the same doctor or group every year or two for a check-up, while the younger and lower income residents are more likely to visit the doctor only when sick or need medical care.
- Hispanics and Asians tend to visit the doctor only when sick or urgent care is needed.

		Age			Income					Ethnicity			
	Total	21-49 (A)	50-64 (B)	65+ (C)	<25 (A)	25-50 (B)	50-100 (C)	100-150 (D)	150+ (E)	Caucasian (A)	AA (B)	Hispanic (C)	Asian (D)
	%	%	%	%	%	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	72	65	78[A]	80[A]	61	65	77[AB]	80[AB]	84[ABC]	78[BCD]	73[CD]	55	65[C]
Go to Dr/group only when sick/hurt	26	31[BC]	21	24	36[CDE]	37[CDE]	22	19	17	21	27[A]	39[AB]	41[AB]
Go to Urgent Care or ER when need medical care	11	14[BC]	6	10[B]	18[BCDE]	10[E]	7[E]	9[E]	3	7	11[A]	21[AB]	19[AB]

(N=1701)
NOTE: Multiple mentions.
Q.13 - When you need medical care, which of the statements below best describes you?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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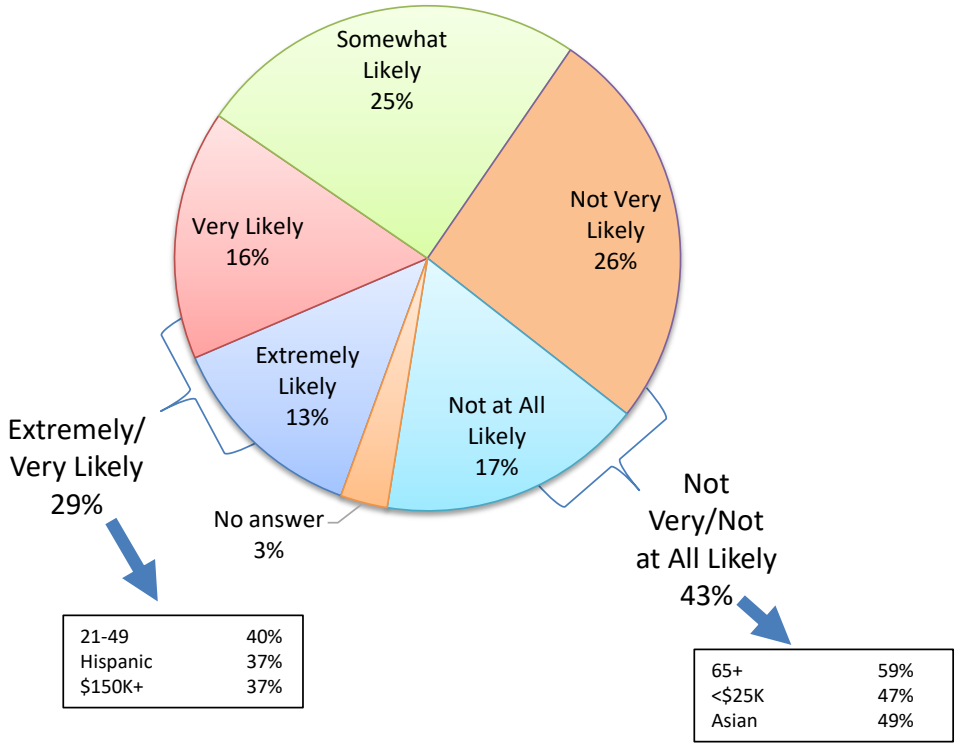
Likelihood of Accessing Medical Care Virtually

- Few residents indicated a strong likelihood of accessing medical care virtually.



(N=1701)
Q.14 - If you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

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Sampling of Additional Comments - (Reference Data File for Complete List)

"A free or low cost active older adult exercise program available on a daily basis."

"Bilingual counseling services."

"Something needs to be done about our water. Trenton Water Works is continually failing this community."

"Outreach in my own community would be welcome. For example, screenings and information sessions about nutrition or weight loss would be useful."

"Not able to get transportation to an exercise facility."

"There needs to be more LGBT resources in the community, besides PFLAG in Princeton."

"Support groups for people who have addictions, eating disorders, etc."

"My children are eligible for free meals in school but they do not like them, so they come home and eat after school, which does not help our financial situation at all."

"Insurance needs to cover prevention better and needs to be easier to obtain and pay for."

"Clean water and clean air."

"Health care for middle income residents is a joke! The average family of 4 has to pay out $20,000 per year in medical before they reap the benefit of insurance…".

"I am very concerned about the lack of education around family planning in this community…."

"Cost prohibitive and lack of providers with evening hours in area. Access to mental health providers is lacking Also, eliminate the stigma associated with treatment so people willingly seek treatment."

"I think that loneliness and social connection outweigh any other health issue currently facing adults in my age bracket (40-50) because it's difficult to make friends in adulthood and because it's difficult to find time for friendship while working, raising children and helping aging parents."

Q.15 - Use the space below to expand on a topic previously mentioned or an important health-related topic that was not mentioned in this survey.

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4. *FOCUS GROUP DISCUSSIONS AND WORLD CAFÉ MEETING*

A. *FOCUS GROUPS*

Five focus groups were held with 55 participants across five Mercer County geographic areas:

- Hamilton/Robbinsville
- Pennington/Hopewell Borough and Township
- East and West Windsor/Hightstown
- City of Trenton
- Lawrenceville/Ewing/Princeton

Participants were community leaders/representative of the following organizations, government, health and wellness, chronic disease, behavioral health, non-profits, education, faith-based, business/employers, public safety, veterans, and transportation.

Areas discussed included service needs and challenges, resource availability, family and patient support; stigma; challenges and barriers; underserved consumers; and integrated care.

Overall Findings

Each community noted improvements over the past few years.

Better service and/or overall increase in services in the areas identified below were most commonly mentioned.

Area	Definite Improvements		'Some' Improvement
Hamilton/Robbinsville	• Clinics for uninsured families • Support for those disabled • Veterans programs	• Childhood obesity • Senior services availability	• Opioid addiction
Pennington/Hopewell	• Hospital access • Anti-smoking campaign	• Parental support in various areas – medical and emotional	• Information flow • Broader drug/alcohol reach • Mental health support
Windsor/Hightstown	• Senior transportation • Wkly BP screening • Improved coordination with police • Closer hospital and EMT closer to police	• New leadership • Lock boxes for elderly • Politicians more in touch with community	• Vision/hearing screener availability
City of Trenton	• Employment improved • Young adults doing more in community • More small businesses opening	• Food pantry availability • Heightened community activism/collaboration	n/a
Lawrenceville/Ewing/ Princeton	• Improved partnership with law enforcement • General outreach improved • Health services for undocumented population	• Hospitals engaging more • Availability of more physical space • Heightened health focus	n/a

Each community had a few notable differences, with Trenton identifying the greatest number of concerns:

- Hamilton/Robbinsville: Hunger/Food insecurity
- Pennington/Hopewell: Loss of Planned Parenthood
- East/West Windsor/Hightstown: Immigrant population, hospital emergency room wait times (no specific hospital identified)

- Lawrenceville/Ewing/Princeton: Access to healthy food in Ewing
- City of Trenton: hunger/food insecurity; maternal/pediatric services; employment; emergency medical service; teen pregnancy; homelessness/poverty; violence/racism; infant mortality; sexually transmitted disease; lead poisoning.

While discussing community improvement, there was a singular commonly voiced theme regarding coordination/communication. All groups mentioned the need for better coordination/communication across the various volunteer/governmental service organizations.

- *"There's no coordination of services and I don't know exactly where to point/send people. As a result, services go underutilized."*
- *"Communities and senior centers need to work together – there's no oversight."*
- *"Currently we are in silo's that don't communicate."*
- *"We need a central communication port, connecting all of the services together."*
- *"We have so much need in this area, and often volunteers don't know what is available or how to connect people to what they know is available."*

Although occasional improvements were noted, respondents characterized access to care as "not good" or "in need of improvement"; this was true across all groups. Access was often intertwined with lack of a broader communication network.

There were eight common concerns/needs that were consistently mentioned across the five groups.

- Community/network connectedness/communication
- Access to care
- Mental health: opioid addiction, stress/anxiety management, suicide prevention
- Transportation barriers
- Language barriers/immigrant populations
- Senior adult needs - veterans' services in some areas
- Education: health, parenting, social media, tutoring programs, bullying
- Medical conditions: Alzheimer's/dementia, asthma, cancer, cardiovascular disease, hypertension, childhood obesity, chronic pain.

When asked to prioritize their common areas, similarities and differences among communities were noted. Common to all geographies were five main needs:

- Coordination and communication of information/services between agencies
- Access to care as broadly defined
- Greater focus on mental health issues and health education in general
- Senior Services
- Transportation

Priority areas that differed by community included:

- Hopewell/Robbinsville: Preventative medical conditions, parenting classes
- Pennington/Hopewell: Elderly, Safe drinking water
- Windsor/Hightstown: Domestic violence, veterans' services

- Trenton: Institutional racism, employment, gang violence, chronic poverty, nighttime safety, nutrition, emergency services, employment/lack of opportunity
- Lawrence/Ewing/Princeton: Access to nutritional food, access for low income/no insurance, affordable housing, sexually transmitted disease, parent education, chronic disease focus (cancer, Alzheimer's)

The following describes specific discussions at each of the five locations.

Hamilton/Robbinsville

Areas of Improvement

Regardless of some perceived improvement, most indicated there was still more to be done in each of the areas identified.

- Opioid awareness
- More programs initiated at the hospital at the time of intervention
- More clinics available for uninsured families to receive healthcare
- Narcan availability and opioid training now in high school at Hamilton
- Clinics for wellness visits, unvaccinated children who are uninsured, STD's in adults (Hamilton)
- Many families with special needs (mental emotional) – ability tree now in Robbinsville
    - Helps families with a variety of issues for those with disabilities (eq. transfer from school to adult life etc.)
- Various veteran programs via Office of Veteran Affairs (e.g., resource room for vets, vet mentors, etc.)

In other areas, some improvements were noted. Also identified was an increased demand, which made it hard to keep up with needs.

- More aging senior services are available than previously.
- Increased demand for mental health services for aging seniors.
- While many services were available it was very hard to know who provided, what was provided andwhere services were located.
- Strong need for communication among all services and lack of appropriate networking between providers.

Access Needs

- Insurance
- Linkage to appropriate care
    - Access to physicians
    - Hospital access
    - Affordable medical services
    - Access to medication
- Affordable housing
- Transportation needs
- Over population causes lack of resources (e.g. vaccines, well care)

Overall access to care was seen as the single, key factor in maintaining community health.

Greatest Health Concerns

1. Mental health
    - Opioid addiction (resources in the community)
        - Viewed as a family disease that needs to involve educators, spiritual leaders and prosecutors
    - Lack of insurance
    - Lack of rehab space for time sensitive conditions
    - Loved ones who are not supportive
    - No recovery housing
    - Increased crime
    - Marijuana use (Robbinsville)
    - Difficult to sustain sobriety in the addiction community
    - Stressful culture
        - How to manage the environment: life culture pressure: over-scheduled kids, adults, home life, finances, college, etc.
        - Generalized anxiety
    - Suicide prevention
    - Breakdown of the family unit
        - Leads to anxiety and substance abuse
    - Counseling availability for emotional issues
    - Social media/bully concerns
2. Seniors
    - Education
    - Transportation for elderly and disabled growing – have wanted lists; vets also have transportation needs.
        - "much space taken up for dialysis patients, don't leave much room for senior transport".
        - "Many are frightened to drive – others can't drive"
        - "Need for 'senior friendly Uber'"
    - Medication compliance and education
    - Connections between support system and compliance.
    - Affordability of care
    - Concerns on: those still driving
3. Education (Health and Wellness)
    - How to live with health concerns/conditions
        - Educating people about eating and living health
    - Special needs populations (autistic training)
    - Diabetic care education
    - Limited access for some populations
    - Nutrition education and understanding
4. Food Insecurity
    - Children and adults
        - "1 in 5 kids are food deprived."
    - Lack of healthy food requires education to eat healthy
        - "It's easier to go with fast food or corner bodegas."

5. General Increase in Violence
    - Dating violence
    - Gun violence (in parts of Hamilton)
    - Domestic violence
    - Impact on students
    - Support of those abused
6. Language Barriers
    - Limited English proficiency/education (residents from Haiti, Ghana, Mexico)
    - Decrease in ESL enrollment – 33%
        - "no one wants to come forward given the potential environment today, ESL enrollment is a way down due to the federal crackdown via ICE."
7. Veterans
    - Need more attention: WWII and Vietnam veterans all different (PTSD)
    - Not enough services locally
8. Parenting Classes
    - Focusing on: coping skills, entitlement, helicoptering, addressing the desire for instant gratification/quick fix.
9. Therapy Dogs for PTSD, seizures and dementia
10. Pedestrian and bike safety
11. Medication compliance
12. Physician specialists lacking Endocrinologists, dermatologists, and rheumatologists

<u>Medical Concerns and Problems</u>

- Alcoholism – increase in the number of persons found passed out
- Alzheimer's
    - Money and care awareness
    - Stress for caregivers
- Cancer
- Childhood obesity
- Chronic pain management
- Dementia
    - Aging problems
    - 70% of residents in facility have some form of dementia.
    - Lack of nurses to spend time with patients in once/month
- Diabetes: diabetic care follow-up
- Hep C increases
- STD's in young teens

<u>Areas Prioritized for Attention</u>

Overall the county itself is overgrown and the current infrastructure falls short in meeting all needs.

- Coordination of information and services across communities
- Diabetic care

- Access to care specifically focused on:
  - Hospitals and doctors – particularly specialists (e.g. Endocrinologists)
  - Coordinated information
  - Knowledge of available resources
  - Insurance coverage
- Mental health – specifically opioid addiction and stress management
- Opioid addiction
  - "We need to do more/deal with it now; focus on prevention and diminishing over-prescribing of drugs; need to have something like linkage to care."
  - "It's an epidemic – We are trying to educate schools, spiritual leaders, etc. We are frustrated because there are no beds immediately available for the uninsured…not enough beds available – We are constantly begging for non-project groups for help…It becomes a family disease."
- More community focus on certain prevalent medical conditions that are underserved: diabetes, cancer, childhood obesity and alcoholism (prevention, management, and treatment)
- Parenting classes that focus on the concerns identified.

Pennington, Hopewell Borough, Hopewell Township

Areas of Improvement

- Hospital access
- Support for parents of children (medical and emotional)
- Anti-smoking efforts

Areas in Need of Further Improvement

- Flow of information
- Broader reach with drugs and alcohol
- Mental health

Access Needs

- Grant applications

  "We can only have better access to care if we receive more money than we get from grant applications and right now the money is running out."
- Insurance needs
- Transportation
  - Lack of cabs
  - Transport for those living alone that goes beyond Meals on Wheels
  - Access, so the elderly are able to function independently
  - Better, faster identification and support of people in need

Greatest Health Concerns

1. Mental health
   - Stress/Pressure
     - Especially those going to college
     - Parental education about stress

- Reduction of stigma associated with mental health
- Lack of resources for mental health issues
- Suicide/Cutting

2. Connectedness of Community
   - Communication needs to improve
   - Review/address community financial resources
   - Cultural competence
     - Providers/Organizations need to more effectively deliver health care services that meet the social, cultural and linguistic needs of patients.
3. Drug use was viewed as increased. Some believed use was increasing because the stigma associated with drug use was down.
   - Opioid addiction
     - Narcan in schools and uncertain if that is good or bad
   - Heroin, vaping more common
   - Lack of insurance to cover treatment
   - Schools taking a therapeutic approach
   - Random drug testing in some places

4. Loss of Planned Parenthood viewed as critical.

<u>Additional Concerns</u>

5. Seniors
   - Need better information on community resources
   - Focus on senior falls
   - Transportation (seniors and disabled)
   - Housing

6. Poverty in certain areas needs to be addressed.

7. Housing
   - Need for more affordable housing
   - Project Freedom, of some help, but more is needed.

8. Immigration Integration
   - Other vulnerable populations

9. Education
   - Need for tutoring programs
   - Violence and Bullying
   - Gender and Fluidity training

Medical Conditions and Problems

- Hypertension
- Sexually transmitted diseases
- Under-age drinking
- Concussions
- Nutrition
- Alcoholism
- Sleep Disturbances

Four Areas Prioritized for Immediate Attention

1. Communication needs to improve from the municipality/community perspective
   - Need to encompass and focus on:
     - Better community health
     - School districts
     - Social media

2. Elderly Population
   - Identification of resources and adequate care for elderly

3. Education and Tutoring
   - Tutoring programs
   - Violence/Bullying
   - Sexual consent
   - Gender and sexual fluidity

4. Ensuring Safe Drinking Water
   - Older system – need to evaluate water access as well as water lead levels

East Windsor, West Windsor, Hightstown

Areas of Improvement

- Availability of RISE (a community service partnership)
- Senior transportation has improved
- Availability of weekly blood pressure screenings
- Penn Medical providing closer hospital services
- 24 hr. EMT now near the police station
- Politicians more in tune with community needs
- Blue Angel lock box for elderly
- Congregation works with police chief re: drugs/Rx drugs
- New leadership and health screening
- Greater trust in/use of social media
- Vision and hearing screening availability – in progress

Access Needs

- Participants viewed access as hindered because of a lack of a broader communication network that would aid connections and collaborations.
  - General concept of volunteers, chairperson and Network not always apparent.
  - Government involvement was thought necessary.

    "There is a sense of provincialism – we're all trying to solve the same problems."
- Access to care was considered problematic in terms of both services and specific populations.
  - Reaching appropriate doctors
  - Training
  - Lack of cancer screening
  - Medicaid cutbacks
  - Adult/Senior care
  - Uninsured populations
  - Undocumented populations
  - Language barriers (need more bi-lingual support)
  - Health programs

Areas of Need

- Mental health
  - Substance abuse
  - Domestic violence
  - Any crisis
  - Stress (school-aged children)
  - Psychological barriers
  - Differences between East and West Windsor
- Adult population needs
  - Uninsured adults
  - Homelessness
  - Access to doctors
  - Domestic violence
- Schools – schools should be safe haven
  - Suicide concern – middle or high school
  - Loneliness of students
  - Stress over academics
  - Backpack Food Program – not utilized in middle school – children thought to be embarrassed
  - Bullying
- Immigrant concerns – ICE
  - Undocumented – trickle down problems
  - Language barriers
  - Need for clothing and food
  - Availability of non-English tutors
  - Summer programs for children

In assuming needs in these communities, a few commented that there were no measurable results for any of the initiatives put into place.

Other Needs

- Drug abuse
  - Prescription drug use
  - HIV/AIDS
    - Hyacinth Foundation helpful
  - Marijuana (edible and liquid)
- Emergency Room of hospital
  - Basically, a holding pen
- RISE – Tremendous service group
  - Always looking for more volunteers
- Sexual orientation
  - LGBTQ numbers are less – but still a problem
  - Better public transportation
- 24/7 mobile response needed
- Lack of Veterans' services

Medical Conditions of Concern

- Alcoholism
- Asthma
- Cardiovascular problems
- Dental health
- HIV
- Obesity
- Pregnancy
- Sexually transmitted diseases

The need for community networks and adequate communication between those networks was consistent in both Windsor/Hightstown.

Areas Prioritized for Attention

- Mental health
- Stress relief for students, parents and teachers
  - Teachers specifically noted feeling the stress of school shootings
- Medical transport
  - Cardiac issues and falls
- Domestic violence
  - Related to alcoholism
  - Recurring stress

- Translators needed
    - No translators available; currently young children are translators for parents
- Transportation issues
- Veterans' Services
    - No VA hospital/clinics

City of Trenton

Focus group members felt there had been a "climate change" for the better over the past two years (hope for change with new leadership but not enough accomplished).

Also noted was a desire to do more, especially among young adults who want to effect change and contribute back to the community.

Positive changes were noted, *"more small business and restaurants showing up (i.e., Starbucks), leading to more hiring of locals and workers around the community"* and more outreach from existing institutions.

It was noted *that "even with all the budget cuts at the libraries, they are doing many free programs for people. Social workers come in to help the homeless, mentor programs, partnering with other groups."* All were seen as positive moves.

Additional positive changes noted were:

- More community awareness – better collaboration among groups
    - More people coming together
- Food Pantry
    - Demand greater but amount and quality of food better
    - Improved leadership communication with suppliers
- Trentonians are better served because of heightened community awareness, activism and better collaboration
- Employment is a bit better

Access was considered a HUGE issue in Trenton, particularly as related to medical care.

- Medical Care
    - Erosion – maternal/child care is missing issue, maternity departments closed left and right, and the nearest is very far

      "Through grants they are improving access to care, free pregnancy testing, WIC. Grants allow grassroots knocking on doors to see who needs care, bus tickets allow access to care."
    - No pre-natal care
    - No OB GYNs in Trenton, only 1 free clinic
    - Most OBs do not accept Medicaid
    - Doctor time limitation because of insurance
    - Infant mortality rate of Blacks vs Whites is 3X more
    - Babies are being born addicted to drugs

    - Diminishing nursing care/doctors
    - Lack of Patient Advocates
- Transportation issues – no bus service to Capital Health
    - Clinic sees 1,400 patients each month. 120 new pregnancies a month – it still takes 3-5 weeks to get an appointment. Pre-natal Clinic has a shuttle to Capital Health.

Additional concerns that fall under the umbrella of access included:

- Health literacy
    - The need to teach patients how to interact with physicians
    - The need for better explanation of conditions, medications, lab work, billing to patients by physicians and pharmacists

> *"Very confusing, even if they get it they can't find doctors or can't figure it out, so they end up not using it. The system is not set up to help them – too many barriers. Policies change all the time. Unsure of what is covered, labs, appointments, etc. It's hard enough for professionals to navigate the System, much less the everyday people."*

- Insurance changes
    - Coverage problems in general and need for broader range of coverage options to support health care choices
    - Have to teach them what to ask for
- Language barriers

> *"In the communities there are lots of single moms. They don't have coverage, but the kids do. However, there are language barriers for quite a few."*

- Racial barriers
    - Closure of services
    - Opioid addiction services but not crack cocaine
    - Services in general
- Mental health
    - Trenton Psychiatric Hospital closed

> *"Now there is an influx of mentally ill at libraries since they are a safe haven with a roof. ODs in bathrooms. This is the only place to possibly find access to information about care. Their needs are not being met; the Police Department monitors the library and tries to help with tips on the System, suggest other resources, clinics. However, the libraries worry about their own employees and visitors with the mentally ill."*

    - Ill-equipped, lacking resources for employees and patients with mental health problems
- Public health services are diminishing or closing

> *"Once you figure it out, things change or there are closures."*

Underlying the areas of concern was the *"negative perception of people who live in Trenton, which creates an internal powerlessness, a living the perception stigma."*

Areas of Concern

- Mental health
  - Anxiety, depression/other psychiatric illnesses
  - Students disempowered/disenfranchised
  - Suicide prevention needed
  - Cyber bullying (fed by Social Media)
- Hunger/Food insecurity
  - Corner stores only – high sodium, poor quality, etc.

    "Food stamps have been cut back due to the lack of redemption rates but there is no access to food. There is still a huge need."
  - Lack of supermarket in the area
  - WIC offering some fresh food
  - No place to redeem vouchers: County cutbacks
  - Lack of access to fresh foods/cost
    - Farmers' Market only open May-October
- Medical issues
  - Maternal and pediatric service concerns
  - Infant prematurity
  - Preventative health care including support for alternative health care approaches (i.e., support for immune system and enhance good health)
- Immigrant population issues (Haitian, Egyptian, Nigerian, Spanish, Polish)

  "Is the library safe from ICE? Parents don't even take their own kids to school out of fear. ESL is available but not for disabled groups, ADD, autism, etc. If there has been an ICE issue you see a huge drop within the next days/weeks of immigrants coming in for services."
- School environment
  - School-to-prison pipeline
  - Narcan in bathroom
  - Need for leadership development

In discussing other areas of concern/need, participants talked about a generalized disappointment because so much is stacked against the City and the County. The issues cited included:

- Poverty: chronic and concentrated

  "Outside investors come in and buy buildings, turn them into Section 8 housing. People don't work, don't contribute to the community."
- Violence
  - Sexual assault and abuse
- Drug use/opioid addiction
  - Racial disparity
  - Mothers addicted
- Homelessness
  - Lack of affordable housing
- Veterans' Services
  - Lack of services for Trenton Vets – have to go to other areas for care

- Racism
  - Apparent in closure of services
- Women
  - Low status of women
  - No Women's professional representative
- Institutional racism
  - Racial disparity
- Seniors: General Elder Care
- Suicide prevention

  "Of 15 kids in a youth group, 4 personally knew someone who committed suicide."
- Sexual assault by adults on young people
  - Family members or those in the community
- Transportation
  - Inefficient public transportation
  - Transportation systems difficult to navigate
- Smoking cessation
- Employment
  - Job readiness/education
- Teen pregnancy
  - Teen pregnancy rates are the same as they were 4 to 5 years ago, approximately one-third of 100 kids under 17
- College graduates

  "They don't come back; were not raising in-house leaders."
- Health education
  - Health literacy
  - How proper food and nutrition can prevent and reverse disease

With few exceptions, similar medical conditions were noted for Trenton that were identified in other communities.

- Asthma in the young
- Cancer
- Depression
- Diabetes
- Heart disease
- HIV
- Infant mortality
- Lead poisoning rampant (leads to misdiagnosis)
- Obesity/childhood obesity
- Pre-natal care
- Sexually transmitted diseases

Trenton participants had the longest list of priority needs compared to the other communications. The list included:

- Mental health
  - Access to services
  - Education on mental health

        - Preventative health care
        - Substance abuse
        - Mental health Patients' Bill of rights
            - Felt to work against families and caregivers
- Health care
    - Access to maternity and pediatric services
    - Health literacy
    - Preventative health care
- Institutionalized racism
    - School-to-prison pipeline
    - Treatment in health care system
- Transportation services
    - Lack of public transportation; need Medicaid for Mercer County T.R.A.D.E.
- Employment
    - Job readiness – high school education
- Outside perceptions of Trenton creates internal powerlessness
- Gang violence
- Chronic poverty
- Nighttime safety
- Nutrition – children and elderly
- Emergency services
- Overall lack of services
- Employment/job readiness

There were several other issues and concerns raised by participants including a lack of leaders from Trenton.

> "Civic association volunteers are residents, but most other leaders are from outside of Trenton."

Also highlighted were safety concerns and a sense that between 5:30-6:00 PM the City shuts down.

> "Even for meetings, people say they can't come out in the dark."

Participants were also concerned about budget cuts impacting mentoring programs and about outsiders (Pipeline) building a City of concentrated poverty.

Lawrence, Ewing and Princeton

Among the improvements noted in the Lawrence, Ewing and Princeton area was a heightened awareness about what is available and what is being done was considered a good change over the past few years. Other improvements included:

- Law Enforcement
    - Improved partnership/relationship
- Undocumented high school population
    - Well Baby does exams to help Moms stay in high school
- Hospitals are engaging more with the community

- Outreach has improved
  - More vans available, allowing greater spread of health information
- Facility Increase
  - Improved/larger physical spaces
  - Greater access to families
- Health focus heightened
  - Health Fairs – block parties
  - Health coaches: diabetic/cardiac – although not enough use of them

Access issues were focused on five areas, with support for mental health most dominant.

- Mental health
  - Adolescent/child psychiatry
  - Sibling relationships
  - 'Telemental' health
- Transportation
  - Provided by private groups – but more publicity is needed to heighten awareness e.g., disability buses
- Access to broader medical care
  - Currently insufficient for low income families
- Insurance issues
- The dental or vision plans for all

Participants saw a greater need for more information in many areas.

- Mental health
  - Depression/anxiety/suicide – middle school, high school and adults
  - Healthy coping skills
  - Prevention program in the high school
  - Anxiety and pressure/stress for trivial matters
  - Generational change Post 911: greater stress, more threatening environment
- Education
  - Behavioral health
  - Alzheimer's
  - Bullying
- Access to healthy food (Ewing)
  - Boxed dinners/garden-to-table
  - Send Hunger Packing, but there is a stigma with that
  - Food Pantry
  - General food insecurity
- Immigrant populations (Asian-Seniors – more well-to-do; Latinos – younger)
  - Undocumented minors and children of undocumented parents
  - No vision/dental – limited to no access to health care
  - Children worry about parents
  - Afraid to go to WIC services – will be denied seen as a 'public burden'.

Other areas in which respondents saw a need for further improvement included:

- Elderly
  - Nursing home
  - Home health available, but insurance issues
  - Ongoing need for support with activities of daily living
  - Lack of awareness of volunteer services
  - Degree of media literacy (no computers, smart phones, etc.); lack of ability to communicate with seniors
- Transportation
  - Always an issue, but more of one outside Trenton
- Communication
  - Need for a central referral location, perhaps through law enforcement – 'See something, say something'
  - How do we connect people to services offered?
  - How do we create neighborhood groups?
  - Where are community resources?
  - Ensure other helping organizations know what each is doing in each community

Participants saw a need for improvements in a number of additional areas, including:

- Women
  - Sexual assault
  - Domestic violence
- Volunteer Programs
  - Group shopping
  - Specific neighborhood groups
- Substance Abuse
  - Drugs: DARE – Lawrenceville and Corner House – Princeton
- Veterans' Services
  - Need for more home care connections
- Affordable Housing
  - Home First – limited and expensive
- Weekend Health Care
  - ED is the only resource
  - Need coordinated access to doctors on Saturday and Sunday
- Dental Care
  - One-third of kids are not receiving care
- Understanding Hospital billing
- Nicotine Addiction
  - Tobacco/smoking/vaping at the high school level
  - Vaping devices – high nicotine

The following medical conditions were noted as areas of concern:

- Alcoholism
- Alzheimer's disease
- Cancer
- Chronic disease
- Dementia
- HPV
- Opioid addiction
- Parkinson's disease
- Pulmonary Lung Disease

The final list of priority issues developed was greater than anticipated:

- Senior Home Care
    - Education about home care
- Access to nutritional food
- Depression/stress – all ages
- Access to health care for low income or uninsured—not enough free or sliding scale services
- Transportation
- Affordable housing
- Collaboration of Social Service Agency (holistic) Hope Group
- STDs in young and adults
- Opioid addiction education
- Cancer prevention
- Chronic disease prevention
- Alzheimer's education/management
- ADHD parent support and how to recognize signs for proper diagnosis
- Information sharing/promotion strategy
    - Need for digital strategy
- Outdoor Programs for County – low cost
- Improved medical access (mental health care, dental, vision)

B. WORLD CAFÉ MEETING

The Community Advisory Board, in cooperation with the Greater Mercer Public Health Partnership, held a World Café Listening Session on April 25, 2018. A World Café, or Knowledge Café, is a structured conversation held with groups of people who discuss a topic area at several tables, with individuals switching tables periodically and being introduced to the previous discussion at their new table by a table host. Among the topics were, "What Does a Healthy Community Look Life?"; "Whose Voice Do We Still Need to Hear?"; and "What One Thing Do You Wish We Could All Work Together On Over The Next Three Years To Make Our Towns Healthier?" A summary of the perspectives provided by World Café participants is presented below. Please see **Appendix D** for the World Café Exercise Report.

What Does a Healthy Community Look Like?

- Access to healthy food
- Walkable communities; safe streets
- Little or no disease
- Employment
- Health knowledge/awareness
- Mental health wellness
- Safety
- Built/clean environment
- Access to health systems
- Community involvement

What Do You View as a Barrier to Good Health in Mercer County?

- Insurance
- Access to care
- Time to live healthy
- Communication
- Access to transportation
- Health literacy
- Low income, poverty and lack of resources
- Access to food
- Safe roads
- Stigma

Whose Voice Do We Still Need to Hear?

- Insurance representatives
- School district representatives
- Faith-based organizations
- Sick and elderly who can't get to meetings
- Adolescents/Youth
- LGBTQ community
- Law enforcement,
- Homeless community
- Illegal immigrants

Which parts are most relevant to our community health assessment?

- Mental health
- Access to resources
- Chronic disease data
- Overcoming barriers
- Data

From the discussions, the group formulated a summary strength, weaknesses, opportunities and threats (SWOT), as follows.

Strengths	Weaknesses
• CAB member interest in learning about community health needs • Collaboration between community partners • Member commitment/involvement • Shared resources • Using CHIP to apply for grants • Passion to support the underserved • Members want to be actively engaged and make a difference	• Unidentified unrepresented populations • Built environment (healthy/green spaces) • Access to healthy affordable foods especially for underserved • Lack of access to affordable transportation • Significant health inequities by zip code • Document meetings and conversations with GMPHP leadership • Limited internal quality improvement • Objectives weren't SMART • Collect more localized data (vulnerable populations by priority area
Opportunities	**Threats**
• Conduct focus groups Identify health inequities experienced by vulnerable populations • Collect mental health and substance abuse data to address mental health needs • Professional development training (ex:Lean Six Sigma QI Trainings) • Work with Priority Area Leaders to develop SMART objectives	• Lack of awareness of GMPHP's CHA/CHIP process among new members • Lack of funding for local data collection • Funding for programs, marketing and resources • Gaps in accountability in CHIP Implementation

5. MERCER COUNTY HEALTH PROFILE

The Mercer County Health Profile provides comparative analysis of health outcomes and health factors across the region, neighboring counties, New Jersey, *Healthy People 2020* targets and County Health Rankings benchmarks. Health outcomes depict the health of a region. Health factors represent health influences within a geographic area; an evaluation of health behaviors, access to care, social, economic and cultural specific issues and behavioral health are provided. Included also are social determinants of health, factors that influence health outcomes, disparities in health, and equity in health care.

A. MERCER COUNTY OVERVIEW

Mercer County is located in west central New Jersey, bordering Somerset and Hunterdon counties to the north and Middlesex, Monmouth and Burlington counties to the east and south. The Delaware River and Pennsylvania are on the western edge of the county. The county encompasses a land mass of 226.1 square miles with seven townships, three boroughs, and 34 zip codes. The county and its subdivisions are now largely suburban with Trenton as its principal urban center. The county is home to 371,183 residents, and ten percent of the U.S. population is within the 75 miles of Mercer County. Trenton is the capital of the U.S. state of New Jersey and the county seat of Mercer County.

Trenton and Hamilton are two of the most populated communities in the State of New Jersey. Trenton sits on the banks of the Delaware River and features four distinct wards with many neighborhoods. Its distinct architecture and new residential spaces that were once industrial buildings reflect emerging urban renewal. In contrast, small boroughs such as Pennington, Hightstown and Hopewell feature parks, recreational areas, a living history farm and wildlife center, local business establishments and residential neighborhoods. Five colleges and universities are located in Mercer County; Princeton is internationally recognized for its outstanding Princeton University.[5]

Mercer County's population is growing slower than the State overall. Between 2010 and 2010, Mercer County increased 1.8% compared to the statewide growth of 2.0%. Princeton saw the greatest population growth (5.4%) during this time. While Mercer County is 49.1% white, the greatest racial/ethnic increase occurred among Asians (29%), Hispanic/Latinos (20.4%) and persons of two or more races (24.8%). [6] The County's age distribution mirrors that of the State with 21% age 17 or less and 15% over age 65. Hopewell has a higher percentage of seniors (18.3%) and exceeds the statewide average of 16.7%.

B. SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include socioeconomic and environmental factors which influence health outcomes, disparities in health, equity in health care, and are important tools to assess health at the local level. *Healthy People 2020* provides a framework for assessing social determinants of health across five topic areas: economic stability; education; social and community context; health and health care; and, neighborhood and built environment. While a relatively stable county, there are residents of Mercer County that face many socioeconomic challenges that may have consequences for health and health care in the region.[7] In particular, the Trenton area differs from much of the suburban parts of the county in

[5] http://www.mercercounty.org/explore
[6] All demographic data are from Claritas 2019 population estimates.
[7] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

that its population is more racially and ethnically diverse, economically challenged and least favorable with regard to most health status indicators.

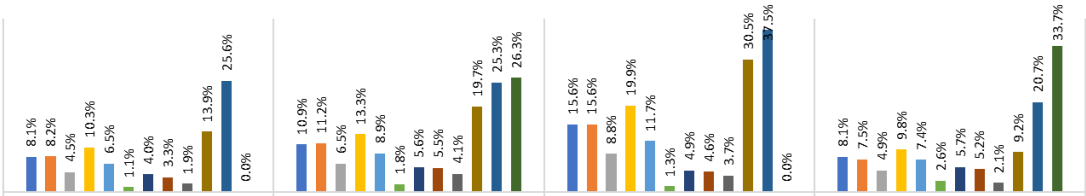
1. Economic Stability

Poverty

Many believe that the Federal Poverty Level (FPL) understates true poverty and is prejudicial to New Jersey as it fails to adjust for differences in the cost of living across states.

- Mercer County families, people, and children had a higher or equal percentage of an income below federal poverty level than the statewide rate.
- Fewer Mercer County seniors had income below poverty level compared to statewide.
- The highest poverty levels were noted in Trenton zip codes 08611 and 08608.

Income Below Federal Poverty Level
State and County Comparisons 2016



	Families	People	Children	Seniors
New Jersey	8.1%	10.9%	15.6%	8.1%
Mercer County	8.2%	11.2%	15.6%	7.5%
Burlington County	4.5%	6.5%	8.8%	4.9%
Camden County	10.3%	13.3%	19.9%	9.8%
Middlesex County	6.5%	8.9%	11.7%	7.4%
Trenton (08690)	1.1%	1.8%	1.3%	2.6%
Lawrence (08648)	4.0%	5.6%	4.9%	5.7%
Princeton (08540)	3.3%	5.5%	4.6%	5.2%
Hopewell (08525)	1.9%	4.1%	3.7%	2.1%
Trenton (08638)	13.9%	19.7%	30.5%	9.2%
Trenton (08611)	25.6%	25.3%	37.5%	20.7%
Trenton (08608)	0.0%	26.3%	0.0%	33.7%

Source: United States Census 2016 5 Year ACS Estimates[8]

- Mercer County's poverty rates are about equal to the State.
- Trenton zip code 08611 poverty rate among individuals (25.3%) and among families (25.6%) are higher than Mercer County and New Jersey.
- Hopewell has a lower percentage of individuals below poverty (4.1%) and families (1.9%) than the State and Mercer County.
- Trenton zip codes 08611, 08608 and 08638 have the among highest poverty rates for individuals and exceed those of the State.

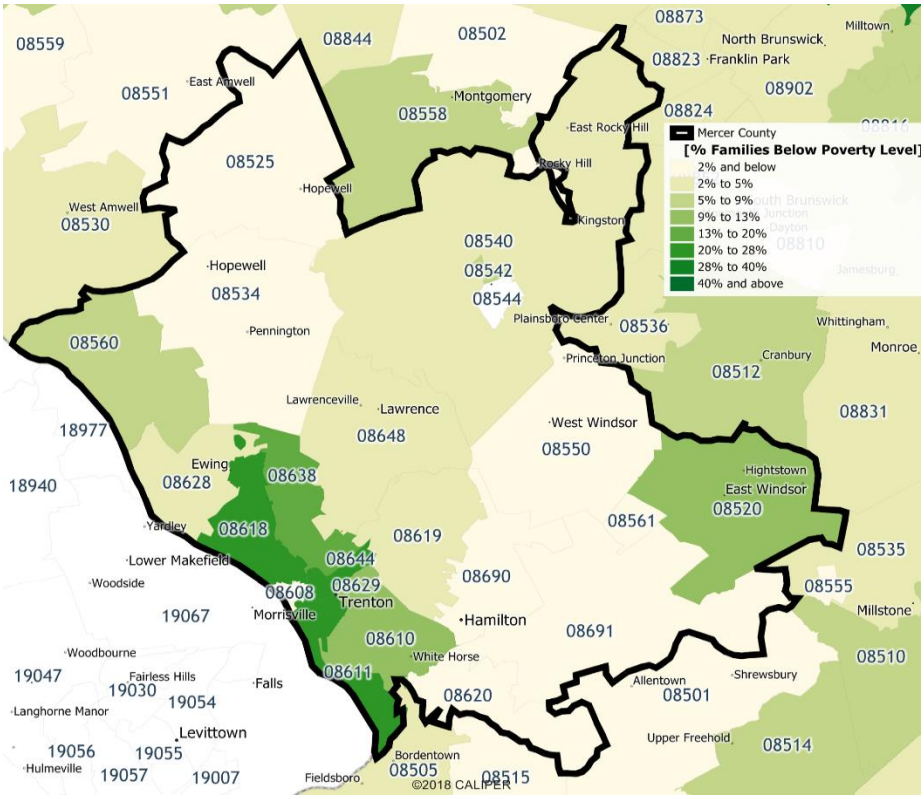
[8] Numbers are too small to count.

INDIVIDUALS BELOW POVERTY (2016*)		
GEOGRAPHIC AREA	#	%
New Jersey	956,005	10.9%
Mercer County	39,606	11.2%
08690 Trenton (Hamilton Square)	341	1.8%
08648 Lawrence Twp.	1,680	5.6%
08540 Princeton	2,445	5.5%
08525 Hopewell	203	4.1%
08638 Trenton (Ewing)	4,304	19.7%
08611 Trenton	6,170	25.3%
08608 Trenton	210	26.3%

FAMILIES BELOW POVERTY (2016*)		
GEOGRAPHIC AREA	#	%
New Jersey	181,398	8.1%
Mercer County	7,216	8.2%
08690 Trenton (Hamilton Square)	56	1.1%
08648 Lawrence Twp.	313	4.0%
08540 Princeton	398	3.3%
08525 Hopewell	27	1.9%
08638 Trenton (Ewing)	726	13.9%
08611 Trenton	1,304	25.6%
08608 Trenton	0	0.0%

* Source: US Census ACS Survey 2016 5 Year Estimates

Percent of Families Living Below Poverty Level
Mercer County

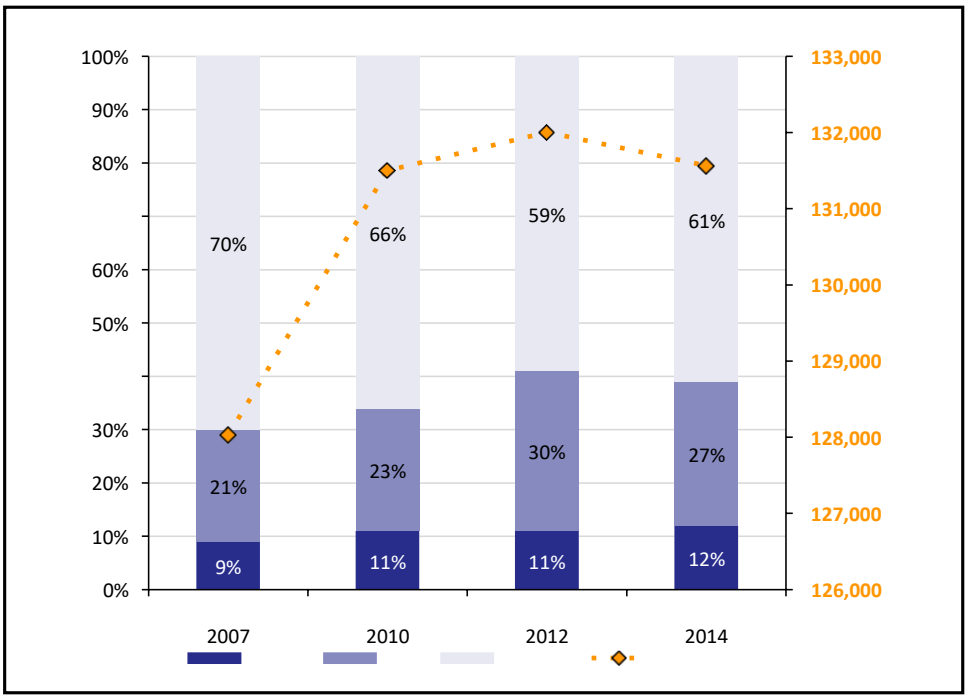


* Source: US Census ACS Survey 2016 5 Year Estimates

To ascertain the number of households that may be struggling due to the high cost of living in New Jersey we turned to the United Way's Asset Limited Income Constrained Employed project (ALICE)[9] to get a better idea of the number of households that earn more than the Federal Poverty Level but less than the basic cost of living in Mercer County. As shown in the chart below, the ALICE Threshold (AT) combined the number of households in poverty and ALICE households equals the population struggling to afford basic needs. In Mercer County, this percentage amounts to 27% (2014).

[9] http://www.unitedwaynj.org/ourwork/aliceatnj.php

Household Income 2007-2014



The United Way's analysis shows ALICE households in Mercer County may earn above the Federal Poverty Level for a single adult, $11,670, or $23,850 for a family of four, but less than the household survival budget.

Household Survival Budget, Mercer County

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$900	$1,225
Child Care	$–	$1,252
Food	$202	$763
Transportation	$382	$609
Health Care	$152	$510
Miscellaneous	$19	$640
Taxes	$350	$889
Monthly Total	$2,185	$5,611
ANNUAL TOTAL	$26,220	$67,332
Hourly Wage	*$13.11*	*$33.67*

Sources: **2014 Point-in-Time Data**: American Community Survey. **ALICE Demographics:** American Community Survey; the ALICE Threshold. **Budget:** U.S. Department of Housing and Urban Development (HUD); U.S. Department of Agriculture (USDA); Bureau of Labor Statistics (BLS); Internal Revenue Service (IRS); State of New Jersey Department of the Treasury; Child Care Aware NJ (CCANJ).

There appear to be wide differences among municipalities in Mercer County in terms of the percentage of households living in poverty or at the AT. Trenton, Hamilton, Hightstown, Ewing and East Windsor are municipalities in which 30% or more of households are living in poverty or at the AT.

Households Living in Poverty or at the AT
Mercer County, 2014

Mercer County, 2014		
Town	Total HH	% ALICE & Poverty
East Windsor	9,790	33%
Ewing	12,661	35%
Hamilton	33,734	38%
Hightstown	2,071	36%
Hopewell	771	21%
Hopewell	6,672	15%
Lawrence	12,410	22%
Princeton	9,528	24%
Robbinsville	5,138	24%
Trenton	27,998	69%
West Windsor	9,664	19%

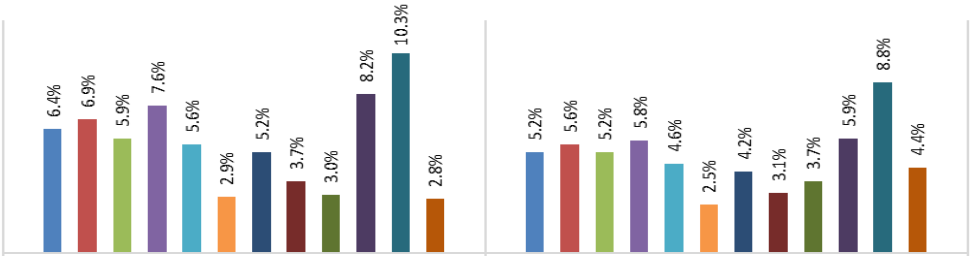
Note: Municipal-level data on this page is for Places and County Subdivisions, which include Census Designated Places (CDP). These are overlapping geographies so totals will not match county-level data.
Municipal-level data often relies on 5-year averages and is not available for the smallest towns that do not report income.

Unemployment

Those who are unemployed face greater challenges to health and well-being, including lost income and health insurance. Unemployed individuals are 54% more likely to be in poor or fair health as compared to employed individuals. According to County Health Ranking (CHR), racial and ethnic minorities and those with less education, often already at-risk for poor health outcomes, are most likely to be unemployed. Labor statistics indicate unemployment rates peaked at the height of the recession in 2010 and began to show some improvement by 2014.

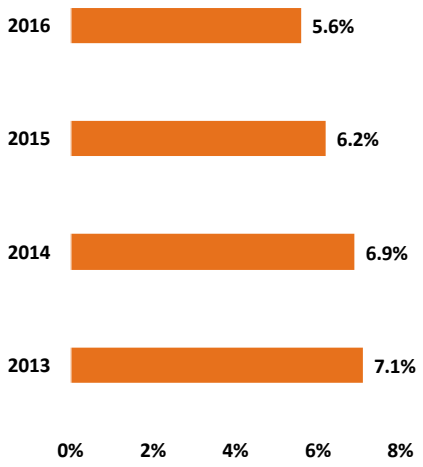
- Between 2013 and 2016, the unemployment rate for Mercer County decreased from 7.1% to 5.6%.
- The 2016 Mercer County unemployment rate is higher than the State and all comparison counties other than Camden.
- Trenton zip code 08611 had the highest unemployment rate in 2016, 8.8%.

State, County and Select Zip Code Unemployment Comparisons



	2014	2016
New Jersey	6.4%	5.2%
Mercer County	6.9%	5.6%
Burlington County	5.9%	5.2%
Camden County	7.6%	5.8%
Middlesex County	5.6%	4.6%
Trenton (08690)	2.9%	2.5%
Lawrence (08648)	5.2%	4.2%
Princeton (08540)	3.7%	3.1%
Hopewell (08525)	3.0%	3.7%
Trenton (08638)	8.2%	5.9%
Trenton (08611)	10.3%	8.8%
Trenton (08608)	2.8%	4.4%

Mercer County



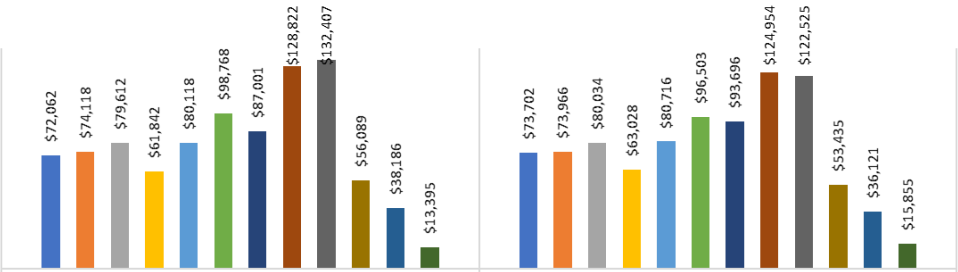
Source: United States Census 201320142016 5 Year ACS Estimates

Income

Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. While the starkest difference in health is between those with the highest and lowest incomes, this relationship persists throughout all income brackets.[10]

- Median household income levels for the Mercer County residents is slightly higher than the median level of state residents.
- Household income levels are lowest in Trenton zip code 08608 compared to all other geographic areas.
- Princeton and Hopewell had the highest median household income level and Trenton zip code 08608 had the lowest.

Median Household Income (2016)



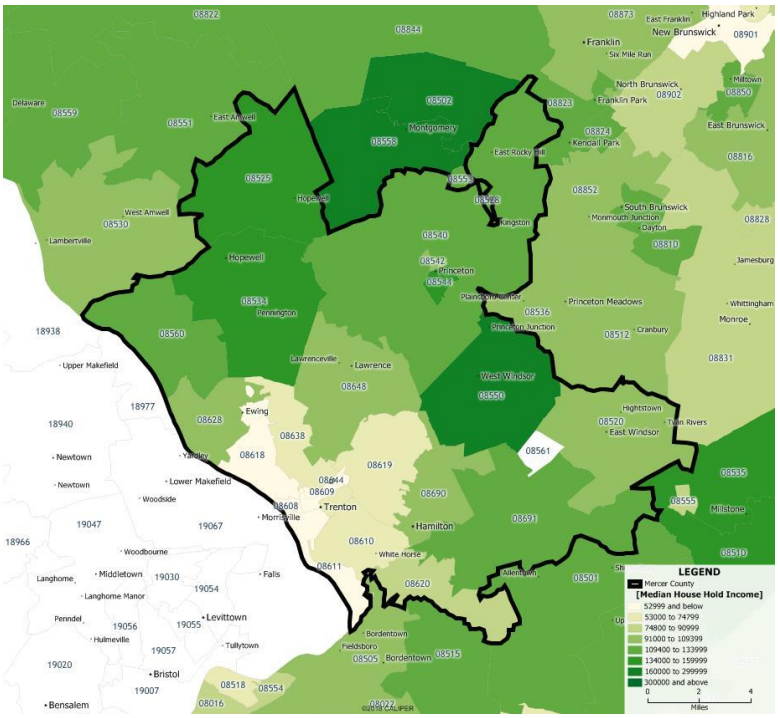
	2014	2016
New Jersey	$72,062	$73,702
Mercer County	$74,118	$73,966
Burlington County	$79,612	$80,034
Camden County	$61,842	$63,028
Middlesex County	$80,118	$80,716
Trenton (08690)	$98,768	$96,503
Lawrence (08648)	$87,001	$93,696
Princeton (08540)	$128,822	$124,954
Hopewell (08525)	$132,407	$122,525
Trenton (08638)	$56,089	$53,435
Trenton (08611)	$38,186	$36,121
Trenton (08608)	$13,395	$15,855

Source: United States Census 2016 5 Year ACS Estimates

[10] www.countyhealthrankings.org/our-approach/health-factors

Median Household Income
Mercer County

MEDIAN HOUSEHOLD INCOME (2018*)	
GEOGRAPHIC AREA	MEDIAN
New Jersey	$78,317
Mercer County	$77,984
08550 Princeton Junction	$182,649
08534 Pennington	$140,618
08544 Princeton	$135,938
08525 Hopewell	$135,495
08691 Trenton	$123,842
08690 Trenton	$97,183
08648 Lawrence Township	$93,424
08520 Hightstown	$91,664
08638 Trenton (Ewing)	$56,318
08611 Trenton	$38,687
08608 Trenton	$21,156



* Source: Claritas 2018 Estimates

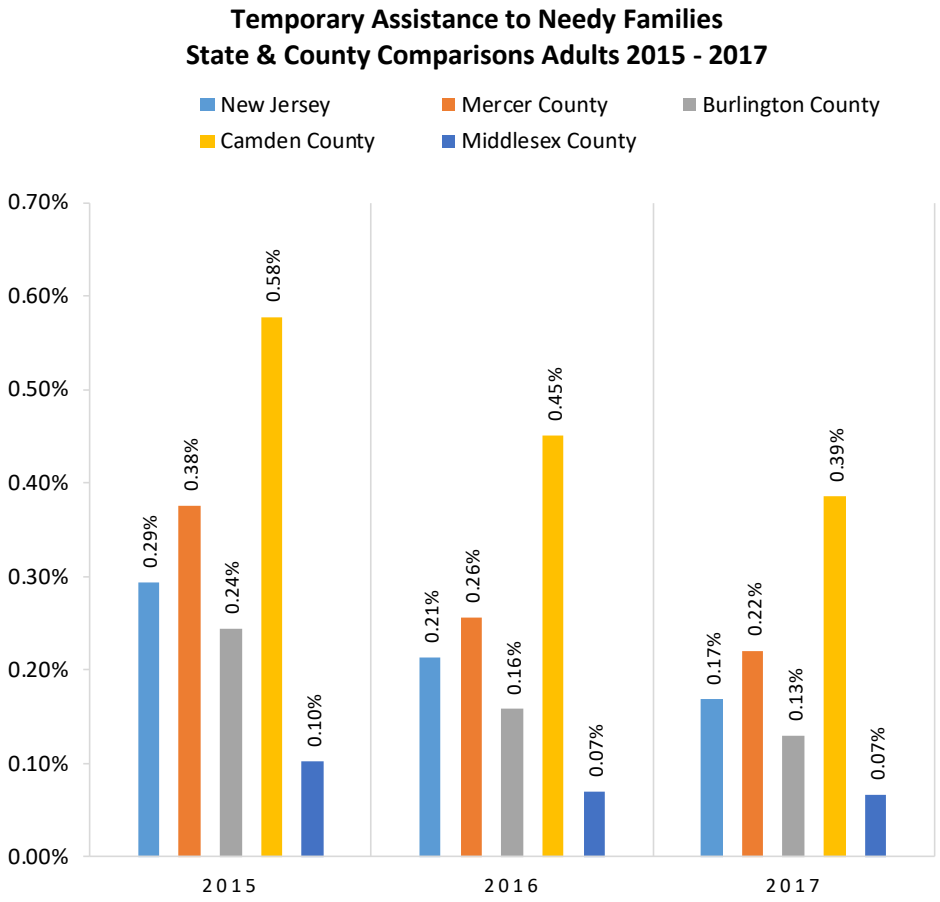
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Unemployment *Percent of Labor Force Unemployed*	N.A		
Income *Median Household*	N.A		
Income in the Past Year Below Federal Poverty Level *Percent of Total Population*	N.A	N.A	
Income in the Past Year Below Federal Poverty Level *Percent of Families*	N.A.	N.A	
Income in the Past Year Below Federal Poverty Level *Percent of Children*	N.A	N.A.	
Income in the Past Year Below Federal Poverty Level *Percent of Seniors*	N.A	N.A	

Temporary Assistance Needy Families (TANF)

In order to qualify for TANF in New Jersey, applicants must comply with all requirements of Work First New Jersey. This includes signing over rights of child support payments, helping to establish paternity of children, cooperating with work requirements and applying for all assistance programs for which a household may be eligible. Additionally, eligible applicants must meet income and resource guidelines.[11]

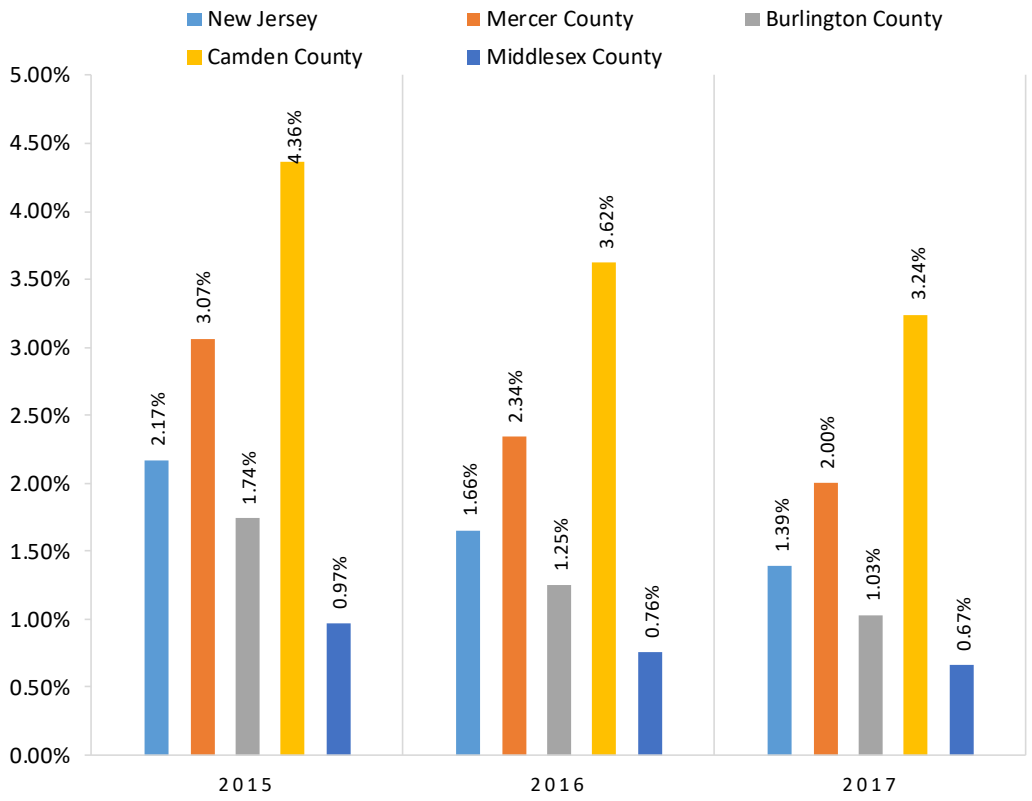
- In 2017, 0.22% of Mercer County adults received TANF benefits, higher than the statewide rate.
- In 2017, 2.0% of Mercer County children received TANF benefits, greater than Burlington and Middlesex counties.

[11] http://www.tanfprogram.com/new-jersey-tanf-eligibility



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Temporary Assistance to Needy Families
State & County Comparisons Children 2015 - 2017



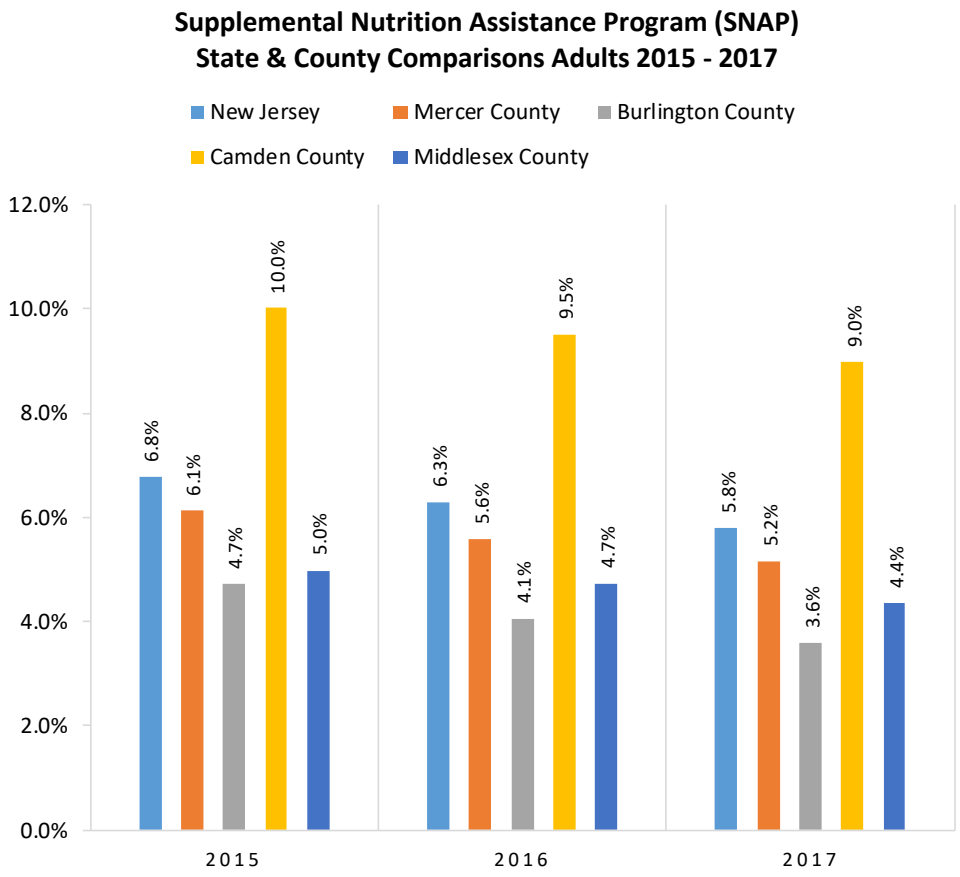
Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Supplemental Nutrition Assistance Program (SNAP)

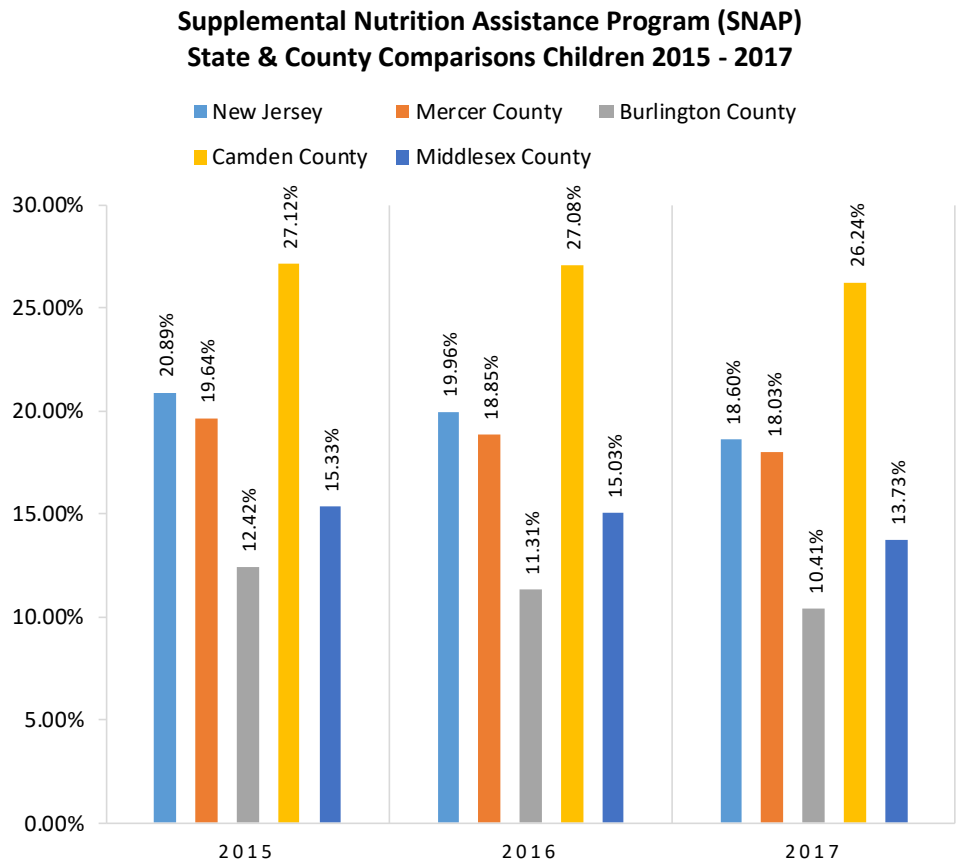
SNAP offers nutrition assistance to millions of eligible, low-income individuals and families. The Food and Nutrition Service works with State agencies, nutrition educators and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance make informed decisions and access benefits.[12]

- In 2017, 5.2% of Mercer County adults received SNAP benefits, lower than the statewide rate.
- In 2017, 18.03% of Mercer County children received SNAP benefits, greater than Burlington and Middlesex counties.
- The percentage of Mercer County children and adults receiving SNAP benefits ranks in the middle performing quartile among all counties.

[12] http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf



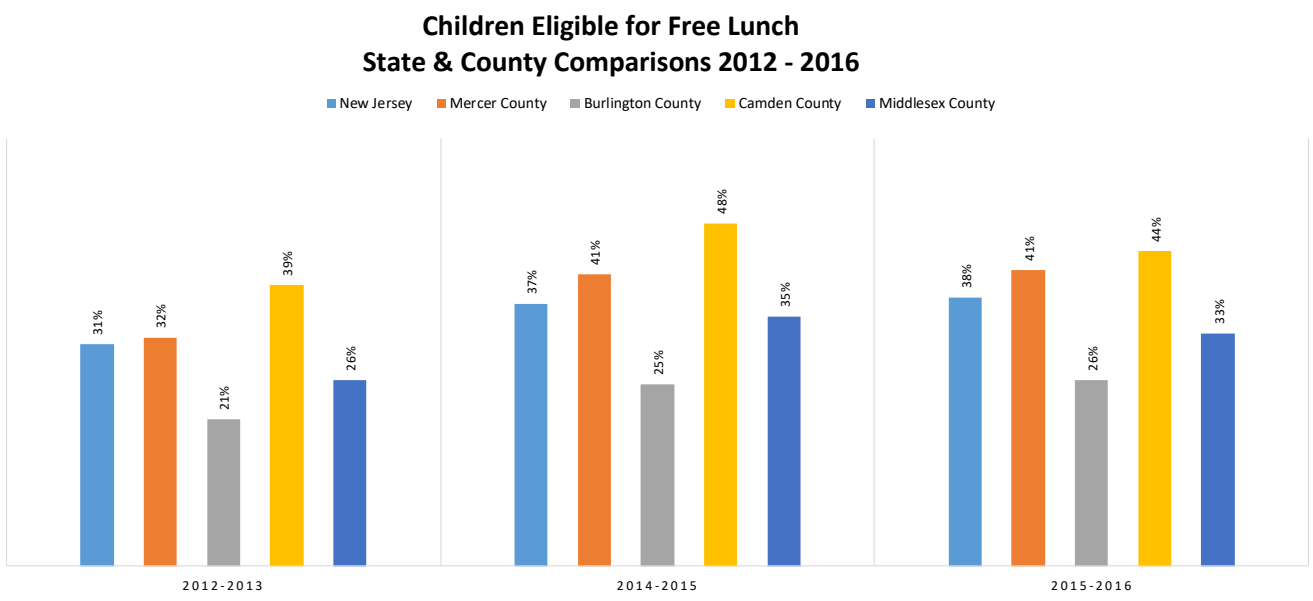
Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Children Eligible for Free Lunch

Public schools nationwide and across New Jersey have free lunch programs for children living at or near poverty. New Jersey requires public schools serve school lunches meeting at least one-third of recommended dietary allowances. According to the National School Lunch Program, the objective is "to provide a nutritious, well-balanced lunch for children in order to promote sound eating habits, to foster good health and academic achievement and to reinforce the nutrition education taught in the classroom."[13]

- In 2014-2015, the percentage of children eligible for free lunch (41%) was greater than the statewide rate.
- The Mercer rate for children eligible for free lunch is greater than that of Burlington and Middlesex counties.
- Mercer County is within the middle quartile compared to of all New Jersey counties for free school lunch eligibility.

