TrentonHealthTeam

2022 Community Health Needs Assessment

Paid for by

St. Francis MEDICAL CENTER
A Member of Trinity Health

About Trenton Health Team

Trenton Health Team is dedicated to improving the well-being of greater Trenton by partnering with the community to expand access to high-quality, coordinated, cost-effective healthcare and addressing housing quality, food security, neighborhood safety, education and social inequities inextricably linked to poor health outcomes.

THT is an innovative non-profit collaboration including the city of Trenton's two hospitals, St. Francis Medical Center and Capital Health, Trenton's only Federally Qualified Health Center (FQHC), Henry J. Austin Health Center, and the City of Trenton Department of Health and Human Services. By forging partnerships, creating new educational pathways and engaging city residents in creative ways, THT is transforming healthcare for residents. We believe that by collaborating we can actually drive down costs while providing significantly better, more comprehensive and effective care. THT is both in, and of, Trenton and fully accountable to the residents we serve.

Get involved and find out more about THT https://trentonhealthteam.org/

Our Research Partner:

35TH STREET CONSULTING LLC

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

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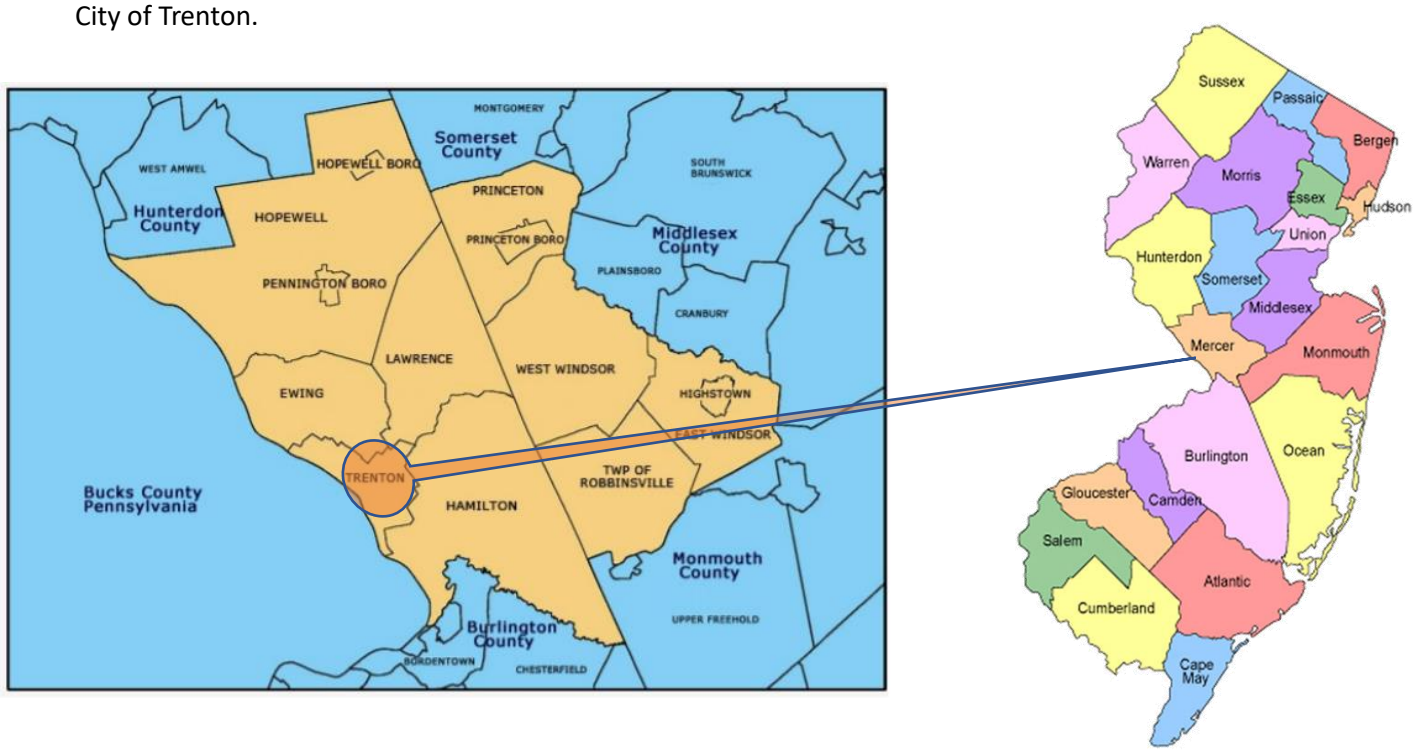
CHNA Background

Since 2013, St. Francis Medical Center, THT and its partners have collaboratively conducted a Community Health Needs (CHNA) and adopted common health priorities to collectively address health needs for Trenton. St. Francis Medical Center and THT are also both members of the Greater Mercer Public Health Partnership (GMPHP). The Greater Mercer Public Health Partnership (GMPHP) is a 501(c)3 collaboration of fifteen core organizations consisting primarily of hospitals and local and county health departments whose mission is to measurably improve the health of greater Mercer County residents. In addition, the GMPHP Community Advisory Board includes over 60 community non-profits, businesses, schools, and governmental organizations committed to the health of Mercer County residents. The GMPHP was formed to identify community health needs within Mercer County, to work collaboratively with stakeholders, and create novel strategies that leverage the collective expertise of the participants to implement a meaningful and measurable Health Improvement Plan for Mercer County, New Jersey. Representatives from St. Francis and THT serve on the GMPHP steering committee, and actively participated in the development of the Mercer County, New Jersey CHNA and collective action countywide CHIP.

While membership in the county-wide GMPHP collaborative is essential and instructive towards the mission of both St. Francis and THT, it has consistently been evident that the strengths and needs of the City of Trenton, home to St. Francis Medical Center, differ substantially from the surrounding communities comprising Mercer County. Therefore, since 2013, St. Francis and THT, as key pillars of the Trenton Community, have collaborated to take a deeper dive into the fabric of the diverse City of Trenton to identify the needs unique to this city, and the to leverage the specific strengths and assets from Trenton to meet those needs. The CHNA is in fulfillment of that priority, demonstrating city, county and regional health and socioeconomic trends, while detailing unique characteristics and nuances across the City of Trenton.



Summary of Previous CHNA and Evaluation of Impact

The 2019 CHNA was prepared in collaboration with THT. While a wide range of needs were identified, the prioritization process led to a strategy of directly addressing Adverse Childhood Experiences (ACES) and integrating Trauma-informed strategies as the method to address disparities in health outcomes in many areas. Adverse Childhood Experiences (ACES) are traumatic or stressful events that occur before the age of 18. While these incidents are individual in nature, they are compounded by exposure to adverse community environments, and ameliorated through supportive community environments. Traumatic or stressful events in childhood have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals, and are associated with decreased life expectancy. Therefore, ensuring that care providers are aware of the impact of ACES and trauma on the patients of all ages and informed of strategies that identify, prevent and diffuse the impact of trauma can have a lasting impact on a myriad of health outcomes and quality of life. In addition, investment of time, effort and resources towards addressing systemic discrimination and fostering welcoming, accessible communities drive resiliency and well-being that can ameliorate the impact of traumatic events, especially for children. Communities. Following approval by the SFMC Board of Trustees, the Medical Center developed strategies to operationalize the 2019 CHNA.

In 2019, the implementation strategy was developed to address identified community needs utilizing hospital resources and staff expertise. The 2019 implementation strategy was reviewed on an annual basis. The results of the 2019 CHNA were shared with the community by THT and the GMPHP. The community-wide 2019 CHNA was made available to the public through the Trenton Health Team's website and the hospital's website at http://www.stfrancismedical.org. No written comments have been received regarding the 2019 CHNA. [1]

During the summer months of 2019, shortly after the CHNA was approved, St. Francis swiftly began work educating its staff, community partners and the broader community about the effects of ACES and strategies to ameliorate the impact. More than 100 diverse individuals participated in these events beginning in the 4th quarter of 2019 through January 2020. The arrival of COVID-19 in early 2020 prevented the continuation of these large meetings, but the lessons about inequities, trauma informed care, resilience, and meeting people where they are were key ingredients in St. Francis' COVID-19 response.

As the COVID-19 pandemic struck, St. Francis swiftly pivoted to implement the following changes:

- Visitor guidelines were established with safety as the top priority. These guidelines included:
  - No visitors for inpatients,
  - Use of masking and appropriate PPE on our campuses,
  - Symptom and temperature checks for all who arrive at our facilities,
  - Surgery designated pick-up person to wait outside the building,
  - Restricted entrances and exits,
  - Social distancing wherever possible

[1] **WRITTEN COMMENTS ON CURRENT CHNA AND IMPLEMENTATION STRATEGY** The results of the 2022 CHNA will be made available to the public through the St. Francis Medical Center's website at http://www.stfrancismedical.org and through the Trenton Health Team's website. Requests for copies and/or written comments on the 2022 CHNA can be sent to: St. Francis Medical Center Community Benefit 601 Hamilton Ave. Trenton, NJ 08629

- Telehealth appointment capabilities were put into place within weeks.
- Additional iPads were purchased with CyraCom translation capabilities to facilitate virtual visits with family members for patients in the hospital.
- Hospital-based **COVID-19 hotline, 609-599-5399** was created, and continues to be an available outlet for the community's questions and concerns.

Once vaccines against COVID-19 were created and made available, St. Francis Medical Center along with partners across Trenton and Mercer County came together to make vaccine available as widely as possible. As part of the St. Francis Medical Center "It Starts Here" campaign, a vaccine guide was made available to the community with facts and access information. It can be found at: www.stfrancismedical.org/_campaigns/vaccine/guide

Despite these efforts, it quickly became clear that low-income people of color living in Trenton were not accessing vaccine at the same rate as neighboring towns in Mercer County. To address this disparity, St. Francis in partnership with THT worked together on grassroots efforts, including:

- Community Champions/Vaccine Ambassadors providing door-to-door outreach/canvassing
- Virtual Townhalls, community meetings with local experts in various languages
- Coordinating outreach and vaccine events alongside food assistance organizations
- Use of mobile units to administer vaccines at community locations
- Local social media influencers to provide vaccine information to their online followers
- Telephone outreach to ensure patients have updated information and are aware of local vaccination opportunities
- Transportation to vaccine events
- Interpreter services provided during vaccine clinics

2022 CHNA Research Methods

The 2022 CHNA was conducted following IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Patient Protection and Affordable Care Act (PPACA), the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, and the Public Health Accreditation Board Standards and Measures.

The 2022 CHNA was conducted from January 2022 to April 2022 and included quantitative and qualitative research methods to determine health trends and disparities in Trenton. Secondary research methods were used to identify and analyze statistical socioeconomic and health indicators. Data were compared across zip codes and neighborhoods in Trenton and Mercer County and compared to the county as a whole, New Jersey state, and national benchmarks. Primary research methods were used to solicit input from public health experts and key community stakeholders representing the broad interests of the community.

Through this comprehensive view of statistical health indicators and community stakeholder feedback, a profile was created of health indicators and socioeconomic factors that influence the health and well-being of Trenton residents. These findings will guide St. Francis, THT and their partners in creating a collaborative, coordinated effort to address community health needs.