[13] http://www.nj.gov/agriculture/divisions/fn/childadult/school_lunch.html



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Children Eligible for Free Lunch	N.A		
SNAP (Supplemental Nutrition Assistance Program) *Percent of Population Receiving SNAP*	N.A	N.A.	
SNAP- Children *Percent of Children Receiving SNAP*	N.A	N.A	
WFNJ/TANF (Supplemental Nutrition Assistance Program) *Percent of Population*	N.A	N.A.	
WFNJ/TANF- Children *Percent of Children*	N.A	N.A	

2. Education

Educational Attainment

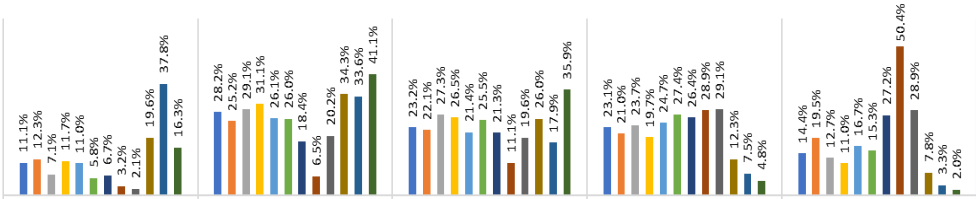
Higher levels of education are linked to better health, healthier lifestyle decisions and fewer chronic conditions.[14] Lower levels of educational attainment often signals issues of health literacy and inability to follow medical advice.

- New Jersey and Mercer County did not meet the *Healthy People 2020 target of residents who did not complete* a high school education.

[14] www.countyhealthrankings.org/our-approach/health-factors

- The percent of Mercer County residents that did not complete high school is slightly higher than statewide.
- Trenton zip code 08611 had the highest level of individuals without a high school diploma (37.8%).
- Princeton zip code 08540 had the highest percent of the population with a graduate or professional degree (50.4%).

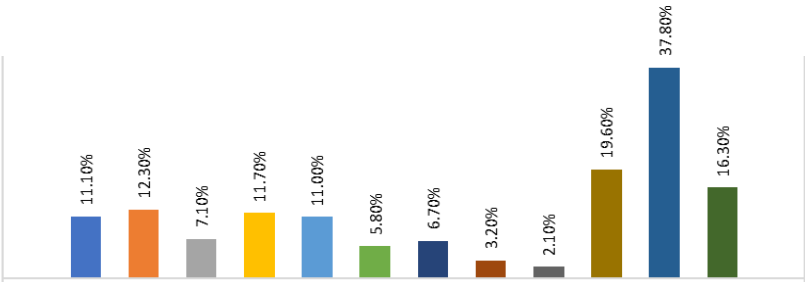
Educational Attainment
State & County Comparisons 2016



	No High School Diploma	High school graduate (includes equivalency)	Some College/associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	11.1%	28.2%	23.2%	23.1%	14.4%
Mercer County	12.3%	25.2%	22.1%	21.0%	19.5%
Burlington County	7.1%	29.1%	27.3%	23.7%	12.7%
Camden County	11.7%	31.1%	26.5%	19.7%	11.0%
Middlesex County	11.0%	26.1%	21.4%	24.7%	16.7%
Trenton (08690)	5.8%	26.0%	25.5%	27.4%	15.3%
Lawrence (08648)	6.7%	18.4%	21.3%	26.4%	27.2%
Princeton (08540)	3.2%	6.5%	11.1%	28.9%	50.4%
Hopewell (08525)	2.1%	20.2%	19.6%	29.1%	28.9%
Trenton (08638)	19.6%	34.3%	26.0%	12.3%	7.8%
Trenton (08611)	37.8%	33.6%	17.9%	7.5%	3.3%
Trenton (08608)	16.3%	41.1%	35.9%	4.8%	2.0%

Source: United States Census 2016 5 Year ACS Estimates

No High School Diploma
State & County Comparisons 2016



	No High School Diploma
New Jersey	11.10%
Mercer County	12.30%
Burlington County	7.10%
Camden County	11.70%
Middlesex County	11.00%
Trenton (08690)	5.80%
Lawrence (08648)	6.70%
Princeton (08540)	3.20%
Hopewell (08525)	2.10%
Trenton (08638)	19.60%
Trenton (08611)	37.80%
Trenton (08608)	16.30%

Source: United States Census 2016 5 Year ACS Estimates

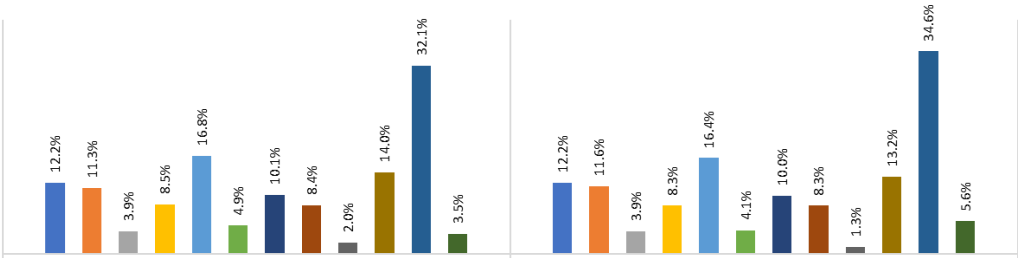
Baseline: 89.0 %
Target: 97.9%
Mercer County 2016: 87.7%

Limited English Proficiency

The lack of English proficiency can negatively impact one's ability to understand and follow medical directions. Mercer County residents experienced a decrease in the percentage of the population over age 5 with limited English proficiency.

- In 2016, according to the U.S. Census, 11.6% of Mercer County residents over age 5 report speaking English as "less than very well" compared to 12.2% of New Jersey residents.
- The percent of Mercer County residents with limited English proficiency increased by .3 percentage points between 2014 and 2016.

Limited English Proficiency
State & County Comparisons 2014 – 2016



	2014	2016
New Jersey	12.2%	12.2%
Mercer County	11.3%	11.6%
Burlington County	3.9%	3.9%
Camden County	8.5%	8.3%
Middlesex County	16.8%	16.4%
Trenton (08690)	4.9%	4.1%
Lawrence (08648)	10.1%	10.0%
Princeton (08540)	8.4%	8.3%
Hopewell (08525)	2.0%	1.3%
Trenton (08638)	14.0%	13.2%
Trenton (08611)	32.1%	34.6%
Trenton (08608)	3.5%	5.6%

Source: United States Census 2014 2016 ACS 5 Year Estimates; Persons Age 5+ reporting speaking English "less than well".

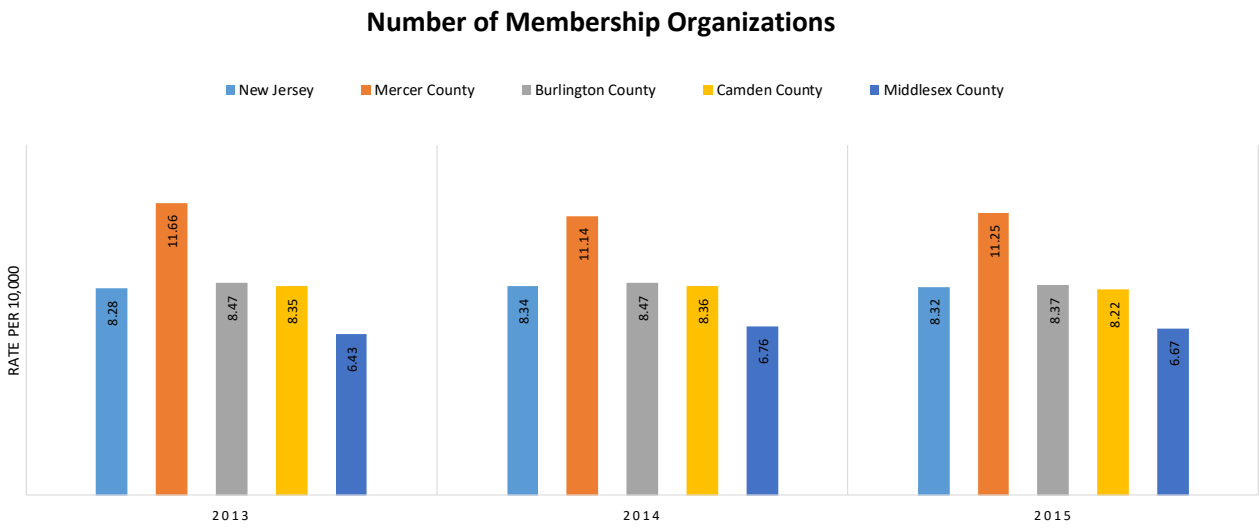
3. Social and Community Context

Social Associations

Social isolation can negatively impact health outcomes. Having a strong social network is associated with healthy lifestyle choices, positive health status, and reduced morbidity and mortality. Participation in community organizations can enhance social trust and a sense of belonging.[15] Social associations include structured membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, business and professional associations.

- Mercer County's rate of association per 10,000 population (11.3) is higher than the State and comparison counties.
- The rate of association per 10,000 has remained fairly consistent from 2013-2016.

[15] http://www.countyhealthrankings.org/app/new-jersey/2015/measure/factors/140/description



Source: County Health Rankings, CDC Wonder Mortality Data, 2010 – 2016

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 22.1
Mercer County 2015: 11.3

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Educational Attainment: No High School Diploma *Percent of Population (Age 25+)*	N.A.	N.A.	
Limited English Proficiency (LEP) *Percent of Population (Age 5+)*	N.A	N.A	
Membership Organizations	N.A		

4. Health and Health Care

Access to affordable quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access. It is also necessary for providers to offer affordable care, be available to treat patients and be near patients. [16]

[16] http://www.countyhealthrankings.org/our-approach/health-factors/access-care

Health Insurance

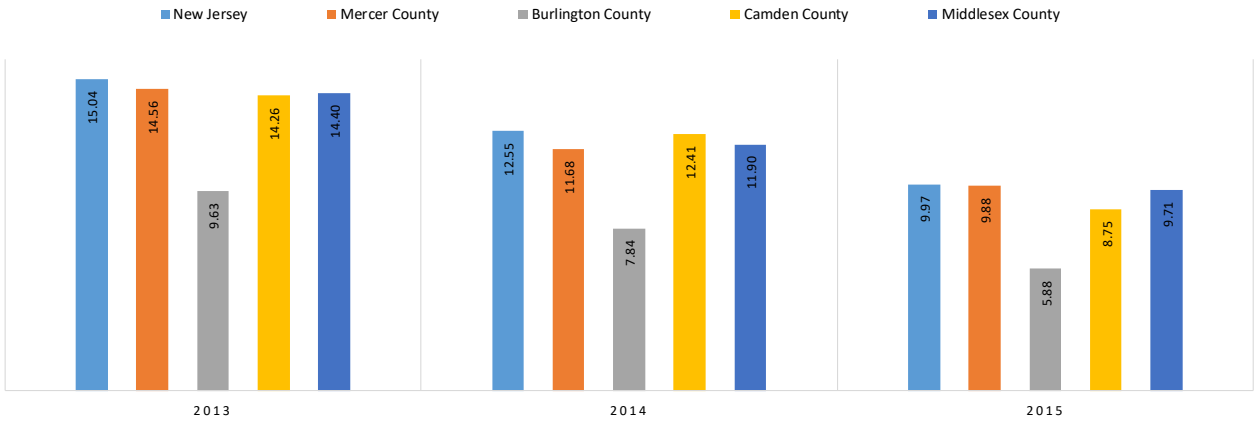
The expansion of Medicaid coverage and the Affordable Care Act's (ACA) coverage provisions, which began taking effect in 2010, helped decrease the nation's uninsured rate by 7.2 percentage points, from 16 percent in 2016. That translates into 20.4 million fewer people who lacked health insurance in 2016 compared to 2010. The uninsured rate is estimated to have increased to 15.5% in the first quarter of 2018, meaning another 4 million lost coverage since 2016 due to changes in health policy and insurance offerings. The uninsured are less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Neighborhoods with low health insurance rates often have fewer providers, hospital beds and emergency resources than areas with higher rates. Even the insured have more difficulty getting care in these areas.

Cost can be a barrier to care even for those who have insurance. Lack of insurance creates barriers to timely access to care for patients and financial burdens to the providers who care for them.

- Since 2013, the nonelderly population without health insurance in Mercer County has trended downward, decreasing from 14.56 percent to 9.88 percent in 2015.
- From 2013 through 2015, Mercer County had consistently lower rates of nonelderly population without health insurance than statewide.
- The 2015 percent of the nonelderly population without health insurance (9.88%) is higher than the *Healthy People 2020* target of 0% and the County Health Ranking Benchmark of 6%.

Non-elderly Population Without Health Insurance
State & County Comparisons 2013 – 2015



Source: Healthy People 2020 - CDC Behavioral Risk Factor Surveillance System
County Health Rankings - US Census Bureau's Small Area Health Insurance Estimates (SAHIE)
Source: Sara R. Collins et al., First Look at Health Insurance Coverage in 2018 Finds ACA Gains Beginning and Reserve. Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, Feb.-March 2018

Baseline: 10.0%
Target: 0.0%
Mercer County 2016: 9.88%

National Benchmark: 6.0%
Mercer County 2016: 9.88%

Access to Care

Access to affordable quality health care is important to ensuring physical, social, and mental health. Health insurance assists individuals and families to obtain primary care, specialists, and emergency care, but does not ensure access. Access to care goes beyond just insurance, it is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[17]

Primary Care Physicians

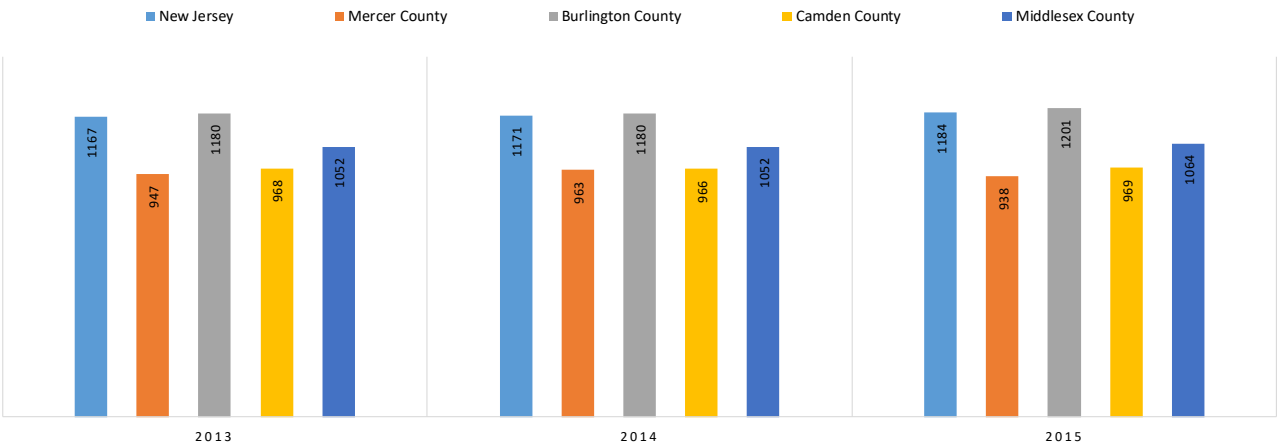
Nationally, many areas lack sufficient providers to meet patient needs; as of June 2014, there are about 7,200 primary care, 5,000 mental health and 5,900 dental federally designated Health Professional Shortage Areas in the US. Having a usual primary care provider is associated with a higher likelihood of appropriate care and better outcomes. In 2017, 88% of Americans had a usual source of care, but those with low incomes are less likely to than those with higher incomes, and the uninsured are twice as likely as the insured to lack a usual care source.[18], [19]

- Within Mercer County, the ratio of population to primary care physicians declined slightly from 947:1 to 938:1.

[17] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[18] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[19] http://www.cdc.gov/fastfactsaccesstohealthcare.htm

- From 2013 through 2015, the ratio of population to primary care physicians in Mercer County was lower than statewide.
- The 2015 Mercer County ratio of population to primary care physicians (938:1) compared favorably to the County Health Rankings benchmark of 1,030:1 and performs in the highest quartile in comparison to the state.

Ratio of Population to Physician
State & County Comparisons 2013 - 2015



Source: County Health Rankings – HRSA Area Resource File

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

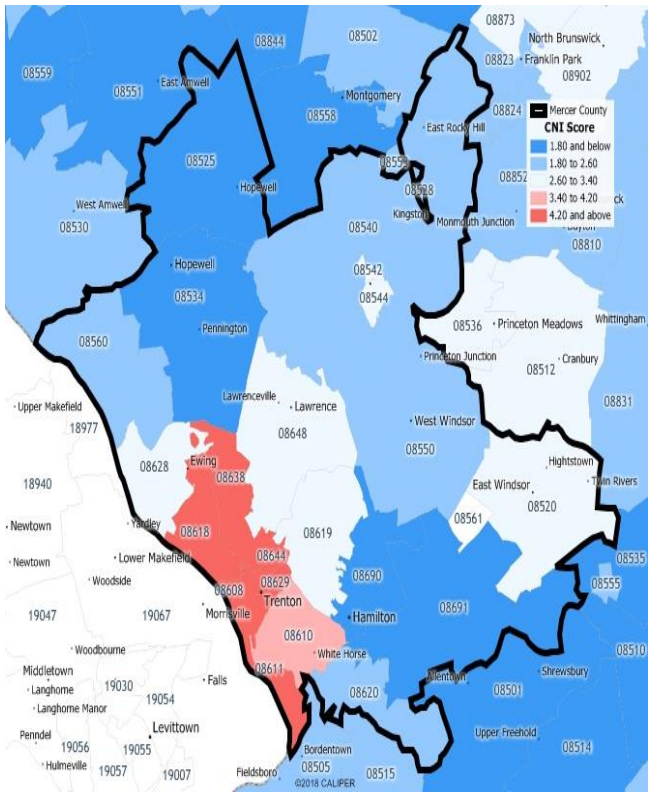
National Benchmark: 1030:1
Mercer County 2015: 938:1

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary Care Physicians *Rate/ 100000 Population*	N.A		
Health Care Access/ Coverage *Do You Have Any Kind of Coverage* *% No*			

Community Need Index [20]

The Community Need Index (CNI), jointly developed by Dignity Health and Truven Health in 2004, is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP Code in the United States. A score of 1.0 indicates a ZIP Code with the least need and a score of 5.0 represents a ZIP Code with the most need. The CNI is useful as part of a larger community health needs assessment to pinpoint specific areas with greater need than others.



COMMUNITY NEED INDEX (Dignity Health)
Darker Red Areas Indicate A Higher CNI Score (Higher Need)

The CNI score is an average of five barrier scores that measure socio-economic indicators of each community using 2017 source data:

1. Income Barrier
   - Percentage of households below poverty line, with head of household age 65 or older
   - Percentage of families with children under 18 below poverty line
   - Percentage of single female-headed families with children under 18 below poverty line
2. Cultural Barrier
   - Percentage of population that is minority (including Hispanic ethnicity)
   - Percentage of population over age 5 that speaks English poorly or not at all
3. Education Barrier
   - Percentage of population over 25 without a high school diploma
4. Insurance Barrier
   - Percentage of population in the labor force, aged 16 or more, without employment
   - Percentage of population without health insurance
5. Housing Barrier
   - Percentage of households renting their home

A comparison of CNI scores and hospital utilization reveals a strong correlation between need and use. Communities with low CNI scores can be expected to have high hospital utilization. There is a causal relationship between CNI scores and preventable hospitalizations and ED visits for manageable conditions. Communities with high CNI scores may have more hospitalization and ED visits that could

[20] Truven Health Analytics, 2017; Insurance Coverage Estimates, 2017; Claritas, 2017; and Community Need Index, 2017. http://cni.chw-interactive.org/

have been avoided with improved healthy community structures and appropriate outpatient and primary care.

- The CNI score for Trenton zip codes 08608 and 08609 (5.0) indicates highest need in the County, followed by Trenton zip codes 08611 (4.8) and Trenton zip codes 08618/Ewing and 08629/Hamilton (4.4).
- Conversely, Trenton zip code 08690/Hamilton Square's score (1.4) represents the lowest CNI score in the County followed by Hopewell, Pennington and Trenton zip code 08691/Robbinsville (1.6) and Trenton zip code 08620/Hamilton (1.8).

Community Needs Index

	County	ZIP Code	ZIP Code Description	CNI Score
Highest CNI Score (Highest Need)	Mercer	08608	Trenton	5
	Mercer	08609	Trenton	5
	Mercer	08611	Trenton	4.8
	Mercer	08618	Trenton/Ewing	4.4
	Mercer	08629	Trenton/Hamilton	4.4
	Mercer	08610	Trenton	3.6
Lowest CNI Score (Lowest Need)	Mercer	08620	Trenton (Hamilton)	1.8
	Mercer	08525	Hopewell	1.6
	Mercer	08534	Pennington	1.6
	Mercer	08691	Trenton (Robbinsville)	1.6
	Mercer	08690	Trenton (Hamilton Square)	1.4

Source: 2017 Dignity Health, Truven Health Analytics, 2016; Insurance Coverage Estimates, 2016; Claritas, 2016; and Community Need Index, 2016.

Timeliness of Service

A key indicator of the timeliness of service is emergency department (ED) utilization for conditions that could have been treated in a primary care setting.

Reasons for accessing the ED instead of a more appropriate, lower acuity level of care include:

- No regular source of primary care
- Lack of health insurance
- Cost
- Transportation
- Office hours
- Citizenship status

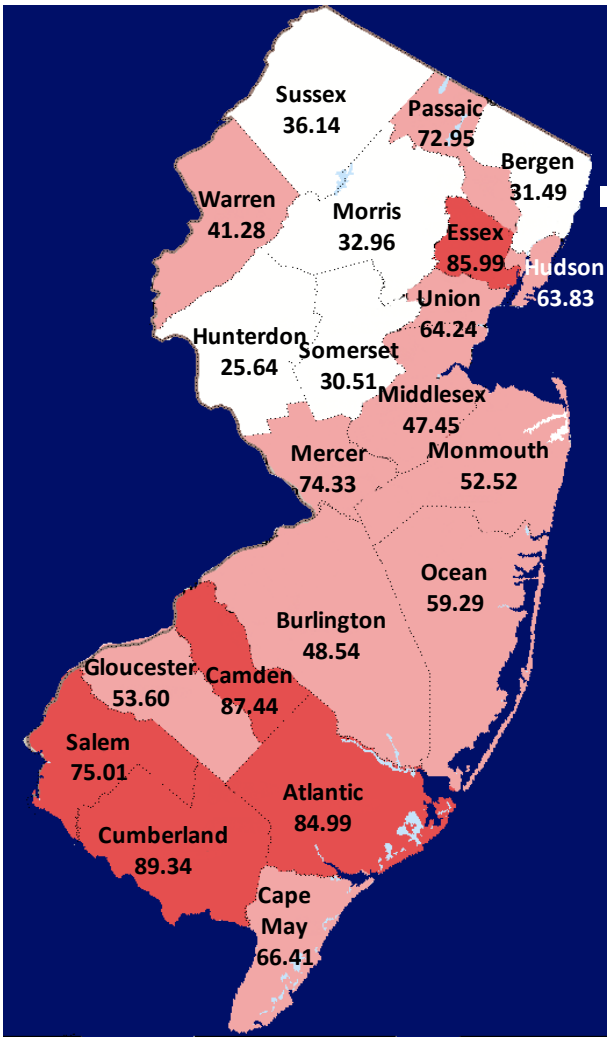
Fifteen percent of renter-occupied households and 3.5% of owner-occupied households in Mercer County do not have a motor vehicle. Trenton and Ewing areas have nearly nine percent of households without a vehicle. Eight percent of Mercer County residents use public transit to commute for work. [21]

ED Utilization for Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSC) are potentially preventable medical conditions that are treated in the ED although more appropriate care should have been provided in a non-emergent outpatient primary care setting. ED utilization rates may be reduced by addressing primary care access issues. Higher rates of ACSC conditions in Emergency Departments may indicate primary care access issues poor(er) preventative care among the population and in some instances health barriers related to socio-economic status.

The map shows the total New Jersey ACSC Emergency Department Rate by county. Dark Red shading represents the counties with the 5 highest rates in the State. White Shading represents the counties with the 5 lowest rates in the State. Pink Shading represents counties between the highest and lowest "Top 5s".

- In 2016, Mercer County's ACSC ED visit rate (74.33/1,000) was 27.7% higher than the statewide rate (58.22/1,000).
- Mercer County had the sixth highest ACSC ED visit rate of the 21 Counties in 2016; at 74.33/1,000, this was a 1.2% increase from the 2013 rate.



[21] New Jersey Department of Health, Cancer Priority Alignment Tool: Mercer County 2017, p. 14 and 22.

Total ACSC ED Visits Rate/1,000 Population

ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
CUMBERLAND	82.08	89.34	7.26
CAMDEN	92.53	87.44	(5.09)
ESSEX	81.43	85.99	4.56
ATLANTIC	85.64	84.99	(0.65)
SALEM	77.56	75.01	(2.55)
MERCER	73.13	74.33	1.20
PASSAIC	70.77	72.95	2.18
CAPE MAY	71.68	66.41	(5.27)
UNION	61.98	64.24	2.26
HUDSON	58.01	63.83	5.81
OCEAN	62.11	59.29	(2.83)

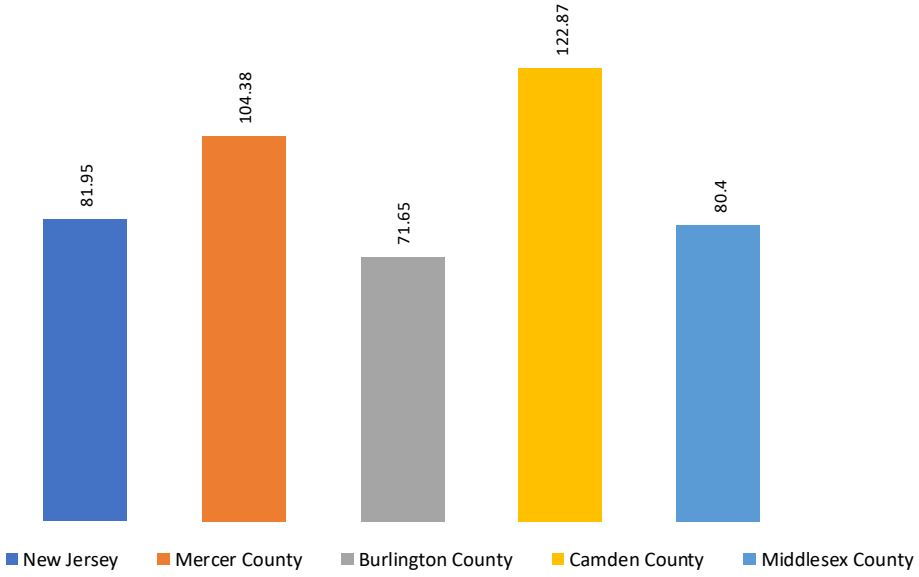
ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
GLOUCESTER	53.34	53.60	0.27
MONMOUTH	52.97	52.52	(0.46)
BURLINGTON	53.85	48.54	(5.31)
MIDDLESEX	48.46	47.45	(1.01)
WARREN	36.90	41.28	4.38
SUSSEX	25.76	36.14	10.38
MORRIS	30.40	32.96	2.56
BERGEN	31.74	31.49	(0.25)
SOMERSET	30.77	30.51	(0.26)
HUNTERDON	23.72	26.62	2.90
STATEWIDE	57.56	58.22	0.65

Source: NJDHSS 2013/2016 UB-04 Data – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Children

- Children in Mercer County had a higher ED visit rate per 1,000 for ACSC conditions than New Jersey.
- The most common reason for an ACSC visit was ENT, followed by Asthma, Kidney/Urinary infection, Gastrointestinal Obstruction and Bacterial Pneumonia.

Total ACSC ED Visits for Children (Age 0-17): Rate/1,000 Population



Source: UB-04 2016 Discharges

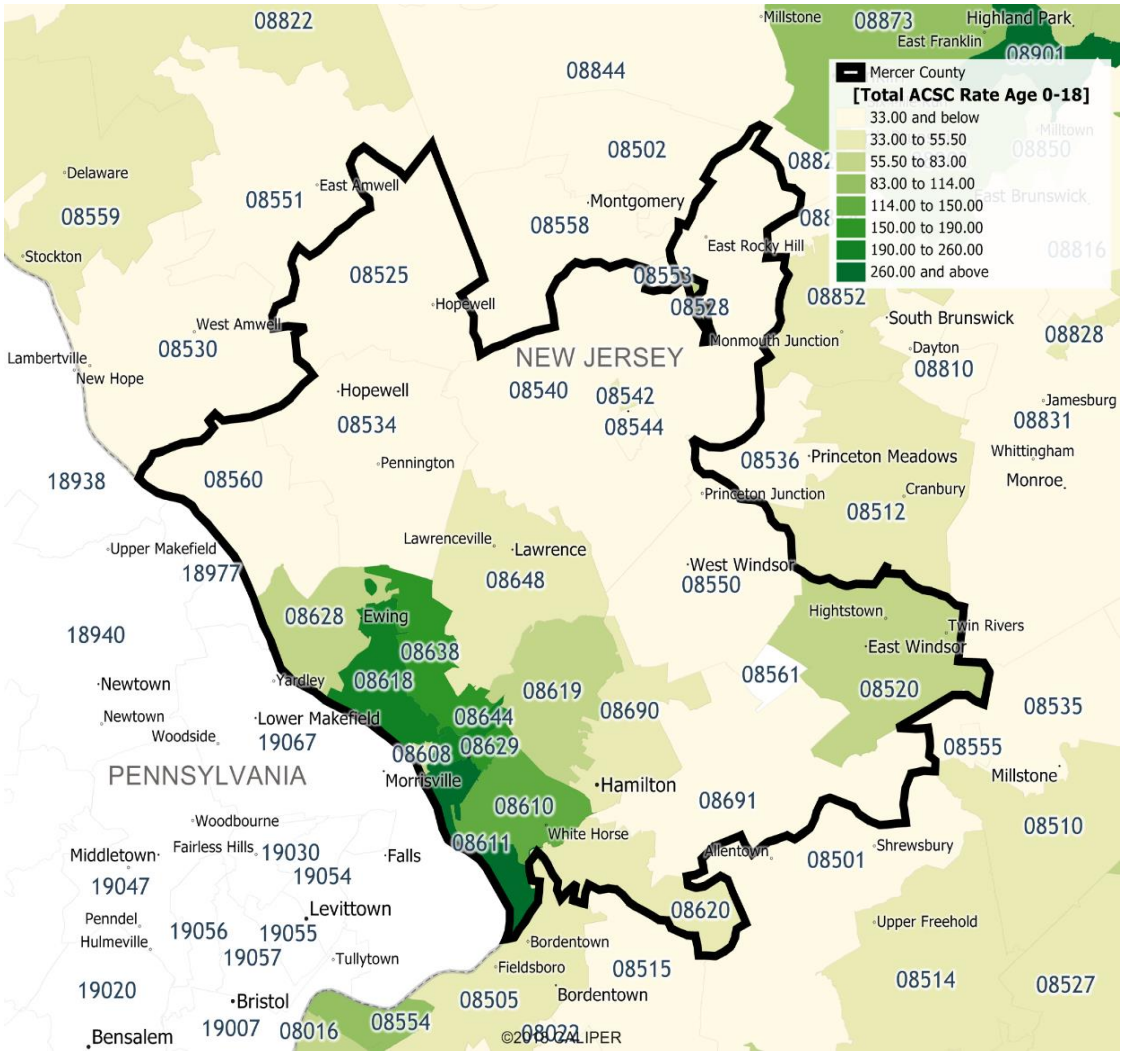
- Several Trenton zip codes had ACSC Rates that were 2 to 3 times greater than the county.

ED ACSC VOLUME: TOP 5 BY SERVICE AREA ZIP CODES – Pediatric (Age 0-17)
Rate / 1,000 Population

GEOGRAPHIC AREA	RATE
New Jersey	81.95
Mercer County	104.38
HIGHEST SERVICE AREA RATES	
08611 Trenton	303.47
08609 Trenton	234.26
08618 Trenton/Ewing	205.21
08629 Trenton/Hamilton	178.00
08638 Trenton (Ewing)	168.42

Source: UB-04 2016 Discharges

ACSC ED Visit Rates for Children



Source: UB-04 2016 Discharges

- There was a total of 8,672 ACSC ED visits for children from Mercer County in 2016.
- Children in Mercer County had a higher ED visit rate per 1,000 for ACSC conditions than New Jersey.

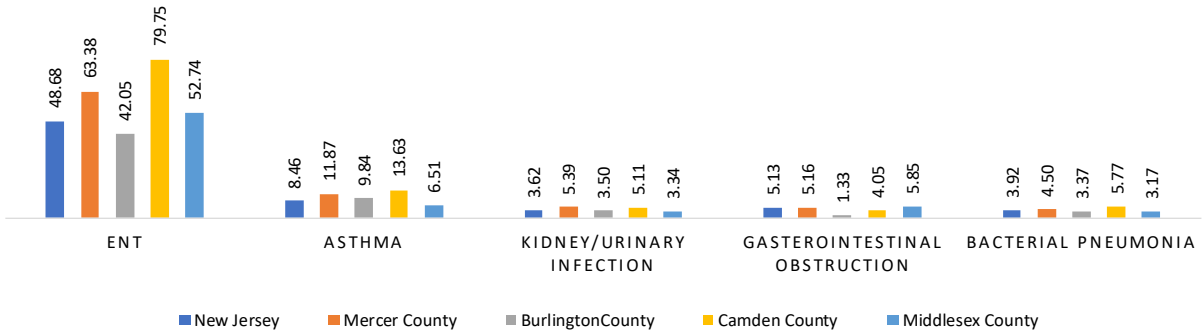
ACSC ED Volume: Top 5 by Service Area – Pediatric (Age 0-17)

In 2016, Mercer County had a total of 8,672 cases of ED ACSCs in the 0-17 Age Cohort

EMERGENCY DEPARTMENT (2016) – (AGE 0-17)		
County	ACSC Description (Top 5 Mercer County)	TOTAL IN AREA
Mercer County	ENT	5,266
	Asthma	986
	Kidney/Urinary Infection	448
	Gastrointestinal Obstruction	429
	Bacterial Pneumonia	374
	All Others	1169
	TOTAL Mercer County	8,672

Top 5 Based on Total ACSCs in Mercer County

Total ACSC ED Visits for Children (Age 0-17): Rate/1,000 Population
Top 5 Conditions (2016)



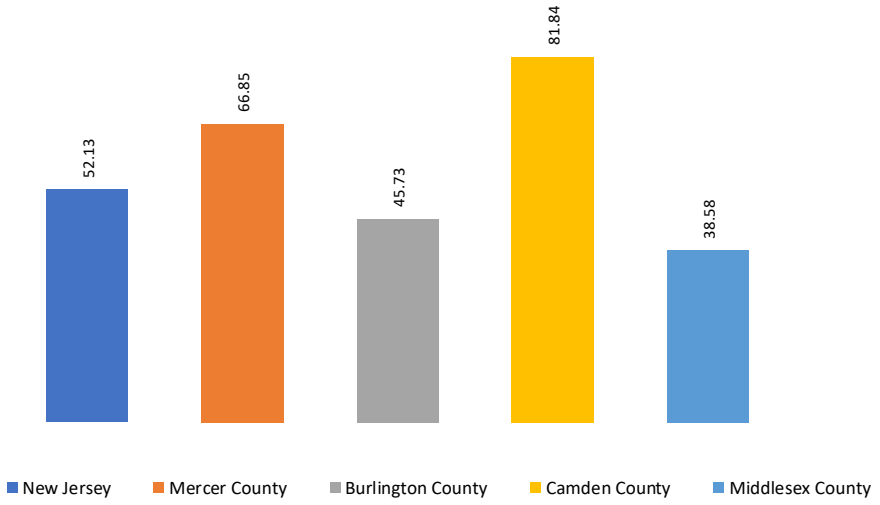
ED ACSC (2016) Pediatrics (Age 0-17)				
Geographic Area	**Rate**	**Geographic Area**		**Rate**
Mercer County	104.38	08611	TRENTON	303.47
New Jersey	81.95	08609	TRENTON	234.26
		08618	TRENTON	205.21
		08629	TRENTON/HAMILTON	178.00
		08638	TRENTON (EWING)	168.42

Source: UB-04 2016 Discharges

Adults

- Mercer County's Adult ED ACSC rate was higher than the statewide rate.
- Trenton zip code 08609 had the highest use rate (207.89/1,000).
- The second highest use rate occured in Trenton zip code 08618 (168.96/1,000).

Total ACSC ED Visits for Adults (Age 18+): Rate 1,000 Population



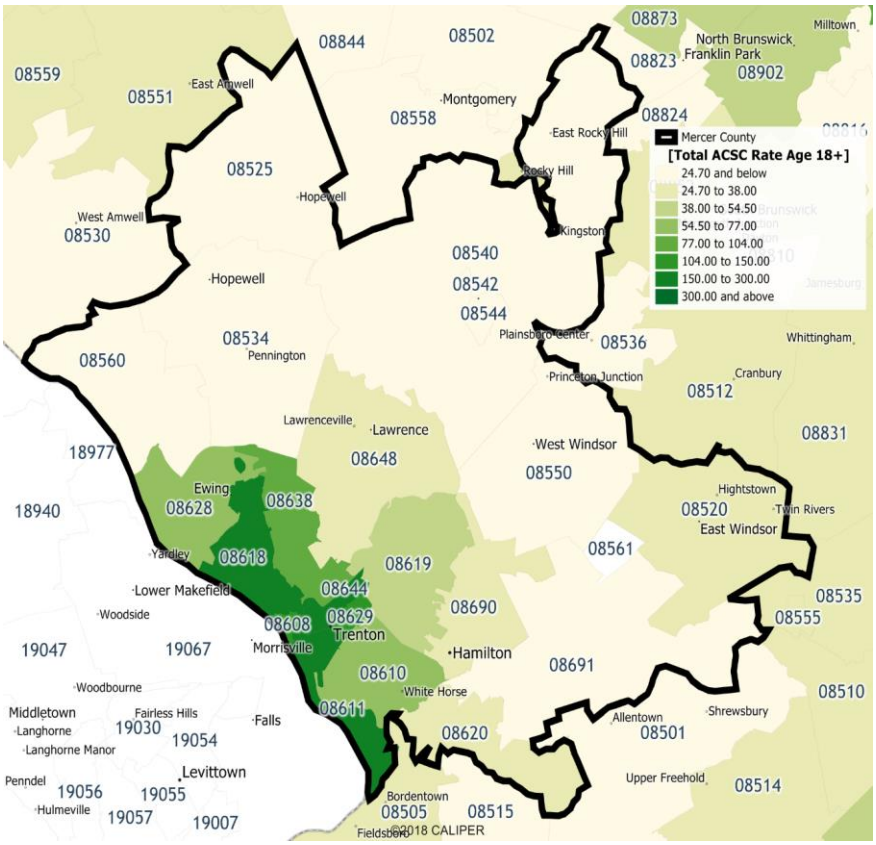
Source: UB-04 2016 Discharges

ACSC ED 2016 – Adults (Age 18+)
Rate / 1,000 Population

GEOGRAPHIC AREA	RATE
New Jersey	52.13
Mercer County	66.85
Top 5 By Zip Code	**Rate**
08609 Trenton	207.89
08618 Trenton/Ewing	168.96
08611 Trenton	156.98
08608 Trenton	137.86
08629 Trenton/Hamilton	116.14

*Source: UB-04 2016 Discharges

ACSC Rate for Adults



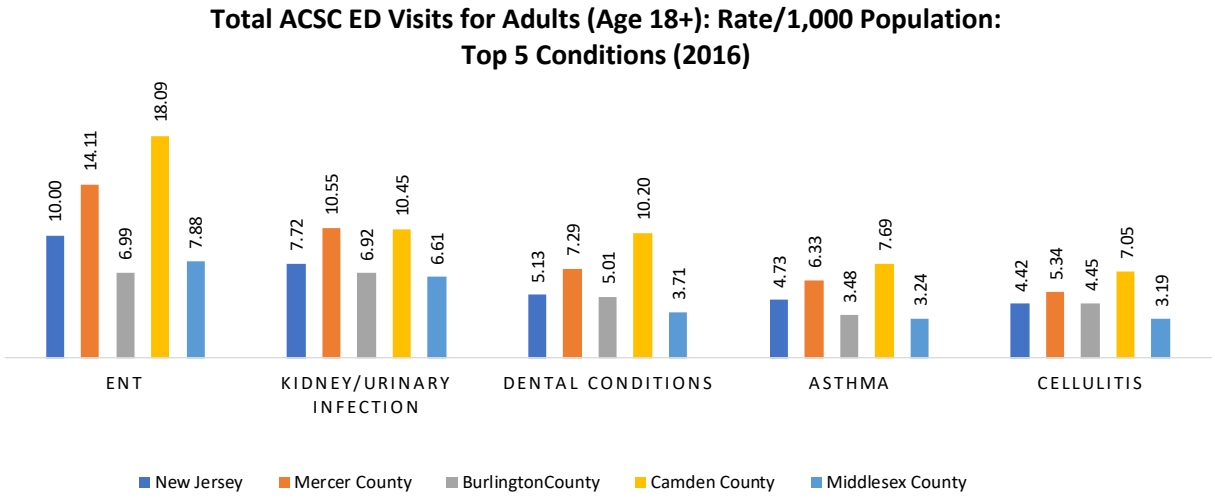
*Source: UB-04 2016 Discharges

In 2016, Mercer County had a total of 19,882 case of ED ACSCs in the 18+ Age Cohort

EMERGENCY DEPARTMENT (2016) – AGE 18+		
County	ACSC Description (Top 5 Mercer County)	TOTAL IN AREA
Mercer County	ENT	4,198
	Kidney/Urinary Inf.	3,137
	Dental Conditions	2,167
	Asthma	1,883
	Cellulitis	1,588
	All Others	6,909
	TOTAL Mercer County Area	19,882

Top 5 Based on Total ACSCs in Mercer County

- Mercer County had a higher adult ED Visit rate for ACSC conditions than the State.
- Several Trenton zip codes had adult ED visit rates for ACSCs that were 2 to 4 times more than the State.
- In 2016, the top 5 ACSC for adult ED visits were ENT, Kidney/Urinary Infection, Dental Conditions, Asthma, and Cellulitis.



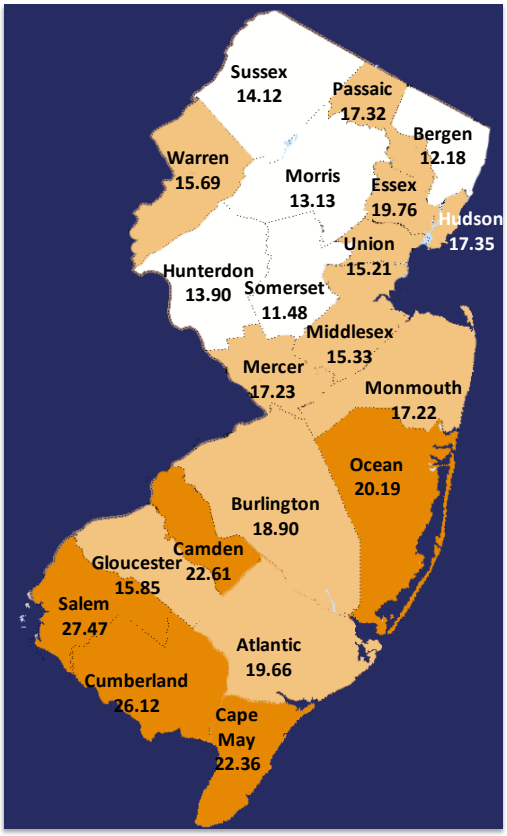
ED ACSC (2016) Adults 18+				
Geographic Area	Rate	Geographic Area		Rate
Mercer County	66.85	08609	TRENTON	207.89
New Jersey	52.13	08618	TRENTON/EWING	168.96
		08611	TRENTON	156.98
		08608	TRENTON	137.86
		08629	TRENTON/HAMILTON	116.14

Source: UB-04 2016 Discharges

Inpatient Utilization for Ambulatory Care Sensitive Conditions

Individuals may be admitted to the hospital due to an ACSC; higher rates of ACSC conditions among inpatients indicate primary care access issues, poor preventive care and barriers related to socioeconomic status.

- The Mercer County Service Area ACSC inpatient use rate is about the same as Statewide.
- Trenton zip code 08608 has the highest utilization for inpatient ACSC use rate.



Total Ambulatory Care Sensitive Conditions (ACSCs) Inpatient Admissions, per 1,000 Population

ACSC - IP Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
SALEM	26.07	27.47	(1.40)
CUMBERLAND	24.18	26.12	(1.94)
CAMDEN	22.87	22.61	(-0.26)
CAPE MAY	20.71	22.36	(1.65)
OCEAN	24.79	20.19	(-4.60)
ESSEX	21.61	19.76	(-1.85)
ATLANTIC	23.63	19.66	(-3.97)
BURLINGTON	18.91	18.90	(-0.01)
HUDSON	20.58	17.35	(-3.23)
PASSAIC	20.78	17.32	(-3.46)
MERCER	20.17	17.23	(-2.94)

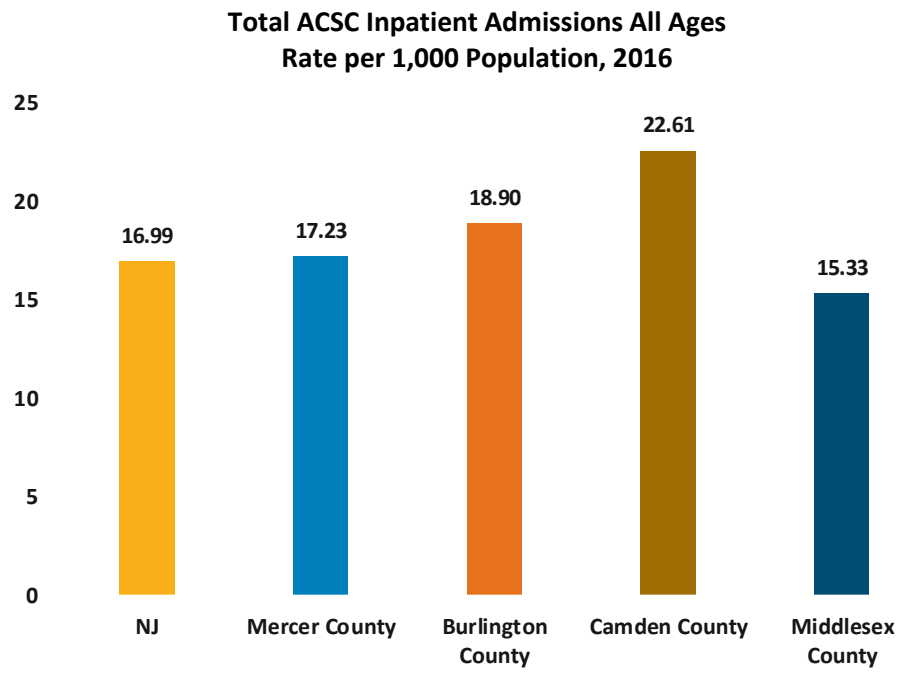
ACSC - IP Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
MONMOUTH	19.07	17.22	(-1.85)
GLOUCESTER	19.84	15.85	(-3.99)
WARREN	15.94	15.69	(-0.25)
MIDDLESEX	17.07	15.33	(-1.74)
UNION	16.18	15.21	(-0.97)
SUSSEX	15.34	14.12	(-1.22)
HUNTERDON	13.81	13.90	(0.09)
MORRIS	15.04	13.13	(-1.91)
BERGEN	15.20	12.18	(-3.02)
SOMERSET	14.04	11.48	(-2.56)
STATEWIDE	19.13	16.99	(-2.14)

Source: NJDHSS 2013/2016 UB-04 Data – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Total ACSC Inpatient Admissions – Rate/1,000 Population All Ages 2016

GEOGRAPHIC AREA	RATE
New Jersey	16.99
Mercer County	17.23
HIGHEST SERVICE AREA RATES	
08638 Trenton	46.65
08618 Trenton	39.67
08520 Hightstown	31.40
08619 Trenton	31.38
08540 Princeton	29.52

Source: UB-04 2016 Discharges



Source: UB-04 2016 Discharges

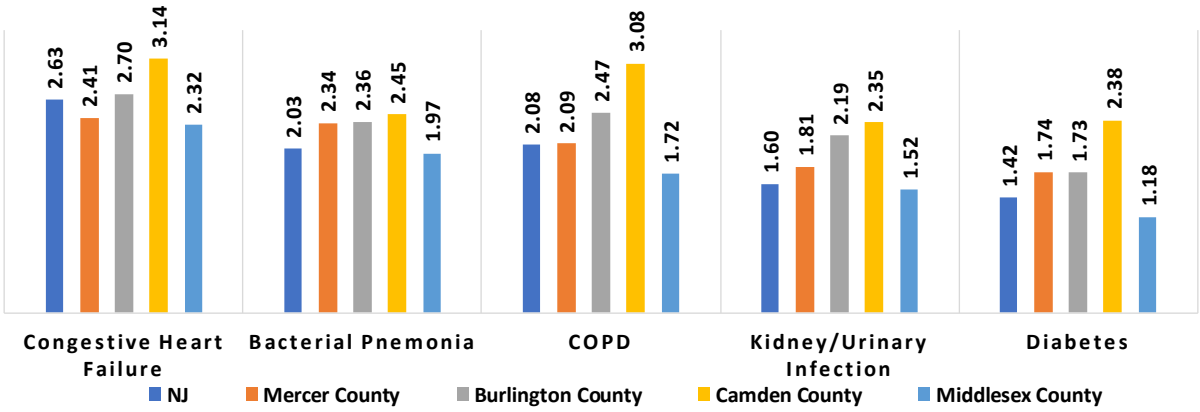
- In 2016, there were a total of 6,376 ACSC admissions from Mercer County.
- Congestive heart failure was the leading cause of ACSC admissions.

Admissions by Top 5 Conditions, 2016: Rate/1,000 Population

INPATIENT (2016) – ALL AGES		
SERVICE AREA	ACSC Description (Top 5 Combined Mercer County)	TOTAL IN AREA
Mercer County	Congestive Heart Failure	891
	Bacterial Pneumonia	867
	COPD	774
	Kidney/Urinary Infection	669
	Diabetes	645
	All Others	2,530
	Total Mercer County	6,376

Source: UB-04 2016 Discharges

Total ACSC ED Visits for Adults (Age 18+): Rate/1,000 Population: Top 5 Conditions (2016)



IP ACSC (2016) All Ages				
Geographic Area	Rate	Geographic Area		Rate
Mercer County	17.23	08638	TRENTON	46.65
New Jersey	16.99	08618	TRENTON	39.67
		08520	HIGHTSTOWN	31.40
		08619	TRENTON	31.38
		08540	PRINCETON	29.52

5. Neighborhood and Built Environment

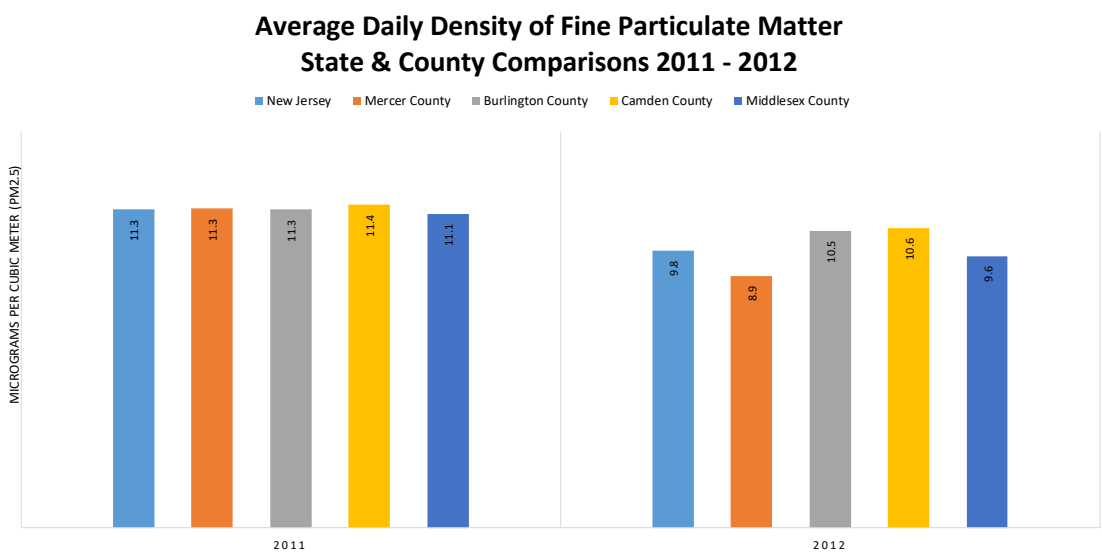
The neighborhood and built environment contribute to health in a variety of ways. Pollution, crime, and access to healthy food and water are environmental and neighborhood factors that may be hazardous to a community's health.[22]

Air Quality

Outdoor air quality has improved since the 1990, but many challenges remain in protecting Americans from air quality problems. Air pollution may make it harder for people with asthma and other respiratory diseases to breathe.[23] County level data masks ZIP Code level analysis that may reveal higher concentrations of air pollution, particularly in industrialized areas of a county.

- In 2012 the average daily density of fine particulate matter was 8.9 micrograms per cubic meter in Mercer County, lower than the statewide rate and all comparison counties.
- In 2012, Mercer County average daily measure of fine particles (8.9 PM2.5) is greater than the 2016 CHR national benchmark of 6.7 PM2.5.

[22] Source: Commission to Build a Healthier America, Robert Wood Johnson Foundation http://www.commissiononhealth.org/PDF/888f4a18-eb90-45be-a2f8-159e84a55a4c/Issue%20Brief%203%20Sept%2008%20-%20Neighborhoods%20and%20Health.pdf
[23] http://www.cdc.gov/air/default.htm



Source: County Health Rankings - Environmental Public Health Tracking Network

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

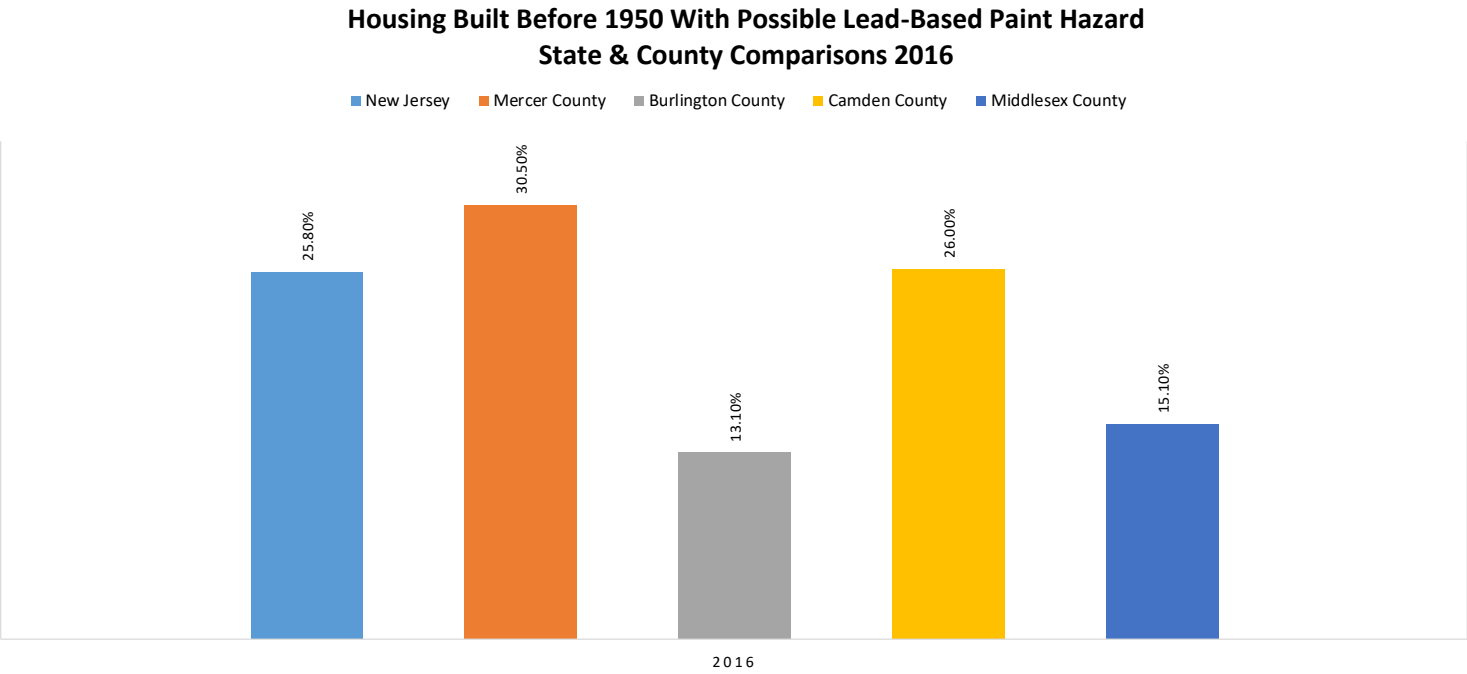
National Benchmark: 6.7
Mercer County 2016: 8.9

Housing Built before 1950

The potential for exposure to lead based paint in housing units built before 1950 is high. A main source of lead exposure is found in household dust with lead-based paint. Children are highly vulnerable to exposure to lead because of its adverse effects on the developing brain and nervous system.[24]

- In 2016, 30.5% of the Mercer County housing stock was built before 1950 and had possible lead-based paint hazards. This rate is higher than the statewide comparison and the comparative counties.

[24] Report On the National Survey of Lead-Based Paint in Housing, https://www.epa.gov/sites/production/files/documents/r95-003.pdf



Source: https://www26.state.nj.us/doh-shad/indicator/view/pre1950home.percent.html

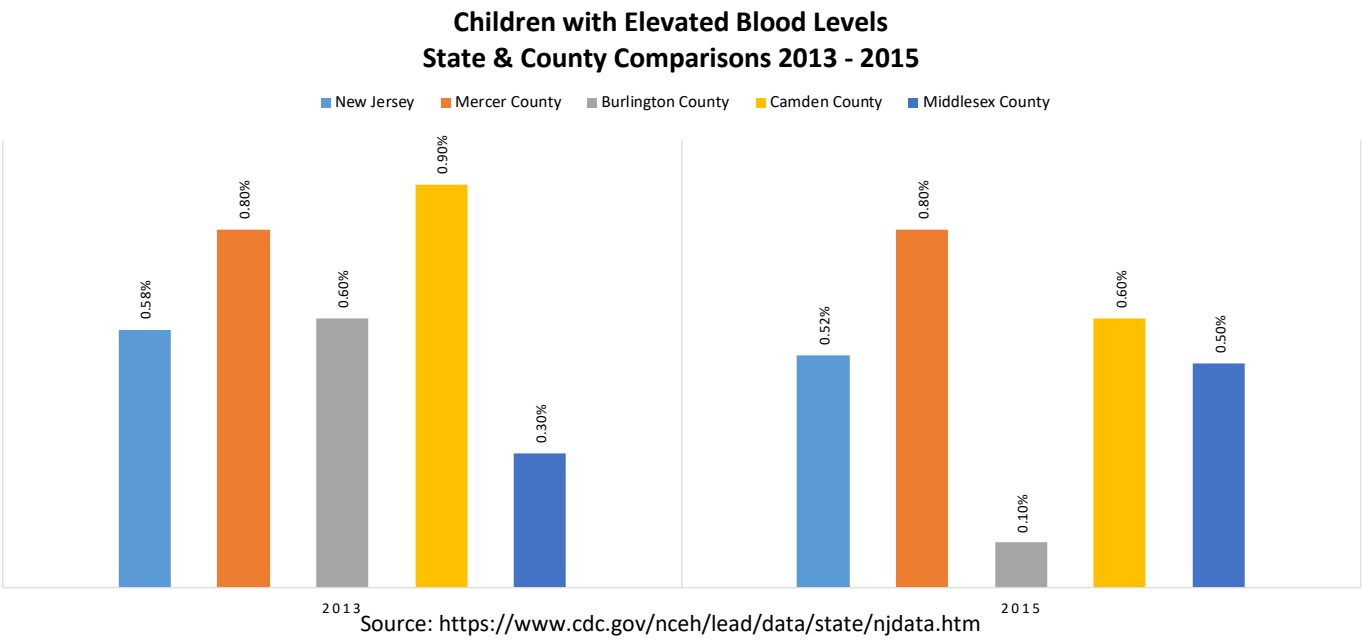
Lead Hazards

The Centers for Disease Control and Prevention (CDC) defines lead poisoning in children as a blood lead level of 10 micrograms per deciliter (µg/dL) or above. Young children can be exposed by swallowing lead dust or soil that gets on their hands or objects they put into their mouths such as toys; swallowing leaded paint chips; breathing leaded dust or lead contaminated air and eating food or drinking water that is contaminated with lead.

Very high levels of lead can cause seizures, brain damage, developmental or intellectual disabilities, coma and even death. Exposure to lead, even at low levels, has been associated with decrease hearing, lower intelligence, hyperactivity, attention deficit, and developmental problems.[25] County level analysis cannot reveal individual town disparities in blood lead levels particularly in towns with housing stock built before 1950. Such homes are often found in older urban neighborhoods.

- In 2016, 0.80% of children in Mercer County had elevated blood levels.
- This rate has stayed consistent since 2013 and is higher than the rate statewide and for the comparison counties.

[25] http://www.nj.gov/ health/fhs/newborn/ lead.shtml



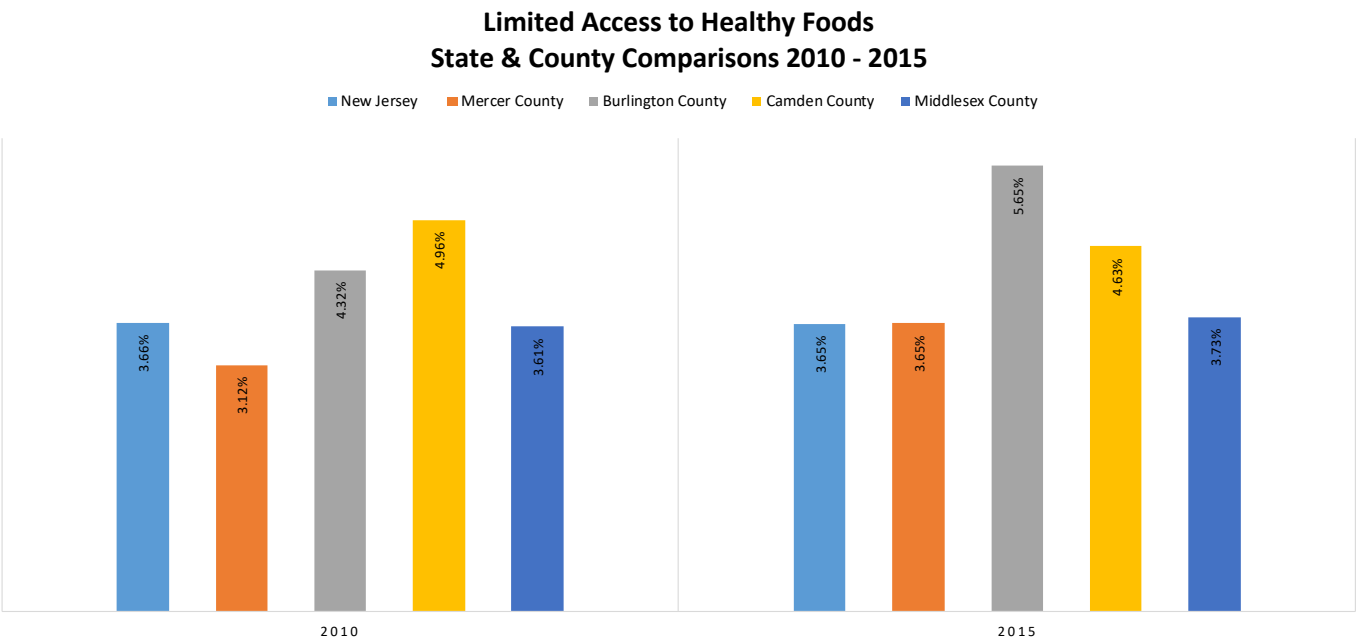
Source: https://www.cdc.gov/nceh/lead/data/state/njdata.htm

Access to Healthy Foods

Choices about food and diet are influenced by accessibility and affordability of retailers. Specifically, travel time to shopping, availability of healthy foods and food prices are key to decision making. Low-income families face greater barriers in accessing healthy and affordable food retailers, which in turn negatively affect diet and food security.[26]

- In 2015, 3.65% of Mercer County residents had food insecurity, fewer than all comparative counties. However, the 2010 rate (3.17%) was lower.
- The percent of Mercer County residents with limited access was the same as the rate statewide.

[26] https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/

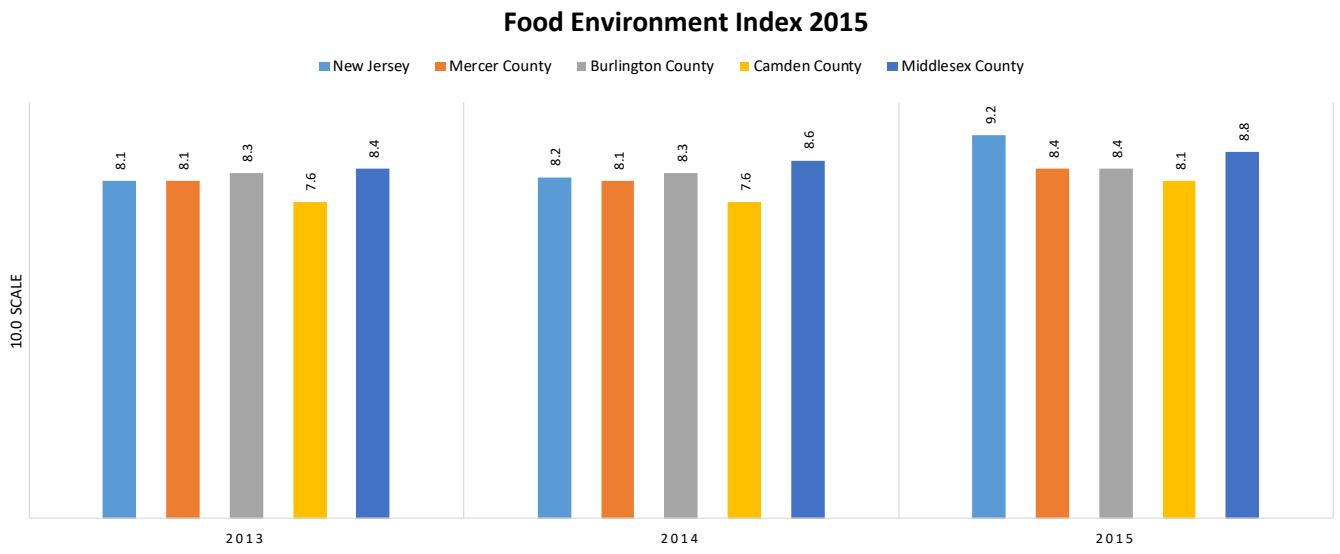


Source: Map The Meal Gap

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 2.0%
Mercer County 2016: 3.65%

- In 2015, Mercer County had a rate of 8.4 out of 10 on an index of factors that contribute to food access issues for low income and other census tracts having low rates of supermarket accessibility.
- This rate is lower than the statewide rate and lower or equal to the rate in Burlington and Middlesex Counties.
- The Mercer County rate increased from 2013 to 2015.



Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, County Health Rankings

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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National Benchmark: 8.6
Mercer County: 8.4

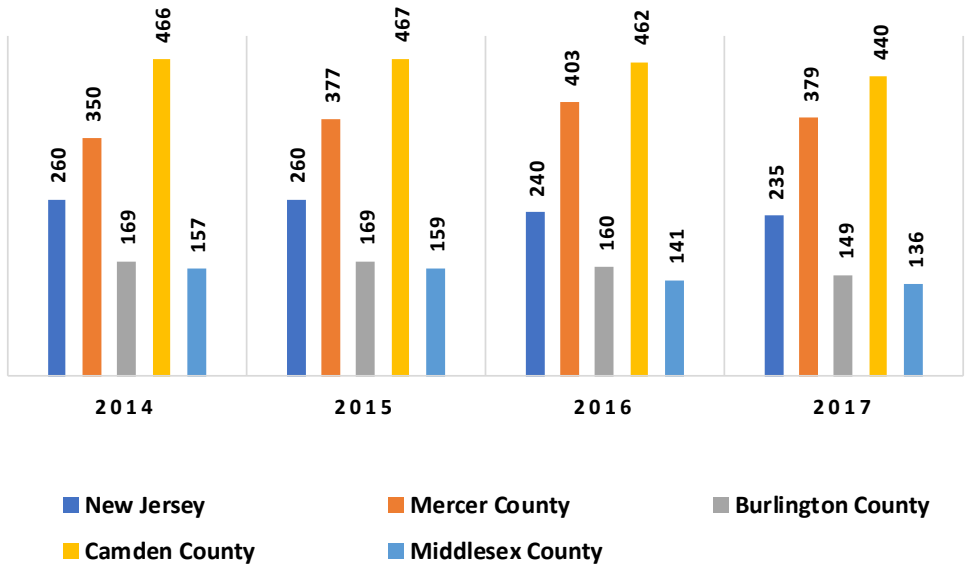
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Limited Access to Healthy Foods			
Food Environment Index *Index of factors that contribute to a healthy food environment*	N.A.		
Housing Built Before 1950 with Possible Lead-Based Paint Hazard	N.A	N.A.	
Percent of Children With Elevated Blood Lead Levels *Percent of Children*	N.A.	N.A.	
Annual Number of Unhealthy Air Quality Days *Due to Fine Particulate Matter*	N.A		

Injury and Crime Prevention

Injuries and violence are widespread. Most events resulting in injury, disability or death are predictable and preventable. Individual behaviors, physical environment, access to health services and the social environment affect the risk of unintentional injury and violence. Burglaries and motor vehicle crash deaths in Mercer County have seen steady decreases but are higher than rates statewide and violent crime has risen.

- In Mercer County, violent crime increased 8.2% from 2014 to 2016.
- The violent crime rate in Mercer County has historically been higher than the statewide rate.

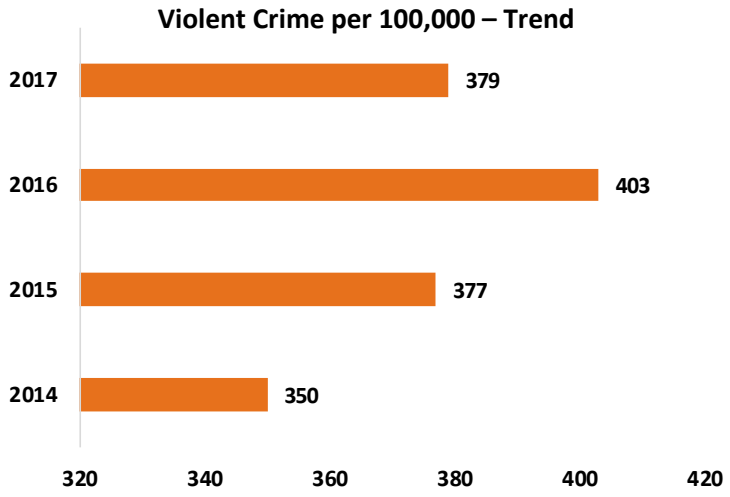
Violent Crime
Rater per 100,000 Population
State and County Comparisons, 2014-2016



Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

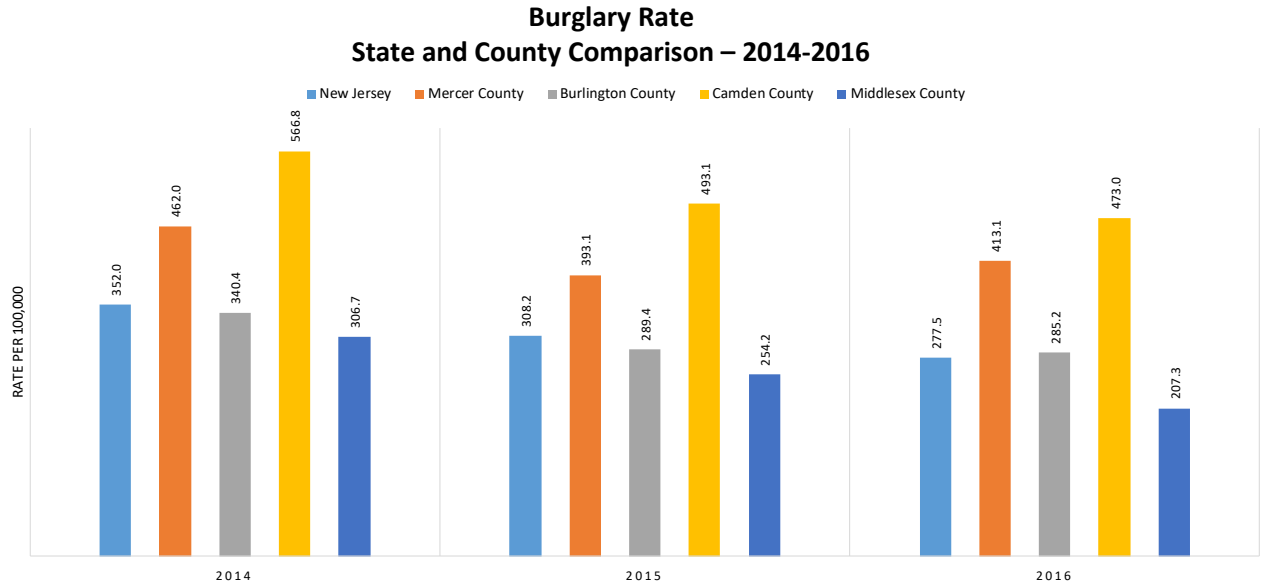
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 62 Rate / 100,000 Population
Mercer County: 379 Rate / 100,000 Population



Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

- In 2016, the burglary rate in Mercer County (413.1/100,000) was greater than that of Burlington (285.2/100,000), Middlesex (207.3/100,000) counties and the statewide rate (277.5/100,000).
- Between 2014-2016, there was a 10% decline in the rate of burglaries in Mercer County.

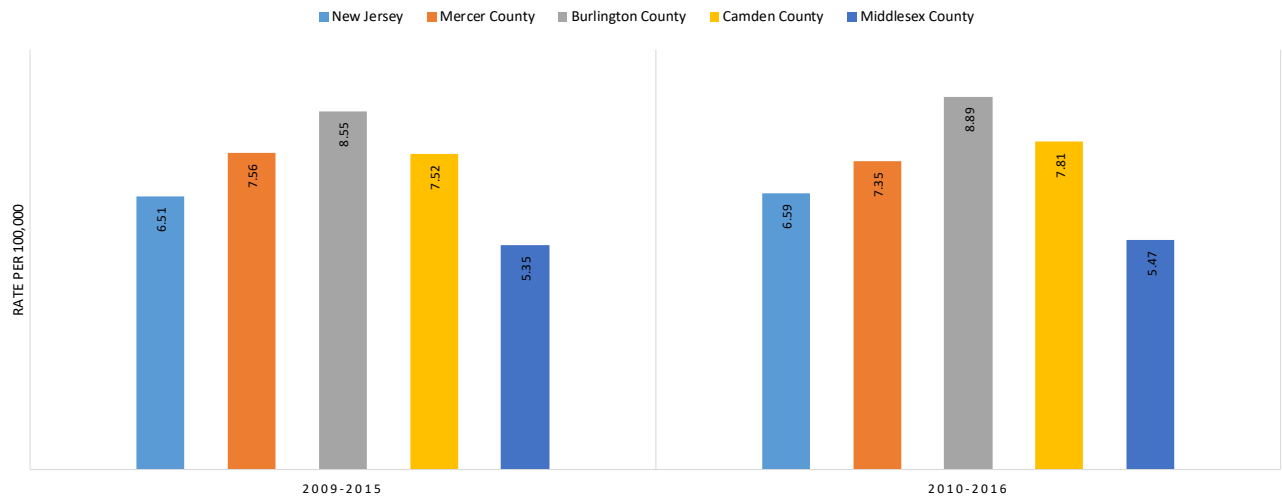


Source: http://www.njsp.org/ucr/2015/pdf/2015a_sect_7.pdf

Motor Vehicle Crash Deaths

- In 2016, the rate of motor vehicle crash deaths was 7.35/100,000 in Mercer County, greater than the statewide rate.
- The rate per 100,000 decreased among Mercer County residents only slightly between 2009-2015 and 2010-2016.
- 2010-2016 Mercer County (7.35/1,000) car accident related deaths occurred 55.6% less often than the *Healthy People 2020* target (12.4/1,000).

Motor Vehicle Crash Deaths
State and County Comparison – 2009-2016



Source: County Health Rankings, CDC Wonder Mortality Data, 2010 – 2016

Baseline: 13.8
Target: 12.4
Mercer County 2016: 7.35

National Benchmark: 9
Mercer County 2016: 7.35

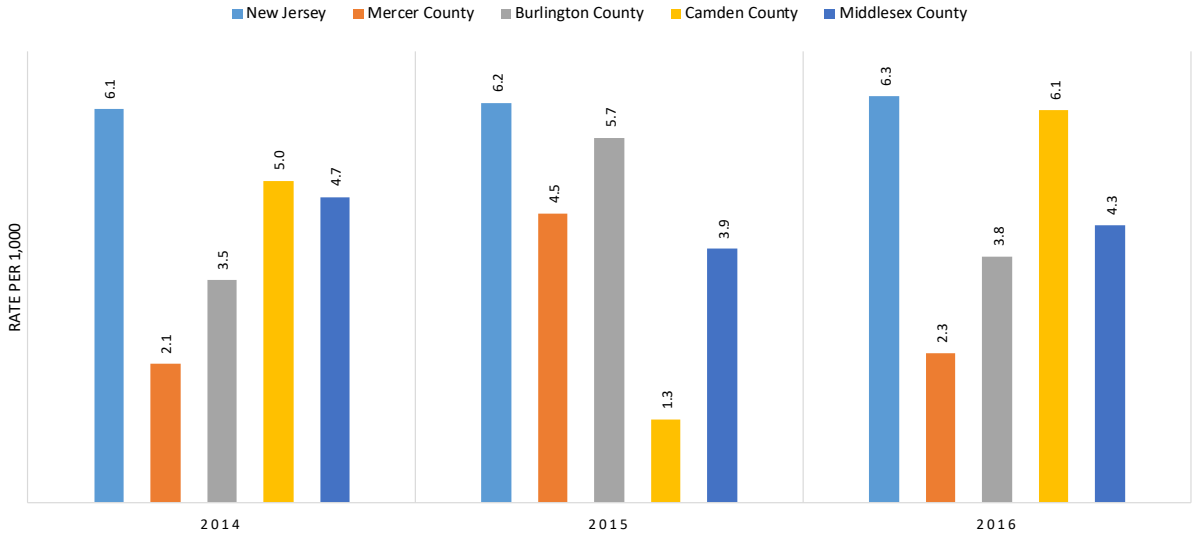
Domestic Violence Offenses

Domestic violence can negatively impact a victim's health beyond the domestic violence incident. Victims of domestic violence exhibit physical and emotional problems including, but not limited to, chronic pain, depression, anxiety, eating disorders, and post-traumatic stress disorder.[27]

- Statewide domestic violence rates have remained fairly consistent.
- In 2016, the Mercer County rate of domestic violence arrests was lower than the statewide and the rates in all the comparative counties.

[27] http://www.stopvaw.org/health_effects_of_domestic_violence

Domestic Violence Arrests
State & County Comparisons 2014 – 2016

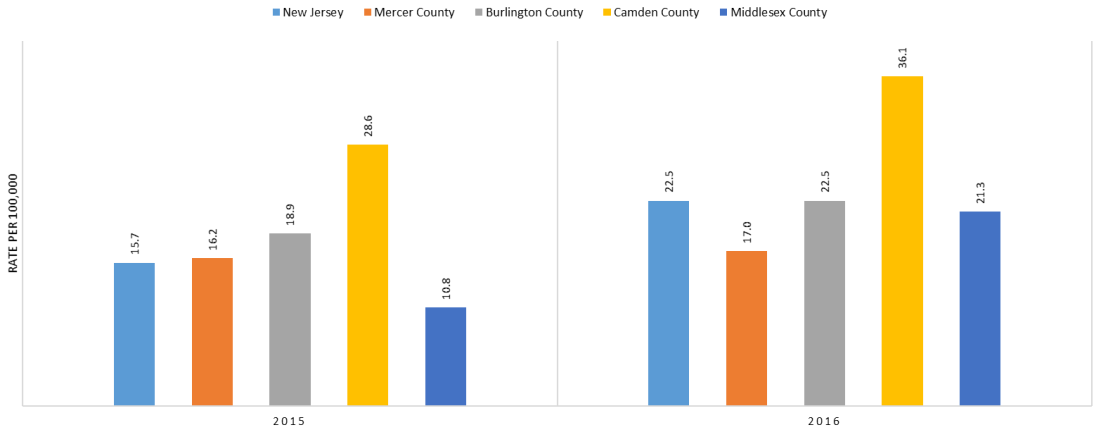


Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

Accidental Poisoning and Exposure to Noxious Substances

- Between 2015-2016, the rate of deaths due to poisoning and exposure to noxious substances grew slightly.
- In 2016, the rate of deaths due to accidental poisoning and exposure to noxious substances was 17.0/100,000 in Mercer County which is less than its comparative counties and the rate statewide.

Deaths Due to Accidental Poisoning and Exposure to Noxious Substances
State and County Comparisons – 2015-2016



Source: NJ SHAD

Baseline: 13.2
Target: 13.2
Mercer County 2016: 17.0

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Violent Crime *Rate/ 100000 Population*	N.A		
Burglary *Rate/ 1000 Population*	N.A	N.A.	
Domestic Violence Arrests *Rate/ 1000 Population*	N.A	N.A	
Deaths Due to Motor Vehicle Crashes *Rate/ 1000 Population*	N.A.		
Deaths Due to Poisoning *Rate/ 1000 Population*		N.A	

C. HEALTH FACTORS

Health factors represent the influences that impact one's health. These include demographic, social, environmental, economic, and individual behaviors as well as clinical care and access to services. Social determinants are described in Section B above.

1. Demographics

Age

Health disparities exist in all age groups. The Centers for Disease Control and Prevention reports that, although life expectancy and overall health has improved for most Americans, older adults are not benefitting equally due to economic status, race and gender. The overall proportion of older adults in Mercer County is lower than New Jersey. From 2018 to 2023, the population aged over 65 in Mercer County is projected to increase at a lower rate (2.2%) than the statewide increase projected at 2.4%.

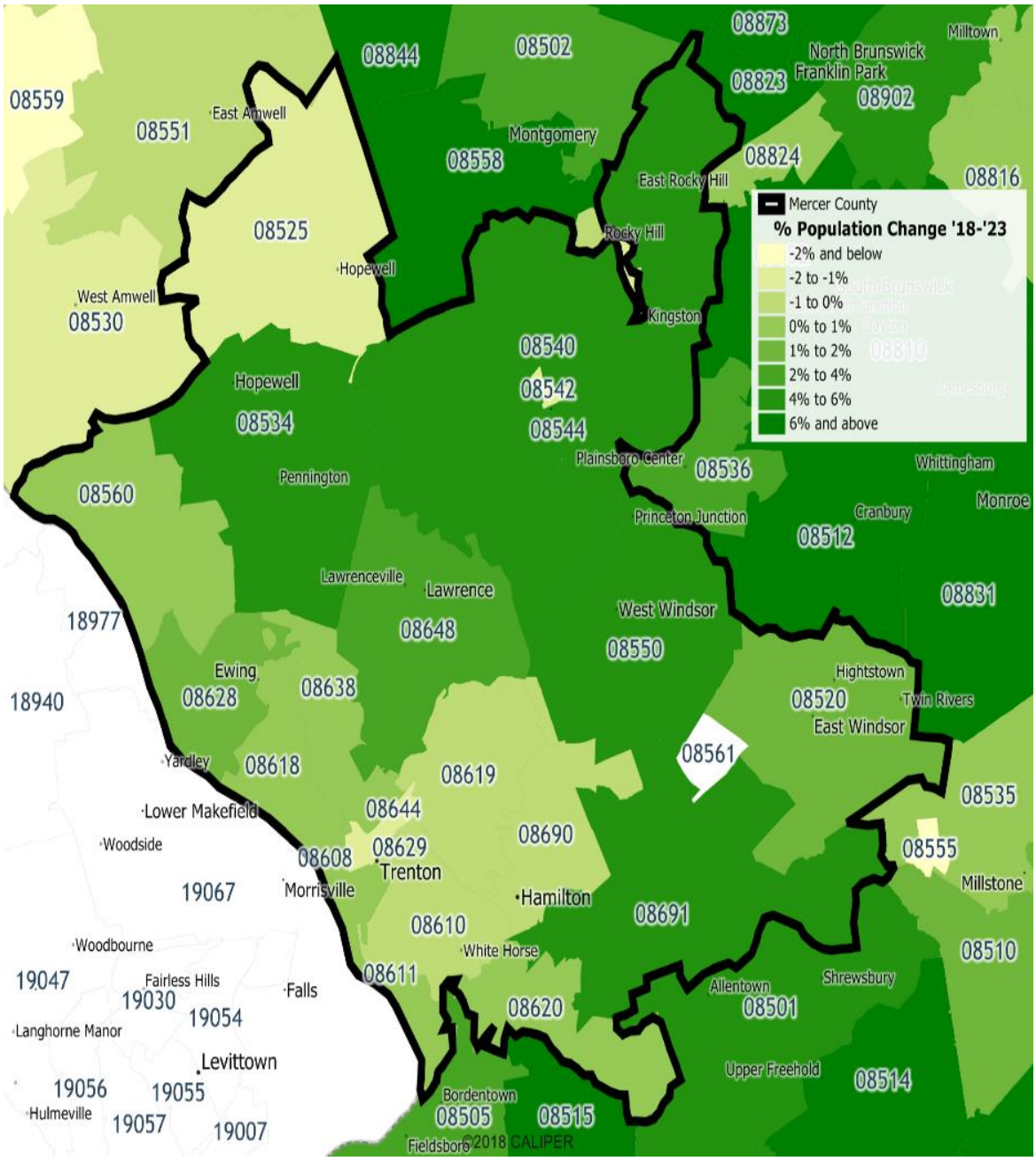
- Between 2018 and 2023, New Jersey is projected to have a 1.9% decline among 0-17 year olds. The greatest decline will be in Hopewell (6.6%).
- Princeton's overall projected population growth (2.7%), between 2018 and 2023 is more than double that of the State (1.3%).
- The largest change is among those 65+. This cohort will increase across all geographic areas, the largest occurring in in Hopewell (18.5%).
- Mercer County women of child-bearing age (15-44) are projected to decrease by nearly 2% by 2023. Trenton zip codes 08611 and 08608 will decline in excess of the county and statewide averages.

Population Distribution and Projected Percent Change 2018-2023

AGE COHORT	GEOGRAPHIC AREA								
	New Jersey	Mercer County	08690 (Hamilton Square)	08648 Lawrence	08540 Princeton	08525 Hopewell	08638 Trenton (Ewing)	08611 Trenton	08608 Trenton
0-17	1,924,856	76,865	3,381	6,492	9,427	874	4,518	7,100	509
% of Total	21.81%	20.5%	17.2%	19.2%	19.1%	18.5%	16.9%	25.6%	25.3%
% Change '18-'23	-1.87%	-2.6%	-4.87%	-.11%	-2.43%	-6.62%	-3.38%	-.46%	-.20%
18-44	3,063,175	134,233	6,097	12,585	18,477	1,356	12,184	11,580	692
% of Total	33.72%	35.6%	31.0%	37.2%	37.4%	28.7%	45.5%	41.7%	34.4%
% Change '18-'23	-0.71%	-1.1%	1.95%	-1.1%	2.48%	6.94%	-.58%	-5.91%	-2.81%
45-64	2,440,028	98,575	5,606	8,630	12,558	1,467	5,923	6,536	521
% of Total	26.85%	26.51%	28.5%	25.5%	25.4%	31.1%	22.1%	23.6%	25.9%
% Change '18-'23	-1.87%	-2.4%	.04%	-.88%	-.37%	-13.30%	-3.20%	8.95%	-3.7%
65+	1,656,782	64,565	4,610	6,160	8,943	1027	4,158	2,237	287
% of Total	19.80%	17.4%	23.4%	18.2%	18.1%	18.3%	15.5%	9.1%	14.3%
% Change '18-'23	15.44%	15.9%	14.28%	15.51%	14.19%	18.05%	13.76%	14.07%	16.67%
All Ages	9,084,841	374,238	19,694	33,867	49,405	4,724	26,783	27,753	2009
% of Total	100%	100.0%	100%	100%	100%	100%	100%	100%	100%
% Change '18-'23	1.30%	0.8%	-.23%	1.82%	2.65%	-.88%	.29%	.32%	0%
Women Age									
15-44	1,677,712	74,592	3,361	7,302	9,993	748	6,660	5,047	416
% of Total	18.48%	19.9%	18.3%	21.6%	20.2%	15.8%	24.9%	18.2%	20.7%
% Change '18-'23	-1.20%	-1.8%	-2.5%	-1.1%	1.4%	2.7%	-1.6%	-5.0%	-4.4%

Source: Claritas Population Estimates 2018, 2023

Mercer County Population Change, 2018-2023



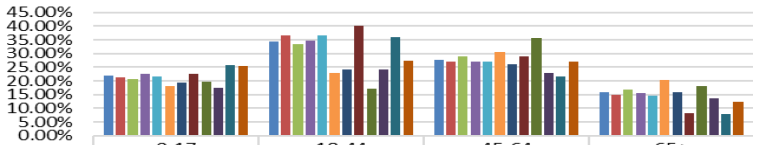
Source: Claritas Population Estimates 2018, 2023

Population Change 2010-2018

Population	2010	2018	% Change
New Jersey	8,791,894	8,968,348	2.01%
Mercer County	366,513	371,183	1.27%
Burlington County	448,734	448,729	-0.001%
Camden County	513,657	509,429	-0.82%
Middlesex County	809,858	841,338	3.89%
Trenton (08690)	19,974	19,740	-1.17%
Lawrence (08648)	32,138	33,263	3.50%
Princeton (08540)	45,653	48,129	5.42%
Hopewell (08525)	4,875	4,766	-2.24%
Trenton (08638)	26,496	26,705	0.79%
Trenton (08611)	27,499	27,664	0.60%
Trenton (08608)	2,013	2,009	-0.20%

Source: Population –Claritas 2010 and 2018 Population Estimates

Population by Age Cohort
State and County Comparisons, 2018



	0-17	18-44	45-64	65+
New Jersey	21.87%	34.40%	27.73%	16.00%
Mercer County	21.25%	36.55%	27.20%	15.00%
Burlington County	20.71%	33.39%	28.95%	16.94%
Camden County	22.71%	34.77%	26.92%	15.60%
Middlesex County	21.58%	36.76%	26.97%	14.69%
Trenton (08690)	18.00%	22.91%	30.48%	20.44%
Lawrence (08648)	19.50%	24.09%	26.18%	16.03%
Princeton (08540)	22.70%	40.10%	29.10%	8.10%
Hopewell (08525)	19.60%	17.29%	35.50%	18.25%
Trenton (08638)	17.50%	24.10%	22.91%	13.69%
Trenton (08611)	25.80%	35.96%	21.69%	8.04%
Trenton (08608)	25.40%	27.43%	26.93%	12.24%

Source: Claritas 2019 Population Estimate

Race and Ethnicity

Despite notable progress in the overall health of the Nation, there remain morbidity and mortality disparities by race and ethnicity. The population cohorts which historically have experienced poorer health status are anticipated to grow; therefore, the future health of America can be influenced by improving the health of these select groups. In Mercer County, the percentage of Black, Asian and Hispanic populations increased while the percentage of White residents has declined, heightening the vital need for addressing disparities in health and care among more vulnerable minority groups.[28]

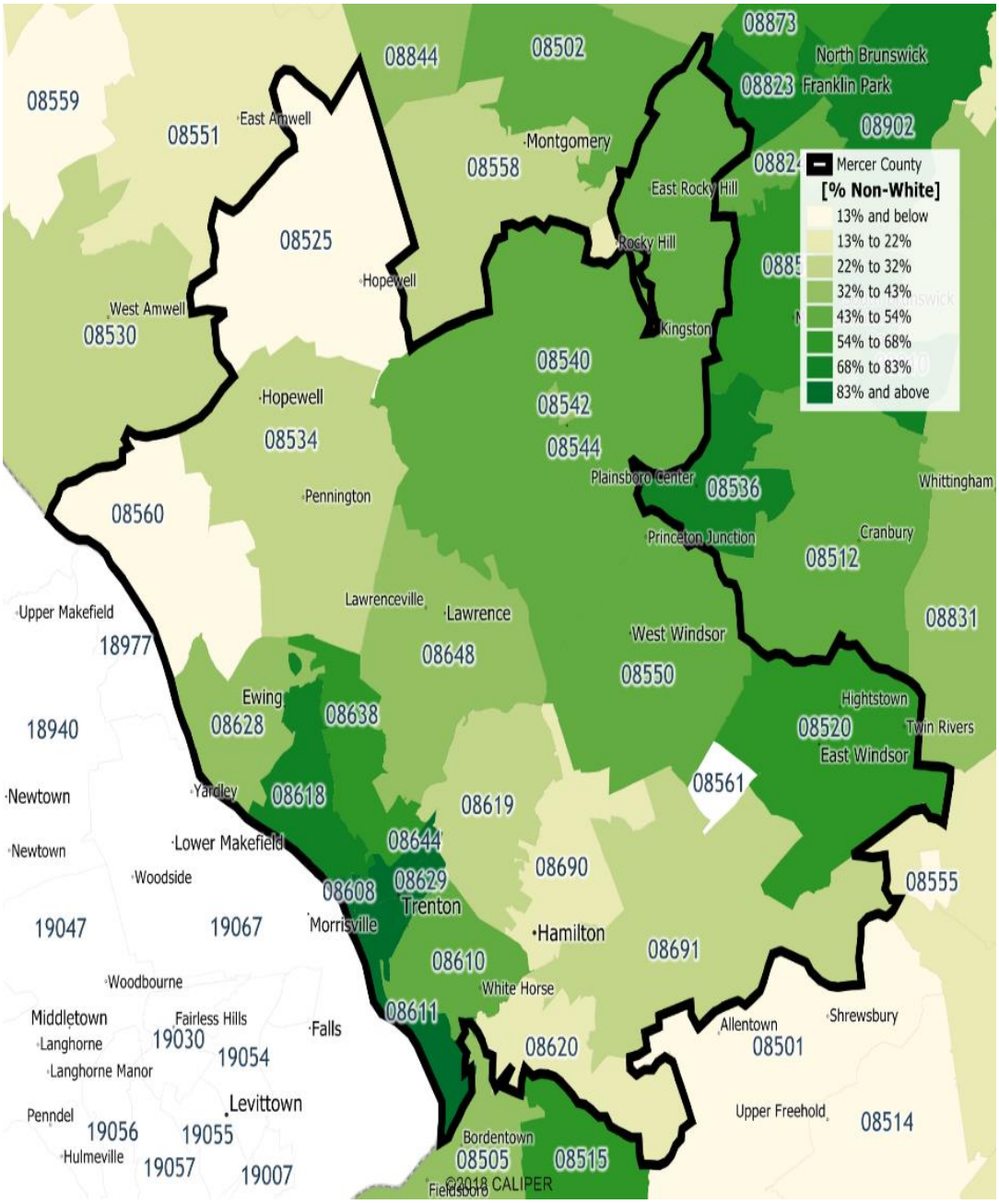
- According to 2018 population estimates, 49.1% of Mercer County, 85.5% of Hamilton Square and 90.7% of Hopewell residents are White as compared to 54.4% statewide.
- In 2018, 20.7% of New Jersey residents are Hispanic, while nearly 59.5% of Trenton Zip Code 08611 and 26.7% of Trenton Zip Code 08608 residents are Hispanic.
- The Hispanic population in Mercer County increased 20.4% from 2010 through 2018.
- In 2018, 11.3% of Mercer County residents are Asian, somewhat higher than New Jersey (9.9%). That percentage is much higher in Lawrence (17.5%) and more than double in Princeton (29.8%).
- The Asian population in Mercer County increased 29.0% between 2010 and 2018.

TOTAL POPULATION (2018*)									
RACE COHORT	New Jersey	Mercer County	08690 Trenton (Hamilton Square)	08648 Lawrence Twp.	08540 Princeton	08525 Hopewell	08638 Trenton (Ewing)	08611 Trenton	08608 Trenton
White	4877655 (54.4%)	182241 (49.10%)	16886 (85.54%)	19478 (58.56%)	26180 (54.40%)	4322 (90.68)	10576 (39.60%)	3184 (11.51%)	118 (5.87%)
Hispanic	1852191 (20.7%)	66582 (17.94%)	1103 (5.59%)	3311 (9.95%)	3615 (7.51%)	183 (3.84%)	4474 (16.75%)	16451 (59.47%)	536 (26.68%)
African American	1146578 (12.8%)	71421 (19.24%)	578 (2.93%)	3678 (11.06%)	2363 (4.91%)	77 (1.62%)	9994 (37.42%)	6961 (25.16%)	1305 (64.96%)
Asian	886373 (9.9%)	41989 (11.31%)	913 (4.63%)	5818 (17.49%)	14331 (29.78%)	96 (2.01%)	1016 (3.80%)	586 (2.12%)	18 (.90%)
Two or more	162679 (1.8%)	7554 (2.04%)	235 (1.19%)	835 (2.51%)	1437 (2.99%)	80 (1.68%)	534 (2.00%)	383 (1.38%)	28 (1.39%)
Other	42881 (.5%)	616 (.17%)	25 (.13%)	143 (.43%)	203 (.42%)	8 (.17%)	111 (.42%)	99 (.36%)	4 (.20%)

**Source: Claritas 2018 Population Estimates*
**Source: US Census Bureau, American Community Survey 2015 5-year estimates

[28] http://www.cdc.gov/omhd/AMH/AMH.htm.

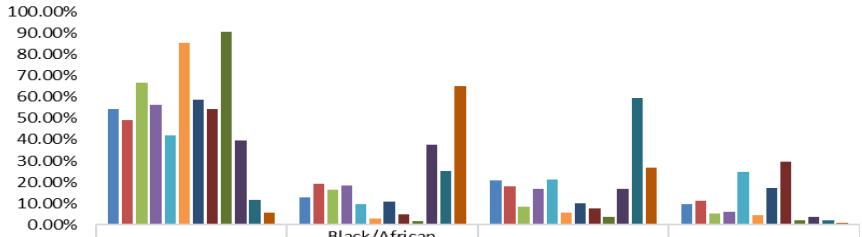
Mercer County Population of Non-White Residents



**Source: Claritas 2018 Population Estimates*

**Source: US Census Bureau, American Community Survey 2015 5-year estimates

Population by Race and Ethnicity
State and County Comparisons



	White	Black/African American	Hispanic	Asian
New Jersey	54.39%	12.78%	20.65%	9.88%
Mercer County	49.10%	19.24%	17.94%	11.31%
Burlington County	66.69%	16.38%	8.53%	5.32%
Camden County	56.35%	18.38%	16.92%	6.05%
Middlesex County	41.77%	9.56%	21.25%	24.91%
Trenton (08690)	85.54%	2.93%	5.59%	4.63%
Lawrence (08648)	58.56%	11.06%	9.95%	17.39%
Princeton (08540)	54.40%	4.91%	7.51%	29.78%
Hopewell (08525)	90.68%	1.62%	3.84%	2.01%
Trenton (08638)	39.60%	37.42%	16.75%	3.80%
Trenton (08611)	11.51%	25.16%	59.47%	2.12%
Trenton (08608)	5.87%	64.96%	26.68%	0.90%

Source: Claritas 2018 Population Estimate

Population Change by Race and Ethnicity

Mercer County			
RACE / ETHNICITY	2010	2018	% Change
White (alone)	199,909	182,241	-8.84%
Black / African American (alone)	71,378	71,421	0.06%
Asian (alone)	32,545	41,989	29.02%
Native American / Pacific Islander / Other Race (alone)	1,311	1,396	6.48%
Two or More Races (alone)	6,052	7,554	24.82%
Hispanic / Latino (of Any Race)	55,318	66,582	20.36%
Total	366,513	371,183	1.27%

Source: Claritas 2018 Population Estimate

Education

Lower levels of education attainment can indicate issues of health literacy and the ability to follow medical advice.

- In 2018, 5.5% of the residents of Mercer County have less than a 9th grade education.
- Trenton zip code 08611 rate at 18.6% is significantly higher.
- 31.5% of Hopewell population has a bachelor's degree, significantly more than the County and the State.

Educational Level, 2018

	New Jersey	Mercer County	08690 Trenton (Hamilton Square)	08648 Lawrence Twp.	08540 Princeton	08525 Hopewell	08638 Trenton (Ewing)	08611 Trenton	08608 Trenton
Less Than Grade 9	5.2%	5.5%	2.1%	4.1%	1.8%	.8%	7.8%	18.6%	8.7%
Some High School w/o Diploma	5.8%	6.8%	3.6%	2.8%	1.3%	1.9%	10.1%	18.8%	16.0%
High School Grad	28.5%	25.2%	28.8%	19.0%	8.1%	16.6%	35.3%	35.7%	36.5%
Some College/ Associates Degree	22.9%	22.4%	26.6%	23.7%	11.0%	18.7%	25.6%	17.7%	24.1%
Bachelors Degree	23.2%	20.6%	24.7%	26.1%	29.0%	31.5%	12.3%	6.5%	10.7%
Masters/ Professional or Above	14.1%	19.9%	14.2%	24.3%	48.8%	30.5%	8.7%	2.8%	4.0%

Source: United States Census 2016 5 Year ACS Estimates

2. *Clinical Care Measures*

Inpatient and ED Utilization

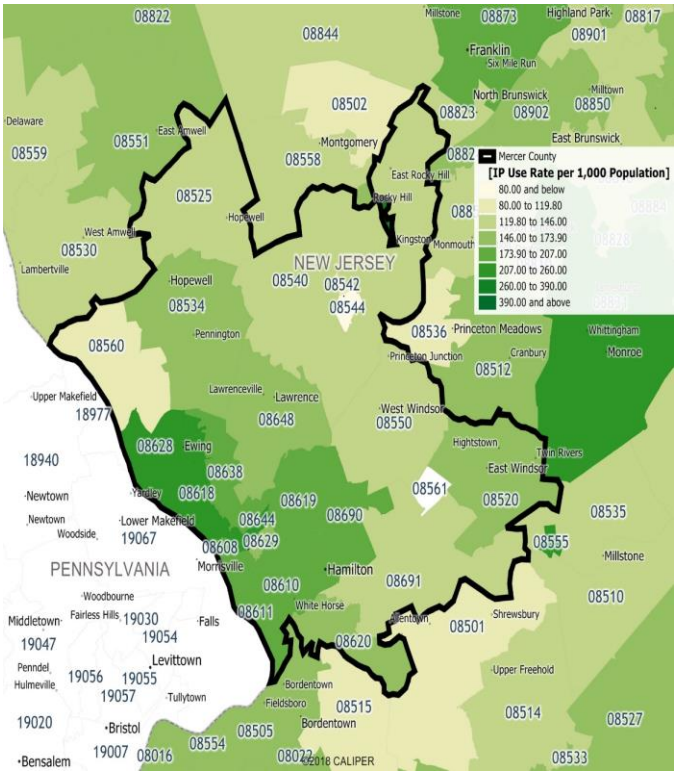
Factors impacting hospital utilization may include policy change, advances in technology, practice patterns and demographics. Many federal and state health care payment reforms, including the Affordable Care Act (ACA), were designed to improve care transitions, coordination of care, enhance ambulatory care and improve access to primary care. The anticipatory results would include improved coordinated care and declines in inpatient and ED utilization.

Inpatient

- Mercer County's 2016 inpatient utilization rate (171.67/1,000) was 11.5% higher than the State (160.22/1,000).
- Inpatient use rates for the top five zip codes ranged from 185.72/1,000 to 233.43/1,000, all higher than the state and county rates.
- Trenton zip codes recorded the highest inpatient use rates in the county.

Inpatient Use Rates per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	160.22
Mercer County	171.67
TOP 5 BY ZIP CODE	
08618 Trenton/Ewing	233.43
08628 Trenton (Ewing)	225.45
08609 Trenton	216.88
08619 Trenton (Mercerville)	193.88
08610 Trenton (Hamilton)	185.72



Source: UB-04 2016 Discharges Includes Inpatient & Same Day Stay,
Excludes Normal Newborn; Population – Claritas 2016 Estimate

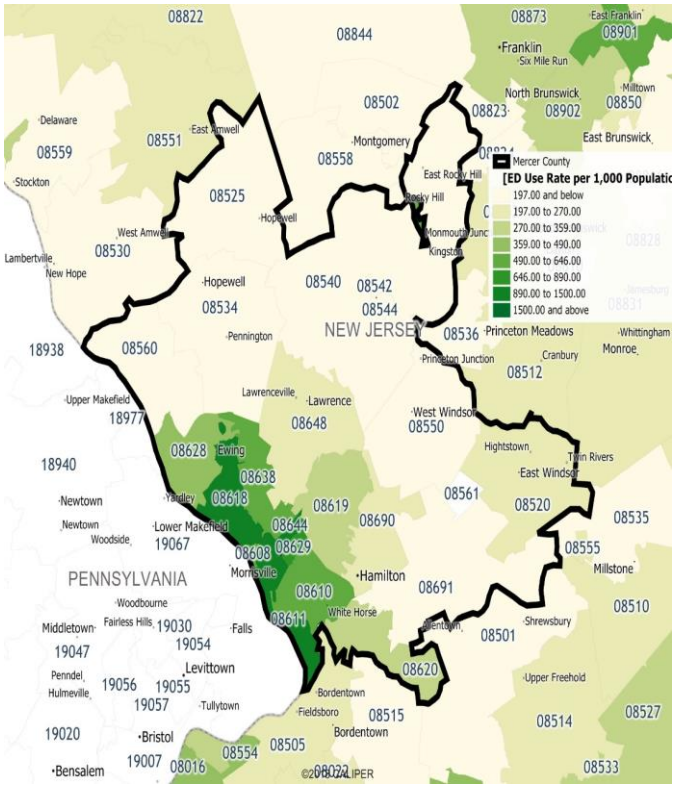
Emergency Department

According to the 2013-2014 National Health Interview Survey, reasons for U.S adults (age 18-64) ED visits are: seriousness of the medical problem (77%); doctor's office not open (12%;) and lack of access to other providers (7%).

- Mercer County's 2016 ED visit rate (434.1/1,000) was 23% greater than State rate (352.20/1,000).
- Three of the top five zip codes with the highest ED use rates are more than double the countywide rate.
- The top five zip codes (08609, 08611, 08618, 08629 and 08608) are higher than the State average.

ED Use Rate per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	352.20
Mercer County	434.10
TOP 5 BY ZIP CODE	
08609 Trenton	1101.82
08611 Trenton	950.16
08618 Trenton/Ewing	917.90
08629 Trenton/Hamilton	671.42
08608 Trenton	642.29



Source: UB-04 2016 ED Discharges; Claritas 2016 Estimate
** Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011; http ://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf

Cesarean Section

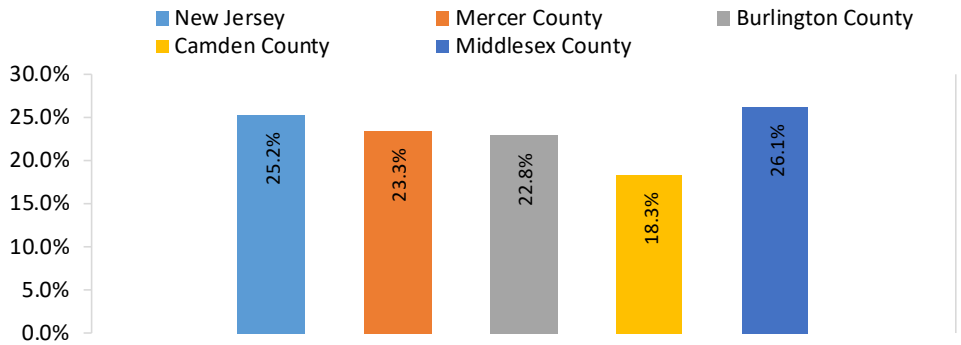
A Cesarean Section (C-section) is a major surgical procedure performed because of health problems in the mother, position of the baby, and/or distress in the infant.[29] The U.S. cesarean delivery rate reached a high of 32.9% of all births in 2009, rising 60% from 1996 (20.7%). Recently, the American College of Obstetricians and Gynecologists developed clinical guidelines for reducing the occurrence of non-medically indicated cesarean delivery and labor induction prior to 39 weeks. Efforts to reduce such births

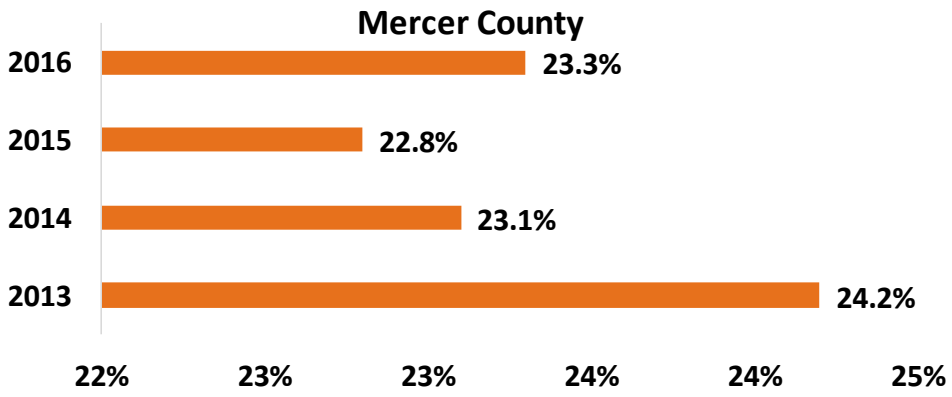
[29] http://www.nlm.nih.gov/medlineplus/cesareansection.html

include initiatives to improve perinatal care quality, and changes in hospital policy to disallow elective delivery prior to 39 weeks and education of the public.[30]

- Mercer County's 2016 primary C-section rate (23.3%) is lower than the State rate (25.2%).
- The 2016 Mercer County primary C-section rate (23.3%) was higher than neighboring Camden, Middlesex, and Burlington County rates.
- In 2016, the Mercer primary C-section rate was in the middle quartile of New Jersey counties, and was similar to the *Healthy People 2020* target.
- Countywide, women with a primary C-section trended downward from 2013 through 2015, decreasing from 24.2% in 2013, to 22.8% in 2015. The rate increased again in 2016 (23.3%).

Primary C-Section Rates (2016)
State and County Comparisons





Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html

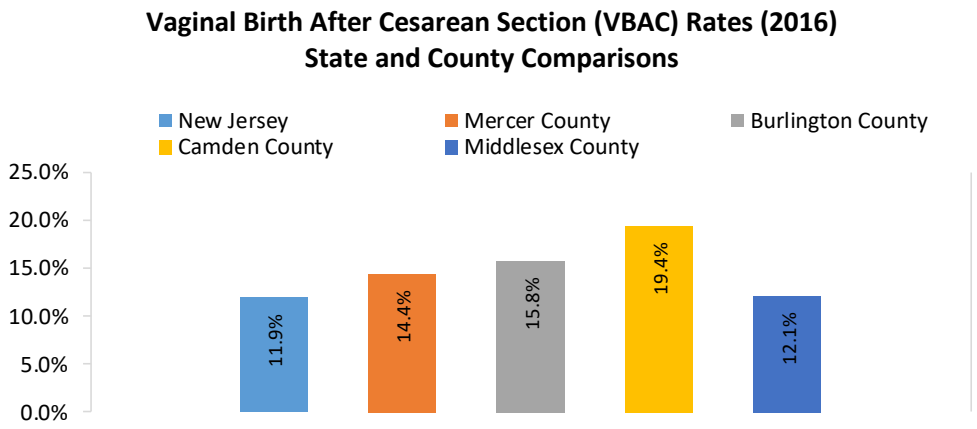
Healthy People 2020

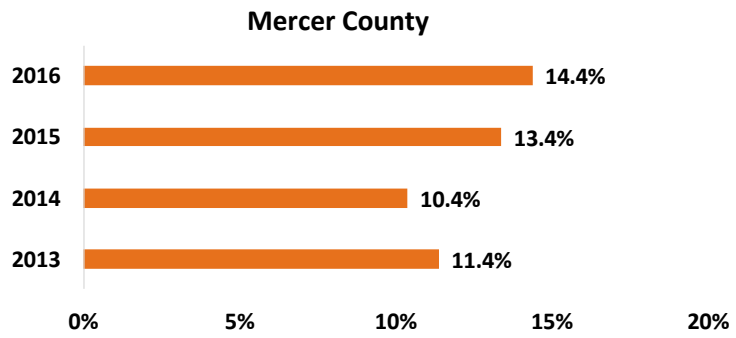
Baseline: 26.5%
Target: 23.9%
Mercer County 2016: 23.3%

[30] http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_01.pdf

Vaginal Birth After C-Section (VBAC)

- Mercer County's 2016 VBAC rate (14.4%) is higher than the State rate (11.9%) by 2.5 points.
- County-wide women with a VBAC trended upward from 2013 through 2016, increasing from 10.4% in 2014 to 14.4% in 2016.





Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary C-Section Rate *Single >=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females*		N.A.	
VBAC Rate	N.A	N.A.	

3. ***Health Behaviors***

Maternal / Fetal Health

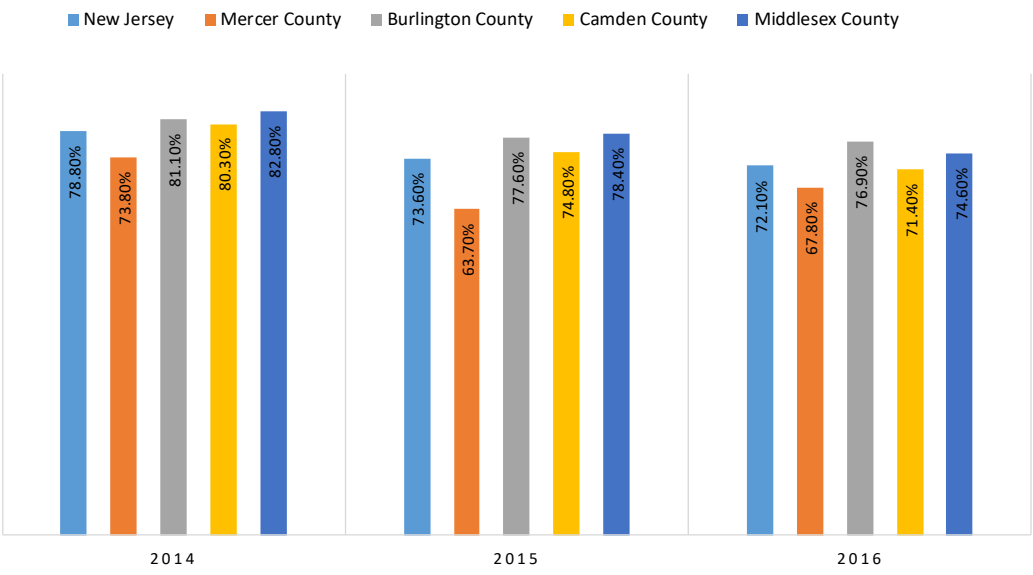
Prenatal Care

The medical care a woman receives during pregnancy monitors her health and the developing fetus. Low-risk pregnancies should visit a prenatal provider every four or six weeks through 28 weeks, then every two or three weeks from weeks 28-36, and finally every week in the ninth month until delivery. A high-risk pregnancy requires additional visits.[31] Pregnant women who do not receive adequate prenatal care risk undetected complications and an increased possibility of adverse outcomes.

Early and regular prenatal care is a strategy to improve health outcomes for mothers and infants. Two significant benefits are improved birth weight and decreased preterm delivery. Infants born to mothers who receive no prenatal care have an infant mortality rate five times higher than mothers who receive appropriate prenatal care in the first trimester of pregnancy. Enrollment in care during the first trimester of pregnancy reflects timely initiation of prenatal care.[32]

- In 2016, only 67.8% of live births to Mercer County moms received first trimester care compared to a high of 86.1% in 2010.
- Mercer County had the lowest percentage of live births with first trimester prenatal care in all comparative counties.
- The percentage of Mercer County moms receiving first trimester care was lower than the *Healthy People 2020* target of 77.9%.

Percentage of Live Births with First Trimester Prenatal Care
State and County Comparisons 2014-2016

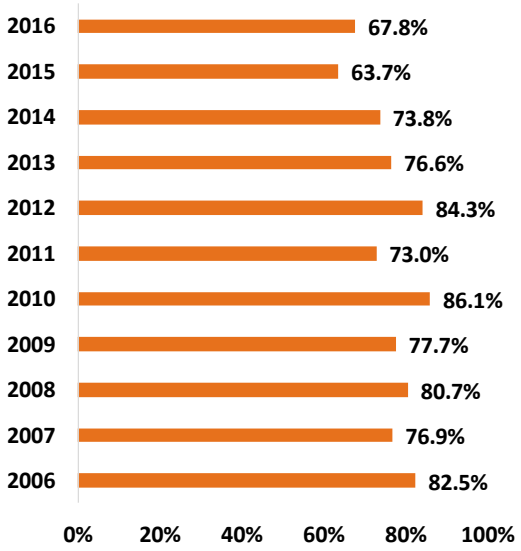


Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

[31] http://www.plannedparenthood.org/health-info/pregnancy/prenatal-care
[32] http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/index.html

Percentage of Live Births with First Trimester Prenatal Care – Trend

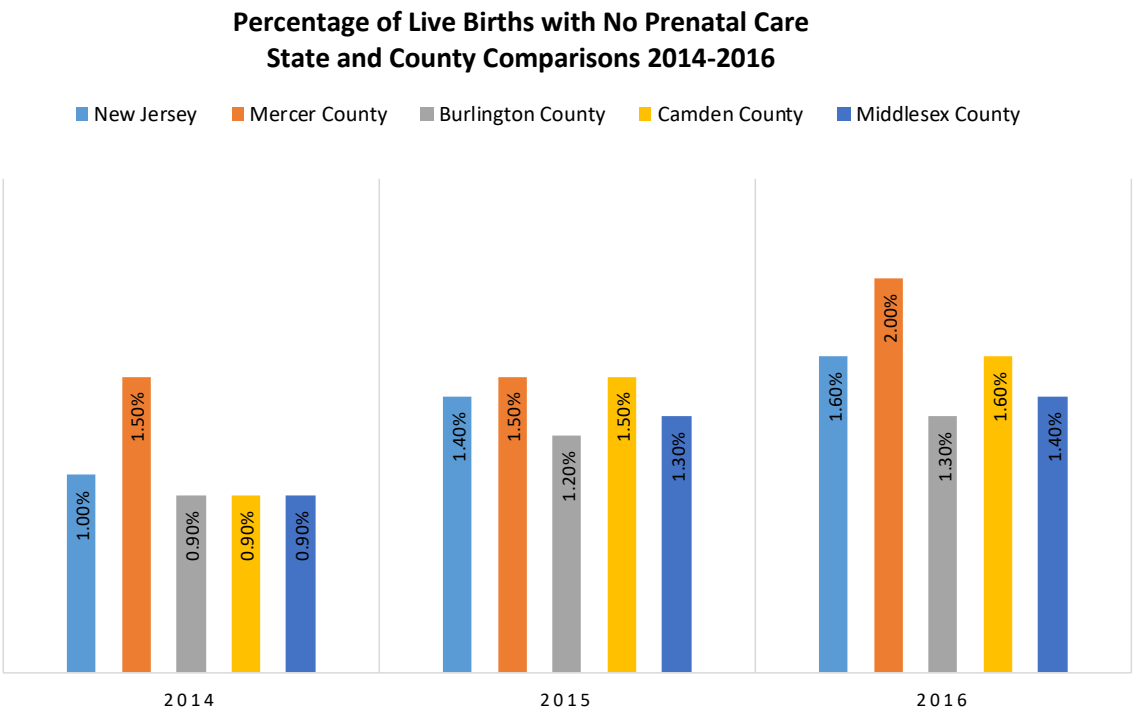
Mercer County



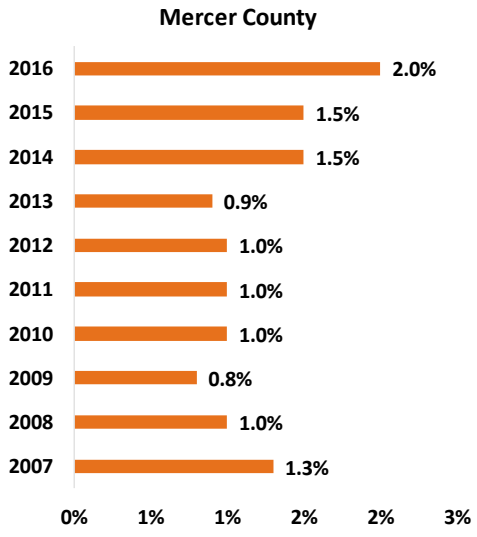
Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Baseline: 70.8%
Target: 77.9%
Mercer County 2016: 67.8%

- The number live births with no prenatal care increased statewide and across all counties.
- In 2016, 2.0% of live births to Mercer County moms received no prenatal care compared to 1.3% in 2007.
- Mercer County had the highest percentage of live births with no prenatal care in the four-county area.



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
First Trimester Prenatal Care *Percentage of Live Births*		N.A.	
No Prenatal Care *Percentage of Live Births*	N.A	N.A.	

High Risk Sexual Behaviors

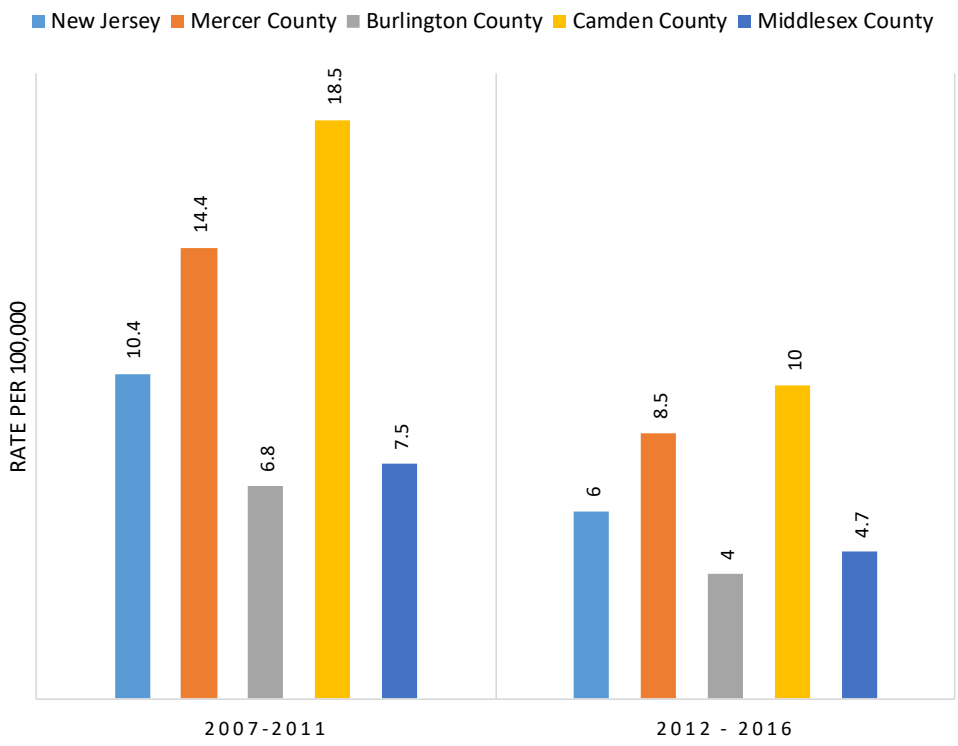
Teen Pregnancy

In 2016, there were 20.3 births/1,000 American adolescent females aged 15-19 years; approximately 209,809 babies were born to teens, with nearly eighty-nine percent of these births occurring outside of marriage. The national teen birth rate has trended downward over the past 20 years. In 1991, the U.S. teen birth rate was 61.8 births/1,000 adolescent females. However, the U.S. teen birth rate remains higher than that of many other developed countries, including Canada and the United Kingdom.[33] Pregnant teens are less likely than older women to receive recommended prenatal care and are more likely to have pre-term or low birth weight babies. Teen mothers are often at increased risk for STIs and repeat pregnancies, are less likely than their peers to complete high school and more likely to live below the poverty level and rely on public assistance. Risky sexual behaviors can have high economic costs for communities and individuals.[34]

- The percent of Mercer County births to teens age 15-17 trended downward from 2007 through 2016.
- For both age cohorts, 15-17and 15-19, the percent of Mercer County teen births exceeded the statewide percentage.
- The percentages for Mercer County in the 15-17 cohort is in the middle performing quartile when compared to all New Jersey counties.

[33] http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html
[34] http://www.countyhealthrankings.org/our-approach/health-factors/sexual-activity

Teen Births Age 15-17 per 1,000 Female Population
State and County Comparisons

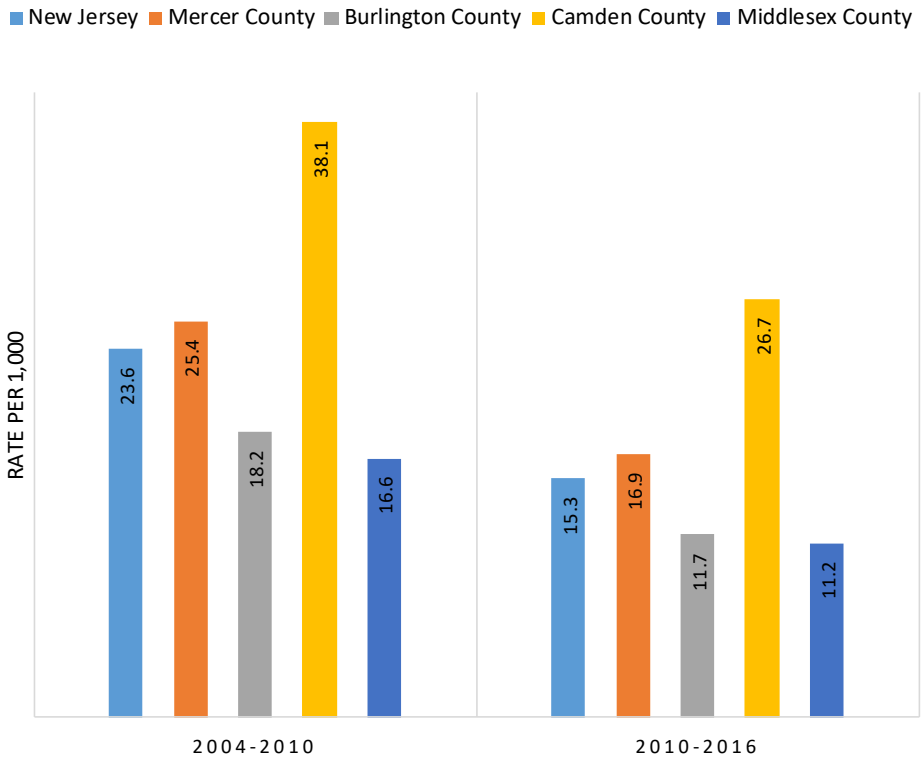


Source: NJDOH Center for Health Statistics State Health Assessment Data

Baseline: 40.2
Target: 36.2
Mercer County 2016: 8.5

- The rates of Mercer County births to teens aged 15-17 for Blacks and Hispanics exceeded the statewide rate for both groups by 5/100,000
- Rates for teen births among Whites were lower than those among Blacks and Hispanics.

Teen Births Age 15-19, Rate 1,000 Female Population
State and County Comparisons

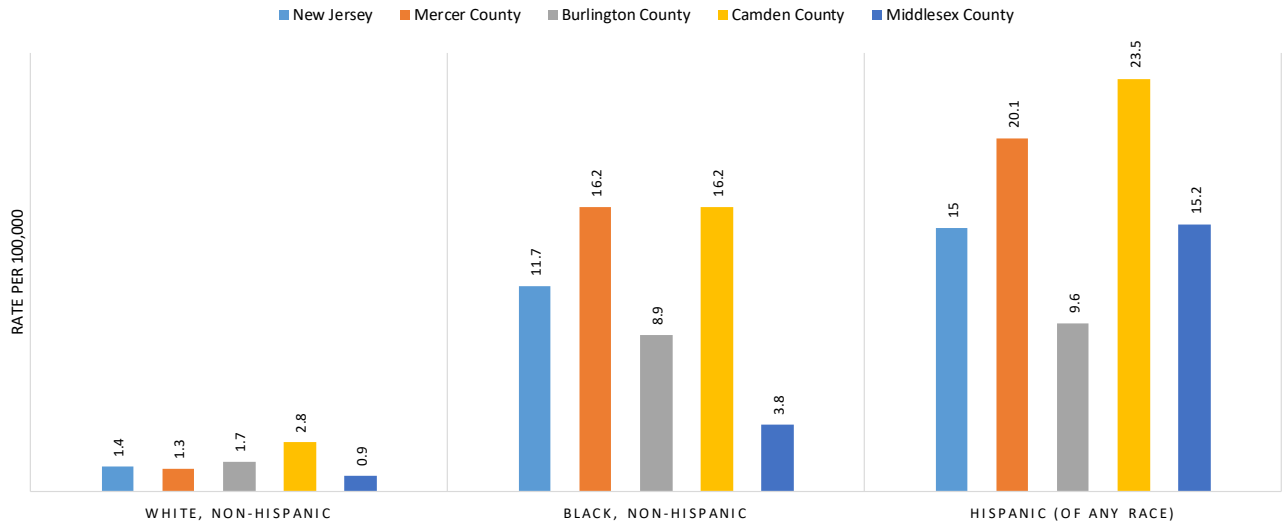


Source: NJDOH Center for Health Statistics State Health Assessment Data

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 15.0
Mercer County: 16.9

Teen Births by Mother's Race/Ethnicity
State & County Comparisons Age 15-17, 2012 - 2016



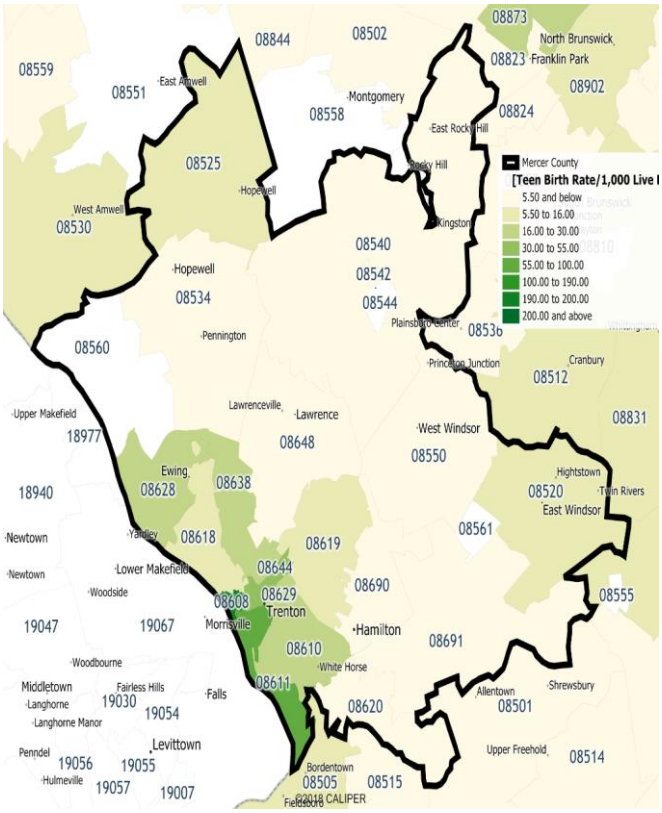
Source: Age 15-19 - County Health Rankings National Center for Health Statistics; Age 15-17- NJDOH Center for Health Statistics State Health Assessment Data

In a 2016 CDC Teen Pregnancy Statistics data brief, *State Disparities in Teenage Birth Rates in the United States*, based upon 2014 data, New Jersey is one of 10 states with the lowest teen birth rates (<20/1,000) compared to National figures (41.5/1,000). However, the New Jersey rate shows tremendous variability when examined by town.

- Rates in Trenton zip codes 08608 and 08611) have the greatest impact on the county's average rate for teen births. Trenton zip code 08608 birth rate to teens aged 15-19 in 2016 (197.6/1,000) is fifteen times the Mercer County rate (13.1/1,000).

Teen Birth Rates 2016 – Deliveries Among 15-19 Year Olds

GEOGRAPHIC AREA	RATE
New Jersey	11.16
Mercer County	13.08
TOP 5 BY ZIP CODE	
08608 Trenton	197.63
08611 Trenton	61.67
08609 Trenton	44.28
08629 Trenton/Hamilton	28.54
08610 Trenton/Hamilton	26.72



Source: UB-04 2015 Discharges – All Deliveries to Mothers Age 15-19; Claritas Population Estimate

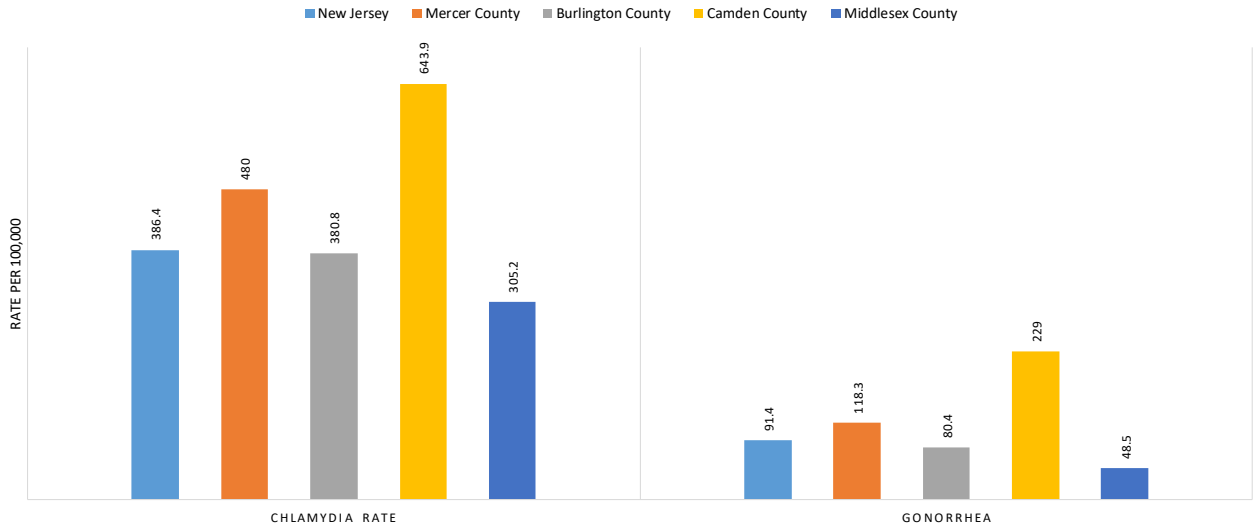
Sexually Transmitted Infection

Sexually transmitted infections (STI) are caused by bacteria, parasites and viruses contracted through relations with an infected individual. There are more than 20 types of STIs, including Chlamydia, Gonorrhea, Genital herpes, HIV/AIDS , HPV, Syphilis and Trichomoniasis. Most STIs affect both men and women, but in many cases health problems may be more severe for women. If pregnant, a STI can cause serious health complications for the baby.[35]

- Chlamydia is the most prevalent STI. In 2016, the Mercer County rate (480/1,000) was higher than the statewide rate and greater than that of Burlington and Middlesex counties.
- In 2016, the gonorrhea rate in Mercer County (118.3) was greater than the rate for New Jersey and for Burlington and Middlesex counties. [36]

[35] http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html
[36] New Jersey Department of Health, Cancer Priority Alignment Tool: Mercer County 2017, p. 14.