The 2022 CHNA study methods include:

- An analysis of existing secondary data sources, including public health statistics, demographic and social measures, and healthcare utilization
- One-to-one conversations with individuals accessing COVID-19 vaccines
- Individual and small group discussions with community residents and public health and other key stakeholders representing diverse, underserved, minority, and historically disenfranchised populations
- Strategic planning to determine priority health needs
- Development of a collective Community Health Improvement Plan (CHIP)

Community Engagement

In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, including underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities. This information was gathered through a series of small group conversations in person, on location and over Zoom with community members as well as grassroots service providers providing home-based care for diverse populations throughout Trenton.

Context for the Creation of this Community Health Needs Assessment

The COVID-19 global pandemic has been in the forefront of the world's concerns since 2020, coinciding with the research informing this Community Health Needs Assessment (CHNA) and the CHIP. The COVID -19 pandemic has created unprecedented challenges for people across Mercer County—and the world—and has demanded rapid and robust response from healthcare, social services, government, businesses, families, and individuals. COVID-19 exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society, including in Mercer County.

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases. During this time, the disparity in access to vaccination and testing and the resulting negative outcomes amongst people of color and other disenfranchised communities was of substantial concern and urgency. Therefore, recognizing the ongoing needs —and recovery— from the COVID-19 pandemic that have disproportionately negatively impacted communities of color as a priority.

While COVID-19 is still with us, it's impact on people and communities continues to evolve rapidly as medical professionals learn more about the virus, the virus itself changes, and our public policies and social norms change. This moment, spring of 2022, finds us in a different time, where collaborative vaccination efforts have led us to more equitable vaccination, greater access to testing, more availability of treatment options and lower levels of hospitalizations and deaths than in the two previous springs. Therefore, the lessons learned from this collective action to confront the inequities in opportunity,

access, education, and trust revealed by COVID-19 have been integrated into every priority set out in this report. This underscores an effort to create a culture of greater health equity and trust, and to prepare for an equitable response for future emergencies.

COVID-19 EXPOSED LONG-STANDING INEQUITIES THAT TAUGHT US
WE NEED A MORE EQUITABLE HEALTHCARE RESPONSE

Determining Community Health Priorities

During 2021, representatives from St Francis Medical Center and Trenton Health Team participated in the Greater Mercer Public Health Partnership (GMPHP) collaborative CHNA and CHIP process for Mercer County. The Greater Mercer Public Health Partnership (GMPHP) is a 501(c)3 collaboration of fifteen core organizations consisting primarily of hospitals and local and county health departments whose mission is to measurably improve the health of greater Mercer County residents. In addition, the GMPHP Community Advisory Board includes over 60 community non-profits, businesses, schools, and governmental organizations committed to the health of Mercer County residents. The GMPHP was formed to identify community health needs within Mercer County, to work collaboratively with stakeholders, and create novel strategies that leverage the collective expertise of the participants to implement a meaningful and measurable Health Improvement Plan for Mercer County, New Jersey. This collaborative effort identified four priority health areas based on quantitative and qualitative data that the group has agreed upon for collective action. Kathryn Kollener, representing St Francis Medical Center was elected to serve as the GMPHP Secretary in December 2021.

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

In 2022, a workgroup, comprised of key representatives from St Francis and THT worked alongside the 35th Street Consulting team to update the GMPHP data, incorporate additional original qualitative research, and solicit feedback from key stakeholders. These data are included in this report and are designed to generate Trenton-specific priority actions in alignment with collective action priorities among the Trenton Health Team and GMPHP partner agencies.

To determine priorities, statistical data and qualitative feedback were analyzed to determine community health priorities. Statistical data includes health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by Trenton. Perspectives on data trends and direct feedback on community health priorities were collected via a series of eight small group conversations with Trenton area residents, service providers, public health, community representatives and key stakeholders. Emphasis was placed on collecting diverse perspectives from stakeholders that work with communities of color, medically underserved, vulnerable, and historically disenfranchised populations. This process yielded the same four priorities identified as the collective action priorities by the GMPHP process. In recognition of the differences between the City of Trenton and other municipalities throughout Mercer County, St Francis and THT asked each of the small group discussants included in the focus groups and community listening sessions to rank these priorities. The results of those rankings are listed here.

Rank	Health Need	Average Score
1.	Mental Health: preventing, addressing and treating adverse childhood experiences	3.32
2.	Maternal and Child Health: Achieving equitable health outcomes for Black moms and babies	2.63
3.	Equitable Life Expectancy: Equitable access to screening, prevention and treatment of chronic disease	2.6
4.	COVID-19: Reducing disparities in negative outcomes from COVID-19	1.5

The St Francis/THT 2022-25 (Community Health Improvement Plan) CHIP will guide continued community health improvement planning and community benefit activities, identify future opportunities for community-wide collaboration, and ultimately advance the health and well-being of residents. The priorities identified reflect disparities in need from the data, are informed by the voices of members of the Trenton community and aligned with collective action priorities among THT partner agencies.

CHNA Steering Committee Members

Stuart Altschuler, Trenton Health Team
Emily Baggett, Trenton Health Team
Kathryn Koellner, St. Francis Medical Center
Jennifer McGowan-Smith, St. Francis Medical Center
Julia Taylor, Trenton Health Team

Approval and Adoption of CHNA

June 22, 2022

Executive Summary of CHNA Findings

Trenton, New Jersey is the primary service area for St. Francis Medical Center. Trenton, New Jersey's capitol city, is located in Mercer County. Viewed as whole, Mercer County has an abundance of social and environmental amenities, economic and educational opportunities, and high-quality healthcare resources, making it a healthy place to live a long life. County-wide measures for most health and social indicators are better in Mercer County than in other New Jersey counties, and as compared to the national benchmark.

Provider Access, Ratio of Residents to Providers

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

Source: County Health Rankings, 2021

The City of Trenton is a majority minority city. Nearly half of residents identify as Black/African American (48.7%) and 37.2% identify as Hispanic or Latino of any race. Differences in socioeconomic and health outcomes are stark compared to the rest of Mercer County. Within Trenton, the median household income is less than half of the county median, and more than twice as many individuals and children live in poverty. There is a nearly 17-year gap between life expectancy in parts of Trenton (69.4 years) and the highest life expectancy in Mercer County (86.5 years in the north central area). Of note, while Trenton is a majority minority community, poverty levels are similarly high across racial and ethnic groups in the city, compounding the impact of disadvantages based on historical race-based barriers such as lack of access to quality housing, employment restrictions, and other resources.

> **Until everyone has the same choices, we don't have equity.**
>
> **Trenton Health Team Maternal Health Stakeholders Group Participant**

However, Trenton stands apart from its Mercer County neighbors with a lower life expectancy than any of its neighboring communities. **This disparity and others point towards underlying inequities in economic opportunities, education, housing, and social structures between Trenton and its neighbors.**

Median Household Income and Poverty Indicators

	Median Household Income	People in Poverty	Children in Poverty	Households with SNAP Benefits
Trenton City	$37,002	27.2%	36.9%	27.3%
Mercer County	$83,306	11.1%	15.3%	8.8%
New Jersey	$85,245	9.7%	13.3%	8.4%
United States	$64,994	12.8%	17.5%	11.4%

Source: US Census Bureau, American Community Survey, 2016-2020

The work of St. Francis Medical Center, THT and their collaborative partners is taking direct aim addressing the roots of the inequities – also called Social Determinants of Health – that drive the differences in life expectancy, health outcomes and quality of life between the people of Trenton and the people in neighboring communities.

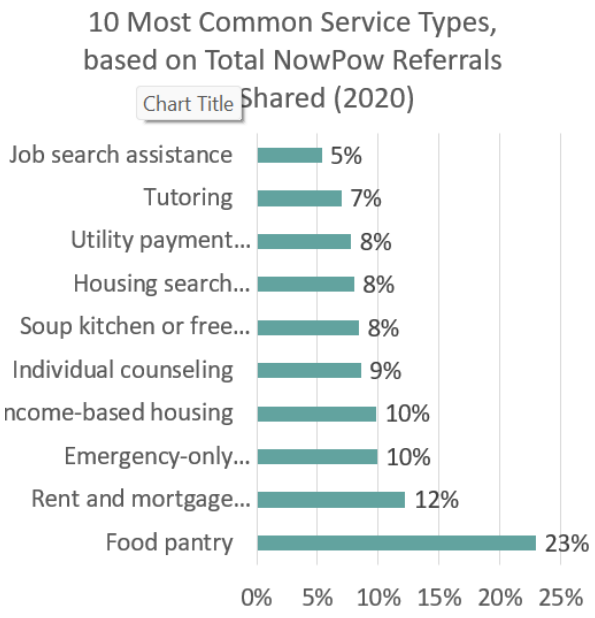
Educational Attainment (Population 25 Years and Older)

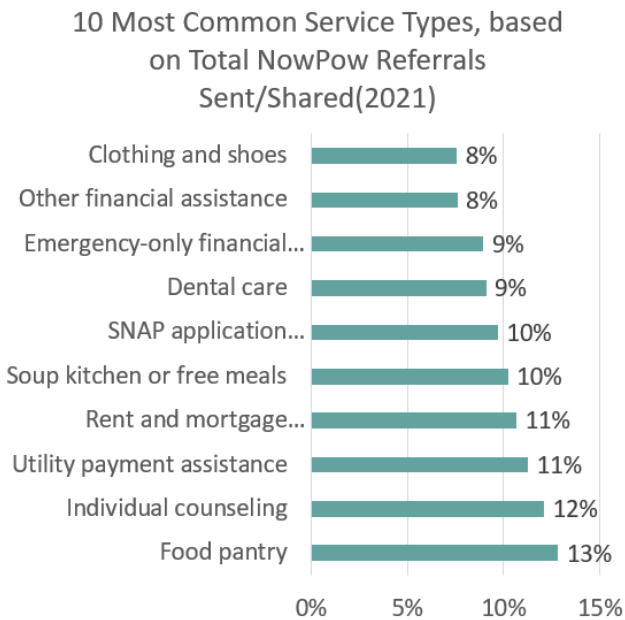
	Less than High School Graduate	High School Graduate or GED	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Trenton City	24.9%	37.3%	23.5%	10.1%	4.1%
Mercer County	10.4%	25.4%	20.7%	23.2%	20.4%
New Jersey	9.8%	26.7%	22.7%	24.8%	15.9%
United States	11.5%	26.7%	28.9%	20.2%	12.7%

Source: US Census Bureau, American Community Survey, 2016-2020

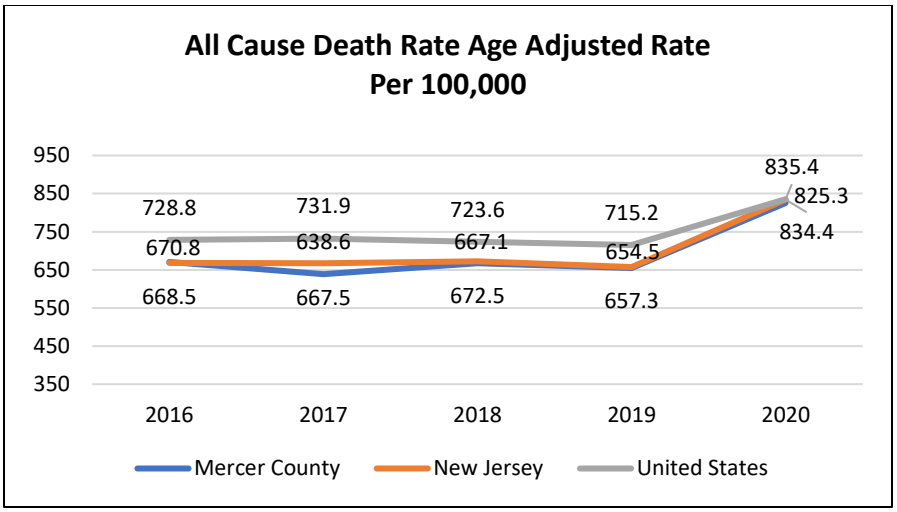
The arrival of the COVID-19 pandemic served to exacerbate many of the underlying struggles and barriers impacting all people, highlighting and widening the gap between haves and have nots across America. Evidence from NowPow, an application utilized by THT and its partners, tracks referrals for social services and health care needs throughout Trenton. The following graph demonstrates the most common referrals made during the first two years of the COVID-19 pandemic in the Trenton area.