Sexually Transmitted Diseases: Rate / 100,000 Population
Chlamydia and Gonorrhea Rates
State and County Comparisons 2016



Source: NJ SHAD

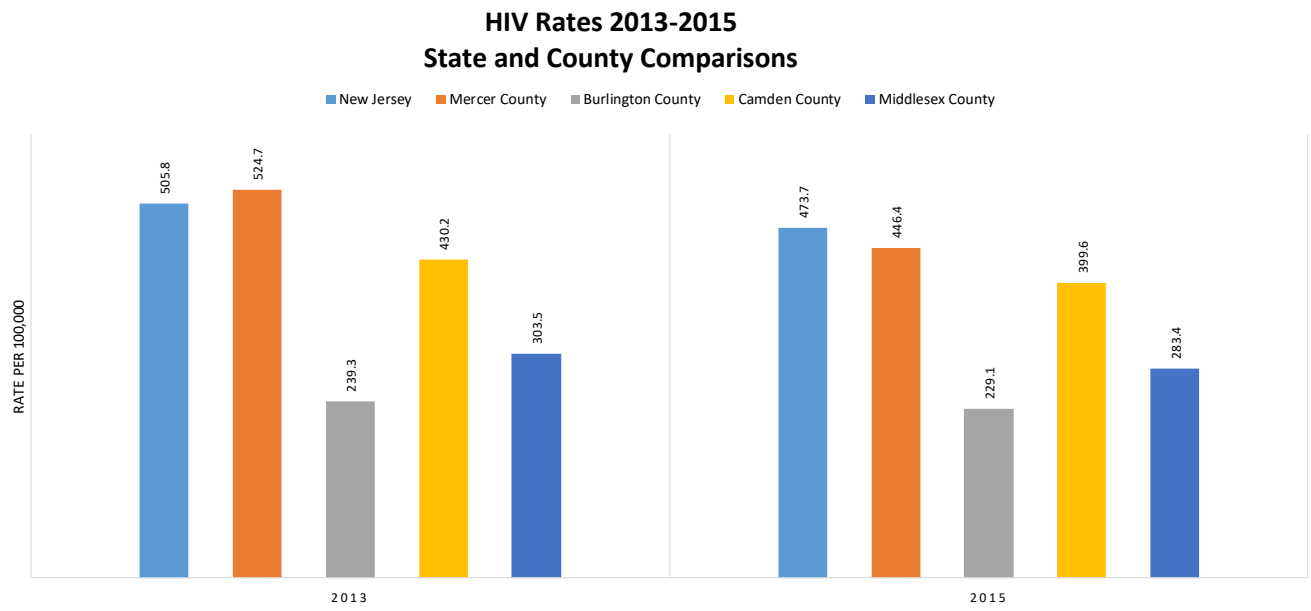
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 145.1
Mercer County 2016: 480.0

<u>HIV/AIDS</u>

Human immunodeficiency virus (HIV) is spread mainly by having sex with someone infected with HIV or sharing needles with someone positive. Approximately 50,000 new HIV infections occur in the United States each year.

- County-wide HIV/AIDS prevalence rates declined between 2013 (524.7/100,000) and 2015 (446.4/100,000).
- In 2015, HIV/AIDS prevalence (446.6/100,000) was greater than its comparison counties and the statewide rate.
- The HIV rate in Mercer County is greater than County Health Rankings benchmark of (362/100,000).



Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, County Health Rankings

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
STDs: Chlamydia *Rate per 100,000 Population*	N.A.		
STDs: Gonorrhea *Rate per 100,000 Population*	N.A.	N.A.	
Teen Births Ages 15-19 *Rate per 100,000 Female Population*			
Teen Births Ages 15-17 *Rate per 100,000 Female Population*		N.A.	
HIV/AIDS: Prevalence *Rate per 100,000 Population*	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Individual Behavior

A CDC report indicates that people can live longer if they practice one or more healthy lifestyle behaviors including: eating a healthy diet, not smoking, regular exercise and limiting alcohol consumption. People who engage in all of these behaviors are 66 percent less likely to die early from cancer, 65 percent less likely to die early from cardiovascular disease and 57 percent less likely to die early from other causes compared to those who do not engage in any of these behaviors.[37]

[37] http://www.cdc.gov/features/livelonger/

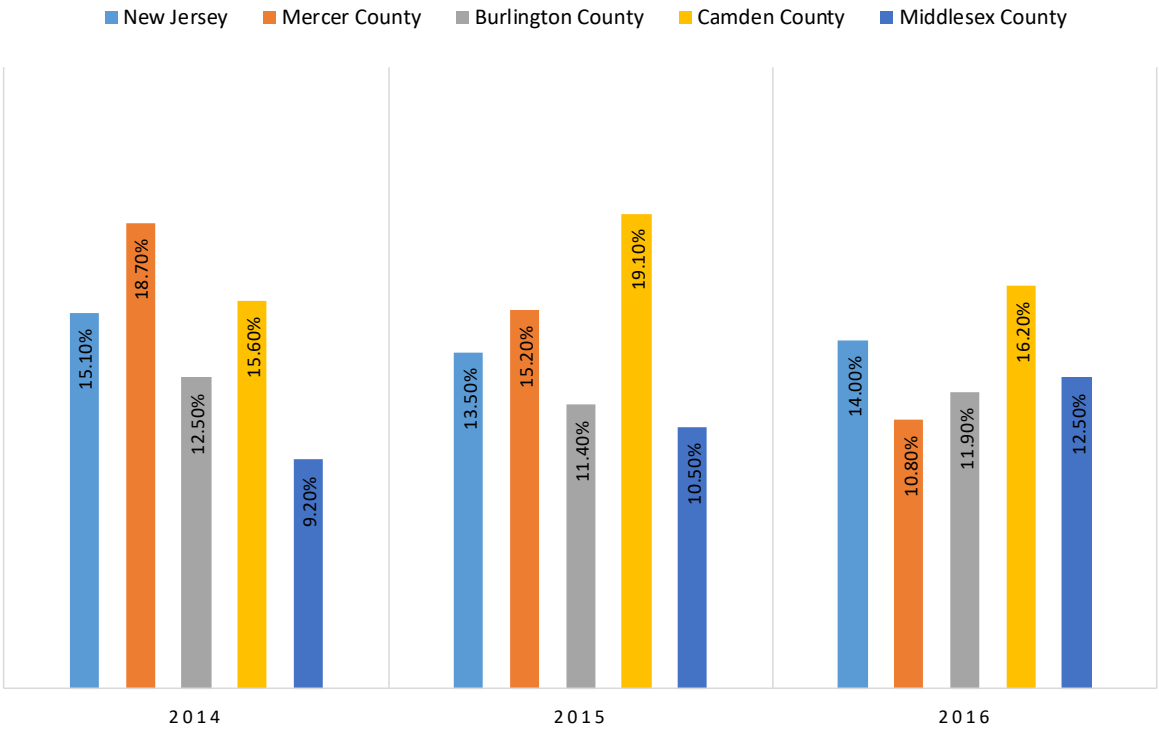
Tobacco Use

Tobacco use is the leading cause of preventable death in the United States. Smoking leads to disease and disability, and harms nearly every organ in the body, and causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction. Exposure to secondhand smoke can lead to lung cancer and heart disease. Each year, smoking kills approximately 480,000 Americans, including 41,000 from secondhand smoke. On average, smokers die 10 years earlier than nonsmokers.

About 15% of U.S. adults smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 people transition from occasional to daily smokers. Smokeless tobacco also leads to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.[38,39]

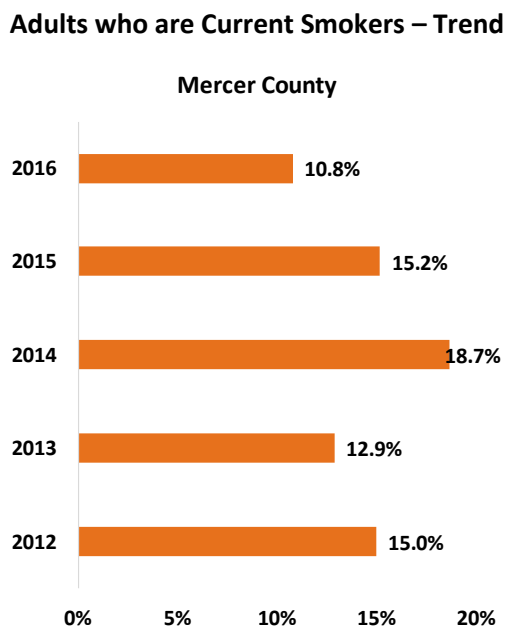
- In 2016, Mercer County had the lowest percentage of adults in the four-county area who reported smoking (10.8%).
- Between 2014 and 2016, smoking rates declined from 18.7% to 10.8%.
- Mercer County's percentage of adults who are current smokers (10.8%) is lower than the *Healthy People 2020* target of 12.0% and the County Health Rankings benchmark of 14.0%.

Adults who are Current Smokers
State and County Comparisons



Source: CDC New Jersey Behavioral Risk Factor Surveillance System (NJBRFS)

[38] http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use
[39] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm



Source: CDC New Jersey Behavioral Risk Factor Surveillance System (NJBRFS)

Baseline:20.6%
Target: 12.0%
Mercer County 2016: 10.8%

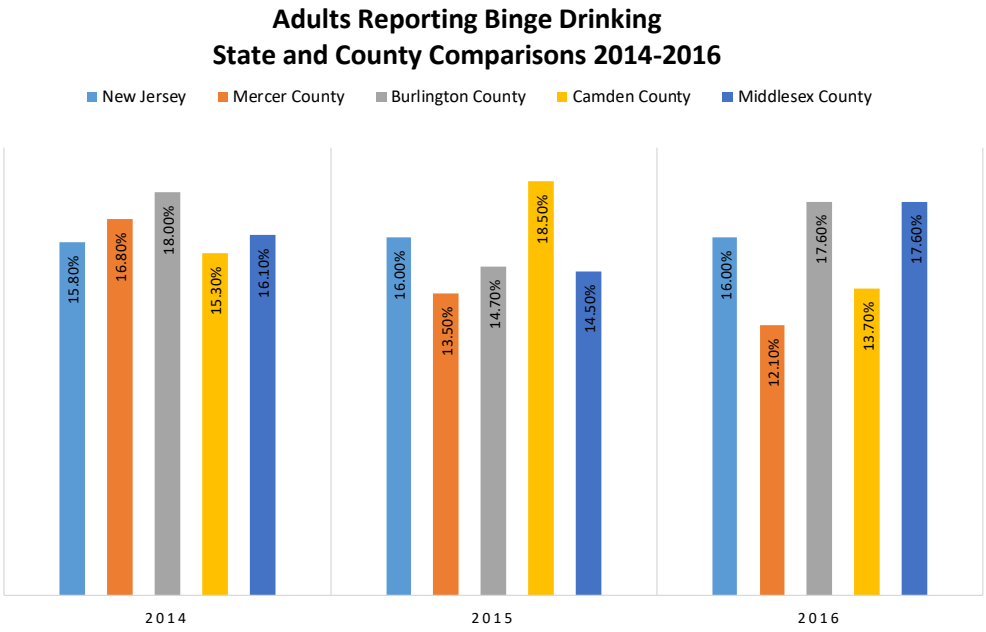
National Benchmark: 14.0%
Mercer County 2016: 10.8%

Alcohol Use

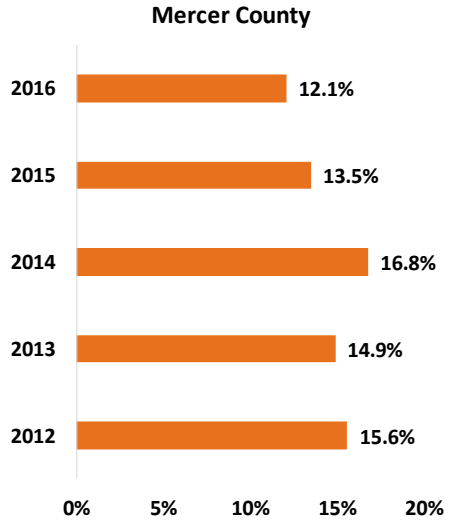
Although moderate alcohol use is associated with reduced risk of heart disease and diabetes, excessive consumption is the third leading cause of preventable death nationally. Excessive consumption considers both the amount and the frequency of drinking. Short-term, excessive drinking is linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, failure to fulfill responsibilities and motor vehicle crashes. Over time, excessive alcohol consumption is a risk factor for hypertension, acute myocardial infarction, fetal alcohol syndrome, liver disease and certain cancers.[40]

- The binge drinking rate in Mercer County has decreased since 2012, from a rate of 15.6% to 12.1%.
- In 2016, 12.1% of adults in Mercer County reported binge drinking, lower than its comparison counties.
- Mercer County's percentage of reported binge drinking (12.1%) ranks in the top performing quartile among counties statewide.

[40] http://www.countyhealthrankings.org/our-approach/health-factors/alcohol-drug-use



Source: CDC New Jersey Behavioral Risk Factor Surveillance System[41]



Source: CDC New Jersey Behavioral Risk Factor Surveillance System[42]

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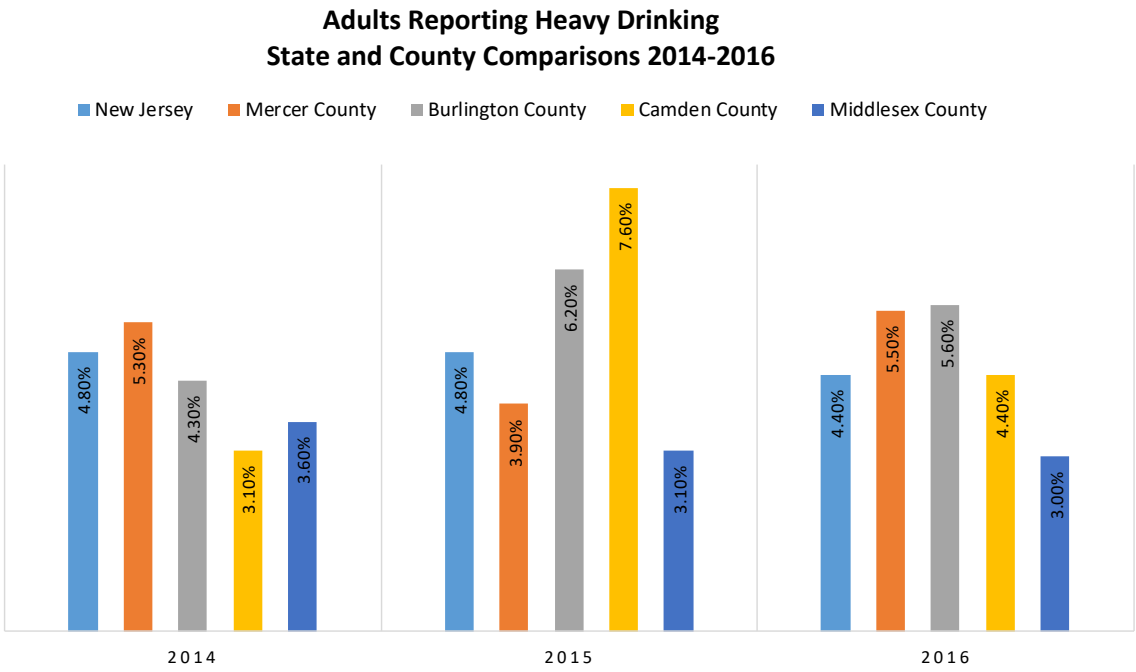
National Benchmark: 13.0%
Mercer County 2016: 12.1%

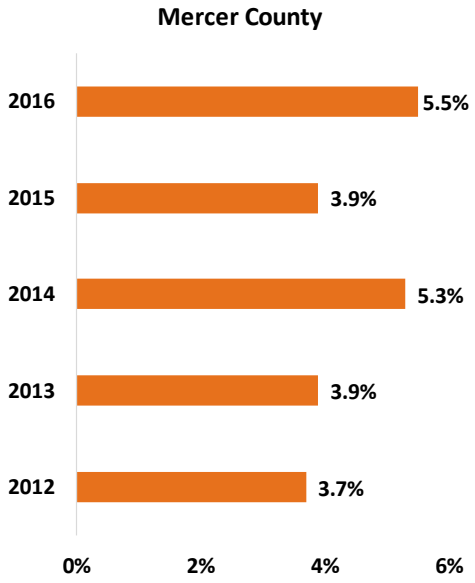
[41] Question: During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage? If response is not 0 then ask: Considering all types of alcoholic beverages how many times during the past 30 days did you have 5(for males)/4(for females) or more drinks on an occasion? "Binge Drinking" is defined when someone has at least 5(for males)/4(for females) or more drinks on an occasion a month.

[42] Question: During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage? If response is not 0 then ask: Considering all types of alcoholic beverages how many times during the past 30 days did you have 5(for males)/4(for females) or more drinks on an occasion? "Binge Drinking" is defined when someone has at least 5(for males)/4(for females) or more drinks on an occasion a month.

- County-wide adults who reported heavy drinking of alcohol increased from 3.7% in 2012 to 5.5% in 2016.
- In 2016, the percent of Mercer County residents reporting heavy drinking was higher than the state and Camden and Middlesex County.



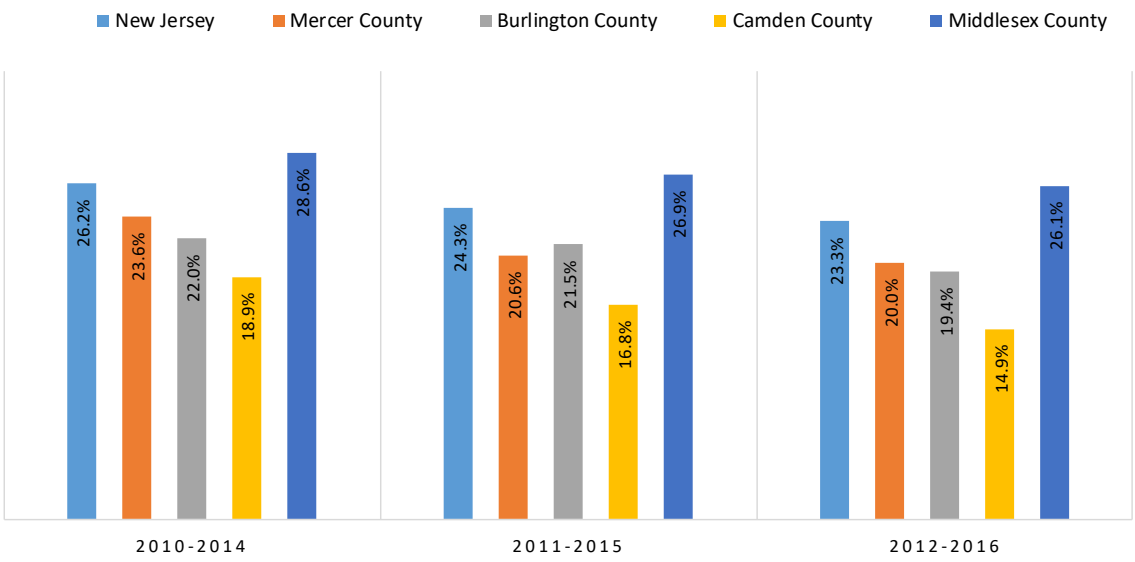
Source: CDC New Jersey Behavioral Risk Factor Surveillance System

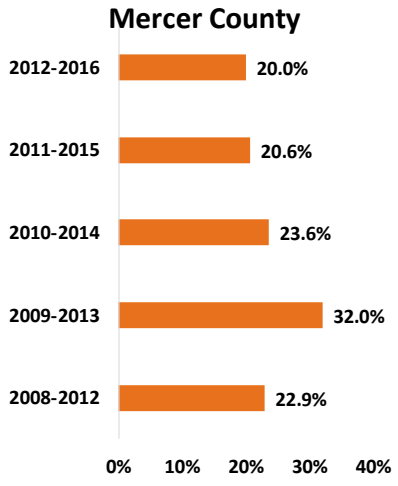


Source: CDC New Jersey Behavioral Risk Factor Surveillance System

- Since 2008, the rate of alcohol impaired driving deaths in Mercer County has decreased from 23.6% to 20%.
- Between 2012 and 2016, the Mercer County rate of alcohol impaired driving death was lower than the rate statewide and in Middlesex county.
- The rate for alcohol impaired driving deaths in Mercer County is greater than the County Health Rankings benchmark of 13%.

Alcohol Impaired Driving Deaths
State and County Comparisons 2010-2016





Source: NJDOH New Jersey Fatality Analysis Health Reporting System County Health Rankings

County Health Rankings & Roadmaps
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National Benchmark: 13.0%
Mercer County: 20.0%

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Tobacco Use *Adults Who Are Current Smokers*			
Excessive Drinking *Binge Drinkers*	N.A.		
Excessive Drinking *Heavy Drinkers*	N.A.	N.A.	
Alcohol Impaired Driving Deaths	N.A.		

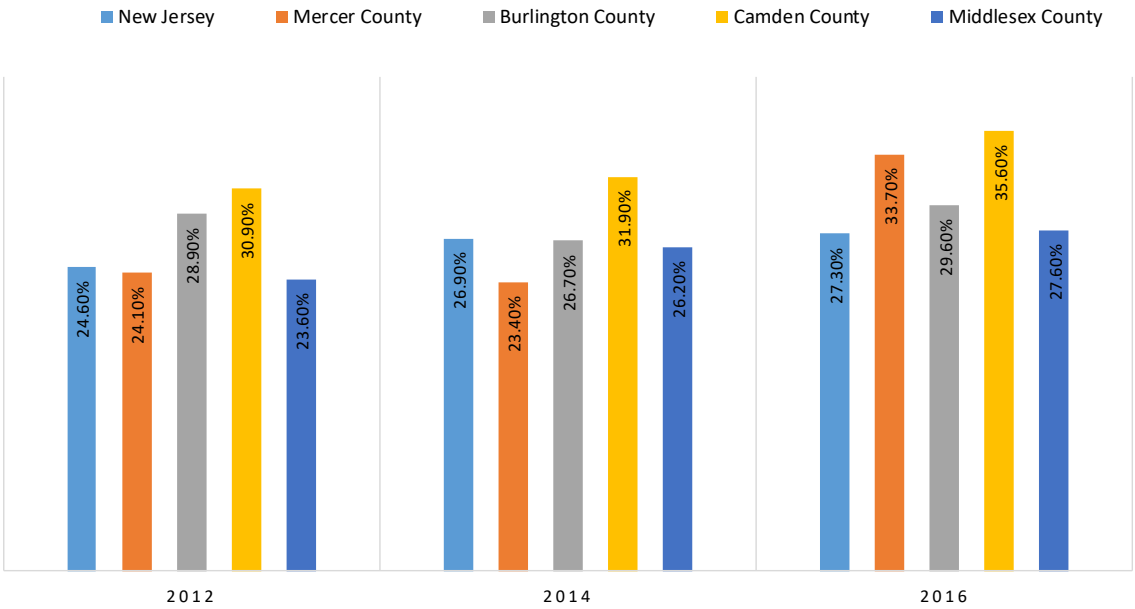
Diet

Healthy food is a key component to good health; insufficient nutrition hinders growth and development. As of 2016, 41 million Americans struggled with hunger in the U.S. A household that is food insecure has limited or uncertain access to enough food to support a healthy life. Obesity among food insecure people, as well as low income individuals, occurs in part because they are often subject to the same challenges as other Americans (more sedentary lifestyles, increased portion size) and because they face unique challenges in adopting and maintaining healthy behaviors, including limited resources and lack of access to affordable healthy food, cycles of food deprivation and overeating, high levels of stress and anxiety, fewer opportunities for physical activity, greater exposure to marketing of obesity promoting products, and limited access to health care.[43]

- Over 33% of Mercer County adults reported a BMI at or over 30 in 2016.
- From 2011 to 2014 the rate of adults with a BMI $\geq$ 30 fluctuated from a low of 23.1% in 2012 to a high of 33.7% in 2016.
- The 2016 percent of Mercer County residents with a BMI $\geq$ 30 (33.7%) is above the *Healthy People 2020* target of 30.5% and the County Health Rankings benchmark of 26%.

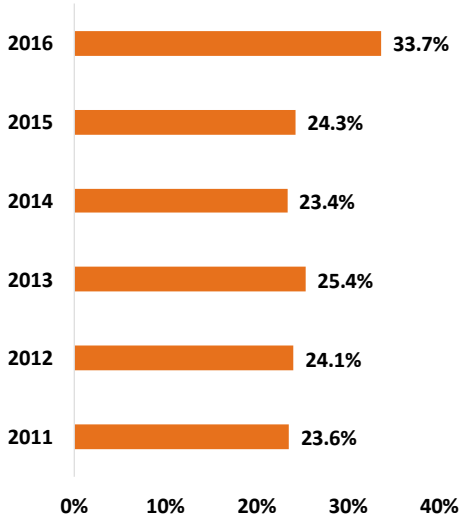
[43] http://www.frac.org

Reported BMI>=30
State and County Comparisons 2012-2016



Source: CDC Behavioral Risk Factor Surveillance System

Mercer County



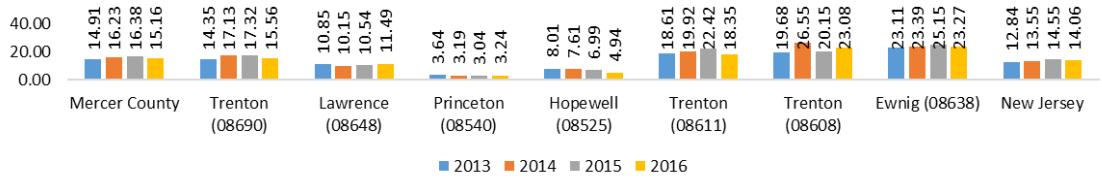
Source: CDC Behavioral Risk Factor Surveillance System

Baseline: 33.9%
Target: 30.5%
Mercer County 2016: 33.7%

National Benchmark: 26.0%
Mercer County 2016: 33.7%

- Obesity rates per 1,000 were highest amongst residents of Ewing zip code 08638 and Trenton zip code 08608 who used a hospital service.

Disease Incidence: Obesity, Rate per 1,000 Population



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 278.00 or 278.01 (Appearing Anywhere In First 13 DX Codes On Patient Record)

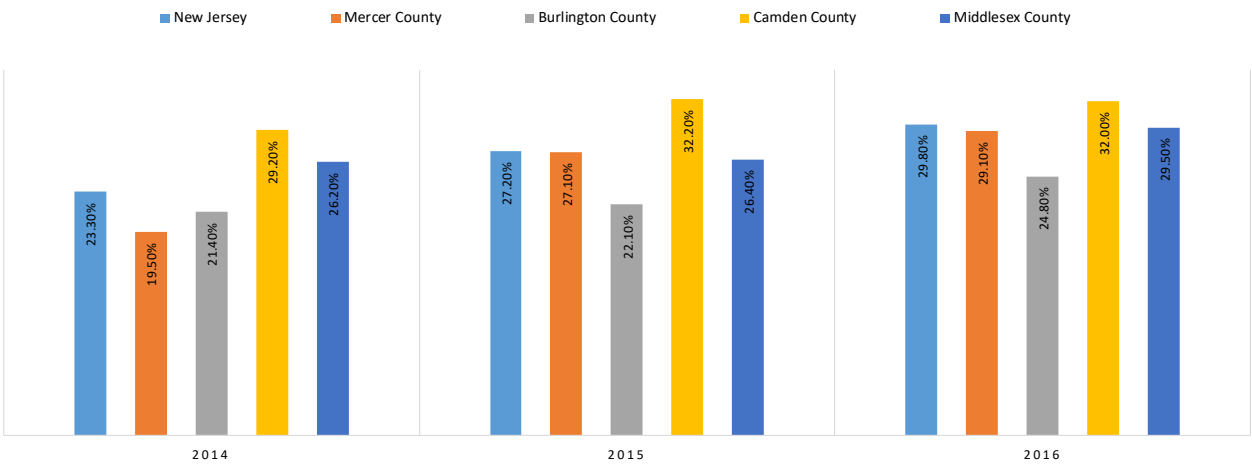
Exercise

Inadequate physical activity contributes to increased risk of coronary heart disease, diabetes and some cancers. Nationally, half of adults and nearly three-quarters of high school students do not meet the CDC's recommended physical activity levels.[44]

- Countywide residents reporting no leisure-time physical activity trended upward from 2014 through 2016, increasing almost 10 percentage points.
- From 2014 through 2016, the percent of Mercer County residents with no leisure time physical activity was lower than statewide.
- The 2016, percentage of Mercer County residents reporting no leisure-time physical activity (29.1%) is lower than the *Healthy People 2020* target of 32.6% but comparable to the County Health Rankings benchmark of 29%.

[44] http://www.county healthrankings.org/our-approach/health-factors/diet-and-exercise

Percent of Adults Age 20+ Reporting No Leisure-Time Physical Activity
State and County Comparison 2014-2016



Source: County Health Rankings – National Center For Chronic Disease Prevention and Health Promotion
CDC Behavioral Risk Factor Surveillance System

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National Benchmark: 20.0%
Mercer County 2016: 29.10%

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Obesity *Percent With Reported BMI >= 30*			
Exercise: Adults *Percent of Adults Age 20+ Reporting No Leisure-Time Physical Activity*	N.A.		

Health Screenings

Screening tests can detect disease and conditions in early stages, when they may be easier to treat.

Cancer Screening

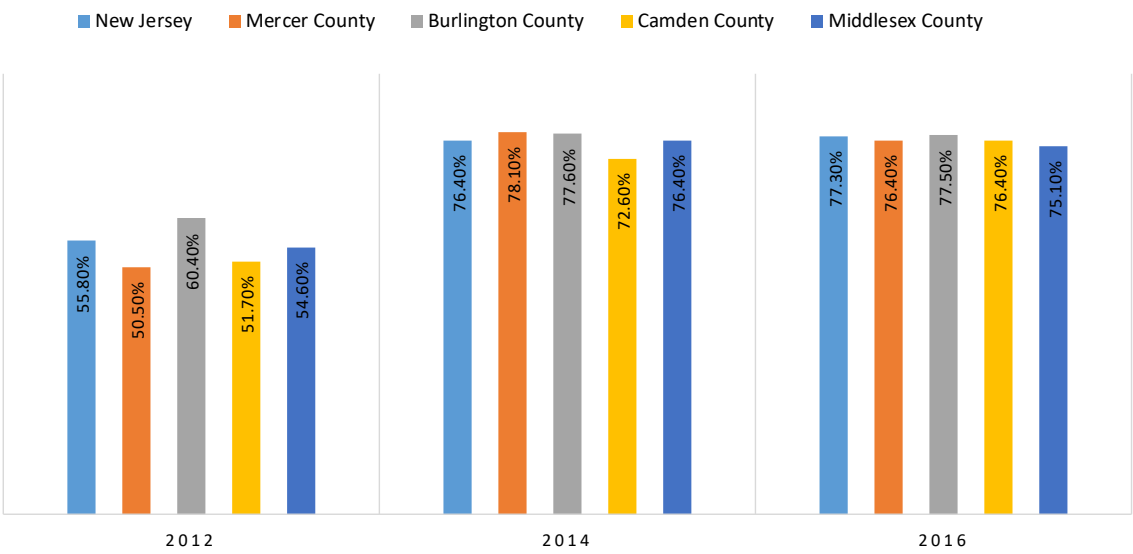
Breast Cancer (mammography)

According to the American Cancer Association, women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening. Screening should continue as long as a woman is in good

health and is expected to live 10 more years or longer. Women should also know how their breasts normally look and feel and report any breast changes to a health care provider right away. Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. The number of women who fall into this category is very small.

- The percentage of woman who had a mammogram in the last 2 years increased from 50.5% to 76.4% between 2012-2016.
- Mercer County is similar to the comparison counties and better than the County Health ranking benchmark of 71%.

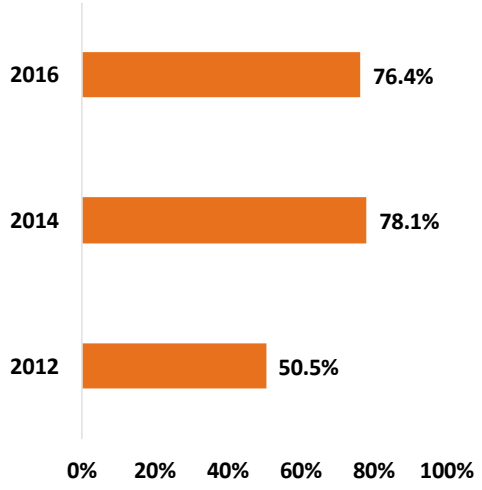
Women Age 50+ Who Had A Mammogram Within Past 2 Years
State and County Comparisons 2012-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Women Age 50+ Who Had A Mammogram Within Past 2 Years – Trend

Mercer County



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Baseline: 69.8%
Target: 81.1%
Mercer County 2016: 76.4%

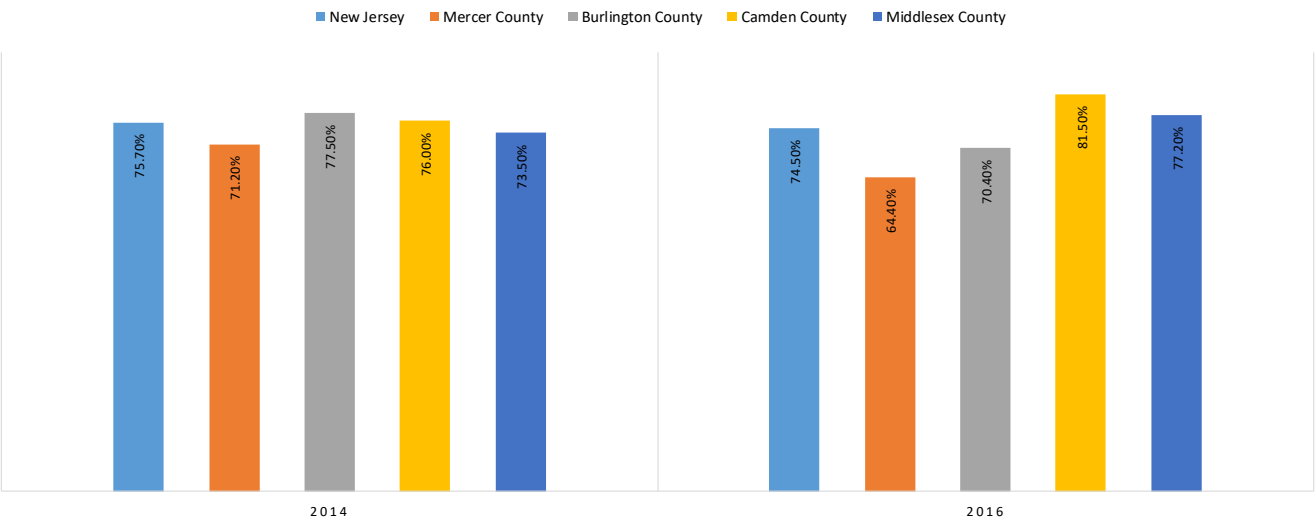
National Benchmark: 71.0%
Mercer County 2016: 76.4%

Cervical Cancer (pap smear)

According to the American Cancer Association, cervical cancer testing should start at age 21. Women between the ages of 21 and 29 should have a Pap test done every 3 years. Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called "co-testing") done every 5 years. Women over age 65 who have regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65. Some women – because of their health history (HIV infection, organ transplant, DES exposure, etc.) – may need a different screening schedule for cervical cancer.

- Mercer County has the lowest percentage of women receiving pap tests in the comparative county area and it is below the state rate.
- As of 2016, 64.4% of Mercer County women received pap tests, decreasing from 71.2% in 2014.
- The Mercer County percent of women undergoing cervical cancer screening is below the *Healthy People 2020* target.

Women Who Had Received a Pap Test
State and County Comparisons



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

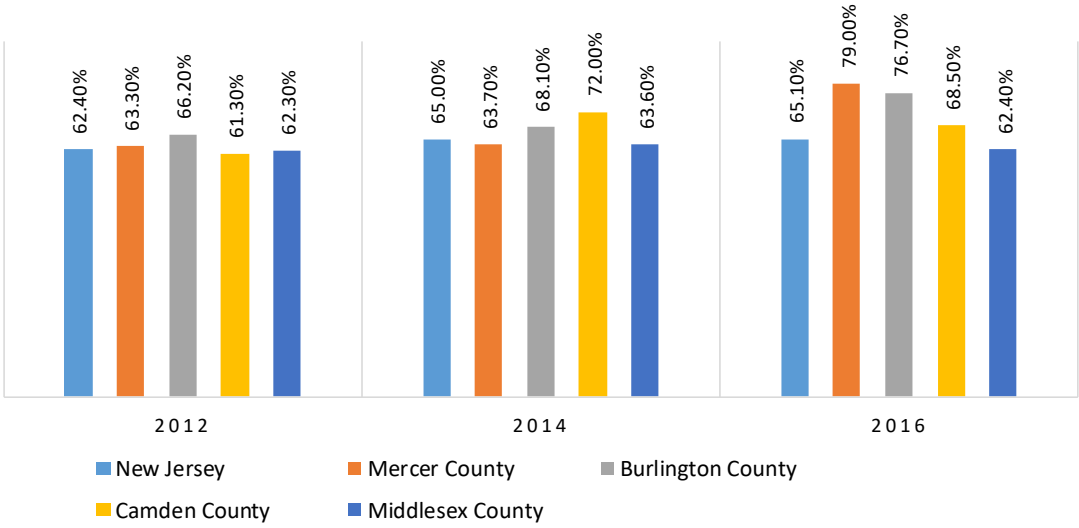
Baseline: 60.2%
Target: 66.2%
Mercer County 2016: 64.4%

Colo-rectal Cancer (sigmoidoscopy or colonoscopy)

According to the American Cancer Association, starting at age 50, both men and women should follow one of these testing plans: colonoscopy every 10 years, CT colonography (virtual colonoscopy) every 5 years, flexible sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years.

- Between 2012-2016 the number of residents who report ever having a colonoscopy or sigmoidoscopy has increased 15.7 percentage points.
- The percentage of Mercer County residents reporting having these tests is higher than the *Healthy People 2020* target 70.5%.

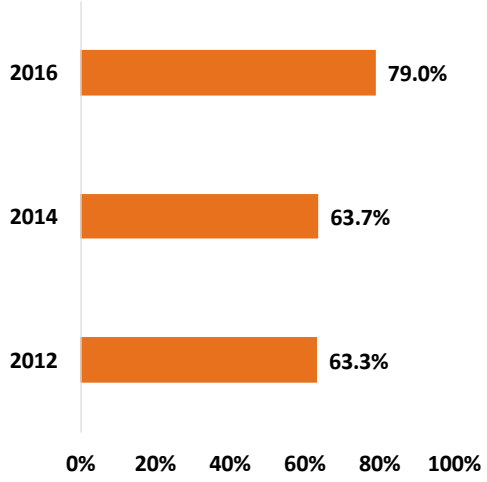
Adults Age 50+ Who Ever Had a Colonoscopy or Sigmoidoscopy
State and County Comparisons, 2012-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Baseline: 52.1%
Target: 70.5%
Mercer County 2016: 79.0%

Mercer County



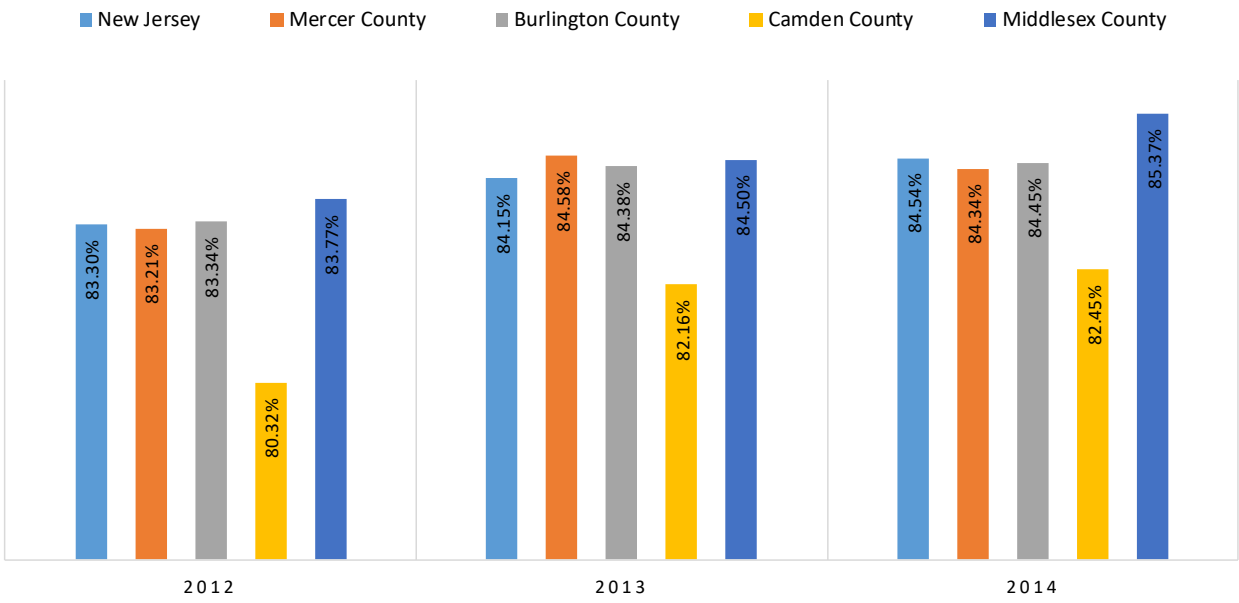
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Diabetes

There are several ways to diagnose diabetes including A1C, Fasting Plasma Glucose (FPG), Oral Glucose Tolerance Test (OGTT) and Random (Casual) Plasma Glucose Test. Diabetes screenings are an effective means of diagnosing and managing illness.

- The percentage of Mercer County diabetic Medicare enrollees that received screening increased from 83.2% in 2009 to 84.3% in 2014.
- In 2014, Mercer County had fewer diabetic Medicare enrollees that received HBA1C screening than Burlington and Middlesex County.

Diabetic Medicare Enrollees That Received Screening
State and County Comparisons 2012-2014



Source: County Health Rankings – Dartmouth Atlas of Health Care

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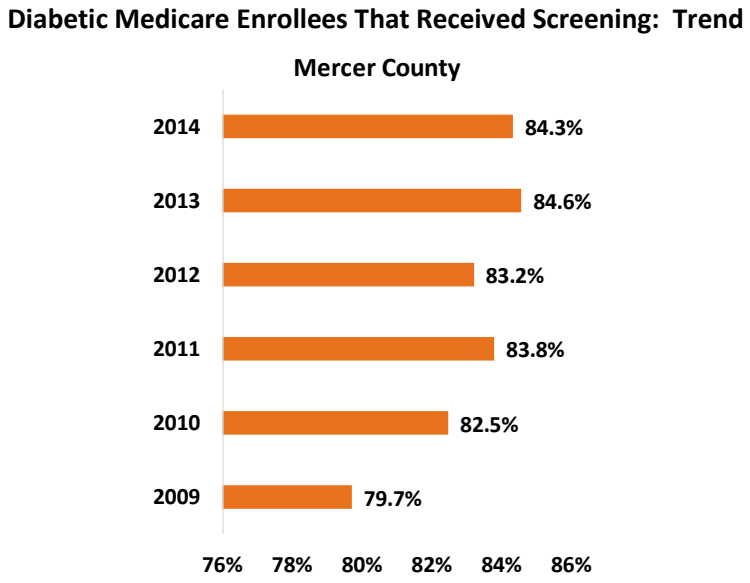
National Benchmark: 91.0%
Mercer County 2016: 84.34%



Source: County Health Rankings – Dartmouth Atlas of Health Care

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Mammograms *Women Age 50+ Who Have Had a Mammogram Within Past Two Years*			
PAP Tests *Women Who Have Had a PAP Test Within Past Three Years*		N.A	
Sigmoidoscopy/ Colonoscopy *Adults Age 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy*		N.A.	
HbA1c Screening *% Diabetic Medicare Enrollees Receiving Screening*	N.A.		

Immunizations

It is better to prevent disease than to treat it after it occurs; vaccines prevent disease and save millions of lives. Vaccines introduce the antigens that cause diseases. Immunity, the body's means to preventing disease, recognizes germs and produces antibodies to fight them. Even after many years, the immune system continues to produce antibodies to thwart disease from recurring. Through vaccination we can develop immunity without suffering from disease.[45] Evidenced–based; CDC guidelines, public health benefit – individual and herd.

[45] http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why

Childhood Immunizations: DPT, polio, MMR & Hib (aged 19-35 months)[46]

Young children are readily susceptible to disease and the consequences can be serious or life-threatening. Childhood immunizations minimize impact of vaccine preventable diseases. The incidence, prevalence, morbidity, and mortality of many communicable diseases have significantly declined in Western countries largely because of national immunization strategies aimed at infants and children. It has been estimated that for each U.S. birth cohort receiving recommended childhood immunizations, around 20 million illnesses and more than 40,000 deaths are prevented, resulting in $70 billion in savings. Vaccinations are effective, primarily due to two factors. First, once a person is immunized against a specific pathogen, the rate of that disease, as well as its associated asymptomatic carrier state, is decreased.[6] Second, when a large population is immunized, unvaccinated individuals benefit from "herd immunity," which is a reduced risk of exposure to pathogens.[6] Consequently, children's health has improved, and the quality and length of their lives have increased.

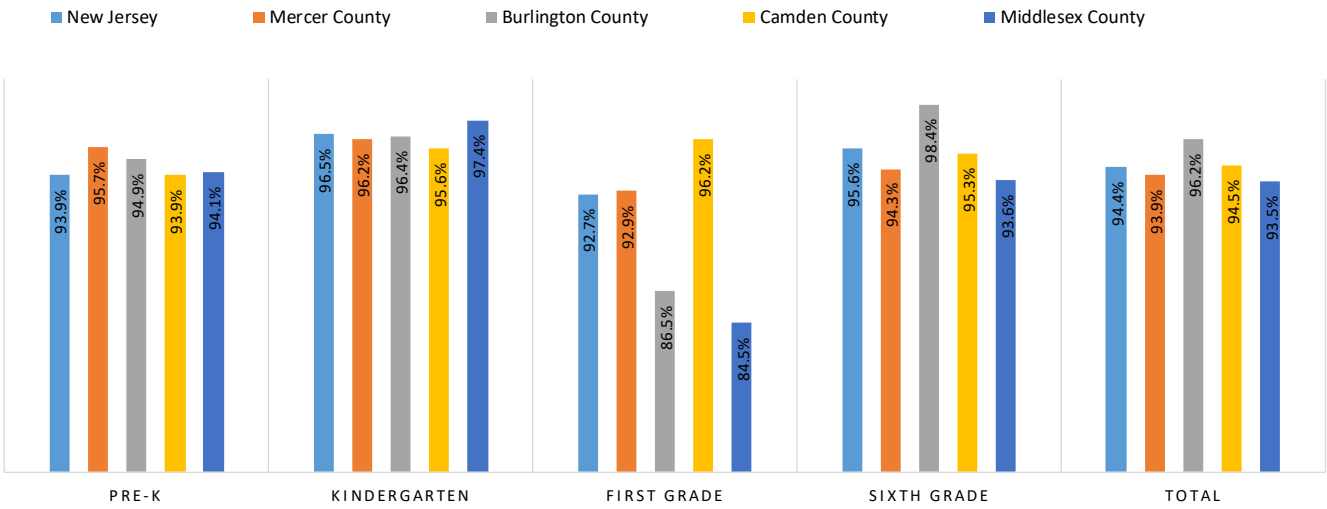
Conflicting information in the news and on the internet about children's immunizations may cause vaccine hesitancy among select parents. In an effort to reduce childhood morbidity and mortality, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) issues annual recommendations and guidelines for childhood and adolescent immunizations. However, some parents decline or delay vaccinating their children or follow alternative immunization schedules because of medical, religious, philosophical, or socioeconomic reasons. Health care provider-based interventions have been suggested to overcome such vaccine noncompliance, including patient counseling; improving access to vaccinations; maximizing patient office visits; offering combination vaccines; and using electronic medical records (EMRs) and practice alerts. Community- and government-based interventions to improve parent and patient adherence include public education and reminder/recall strategies, financial incentives, and providing alternative venues for vaccination.[47]

- In 2016, 92.9% of first grade students in Mercer County had received all required immunizations compared to 92.7% statewide.
- 93.9% of all Mercer County students received all required immunizations, .5 percentage point lower than statewide.

[46] Combined 4 vaccine series (4:3:1:3) refers to 4 or more doses of DTP/DT, 3 or more doses of poliovirus vaccine, 1 or more doses of MCV and 3 or more doses of Hib.http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html)

[47] http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why

Childhood Immunization: Percent of Children Meeting All Immunization Requirements
State and County Comparisons, 2016



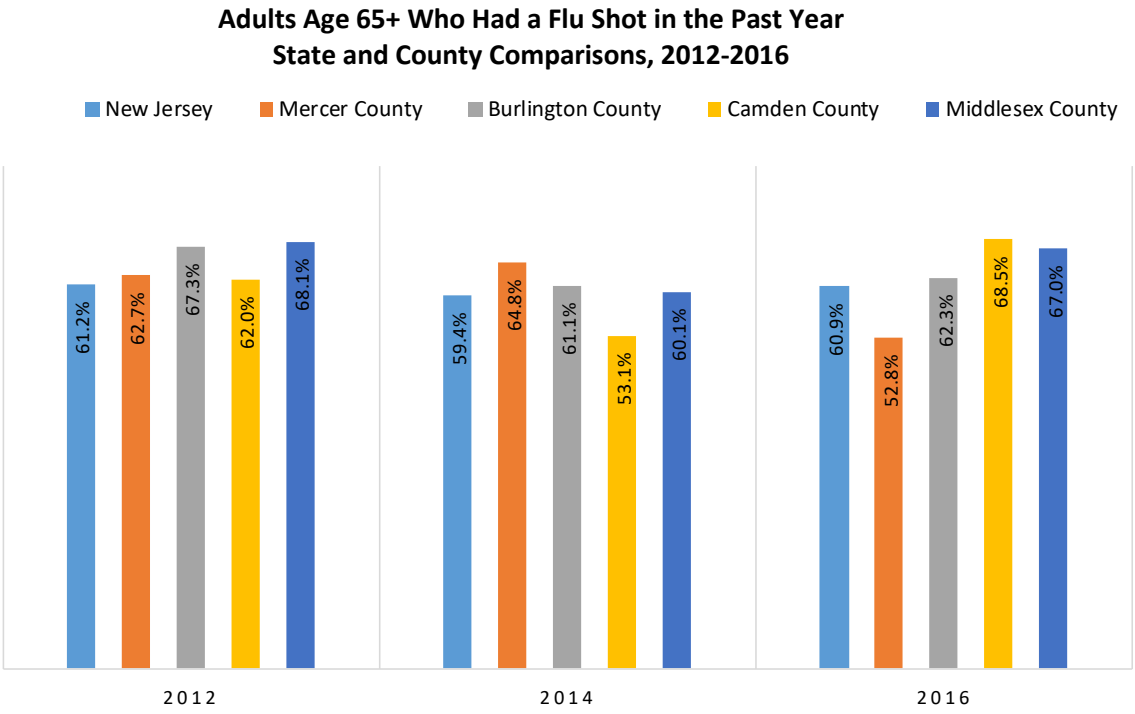
Source: NJDOH Annual Immunization Status Report
http://www.nj.gov/health/cd/documents/status_report/2016/all_schools_vac.pdf
Data are the most current County-Level figures available.

Adult Flu

Immunizations are not just for children. As we age, the immune system weakens putting us at higher risk for certain diseases. Greater than 60 percent of seasonal flu-related hospitalizations occur in people 65 and older. The single best way to protect against the flu is an annual vaccination.[48]

- Over the last six years the percentage of adults who had a flu shot decreased from 62.7% to 52.8%.
- In 2016, a lower percentage of Mercer County adults 65+ had a flu shot than residents statewide and in the comparative counties.
- In 2016, the percent of Mercer County adults that received the flu shot (52.8%) in the past year is lower than the *Healthy People 2020* target of 90.0%, and within the lowest performing quartile of counties statewide.

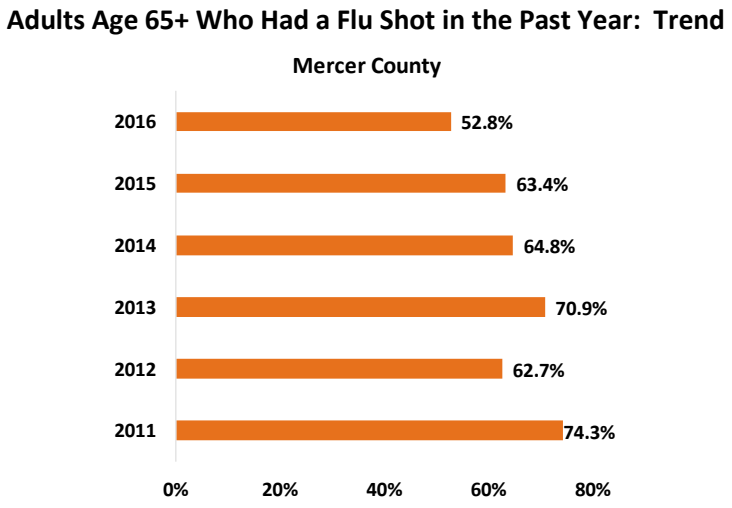
[48] http://www.cdc.gov/vaccines/adults/rec-vac/index.html)



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 66.6%
Target: 90.0%
Mercer County 2016: 52.8%



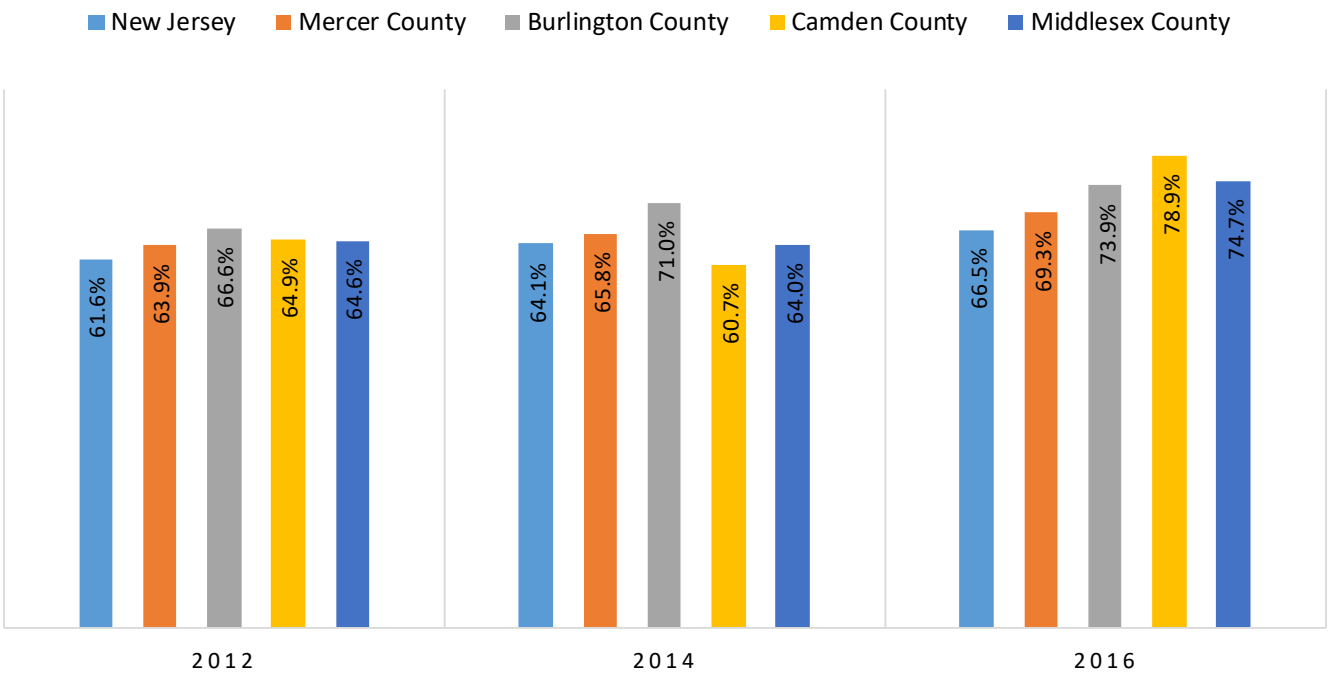
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Adult Pneumonia

The pneumococcal vaccine protects us against some of the 90 types of pneumococcal bacteria. Pneumococcal vaccine is recommended for all adults 65 years or older.[49]

- In 2016, nearly 70% of adults 65+ had received a pneumonia shot. This rate is higher than the statewide rate.
- Over the last six years the rate of adults 65+ who had a pneumonia shot ranged from a low of 58% in 2015 to a high of 70.6% in 2011.
- In 2016, the percent of Mercer County adults that had a pneumonia vaccine (69.3%) was higher than statewide but lower than the *Healthy People 2020* target (90%).

Adults Age 65+ Who Had a Pneumonia Vaccination
State and County Comparisons 2012-2016

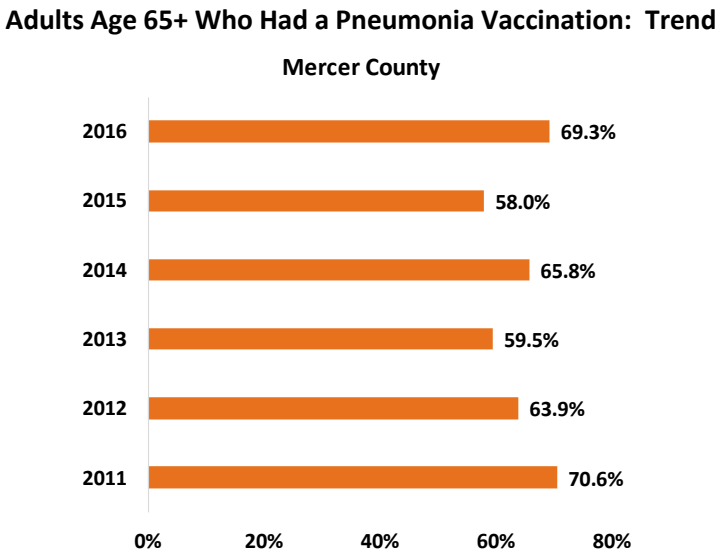


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

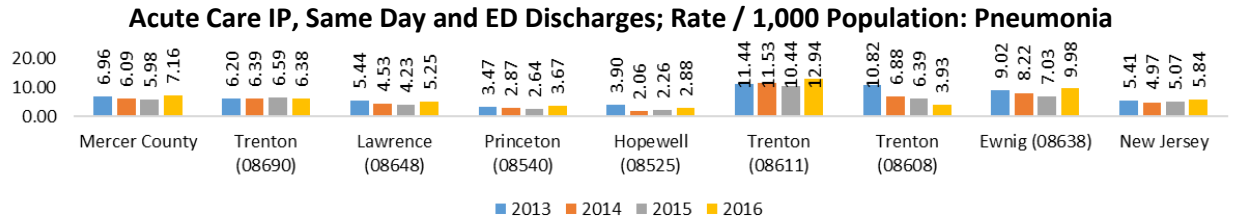
Baseline: 60.0 %
Target: 90.0%
Mercer County 2016: 69.3%

[49] http://www.cdc.gov/pneumococcal/about/prevention.html



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- The hospital use rate for patients with diagnosis of pneumonia was highest in Trenton zip code 08611 and Ewing zip code 08638.



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census Definition: Inpatient, Same Day Stay and ED Discharges – For MS-DRGs 177, 178, 179, 193, 194, 195

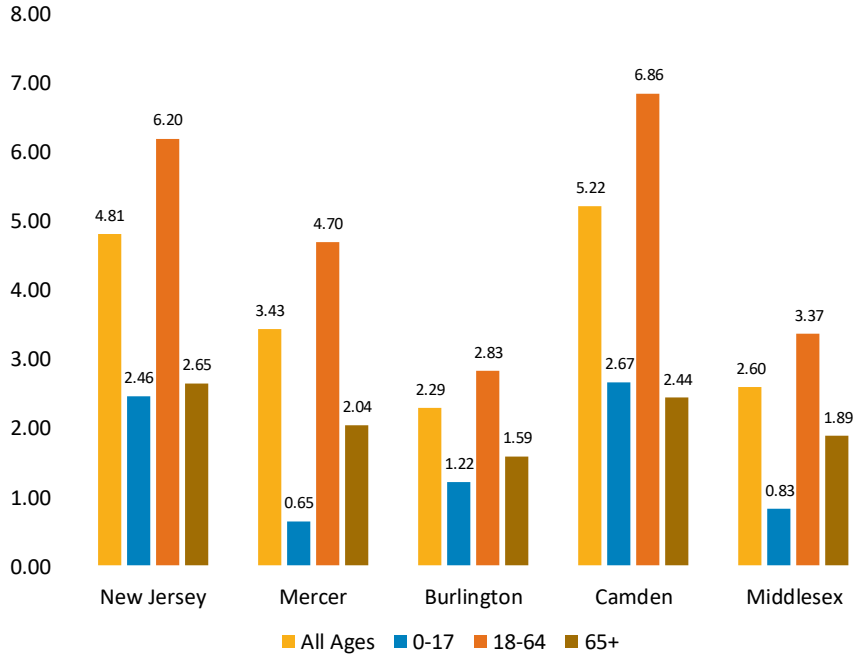
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Flu Shot *Adults Age 65+ Who Have NOT Had a Flu Shot in the Past Year* *%No*		N.A	
Pneumonia Vaccination *Adults Age 65+ Who Have NOT Ever Had a Pneumonia Vaccination* *%Never*		N.A.	
Children Meeting All Immunization Requirements	N.A.	N.A.	

4. ***Behavioral Health Utilization***

Mental Health

- In 2016, Mercer County (3.43/1,000) had 43% fewer patients hospitalized for mental health conditions than the State (4.81/1,000).
- Within Mercer County, by age cohort in 2016, adults 18-64 (4.70/1,000) had the highest rate of mental/behavioral health inpatient hospital admissions compared to older adults 65+ (2.04/1,000) and children (0.65/1,000).
- Mercer County had fewer patient hospitalizations for mental/behavioral health conditions in 2016 (3.43/1,000) than in 2012 (4.60/1,000).

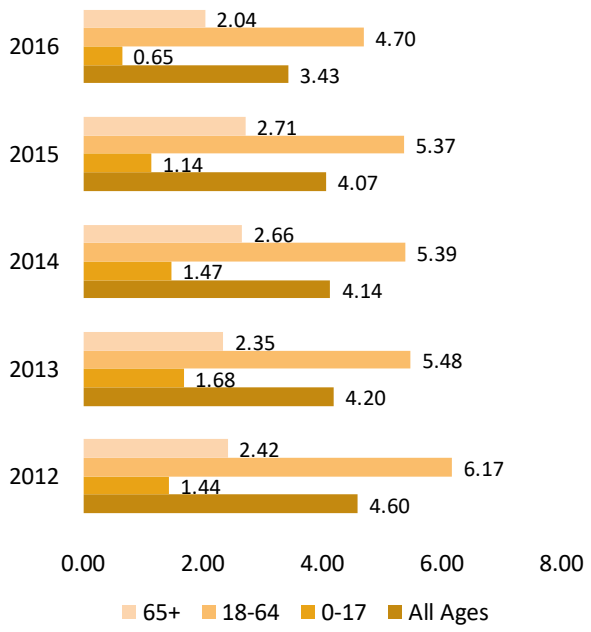
Hospital Inpatient Discharges for Mental/Behavioral Health Conditions
By Age; Rate / 1,000 Population
State and County Comparisons, 2016



Source: NJDHSS 2010 - 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Hospital Inpatient Discharges for Mental/Behavioral Health Conditions
By Age; Rate / 1,000 Population – Trend

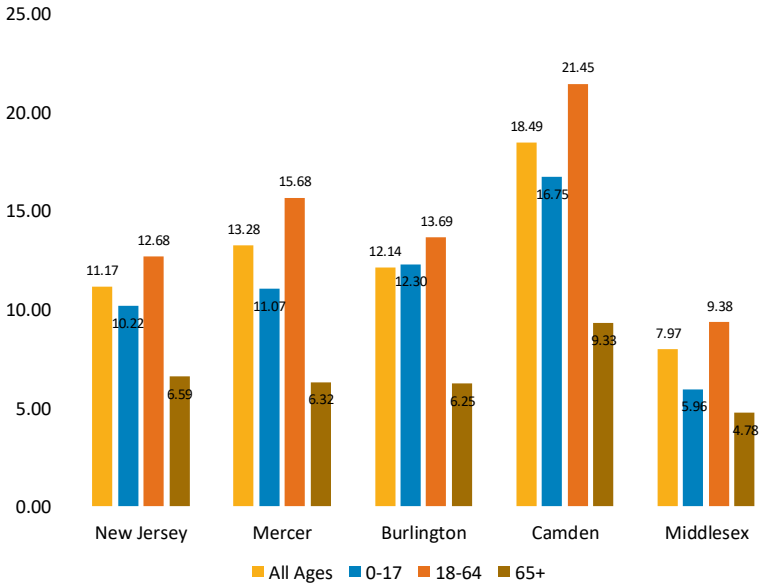
Mercer County



Source: NJDHSS 2010 - 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

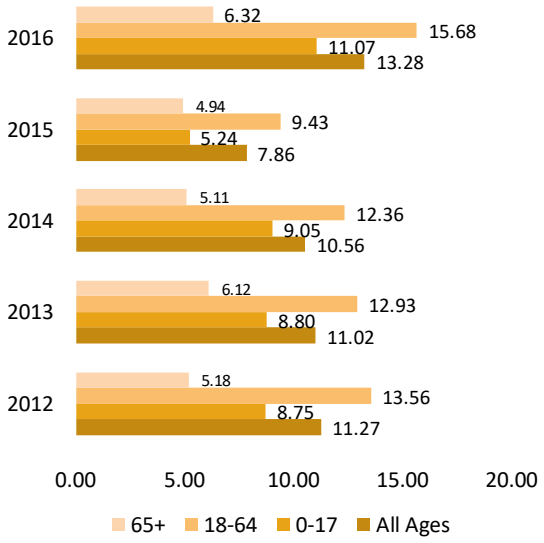
- Across all age cohorts county-wide there has been an increase in the rate of mental health ED visits from 2012 through 2016.
- In 2016 across all age cohorts Mercer County had a higher rate of residents with an ED visit than the state for all age cohorts except those 65+.

ED Visits for Mental/Behavioral Health Conditions (2016): By Age; Rate / 1,000 Population
State and County Comparisons 2016



Source: NJDHSS 20101- 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Mercer County

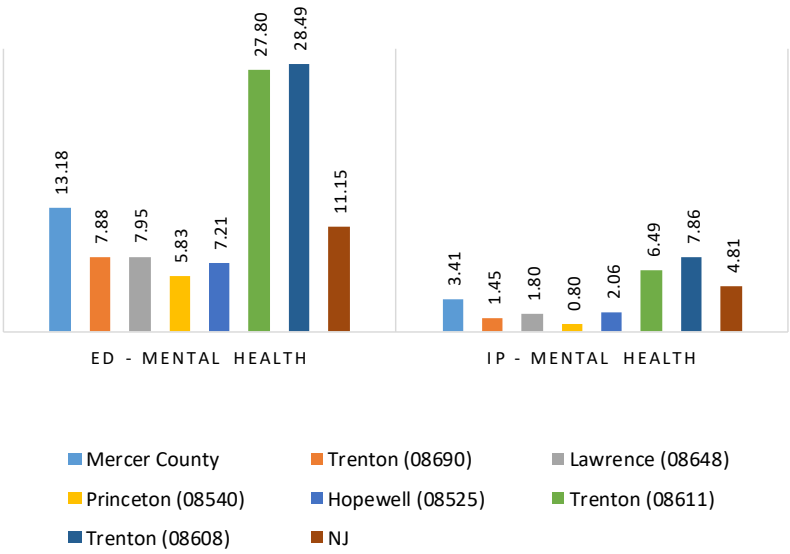


Source: NJDHSS 20101- 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Behavioral Health Use Rates

- Inpatient Mental Health rates for Mercer County were lower than the statewide use rates in 2016.
- Trenton zip code 08608 rate is higher than all comparative towns.
- ED Mental Health rates in Mercer County were higher than the statewide totals.
- Rates for both Trenton zip codes 08611 and 08608 are noticeably higher than all other comparative figures.

Mental Health Use Rate /1,000 Population: 2016



*Source: UB-04 2015 Discharges; Claritas Population Estimate
** Mental Health Defined As MDC 19, Substance Abuse Defined As MDC 20

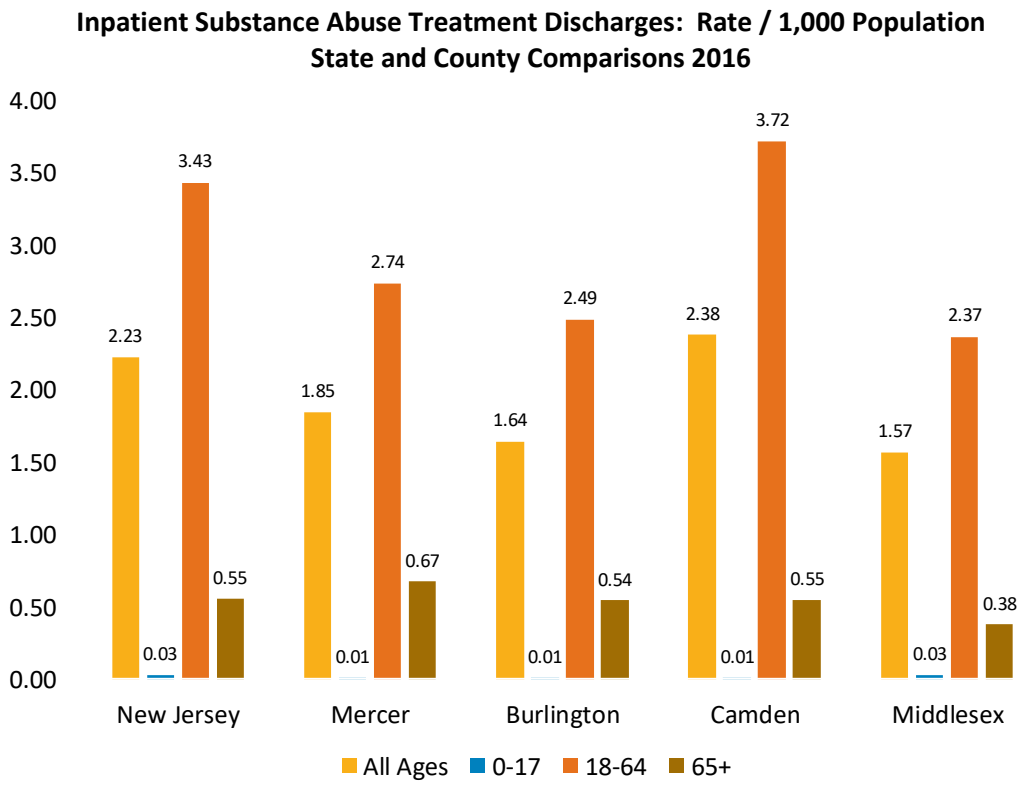
Substance Abuse

Substance abuse has a major impact on individuals, families and communities. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.[50]

<u>Inpatient</u>

- Across all age cohorts except those 0-17 county-wide, there was an increase in inpatient admissions for substance abuse from 2012 through 2016.
- Compared to statewide, in 2016, Mercer County had fewer residents with an inpatient admission for substance abuse among persons across all age groups except those 65+ where rates were higher than statewide.

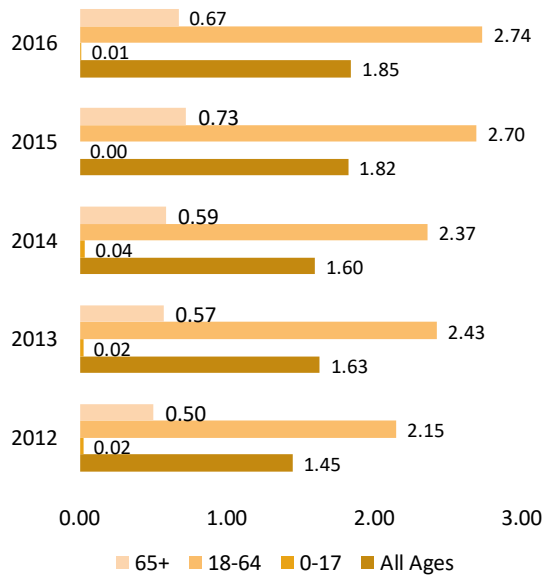
[50] http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse



Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

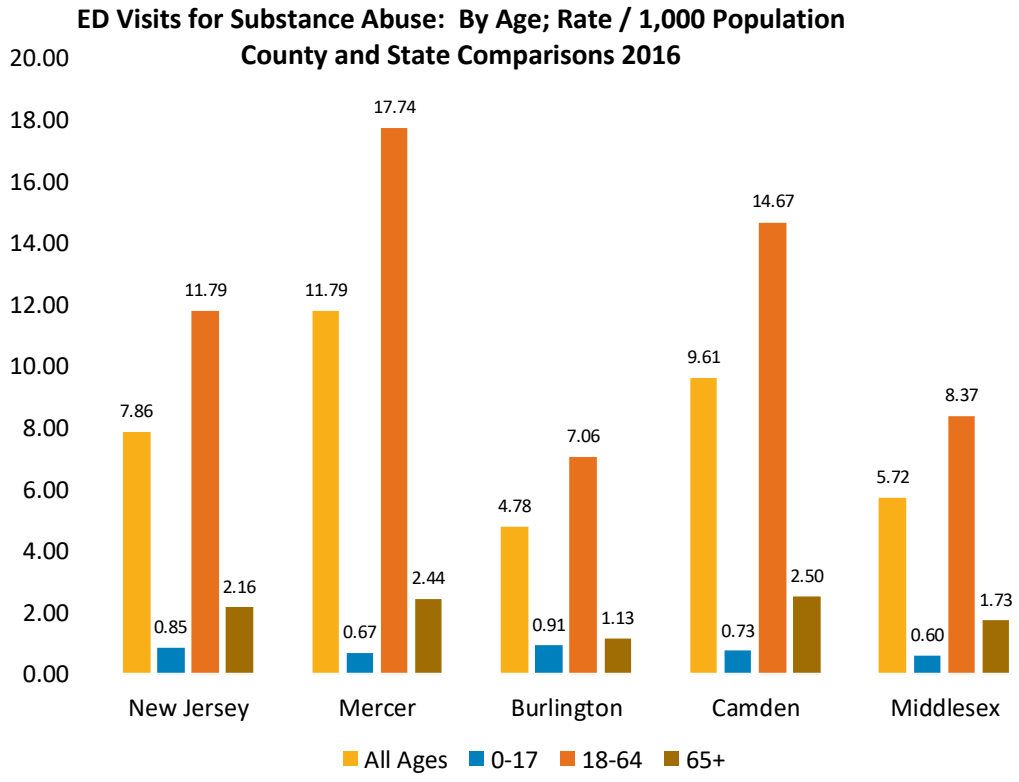
Inpatient Substance Abuse Treatment Discharges: Rate / 1,000 Population – Trend

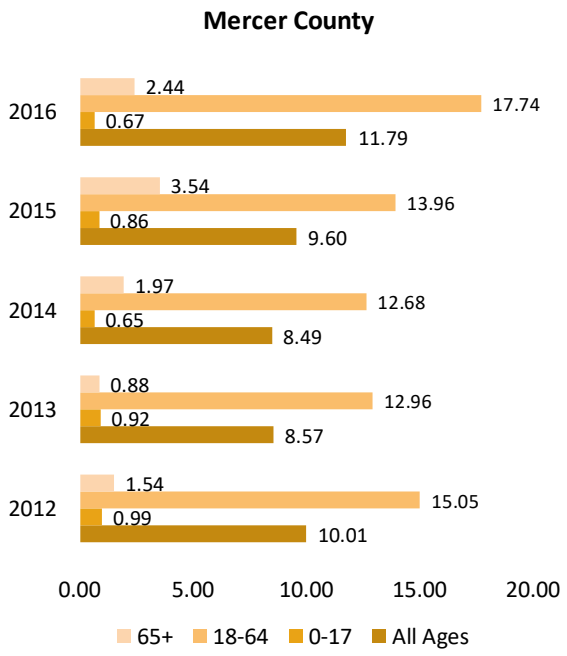
Mercer County



Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- County-wide, there has been an increase in the rate of ED visits for substance abuse from 2012 through 2016 for all age cohorts except for the 0-17 age cohort.
- In 2016, Mercer County had a higher rate of residents with an ED visits for substance abuse among all cohorts except for those 0-17 as compared to the state.

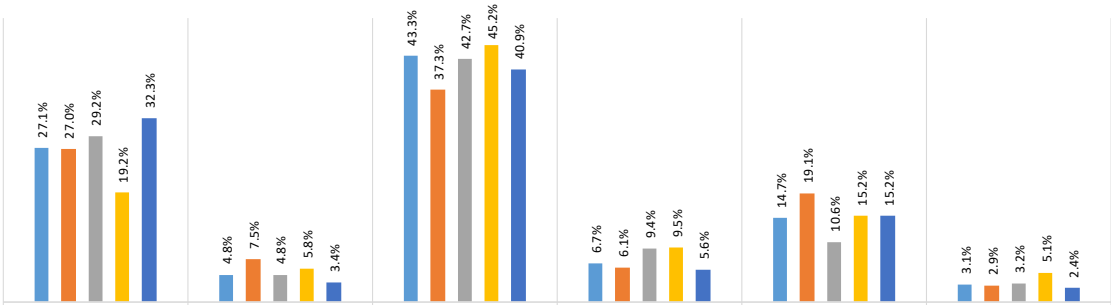




Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Mercer County's leading cause for admission into a drug treatment center was Heroin, making up 37.3% of the county's total treatments, which is lower than the State level and the comparative counties.
- Mercer County's second leading cause for admission into a drug treatment center was Alcohol, making up 27% of its total treatments.

Primary Drug Treatment Admissions
State and County Comparisons 2016

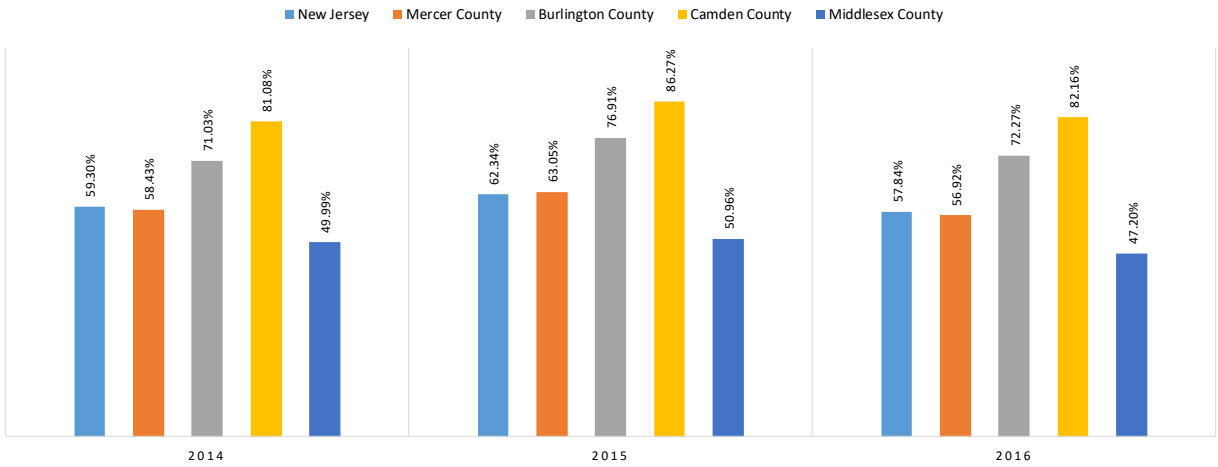


	Alcohol	Cocaine/Crack	Heroin	Other Opiates	Marijuana/Hashish	Other Drugs
New Jersey	27.1%	4.8%	43.3%	6.7%	14.7%	3.1%
Mercer County	27.0%	7.5%	37.3%	6.1%	19.1%	2.9%
Burlington County	29.2%	4.8%	42.7%	9.4%	10.6%	3.2%
Camden County	19.2%	5.8%	45.2%	9.5%	15.2%	5.1%
Middlesex County	32.3%	3.4%	40.9%	5.6%	15.2%	2.4%

Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

- In 2016, the number of opioid dispensations reached about 57% of Mercer County and 58% of New Jersey's population
- Although this is a relatively high number of opioid dispensations, Mercer County is lower than Burlington County at 72% and Camden County at 82%

Opioid Dispensations
State and County Comparisons, 2016

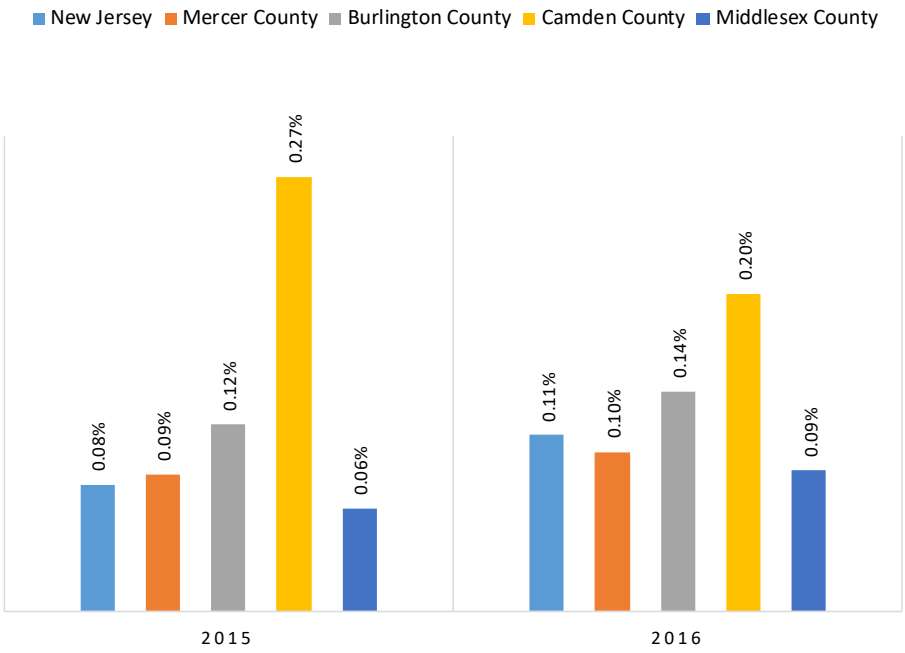


Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

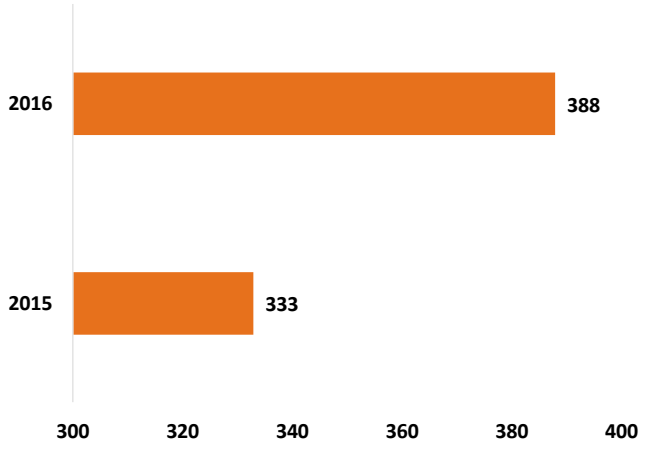
Naloxone is a FDA approved medication to prevent deaths due to overdose from opiods such as herion, morphine and oxycodone. It blocks opiod receptor sites reversing the toxic effects of overdose.

- Since 2015, naloxone administrations increased by .03% for New Jersey and .02% for Mercer County.
- In 2016, Mercer County experienced 388 naloxone administrations up from 333 in 2015.

Naloxone Administrations
State and County Comparisons 2016



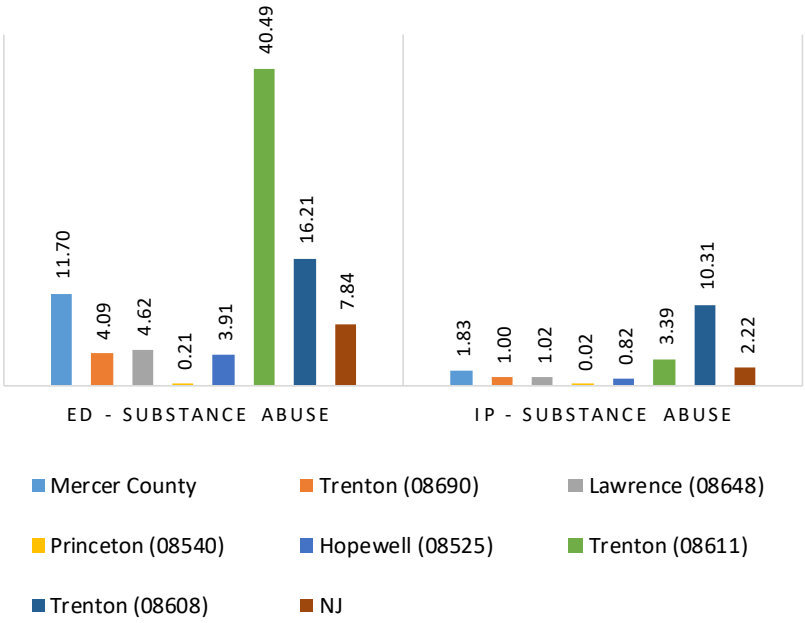
Mercer County



Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

- The Inpatient Substance Abuse use rate in Mercer County is below the statewide rate.
- The Mercer County ED Substance Abuse rate is higher than the state.
- Trenton 08611 had an ED substance abuse visit rate that was significantly higher than the state as well as the county and all comparison areas.

Substance Abuse Use Rate 1,000 Population: 2016



Source: UB-04 2015 Discharges; Claritas Population Estimate

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Treatment Admissions for Alcohol *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Cocaine/Crack *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Heroin *Percentage of Total Treatment Admissions*	N.A.	N.A	
Treatment Admissions for Other Opiates *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Marijuana *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Other Drugs *Percentage of Total Treatment Admissions*	N.A	N.A	
Total Substance Abuse Treatment Admissions *Rate/ 100000 Population*	N.A	N.A	
Opioid Dispensations	N.A	N.A	
Naloxone Administrations	N.A	N.A	

D. HEALTH OUTCOMES

Disease-specific mortality, health status and morbidity are among the outcomes presented. Indicators of general health and mental health measures are also discussed in this section.

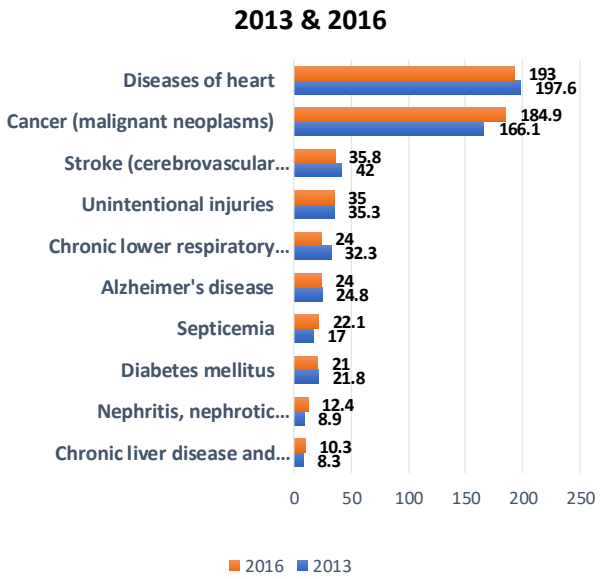
1. Mortality - Leading Cause of Death

According to the CDC, mortality statistics are one of few data sets comparable for small geographic areas, available for long time periods and appropriate as a primary source for public health planning.

- Between 2013 and 2016, five of the top 10 age-adjusted mortality rates declined, with greatest decreases in stroke (-14.8%), diabetes mellitus (-3.7%) and Alzheimer's disease (-3.2%).
- Since 2008, the top COD (Heart Disease), experienced a decrease of -2.3%.
- Nephritis, nephrotic syndrome, and nephrosis increased 39.3% from 2013 (the largest percent increase), Chronic liver disease and cirrhosis increased 30.1% between 2013-2016.

Top 10 Causes of Death in Mercer County
Age-Adjusted Rate/100,000 Population 2008-2015

CAUSE	2008	2013	2016	% Change '13-'16
Diseases of heart	206	197.6	193	-2.3%
Cancer (malignant neoplasms)	173.6	166.1	184.9	11.3%
Stroke (cerebrovascular diseases)	37.8	42	35.8	-14.8%
Unintentional injuries	23.9	35.3	35	-0.8%
Chronic lower respiratory diseases (CLRD)	37.3	32.3	34.5	6.8%
Alzheimer's disease	25	24.8	24	-3.2%
Septicemia	19.2	17	22.1	30.0%
Diabetes mellitus	24.7	21.8	21	-3.7%
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	14	8.9	12.4	39.3%
Chronic liver disease and cirrhosis	9.3	8.3	10.8	30.1%



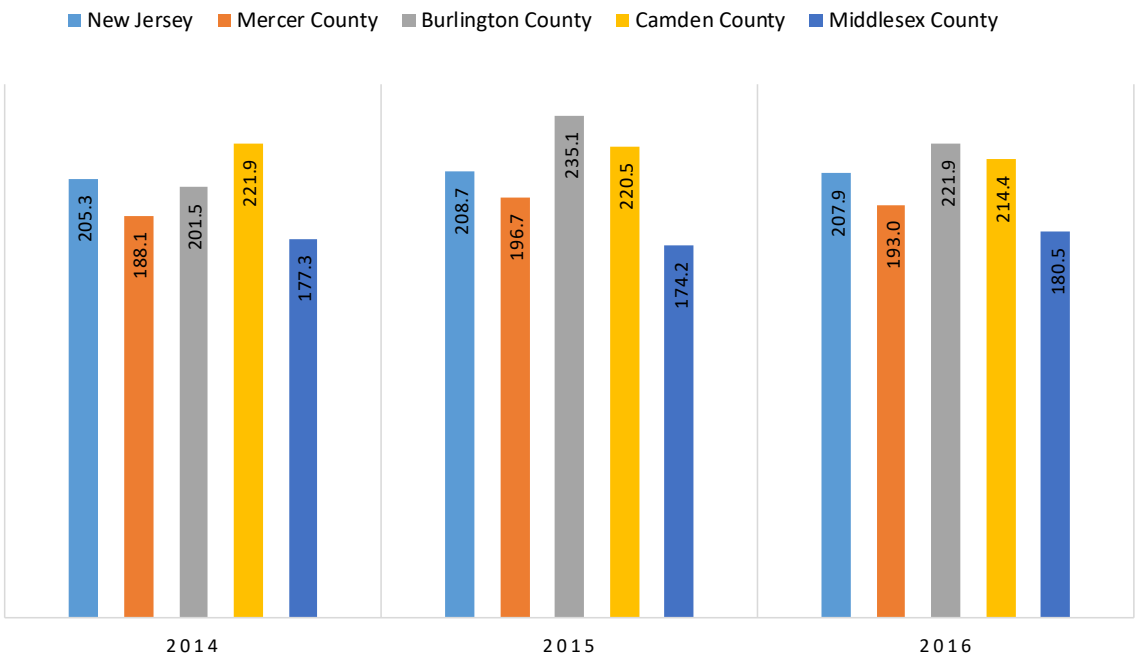
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

Heart Disease (1)

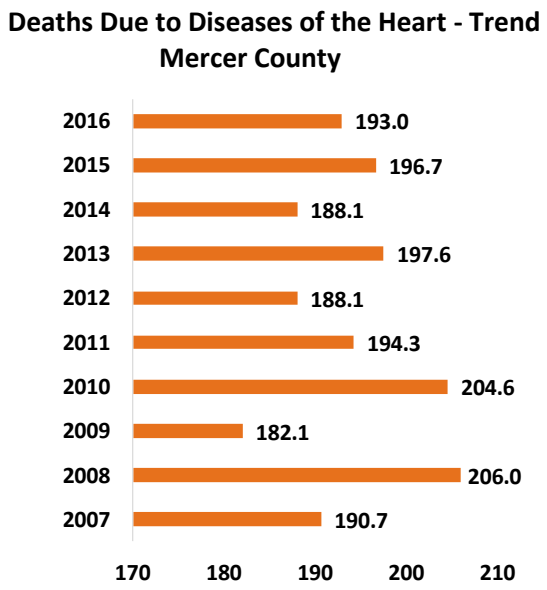
Heart disease includes several conditions, most commonly, coronary artery disease, angina, heart failure and arrhythmias. Nationally, statewide and in Mercer County, heart disease remains the leading cause of death. Responsible for 1 in every 4 deaths, approximately 610,000 people die of heart disease in the United States each year.

- In 2016, the age-adjusted mortality rate for heart disease was lower than the statewide rate, and the rates for Burlington and Camden counties.
- Despite outperforming the State, the mortality rate of 193.0/100,000 remains far higher than the *Healthy People 2020* target of 103.4/100,000.

Deaths Due to Diseases of the Heart: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

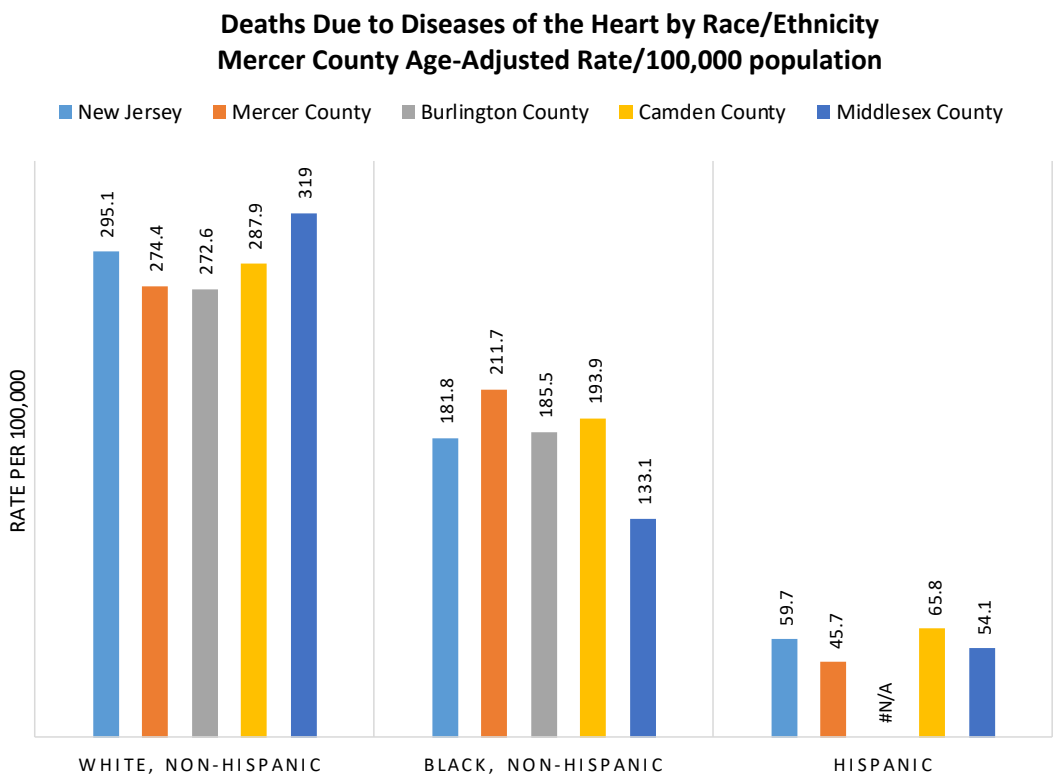


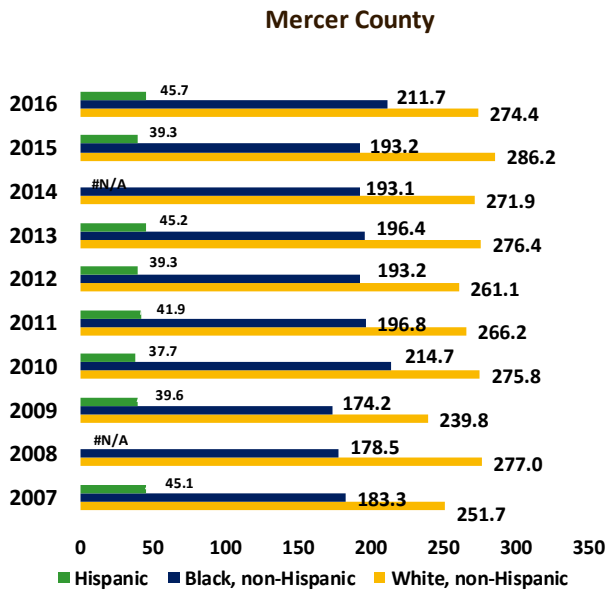
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

Baseline: 129.2
Target: 103.4
Mercer County 2016: 193.0

- In 2016, the mortality rate for heart disease deaths among Whites was more than 6 times the rate of Hispanics.
- The mortality rate for Whites has historically been higher than for Blacks.
- The mortality rate for heart disease deaths among White Mercer County residents is among the lowest in New Jersey.





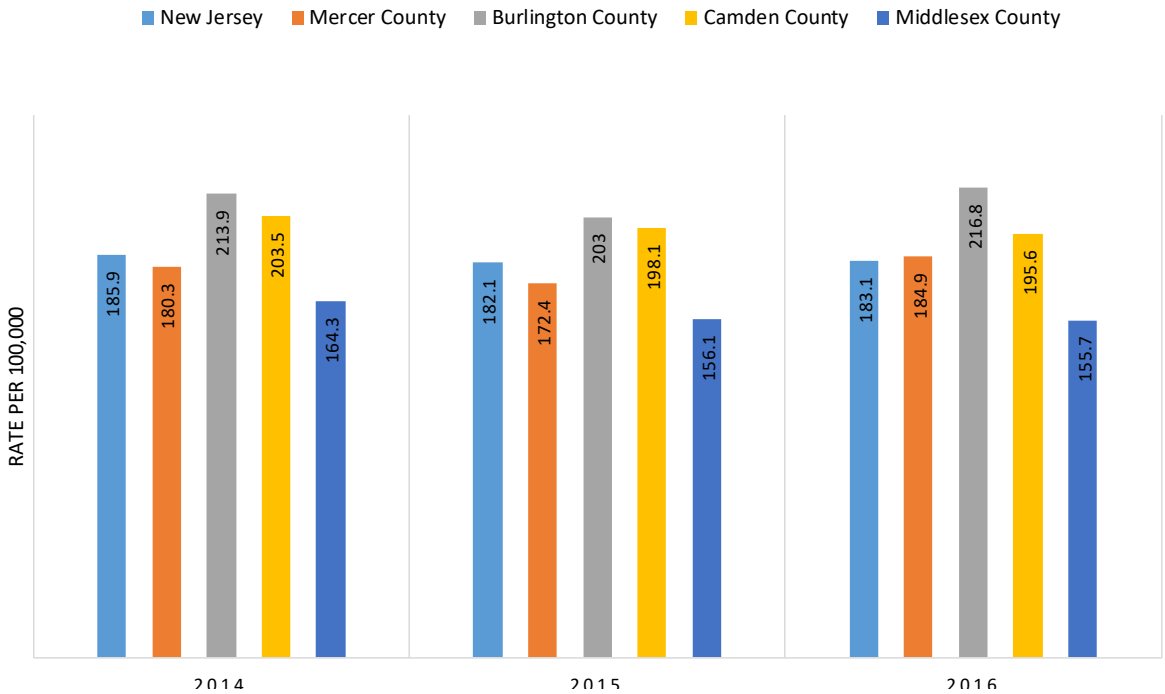
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Cancer (2)

Although there are many types of cancer, all originate from abnormal cells with untreated disease.[51] Approximately half of American men and one-third of women will develop some form of cancer throughout their lifetimes. Cancer risk may be reduced by basic lifestyle modifications including limiting or avoiding tobacco, sun protection, being physically active and eating healthy foods. Early detection greatly improves positive outcomes. Cancer is the second leading cause of death in the United States, New Jersey and Mercer County.[52]

- Mortality rates for cancer in Mercer County have been increasing since 2007.
- In 2016, the mortality rate for cancer (184.9) was slightly higher than the statewide rate (183.1), and lower than the rate for Burlington (216.8) and Camden (195.6) counties.
- The mortality rate of 184.9/100,000 is higher than the *Healthy People 2020* target of 161.4/100,000 and places the county in the middle performing quartile statewide.

Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016

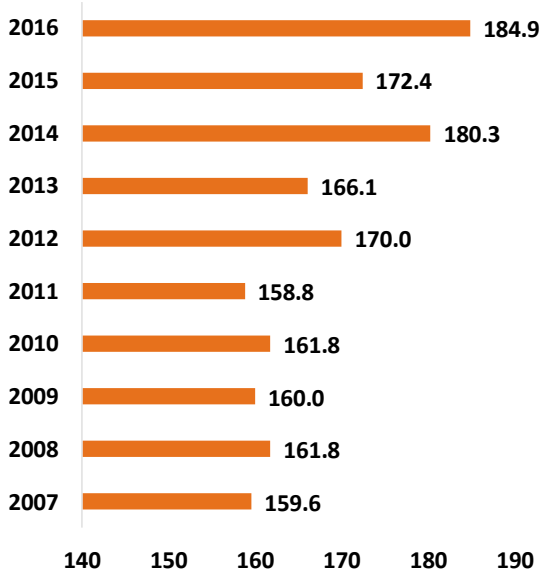


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

[51] http://www.cancer.org/cancer/cancerbasics/what-is-cancer
[52] http://www.cancer.org/ cancer/cancerbasics/questions-people-ask-about-cancer

Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population – Trend

Mercer County

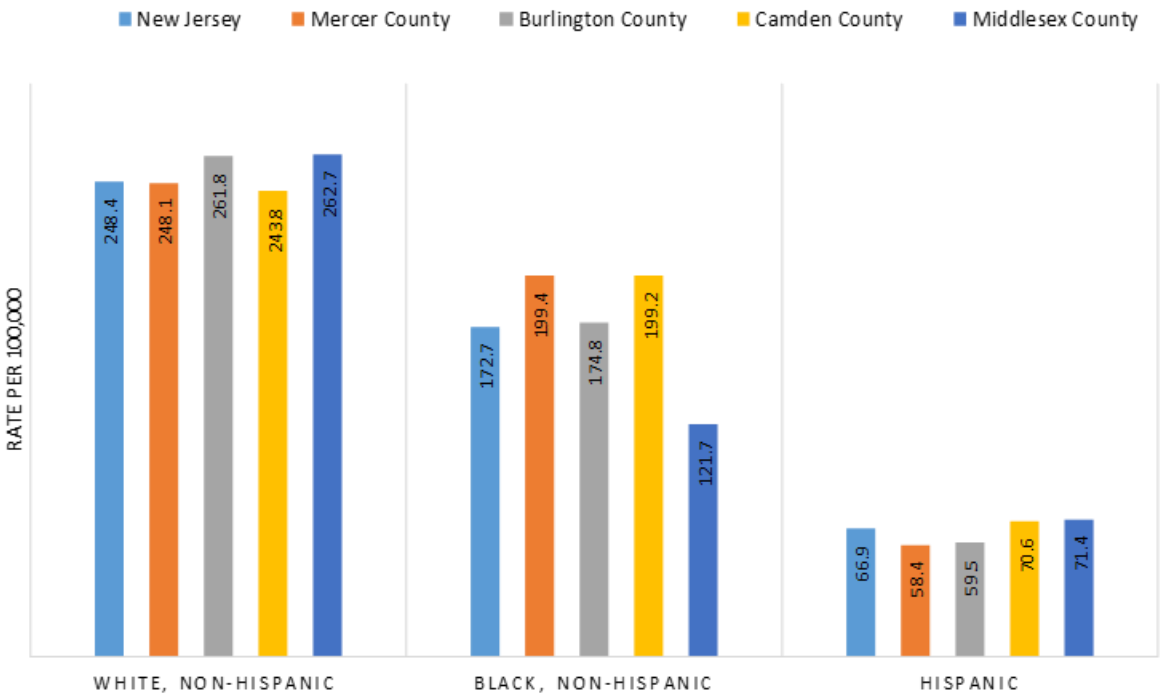


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

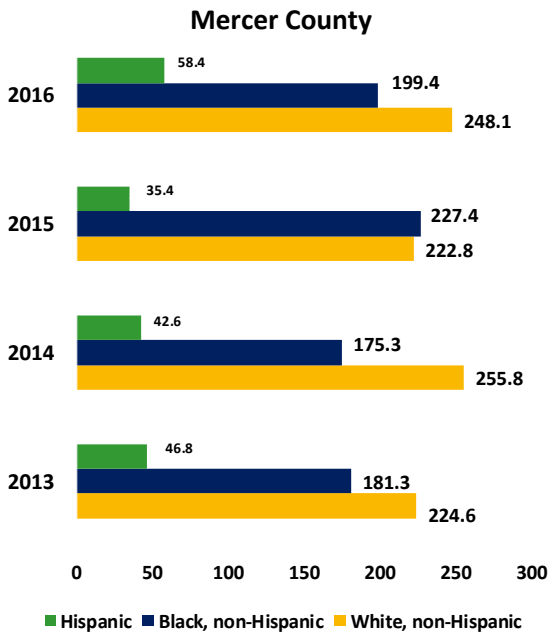
Baseline: 179.3
Target: 161.4
Mercer County 2016: 184.9

- In 2016, the mortality rate for malignant neoplasm deaths among Whites was more than the rate of Blacks.
- The mortality rate for Whites has historically been higher than for Blacks.
- The mortality rate for malignant neoplasm deaths among Black Mercer County residents is higher than the rate statewide among Black residents.

Deaths Due to Malignant Neoplasms (Cancer) by Race/Ethnicity
State and County Comparisons 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available



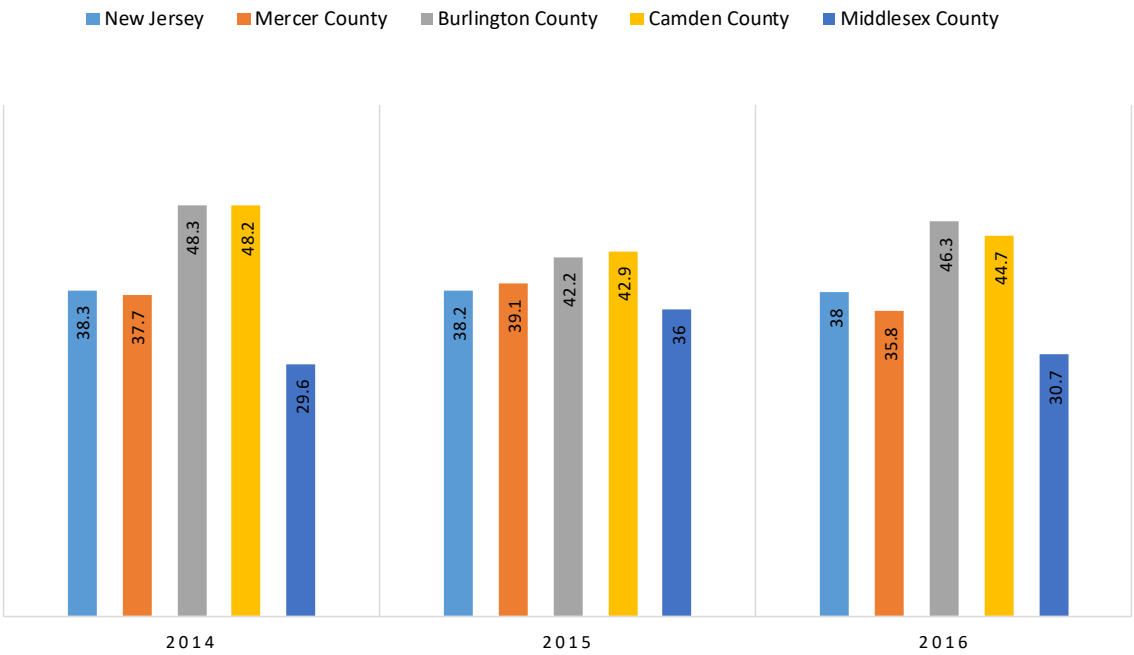
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available

Stroke (Cerebrovascular Diseases) (3)

A stroke occurs when a clot blocks blood supply to the brain or if a blood vessel within the brain bursts.

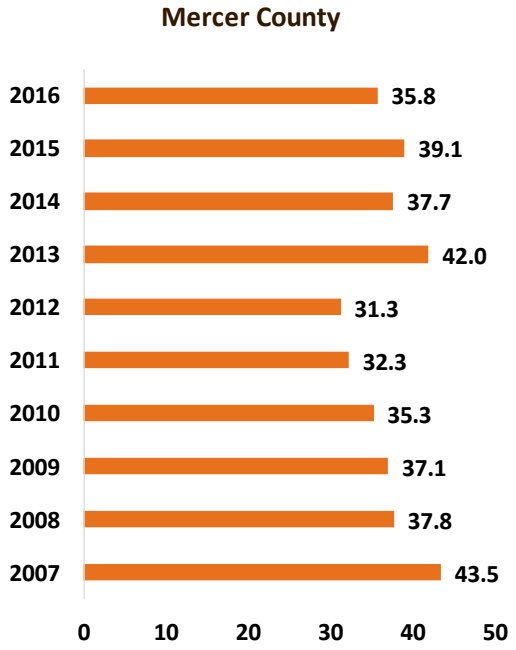
- In 2016, Mercer County's stroke mortality rate 35.8/100,000 was lower than the comparison counties of Burlington and Camden.
- Over the last 10 years, the stroke mortality rate per 100,000 ranged from a low of 31.3/100,000 in 2012 to a high of 43.5/100,000 in 2007.
- The stroke mortality rate of 35.8/100,000 is higher than the *Healthy People 2020* target of 34.8/100,000; however, it is in the best performing quartile in the State.

Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population – Trend

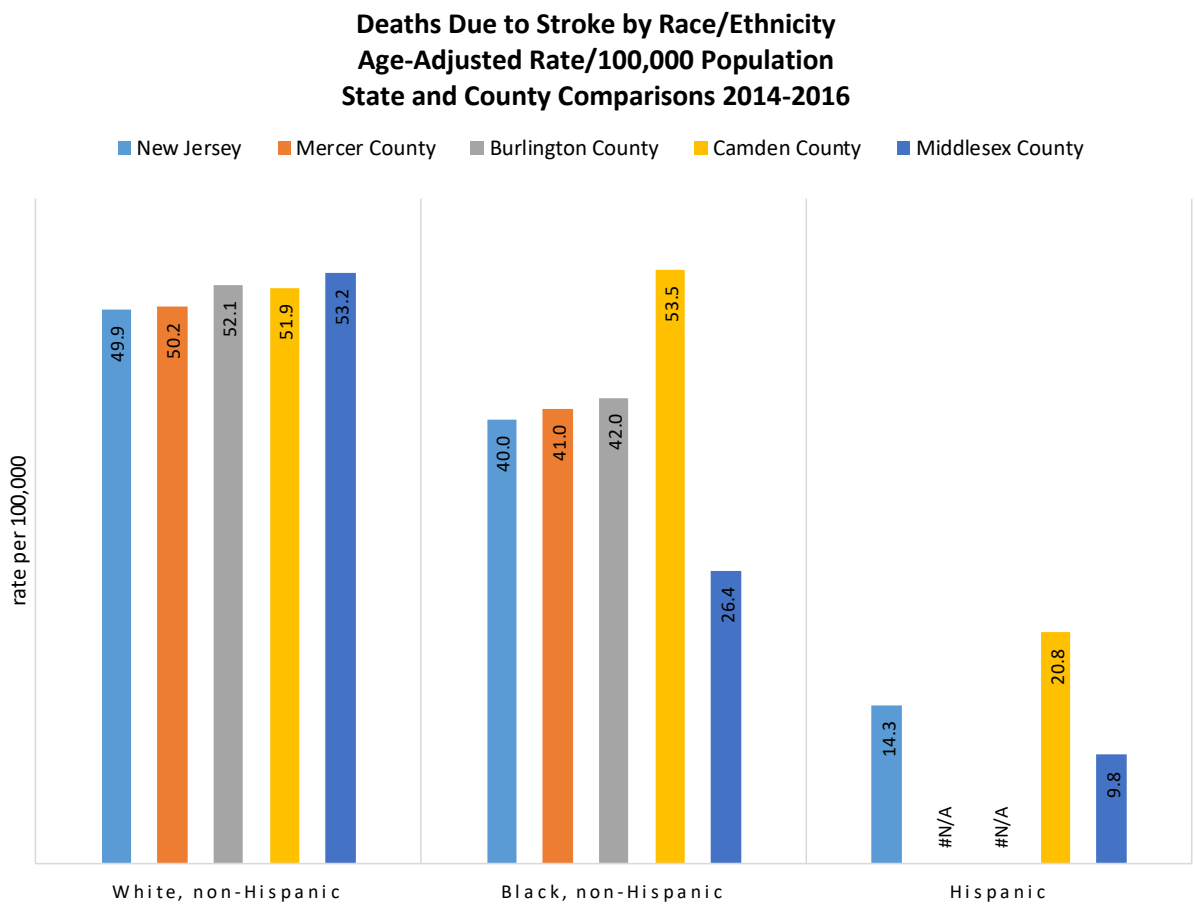


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

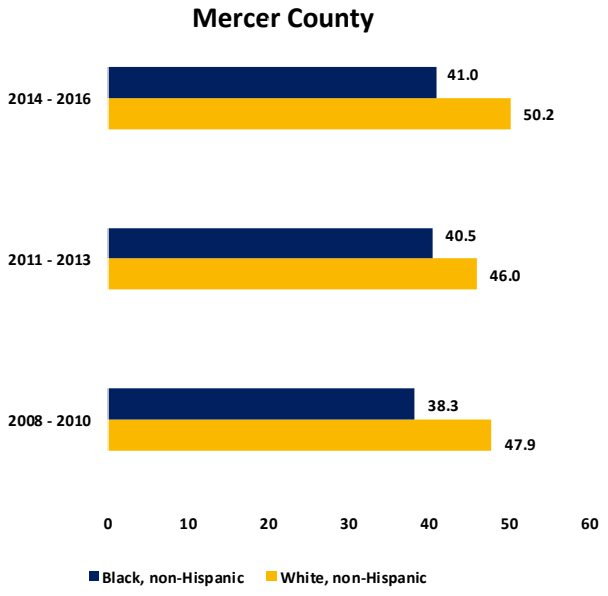
Baseline: 43.5
Target: 34.8
Mercer County 2016: 35.8

Deaths Due to Stroke by Race/Ethnicity

- From 2014-2016, the mortality rate for stroke deaths among Whites was higher than the rate among Blacks.
- The mortality rate for stroke deaths among Black Mercer County residents is slightly higher than the statewide rate for Black residents.



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.



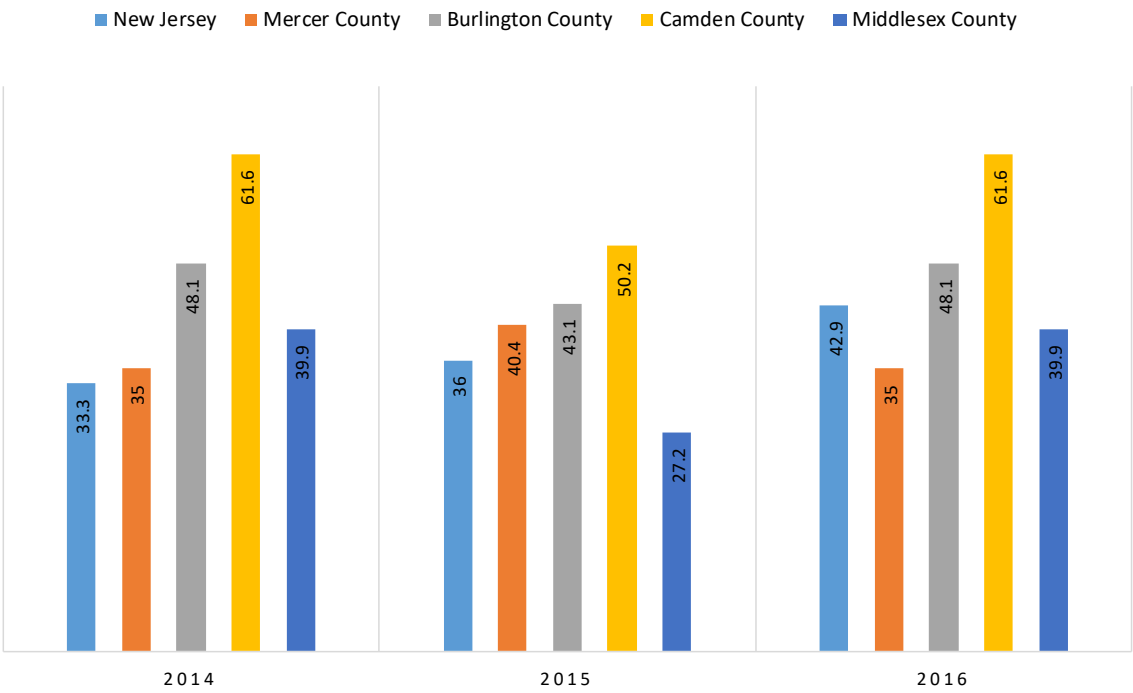
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Unintentional Injuries (4)

The majority of unintentional injuries are preventable and predictable. Deaths due to unintentional injury often occur as a result of motor vehicle accidents, falls, firearms, drownings, suffocations, bites, stings, sports/recreational activities, natural disasters, fires, burns and poisonings. Public Health prevention strategies including minimum age drinking requirements, seatbelt and helmet laws, smoke alarms, exercise programs and other safety awareness campaigns reduce unintentional injury and death.[53]

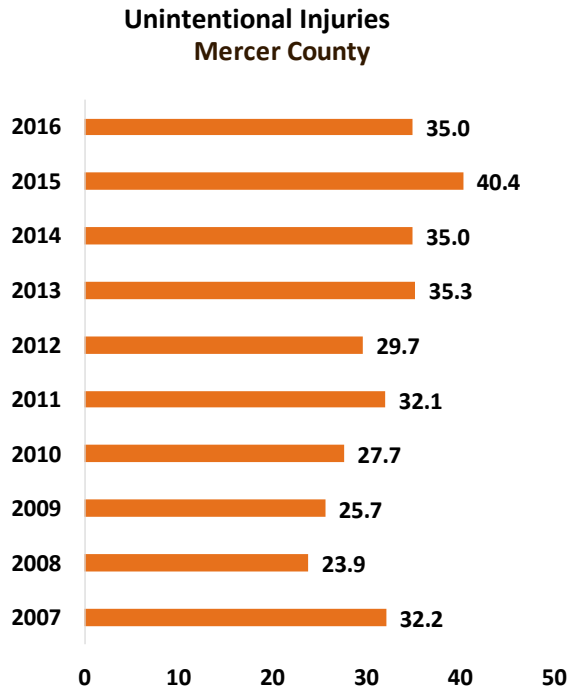
- In 2016, the rate for unintentional injuries 35/1,000 was lower than the statewide rate and the rate for Burlington, Camden, and Middlesex Counties.
- Rate for unintentional injuries in Mercer County fluctuated between 2007-2016 with an overall increase to 35/1,000.
- The mortality rate of 35/100,000 is slightly lower than the *Healthy People 2020* target of 36.4/100,000.

Unintentional Injuries
State and County Comparisons, 2014-2015



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

[53] http://www.cdph.ca.gov/programs/ohir/Pages/UnInjury2010Background.aspx

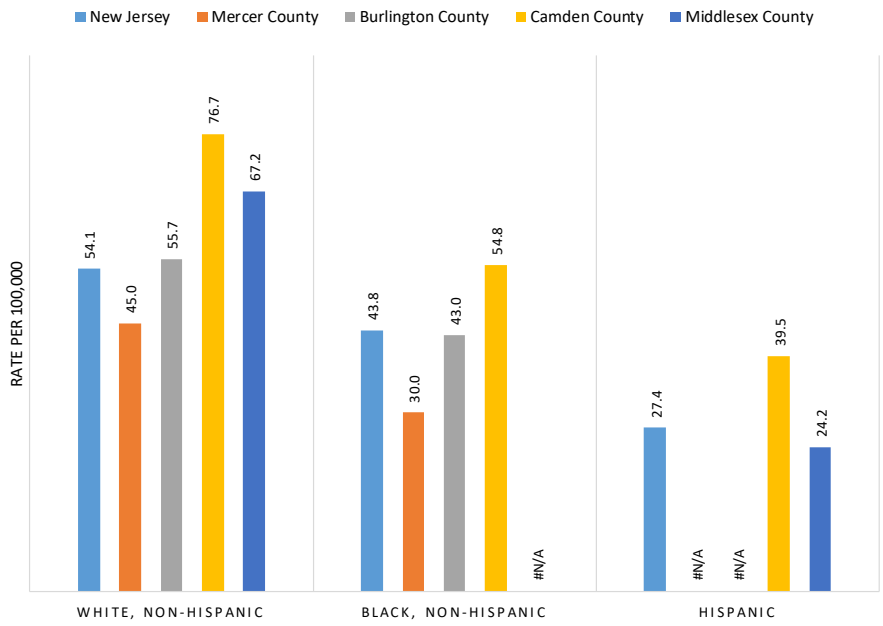


Baseline:40.4
Target: 36.4
Mercer County 2016: 35.0

Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

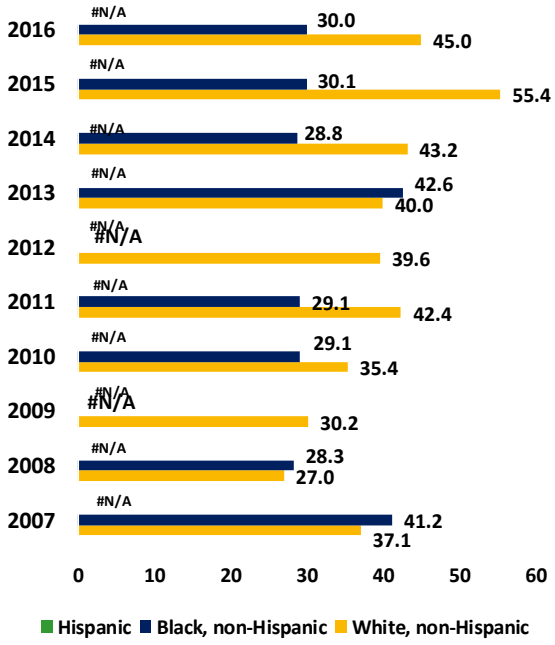
- The mortality rate for unintentional injuries among Whites has historically been higher than for Blacks and Hispanics.
    - The mortality rate for unintentional injury deaths among White Mercer County residents is lower than the rate of White residents statewide and for Whites in all comparative counties.

Unintentional Injuries by Race/Ethnicity
State & County Comparisons 2007-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Mercer County

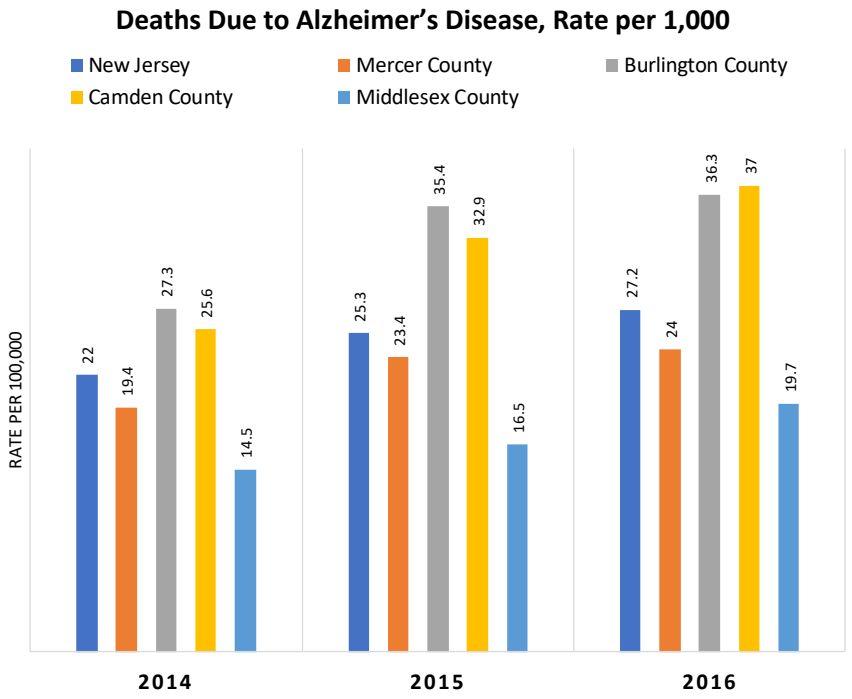


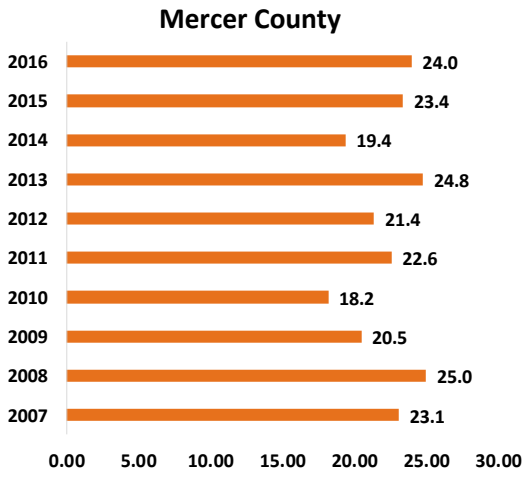
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Alzheimer's Disease (5)

Alzheimer's disease is a progressive illness that begins with mild memory loss leading to loss of ability to carry a conversation or respond to the environment. The disease involves parts of the brain that control thought, memory and language. In 2013, an estimated 5 million people living in the U.S. were living with Alzheimer's disease. By 2050, this number is projected to increase to 14 million people.[54]

- Between 2008 and 2016, age-adjusted mortality rates for Alzheimer's disease declined from 25 to 24/1,000, or 3.2%.





Source: NJSHAD web site (https://nj.gov/health/shad)

[54] https://www.cdc.gov/aging/agencyinfo/alzheimers.htm

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Diseases of The Heart *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Diseases of The Heart (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Malignant Neoplasms (Cancer) *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Malignant Neoplasms (Cancer) (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Cerebrovascular Disease (Stroke) *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Cerebrovascular Disease (Stroke) (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A	N.A.	
Deaths Due to Unintentional Injuries *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Unintentional Injuries (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Chronic Lower Respiratory Diseases *Age-Adjusted Rate/100000 Population*	N.A.	N.A	
Deaths Due to Alzheimer's Disease *Age adjusted Rate/100000 population*	N.A	N.A	

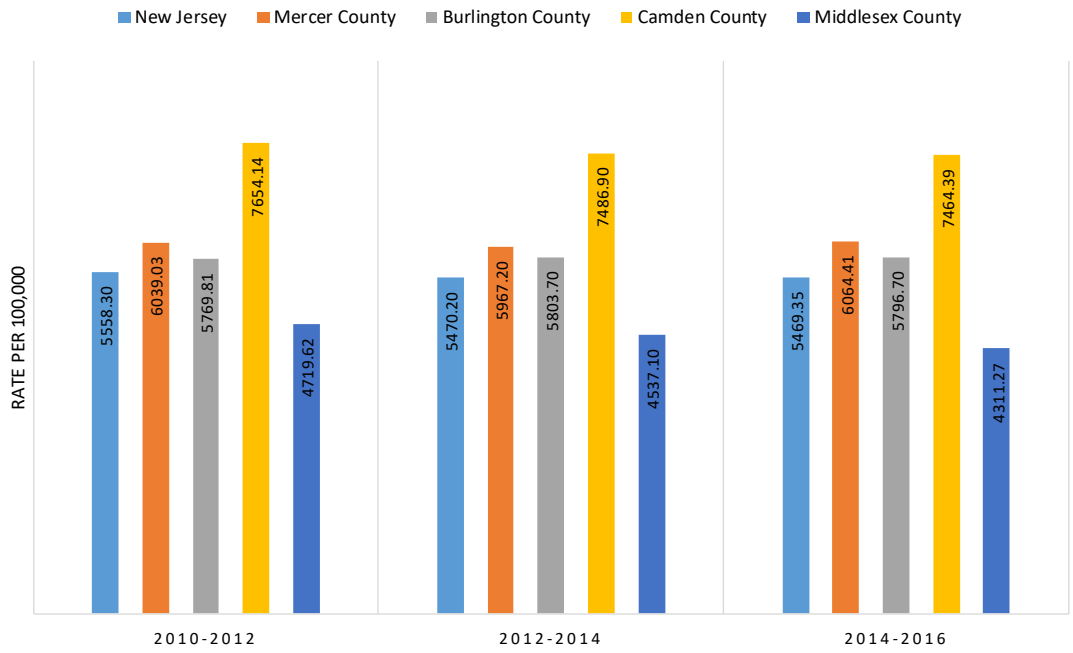
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

2. Premature Deaths

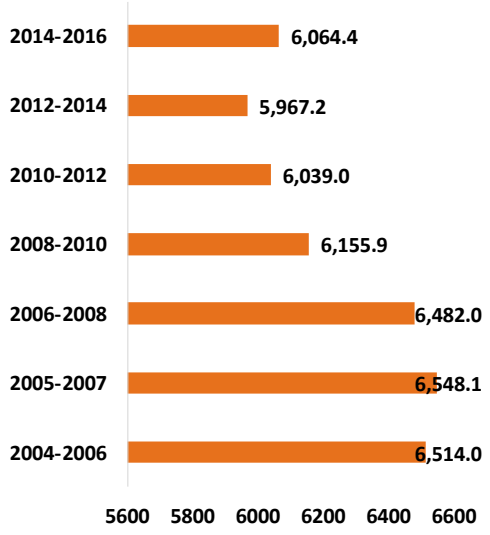
An alternate method to reviewing crude or age-adjusted death rates as a measure of premature mortality is assessing Years of Potential Life Lost (YPLL). YPLL calculate the number of years of potential life lost for each death occurring before a predetermined end point, in this case, age 75 per 100,000 population. Premature deaths are reviewed to highlight potentially preventable adverse outcomes.

- The number of years of potential life lost 6,064 was higher in Mercer County than statewide and the surrounding counties of Burlington and Middlesex.
- The 2014-2016 premature death rate of 6,064 was higher than the County Health Ranking target of 5,300.

Premature Death: Years of Potential Life Lost Before Age 75: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2010-2016



Mercer County



Source: County Health Rankings; National Vital Statistics System
Note: Every death occurring before the age of 75 contributes to the total number of years of potential life lost

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National Benchmark: 5,300
Mercer County 2016: 2,064

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Premature Death: Years of Potential Life Lost Before Age 75 *Age-Adjusted Rate/100000 Population*	N.A.		

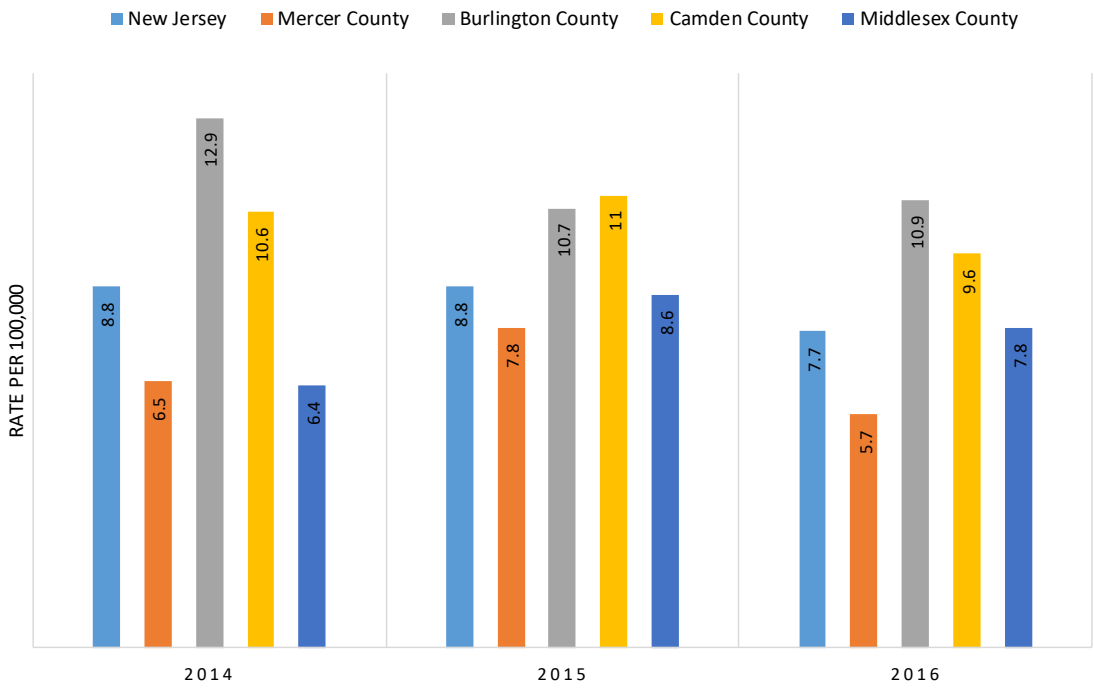
RED:	*Poorest Performing Quartile*
Yellow:	*Middle Quartiles*
Green:	*Best Performing Quartile*

3. Behavioral Health-Related Deaths

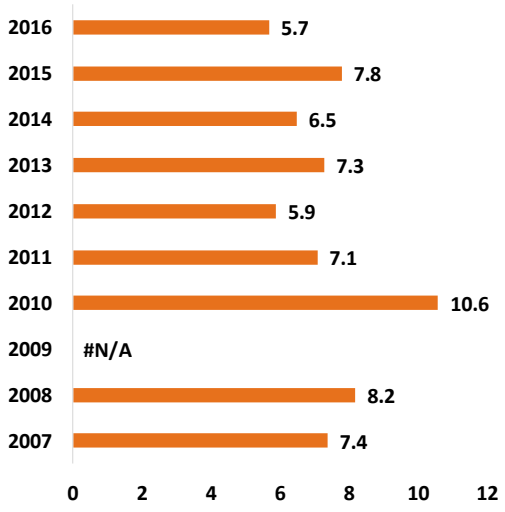
Mental health is a state of well-being in which an individual realizes his or her own abilities, copes with normal life stresses, works productively, and is able to contribute to his or her community. Mental illness includes diagnosable mental disorders or health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Depression, the most common type of mental illness, is associated with higher rates of chronic disease, increased health care utilization, and impaired functioning. However, rates of mental illness treatment remain low, and often the treatment received is inadequate.

- Statewide deaths due to suicide decreased from 2014 (8.8/100,000) to 2016 (7.7/100,000), or 11%. Displaying a similar trend, the Mercer County's suicide rate decreased from 6.5/100,000 to 5.7/100,000 for the same period.
- The current rate 5.7/100,000 is lower than the statewide rate of 7.7/100,000.
- The suicide rate of 5.7/100,000 is lower than the *Healthy People 2020* target of 10.2/100,000.

Deaths Due to Suicide: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016



Mercer County



Source: NJDOH Center for Health Statistics; NJ State Health Assessment Data

Baseline: 11.3
Target: 10.2
Mercer County 2016: 5.7

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Suicide *Age-Adjusted Rate/100,000 Population*		N.A	

RED:	*Poorest Performing Quartile*
Yellow:	*Middle Quartiles*
Green:	*Best Performing Quartile*

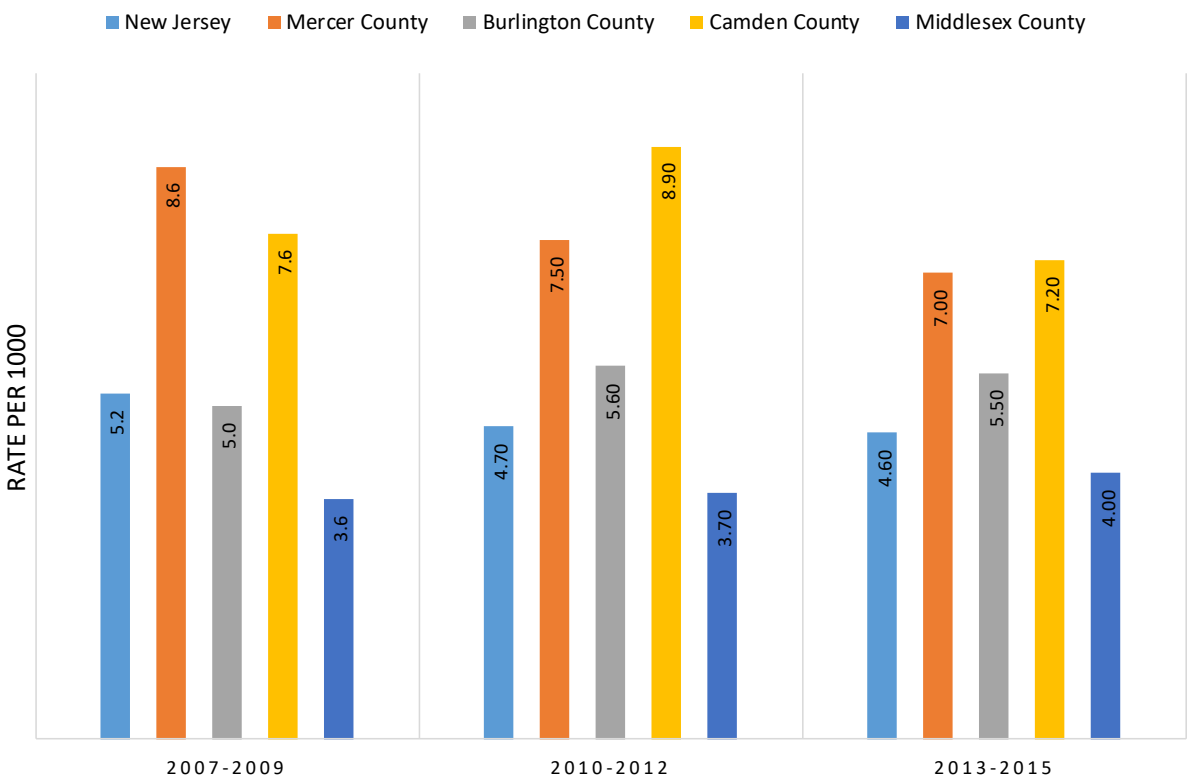
4. Infant Mortality

Infant mortality, the death of a baby prior to his or her first birthday, is t*raditionally* used as an indicator of the health and well-being of a nation. Infant mortality is calculated as the number of infant deaths under age 1 per 1,000 live births. Great disparities exist in infant mortality by age, race, and ethnicity. Most frequent causes are serious birth defect, preterm birth/low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injury.[55]

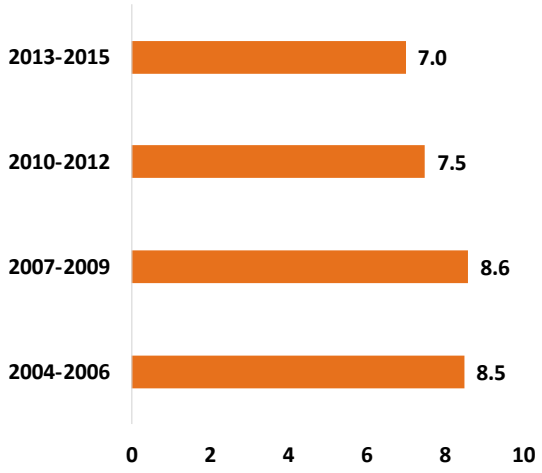
- The overall infant mortality rate declined statewide 11.5% from the period 2007-2009 (5.2/100,000) to 2013-2015 (4.6/100,000). Infant mortality has been declining in Mercer County from 8.5/100,000 in 2004-2006 to 7.0/100,000 in 2013-2015.
- The infant mortality rate for 2013-2015 was higher than statewide, Burlington and Middlesex County rates.
- The 2013-2015 infant mortality rate of 7.0/100,000 is higher than the *Healthy People 2020* target of 6.0/1,000 and the County Health Rankings benchmark of 5/1,000.