NowPow Referrals Sent and Shared Among Participating Agencies, 2020 and 2021





The COVID-19 pandemic not only impacted social service and health care needs, it also resulted in an unprecedented increase in deaths, including in Mercer County and Trenton. While many of these deaths were a direct result of COVID-19 infection, some of the increase in death between 2019 and 2020 resulted from other factors impacted by the barriers to care for other emotional, health, and economic conditions stemming from the safety measures enacted to protect populations from COVID-19 infection.



Source: Centers for Disease Control and Prevention

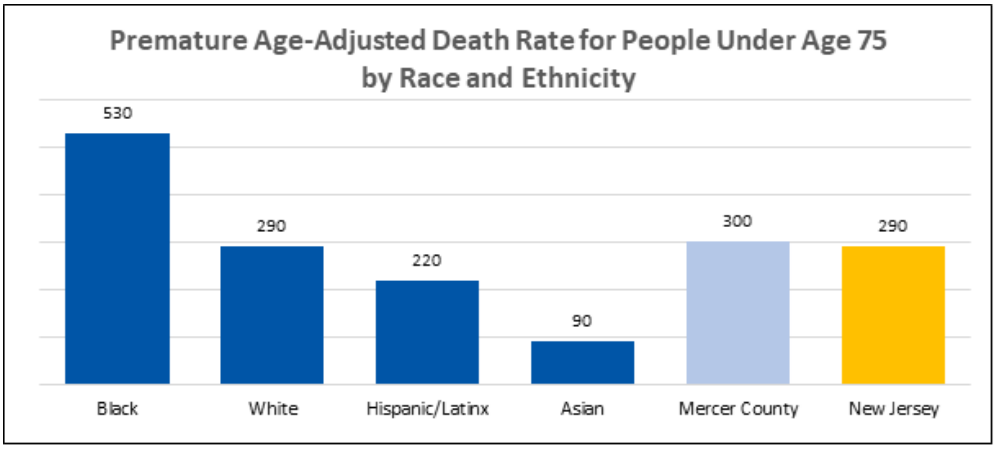
Data across many measures of health and social indicators consistently demonstrate that people of color experience more poverty, lower median wages, and achieve lower levels of education than people who identify as White and are less likely to receive preventive and life-saving healthcare. As a majority-minority city, Trenton is particularly impacted by structural inequities based on race.

Median Household Income and Poverty Indicators

	Median Household Income	People in Poverty	Children in Poverty	Households with SNAP Benefits
Trenton City	**$37,002**	**27.2%**	**36.9%**	**27.3%**
Mercer County	$83,306	11.1%	15.3%	8.8%
New Jersey	$85,245	9.7%	13.3%	8.4%
United States	$64,994	12.8%	17.5%	11.4%

Source: US Census Bureau, American Community Survey, 2016-2020

While people of color throughout Mercer County, also experience more socioeconomic barriers, the health data show that people who identify as Black/African American, representing 48.8% of Trenton's population, experience lower life expectancy than any other population group.



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

These examples swell beyond disparities—or differences between outcome measures between population groups—in how Black/African American residents experience health and socioeconomics in Trenton; they point at underlying *inequities*, driven by long-standing systemic racism. These inequities culminate in higher poverty levels, higher death rates from preventable diseases, and increased trauma, which accumulates in significant differences in overall death rates and length of life. While Trenton and Mercer County are not unique in experiencing disparity impacted by long-standing systemic racism, as evidenced through findings through the Centers for Disease Control[2] and the State of New Jersey[3], among others.

People in Poverty by Race and Ethnicity

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Trenton City	27.5%	27.5%	22.7%	25.7%	28.4%	26.6%
Mercer County	8.4%	19.8%	5.2%	19.3%	15.6%	18.9%
New Jersey	7.6%	16.4%	6.3%	19.7%	12.6%	16.9%
United States	10.6%	22.1%	10.6%	19.7%	15.1%	18.3%

Source: US Census Bureau, American Community Survey, 2016-2020

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

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Trenton City	23.6%	13.8%	52.0%	9.2%	12.2%	7.9%
Mercer County	51.3%	20.6%	81.3%	13.8%	31.4%	17.0%
New Jersey	45.1%	25.2%	71.0%	14.8%	34.0%	20.6%
United States	36.5%	22.6%	55.0%	13.1%	29.7%	17.6%

Source: US Census Bureau, American Community Survey, 2016-2020

With this in mind, St. Francis Medical Center, in partnership with THT and its collaborative partners, uses these data to collaboratively and strategically reframing policy and action to foster equity in length and quality of life for the people of Trenton.

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

Community Health Priorities and Goals

In every community there are infinite opportunities to improve access and availability of health and social services, the built environment, social context, and myriad factors that influence overall quality of life and well-being. Determining the needs on which to focus, and what initiatives to undertake requires input from stakeholders from all walks of life. Ensuring representation from service providers, policy makers, planners, and perhaps—most importantly—those that experience disparities and inequities, is essential to determining where investments can have the broadest impact and what strategies will be effective. The following priorities – Behavioral Health and Trauma, Women and Children's Health, Chronic Disease and Life Expectancy and COVID-19 – were identified for priorities for collective action by the GMPHP in 2021, through a process that included the participation of St Francis Medical Center and THT, as well as nine Mercer County Health Departments and three other local hospital systems.

In 2022, eight small group discussions and focus groups comprised of members of vulnerable populations and community-based providers serving vulnerable populations in Trenton were asked to confirm and rank the collective action priorities identified in 2021. This process confirmed the four priorities identified as the collective action priorities by the GMPHP process and ranked them the order below.

Priority 1: Behavioral Health and Trauma

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

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

Adult Mental Health Measures

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

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

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

Priority 2: Women and Children's Health

Guiding Goal: Achieve equitable outcomes for mothers and babies.

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

In Mercer County, the rate of infant deaths among Black/African Americans is 205% (11.9) higher than the combined statewide rate (3.9). In Trenton, the rate of infant deaths among Black/African Americans

(13.9) is 256% higher than the statewide rate. These high rates indicate the need to address structural factors at the community-level that are impacting this negative outcome and loss of life.

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

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

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

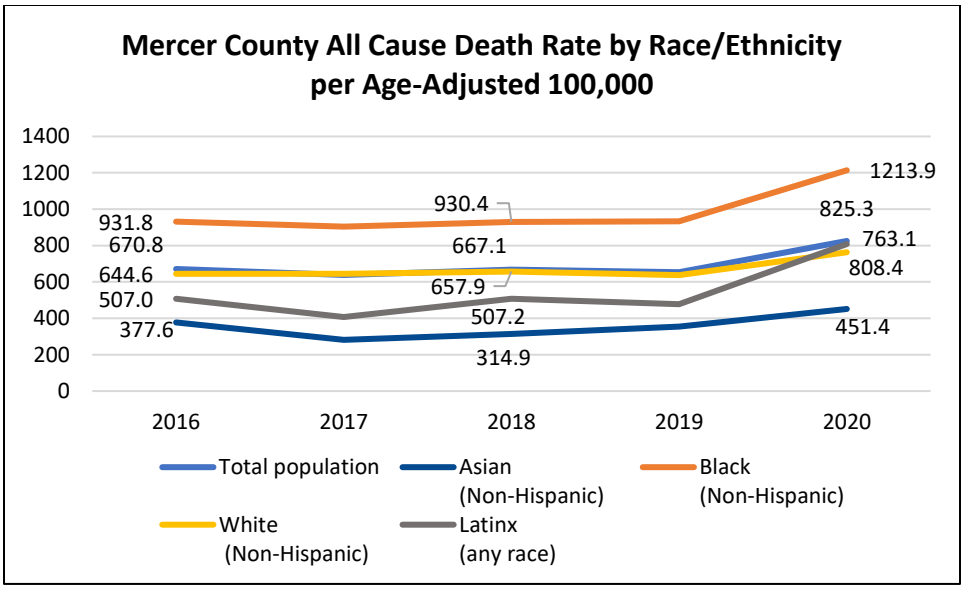
Source: New Jersey State Health Assessment Data, 2015-2019

Priority 3: Chronic Disease and Life Expectancy

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

Prior to 2020, the top leading causes of death among all populations in the US were chronic diseases including (in order of US mortality rates) heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, and Alzheimer's disease. In Mercer County, it is evident that prevention, identification, and treatment of chronic disease is efficacious and high quality, but not for everyone. Applying lessons learned through COVID-19, we need to apply understanding of persistent disparities among Black/African American people in particular, and respond to the wide inequality in death rates due to chronic disease. As such, St. Francis strives to redefine its goals toward reducing and responding to chronic disease to focus on the underlying inequities that contribute towards greater risk among Black/African Americans in Mercer County than other populations. This means working towards equity in access to screening, treatment, prevention as well as the equitable access to choices for healthy living.

> I think equity in healthcare comes down to choice, who has it and who does not. In an ideal world, where the only barrier to care is which provider or service a person wants, regardless of location, race or social status.
>
> Focus group participant, Maternal Health Collaborative



Source: Centers for Disease Control and Prevention

Priority 4: COVID-19

Guiding Goal: Reduce disparities in outcomes from COVID-19 between population groups.

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

COVID exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society. This is evidenced in the following table documenting the leading causes of death in New Jersey in 2020.

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

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

In alignment with these data and the CDC COVID-19 Response Health Equity Strategy, St. Francis Medical Center, THT and their community partners have supported each other to address the disproportionately negative impact of COVID-19 on communities of color in Trenton. Together, these collaborative partners have strategically aligned their outreach, education, testing, vaccination and support services to reach people throughout Trenton whose neighborhood, income, race, preferred language, or other factors present barriers to supports and services to ameliorate COVID-19's inequitable impact on communities of color.