[55] http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Infant Mortality Rate: Rate of Infant (Under 1 Year) Deaths/1,000 Live Births
State and County Comparisons 2007-2013



Mercer County



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

Healthy People 2020

Baseline: 6.7
Target: 6.0
Mercer County 2013-2015: 7.0

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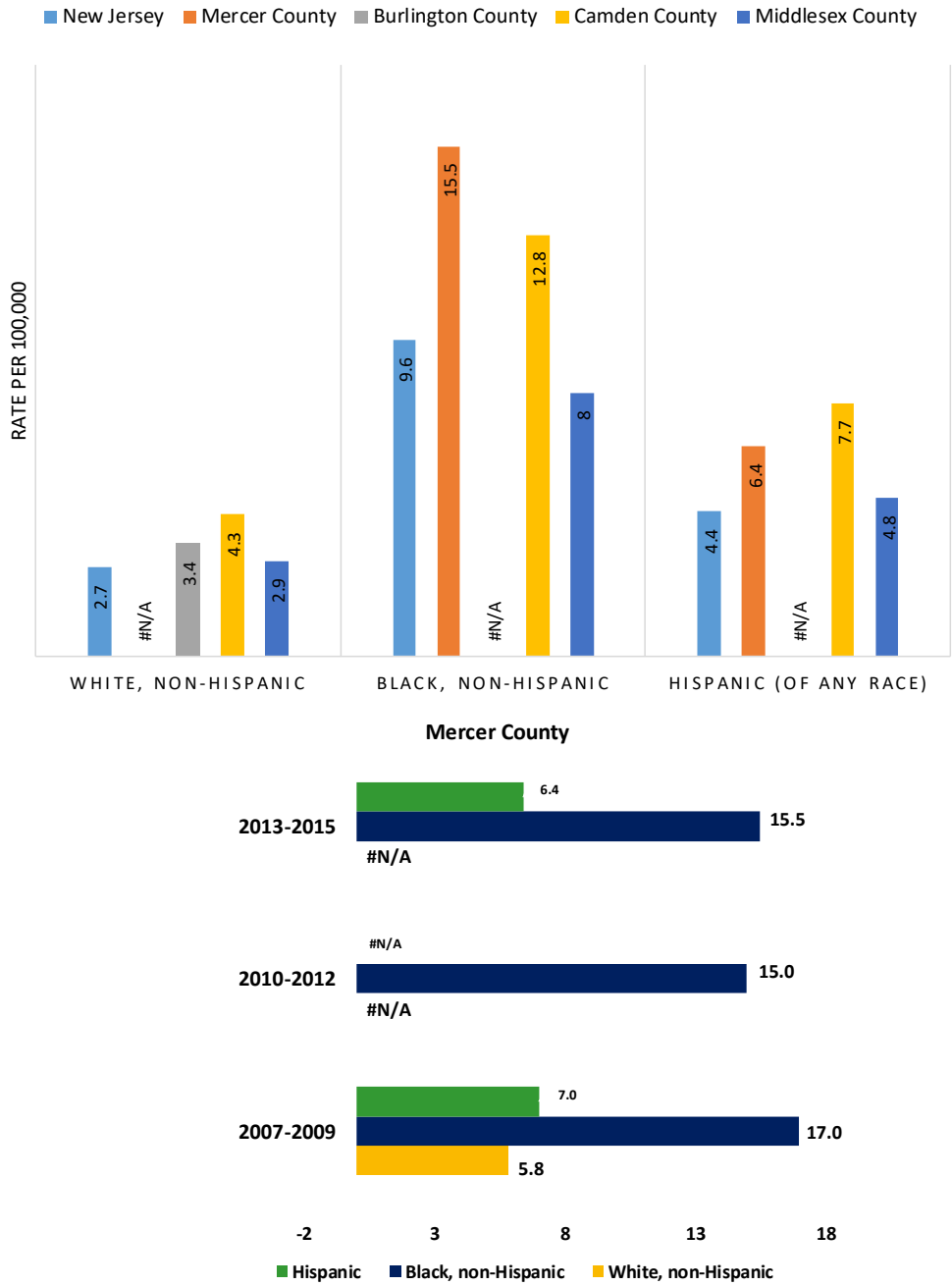
National Benchmark: 4.0
Mercer County: 7.0

- The Black infant mortality rate decreased between 2007-2009 from 17.0/100,000 to 15.5/100,000 in 2013-2015.
  - Despite the decrease the Black infant mortality rate in Mercer County was higher than the State and Middlesex County.

Infant Mortality Rate: Rate of Infant (Under 1 Year) By Race/Ethnicity
Deaths/1,000 Live Births
State and County Comparisons 2007-2013



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

5. Low and Very Low Birth Weight Infants

Birth weight is the most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants (less than 2,500 grams) are at an increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.[56] Racial disparities in low birth weight babies persist; nationally, non-Hispanic Black infants continue to die at nearly twice the rate of non-Hispanic Whites.

Low Birth Weight

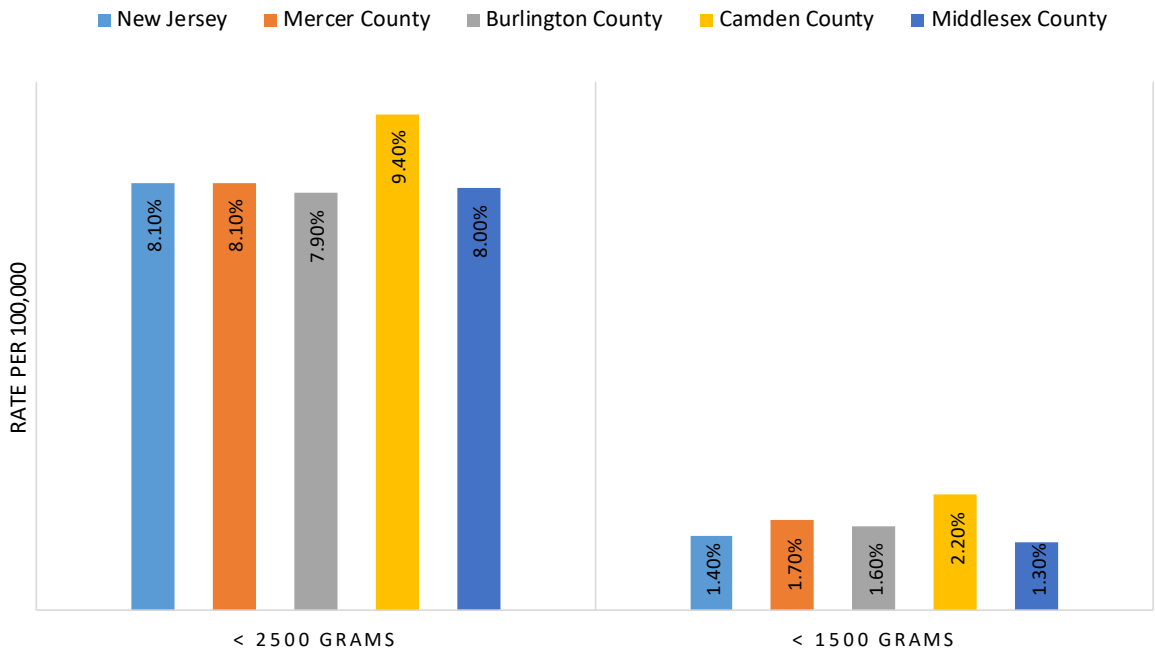
- Mercer County had the second highest percentage of low birth weight infants among the comparative counties.
- The 2016, low birth weight rate of 8.10% was higher than the *Healthy People 2020* target of 7.8%;

Very Low Birth Weight

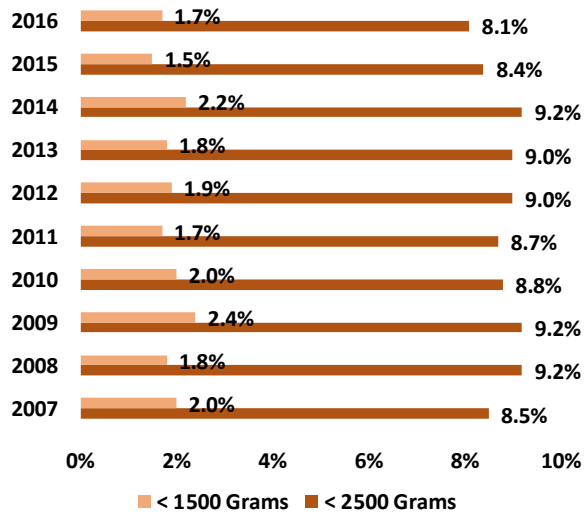
- Very low birth weight babies (less than 1,500 grams) are at greater risk of adverse outcomes than low birth weight babies.
- Mercer County had the second highest percent of very low birth weight babies among the comparative counties.
- The 2016, the very low birth weight rate of 1.7% is higher than the *Healthy People 2020* target of 1.4%.

[56] http://www.cdc.gov/PEDNSS/how_to/interpret_data/case_studies/low_birthweight/what.htm

Birth Weight: Percent of Live Births with Low and Very Low Birth Weight
State and County Comparisons 2016



Mercer County



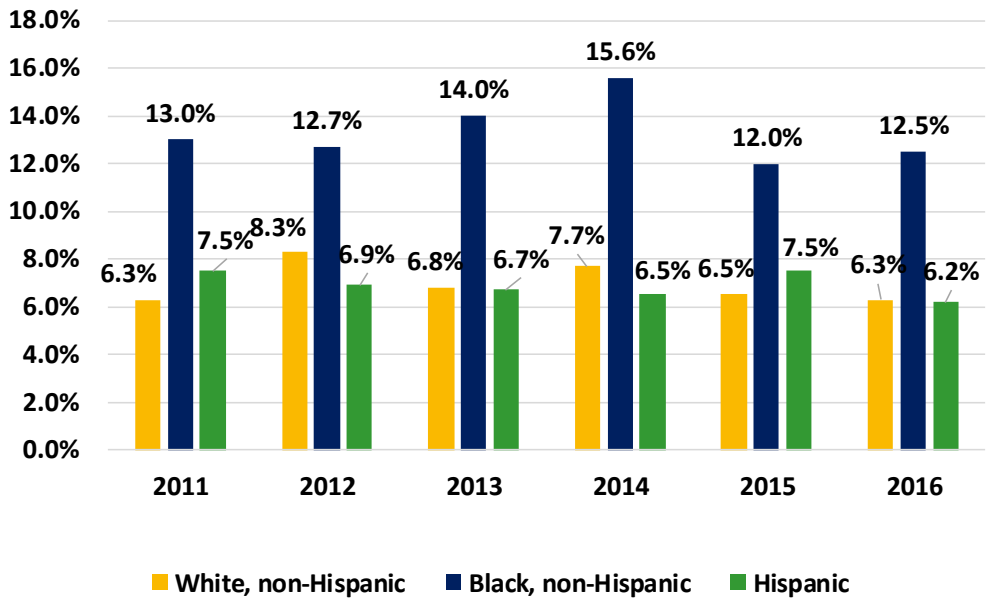
Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on the total number of live births for the County and State

Healthy People 2020

<1500/<2500
Baseline: 1.5% / 8.2%
Target: 1.4% / 7.8%
Mercer County 2016: 1.70% / 8.10%

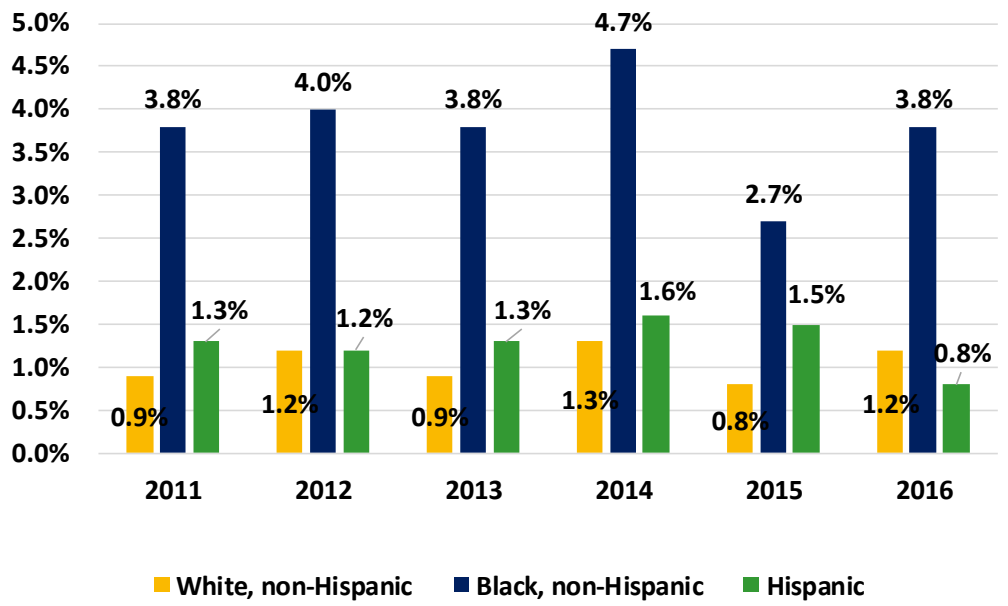
- The percent of low birth weight infants decreased for Blacks between 2011-2016.
- The low birth rate among Blacks was nearly double the rate among Whites.
- The low birth rate among Hispanics decreased 1.3% between 2011-2016.
- Among very low birth rate infants, the rate among Hisptanics decreased by 0.3 percentage points, the rate among Blacks remained stable at 3.5%, and Whites increased 0.3%.

Low Birth Weight: By Mother's Race/Ethnicity; Percent of Live Births with Low Birth Weight Mercer County 2011-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: *Percentages are based on the total number of Low or Very Low Birth Weight Births / Live births for the County and State

Very Low Birth Weight: By Mother's Race/Ethnicity: Percent of Live Births with Very Low Birth Weight Mercer County 2011-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: *Percentages are based on the total number of Low or Very Low Birth Weight Births / Live births for the County and State

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate *Rate of Infant (Under 1 Year) Deaths/ 1000 Live Births*			
Infant Mortality Rate (Black Non Hispanic) *Rate of Infant (Under 1 Year) Deaths/ 1000 Live Births*			
Low Birthweight (<2500 Grams) *Percentage of Live Births*		N.A.	
Low Birthweight (<2500 Grams) (Black Non-Hispanic) *Percentage of Live Births*	N.A.	N.A.	
Very Low Birthweight (<1500 Grams) *Percentage of Live Births*		N.A.	
Very Low Birthweight (<1500 Grams) (Black Non-Hispanic) *Percentage of Live Births*	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

6. Health Status and Behavioral Health Status

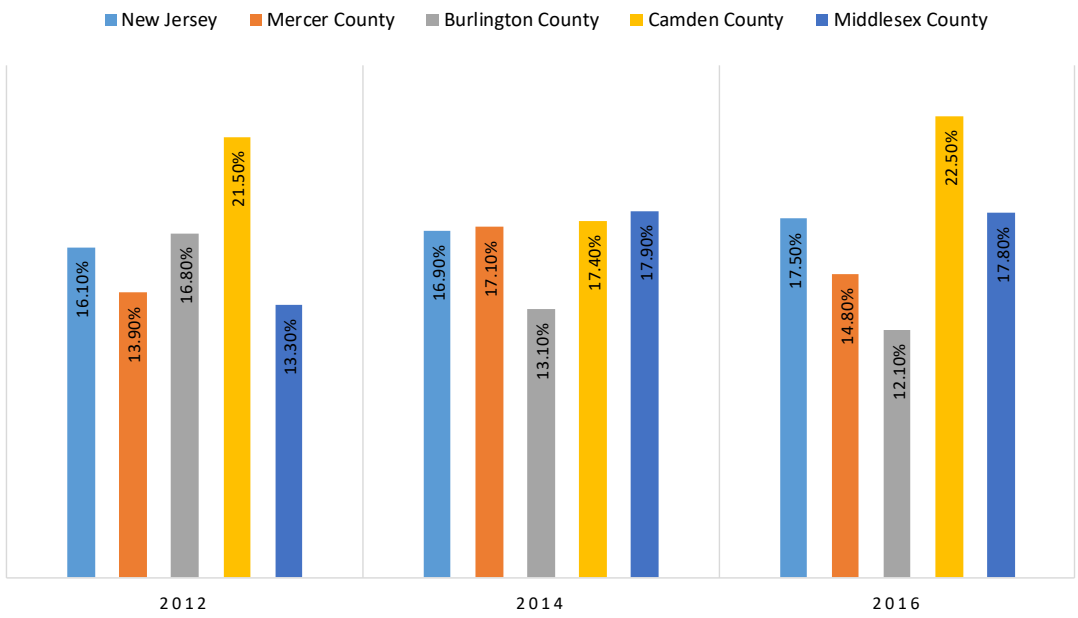
Health status and behavioral health status are broad multidimensional concepts including self-report measures of physical and mental health.

Behavioral Risk Factor Surveillance System (BRFSS), the nation's premier system of health-related telephone surveys, collects data about U.S. residents regarding health-related risk behaviors, chronic health conditions and use of preventive services. In 1984, the survey began collecting data in 15 states and is currently conducted in all states including Washington D.C. and three United States territories. The most recent data available are for the year 2016.

General Health Status

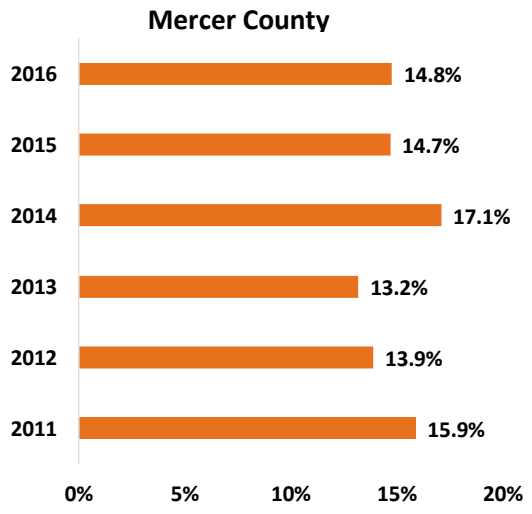
- Only 14.8% of Mercer County residents reported their health as being fair or poor compared to 17.5% of New Jersians.
- Burlington County had the lowest percent of residents report their health to be fair or poor at 12.10%.
- The 14.8% of Mercer County individuals reporting "fair or poor" health in 2016 was higher than the County Health Ranking target of 12.0%.

Percent of Respondents Reporting Their Health as "Fair or Poor"
State and County Comparisons 2012-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Percent of Respondents Reporting Their Health as "Fair or Poor" – Trend



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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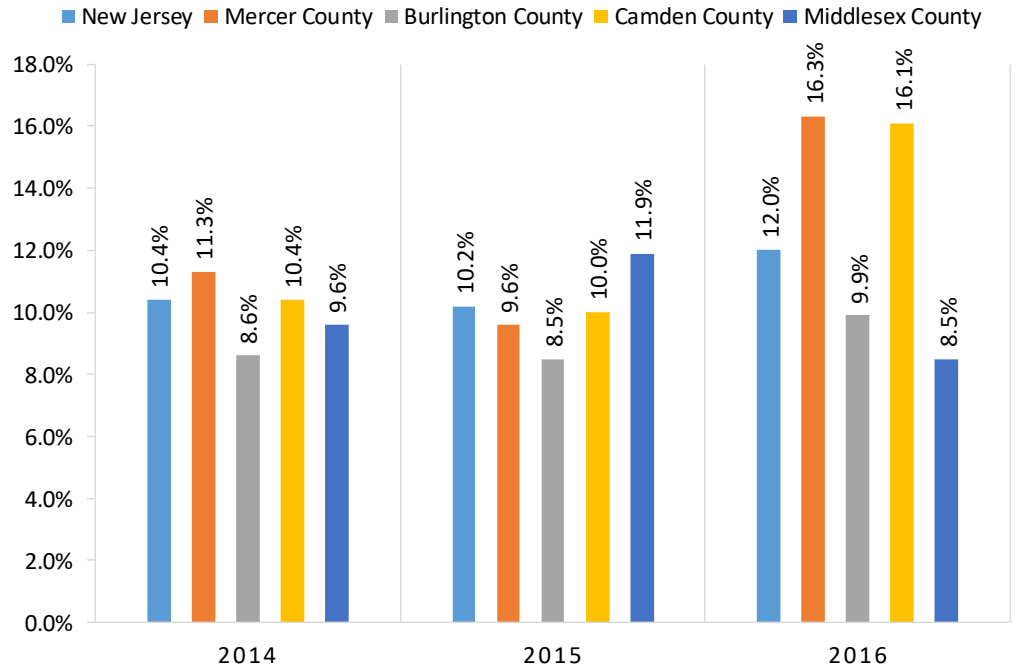
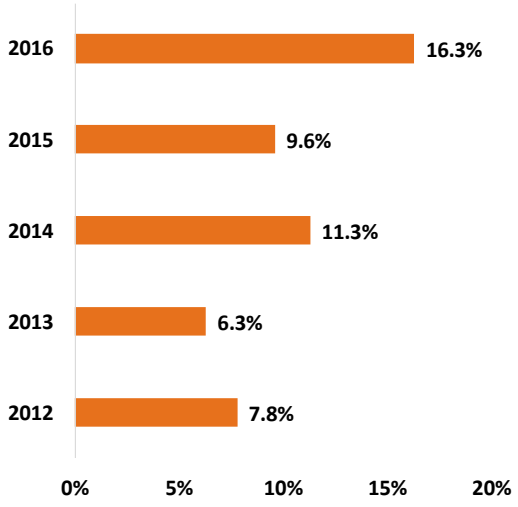
National Benchmark: 12%
Mercer County 2016: 14.8%

- The percent of Mercer County residents reporting 14 or more days a month when their physical health was not good was 16.3% compared to 12% of residents statewide.
- The 2016, the percent of Mercer County residents reporting 14 or more days as not good was in the lowest performing quartile in the State.

Percent Reporting 14 or More of the Past 30 Days Physical Health Not Good: Age-Adjusted State and County Comparisons 2014-2016



Mercer County



Source: New Jersey Behavioral Risk Factor Survey
Note: The physical health measure is based on response to the question: "Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?"

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National Benchmark: 3.0%
Mercer County 2016: 16.3%

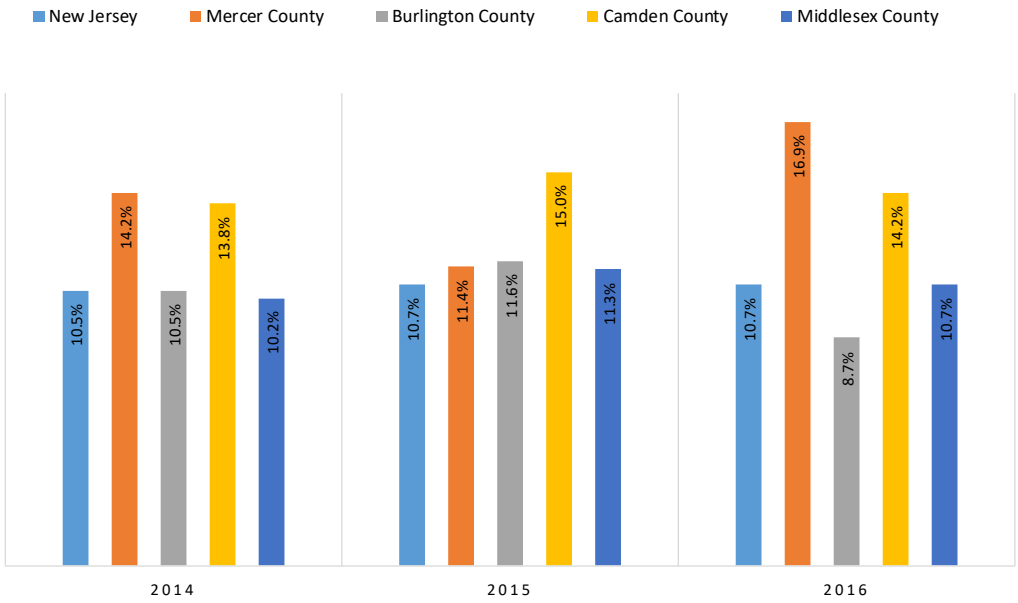
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Reported "Fair" or "Poor" Health *Percentage of Respondents*	N.A.		
Physically Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Behavioral Health Status

- The percent of Mercer County residents reporting 14 or more days a month when their mental health was not good was 16.9% compared to 10.7% of residents statewide.
- The percentage of Mercer County residents reporting 14 or more days when their mental health was not good was higher than the New Jersey and County Health ranking targets.

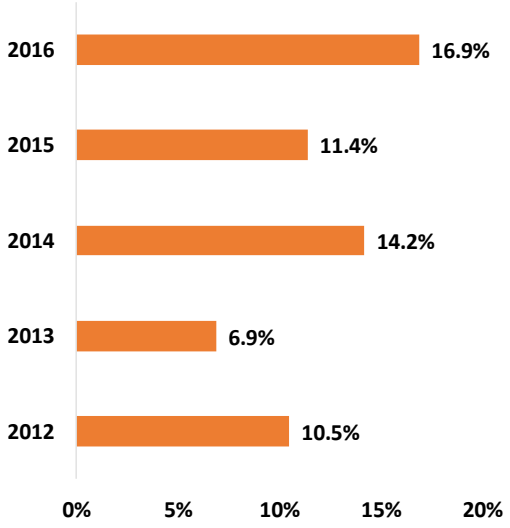
Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good
State and County Comparisons 2014-2016



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "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?"

Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good

Mercer County



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "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?"

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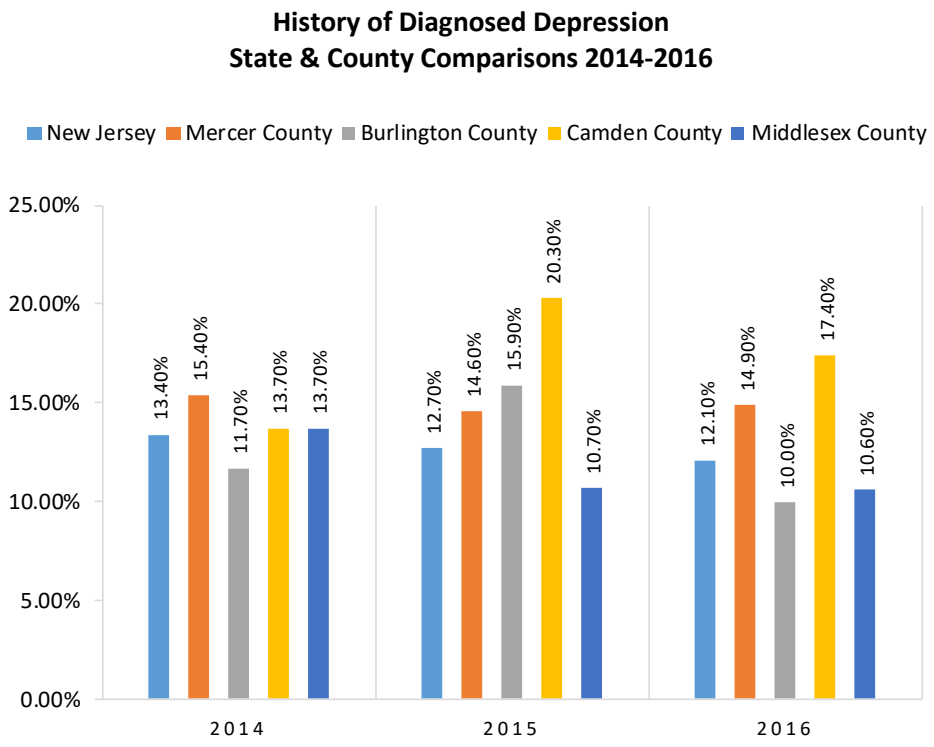
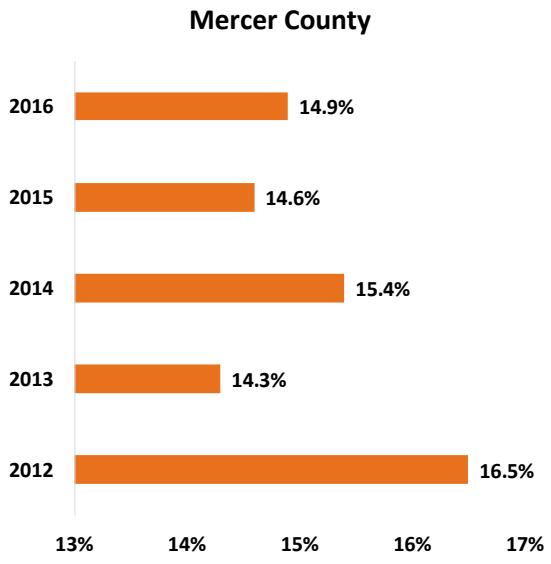
National Benchmark: 3.0%
Mercer County 2016: 16.9%

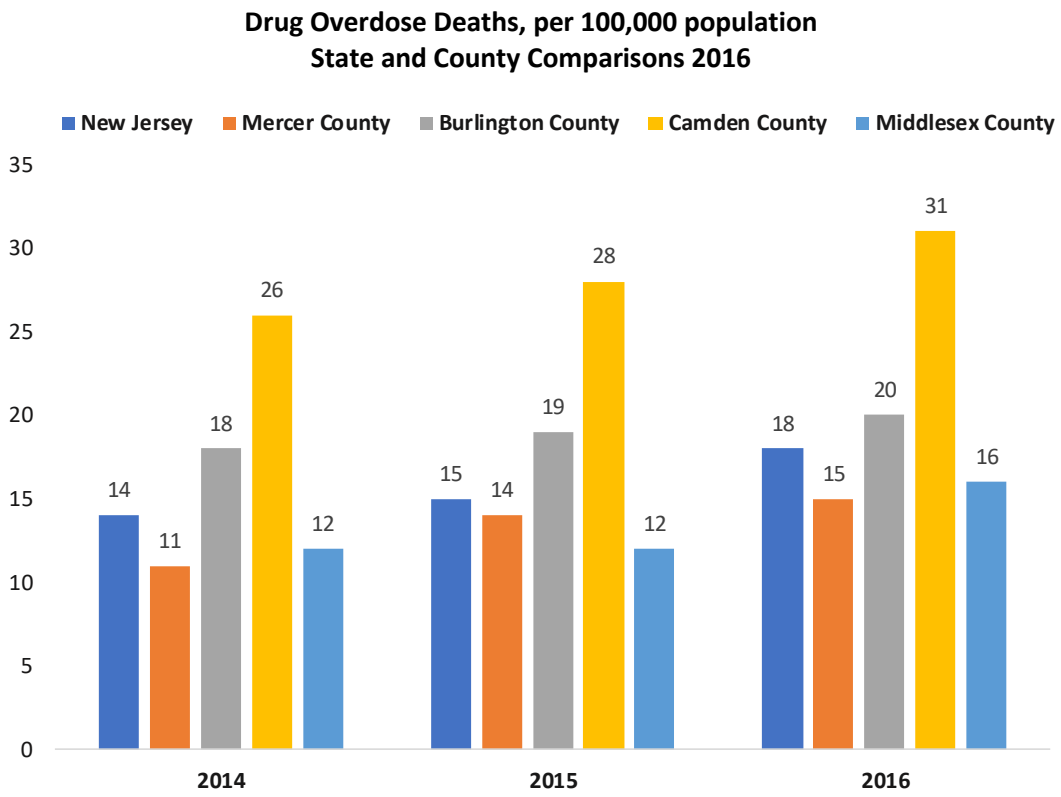
- In 2016, 14.9% of Mercer County residents reported a history of depression, down from 15.4% in 2014.
- The Mercer County rate for history of depression was higher than the statewide percentage 12.1%.

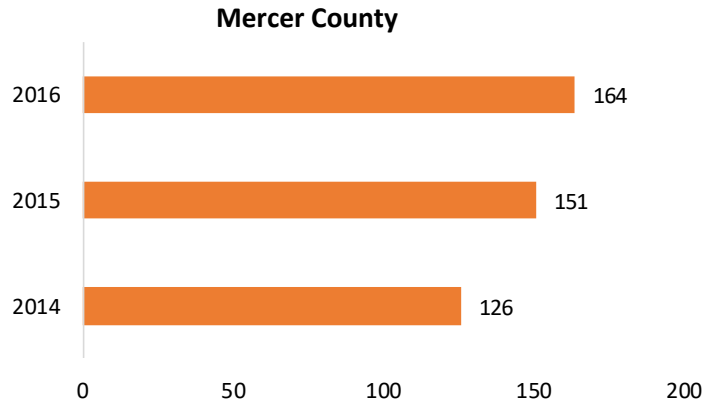




Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "Now thinking about your mental health which includes stress depression and problems with emotions for how many days during the past 30 days was your mental health not good?"

- Since 2014, drug overdose rates increased across New Jersey, Mercer County, and neighboring counties.
- In 2016, there were 164 drug overdose deaths in Mercer County, up from 126 in 2014.





Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

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National Benchmark: 10
Mercer County: 15

Indicator	*Healthy People 2020 Target*	*County Health Rankings Benchmark*	*New Jersey*
Frequent Mental Distress *Average Age–Adjusted Number*	N.A.		
History of Diagnosed Depression	N.A.	N.A.	
Drug Overdose Deaths *Age-Adjusted Rate/ 100,000 Population*	N.A.		

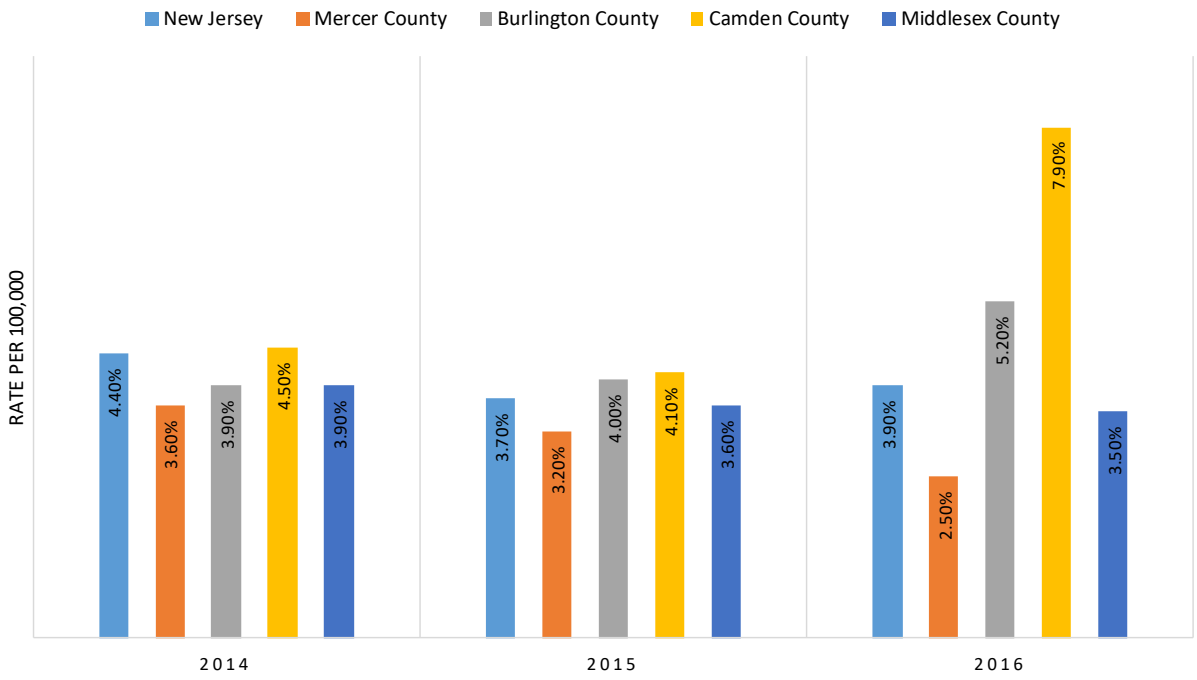
7. Morbidity

Morbidity, the rate of disease incidence, is a measure of quality of life and how healthy a population is in terms of being disease free.

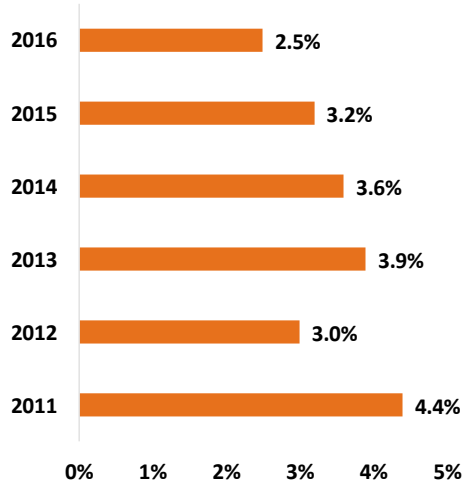
Heart Disease

- In 2016, 2.5% of Mercer County residents reported being told they had angina or coronary heart disease.
- Over the last 6 years the percentage of people reporting coronary artery disease or angina ranged from 2.5% in 2016 to a high of 4.4% in 2011.
- The 2016 rate of 2.5% for residents reporting angina or coronary heart disease is in the top performing quartile in the State.

Cardiovascular Disease (Percent "Yes")
Were You Ever Told You Have Angina or Coronary Heart Disease?
State and County Comparisons 2014-2016



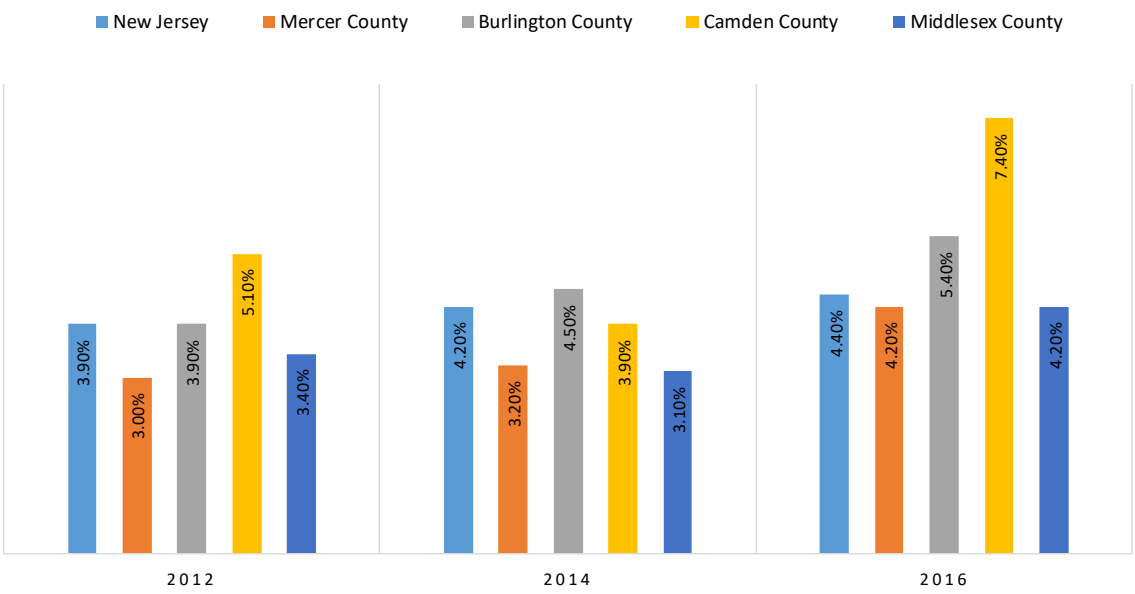
Mercer County

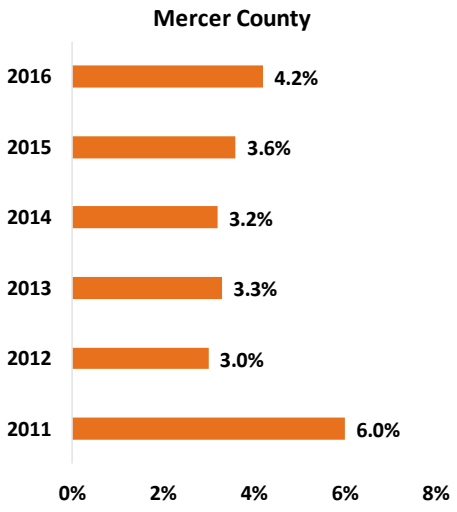


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- Over the last 6 years, the percentage of people that report being told they have had a heart attack ranged from 3.0% in 2012 to 6.0% in 2011.
- In 2016, 4.2% of Mercer county residents reported being told they had a heart attack, lower than the statewide rate and the rate in Burlington, Camden, and Middlesex counties.
- The 2016 rate for Mercer residents being told they had a heart attack is in the middle quartile of all counties in New Jersey.

Cardiovascular Disease (Percent "Yes")
Were You Ever Told You Had a Heart Attack? (Myocardial Infarction)



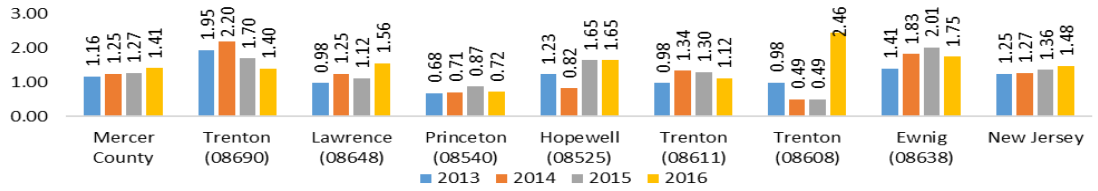


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Heart Disease Hospital Incidence Use Rates for County and Selected Towns

- The rate of Mercer County residents hospitalized with a diagnosis of heart attack (2013-2016) was lower than the statewide average.
- In 2016, Trenton zip code 08608 residents exhibited the highest rate for patients hospitalized with a diagnosis of heart attacks at 2.46/1,000 and Princeton residents reported the lowest rate of 0.72/1,000.

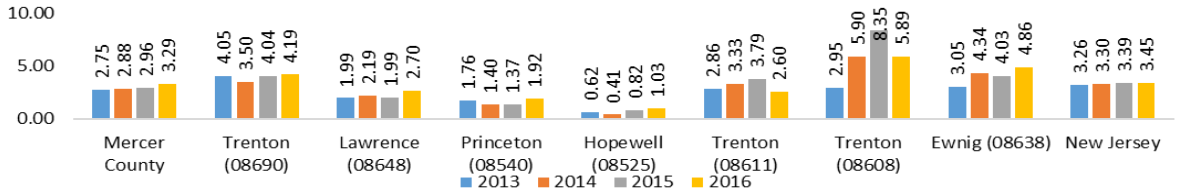
Heart Attack: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 280-285

- Between 2013 and 2016, the rate of patients hospitalized with a diagnosis of heart failure in Mercer County was lower than the statewide average.
- In 2016, Trenton code 08608 residents exhibited the highest rate of patients hospitalized with a diagnosis of heart failure/CHF at 5.89/1,000 and Hopewell residents had the lowest rate of 1.03/1,000.

Heart Failure/CHF: Acute Care IP; Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

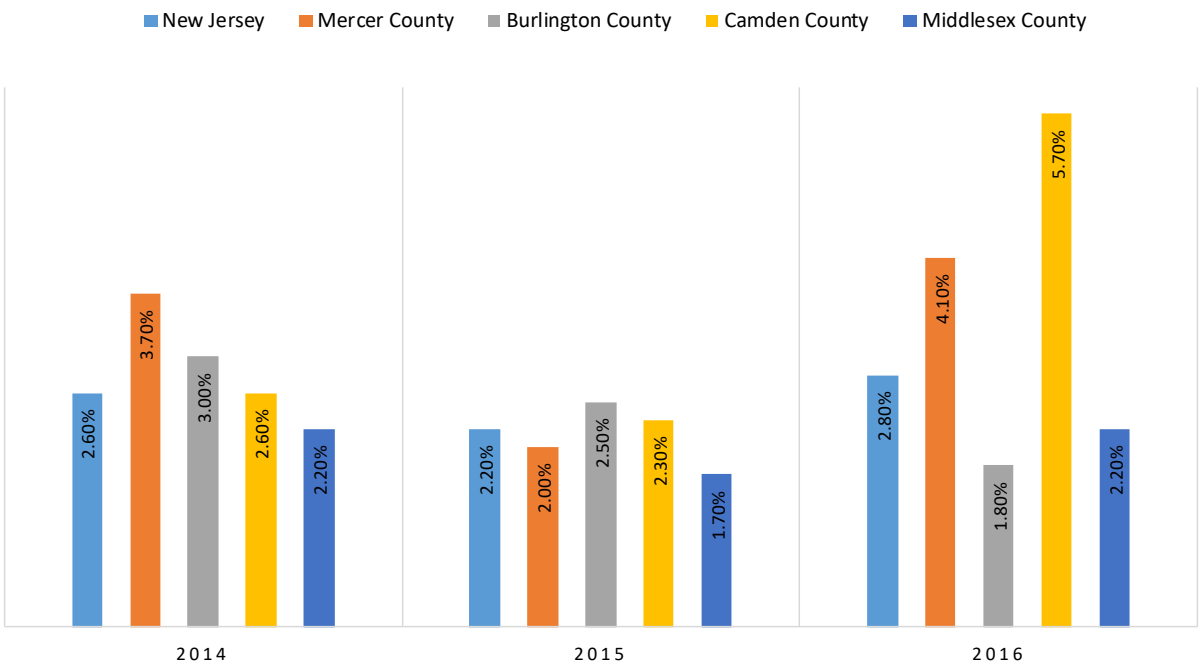


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 291-293

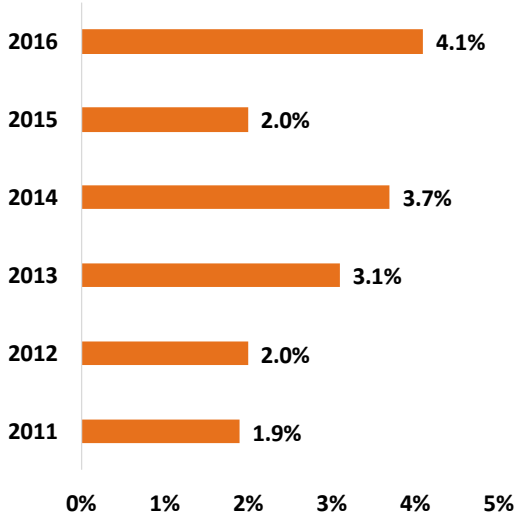
Stroke

- In 2016, 4.1% of Mercer County residents reported being told they had a stroke compared to 2.8% statewide.
- Between 2011 and 2016, the percent of people reporting being told they had a stroke more than doubled.
- Mercer County's rate of residents reporting a stroke was in the worst performing quartile of New Jersey counties.

Cardiovascular Disease (Percent "Yes"): Have You Ever Been Told You Had a Stroke?
State and County Comparisons 2014-2016



Mercer County

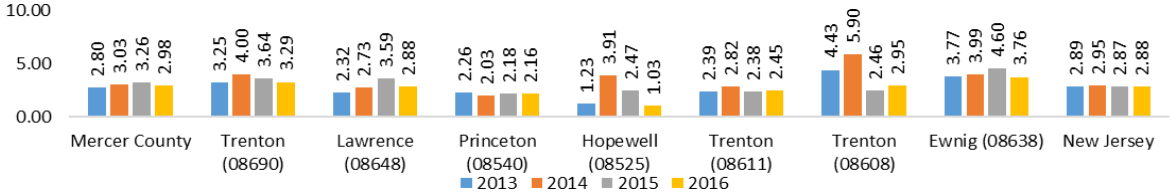


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Stroke Hospital Use Rates for County and Selected Towns

- In 2016, Mercer County residents had a higher rate of hospitalize due to a stroke than for residents statewide.
- In 2016, Trenton zip code 08690 had the highest rate of patients using a hospital service with stroke/TIA diagnosis.
- In 2016, Hopewell (1.03/1,000) had the lowest rate for patients hospitalized for stroke/TIA diagnosis.

Stroke/TIA: Acute Care IP; Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



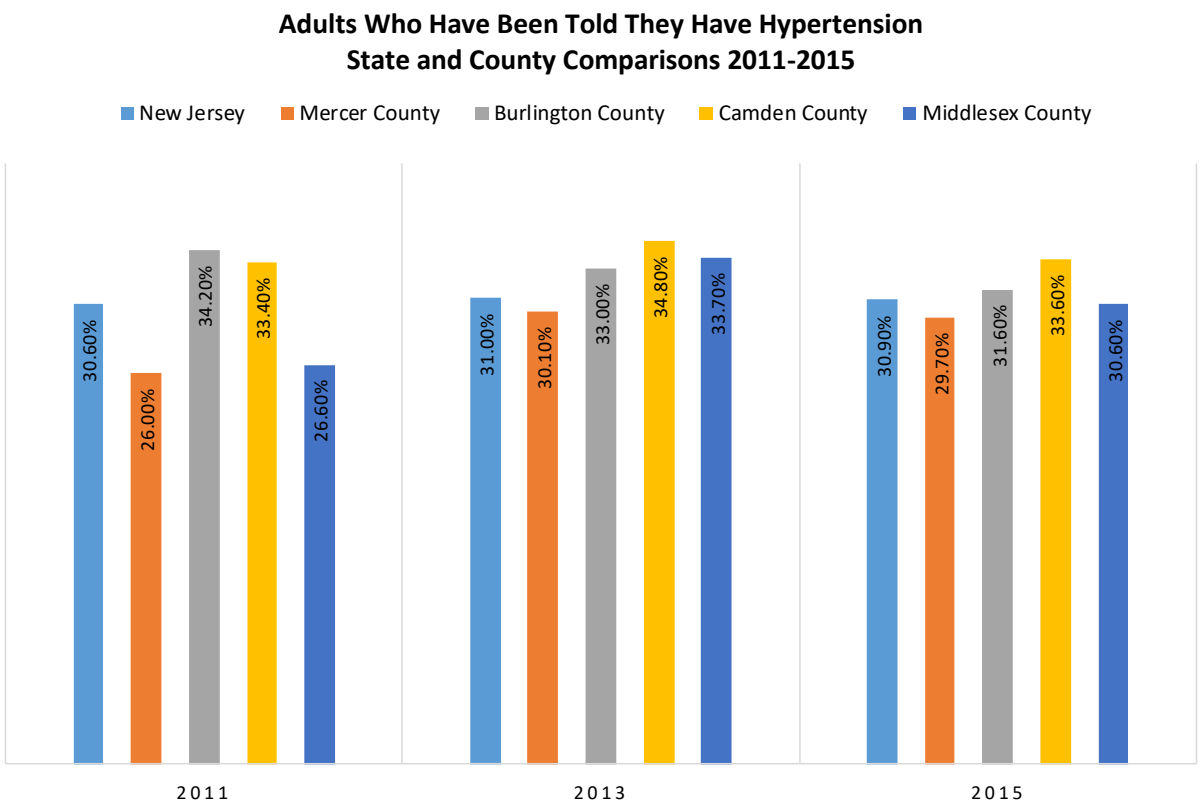
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 061-069

Hypertension and High Cholesterol

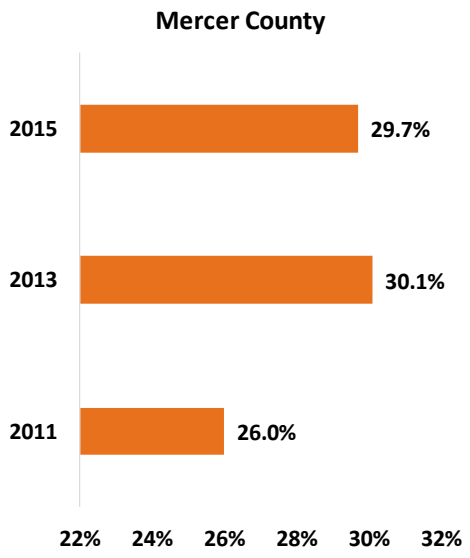
Hypertension

According to the American Heart Association, risk factors associated with developing cardiovascular disease include: high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and Diabetes.

- In 2015, 29.7% of Mercer County residents report being told they had high blood pressure.
- The percent of 2015 Mercer County individuals reporting high blood pressure (29.7%) is higher than the *Healthy People 2020* target of 26.9%.



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)



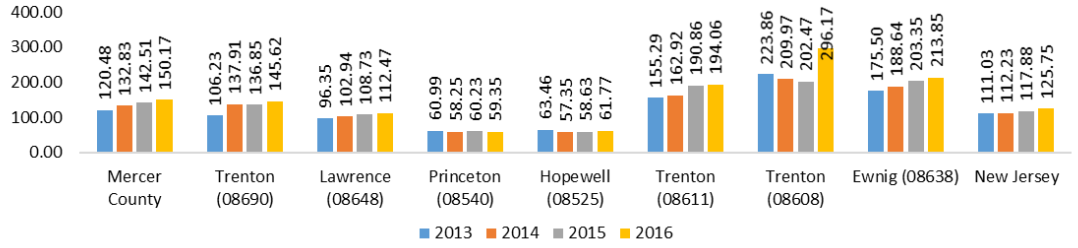
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Baseline: 29.9%
Target: 26.9%
Mercer County 2016: 29.7%

Hypertension Hospital Use Rates for County and Selected Towns

- Trenton zip code 08608 had the highest rate of patients using a hospital service with a diagnosis of hypertension in 2016.
- In 2016, Princeton had the lowest rate of patients using a hospital service with a diagnosis of hypertension.

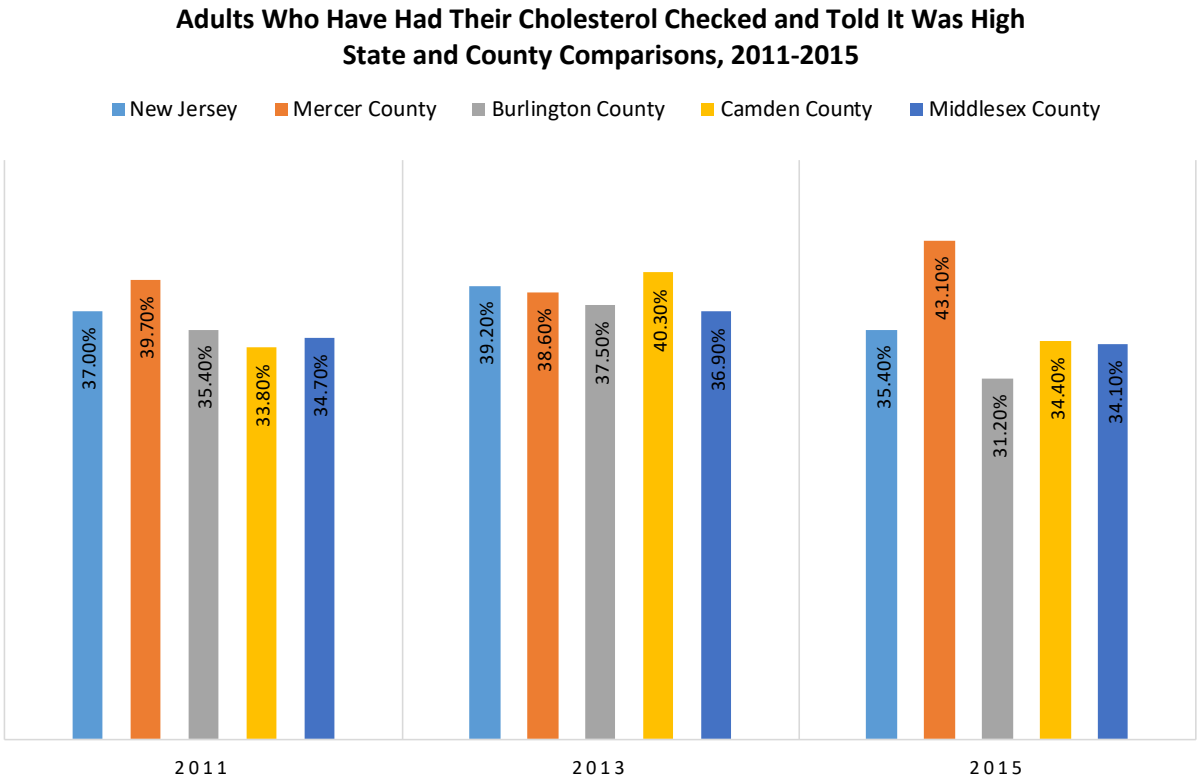
Hypertension: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes in Range 401-405.99 (Appearing Anywhere In First 13 DX Codes On Patient Record)

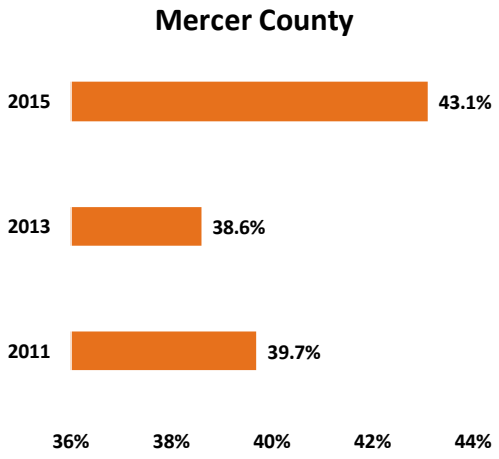
Cholesterol

- Since 2011, the percent of Mercer County residents who had their cholesterol checked and told it was high increased from 39.7% to 43.1%.
- The percentage of residents with high cholesterol was higher than the rate statewide and every comparison county.
- The percent of 2015 Mercer County individuals reporting high cholesterol (43.1%) is more than triple the *Healthy People 2020* target of 13.5%.



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Baseline: 15.0 %
Target: 13.5%
Mercer County 2016: 43.10%

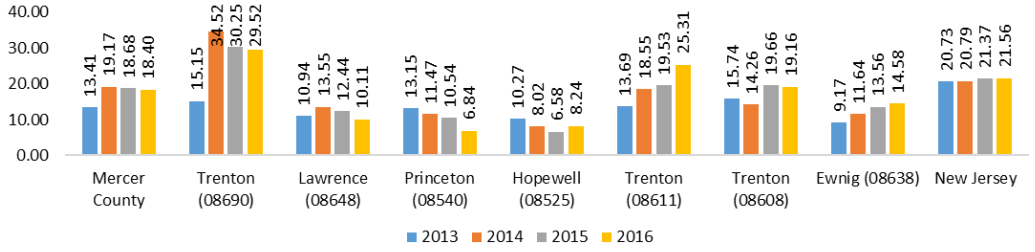


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

High Cholesterol Hospital Use Rates for County and Selected Towns

- The rate of patients using a hospital service with a diagnosis of high cholesterol was highest in 08690 in 2016.
- In 2016, the rate of patients using a hospital service with a diagnosis of high cholesterol was lowest in Princeton (6.84/1,000) and Hopewell (8.24/1,000).

High Cholesterol: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

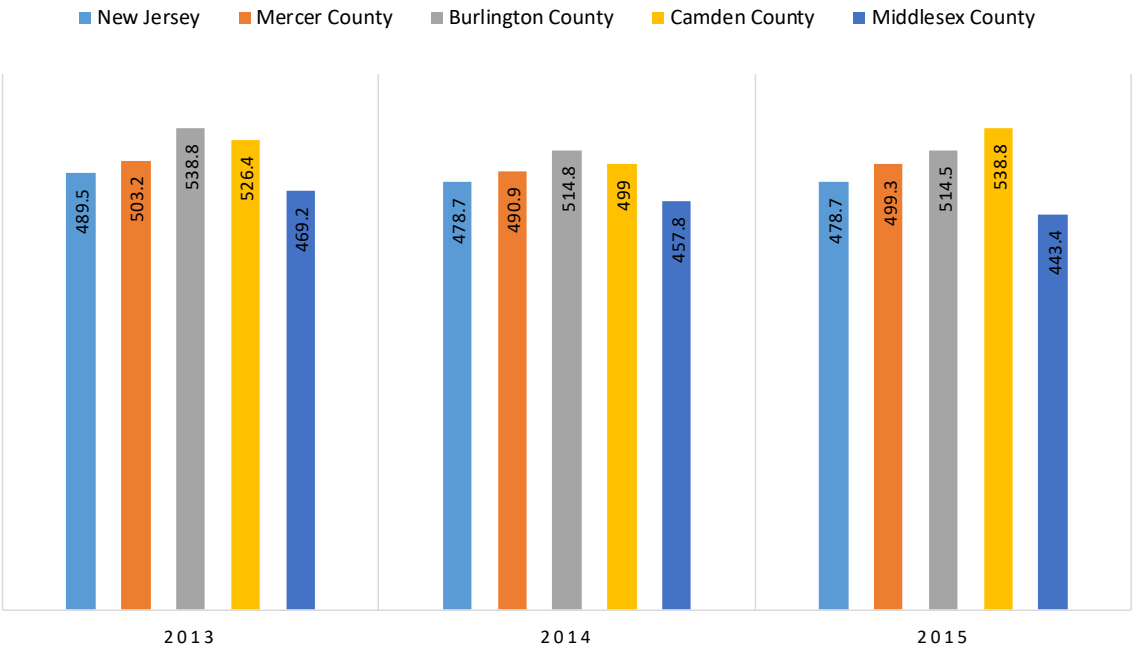


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 272.0 or 272.2 (Appearing Anywhere In First 13 DX Codes On Patient Record)

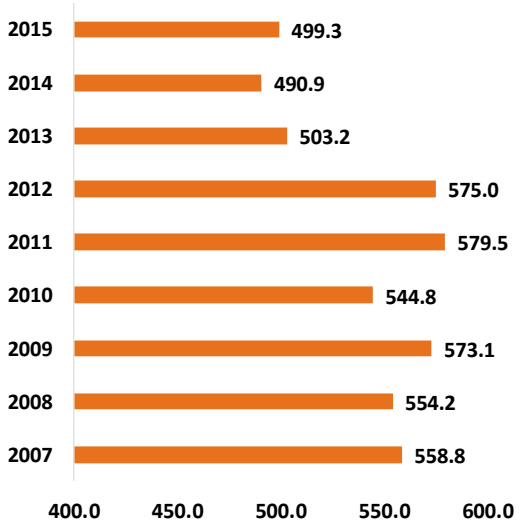
Cancer

- Between 2013 and 2015, cancer incidence rates/100,000 declined from 503.2 to 499.3/100,000.
- In 2015, Mercer County ranked midway in invasive cancer incidence rate in the comparison counties.

Overall Invasive Cancer Incidence: Age-Adjusted Rate / 100,000 Population
State and County Comparisons 2013-2015



Mercer County

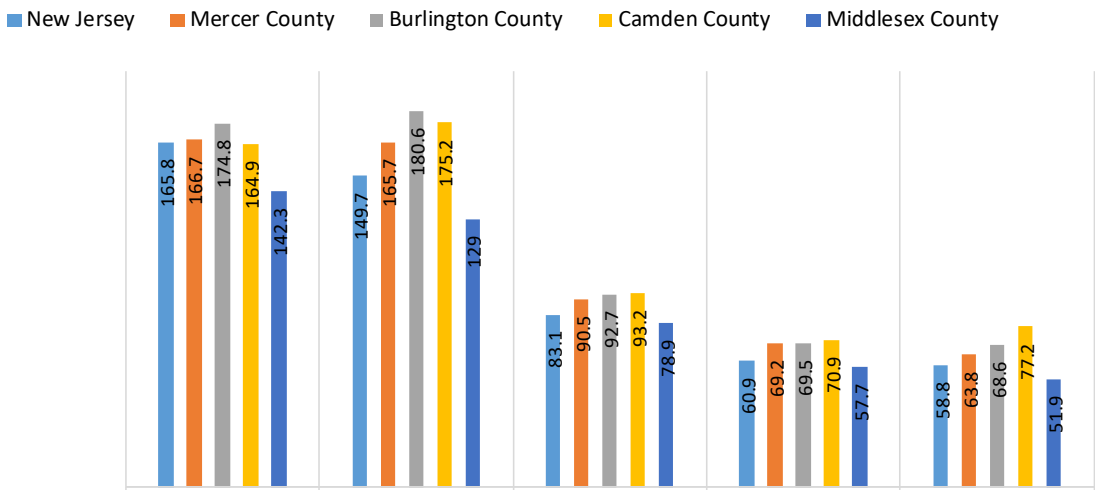


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 1,00000 for Prostate Cancer is based on Males and the Rate / 1,00000 for Breast Cancer is based on Females

Incidence by Site

- Mercer County's age-adjusted incidence rate per 100,000 was higher than the state for all five top cancer sites.
- Rates for Digestive System Cancer declined between 2008 and 2015 as did Male Genital System and Prostate.
- Rates for Breast Cancer and Respiratory System increased.
- Breast cancer incidence rates were higher than the state but lower than Burlington and Camden counties.

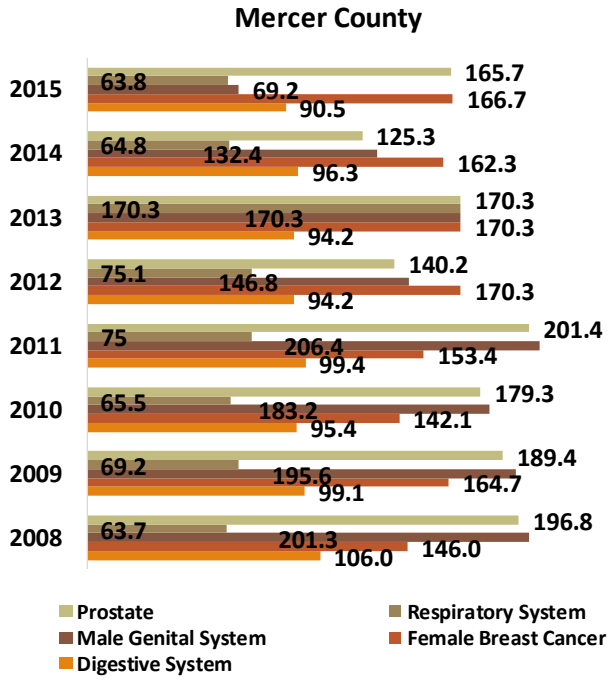
Invasive Cancer Incidence by Site: Age-Adjusted Rate / 100,000 Population
State and County Comparisons 2015



	Breast	Prostate	Digestive System	Male Genital System	Respiratory System
New Jersey	165.8	149.7	83.1	60.9	58.8
Mercer County	166.7	165.7	90.5	69.2	63.8
Burlington County	174.8	180.6	92.7	69.5	68.6
Camden County	164.9	175.2	93.2	70.9	77.2
Middlesex County	142.3	129	78.9	57.7	51.9

Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100,000 for Breast Cancer is based on Females

Invasive Cancer Incidence by Site 2008-2015: Age-Adjusted Rate / 100,000 Population – Trend

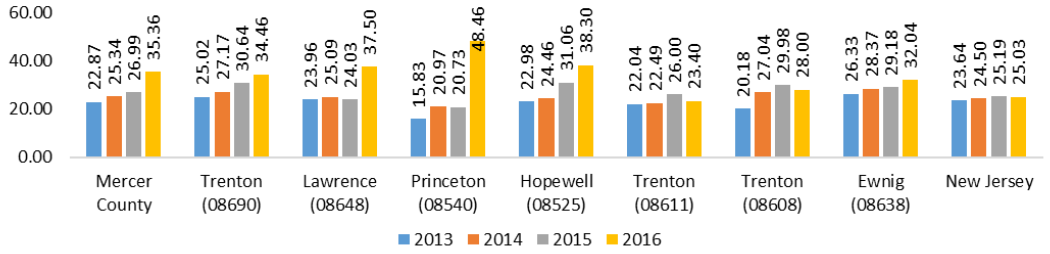


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100,000 for Breast Cancer is based on Females

Cancer Hospital Use Rates for County and Selected Towns

- In 2016, the rate for patients discharged with a cancer diagnosis/1,000 population was highest in Princeton (48.46/1,000).

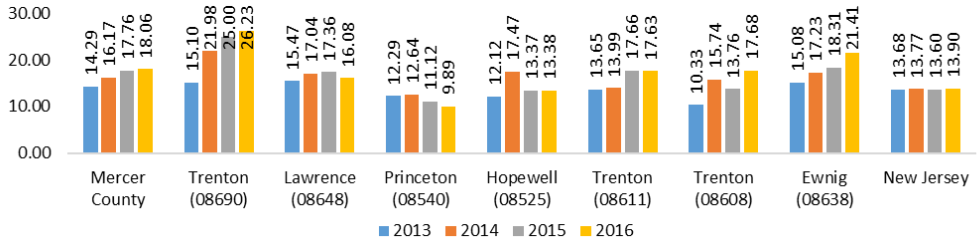
Cancer: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2012 – 2015), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (includes History of Cancer)

- The 2016 rates of residents using a hospital service that had a history of cancer diagnosis was higher Mercer County (18.06/1,000) than in the state (13.90/1,000).

History of Cancer: Acute Care Inpatient, Same Day and ED Discharges; Rate / 1,000 Population



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2012 – 2015), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census
Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (History of Cancer Only)

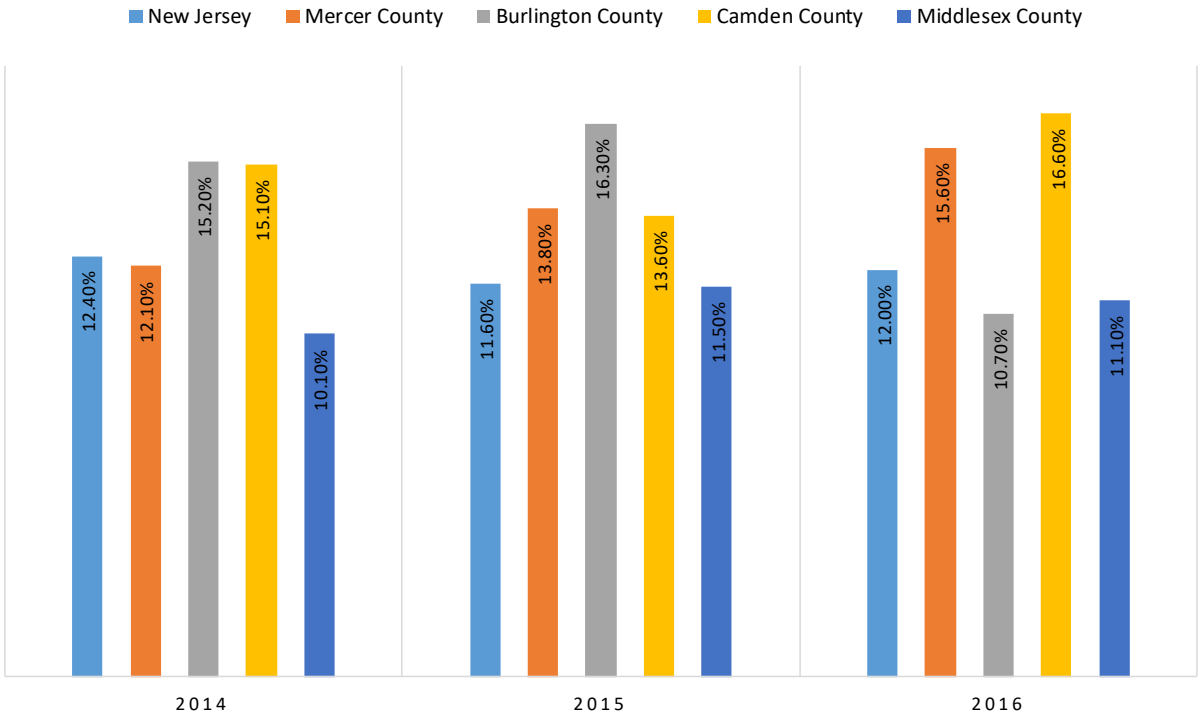
Asthma

Asthma, a chronic lung disease often with childhood onset, inflames and narrows airways and causes recurring periods of wheezing, chest tightness, shortness of breath and coughing.[57] The exact cause of asthma is unknown; however, researchers believe genetic and environmental factors are involved. Factors may include: atopy, parents with asthma, certain respiratory infections during childhood and contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing.[58]

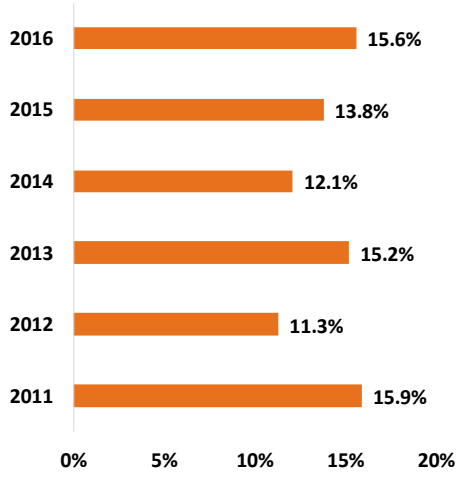
- According to the 2016 BRFSS survey, 15.6% of Mercer County residents reported being told they have asthma compared to 12% statewide.
- The rate of asthma among Mercer County residents was higher than the statewide rate and rates in Burlington and Middlesex County.

[57] http://www.nhlbi.nih.gov/health/health-topics/topics/asthma
[58] ibid

Asthma (Percent "Yes"): Adults Who Have Ever Been Told They Have Asthma
State and County Comparisons 2014-2016



Mercer County

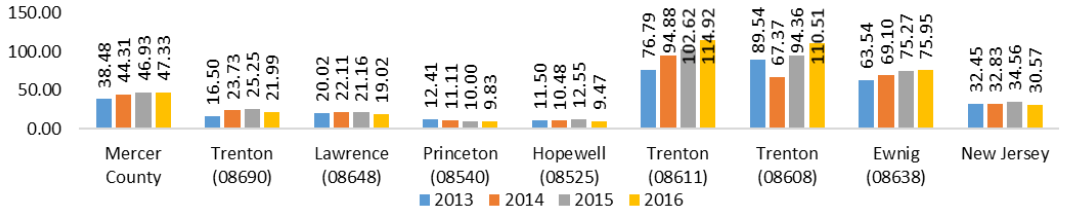


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Asthma Hospital Use Rates for County and Selected Towns

- Rates of residents using a hospital service with a diagnosis of asthma were highest in Trenton zip code 08611 in 2016.
- In 2016, the rate patients using a hospital service with a diagnosis of asthma in Trenton zip codes 08611 and 08608 exceeded the Mercer County (47.33/1,000) rate by more than double. Rates were lowest in Hopewell (9.47/1,000) and Princeton (9.83/1,000).

Asthma: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



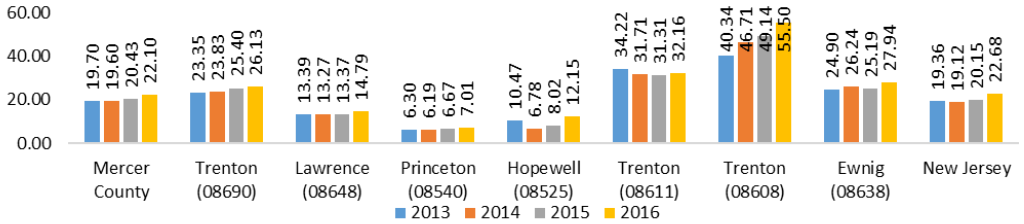
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Range 493-493.9 (Appearing Anywhere In First 13 DX Codes On Patient Record)

COPD (excluding Asthma)

Chronic Obstructive Pulmonary Disease (COPD) is a group of diseases that cause airflow blockage and breathing-related problems including emphysema, chronic bronchitis. In the United States, tobacco smoke is a key factor in the development and progression of COPD, although exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play roles.

- Rates of residents hospitalized with an initial diagnosis of COPD were greatest in Trenton zip code 08608 from 2013 through 2016.
- In 2016, the rate of hospitalization for patients with a diagnosis of COPD was highest in Trenton zip code 08608 (55.50/1,000) and lowest in Princeton zip code 08540 (7.01/1,000).

COPD (excluding Asthma): Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



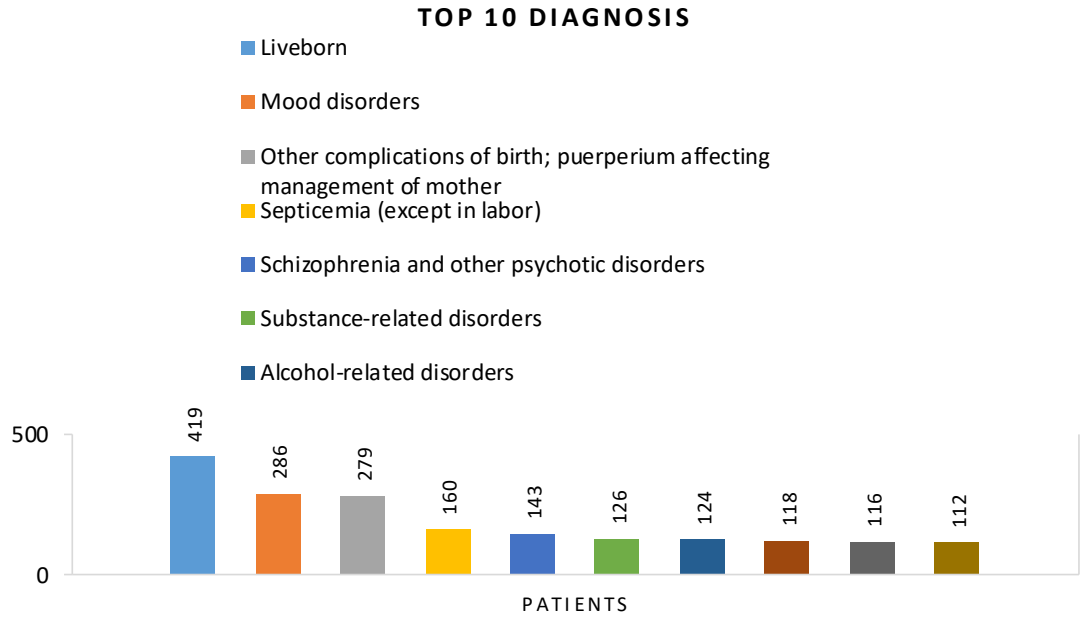
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Ranges 490-492 & 494-496 (Appearing Anywhere In First 13 DX Codes On Patient Record)

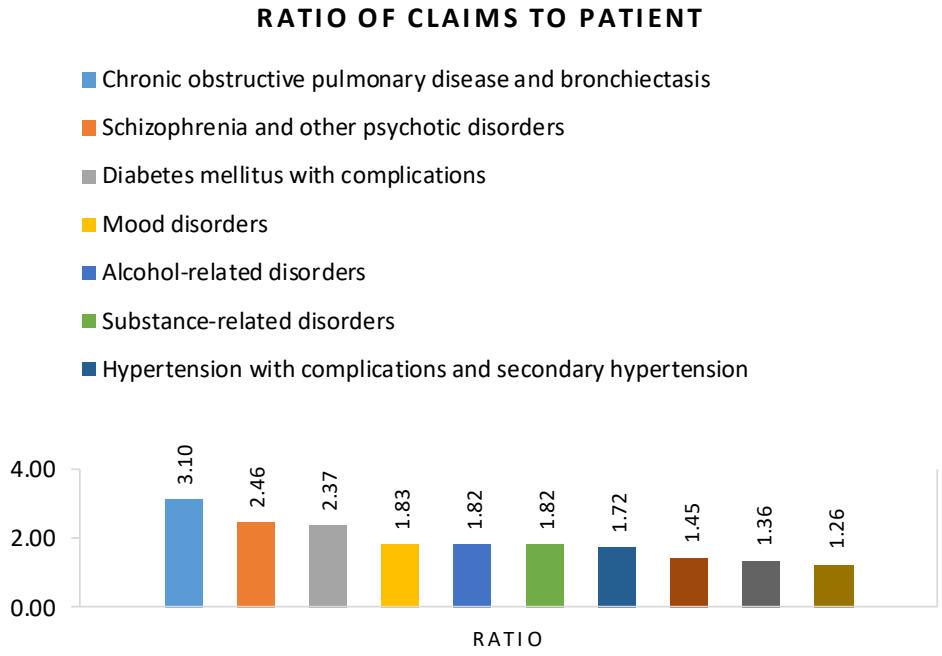
Preliminary data on Mercer County residents that received care at any of the Trenton HIE participating facilities shows that:

- The largest number of claims per patient (3.1) was due to a diagnosis of COPD.

- Medications for respiratory conditions (e.g., albuterol and nasal inhalers) were responsible for the largest number of pharmacy claims.
- The largest number of pharmacy claims per patient corresponded to the top two medications.

Mercer County Health Outcomes – Claims
Inpatient Claims by Primary Diagnosis
2/1/17 – 1/31/18





Source: https://trentonhealthteam.org/resources/trenton-hie/

Diabetes

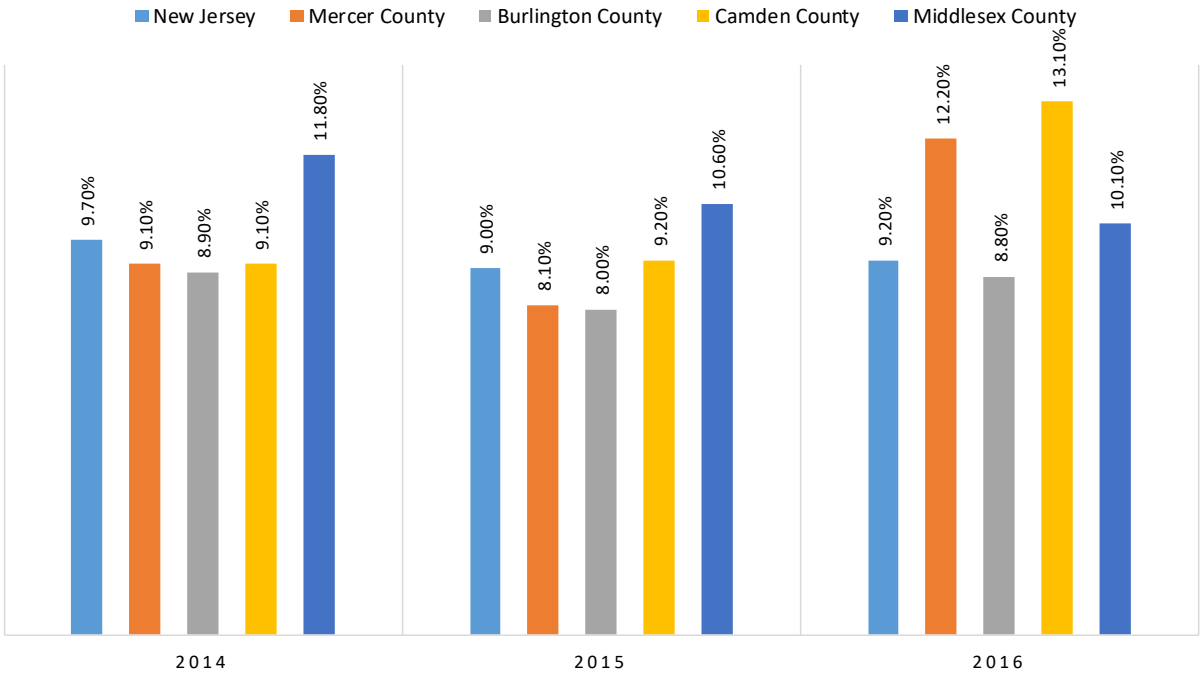
Diabetes is indicated by high levels of blood glucose as a result of problems in insulin production, effectiveness, or a combination of both. The three most common types of diabetes are Type 1, Type 2 and Gestational. Individuals with diabetes may develop serious health complications including heart disease, stroke, kidney failure, blindness, amputation and premature death.

Type 1 develops when insulin producing cells located in the pancreas are destroyed. There is no known way to prevent Type 1 diabetes. In order to survive, Type 1 diabetics must have insulin delivered by injection or pump. Type 2 primarily onsets with insulin resistance disorder in which cells within the muscles, liver, and fat tissue are unable to properly use insulin. Higher risk for developing Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanics/Latinos, American Indians, some Asians, and Native Hawaiians or other Pacific Islanders are at particularly high risk for Type 2. Gestational diabetes is a form of glucose intolerance diagnosed during the second or third trimester of pregnancy. The risk factors for gestational Diabetes are similar to those for type 2 diabetes.[59]

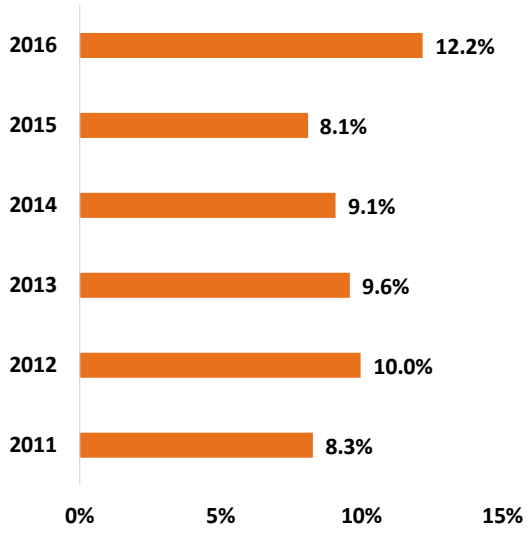
- 12.2% of Mercer County residents reported being told they had diabetes in 2016, greater than the statewide rate.
- The percent of Mercer County residents reporting diabetes increased from 8.3% in 2011 to 12.2% in 2016.
- In 2016, Mercer County had the second highest percentage of patients reporting diabetes among comparison counties. Mercer County is in the middle performing quartile for diabetes as compared to all 21 counties statewide.

[59] http://www.cdc.gov/diabetes/pdfs/data/2014-report-generalinformation.pdf

Diabetes (Percent "Yes"): Have You Ever Been Told by A Doctor That You Have Diabetes? 2014-2016



Mercer County



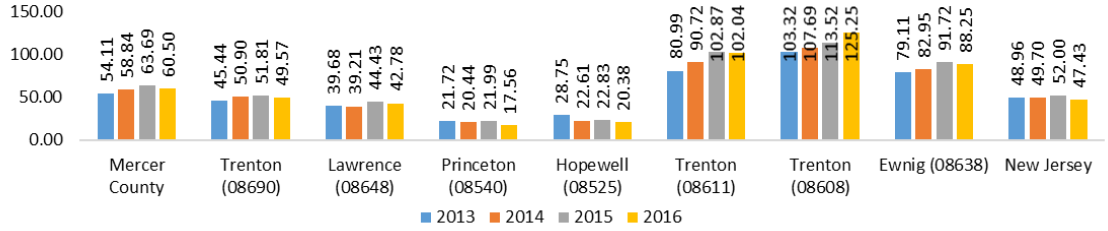
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 91.0%
Mercer County 2016: 84.34%

- The Mercer County rate of residents using a hospital service with a diabetes diagnosis was consistently higher than the statewide average from 2013 to 2016.
- Trenton zip code 08608 had the highest rate of residents using a hospital service with a diabetes diagnosis using a hospital service (125.25/1,000) in 2016.
- Rates in the Trenton/Ewing area were higher than the County and the state.

Diabetes: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population 2013-2016

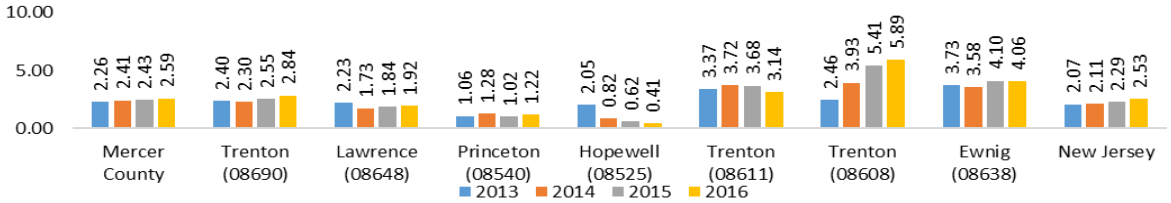


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In The Range 249.00-250.03 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Diabetes is a contributing factor to renal failure. More than 35% of U.S. adults with diabetes have chronic kidney disease. High blood sugar and high blood pressure increase the risk that chronic kidney disease will eventually lead to kidney failure.[60]

- In 2016, the rate of Mercer County residents using a hospital service with diagnosis of renal failure exceeded statewide averages.
- The highest rate of residents using a hospital service with diagnosis of renal failure was highest in Trenton zip code 08608 (5.89/1,000) and lowest in Hopewell (0.41/1,000).

Renal Failure: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



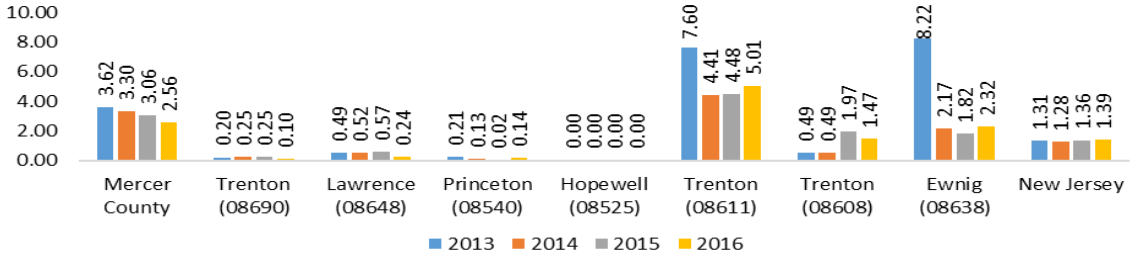
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges For MS-DRGs In the Range 682-685

***Sickle Cell*: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population 2013-2016**

- In 2016, Trenton (08611) had the highest rate of hospital use for Sickle Cell, followed by Trenton (08638).

[60] http://www.cdc.gov/Features/WorldKidneyDay

Acute Care IP, Same Day and ED Discharges
Disease Incidence: Sickle Cell

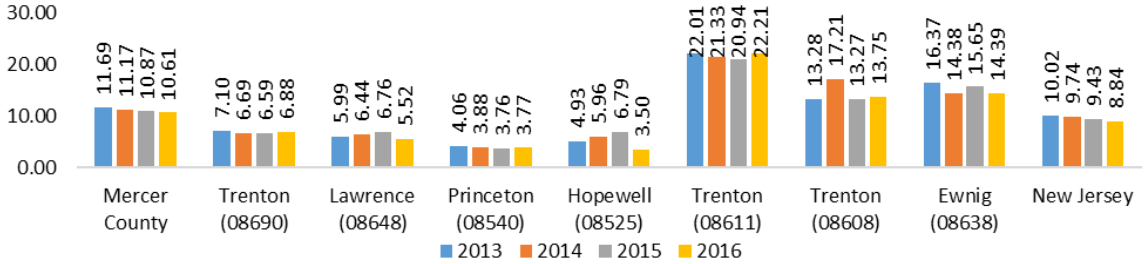


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 & 2016 Straight Line Value Based on 2010 and 2017, Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 282.6-282.69 (Appearing In First 13 DX on Patient Record)

***Cellulitis*: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population 2013-2016**

- In 2016, Trenton (08611) had the highest rate of hospital use for Cellulitis, followed by Ewing.

Acute Care IP, Same Day and ED Discharges



Disease Incidence: Cellulitis

Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 & 2016 Straight Line Value Based on 2010 and 2017., Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGS 602, 603

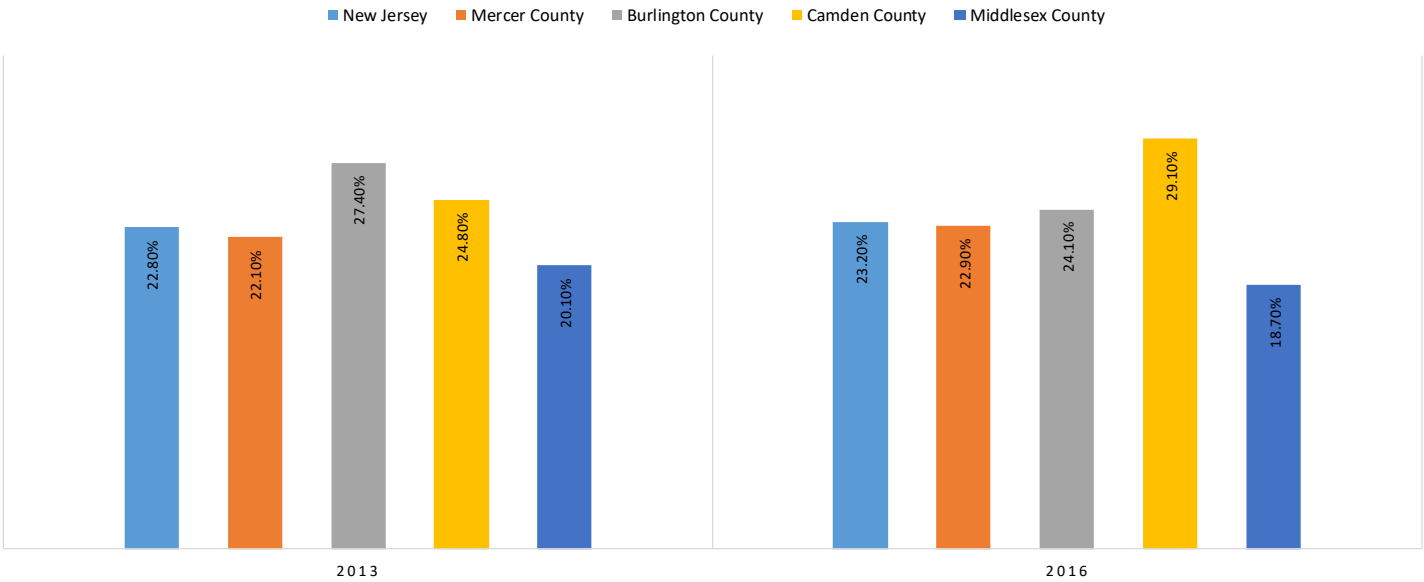
Arthritis

Arthritis affects more than 1 in 5 adults and is the nation's most common cause of disability. A*rthritis* describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly.[61]

[61] http://www.cdc.gov/arthritis/basics.htm

- In 2016, 22.9% of adults in Mercer County reported being told that they have arthritis, lower than the rates in Burlington and Camden counties and higher than the rate in Middlesex County.
- Since 2013, the rate for adults with arthritis increased from 22.1% to 22.9% and has remained slightly lower than the rate statewide.

Arthritis (Percent "Yes"): Adults Who Have Ever Been Told They Have Arthritis
State and County Comparison 2013-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
CARDIOVASCULAR DISEASE ***Were You Ever Told You Had Angina or Coronary Heart Disease?*** % Yes	N.A.	N.A.	
CARDIOVASCULAR DISEASE ***Were You Ever Told You Had a Heart Attack?*** % Yes	N.A.	N.A.	
STROKE ***Were You Ever Told You Had a Stroke?*** % Yes	N.A.	N.A.	
ASTHMA ***Adults Who Have Ever Been Told They Have Asthma*** % Yes	N.A	N.A.	
DIABETES ***Have You Ever Been Told by a Doctor That You Have Diabetes*** % Yes	N.A.		
ARTHRITIS ***Adults Who Have Ever Been Told They Have Arthritis*** % Yes	N.A.	N.A.	

Hypertension Awareness *Adults Who Have Been Told They Have High Blood Pressure*		N.A.	
Cholesterol Awareness *Adults Who Have Had Their Cholesterol Checked and Told it Was High*		N.A.	
Overall Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A	N.A.	
Prostate Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Breast Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Respiratory System Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Digestive System Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Male Genital System Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

6. ASSETS AND GAPS ANALYSIS

The Assets and Gaps Analysis summarizes and highlights each component of the CHA. Assets highlight Mercer County information indicating improvement over time in comparison to other counties and the State or in comparison to other races and genders. Gaps focus on disparities in Mercer County that have a negative trend, in comparison to other counties and the State or in comparison to other races or genders.

A. HEALTH DISPARITIES

Economic Status

ASSETS

- The rate of unemployment in Mercer County declined between 2013 and 2016.
- Median household income in Mercer County decreased between 2014 and 2016.
- The percent of Mercer County adults and children receiving SNAP benefits was lower than the rate statewide.
- The percent of Mercer County residents with a graduate or professional degree was higher than the statewide rate, and higher than the rate in Burlington, Camden and Middlesex counties.
- Between 2014 and 2016, the percentage of people who speak English less than very well declined from 10.2% to 9.6%.

GAPS

- Mercer County families, people, and children had a higher or equal percentage of an income below federal poverty level than the statewide rate. Seniors, however, had a lower percentage.
- New Jersey and Mercer County residents have a higher percentage of individuals who did not complete a high school education than the *Healthy People 2020* target of 2.1% and was below the State average.

Social Context

ASSETS

- Mercer County's rate of association per 10,000 population (11.3) is higher than the State and comparison counties.
- In 2016, the Mercer County rate of domestic violence arrests was lower than the statewide and the rates in all the comparative counties.

Health and Health Care

ASSETS

- Since 2013, the nonelderly population without health insurance in Mercer County has trended downward. From 2013 through 2015, Mercer County had consistently lower rates of nonelderly population without health insurance than statewide.

GAPS

- Mercer County population to physician ratio was lower than the ratio statewide and below the County Health Rankings benchmark.
- In 2016, Mercer County's ACSC ED visit rate was higher than the statewide rate.
- Mercer County had the sixth highest ACSC ED visit rate of the 21 counties in 2016; there was a 1.2% from the 2013 rate.
- Mercer County children's ACSC ED visit rate was higher than the State. Several Trenton zip codes had ACSC Rates that were two to three times greater than the county.

Neighborhood and Built Environment

ASSETS

- In 2016, the average daily density of fine particulate matter was 8.9 micrograms per cubic meter in Mercer County, lower than the statewide rate and all comparison counties.
- In 2016, 3.65% of Mercer County residents had food insecurity, fewer than all comparative counties.
- Between 2014-2016, there was a 10% decrease in the rate of burglaries in Mercer County.
- In 2016, the Mercer County rate of domestic violence arrests was below the statewide rate and the rates in all the comparative counties.
- In 2016, the rate of deaths due to accidental poisoning and exposure to noxious substances in Mercer County was less than its comparative counties and the rate statewide.

GAPS

- In 2016, 0.80% of children in Mercer County had elevated blood levels. This rate has stayed consistent since 2013 and is higher than the rate statewide and for the comparison counties.
- The rate of deaths due to accidental poisoning and exposure to noxious substances increased between 2015 and 2016.
- Violent crime increased from 2014 to 2016 and has historically been higher than the statewide rate.
- In 2016, the rate of motor vehicle crash deaths was 7.35/100,000 in Mercer County, greater than the statewide rate.

B. HEALTH FACTORS

Clinical Care Measures

ASSETS

- Mercer County's 2016 primary C-section rate is lower than the State rate (25.2%).
- Countywide, women with a primary C-section trended downward from 2013 through 2015, decreasing from 24.2% to 22.8%. The rate increased again in 2016 (23.3%).

GAPS

- Mercer County's 2016 VBAC rate (14.4%) is higher than the State rate (11.9%) by 2.5 points.
- Mercer County's 2016 inpatient utilization rate was 11.5% higher than the State (160.22/1,000).
- Mercer County's 2016 ED visit rate was 23% greater than State rate.

Health Behaviors

ASSETS

- The percent of Mercer County births to teens age 15-17 trended downward from 2007 through 2016.
- County-wide HIV/AIDS prevalence rates declined between 2013 and 2015, although higher than the County Health Rankings benchmark.

GAPS

- In 2016, only 67.8% of live births to Mercer County moms received first trimester care compared to a high of 86.1% in 2010. Mercer County had the lowest percentage of live births with first trimester prenatal care in all comparative counties. The percentage of Mercer County moms receiving first trimester care was lower than the *Healthy People 2020* target of 77.9%.
- Mercer County had the highest percentage of live births with no prenatal care in the four-county area.
- In 2016, STI rates in Mercer County were higher than the statewide rates and greater than those of Burlington and Middlesex counties.

Individual Behaviors

ASSETS

- In 2016, Mercer County had the lowest percentage of adults in the county area who reported smoking. Between 2014 and 2016, smoking rates declined 9.9 percentage points.
- The binge drinking rate in Mercer County has decreased since 2012, from 15.6% to 12.1%. In 2016, adults in Mercer County who reported binge drinking was lower than its comparison counties.

GAPS

- Over 33% of Mercer County adults reported a BMI at or over 30 in 2016.
- Countywide residents reporting no leisure-time physical activity trended upward from 2014 through 2016, increasing almost 10 percentage points.

Health Screening

ASSETS

- The percentage of women who had a mammogram in the last 2 years increased from 50.5% to 76.4% between 2012-2016, and that percentage exceeded the County Health Rankings benchmark of 71%.
- Between 2012-2016, the number of residents who report ever having a colonoscopy or sigmoidoscopy has increased 15.7 percentage points.
- From 2009 to 2014, the percentage of Mercer County diabetic Medicare enrollees that received screening increased.
- In 2016, nearly 70% of adults 65+ had received a pneumonia shot. This rate is higher than the statewide rate.
- The percent of Mercer County adults over 65 who had a pneumonia vaccine increased from 2012 to 216.

GAPS

- Mercer County has the lowest percentage of women receiving pap tests in the comparative county area and it is below the state rate.
- Over the last six years the percentage of adults who had a flu shot decreased and was lower than the *Healthy People 2020* target of 90%.

Mental Health and Substance Use Utilization

ASSETS

- In 2016, Mercer County had 43% fewer patients hospitalized for mental health conditions than the State.
- Opioid dispensations decreased slightly between 2014 and 2016.

GAPS

- Inpatient Mental Health rates for both Trenton zip codes 08611 and 08608 are noticeably higher than all other comparative figures.
- Across all age cohorts county-wide except for those 0-17, there is an increase in inpatient admissions for substance abuse from 2012 through 2016.
- Countywide, there has been an increase in the rate of ED visits for substance abuse from 2012 through 2016 for all age cohorts except for the 0-17 age cohort. In 2016, Mercer County had a higher rate of residents with an ED visits for substance abuse among all cohorts except for those 0-17 as compared to the State.
- Since 2015, naloxone administrations increased by .03% for New Jersey and .02% for Mercer County.

C. HEALTH OUTCOMES

Mortality

ASSETS

- Between 2013 and 2016, five of the top 10 age-adjusted mortality rates declined, with greatest decreases in stroke (-14.8%), diabetes mellitus (-3.7%) and Alzheimer's disease (-3.2%).
- In 2016, the mortality rate for heart disease was lower than the statewide rate, and the rates for Burlington and Camden Counties. The mortality rate for heart disease deaths among White Mercer County residents is among the lowest in New Jersey.
- Deaths due to cancer declined 6.7% between 2014 and 2016.
- In 2016, Mercer County's stroke mortality rate was lower than the statewide average and the comparison counties of Burlington and Camden.
- The AAMR for intentional injuries was 27.3% lower than the statewide rate.
- In 2016, the rate for unintentional injuries was lower than the statewide rate and the rate for Burlington, Camden, and Middlesex Counties.
- Between 2013 and 2016, age-adjusted mortality rates for Alzheimer's disease declined from 25 to 24/1,000, or 3.2%.
- Mercer County's suicide rate decreased from 2014 to 2016.

GAPS

- Deaths due to nephritis, nephrotic syndrome, and nephrosis increased.
- Despite outperforming the State, the heart disease mortality rate of 193.0/100,000 remains far higher than the *Healthy People 2020* target of 103.4/100,000. In 2016, the mortality rate for heart disease deaths among Whites was more than 6 times the rate of Hispanics.
- Mortality rates for cancer in Mercer County have been increasing since 2007. The mortality rate for malignant neoplasm deaths among Black Mercer County residents is higher than the rate statewide among Black residents.
- The mortality rate for stroke deaths among Black Mercer County residents is slightly higher than the statewide rate for Black residents.
- The number of years of potential life lost 6,064.41 is higher in Mercer County than statewide and the surrounding counties of Burlington and Middlesex.

Maternal and Child Health

ASSETS

- The Black infant mortality rate declined between 2007-2009.

GAPS

- The infant mortality rate for 2013-2015 was higher than statewide, Burlington and Middlesex County rates and higher than the *Healthy People 2020* and County Health Rankings targets.
- Although the Black infant mortality rate decreased between 2007-2009 the mortality rate in Mercer County is higher than the State and all surrounding counties.
- Mercer County had the second highest percentage of low birth weight infants and the second highest percent of very low birth weight babies among the comparative counties. The percent of low and very low birth weight infants is higher among Blacks than for Whites or Hispanics.

Health and Behavioral Health Status

ASSETS

- Only 14.8% of Mercer County residents report their health as being fair or poor compared to 17.5% of New Jersians. The percentage is lower than the County Health Rankings target.
- Between 2012 and 2016, the percent of Mercer County residents reporting a history of depression decreased.

GAPS

- In 2016, the percent of Mercer County residents reporting 14 or more days as "not good" was in the lowest performing quartile in the State.
- The percentage of Mercer County residents reporting 14 or more days when their mental health was not good is higher than the New Jersey and County Health ranking targets.
- The Mercer County rate for history of depression was higher than the statewide percentage.
- Since 2014, drug overdoses increased across New Jersey, Mercer County, and neighboring counties.

Morbidity

ASSETS

- The 2016 rate of 2.5% for residents reporting angina or coronary heart disease is in the mid-performing quartile in the State.
- In 2016, 4.2% of Mercer county residents reported being told they had a heart attack, lower than the statewide rate and the rate in Burlington and Camden Counties.
- The rate of Mercer County residents hospitalized with a diagnosis of heart attack (2013-2016) was lower than the statewide average.
- Invasive cancer rates for Digestive System Cancer declined between 2008 and 2015 as did Male Genital System and Prostate.

GAPS

- Between 2011 and 2016, the percent of people reporting being told they had a stroke more than doubled. Mercer County's rate of residents reporting a stroke is in the worst performing quartile of New Jersey counties.
- The percentage of residents with high cholesterol was higher than the rate statewide and every comparison county.
- The percent of 2015 Mercer County individuals reporting high blood pressure (29.7%) was higher than the *Healthy People 2020* target.
- Since 2011, the percent of Mercer County residents who had their cholesterol checked and told it was high increased. That percentage was higher than the rate statewide and every comparison county and more than double the *Healthy People 2020* target of 13.5%.
- The invasive breast cancer rate increased 17.8% between 2008 and 2015.
- Mercer County's age-adjusted incidence rates per 100,000 for all five top cancer sites were higher than the State.
- The rate of asthma among Mercer County residents is higher than the statewide rate and rates in Burlington and Middlesex County.
- In 2016, Mercer County had the second highest percentage of patients reporting diabetes among comparison counties. Mercer County is in the middle performing quartile for diabetes as compared to all 21 counties statewide.
- Since 2013, the rate for adults with arthritis increased from 22.1% to 22.9% and has remained slightly lower than the rate statewide.

APPENDICES

APPENDIX A: 2015 COMMUNITY HEALTH IMPROVEMENT PLAN SUMMARY UPDATE

Greater Mercer Public Health Partnership

Every year, each of our organizations review data to determine how well our initiatives and programs performed. What became clear to us at the Greater Mercer Public Health Partnership (GMPHP) was how thankful we have been working with the multitude of Mercer County non-profits over the last three years, to complete the 2016 Community Health Improvement Plan (CHIP). We are grateful that the four priority groups (Mental Health, Healthy Eating/Active Living, Chronic Disease, and Transportation) met quarterly for three years to work on their initiatives. Over that time frame, strong collaborations developed that often took the priority groups into new endeavors never thought possible. The Community Advisory Boards (CAB) met bi-annually to collectively learn what each priority group was working on. These meetings were also used as professional educational opportunities, with the following speakers:

Peri Nearon – NJDOH – Shaping NJ
Kate Flewelling – National Network of Libraries of Medicine
Anne Farrell – TCNJ – Professor and Chair of Health and Exercise Science
Cheryl Kastrenakes – Greater Mercer Transportation Management Ass.
Brenda Seals – TCNJ – Professor and Chair, Public Health

Not only did the organizations benefit from these collaborations, but also, GMPHP benefited from the wealth of information and experience the organizations brought to the CHIP. The "World Café" held April 2018, provided structured conversations that shared critical knowledge. From this exercise, we have an analysis of strengths, weaknesses, opportunities, and threats that will guide us in our 2019 CHIP goals. The strengths determined by our CAB were:

- Enjoyed the collaboration between community partners
- Member commitment/involvement
- Shared resources
- Using the CHIP to apply for grants
- Passion to support the underserved
- Members want to be actively engaged and make a difference
- CAB members interest in learning about community health needs

The opportunities suggested were:

- Conduct focus groups – identify health inequities experienced by vulnerable populations.
- Collect mental health and substance abuse data to address mental health needs.
- Professional development training (ex: Lean Six Sigma QI Trainings).
- Work with priority area leaders to develop SMART (Specific, Achievable, Results oriented, Time bound) objectives.

The top accomplishments of the 2016 CHIP include:

- The development and ongoing improvements of a website on which all the non-profits can advertise their programs www.healthymercer.org
- The increased collaborations of chronic disease programs offered in Mercer County.
- The increased health screenings offered in Mercer County.
- Increased awareness of where to find resources available in Mercer County.
- Increased awareness and availability of transportation options in Mercer County.

- Increased grant applications, collaborations, and letters of support within our CAB membership.
- Increased programs and public trainings in mental health and substance abuse - Narcan trainings.
- Increased nutrition education in pre-school and school age groups.
- Increased farmers markets and payment options for WIC and SNAP users.
- A "recess" survey of school nurses that was sent to the legislature when they were formulating the new recess legislation Bill S847 in August 2018.
- A survey of businesses that formulated a Worksite Wellness Summit based on needs in April 2017, and connected businesses with local non-profits that can help them with their worksite policies.

We did face roadblocks that hindered our progress, most notably, the "Recess Book". The College of New Jersey students created a guide for school recess activity, and we have been unable to find help editing the book for publication. This initiative will carry on into our 2019 CHIP, as we strongly believe increasing children's activity at recess will make a difference to their health.

Other roadblocks that were determined at our World Café are:

- Built environment (healthy green spaces)
- Access to healthy affordable foods especially for the underserved
- Access to affordable transportation
- Significant health inequities by zip code
- Objectives in the last CHIP were not always SMART
- Collect more localized data (vulnerable populations by priority area)
- Unidentified unrepresented populations
- Document meetings and conversations with GMPHP leadership

We learned several valuable lessons as we executed the last CHIP, and from this, we hope to improve the next CHIP 2019. As we move forward, GMPHP is committed to:

- Help new CAB members understand the CHA and CHIP process.
- Promote using the CDC "Winnable Battles", County Health Rankings and Roadmaps "Scientifically Supported Programs", Public Health Accreditation Board Standards, and NJDOH Healthy 2020, as guideposts for future projects and initiatives.
- Help members network and find funding for programs and resources.
- Improve the data tracking for the 2019 CHIP that is SMART by purchasing tracking software.
- Improve accountability for the 2019 CHIP

Our CHIP 2016 was truly a "living document", and as we faced roadblocks, new opportunities were fostered and initiated, which always kept us moving forward. We want to thank our supportive board consisting of Capital Health Medical Center, RWJ University Hospital Hamilton, St Francis Medical Center, St Lawrence Rehabilitation Center, Mercer County Human Services, eight health departments, and four community members. They met monthly to build and establish a strong foundation to carry these efforts into the next decade. GMPHP is looking forward to working on the next improvement plan and ultimately, improving the health of Mercer County residents.

Respectfully submitted
Carol Nicholas, BA RN
Project Director
GMPHP

December 2018

APPENDIX B: SECONDARY DATA SOURCES

Source	
Advocates for Children of New Jersey	http://acnj.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	http://www.ncbi.nlm.nih.gov/
American Cancer Society Guidelines for Early Detection of Cancer	http://www.cancer.org
American Nutrition Association	http://americannutritionassociation.org
Annals of Family Medicine, Inc.	http://www.annfammed.org
Asthma and Allergy Foundation of America	www.aafa.org
BRFSS and Youth BRFSS	www.cdc.gov
Bruno and Ridgway Community Health Assessment Study	
Bureau of Labor Statistics	http://data.bls.gov
CDC	http://www.cdc.gov
CDC Community Health Indicators Service	http://wwwn.cdc.gov/CommunityHealth
CDC Division of Nutrition, Physical Activity, and Obesity	http://www.cdc.gov/obesity/data/adult.html
CDC National Center for Environmental Health	http://www.cdc.gov/nceh
CDC National Center for Health Statistics	http://www.cdc.gov/nchs/fastats/
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	https://www.cdc.gov/std
CDC NCIRD	http://www.cdc.gov/vaccines
CDC Preventing Chronic Disease	http://www.cdc.gov/pcd
CDC WONDER	http://wonder.cdc.gov
Centers for Medicare and Medicaid Services (CMS)	https://www.cms.gov
Child Trends	http://www.childtrends.org
Commission to Build a Healthier America, Robert Wood Johnson Foundation	http://www.commissiononhealth.org
Community Need Index, 2017	http://cni.chw-interactive.org
County Health Rankings	http://www.countyhealthrankings.org
Department of Numbers	http://www.deptofnumbers.com
Do Something	https://www.dosomething.org
Enroll America	https://www.enrollamerica.org
FRAC	http://www.frac.org
Free Clinic Directory	http://freeclinicdirectory.org
Gallup	http://www.gallup.com
Health Care Decision Analyst	New Solutions, Inc.
Healthgrades	https://www.healthgrades.com
Health Grove	http://www.healthgrove.com
Health & Human Services	http://www.hhs.gov
Health Indicators Warehouse (BRFSS)	www.healthindicators.gov
Health Resources and Services Administration Data Warehouse	https://datawarehouse.hrsa.gov
Healthy People 2020	https://www.healthypeople.gov
Home Facts	http://www.homefacts.com
HRSA	http://www.hrsa.gov
Institute of Medicine	http://www.nap.edu
Kaiser Family Foundation	http://kff.org
Kaiser Health News	http://khn.org
Kids Count	http://www.datacenter.kidscount.org
March of Dimes	http://www.marchofdimes.org

Source	
Mercer County	http://www.mercercounty.org/explore
NJ Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment	http://www.state.nj.us/humanservices/dmhas/home/
NJ Department of Health and Senior Services, Center for Health	http://www.nj.gov/health/chs/
National Association for Convenience and Fuel Retailing	http://www.nacsonline.com
National Center for Biotechnology Information	http://www.ncbi.nlm.nih.gov
National Center for Health Statistics CDC	http://www.cdc.gov/nchs/data
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention	http://www.cdc.gov/hiv
National Highway Traffic Safety Administration	http://www-nrd.nhtsa.dot.gov
National Institute for Mental Illness	http://www.nami.org
National Institute of Diabetes, Digestive & Kidney Diseases	http://www.niddk.nih.gov
National Institutes of Health Medline Plus Health Screening	https://www.nlm.nih.gov/medlineplus
National Poverty Center University of Michigan	http://www.npc.umich.edu
Neighborhood Scout	http://www.neighborhoodscout.com/nj/crime/
New Jersey Council of Teaching Hospitals	http://njcth.org
New Jersey Death Certificate Database, Office of Vital Statistics and Registry	http://www.nj.gov/health/vital/
New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing	https://www26.state.nj.us/doh-shad
Claritas 2019 population estimates	
NJ Department of Education	http://www.state.nj.us/education
NJ DOH Family Health	http://www.nj.gov/health/fhs
NJ DOH, Division of Communicable Disease Services	http://www.nj.gov/health/cd/
NJ DOH, New Jersey Cancer Registry	http://www.cancer-rates.info/nj/
NJ DOH, Office of Cancer Control and Prevention	Cancer Priority Alignment Tool: Mercer County 2017
NJ DOH Division of HIV, STD, and TB Services	http://www.nj.gov/health/hivstdtb/
NJ Department of Labor and Workforce Development	http://lwd.dol.state.nj.us/labor
NJ Department of Law and Public Safety, Uniform Crime Reporting Unit, US Census Bureau, American Community Survey	http://www.njsp.org/ucr/crime-reports.shtml
NJ Government	http://www.nj.gov/agriculture/divisions/fn/childadult/school_lunch.html
NJ State Police Uniform Crime Reporting Unit	http://www.njcedv.org
NJ Substance Abuse Monitoring System	https://njsams.rutgers.edu/njsams
NJ.Com	http://www.nj.com
NJ State Health Assessment Data (SHAD)	https://www26.state.nj.us/doh-shad/home/Welcome.html
Planned Parenthood	http://www.plannedparenthood.org
Pro Publica	https://propublica.org
Report on the National Survey of Lead-Based Paint in Housing	https://www.epa.gov
Rutgers Center for Health Policy	http://www.cshp.rutgers.edu
SNAP Program	www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov
Stop Domestic Violence	http://www.stopvaw.org/health_effects_of_domestic_violence
TANF Program	http://www.tanfprogram.com/newjersey-tanf-eligibility

Source	
The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare)	http://www.datacenter.kidscount.org
Truven Health Analytics, 2017	
United States Department of Agriculture Economic Research Service	http://www.ers.usda.gov
United States Department of Health and Human Services	http://www.hhs.gov/healthcare
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
United Way	http://www.unitedwaynj.org/ourwork/alicenj.php
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
Washington Post	https://www.washingtonpost.com
World Health Organization	http://www.who.int

APPENDIX C: CANCER INCIDENCE AND MORTALITY RATE REPORT BY CANCER SITE: MERCER COUNTY 2010-2017

APPENDIX B1: CANCER INCIDENCE RATE REPORT: MERCER COUNTY 2010-2014

INCIDENCE RATE REPORT FOR MERCER COUNTY 2010-2014				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
All Cancer Sites	495.9	2018	falling	-0.4
Bladder	22.7	92	stable	-9.9
Brain & ONS	7	26	stable	-0.5
Breast	137.3	298	stable	-0.4
Cervix	5.4	11	falling	-3.2
Colon & Rectum	41.4	170	falling	-5.7
Esophagus	4.8	20	stable	-1.4
Kidney & Renal Pelvis	16.5	69	rising	2.3
Leukemia	14.9	61	stable	0.4
Liver & Bile Duct	8	34	rising	4.1
Lung & Bronchus	57.5	233	falling	-1.1
Melanoma of the Skin	23.6	95	stable	0.7
Non-Hodgkin Lymphoma	22.8	90	stable	0.6
Oral Cavity & Pharynx	9.3	39	falling	-1.5
Ovary	14.6	33	stable	-0.5
Pancreas	13.9	31	rising	2.8
Prostate	146.3	278	falling	-14.4
Stomach	9.3	16	falling	-3.4
Thyroid	11.9	22	rising	6.8
Uterus (Corpus & Uterus, NOS)	33.6	76	rising	0.6

The Data Source for C, and the following tables B2, B3, B4 and B5 is:
Source: https://statecancerprofiles.cancer.gov

APPENDIX B2: CANCER INCIDENCE DETAILED RATE REPORT: MERCER COUNTY
2010-2014 SELECT CANCER SITES: RISING INCIDENCE RATE

		Kidney & Renal Pelvis	Liver & Bile Duct	Pancreas	Thyroid	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR MERCER COUNTY 2010-2014 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	16.5	8	13.9	11.9	33.6
	Average Annual Count	69	34	31	22	76
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	2.3	4.1	2.8	6.8	0.6
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	16.3	6.5	15	27.5	37.1
	Average Annual Count	45	19	43	63	56
	Recent Trend	rising	rising	rising	rising	stable
	Recent 5-Year Trend in Incidence Rates	2	3.5	2.1	8.6	0.6
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	20.7	12.8	22.8	13.6	29.9
	Average Annual Count	16	10	16	10	13
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	3.3	7.3	3.4	4.2	3.2
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	*	*	*	12.5	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer	6	3 or fewer
	Recent Trend	*	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	*	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	14.1	15.4	14.7	20.5	30.1
	Average Annual Count	5	4	3	10	5
	Recent Trend	*	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	*	*
MALES	Age-Adjusted Incidence Rate - cases per 100,000	23.9	11.9	19.4	11.9	n/a
	Average Annual Count	45	23	34	22	n/a
	Recent Trend	rising	rising	rising	rising	n/a
	Recent 5-Year Trend in Incidence Rates	2.4	3.8	2.1	6.8	n/a
FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	10.7	4.8	13.9	35.1	33.6
	Average Annual Count	24	11	31	71	76
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.8	4.3	2.8	7.8	0.6

** 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).*

APPENDIX B3: CANCER MORTALITY RATE REPORT: MERCER COUNTY 2010-2014

MORTALITY RATE REPORT FOR MERCER COUNTY 2010-2014					
Cancer Site	Met Healthy People Objective	Age-Adjusted Death Rate - per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
All Cancer Sites	Yes	159.5	654	falling	-1.8
Bladder	***	5	21	stable	-0.2
Brain & ONS	***	3.8	15	stable	-0.5
Breast	No	21.4	51	falling	-2.6
Cervix	No	2.4	5	stable	-1.5
Colon & Rectum	No	14.9	62	falling	-3.2
Esophagus	***	4	16	falling	-2
Kidney & Renal Pelvis	***	2.8	12	stable	-1.4
Leukemia	***	5.6	23	falling	-1.4
Liver & Bile Duct	***	5.9	24	rising	2
Lung & Bronchus	Yes	37.8	154	falling	-1.9
Melanoma of the Skin	Yes	2.2	9	falling	-2
Non-Hodgkin Lymphoma	***	5.9	23	stable	3.8
Oral Cavity & Pharynx	Yes	1.9	8	falling	-3.1
Ovary	***	8	18	stable	-1.3
Pancreas	***	9.9	23	rising	1.3
Prostate	No	22	34	falling	-4
Stomach	***	2.9	5	falling	-5.7
Thyroid	*	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	***	5.7	13	stable	1

**** No Healthy People 2020 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).*

APPENDIX B4: CANCER MORTALITY DETAILED RATE REPORT FOR RISING RATES: MERCER COUNTY 2010-2014

		Liver & Bile Duct	Pancreas
MORTALITY RATE REPORT FOR MERCER COUNTY 2010-2014 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	5.9	9.9
	Average Annual Count	24	23
	Recent Trend	rising	rising
	Recent 5-Year Trend in Death Rates	2	1.3
White Non-Hispanic, All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	4.9	12.5
	Average Annual Count	14	37
	Recent Trend	stable	rising
	Recent 5-Year Trend in Death Rates	1	1.7
Black (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	9.7	16.9
	Average Annual Count	7	12
	Recent Trend	*	stable
	Recent 5-Year Trend in Death Rates	*	2
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	*	*
	Average Annual Count	3 or fewer	3 or fewer
	Recent Trend	*	*
	Recent 5-Year Trend in Death Rates	*	*
MALES	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	8.2	16.7
	Average Annual Count	16	29
	Recent Trend	rising	rising
	Recent 5-Year Trend in Death Rates	2	1.9
FEMALES	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	4	9.9
	Average Annual Count	9	23
	Recent Trend	stable	rising
	Recent 5-Year Trend in Death Rates	1.2	1.3

APPENDIX B5: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	443.6	1,556,536	falling	-1.6
New Jersey	478.4	48,693	falling	-0.9
Atlantic County	497.4	1,642	falling	-0.5
Bergen County	459.2	5,211	falling	-1.2
Burlington County	523.3	2,811	stable	0
Camden County	513	2,938	falling	-2.3
Cape May County	552.4	850	stable	-0.1
Cumberland County	509	865	stable	0.1
Essex County	450.8	3,656	falling	-1.5
Gloucester County	533.1	1,725	stable	-0.3
Hudson County	389.8	2,379	falling	-1.7
Hunterdon County	473.3	732	stable	-0.3
Mercer County	495.9	2,018	falling	-0.4
Middlesex County	458.5	4,068	falling	-1
Monmouth County	514.7	3,917	falling	-1.8
Morris County	471.9	2,803	falling	-2.1
Ocean County	515.7	4,333	falling	-0.7
Passaic County	444.8	2,362	falling	-1.1
Salem County	526.6	434	stable	0
Somerset County	461.3	1,720	falling	-1.6
Sussex County	489.8	851	falling	-1
Union County	458.2	2,696	falling	-1.2
Warren County	500.5	659	falling	-0.5
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.5	71,484	falling	-1.3
New Jersey	23.5	2,396	falling	-2
Cape May County	34.8	56	rising	1.4
Salem County	32.1	27	stable	0.6
Gloucester County	29.3	92	rising	0.8
Atlantic County	29.1	96	stable	0.3
Warren County	27.8	36	stable	-0.7
Hunterdon County	27.8	42	rising	1.3
Cumberland County	27.2	45	rising	1.3
Burlington County	26.8	145	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	25.8	43	stable	-0.5
Ocean County	25	234	falling	-3.4
Morris County	24.7	148	stable	-0.2
Monmouth County	24.5	187	stable	-0.3
Camden County	23.4	132	stable	-0.2
Bergen County	23.2	271	falling	-0.8
Mercer County	22.7	92	stable	-9.9
Middlesex County	22.2	194	falling	-3.3
Somerset County	21.2	78	stable	-11.6
Passaic County	21.1	110	stable	-0.5
Union County	20	118	falling	-4.7
Essex County	19.4	152	stable	-0.4
Hudson County	17.1	97	falling	-1.7
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.5	21,969	falling	-0.9
New Jersey	7	674	falling	-0.3
Atlantic County	7.8	24	stable	0.6
Bergen County	7.6	78	stable	-0.4
Burlington County	8	39	stable	0.6
Camden County	7.5	40	stable	0.2
Cape May County	8.2	11	stable	0
Cumberland County	6.9	11	stable	-0.9
Essex County	5	41	falling	-1.4
Gloucester County	7	22	stable	-0.6
Hudson County	5.8	38	falling	-1.1
Hunterdon County	7.4	10	stable	-1
Mercer County	7	26	stable	-0.5
Middlesex County	6.5	55	falling	-0.9
Monmouth County	7.5	53	stable	0.6
Morris County	8.1	44	stable	0.1
Ocean County	8.2	57	stable	0.6
Passaic County	7	37	falling	-0.9
Salem County	6.7	5	*	*
Somerset County	6.1	22	stable	-0.5
Sussex County	8.2	12	stable	-0.3
Union County	6.2	36	falling	-1.1
Warren County	9.7	12	stable	1.3
Breast: All Races (includes Hispanic), Both				

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sexes, All Ages				
US (SEER+NPCR)	123.5	228,664	stable	0.5
New Jersey	132	7,215	stable	0.3
Atlantic County	132.7	233	stable	-0.1
Bergen County	134.7	811	falling	-0.6
Burlington County	140.1	403	stable	-0.1
Camden County	143.8	447	rising	0.8
Cape May County	125.7	98	falling	-0.7
Cumberland County	111.1	98	falling	-0.9
Essex County	126.8	575	rising	3.6
Gloucester County	137.4	244	stable	-0.2
Hudson County	104.2	352	falling	-0.6
Hunterdon County	152.5	129	stable	-0.1
Mercer County	137.3	298	stable	-0.4
Middlesex County	129.4	618	falling	-0.5
Monmouth County	141.6	582	stable	-0.1
Morris County	143	456	falling	-0.4
Ocean County	128.4	553	falling	-0.6
Passaic County	119.2	347	falling	-0.5
Salem County	121.4	52	stable	-0.7
Somerset County	136.4	276	stable	0.3
Sussex County	129.7	121	stable	-0.3
Union County	132.6	428	falling	-0.4
Warren County	129.7	92	stable	-0.2
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.5	12,408	stable	-0.8
New Jersey	7.6	380	falling	-2.7
Atlantic County	10.7	16	falling	-3.7
Bergen County	6.9	36	falling	-2.1
Burlington County	6.9	17	stable	-0.8
Camden County	8.4	24	falling	-2.2
Cape May County	7.1	4	stable	-1.2
Cumberland County	11.5	9	falling	-3.8
Essex County	9.3	41	falling	-3.7
Gloucester County	6.9	11	falling	-2.8
Hudson County	9.5	32	falling	-3.1
Hunterdon County	4.7	4	falling	-2.6
Mercer County	5.4	11	falling	-3.2

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Middlesex County	6.3	28	falling	-2.3
Monmouth County	6.4	25	falling	-2.9
Morris County	6	17	falling	-2.3
Ocean County	9	28	falling	-2
Passaic County	8.3	22	falling	-2.3
Salem County	10.8	4	*	*
Somerset County	7.2	13	stable	-1.8
Sussex County	4.9	5	falling	-16.2
Union County	9	27	falling	-1.8
Warren County	8.4	5	falling	-3.6
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	39.8	139,083	falling	-2.1
New Jersey	42.3	4,335	falling	-1.9
Atlantic County	42	140	falling	-2.7
Bergen County	37.9	437	falling	-3.9
Burlington County	47.7	257	falling	-2.1
Camden County	45.9	263	falling	-3.1
Cape May County	45.9	72	falling	-2.9
Cumberland County	50.7	85	falling	-1.4
Essex County	42.6	344	stable	0.5
Gloucester County	46.1	149	falling	-3.1
Hudson County	42.8	257	falling	-2.5
Hunterdon County	40.9	63	falling	-2.9
Mercer County	41.4	170	falling	-5.7
Middlesex County	41.8	370	falling	-2.5
Monmouth County	42.1	324	falling	-3.7
Morris County	37.5	226	falling	-3
Ocean County	46	407	falling	-3.1
Passaic County	41	217	falling	-3.7
Salem County	44.9	38	falling	-2.2
Somerset County	37	139	falling	-2.3
Sussex County	43.7	73	falling	-2.8
Union County	41.7	244	falling	-2.4
Warren County	43.3	58	falling	-3.1
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	4.6	16,469	falling	-0.9
New Jersey	4.5	470	falling	-0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Atlantic County	5.1	17	falling	-2.2
Bergen County	3.5	41	stable	-1
Burlington County	5.8	32	stable	0.3
Camden County	5.6	33	stable	-0.7
Cape May County	5.6	8	stable	-1
Cumberland County	5.6	10	stable	0.8
Essex County	4.2	34	falling	-3.1
Gloucester County	5.9	20	stable	0.9
Hudson County	3.3	20	falling	-2.8
Hunterdon County	4.4	7	stable	-0.3
Mercer County	4.8	20	stable	-1.4
Middlesex County	4.1	36	falling	-1.2
Monmouth County	5.1	39	stable	-0.1
Morris County	4.3	26	stable	0.1
Ocean County	5.4	48	stable	-4.7
Passaic County	4.5	24	falling	-1.5
Salem County	4.8	4	stable	-1.8
Somerset County	3	12	falling	-1.7
Sussex County	5.6	10	stable	0.6
Union County	3.5	20	falling	-1.6
Warren County	5.6	8	stable	1.6
Kidney & Renal Pelvis.: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	16.1	56,558	rising	0.5
New Jersey	15.5	1,588	stable	-0.3
Atlantic County	17	57	rising	1.5
Bergen County	15.6	178	rising	1.1
Burlington County	19.5	104	rising	2.6
Camden County	18.2	103	rising	1.8
Cape May County	18.2	29	rising	2.1
Cumberland County	22.5	38	rising	4.4
Essex County	12.9	106	rising	0.8
Gloucester County	18.6	61	rising	2.2
Hudson County	12.1	76	stable	0.7
Hunterdon County	12.8	21	stable	1.6
Mercer County	16.5	69	rising	2.3
Middlesex County	14.3	128	rising	0.9
Monmouth County	16	123	rising	1.3
Morris County	12.6	76	stable	0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Ocean County	17.9	146	rising	1.8
Passaic County	15.1	80	rising	1.6
Salem County	17.9	14	stable	1.1
Somerset County	13	50	rising	1.7
Sussex County	14.9	27	stable	0.2
Union County	14.2	84	rising	0.9
Warren County	15.5	20	stable	0.7
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	13.6	46,254	falling	-1.3
New Jersey	15.1	1,491	rising	0.5
Atlantic County	14	44	stable	0.4
Bergen County	16.6	184	rising	0.7
Burlington County	15.8	81	rising	1.3
Camden County	15.1	84	rising	0.9
Cape May County	16.7	24	stable	1.3
Cumberland County	14.9	25	rising	2.2
Essex County	12.7	99	stable	-0.4
Gloucester County	17.8	55	rising	1.8
Hudson County	11.9	71	falling	-0.7
Hunterdon County	13	19	stable	-0.7
Mercer County	14.9	61	stable	0.4
Middlesex County	15.5	135	rising	0.7
Monmouth County	15.3	112	rising	0.9
Morris County	16.2	93	stable	0.5
Ocean County	15.3	126	stable	0.3
Passaic County	14.8	76	stable	-0.1
Salem County	14.9	11	stable	1
Somerset County	14.9	53	stable	0.5
Sussex County	15.3	25	stable	1.1
Union County	15.6	89	rising	1.1
Warren County	15.4	20	stable	14.5
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.8	28,830	rising	2.4
New Jersey	7.3	777	rising	2.7
Atlantic County	8.1	29	rising	3.2
Bergen County	6.8	80	rising	1.7
Burlington County	7.2	41	rising	3.4

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Camden County	8.8	52	rising	3.7
Cape May County	7.5	12	rising	5.8
Cumberland County	10.4	19	rising	6.8
Essex County	7.8	67	rising	2
Gloucester County	8	27	rising	4.1
Hudson County	7	44	rising	1.8
Hunterdon County	5.4	9	*	*
Mercer County	8	34	rising	4.1
Middlesex County	7.4	67	rising	3.1
Monmouth County	7	56	rising	2.1
Morris County	5.7	35	rising	1.5
Ocean County	8	70	rising	4.5
Passaic County	7.8	43	rising	2.9
Salem County	10.6	9	rising	4.9
Somerset County	6	24	rising	2.9
Sussex County	7.1	12	rising	1.9
Union County	6.3	39	rising	2.7
Warren County	6.5	9	stable	0.8
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	61.2	215,604	falling	-2.2
New Jersey	57.8	5,880	falling	-2.3
Atlantic County	67.8	227	falling	-0.7
Bergen County	49.7	573	falling	-1.3
Burlington County	63.2	339	falling	-1
Camden County	70.6	405	falling	-0.7
Cape May County	80.9	133	stable	-0.2
Cumberland County	73.2	124	stable	-0.5
Essex County	50.2	397	falling	-1.9
Gloucester County	78.4	250	stable	-0.4
Hudson County	47.5	275	falling	-2
Hunterdon County	51.8	79	falling	-1.6
Mercer County	57.5	233	falling	-1.1
Middlesex County	52.3	457	falling	-1.5
Monmouth County	62.3	473	falling	-2.8
Morris County	48	283	falling	-3.3
Ocean County	71.4	653	falling	-2.2
Passaic County	51.6	270	falling	-1.1
Salem County	74	63	falling	-0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Somerset County	46.9	170	falling	-1.2
Sussex County	63.8	110	falling	-1.1
Union County	48.4	278	falling	-1.5
Warren County	64.9	86	falling	-0.9
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.7	71,035	rising	1.8
New Jersey	21.9	2,205	stable	0.1
Atlantic County	25.9	83	stable	-1.4
Bergen County	17.4	195	falling	-2.8
Burlington County	27	144	stable	1.3
Camden County	19.8	114	stable	-1.5
Cape May County	43.7	65	rising	3.9
Cumberland County	17.1	29	rising	2.2
Essex County	12.7	102	stable	-0.3
Gloucester County	25.9	82	stable	-0.5
Hudson County	7.6	48	stable	5.1
Hunterdon County	36	54	rising	5
Mercer County	23.6	95	stable	0.7
Middlesex County	17.9	158	rising	1.9
Monmouth County	33.3	246	rising	2.4
Morris County	26.2	154	stable	-0.4
Ocean County	33	266	rising	3.7
Passaic County	13.4	70	rising	1.8
Salem County	34.2	26	rising	5.3
Somerset County	24.7	92	stable	-0.5
Sussex County	28.8	50	rising	2.7
Union County	16.5	96	rising	1.3
Warren County	27.1	35	rising	1.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	19	65,554	falling	-1.2
New Jersey	21.3	2,130	falling	-0.3
Atlantic County	21	67	stable	-0.3
Bergen County	22.1	249	stable	-0.3
Burlington County	21	111	stable	0.5
Camden County	19.9	113	stable	0.3
Cape May County	20.6	32	stable	-0.1
Cumberland County	19.6	33	stable	0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	19.6	157	stable	0
Gloucester County	21.5	68	stable	0.7
Hudson County	17.6	108	stable	-0.5
Hunterdon County	23	34	stable	0.5
Mercer County	22.8	90	stable	0.6
Middlesex County	21.6	189	stable	0.5
Monmouth County	23	173	falling	-0.8
Morris County	22.6	131	stable	-0.6
Ocean County	21.2	181	stable	-0.3
Passaic County	19.2	99	stable	0.4
Salem County	20.7	17	stable	0.5
Somerset County	21.7	81	rising	1
Sussex County	21.8	36	stable	0.4
Union County	22.1	130	stable	-0.5
Warren County	22.9	29	stable	0.8
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.5	41,223	stable	0.6
New Jersey	10.4	1,083	stable	0.5
Atlantic County	13.9	48	stable	9.1
Bergen County	9.4	108	stable	0.1
Burlington County	11.4	62	stable	0.2
Camden County	11.7	68	stable	0.4
Cape May County	11.6	18	stable	-0.1
Cumberland County	12.9	22	stable	0.3
Essex County	8.5	71	falling	-2.4
Gloucester County	10.9	38	stable	1
Hudson County	7.7	49	falling	-2.4
Hunterdon County	8.1	15	stable	0
Mercer County	9.3	39	falling	-1.5
Middlesex County	10.7	96	stable	0.2
Monmouth County	11.3	90	stable	0.1
Morris County	10.4	64	stable	0.2
Ocean County	11.9	98	stable	0.2
Passaic County	9.4	51	falling	-1.3
Salem County	14.7	12	stable	1.6
Somerset County	10	40	rising	1
Sussex County	14.1	25	stable	0.9
Union County	9.4	57	stable	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	9.7	13	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.4	21,315	falling	-1.8
New Jersey	12.5	695	falling	-1.9
Atlantic County	11	20	stable	15.3
Bergen County	12	74	falling	-2.6
Burlington County	14.3	42	falling	-1.3
Camden County	12.7	40	falling	-1.7
Cape May County	15.3	12	stable	-0.5
Cumberland County	8.3	7	falling	-17.9
Essex County	11.6	52	falling	-2.4
Gloucester County	13.9	25	stable	-1
Hudson County	12	40	falling	-2.2
Hunterdon County	11.7	10	falling	-3.1
Mercer County	14.6	33	stable	-0.5
Middlesex County	12.6	61	falling	-1.9
Monmouth County	12.9	54	falling	-1.8
Morris County	12.8	41	falling	-1.8
Ocean County	12.5	54	falling	-1.9
Passaic County	12.1	35	falling	-2
Salem County	11.9	5	stable	-0.7
Somerset County	13	27	stable	-1.1
Sussex County	15.2	15	stable	-1
Union County	10.8	36	falling	-2.5
Warren County	14.9	11	stable	-1.1
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11	21,593	stable	0.3
New Jersey	12.4	723	rising	0.4
Atlantic County	13.6	25	stable	-0.1
Bergen County	11.6	78	stable	-0.2
Burlington County	13.8	42	stable	0.6
Camden County	11.4	37	stable	0.2
Cape May County	13.9	12	stable	1.8
Cumberland County	12.5	12	stable	1
Essex County	13.8	63	stable	-0.2
Gloucester County	12.1	22	rising	2
Hudson County	12	41	stable	11.2

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hunterdon County	12.2	10	stable	0.6
Mercer County	13.9	31	rising	2.8
Middlesex County	12.2	60	stable	0.2
Monmouth County	12.1	53	stable	0.3
Morris County	11.8	40	rising	1.8
Ocean County	13.5	71	rising	1.5
Passaic County	10.8	34	stable	-0.4
Salem County	10.8	5	*	*
Somerset County	11.9	25	stable	0.7
Sussex County	10.7	10	stable	-1.3
Union County	11.4	39	stable	-0.2
Warren County	14.1	11	rising	2.4
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	114.8	194,936	falling	-8.9
New Jersey	139.4	6,643	falling	-9.4
Atlantic County	125.3	202	falling	-2.9
Bergen County	134.5	718	falling	-4
Burlington County	150.4	389	falling	-8.6
Camden County	146	387	falling	-10.4
Cape May County	164.4	125	falling	-1.5
Cumberland County	135.4	108	falling	-1.1
Essex County	166.6	595	falling	-5.3
Gloucester County	143.6	221	falling	-7.9
Hudson County	112.1	290	falling	-5.2
Hunterdon County	105.7	83	falling	-2.1
Mercer County	146.3	278	falling	-14.4
Middlesex County	131.4	543	falling	-3.5
Monmouth County	151.4	553	falling	-1.7
Morris County	141.3	403	stable	-12.8
Ocean County	131.4	519	falling	-2.7
Passaic County	137.8	334	falling	-6
Salem County	148.7	59	stable	-0.8
Somerset County	134.8	237	falling	-1.6
Sussex County	125.3	115	falling	-9.1
Union County	145.3	389	falling	-6.5
Warren County	135.4	89	stable	-1.2
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
US (SEER+NPCR)	9.2	14,385	falling	-1.3
New Jersey	11	485	falling	-2
Atlantic County	11.5	18	stable	-1.3
Bergen County	12.5	63	falling	-1.4
Burlington County	8.4	21	falling	-3.1
Camden County	11.4	28	stable	-0.7
Cape May County	11.5	8	stable	0.2
Cumberland County	11	8	falling	-3.3
Essex County	12.2	41	falling	-2.4
Gloucester County	9.7	13	falling	-2
Hudson County	12.3	32	falling	-1.4
Hunterdon County	7.8	6	falling	-4.2
Mercer County	9.3	16	falling	-3.4
Middlesex County	10.8	41	falling	-2.1
Monmouth County	8.8	30	falling	-2.3
Morris County	10.5	28	falling	-1.1
Ocean County	10.3	40	falling	-1.9
Passaic County	13.3	30	falling	-1.8
Salem County	12.3	4	stable	-1.5
Somerset County	9.7	16	falling	-1.8
Sussex County	10.2	7	falling	-3.1
Union County	11.7	28	falling	-2.1
Warren County	11.1	6	stable	-1.8
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.2	11,504	rising	2
New Jersey	10	461	stable	1.6
Atlantic County	8.4	12	*	*
Bergen County	10.9	54	rising	5.4
Burlington County	11.1	27	rising	7.4
Camden County	11	29	rising	5.8
Cape May County	5.3	4	*	*
Cumberland County	11.5	9	*	*
Essex County	6.8	26	rising	5.6
Gloucester County	14.2	22	*	*
Hudson County	6.3	20	rising	4.8
Hunterdon County	8.7	6	*	*
Mercer County	11.9	22	rising	6.8

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Middlesex County	8.6	36	rising	4.7
Monmouth County	13.3	45	rising	7.2
Morris County	10.7	29	rising	6.2
Ocean County	12.2	37	rising	8
Passaic County	8.4	21	rising	5.9
Salem County	*	3 or fewer	*	*
Somerset County	12.7	23	rising	6.9
Sussex County	6.8	6	*	*
Union County	9.6	27	rising	7.3
Warren County	7.3	4	*	*
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	25.9	49,886	rising	1
New Jersey	31.1	1,775	rising	0.7
Atlantic County	31.6	58	stable	0.6
Bergen County	28.8	183	stable	0.3
Burlington County	32.1	96	rising	1.1
Camden County	33.8	109	stable	-2.3
Cape May County	29.9	26	stable	0.9
Cumberland County	36.4	34	stable	1.1
Essex County	29.4	137	rising	1.1
Gloucester County	32	59	rising	1.2
Hudson County	23.8	82	stable	-0.1
Hunterdon County	31	28	stable	-0.5
Mercer County	33.6	76	rising	0.6
Middlesex County	32.3	160	rising	0.9
Monmouth County	32.1	137	rising	1.1
Morris County	31.2	103	stable	0.4
Ocean County	32.6	145	stable	0.4
Passaic County	29.1	87	stable	0.5
Salem County	34.7	16	stable	1.4
Somerset County	32.2	68	stable	0.7
Sussex County	35	35	stable	-0.3
Union County	33.3	109	stable	0.6
Warren County	34.8	25	stable	-0.6

Community Advisory Board Summary Report

Community Health Assessment Preliminary Review
Listening Session
April 25, 2018
Morris Hall 5-7 pm
St. Lawrence Rehabilitation Center, Lawrence Township, NJ

Welcome Remarks: Darlene Hanley, CEO of St. Lawrence Rehabilitation Center

Introductions: Diane Grillo, President of Greater Mercer Public Health Partnership (GMPHP)

Community Health Assessment Data Briefing – Naomi Savitz, New Solutions, Inc.