CHNA Study Methods and Background

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

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

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

Primary Research: Gathering Community Input

In addition to the qualitative data collected through the collaborative GMPHP CHNA process which St Francis Medical Center and THT participated in during 2021, primary qualitative research among low income and minority populations specifically in the Trenton community was conducted in March 2022 specifically for this report. A combination of interviews, small group discussions and focus groups were conducted in person and over Zoom with both individual residents and grass roots level providers serving diverse populations throughout Trenton. This qualitative research was conducted to collect perspectives of community stakeholders related to health status, care delivery, access to care, socioeconomic measures, and social context. The primary research was conducted through the following small group discussions and focus groups:

Type of Group	Date	Participants
St Francis COVID-19 Vaccine Clinic patients and providers	March 1, 2022 (Boost NJ Day)	7 patients, 5 staff
Trenton Health Team Community Health Worker Collaborative	March 3, 2022	Trenton-based community health workers
Maternal Health Stakeholder Group	March 8, 2022	10+ agencies including NJDoH
St Francis Assisted Living home care providers	March 10, 2022	4 community-based care providers from different disciplines
HIV/Hepatitis C patient group from St Francis Medical Center	March 10, 2022	2 direct care providers, 2 patient participants
LIFE - St Francis (PACE) home care providers	March 16, 2022	6 direct care providers from various disciplines

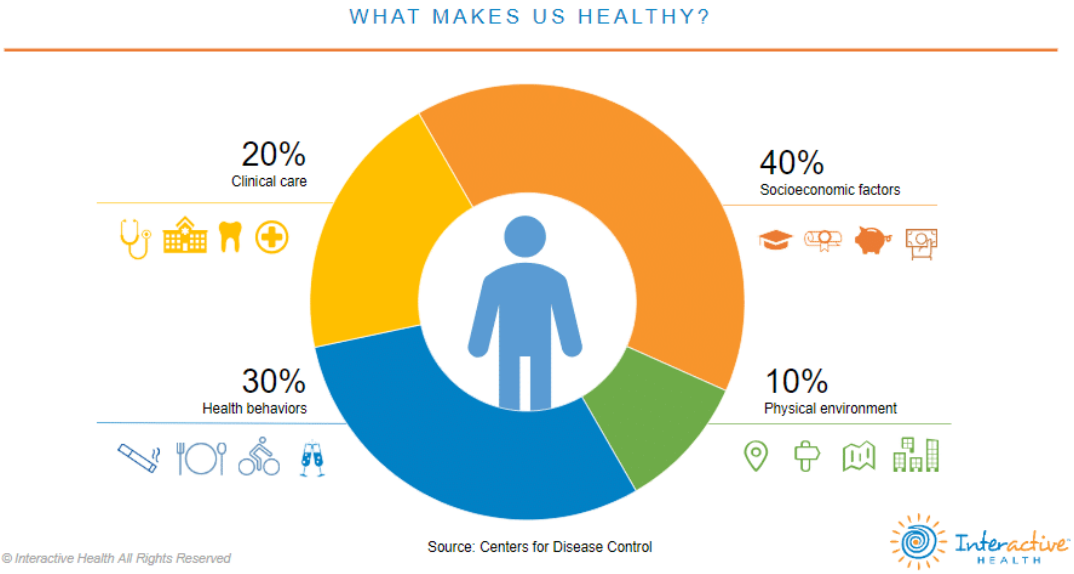
Research findings from secondary data analysis were compared to qualitative research findings to compare perceptions to statistical data, identify root causes, and contextualize data trends to contributing factors for identified health needs. All of the participants who were engaged in the focus groups and small group conversations were asked to confirm and rank the priority areas. The priority needs described above were ranked in the following order.

Rank	Health Need	Average Score
1.	Mental Health: preventing, addressing and treating adverse childhood experiences	3.32
2.	Maternal and Child Health: Achieving equitable health outcomes for Black moms and babies	2.63
3.	Equitable Life Expectancy: Equitable access to screening, prevention and treatment of chronic disease	2.6
4.	COVID-19: Reducing disparities in negative outcomes from COVID-19	1.5

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

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

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



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

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

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

How We Rank for Health and Quality of Life

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

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

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

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

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

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

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

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

Community Need Index (CNI) for Mercer County

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

2016-2020 Social Determinants of Health by Trenton and Neighboring Community Zip Code

	Population in Poverty	Children in Poverty	Primary Language Other Than English	Less than HS Diploma	Without Health Insurance	CNI Score
08608 Trenton	38.1%	28.8%	18.1%	10.1%	7.0%	**5**
08609 Trenton	21.8%	22.4%	48.0%	26.2%	21.0%	**4.8**
08611 Trenton	27.1%	42.4%	55.6%	31.6%	20.4%	**5**
08618 Trenton	27.0%	36.0%	18.3%	16.4%	5.6%	**4.8**
08629 Trenton	11.5%	15.7%	43.4%	16.9%	12.6%	**4.4**
08638 Trenton	18.9%	22.3%	18.8%	13.0%	8.0%	**4.2**
New Jersey	**9.7%**	**13.3%**	**31.6%**	**9.8%**	**7.6%**	**NA**

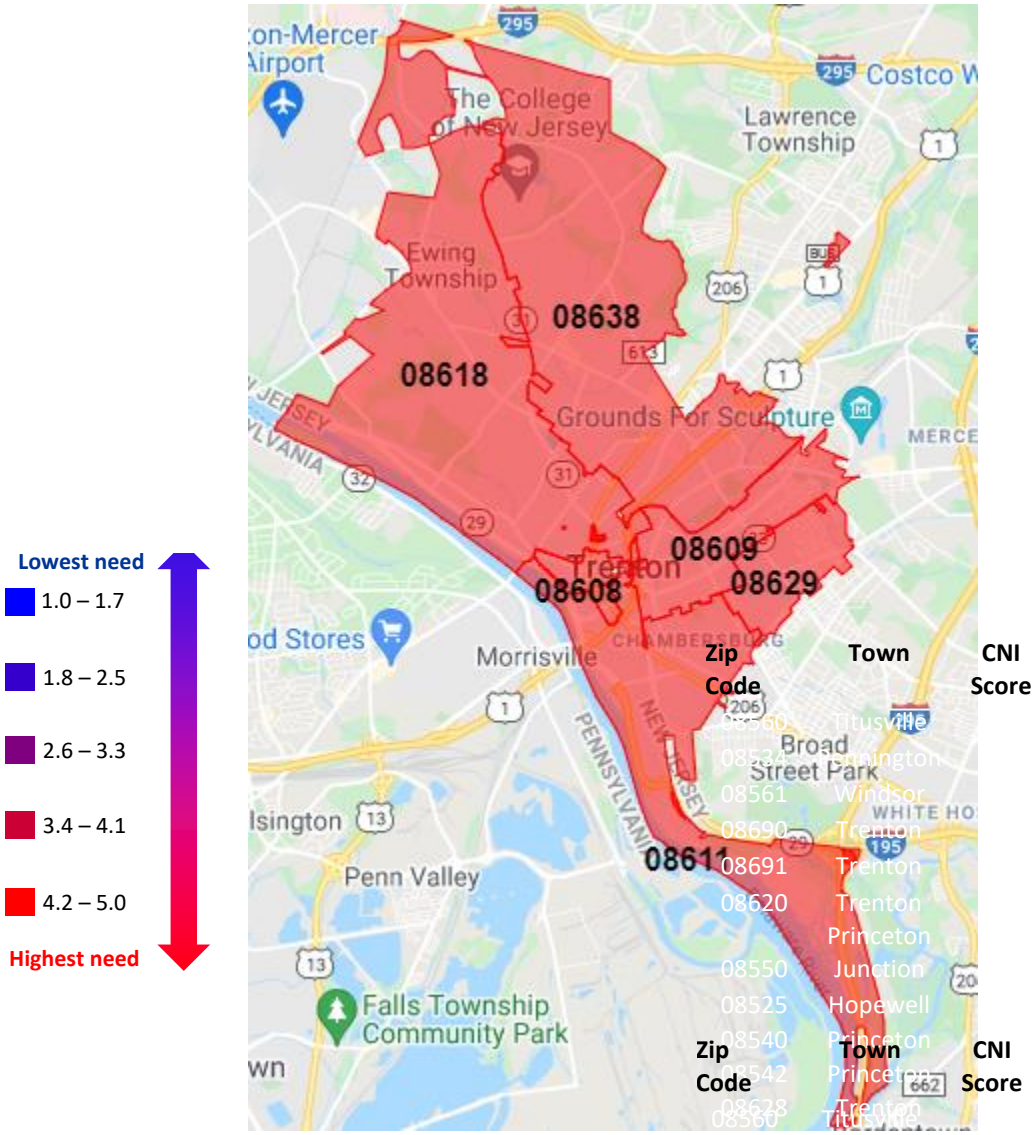
Source: US Census Bureau, American Community Survey

2016-2020 Population by Race and Ethnicity

	White	Black or African American	Asian	Other Race	Two or More Races	Latinx origin (any race)	GINI Index
08608 Trenton	14.8%	74.5%	0.2%	3.5%	7.0%	13.5%	59.9%
08609 Trenton	29.3%	50.9%	0.4%	12.3%	5.9%	41.1%	70.8%
08611 Trenton	52.9%	25.5%	1.7%	12.0%	6.8%	57.0%	50.1%
08618 Trenton	30.8%	58.7%	3.3%	2.9%	4.1%	12.0%	51.6%
08629 Trenton	28.8%	50.2%	1.6%	16.1%	2.5%	30.8%	48.3%
08638 Trenton	45.9%	47.2%	1.2%	3.7%	1.4%	15.7%	46.0%
Trenton City	35.3%	48.7%	1.0%	10.2%	4.0%	37.2%	56.9%
New Jersey	**65.5%**	**13.4%**	**9.7%**	**6.4%**	**4.8%**	**20.4%**	**47.9%**

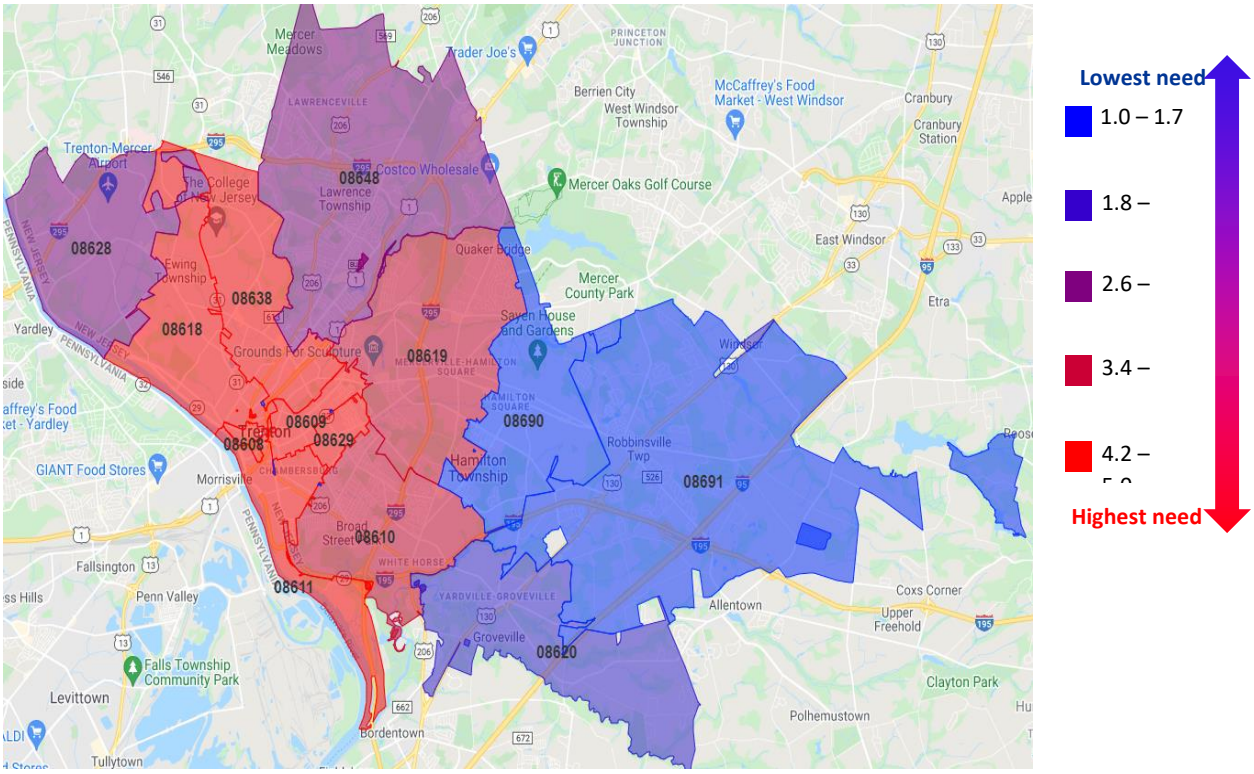
Source: US Census Bureau, American Community Survey

The following maps demonstrates that while there is some degree of variability, Trenton zip codes generally have high needs. The first map shows in detail the highest need zip code areas in Trenton.