Naomi provided an overview and brief report on preliminary CHA findings.

Community Health Assessment is a process that:

- Determines and evaluates the state of health and health needs of a local population
- Enables the identification of major risk factors and causes of ill health; and
- Identifies action needed to address these factors

Why do a CHA?

- To provide data for decision-making
- To promote awareness and action
- To satisfy a mandate

A CHA provides valuable information regarding why and how to improve the community's health status. A comprehensive CHNA gathers information using sound data collection methods and reflects the behaviors, beliefs, and demographics of community residents. The process consists of development of a community advisory board, primary research, review of secondary source data, priority setting and plan development, communication plan (all constituents), implementation and evaluation.

Mercer County was split into 5 pie pieces to ensure that each part of the county is well represented. Out of 5 focus groups held between March 5 – 14, 55 people from diverse backgrounds shared their experiences and opinions. Results are broken down by "Definite Improvement" and "Some Improvement". The improvement categories are broken down by municipality in the following table:

Area	Definite Improvement		Some Improvement
Hamilton/Robbinsville	• Clinics for uninsured • Support for disabled • Veterans programs	• Childhood obesity • Senior services availability	• Opioid addiction
Pennington/Hopewell	• Hospital access • Anti-smoking campaign	• Parental support in various areas – medical and emotional	• Information flow • Broader drug/alcohol reach • Mental health support
West Windsor/Hightstown	• Senior transportation • Weekly BP screening • Improved coordination w/ Police • Closer hospital and EMT closer to police	• New leadership • Lock boxes for elderly • Politicians more in touch with community	• Vision/hearing screener availability
City of Trenton	• Employment improved • Young adults doing more in community • More small businesses opening	• Food pantry availability • Heightened community activism/collaboration	n/a
Lawrenceville/Ewing/Princeton	• Improved partnership with law enforcement • General outreach improved • Health services for undocumented population	• Hospitals engaging more • Availability of more physical space • Heightened health focus	n/a

Eight themes were reported in all groups:

1) Community/Network Connectedness/Communication
2) Access to care
3) Mental health –the single greatest concern area that was broadly defined
    - Opioid addiction, Stress/Anxiety management, Suicide prevention
4) Transportation
5) Language barriers/Immigrant population
6) Senior/Adult Needs
    -Also Veterans Services in some areas

7) Education
-Health, Parenting, Social Media, tutoring programs, bullying
8) Medical Conditions
- Alzheimer's/Dementia, Asthma, Cancer, Cardiovascular, Diabetes, Hypertension, Childhood Obesity, Chronic Pain Management

Although occasional improvements were noted, respondents characterized access as 'not good' or 'in need' of improvement': this was true across all groups

Access was often intertwined with lack of a broader communication network

- Insurance (lack of expense, cutbacks, poor understanding)
- Appropriate medical care (HCPs, Hospitals, Medication, Mental Health – particularly for low income families, dental/vision)
- Transportation (to reach appropriate medical services)
- Lack of resources (training, public health programs/services, health literacy, etc.)
- Identification of people in need (seniors, undocumented, immigrant population, etc.)
- Other (affordable housing, language barriers, racial barriers)

Using the Tools of Community Engagement in Your Organization – Stephanie Carey, Health Officer (Montgomery/Hopewell Borough/Pennington Borough)

The goal is to engage community members and partners to better address public health issues. Stephanie provided a demonstration to the coalition partners present on how to use the World Café exercise.

What is a World Café?

A World Café or Knowledge Café is a structured conversational process for knowledge sharing in which groups of people discuss a topic at several tables, with individuals switching tables periodically and getting introduced to the previous discussion at their new table by a "table host".

World Café Etiquette and Facilitator Introductions – Carol Nicholas, Director of GMPHP

World Café Etiquette

- Focus on what really matters
- Contribute your ideas and thinking
- Speak your mind and heart with humility.
- Listen to understand.
- Connect your ideas with others.
- Play, doodle and draw
- Have fun!

Tools of Community Engagement

- *These are tools you can take back to your organization to assure your communities' voices are heard!*
- World Café -Collaborative Dialogue for Questions that matter www.theworldcafe.com
- SWOT–Assessing Strengths/ Weaknesses/Opportunities/ Threats
- Appreciative Inquiry-Asking what's best about your organization helps identify its values.
- Affinity Model--gathering comments on a key question without judgment, then identifying common themes

Table Hosts spend 10 minutes gathering feedback (on post-its) and 2 minutes clarifying and identifying themes.

Table Hosts (Facilitators) for World Café Exercise:

Tiffany O'Neal, West Windsor Health Department
Tony Lewis, Robert Wood Johnson Foundation, County Health Rankings
Patricia Dagnall, Retired Health Officer
Devangi Patel, Princeton Health Department

Carol and Stephanie were timekeeper and floater

Table One: Pat -- What does a healthy community look like (define "health")? What do you view as a barrier to a good health in Mercer County? (Community)

Table Two: Toni --Appreciative Inquiry to define organizational values and themes—The theme for your columns may be values-words. What is the best thing about GMPHP? Why are you here tonight? A year from now, what will bring you back to GMPHP? (Organization)

Table Three: Tiffany -- Based on the data you heard tonight, which parts are most relevant to our Community Health Assessment? What/whose input is missing? (CHA) qualitative data and gap analysis from community members.

Table Four: Devangi-- For our 2015-2018 Community Health Improvement Plan implementation, what worked well? What didn't go so well? What lessons did we learn implementing the 2015 CHIP that we can use to do better next time? (CHIP Evaluation)

Questions:

Participants started at the table matching the number given to them at Registration.

Participants wrote their answers to the questions on post-it notes in 3-5 word phrases. A person could write as many post-its as they want, 1 idea per post-it., and stick on flip chart paper. After 10 minutes (or sooner if they are done), facilitator encouraged the group to spend two minutes clustering the post-its along similar themes, asking questions to clarify, build consensus, and name the theme. A total of 12 minutes per small group, with 2 minute changeovers. (A new flip chart page for each changeover)

There were a total of 4 rotations to the 4 tables. Final answers were compiled into a table along with identified themes for each of the four questions:

What does a heathy community look like?

Access to healthy food	Walkable communities/Safe Streets	Low/no disease	Employment	Health Knowledge/awareness	Mental Health Wellness	Safety	Built/Clean Environment	Health Systems	Community
Good food security	Safe walking and exercise trails	Lower communicable disease rates	Income (x2)	Informed community members who get regular physicals	Engaged	Safety (x4)	Kids in parks. Trees	Reduce stigmatizing policies, etc. (2x)	Community involvement, hard working, togetherness.
Looks like people eating well	Green space, places to walk, bike, play	Healthy communities = fed, safe + mentally stable	Employment (2x)	Educational, recreational, social opportunities (x5)	Increased self-efficacy	People out and about	Accessible opportunities for active lifestyles (3x)	Healthy community; all people have access to optimal health and shareable resources that are culturally competent (6x)	Healthy communities, emphasis on equity + social justice
Available fresh food and vegetables food options (x2)	Walkable community safe streets and sidewalks	Looks like people active, healthy, productive (3x)	Available clinic/primary care providers	Collaboration among community providers. Coalitions et. Where everybody knows what each agency's specialties are – what populations they serve etc.	Interacting with each other	Synergy amongst the various community service functions. (i.e. EMT, Police, community centers)	Transportation, Parks and fitness centers	Has available health services for all ages, populations, income brackets, and is culturally competent	Community access resources that can help them support their physical, mental, financial health
Access to healthy affordable food (x6)	Walkable	Decreased disease prevalence/incidence and increase quality of life (3x)	Healthy community = $ cycles from rich to poor	Open, honest, dialogue about health and behavioral health issues	People are being their best selves (2x)		Vibrant community, clean air, community gardens/farms	Healthy community: presence of reputable healthcare providers. Services available to all	Healthy community: better than benchmark measuring, active lifestyle opportunities (2x)

What do you view as a barrier to good health in Mercer County?

Insurance	Access to care	Time	Communication	Transportation	Health Literacy	Money/Funding	Access to food	Built environment	Stigma/ community norms
Lack of / cost of insurance (x5)	Education programs to the under/no insured at a low literacy rate and at a convenient place	Time to live healthy	Language barriers (x2)	Lack of transportation (x7)	Low health literacy (& general literacy)	Barriers = 501 (C) (3)/ non profits have little to no $$	Abundance of tobacco and poor food choices at corner stores	Roads not pedestrian friendly	Lack of participation disinterred in joining organizations
	Accessible mental health services, types of docs wanted	Work, time	Lack of communication	Access to health care and transportation	Lack of information (x2)	Socioeconomic barriers and Appropriate resources	Food Concerns about Safety	Safe	Barriers – stigma of addiction and mental health challenges (2X)
	Barriers: access – quantity of providers, insurance coverage, access – hours of day/days of week	9-5 jobs			Information disparities (quality health information)	Low income, poverty and lack of resources			Barriers = food/shelter/safety takes priority over health (preventative)
	Access to care and healthcare				Convoluted healthcare system	Financial advisors and affordable medicine			Lack of emphasis on preventative medicine, Divisiveness and Pre-screening
	Not enough providers take Medicaid/affordable care				Education (x3)	It costs money to be/stay healthy			Cultural practices/behaviors/expectations
	Lack of specialists and access				Fear (x2)	Lack of funds for services (x5)			Marginalization from the community

What is the best thing about GMPHP?

People	Process	Results	Data
Hopefully new members that can add their own experiences/ideas to the group	Collaboration communication between organizations (x11)	Eager now to get the bigger picture	The problems may change but the people who need help are still there
Continued energy and optimism of the leaders and members (x2)	Sharing info and community resources (x6)	Feeling that we made an impact and did not just sit in meetings	To learn more about the community health assessment
Meeting new people who have a passion for public health (x5)	Ongoing engagement in the health of my community	Progress towards CHIP	Knowledge of community resources (x3)
Meeting reps from many organizations	Improving lines of communication among providers, health departments and community organizations	The Impact we can have on the health of communities	Innovative techniques to gather data
The people and networking opportunities (x2)	Listening to the local community		
Best thing: the people involved	Committed to furtherance of CHA/CHIP		
Access to diverse groups and greater input (x4)	Hosting world cafes to share ideas (x2)		
Learning about various organizations and meeting people involved	Networking, partnering, getting things done		
Everyone brings a different perspective to the group	Opportunity for many to come together with a common plan and purpose		

Why are you here tonight?

Continued Energy & Optimism	Engagement/Make a Difference	Leadership	Learn and Share	Networking
We are making progress on transportation committee, we want to keep making progress	I was invited: help the community, share information, collaborate, help college population	Formalize group with community outreach director	To contribute and support the process of CHA/CHIP (x2)	Partnership
I made a commitment	Make Mercer better	New role/responsibility + interest	To share ideas (x5)	Connections and cookies
Because of the "collaborative partnership" among members	To help people work together with the goal to help people and be a part of the solution (x3)	To learn how I can serve mercer county independently +through my organizational position	Get information, raise issues about community needs (9x)	Last minute invite BUT pleasantly surprised to find such a strong network of people to pick people's brains
Passionate people	I was asked to attend	To learn about what others do and all how our agency can assist or provide services to others	To learn about the findings of the process and Mercer County health (x5)	Partnership available in community
Invite from Princeton Health Dept. + passionate about public health	Outreach	I want us to have a well thought out CHA and CHIP	Curiosity	Connecting with people interested in the health of our community
Guilt (I've wanted to engage and had not been able)	Working together to improve health	To represent the people of my community. Rejuvenation		To support the GMPHP, to network with new members. To Collaborate

A year from now, what will you bring back to GMPHP (org)?

Results	Connections/Continued Partnerships	Achieved Common Goals	Learning	Relevance	Community Improvement
Results!	Connections!	Hope…to bring congratulations for accomplishments	It's an ongoing job – always room for improvement	Dedication and vibrancy of mission	The desire to help our community in a positive way
Interest in the process outcomes	And Productive goal-oriented meetings	Achieving goals. Continued movement forward on actions		If my concerns were addressed	Learning ways to improve health of my community
Visible changes in community – implementation process	To know the progress of the community partnership	Clear goals	The chance to reevaluate key points community orgs + assessments, given the dynamic sociopolitical environment around health care	GMPHP as a formal organization determined to have a usable CHIP	Survey will say that we are covering needs. Areas were without health care!
Outcome of the CHA (x2)	Innovative partnerships with school districts that improve health	Working toward common goals as result of needs assessment	Knowledge sharing	To make sure that whatever is working will continue as a need	Community improvement
	Myself, participating in the interagency department work groups	To see what needs were addressed in some way and what still needs to be done	To review CHA-CHIP, involvement with GMPHP, to see who is still involved with GMPHP		
	Reunite with the good, intelligent people on GMPHP		To gain insight into the community's needs and priorities		
	Community				

Based on the data you heard tonight, which parts are most relevant to our community health assessment?

MENTAL HEALTH	ACCESS TO RESOURCES	CHRONIC DISEASE DATA	OVERCOMING BARRIERS	DATA
Mental health and SA issue	- Access to health services (geography, cost, type, insurance) - Access to healthy resources (food, physical activity) (x2)	Chronic disease data is very relevant	- Building healthy habits (food, exercise, health care)	Pregnant and addicted women – assessment of peer use of ATO? Treatment referrals for pregnant women
improving health through integrating behavioral health with physical health care and substance abuse	Barriers to quality health care	- Childhood obesity	Language barriers	Uninsured populations
- Behavioral health is part of overall health	Access to care		- Health care access (affordable, accessible)	Undocumented residential status
- Addiction issues	Lack of access to care		increased access to some health screenings	Childhood obesity
Mental health services/concerns	Health information and access		NJCEED - Health Literacy	
Co-occurring services/concerns	Active living that includes being outside (environment)			Transportation data
Focus on mental health	- Nutrition Food access, chronic disease prevention			behavioral health and substance abuse data
Opioid addiction	Community Resources available to underinsured /no insurance			

Based on the data you heard tonight, which items are missing from our community health assessment?

Representation	Schools/Youth	Medical	Mental Health Services	Funders	Housing/ Environment	Data
Insurance representatives (x3)	Vaping with kids	Access to telemedicine	Mental health providers	Financial coverage	Transportation (x2)	Missing – data from special needs population
School district representation (x3)	Youth (x2)	Appropriate medical care improved. Prenatal, Maternal, Nutrition: would like to see more educational programs and increased access (x2)	Addiction and young people's mental health	Funders	Missing: healthy spaces and living (exposures)	Data missing from underserved populations (e.g. Immigrant, low-income, homeless, addiction) (x2)
Faith-based organizations (x2)	Youth in middle and high schools and dangers of vaping, e-cigarettes	Missing: access to care/insurance (x2)	Mental health of children in school	Accommodating people in "limbo" not needy "enough" too "well-off" according some policies	Housing – safe and affordable	Missing: specific data about respondents (x3)
Missing: sick and elderly: who can't get to meetings (x2)	Gaps: officials in the school system	Opioid crisis for pregnant women and new mothers. As well as methadone for pregnant addicted mothers.	Transitioning people in need of our resources to a more stable point "graduating" people		Access to healthy foods for poorer communities/ people	Missing: the last CHA was not as widely distributed to the minority community and vulnerable groups
Adolescent/ Youth community involvement	School climate and culture leaders	What's missing: opioid crisis in ……?				Missing: sharing the results of the CHA in the larger Public Health Community
Missing: LGBT community, Law enforcement, homeless community, illegal immigrants (x1 each)	Student assistance counselors (in schools) county org?	Missing: Primary Care issues/strategies (prevention of…) (x2)				Multiple agencies are conducting the same survey process at the same time – duplication

For our 2015-2018 Community Health Improvement Plan Implementation, what worked well?

Collaboration	Resources	Data	Commitment to keep on track	Improved Communication	Suggestions	General Comments
The collaborative effort/shared data (x2)	GMPHP resources such as transportation	Worked well – collected large amount of data leading to CHIP (x2)	CHIP – the priority groups had some vigorous members that accomplished many goals, others were not as committed	Permitted access to focus groups. Permitted to participate in focus groups	Narrow down focus group areas	CHIP – used the report to justify prevention of childhood obesity program for grant applications
CHIP – county wide involvement, good process to get to goals	Mental health group creating mental health directory	We were able to do comparative analysis between county and Trenton City	Was centralized. Kept things limited and focused	Well-coordinated. Was some time ago	Make goals more achievable	CHIP 2016 Report - used to justify integrated treatment program for pregnant women and new mothers
Many people and organizations were involved w/ GMPHP	Worksite wellness program went well but not sure about impact	Includes transportation/cancer and previously unrepresented groups	Commitment to keep moving on schedule, time – awareness	Improved agency communication	CHIP-CHA outcomes: WIC/Cornerstone, Health Screenings, Emergency Preparedness Survey = Focus on Prevention	Process is important – thanks for mixing it up
Sharing resources	Transportation grant	Good CHIP - Refocus us on issues, data	Target to measure	Increased awareness	Full day prioritizing meeting	I wasn't part of the development of the plan so I can't speak to the process. The plan looked good.
		Data paralleled the state (x2)	CHIP process good. Focus on problems urgent but no panic. CHA = good focus on data		Report to the community	Helped break down silos
		Identifying partners				Carol is a plus

For our 2015-2018 Community Health Improvement Plan Implementation, what didn't go so well?

Data	Awareness	Reporting	Tracking	Suggestions	General Comments
Lack of drill down data for specific towns	Not familiar or confused with CHA/CHIP (x7)	Have a "website" page for tracking accomplishments or reporting the data	Too many goals (x3)	List accomplishments a report requirement	CHA – I was less familiar with the process than I am in 2018. Therefore, I was not as "invested' in pushing it out.
Needed more external participation	Partners were not aware of results of CHIP	I'm not aware of outcomes so far	Partners didn't assist with implementation	Keeping partners engaged in the process	There has to be value to the meetings
Survey was too long; many people refused to participate especially if language skill were low			Transportation is such a large issues that it is so overwhelming to make progress in a meaningful way. Maybe address the issue depending on the town. Smaller groups within a specific identified problem	Municipality specific selection of strategies and goals. Not every place can do or wants the same – tie back to focus groups and surveys per town	"Not Working" Barriers to Health = example: no rain cover over the Penn/Princeton Emergency Room Entrance Exit
Lofty goals but difficult to measure			The CHA could have been more widely distributed to many different groups		Not actively driving change at Health Systems
Unrepresented portions of mercer county			CHIP implementation tracking. Where is it?		Funding for implementation not available
Last minute collection of surveys	Can't remember data	Some problems (transportation for example) are so large it's hard to see improvement	Limited number of surveys	Problem = no opportunity to focus on design fail, design problems that affect public health	Healthymercer.org always seemed to be "under revision" – hard to use

Greater Mercer Public Health Partnership

SWOT Analysis Based on April 25, 2018 Community World Café Community Engagement Exercise

Strengths	Weaknesses
• CAB member interest in learning about community health needs • Collaboration between community partners • Member commitment/involvement • Shared resources • Using CHIP to apply for grants • Passion to support the underserved • Members want to be actively engaged and make a difference	• Unidentified unrepresented populations • Built environment (healthy/green spaces) • Access to healthy affordable foods especially for underserved • Lack of access to affordable transportation • Significant health inequities by zip code • Document meetings and conversations with GMPHP leadership • Limited internal quality improvement • Objectives weren't SMART • Collect more localized data (vulnerable populations by priority area
Opportunities	**Threats**
• Conduct focus groups Identify health inequities experienced by vulnerable populations • Collect mental health and substance abuse data to address mental health needs • Professional development training (ex:Lean Six Sigma QI Trainings) • Work with Priority Area Leaders to develop SMART objectives	• Lack of awareness of GMPHP's CHA/CHIP process among new members • Lack of funding for local data collection • Funding for programs, marketing and resources • Gaps in accountability in CHIP Implementation

6:50 Wrap up/Next Steps:

- Here is a video about the event: https://youtu.be/DfOSCwWTbbE
- Please complete the survey, and share the survey link: http://www.healthymercer.org/
- Join us for the Community Health Assessment Presentation this summer, and a Community Health Improvement Planning forum in September.

Thank you

APPENDIX E: RESOURCE INVENTORY

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Addiction	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Addiction	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Addiction	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Addiction	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Addiction	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Addiction	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Addiction	Catholic Charities	39 North Clinton Avenue	Trenton	08609	609-394-9398
Addiction	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Addiction	NJ Addiction Services	640 South Broad Street	Trenton	08650	609-989-6826
Addiction	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Addiction	CADC Classes/Rescue Mission	98 Carroll Street	Trenton	08609	732-367-0611
Addiction	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571
Addiction	NJ Connect for Recovery	HOTLINE			855-652-3737
Alcoholism	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Alzheimer's Disease	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Biking	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Biking	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Biking	All Trails (NJ)	VARIED LOCATIONS			
Biking	Lawrence Trail Guide	VARIED LOCATIONS			
Biking	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Biking	NJ Hiking	VARIED LOCATIONS			
Biking	NJ Trails Association	VARIED LOCATIONS			
Bipolar	Depression and Bipolar Support Alliance	2100 E. State Street	Hamilton	08619	888-829-2483
Breast Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Breast Cancer	Capital Health Center for Comprehensive Breast Care	1 Capital Way	Pennington	08534	1800-637-2374
Breast Cancer	NJ CEED	416 Bellevue Avenue, Ste 401	Trenton	08618	609-989-0236
Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Cancer	Capital Health Center for Comprehensive Breast Care	1 Capital Way	Pennington	08534	1800-637-2374
Cancer	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Cancer	NJ CEED	416 Bellevue Avenue, Ste 401	Trenton	08618	609-989-0236
Cancer	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Cancer	Teal Tea Foundation	PO Box 6645	Lawrenceville	08648	1855-832-5832

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Cardiovascular	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Cardiovascular	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Child Care	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Children	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Children	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Children	Mom's Quit Connection	HOTLINE			1888-545-5191
Chronic Disease	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
College	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571
Colorectal Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Colorectal Cancer	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Community Outreach/Education	Princeton Human Services	1 Monument Drive	Princeton	08542	609-688-2055
Community Outreach/Education	HomeFront	1180 Princeton Avenue	Lawrenceville	08648	609-989-9417
Community Outreach/Education	Arm in Arm	123 East Hanover Street	Trenton	08608	609-396-9355
Community Outreach/Education	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Community Outreach/Education	Mercer Street Friends	151 Mercer Street	Trenton	08611	609-396-1506
Community Outreach/Education	Womanspace, Inc.	1530 Brunswick Avenue	Lawrenceville	08648	609-394-9000
Community Outreach/Education	The Mercer County Surrogate's Office	175 South Broad Street	Trenton	08608	609-989-6331
Community Outreach/Education	Bully Busters	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Chess Champs	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Children in the Middle	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Fatal Vision Goggles	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Footprints for Life	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Keys to Innervisions	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Life Skills Training	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Olweus Bullying Prevention Program	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Parenting Wisely	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Prevention Coalition of Mercer County	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community Outreach/Education	Protecting You Protecting Me	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Take Control of Your Health	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Trenton Municipal Alliance Committee	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	We Check for 21	1931 Brunswick Avenue	Lawrenceville	08648	609-396-5874
Community Outreach/Education	Wellness Initiative for Senior Education	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Community Outreach/Education	Metro Employee Assistance Service	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Community Outreach/Education	Coping with Work and Family Stress	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Community Outreach/Education	The Adult Education Learning Center	222 North Hermitage Avenue	Trenton	08618	609-278-6904
Community Outreach/Education	Parents Who Host Lost the Most	2298 Route 33	Robbinsville	08691	609-259-3600
Community Outreach/Education	AIM-Asthma Improves with Management	321 North Warren Street	Trenton	08618	609-278-5900
Community Outreach/Education	Diversion Program	321 North Warren Street	Trenton	08618	609-278-5900
Community Outreach/Education	Senior Care Outreach and Education Program	321 North Warren Street	Trenton	08618	609-278-5900
Community Outreach/Education	One Simple Wish	354 South Broad Street	Trenton	08608	609-883-8484
Community Outreach/Education	UIH Family Partners	4 N Broad Street	Trenton	08608	609-695-3663
Community Outreach/Education	YWCA Princeton "St Nicolas Project"	59 Paul Robenson Place	Princeton	08540	609-497-2100
Community Outreach/Education	Princeton Young Achievers	59 Paul Robenson Place	Princeton	08540	609-497-9622
Community Outreach/Education	St. Francis Medical Center	601 Hamilton Avenue	Trenton	08629	609-599-5000
Community Outreach/Education	Princeton Nursery School	78 Leigh Avenue	Princeton	08540	609-921-8606
Community Outreach/Education	Mercer County Improvement Authority	80 Hamilton Avenue, 2nd Floor	Trenton	08611	609-278-8086
Community Outreach/Education	Family and Community Health Sciences	930 Spruce Street	Lawrence Township	08648	609-989-6831
Community Outreach/Education	Rescue Mission of Trenton	98 Carroll Street	Trenton	08609	609-695-1436
Community Outreach/Education	Senior Care Services of New Jersey	PO Box 1517	Princeton	08542	609-921-8888
Community Services	Thomas Edison State College	111 West State Street	Trenton	08608	609-777-5694
Community Services	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Community Services	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Community Services	Lawrence Township Health Department	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Community Services	Mercer County TRADE Transportation	300 Scotch Road	Trenton	08628	609-530-1971

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community Services	United Way of Greater Mercer County	3150 Brunswick Pike, STE 230	Lawrenceville	08648	609-896-1912
Community-Based Organizations - County Welfare Agency	Mercer County Board of Social Services	200 Wolverton Street	Trenton	08650	609-989-4320
Community-Based Organizations - Division on Women Services	Womanspace, Inc.	1530 Brunswick Avenue	Lawrenceville	08648	609-394-9000
Community-Based Organizations - Division on Women Services	NJ Coalition to End Domestic Violence	1670 Whitehorse-Hamilton Square Road	Trenton	08690	609-584-8107
Community-Based Organizations - Early Childhood Services	Child Care Connection	1001 Spruce Street	Trenton	08638	609-989-7770
Community-Based Organizations - Early Childhood Services	Mercer Street Friends	151 Mercer Street	Trenton	08611	609-396-1506
Community-Based Organizations - Early Childhood Services	Children's Futures	16 West Front Street, 2nd Floor, Ste 220	Trenton	08608	609-695-1977
Community-Based Organizations - Early Childhood Services	Children's Futures	16 West Front Street, 2nd Floor, Ste 220	Trenton	08608	609-695-1977
Community-Based Organizations - Family Support Services	Trenton North Ward Family Success Center	1554 Princeton Avenue	Trenton	08638	609-393-2980
Community-Based Organizations - Family Support Services	Children's Home Society	416 Bellevue Avenue, Ste 201	Trenton	08618	800-396-4518
Community-Based Organizations - Family Support Services	Trenton South Ward Family Success Center	635 South Clinton Avenue	Trenton	08611	609-695-6274
Community-Based Organizations - School Linked Services	Trenton Central High School/Daylight Twilight Program	135 E. Hanover Street	Trenton	08625	609-656-4900
Community-Based Organizations - School Linked Services	NJ Child Assault Prevention Network/PEI Kids	231 Lawrence Road	Lawrenceville	08648	609-695-3739
Community-Based Organizations - School Linked Services	Johnson Park School	285 Rosendale Road	Princeton	08540	609-806-4240

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Community-Based Organizations - School Linked Services	Littlebrook School	39 Magnolia Lane	Princeton	08540	609-806-4250
Community-Based Organizations - School Linked Services	Trenton Central High School	400 Chambers Street	Trenton	08609	609-656-4900
Community-Based Organizations - School Linked Services	Ewing High School	900 Parkway Avenue	Ewing	08618	609-538-9800
Depression	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Depression	Depression and Bipolar Support Alliance	2100 E. State Street	Hamilton	08619	888-829-2483
Disability	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Drug Addiction	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Drug Addiction	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Drug Addiction	The Overdose Porevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Drug Addiction	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Drug Addiction	Catholic Charities	39 North Clinton Avenue	Trenton	08609	609-394-9398
Drug Addiction	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Drug Addiction	NJ Addiction Services	640 South Broad Street	Trenton	08650	609-989-6826
Drug Addiction	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Drug Addiction	CADC Classes/Rescue Mission	98 Carroll Street	Hamilton	08609	732-367-0611
Drug Addiction	NJ Connect for Recovery	HOTLINE			855-652-3737
Education	Thomas Edison State College	111 West State Street	Trenton	08608	609-777-5694
Emergency/Urgent Care	Capital Health Medical Center - Hopewell	1 Capital Way	Pennington	08534	1800-637-2374
Emergency/Urgent Care	InFocus Urgent Care	100 Campus Town Cir	Ewing	08638	609-799-7009
Emergency/Urgent Care	AFC Urgent Care	2222 Route 33	Hamilton	08690	609-890-4100
Emergency/Urgent Care	RWJ Primary Care Express	3100 Quakerbridge Rd	Hamilton Township	08619	609-245-7430
Emergency/Urgent Care	Immediate Care Medical Walk In of East Windsor	319 US 130 North	East Windsor	08520	609-426-4300
Emergency/Urgent Care	AfterOurs Urgent Care	3379 Quakerbridge Road	Hamilton Township	08619	609-249-9000
Emergency/Urgent Care	InFocus Urgent Care	64 Princeton-Hightstown Rd	West Windsor	08550	609-799-7009
Emergency/Urgent Care	Patient First	641 US Hwy Rte 130	Hamilton	08550	609-568-9383
Emergency/Urgent Care	Princeton Primary and Urgent Care Center	707 Alexander Rd, Ste 201	Princeton	08540	609-919-0009
Emergency/Urgent Care	MedExpress	811 Rt 33	Hamilton	08619	609-587-8298

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Exercise	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08609	609-581-9622
Family	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Family	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Family	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Family: Healthy Living	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Farmer's Market	Greenwood Avenue Farmers' Market	427 Greenwood Avenue	Trenton	08609	609-278-9677
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Ewing Street	112 Ewing Street	Trenton	08609	609-278-5900
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Chambers Street	317 Chambers Street	Trenton	08609	609-278-5900
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Warren Street	321 North Warren Street	Trenton	08618	609-278-5900
Federally Qualified Health Centers (FQHC)	Henry J. Austin - Bellevue Ave.	433 Bellevue Avenue	Trenton	08618	609-278-5900
Fitness	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Fitness	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Fitness	All Trails (NJ)	VARIED LOCATIONS			
Fitness	Lawrence Trail Guide	VARIED LOCATIONS			
Fitness	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Fitness	NJ Hiking	VARIED LOCATIONS			
Fitness	NJ Trails Association	VARIED LOCATIONS			
Food	Get Moving-Get Healthy New Jersey	930 Spruce Street	Lawrence Township	08648	609-989-6833
Food	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Health and Recovery	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Health and Recovery	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Healthcare	Robert Wood Johnson University Hospital Hamilton	1 Hamilton Health Place	Hamilton	08690	609-586-7900
Healthcare	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Healthcare	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Healthcare	Veterans Total Care Initiative	2280 Hamilton Ave	Hamilton	08619	866-838-7654
Healthy Eating	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Healthy Eating	Choose My Plate	930 Spruce Street	Lawrence Township	08648	609-989-6831
Healthy Lifestyle	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Healthy Lifestyle	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Healthy Lifestyle	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Lifestyle	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Lifestyle	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Healthy Lifestyle	Get Moving-Get Healthy New Jersey	930 Spruce Street	Lawrence Township	08648	609-989-6833
Healthy Lifestyle	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Healthy Lifestyle	Healthy Living Princeton	PO Box 441	Princeton	08542	609-924-8021
Healthy Lifestyle	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Healthy Lifestyle	All Trails (NJ)	VARIED LOCATIONS			
Healthy Lifestyle	Lawrence Trail Guide	VARIED LOCATIONS			
Healthy Lifestyle	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Healthy Lifestyle	NJ Hiking	VARIED LOCATIONS			
Healthy Lifestyle	NJ Trails Association	VARIED LOCATIONS			
Healthy Living	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Healthy Living	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Living	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Living	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Healthy Living	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Healthy Living	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Healthy Living	United Way of Greater Mercer County	3150 Brunswick Pike, STE 230	Lawrenceville	08648	609-896-1912
Healthy Living	Lakeview Child Center	4 Princess Road, Bldg. 100	Lawrenceville	08648	609-896-4866
Healthy Living	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Healthy Living	Greenwood Avenue Farmers' Market	427 Greenwood Avenue	Trenton	08609	609-278-9677
Healthy Living	Get Moving-Get Healthy New Jersey	930 Spruce Street	Lawrence Township	08648	609-989-6833
Healthy Living	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Healthy Living	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Healthy Living	All Trails (NJ)	VARIED LOCATIONS			
Healthy Living	Lawrence Trail Guide	VARIED LOCATIONS			
Healthy Living	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Healthy Living	NJ Hiking	VARIED LOCATIONS			

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Healthy Living	NJ Trails Association	VARIED LOCATIONS			
Heart	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Heart	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Heart Health	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Heart Health	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Hiking	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Hiking	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Hiking	All Trails (NJ)	VARIED LOCATIONS			
Hiking	Lawrence Trail Guide	VARIED LOCATIONS			
Hiking	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Hiking	NJ Hiking	VARIED LOCATIONS			
Hiking	NJ Trails Association	VARIED LOCATIONS			
HIV/AIDS	The Navigator Project - AIDS/HIV/STD Hotline	HOTLINE			1800-624-2377
Homeless	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Hospitals	Capital Health – Capital Health Medical Center Hopewell	1 Capital Way	Pennington	08534	1800-637-2374
Hospitals	RWJBarnabas Health – Robert Wood Johnson University Hospital at Hamilton	1 Hamilton Health Place	Hamilton	08690	609-586-7900
Hospitals	Trenton Psychiatric Hospital	101 Sullivan Way	West Trenton	08628	609-633-1500
Hospitals	Anne Klein Forensic Center – State of New Jersey, Dept. of Human Services	1609 Stuyvesant Avenue	West Trenton	08628	609-633-0900
Hospitals	St. Lawrence Rehabilitation Center	2381 Lawrenceville Road	Lawrenceville	08648	609-896-9500
Hospitals	Trinity Health – St. Francis Medical Center	601 Hamilton Avenue	Trenton	08629	609-599-5000
Hospitals	Capital Health – Capital Health Regional Medical Center	750 Brunswick Avenue	Trenton	08638	609-394-6000
Housing	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Housing	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Kids	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Low-Income	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Maternity and Adoption	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Mental Health	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Mental Health	Depression and Bipolar Support Alliance	2100 E. State Street	Hamilton	08619	888-829-2483
Mental Health	NJ Connect for Recovery	HOTLINE			855-652-3737
Mental Health/Substance Abuse	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Mental Health/Substance Abuse	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Mental Health/Substance Abuse	Phoenix Behavioral Health, LLC	1014 Whitehead Road, Ste B	Ewing	08638	609-771-3777
Mental Health/Substance Abuse	New Horizon Treatment Services, Inc.	132 Perry Street	Trenton	08618	609-394-8988
Mental Health/Substance Abuse	New Horizon Treatment Services, Inc., Gryphon House	132 Perry Street	Trenton	08618	609-394-8988
Mental Health/Substance Abuse	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Mental Health/Substance Abuse	Opportunities for All, Inc.	1701 South Broad Street	Hamilton	08610	609-394-7013
Mental Health/Substance Abuse	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Mental Health/Substance Abuse	Center for Healing and Behavioral Health Services	20 Scotch Road, Ste C	Ewing	08540	609-468-4419
Mental Health/Substance Abuse	Princeton House Behavioral Health	300 Clocktower Drive	Hamilton	08690	609-688-2788
Mental Health/Substance Abuse	Genpsych, PC	31 E Darrah Lane	Lawrenceville	08648	609-403-6190
Mental Health/Substance Abuse	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Mental Health/Substance Abuse	Footprints to Recovery	3535 Quakerbridge Road, Ste 300	Hamilton	08619	609-249-4645
Mental Health/Substance Abuse	Catholic Charities Alcoholism/Addictions Program	39 North Clinton Avenue	Trenton	08609	609-394-9398
Mental Health/Substance Abuse	Lifeback Addictions and Behavioral Health	4 Princess Road, Bldg. 200, Ste 206	Lawrence Township	08648	609-482-3701
Mental Health/Substance Abuse	Summit Behavioral Health, LLC	4065 Quakerbridge Road	Princeton Junction	08550	609-651-4001
Mental Health/Substance Abuse	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Mental Health/Substance Abuse	Another Door Opens Recovery Center	700 South Clinton	Trenton	08618	609-393-1219
Mental Health/Substance Abuse	Princeton House Behavioral Health	741 Mount Lucas Road	Princeton	08540	609-497-3350
Mental Health/Substance Abuse	Trenton Healthcare, LLC	801 New York Avenue	Trenton	08638	609-393-8000
Mental Health/Substance Abuse	Princeton House Behavioral Health	905 Herrontown Road	Princeton	08540	609-497-3300
Mental Health/Substance Abuse	Family Guidance Center	946 Edgewood Avenue	Trenton	08618	609-393-1626
Mental Health/Substance Abuse	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Mental Health/Substance Abuse	Rescue Mission of Trenton	98 Carroll Street	Trenton	08609	609-695-1436
Mental Illness	NAMI Mercer (National Alliance on Mental Illness)	1235 Whitehorse-Mercerville Road	Hamilton	08619	609-799-8994
Military	Veterans Total Care Initiative	2280 Hamilton Ave	Hamilton	08619	866-838-7654
Mothers	Mom's Quit Connection	HOTLINE			1888-545-5191
Nursing/Home Care - Assisted Living Residence	Atrium Senior Living of Princeton	1,000 Windrow Drive	Princeton	08540	609-514-9111
Nursing/Home Care - Assisted Living Residence	Rose Hill Assisted Living	1150 Washington Blvd	Robbinsville	08691	609-371-7007
Nursing/Home Care - Assisted Living Residence	Brandywine Senior Living at Pennington	143 West Franklin Avenue	Pennington	08534	609-730-9922
Nursing/Home Care - Assisted Living Residence	Brandywine Senior Living at Princeton	155 Raymond Road	Princeton	08540	732-329-8888
Nursing/Home Care - Assisted Living Residence	Brookdale Hamilton	1645 Whitehorse-Mercerville Road	Trenton	08619	609-586-4000
Nursing/Home Care - Assisted Living Residence	Care One at Hamilton	1660 Whitehorse-Hamilton Square Road	Hamilton	08690	609-586-4600
Nursing/Home Care - Assisted Living Residence	Bear Creek Assisted Living	291 Village Road East	West Windsor	08550	609-918-1075
Nursing/Home Care - Assisted Living Residence	Presbyterian Home at Meadow Lakes	300 Meadow Lakes	East Windsor	08520	609-448-4100
Nursing/Home Care - Assisted Living Residence	Abrams Residence	50 Walter Street	Ewing	08628	609-883-5391

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Nursing/Home Care - Assisted Living Residence	Acorn Glen	775 Mt. Lucas Road	Princeton	08540	609-430-4000
Nursing/Home Care - Long Term Care Facility	Morris Hall/St. Joseph's Nursing Center	1 Bishops Drive	Lawrenceville	08648	609-896-0006
Nursing/Home Care - Long Term Care Facility	Hamilton Continuing Care Center	1059 Edinburg Road	Hamilton	08690	609-588-0091
Nursing/Home Care - Long Term Care Facility	Atrium Post Acute Care of Lawrenceville	112 Franklin Corner Road	Lawrenceville	08648	609-896-1494
Nursing/Home Care - Long Term Care Facility	Preferred Care at Mercer	1201 Parkway Avenue	Ewing	08628	609-882-6900
Nursing/Home Care - Long Term Care Facility	Royal Health Gate Nursing and Rehabilitation	1314 Brunswick Avenue	Trenton	08638	609-656-9291
Nursing/Home Care - Long Term Care Facility	Arcadia Nursing and Rehabilitation	1501 State Hwy 33	Hamilton Square	08690	609-586-1114
Nursing/Home Care - Long Term Care Facility	Mercerville Center	2240 Whitehorse-Mercerville Road	Mercerville	08619	609-586-7500
Nursing/Home Care - Long Term Care Facility	Hamilton Grove Healthcare and Rehabilitation, LLC	2300 Hamilton Avenue	Hamilton	08619	609-588-5800
Nursing/Home Care - Long Term Care Facility	St. Lawrence Rehabilitation Center	2381 Lawrenceville Road	Lawrenceville	08648	609-896-9500
Nursing/Home Care - Long Term Care Facility	Atrium Post Acute Care of Hamilton	3 Hamilton Health Place	Hamilton	08690	609-631-2555
Nursing/Home Care - Long Term Care Facility	Presbyterian Home at Meadow Lakes	300 Meadow Lakes	East Windsor	08520	609-448-4100
Nursing/Home Care - Long Term Care Facility	Riverside Nursing and Rehabilitation Center	325 Jersey Street	Trenton	08611	609-394-3400
Nursing/Home Care - Long Term Care Facility	Providence Nursing and Rehabilitation Center	439 Bellevue Avenue	Trenton	08618	609-396-2646
Nursing/Home Care - Long Term Care Facility	Atrium Post Acute Care of Princeton	5000 Windrow Drive	Princeton	08540	609-987-1221
Nursing/Home Care - Long Term Care Facility	Greenwood House Home for the Jewish Aged	51 Walter Street	Trenton	08628	609-883-5391
Nursing/Home Care - Long Term Care Facility	Water's Edge Healthcare and Rehabilitation	512 Union Street	Trenton	08611	609-393-8622
Nursing/Home Care - Long Term Care Facility	Princeton Care Center	728 Bunn Drive	Princeton	08540	609-924-9000

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Nutrition	Choose My Plate	930 Spruce Street	Lawrence Township	08648	609-989-6831
Nutrition/Healthy Living	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Nutrition/Healthy Living	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Nutrition/Healthy Living	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Nutrition/Healthy Living	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Nutrition/Healthy Living	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Nutrition/Healthy Living	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Nutrition/Healthy Living	Lakeview Child Center	4 Princess Road, Bldg. 100	Lawrenceville	08648	609-896-4866
Nutrition/Healthy Living	Choose My Plate	930 Spruce Street	Lawrence Township	08648	609-989-6831
Nutrition/Healthy Living	Get Moving-Get Healthy New Jersey	930 Spruce Street	Lawrence Township	08648	609-989-6833
Nutrition/Healthy Living	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Nutrition/Healthy Living	Healthy Living Princeton	PO Box 441	Princeton	08542	609-924-8021
Outdoor	Lawrence Hopewell Trail	197 Blackwell Rd.	Pennington	08534	609-587-1898
Outdoor	Rails to Trails Conservancy	VARIED LOCATIONS			866-202-9788
Outdoor	All Trails (NJ)	VARIED LOCATIONS			
Outdoor	Lawrence Trail Guide	VARIED LOCATIONS			
Outdoor	Mercer County Bike Paths & Multi-Use Paths	VARIED LOCATIONS			
Outdoor	NJ Hiking	VARIED LOCATIONS			
Outdoor	NJ Trails Association	VARIED LOCATIONS			
Outpatient Clinics - County Mental Health Board	Mercer County Division of Mental Health	640 South Broad Street	Trenton	08650	609-989-6574/6529
Outpatient Clinics - Deaf Enhanced Screening Center	Capital Health System	750 Brunswick Avenue	Trenton	08638	609-396-4357
Outpatient Clinics - Deaf Enhanced STCF	Capital Health, Fuld Campus	750 Brunswick Avenue	Trenton	08638	609-394-6000
Outpatient Clinics - Early Intervention Support Services	Catholic Charities-Diocese of Trenton	1225 Whitehorse Mercerville Road, Bld D, Ste 504	Hamilton	08619	609-256-4200
Outpatient Clinics - Homeless Services (PATH)	Oaks Integrated Care	31 Lexington Avenue	Ewing	08618	609-583-1900
Outpatient Clinics - Integrated Case Management Services	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Outpatient Clinics - Intensive Outpatient Treatment & Support Services	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Outpatient Clinics - Involuntary Outpatient Commitment	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Outpatient Clinics - Outpatient	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Outpatient Clinics - Outpatient	Oaks Integrated Care	2550 Brunswick Pike	Lawrenceville	08648	609-396-8877
Outpatient Clinics - Outpatient	Catholic Charities-Diocese of Trenton	39 North Clinton Avenue	Trenton	08608	609-394-9398
Outpatient Clinics - Partial Care	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Outpatient Clinics - Partial Care	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Outpatient Clinics - Partial Care	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Outpatient Clinics - Partial Care	Oaks Integrated Care	314 East State Street	Trenton	08608	609-396-4258
Outpatient Clinics - Partial Care	A.A.M.H. - Mercer	819 Alexander Road	Princeton	08540	609-452-2088
Outpatient Clinics - Primary Sceening Center for Mercer	Capital Health Regional Medical Center	750 Brunswick Avenue	Trenton	08638	609-396-4357
Outpatient Clinics - Program of Assertive Community Treatment (PACT)	Catholic Charities-Diocese of Trenton	1340 Parkway Avenue	Ewing	08628	609-882-4772
Outpatient Clinics - Program of Assertive Community Treatment (PACT)	Catholic Charities-Diocese of Trenton	39 North Clinton Avenue	Trenton	08609	609-394-9398
Outpatient Clinics - Residential Intensive Support Team (RIST)	Oaks Integrated Care	1001 Spruce Street	Trenton	08638	609-396-6788
Outpatient Clinics - Residential Services	SERV/Mercer	20 Scotch Road, 3rd Floor	Ewing	08628	609-406-0100
Outpatient Clinics - Residential Services/Transitional & Supportive Housing	Catholic Charities-Diocese of Trenton	41 Steinert Avenue	Hamilton	08619	609-890-2527
Outpatient Clinics - Self-Help Center	Transition Mission SHC/Trenton Psychiatric Hospital	101 Sullivan Way	West Trenton	08628	609-503-5762
Outpatient Clinics - Self-Help Center	Reach Out/Speak Out	2100 E. State Street	Hamilton	08619	888-829-2483

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Outpatient Clinics - Short Term Care Facility	St. Francis Medical Center	601 Hamilton Avenue	Trenton	08629	609-599-5000
Outpatient Clinics - Short Term Care Facility	Capital Health Regional Medical Center/Fuld Campus	750 Brunswick Avenue	Trenton	08638	609-394-6000
Outpatient Clinics - Supported Employment Services	Catholic Charities-Diocese of Trenton	10 Southard Street	Trenton	08609	609-396-4557
Outpatient Clinics - Supportive Housing	SERV Centers of NJ	20 Scotch Road, 3rd Floor	Ewing	08628	609-406-0100
Outpatient Clinics - Supportive Housing	Oaks Integrated Care	31 Lexington Avenue	Ewing	08618	609-583-1900
Outpatient Clinics - Systems Advocacy	Community Health Law Project	225 East State Street, Ste 5	Trenton	08608	609-392-5553
Outpatient Clinics - Voluntary Unit	Capital Health, Fuld Campus	750 Brunswick Avenue	Trenton	08638	609-394-6049/6996
Ovarian Cancer	Cancer Support Groups at Capital Health	1 Capital Way	Pennington	08534	1800-637-2374
Ovarian Cancer	NJ CEED	416 Bellevue Avenue, Ste 401	Trenton	08618	609-989-0236
Ovarian Cancer	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Ovarian Cancer	Teal Tea Foundation	PO Box 6645	Lawrenceville	08648	1855-832-5832
Parenting	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Physical Fitness	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Physical Fitness	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Physical Fitness	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Pregnancy	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Prevention Services	Contact of Mercer County	60 South Main Street	Pennington	08534	609-883-2880
Prevention Services - Homeless Prevention	HomeFront	1180 Princeton Avenue	Lawrenceville	08648	609-989-9417
Prevention Services - Prevention Coalition Mercer County (PCMC)	Capital Health Medical Center - Hopewell	1 Capital Way	Pennington	08534	1800-637-2374
Prevention Services - Prevention Coalition Mercer County (PCMC)	Robert Wood Johnson University Hospital Hamilton	1 Hamilton Health Place	Hamilton	08690	609-586-7900
Prevention Services - Prevention Coalition Mercer County (PCMC)	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Prevention Services - Prevention Coalition Mercer County (PCMC)	Princeton Alcohol and Drug Alliance	1 Monument Drive	Princeton	08540	609-924-8018

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Princeton Police Department	1 Valley Road	Princeton	08540	609-921-2100
Prevention Services - Prevention Coalition Mercer County (PCMC)	Signs of Sobriety	100 Scotch Road	Ewing	08628	609-882-7677
Prevention Services - Prevention Coalition Mercer County (PCMC)	Advancing Opportunities	1005 Whitehead Road	Ewing	08638	609-882-4182
Prevention Services - Prevention Coalition Mercer County (PCMC)	Rider University	101 Walnut Lane	Princeton	08540	609-921-7100
Prevention Services - Prevention Coalition Mercer County (PCMC)	St. James Hope Ministry	115 E. Delaware Avenue	Pennington	08534	609-737-0122
Prevention Services - Prevention Coalition Mercer County (PCMC)	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Prevention Services - Prevention Coalition Mercer County (PCMC)	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Prevention Services - Prevention Coalition Mercer County (PCMC)	East Windsor Alliance	16 Lanning Blvd	East Windsor	08520	609-443-4000
Prevention Services - Prevention Coalition Mercer County (PCMC)	Cool 2B Clean	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Prevention Services - Prevention Coalition Mercer County (PCMC)	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Prevention Services - Prevention Coalition Mercer County (PCMC)	Ewing Police Department	2 Jake Garzio Drive	Ewing	08628	609-882-1313
Prevention Services - Prevention Coalition Mercer County (PCMC)	Ewing Drug Alliance	2 Jake Garzio Drive	Ewing	08628	609-883-2900
Prevention Services - Prevention Coalition Mercer County (PCMC)	The College of NJ	2000 Pennington Road	Ewing	08628	609-771-2131
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hopewell Valley Municipal Alliance	201 Washington Crossing-Pennington Road	Titusville	08560	609-537-0242

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hopewell Township Police Department	201 Washington Crossing-Pennington Road	Titusville	08560	609-737-3100
Prevention Services - Prevention Coalition Mercer County (PCMC)	Rider University	2083 Lawrenceville Road	Lawrenceville	08648	609-896-5000
Prevention Services - Prevention Coalition Mercer County (PCMC)	Mercer County Prosecutor's Office	209 South Broad Street	Trenton	08608	609-989-6305
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Prevention Services - Prevention Coalition Mercer County (PCMC)	Recovery Advocates	2117 Route 33, Ste 1	Hamilton	08690	888-360-77888
Prevention Services - Prevention Coalition Mercer County (PCMC)	Lawrence Alcohol and Drug Alliance	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Prevention Services - Prevention Coalition Mercer County (PCMC)	Lawrence Township Health Department	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Prevention Services - Prevention Coalition Mercer County (PCMC)	Hightstown High School	25 Leshin Lane	Hightstown	08520	609-443-7738
Prevention Services - Prevention Coalition Mercer County (PCMC)	United Way of Greater Mercer County	3150 Brunswick Pike, STE 230	Lawrenceville	08648	609-896-1912
Prevention Services - Prevention Coalition Mercer County (PCMC)	West Windsor - Plainsboro High School	346 Clarksville Road	West Windsor	08550	609-716-5000
Prevention Services - Prevention Coalition Mercer County (PCMC)	Footprints to Recovery	3535 Quakerbridge Road, Ste 300	Hamilton	08619	609-249-4645
Prevention Services - Prevention Coalition Mercer County (PCMC)	Council on Compulsive Gambling	3635 Quakerbridge Road, Ste 7	Hamilton	08619	609-588-5515
Prevention Services - Prevention Coalition Mercer County (PCMC)	City of Angels	392 Church Street	Hamilton	08620	609-910-4942
Prevention Services - Prevention Coalition Mercer County (PCMC)	Summit Behavioral Health, LLC	4065 Quakerbridge Road	Princeton Junction	08550	609-651-4001

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Prevention Coalition Mercer County (PCMC)	Melvin H Kreps School	5 Kent Lane	East Windsor	08520	609-443-7767
Prevention Services - Prevention Coalition Mercer County (PCMC)	Campfire NJ	535 East Franklin Street	Trenton	08610	609-695-8410
Prevention Services - Prevention Coalition Mercer County (PCMC)	Mercer County Department of Human Services	640 South Broad Street	Trenton	08650	609-989-6526
Prevention Services - Prevention Coalition Mercer County (PCMC)	State of NJ - Department of Mental Health and Addiction Services	640 South Broad Street	Trenton	08650	609-989-6574
Prevention Services - Prevention Coalition Mercer County (PCMC)	West Windsor - Plainsboro Municipal Alliance	641 Plainsboro Road	Plainsboro	08536	609-799-0909
Prevention Services - Prevention Coalition Mercer County (PCMC)	Ewing High School ASYSST	900 Parkway Avenue	Ewing	08618	609-583-9800
Prevention Services - Prevention Coalition Mercer County (PCMC)	New Jersey National Guard	PO Box 340	Trenton	08625	609-530-4600
Prevention Services - Prevention Coalition Mercer County (PCMC)	Greater Mercer Public Health Partnership	PO Box 6194	Lawrenceville	08748	609-580-0621
Prevention Services - Programs	Bully Busters	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Chess Champs	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Children in the Middle	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Fatal Vision Goggles	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Footprints for Life	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Keys to Innervisions	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Life Skills Training	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Olweus Bullying Prevention Program	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Parenting Wisely	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Prevention Coalition of Mercer County	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Protecting You Protecting Me	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Prevention Services - Programs	Take Control of Your Health	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Trenton Municipal Alliance Committee	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	We Check for 21	1931 Brunswick Avenue	Lawrenceville	08648	609-396-5874
Prevention Services - Programs	Wellness Initiative for Senior Education	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Prevention Services - Programs	Metro Employee Assistance Service	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Prevention Services - Programs	Coping with Work and Family Stress	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5877
Prevention Services - Programs	Parents Who Host Lost the Most	2298 Route 33	Robbinsville	08691	609-259-3600
Professional	CADC Classes/Rescue Mission	98 Carroll Street	Hamilton	08609	732-367-0611
Quit Smoking	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Quit Smoking	New Jersey Quitline	HOTLINE			1866-657-8677
Quit Smoking	Mom's Quit Connection	HOTLINE			1888-545-5191
Recovery	Corner House	1 Monument Drive	Princeton	08540	609-924-8018
Recovery	The Overdose Prevention Agency Corporation (TOPAC)	1540 Kuser Road, A-2	Hamilton	08619	609-581-0600
Recovery	Family Guidance Center	1931 Nottingham Way	Hamilton	08619	609-586-0668
Recovery	Catholic Charities	39 North Clinton Avenue	Trenton	08609	609-394-9398
Recovery	UPI Trenton Treatment Center	56 Escher Street	Trenton	08609	609-392-2822
Recovery	NJ Addiction Services	640 South Broad Street	Trenton	08650	609-989-6826
Recovery	Rescue Mission	98 Carroll Street	Trenton	08609	609-695-1436
Recovery	CADC Classes/Rescue Mission	98 Carroll Street	Hamilton	08609	732-367-0611
Recovery	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571
Recovery	NJ Connect for Recovery	HOTLINE			855-652-3737
Senior Citizens	Robbinsville Senior Center	1117 US Route 130	Robbinsville	08691	609-259-1567
Senior Citizens	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Senior Citizens	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Senior Citizens	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Senior Citizens	Adult Protective Services	200 Wolverton Street	Trenton	08650	609-989-4320
Senior Citizens	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Senior Citizens	Lawrence Township Health Department	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Senior Citizens	Mercer County TRADE Transportation	300 Scotch Road	Trenton	08628	609-530-1971
Senior Citizens	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Seniors	YMCA Healthy Living Programs	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Seniors	Free Air Conditions for Seniors and Adults with Disabilities	132 North Warren Street	Trenton	08608	609-394-8847
Seniors	Adult Protective Services	200 Wolverton Street	Trenton	08650	609-989-4320
Seniors	Interfaith Caregivers of Greater Mercer County	3635 Quakerbridge Road, Ste 16	Hamilton	08619	609-393-9922
Shaping NJ	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Smoking	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Smoking	New Jersey Quitline	HOTLINE			1866-657-8677
Smoking	Mom's Quit Connection	HOTLINE			1888-545-5191
Specialty Care	New Jersey Surgery Center LLC	1225 Whitehorse Mercerville Road, Bld D, Ste 209	Mercerville	08619	609-581-6200
Specialty Care	Hamilton Endoscopy and Surgery Center LLC	1235 Whitehorse-Mercerville Road, Ste 310	Hamilton	08619	609-581-6610
Specialty Care	Surgical Specialists at Princeton	136 Main Street, Ste 100	Princeton	08540	609-799-1130
Specialty Care	Hamilton Surgery Center LLC	1445 Whitehorse-Mercerville Road	Hamilton	08619	609-689-4820
Specialty Care	Mercer County Surgery Center	3120 Princeton Pike	Lawrenceville	08648	609-895-0290
Specialty Care	Planned Parenthood of Northern, Central, and Southern New Jersey, Inc.	437 East State Street	Trenton	08608	609-599-4881
Specialty Care	Princeton Endoscopy Center LLC	731 Alexander Road, Ste 104	Princeton	08540	609-452-1111
Substance Abuse	High Focus Centers	15 Princess Road	Lawrenceville	08648	609-349-7626
Substance Abuse	Mercer Council on Alcoholism and Drug Addiction	1931 Brunswick Avenue	Lawrence Township	08648	609-396-5874
Substance Abuse	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Substance Abuse	Lawrence Alcohol and Drug Alliance	2207 Lawrence Road	Lawrenceville	08648	609-844-7089
Substance Abuse	NJ Connect for Recovery	HOTLINE			855-652-3737
Sun Safety	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Tobacco	Hunterdon & Mercer County Regional Chronic Disease Coalition	2100 Wescott Drive	Flemington	08822	908-237-2328
Tobacco	New Jersey Quitline	HOTLINE			1866-657-8677
Tobacco	Mom's Quit Connection	HOTLINE			1888-545-5191
Transportation	RideProvide	15 Roszel Road	Princeton	08540	609-452-5140
Transportation	Greater Mercer Transportation Management Association (GMTMA)	15 Roszel Road, Ste 101	Princeton	08540	609-452-1491
Transportation	Mercer County TRADE Transportation	300 Scotch Road	Trenton	08628	609-530-1971
Transportation	Princeton Pedestrian and Bicycle Advisory Committee	400 Witherspoon Street	Princeton	08540	609-924-4141

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Transportation	Mercer County Division of Transportation	640 South Broad Street	Trenton	08650	609-989-6629
Transportation	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Veteran	Veterans Total Care Initiative	2280 Hamilton Ave	Hamilton	08619	866-838-7654
Women	Women's Heart Healthy Program/Mercer Bucks Cardiology	1 Union Street	Robbinsville	08691	609-890-6677
Women	Women's Heart Healthy Program/Mercer Bucks Cardiology	3140 Princeton Pike	Lawrenceville	08648	609-895-1919
Women	Give Women a Lift	PO Box 6645	Lawrenceville	08648	1855-832-5832
Women	Teal Tea Foundation	PO Box 6645	Lawrenceville	08648	1855-832-5832
Youth	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road	Hamilton	08610	609-581-9622
Youth	ACT! (Actively Changing Together)	1315 Whitehorse-Mercerville Road	Hamilton	08619	609-581-9622
Youth	Catholic Charities	383 West State Street	Trenton	08618	609-394-5181
Youth	Lakeview Child Center	4 Princess Road, Bldg. 100	Lawrenceville	08648	609-896-4866
Youth	New Jersey Partnership for Healthy Kids	407 Greenwood Avenue	Trenton	08609	609-278-9622
Youth	NJ Parent Link	50 E State Street	Trenton	08608	609-633-1363
Youth	Rutgers Cooperative Extension of Mercer County	930 Spruce Street	Lawrence Township	08648	609-989-6833
Youth	Collegiate Recovery Community at The College of New Jersey	Forcina Hall, Room 308	Ewing	08628	609-771-2571