Source- Community Needs Index

The second map shows all zip codes that include the City of Trenton. Mercer County map shows that pockets of high need exist in tandem to well-resourced communities. For example, zip codes in Trenton score among the highest and lowest CNI scores. The CNI helps better target specific neighborhoods that may need more robust exploration, intervention, and opportunity in order to increase health equity for all.



Source- Community Needs Index

GINI Index by Municipality

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

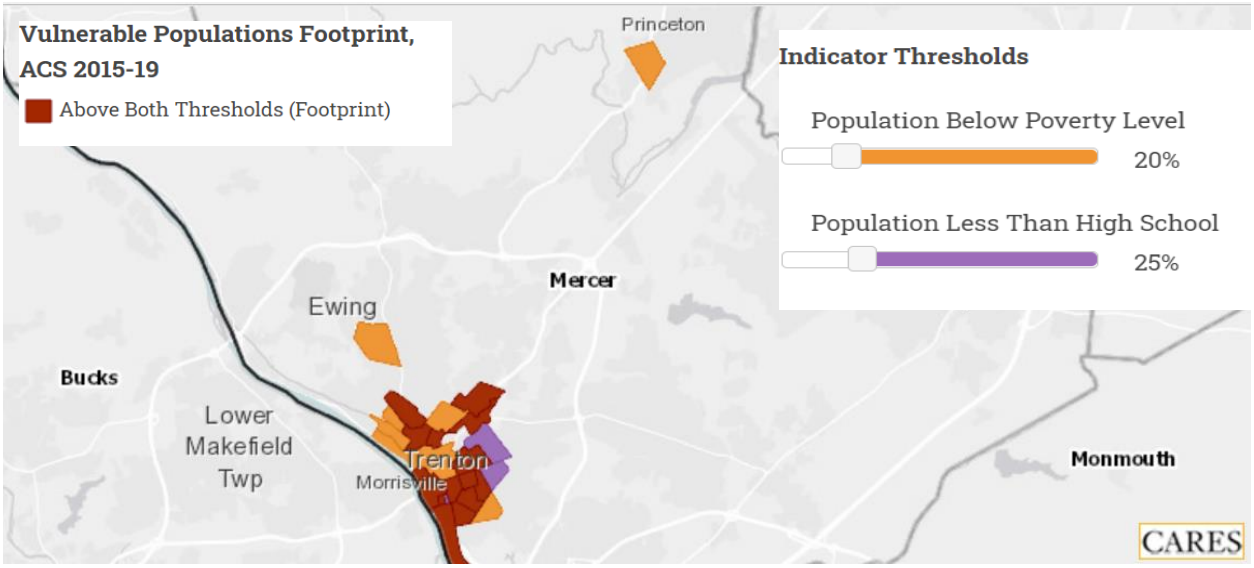
The GINI Index looks within each town to measure the inequities within the town borders, and determines a score that can be compared to other towns. This approach helps identify areas where systemic barriers and social determinants of health can be addressed at a small-scale level.

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

Vulnerable Population Footprint for Mercer County

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

This indicator is important because researchers at the CDC have shown that low education and poverty are both root causes and symptoms of Adverse Childhood Experiences (ACES), and exposure to ACES results in a higher likelihood of negative health and behavioral outcomes later in life, such as heart disease, diabetes, and premature death. ACES can follow an intergenerational pattern, perpetuating negative outcomes. Therefore, the measure of Vulnerable Populations provides a geographic starting point for addressing social determinants of health to prevent ACES in young people at a community level, build resilience in communities, and treat the impact of ACES in adults.[4]



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

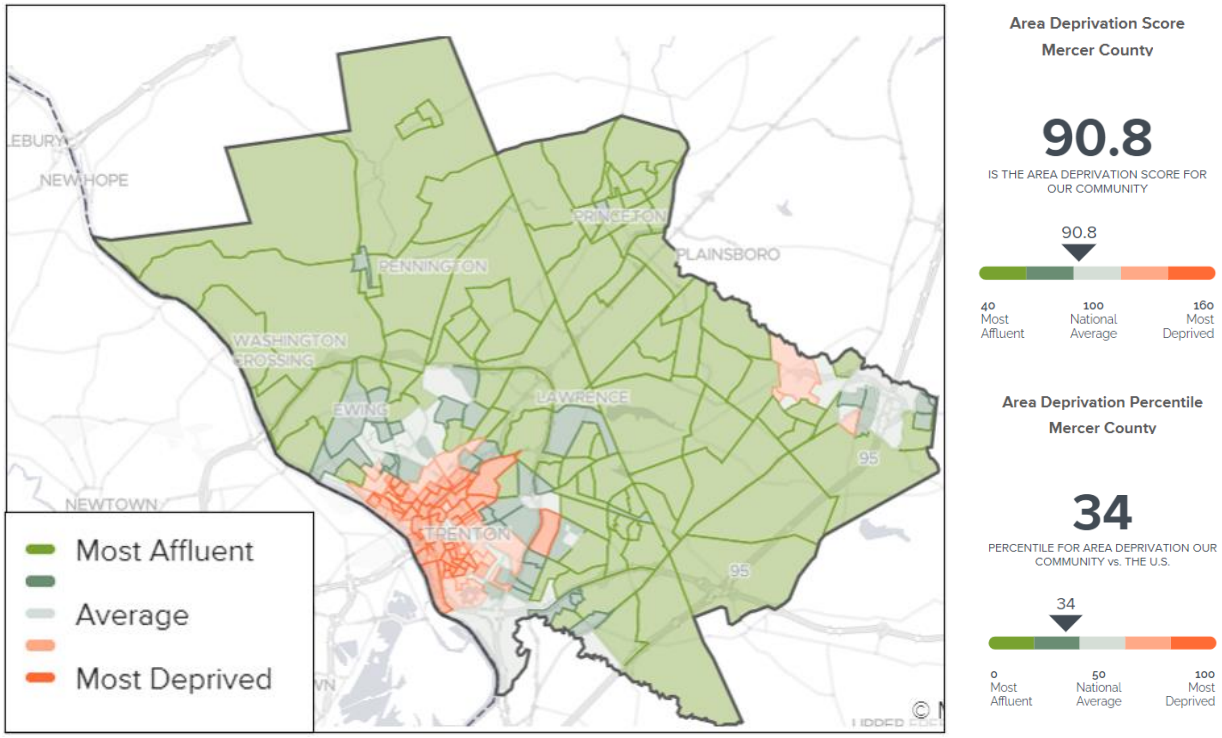
Area Deprivation Index (ADI)

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

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

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

Area Deprivation Index



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

County Health Rankings (CHR)

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

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

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

(1 is the best, 21 is the lowest)

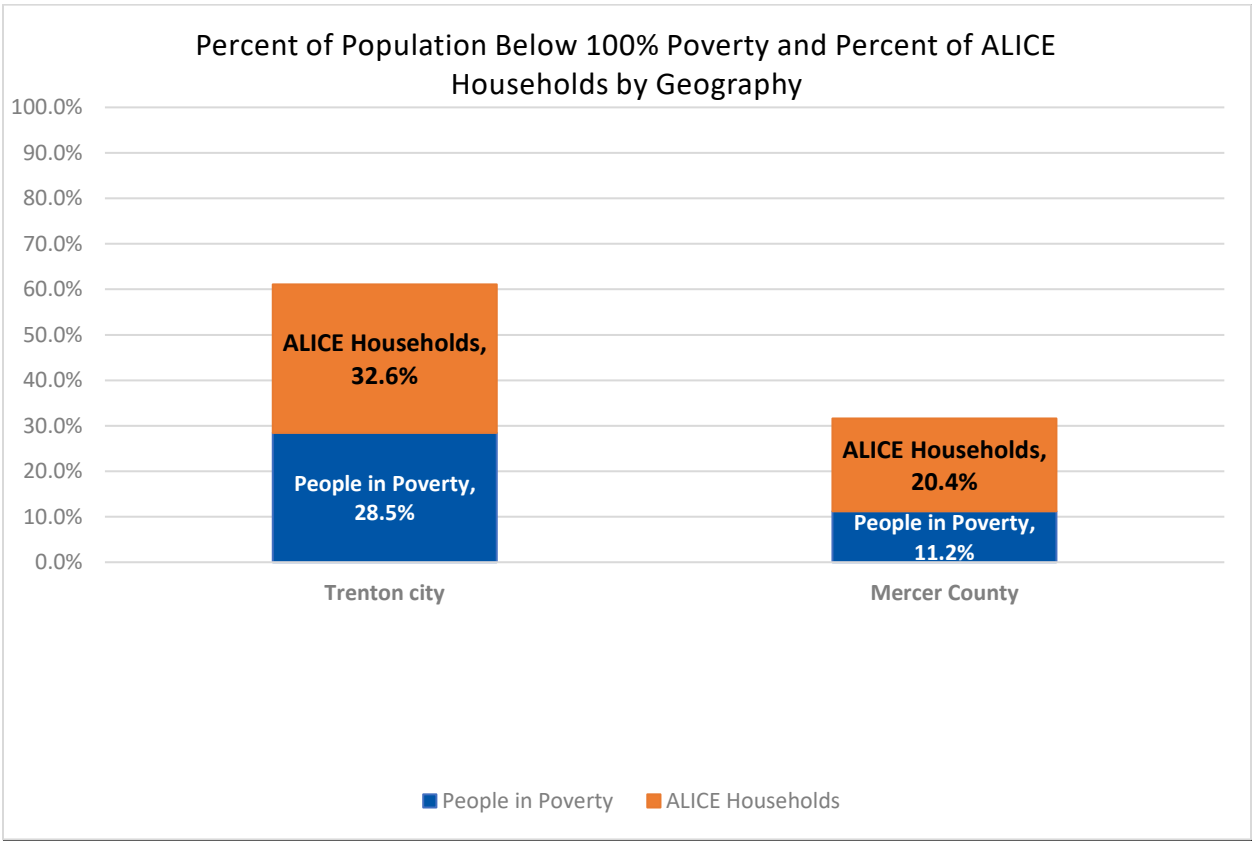
	Mercer County			
	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking
Health Outcomes	**13**	**12**	**10**	**13**
Length of life	13	10	10	10
Quality of life	13	13	10	13
Health Factors	**10**	**10**	**10**	**9**
Health behaviors	10	8	10	7
Clinical care	9	9	9	7
Social and economic factors	11	12	11	11
Physical environment	6	7	4	3

Source: County Health Rankings, 2019-2022

Asset Limited Income Constrained Employed (ALICE)

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

The graph below shows that in Trenton, 1 in 3 households was below 100% of the federal poverty level, and another 1 in 3 households fell within the ALICE threshold in 2018, before the COVID-19 Pandemic began. Throughout Mercer County, although there were relatively few people living below 100% of the federal poverty level, at least 1 in 10 people living in every Mercer County municipality fell within the ALICE thresholds before COVID-19. This means that, regardless of the relative affluence of the community in which they live, 2 out of 3 Trenton residents and 1 out of every 5 people living in Mercer County were working but unable to meet their basic needs before the health, social, and economic impact of COVID-19 began**.** Income constraints affect individual's ability to prioritize their health, in part, because of the pressure to make basic ends meet.



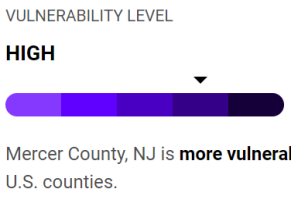
Source: United for ALICE, 2014-2018

Mercer County COVID-19 Vulnerability Index by Census Tract

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

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

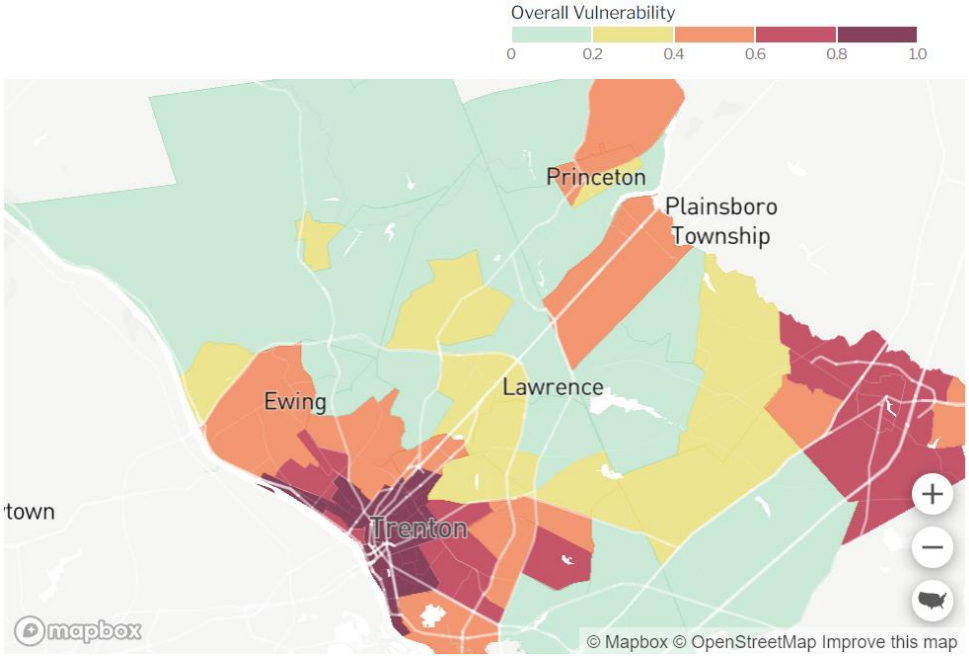
Using this scale, Mercer County has a "High" vulnerability score compared to other parts of the US. Among the factors impacting this score is population density, which refers not only to the number of people per area, but it also incorporates the HUD Housing Problems indicator that measures overcrowding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



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

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

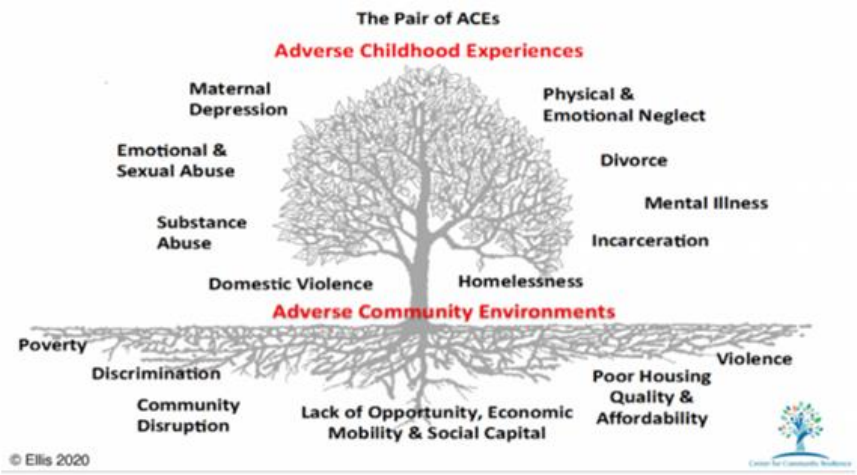
Mercer County is more vulnerable to infectious disease spread than 69% of US counties. Communities with higher vulnerability have pre-existing economic, social, and physical conditions that may make it hard to respond to and recover from a COVID-19 or other infectious disease outbreak.



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

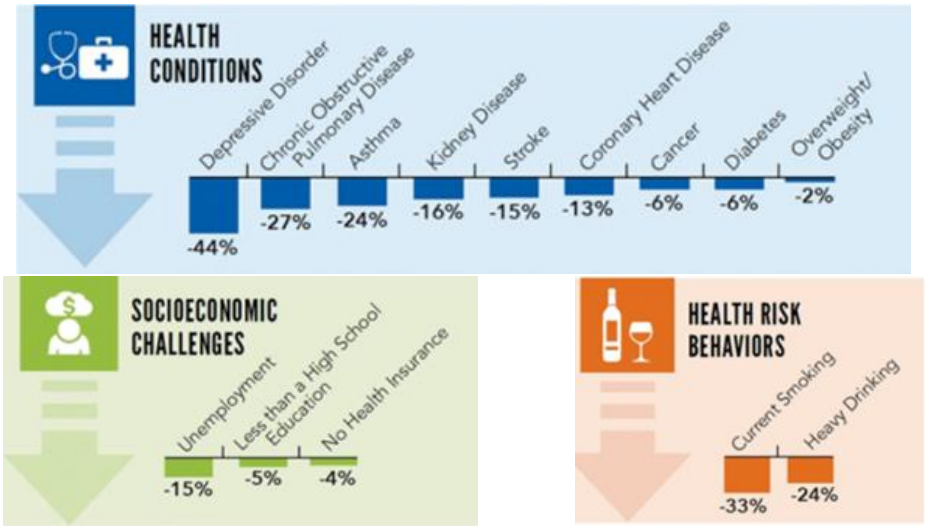
Adverse Childhood Experiences (ACES)

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



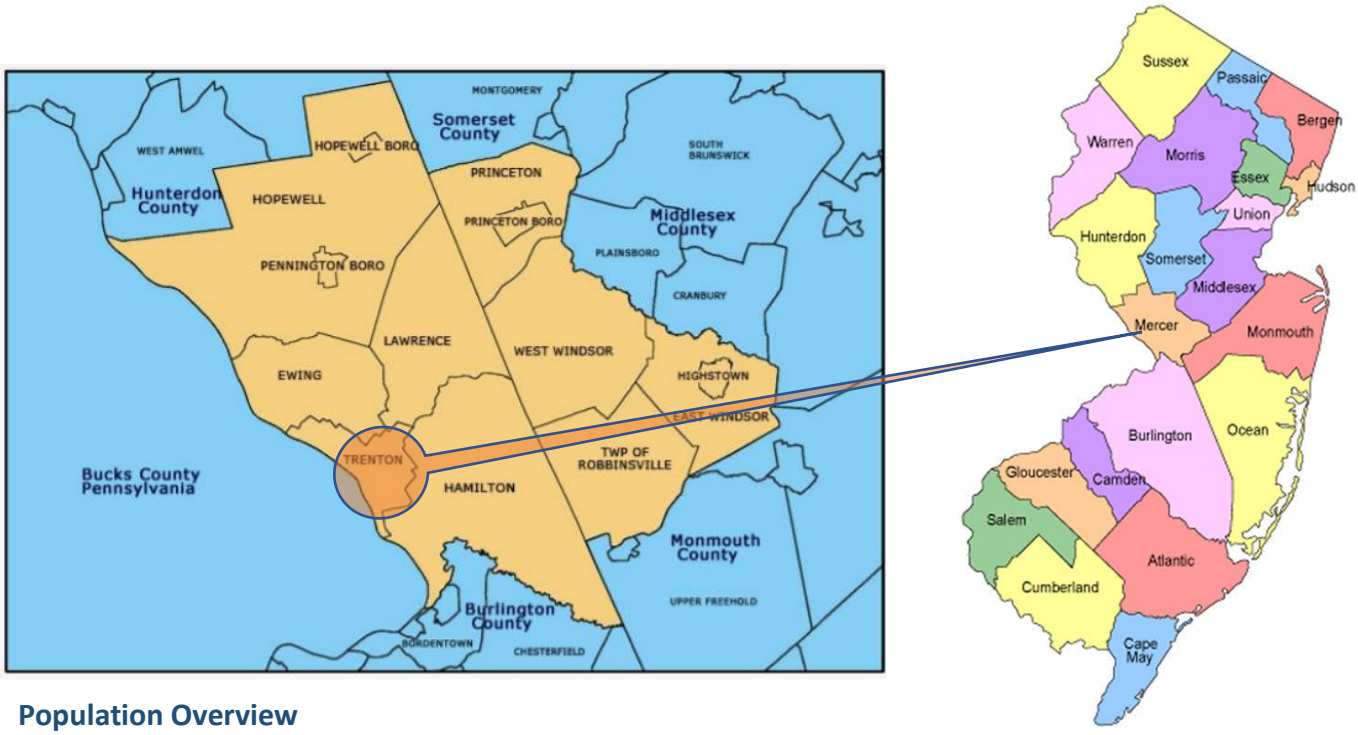
By taking an upstream approach to emphasize interventions that address adverse community environments such as promoting "trauma informed care," we can prevent, identify, and ameliorate the negative impacts of ACES. Focusing community health interventions on underlying social determinants of ACES, such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

Potential Reduction of Negative Outcomes in Adulthood if ACES Were Prevented



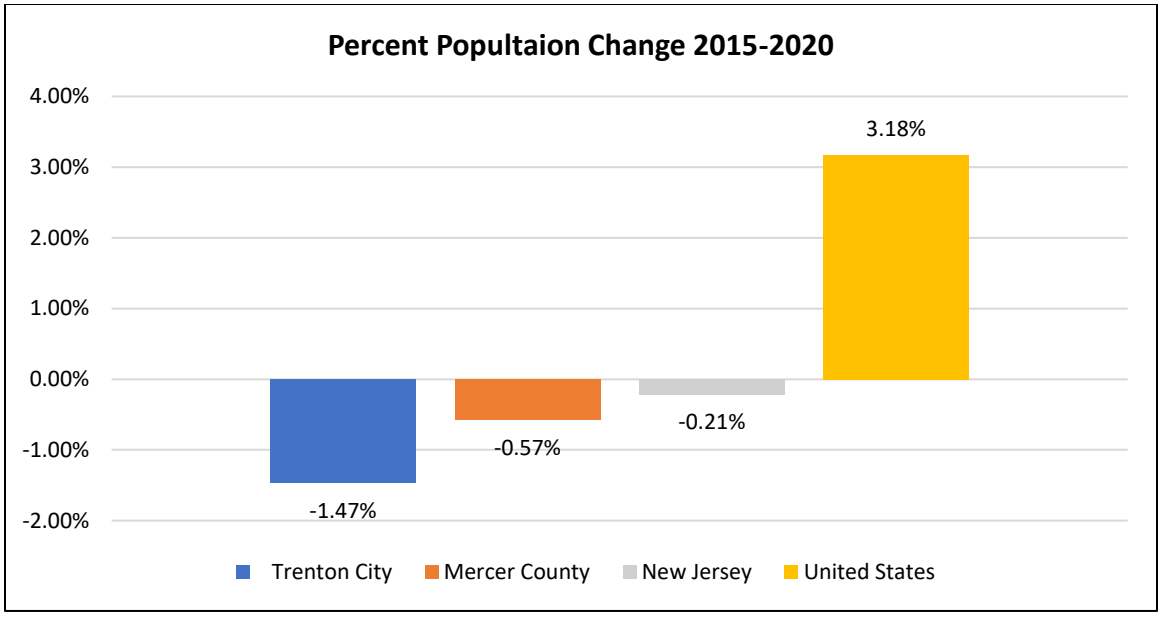
SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Our Community and Residents



Population Overview

Between 2015 and 2020, the population of Mercer County decreased by 0.57%, slightly more than the decrease across New Jersey and much lower than the national increase of 3.18%. However, during the same time, the population of Trenton decreased by 1.47%. Understanding changes in population demographics is critical to plan for changes in healthcare, housing, economic opportunity, education, social services, transportation, and other essential infrastructure elements.



Source: US Census Bureau, American Community Survey 2011-2015; 2016-2020

Population Change 2011-2020, in Descending order by Highest to Smallest Percent Change

	2011-2015	2016-2020	% Change
Trenton City	84,632	83,387	**-1.47%**
Mercer County	**370,212**	**368,085**	**-0.57%**
New Jersey	**8,904,413**	**8,885,418**	**-0.21%**
United States	**316,515,021**	**326,569,308**	**3.18%**

Source: US Census Bureau, American Community Survey, 2011-2015; 2016-2020

Health needs change as individuals age and age distribution across a community impacts the needed investments and services. The median age in Trenton is 35.0, noticeably younger than the county, state or nation. The median age in Mercer County is 38.8, generally consistent with New Jersey (40.0) and the US (38.2). Healthcare and prevention interventions, such as injury prevention activities, will likely manifest differently in communities comprised of a large proportion of youth and young adults versus predominantly older adults.

2020 Population by Age

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

	Gen Z/ Gen C	Gen Z	Millennial	Millennial/ Gen X	Gen X	Boomers	Boomers/ Silent	Median Age
	Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over	
Trenton City	28.5%	6.7%	15.0%	14.0%	**12.6 %**	**12.1%**	**11.3%**	**35.0**
Mercer County	24.8%	6.2%	12.4%	12.7%	13.9 %	13.1%	15.3%	38.8
New Jersey	24.4%	7.7%	12.9%	12.8%	13.9 %	13.6%	16.2%	40.0
United States	25.1%	6.5%	13.9%	12.7%	12.7 %	12.9%	16.0%	38.2

Source: US Census Bureau, American Community Survey, 2016-2020

Community Diversity

Compared to the overall demographic make-up of New Jersey and the United States, Mercer County has proportionately more people who identify as Black/African American or Asian, and fewer people who identify as White. Trenton is a majority minority city, with 35.3% of the population identifying as White or Caucasian only.

These distinct differences in populations form the social context of Trenton and its neighboring Mercer County communities. As much as communities are shaped by those who live there, people are also impacted by the social determinants of health that exist within the places they live. The following pages reveal these distinct and nuanced differences that drive health and socioeconomic outcomes.

2020 Population by Race/Ethnicity

	White	Black or African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
Trenton City	35.3%	48.7%	1.0%	10.2%	4.0%	37.2%
Mercer County	59.7%	20.5%	11.5%	4.0%	4.0%	17.9%
New Jersey	65.5%	13.4%	9.7%	6.4%	4.8%	20.4%
United States	70.4%	12.6%	5.6%	5.1%	5.2%	18.2%

Source: US Census Bureau, American Community Survey, 2016-2020

The diversity of the country of origin of the population across Mercer County demonstrates a commitment and belief that the communities within Mercer County offer opportunity for a better life. In Trenton, 70.7% residents were born outside of the US and 2/3 of Trenton residents are not US citizens. Because the countries of origin of the immigrant populations in Trenton are also diverse, there are an array of languages and cultural understanding that must be equitably considered when designing and delivering services. People who have immigrated to Mercer County come from all over the world. Among immigrants who have settled in Mercer County, 39.3% come from Latin America, 36.8% come from Asia, 13.8% come from Europe, and 8.7% from Africa.

Nearly 40% of households in Trenton speak a language other than English at home, compared to 21.5% in the US in general. This diversity of language, culture, and perspective enriches Trenton as well as Mercer County as a whole. If this wide diversity is not considered in planning for service delivery and infrastructure, disparities in accessing and receiving services will present distinct barriers among immigrant communities. Individuals participating in small group discussions at St Francis COVID-19 vaccine site indicated that language was one of the reasons they trusted St Francis for care.

Birthplace, Citizenship Status, and Language Spoken at Home

	US citizen, born in the US	US citizen by naturalization	Not a US citizen	Speak Primary Language Other Than English
Trenton City	70.7%	33.8%	66.2%	38.4%
Mercer County	73.8%	48.7%	51.3%	31.0%
New Jersey	74.9%	57.3%	42.7%	31.6%
United States	84.9%	50.9%	49.1%	21.5%

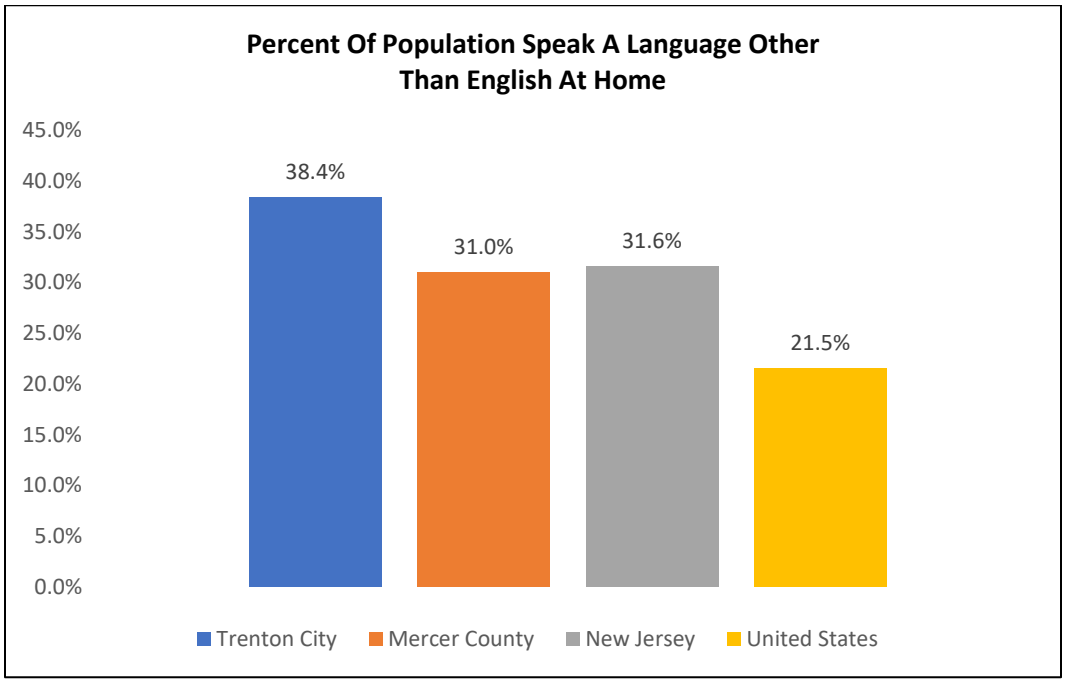
Source: US Census Bureau, American Community Survey, 2016-2020

> **I feel comfortable here because I know they speak Spanish.**
>
> **Patient, COVID-19 Vaccine Clinic at St Francis Medical Center**

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

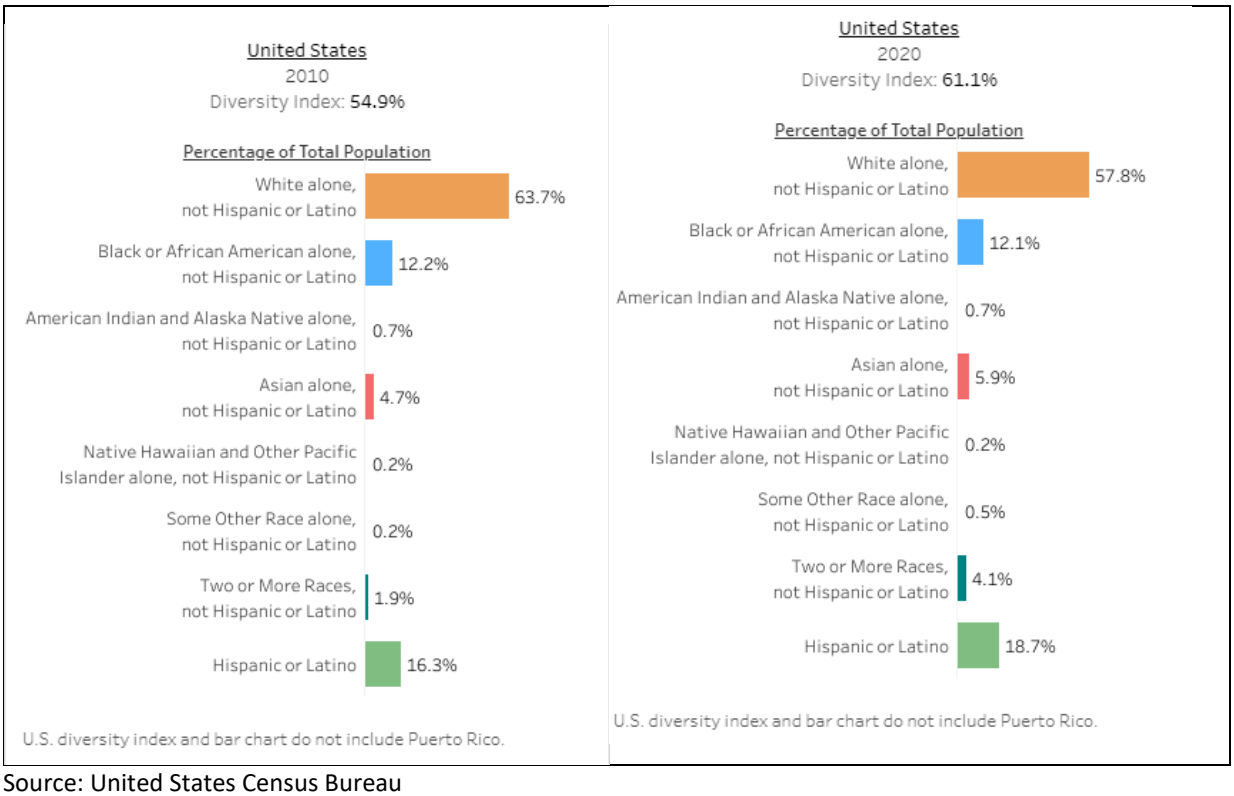
	Mercer County	New Jersey	United States
Europe	13.8%	14.6%	10.8%
Asia	36.8%	32.5%	31.3%
Africa	8.7%	5.9%	5.4%
Oceania	0.2%	0.1%	0.6%
Latin America	39.3%	45.9%	50.0%
North America	1.2%	0.8%	1.9%

Source: US Census Bureau, American Community Survey, 2016-2020

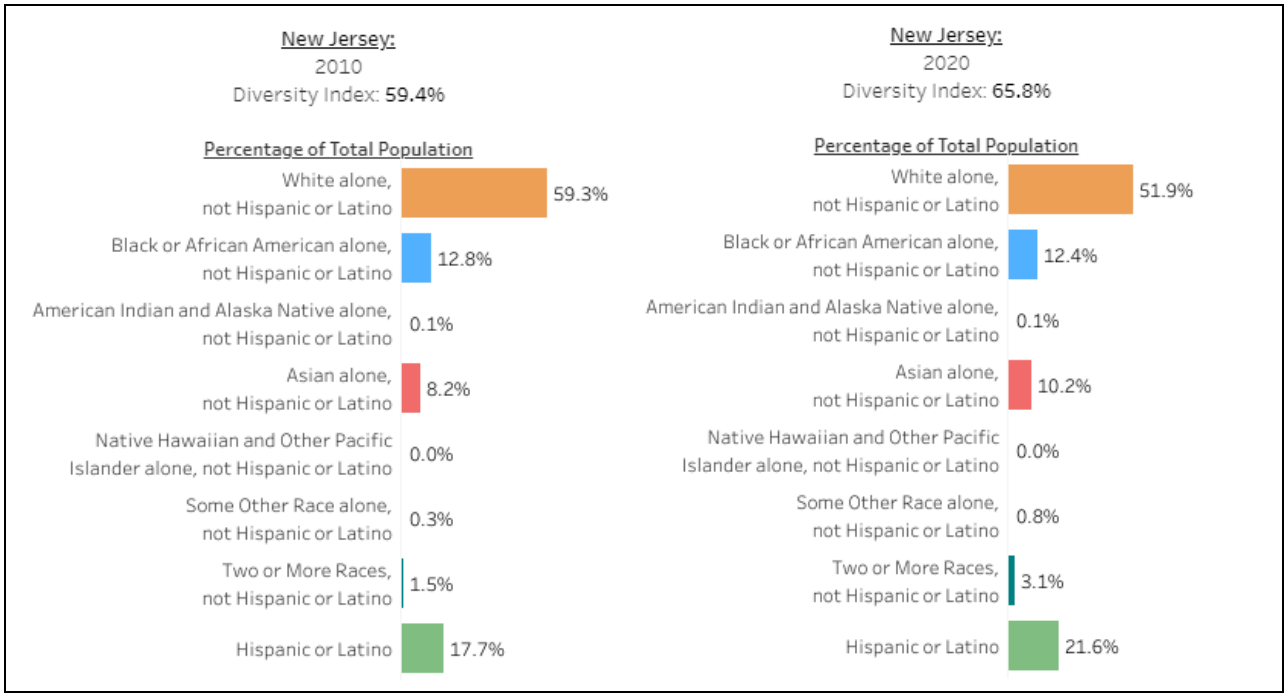


Source: US Census Bureau, American Community Survey, 2016-2020

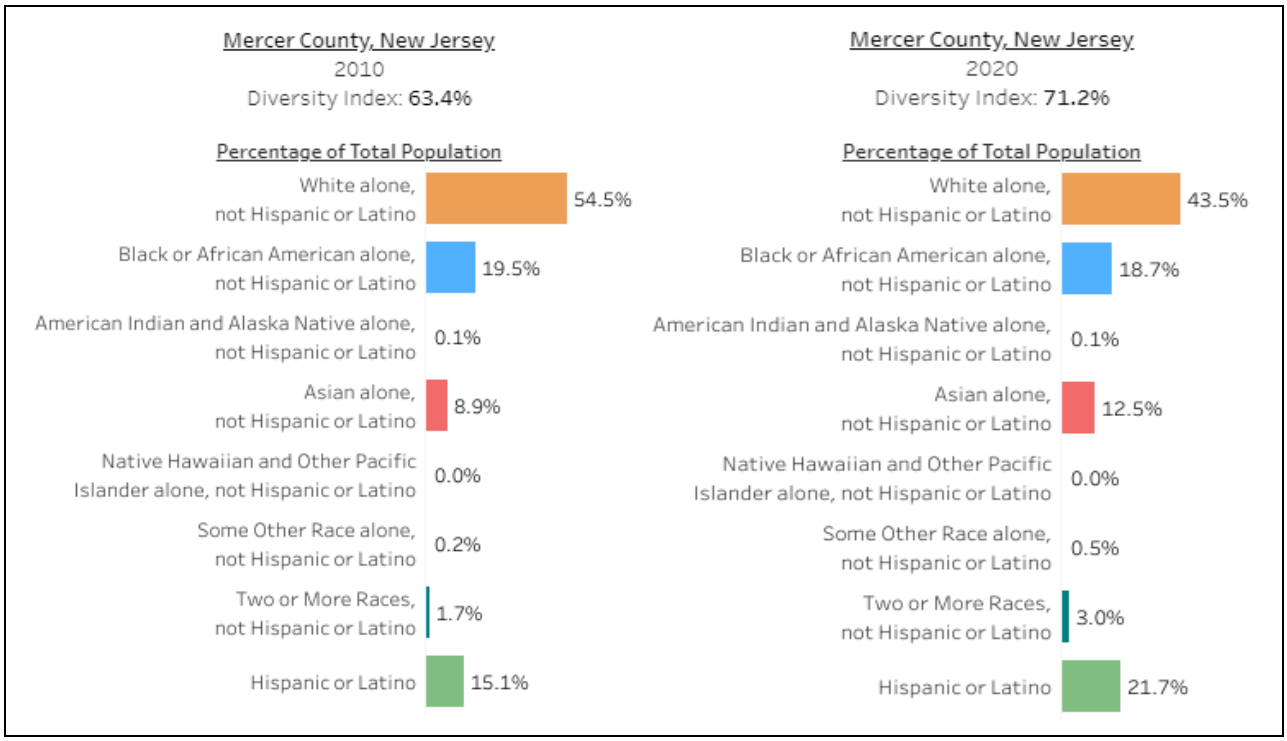
Disparity Index



Source: United States Census Bureau



Source: Unites States Census Bureau



Source: United States Census Bureau

Education, Workforce, and Income

Education

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

In general, people living in Mercer County achieve higher education attainment in advanced degrees compared with New Jersey and the US. This is not true in Trenton; nearly 1 in 4 (24.9%) of adults over age 25 in Trenton have not attained a High School Diploma. **These disparities point toward underlying inequities in educational opportunities across the county.**

Educational Attainment (Population 25 Years and Older)

Blue = Lower educational attainment than state and nation

	Less than High School Graduate	High School Graduate or GED	Some College or associate degree	Bachelor's Degree	Graduate or Professional Degree
Trenton City	**24.9%**	**37.3%**	23.5%	**10.1%**	**4.1%**
Mercer County	**10.4%**	**25.4%**	**20.7%**	**23.2%**	**20.4%**
New Jersey	**9.8%**	**26.7%**	**22.7%**	**24.8%**	**15.9%**
United States	**11.5%**	**26.7%**	**28.9%**	**20.2%**	**12.7%**

Source: US Census Bureau, American Community Survey, 2016-2020

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

Blue = Lower educational attainment than state and nation

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Trenton City	**89.4%**	**82.6%**	**77.5%**	**55.0%**	**74.8%**	**54.4%**
Mercer County	96.1%	85.7%	94.3%	64.4%	81.6%	67.5%
New Jersey	94.6%	88.6%	92.8%	71.2%	85.5%	75.6%
United States	93.2%	86.7%	87.3%	63.9%	85.0%	70.3%

Source: US Census Bureau, American Community Survey, 2016-2020

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

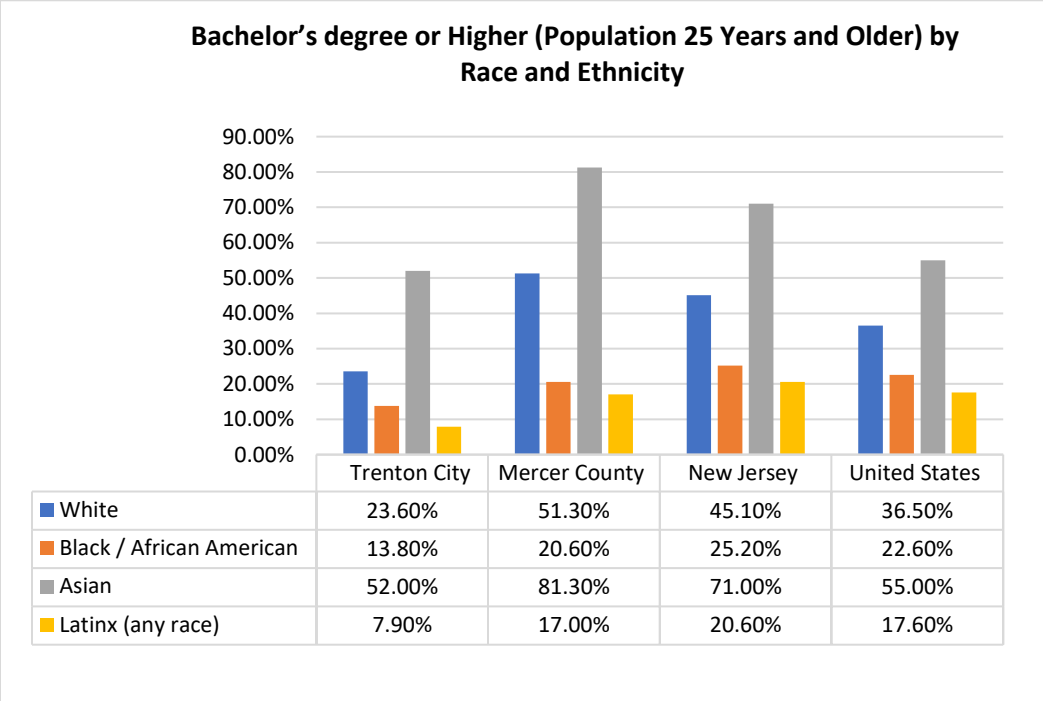
Bachelor's degree or Higher (Population 25 Years and Older) by Race and Ethnicity

Blue = Lower educational attainment than state and nation

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latinx (any race)
Trenton City	**23.6%**	**13.8%**	**52.0%**	**9.2%**	**12.2%**	**7.9%**
Mercer County	51.3%	20.6%	81.3%	13.8%	31.4%	17.0%
New Jersey	45.1%	25.2%	71.0%	14.8%	34.0%	20.6%
United States	36.5%	22.6%	55.0%	13.1%	29.7%	17.6%

Source: US Census Bureau, American Community Survey, 2016-2020

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



Source: US Census Bureau, American Community Survey, 2016-2020

Workforce

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

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

similar, with 35-40% of workers categorized as blue collar and roughly 60% categorized as white collar. Trenton is different, with fewer than half of Trenton workers (39%) are classified as white-collar workers.

Civilian Workforce and Unemployment

	Employed Population Age 16 or Over by Workforce Type		Unemployed Labor Force
	Blue Collar	White Collar	
Trenton City	61%	39%	11.4%
Mercer County	**34%**	**66%**	**6.1%**
New Jersey	**35%**	**65%**	**5.5%**
United States	**40%**	**60%**	**5.3%**

Source: US Census Bureau, American Community Survey, 2015-2019

Household Economics

Mercer County as a whole has a similar profile as New Jersey and fares better than the US benchmarks for median household income, poverty, and SNAP benefits. However, there is a distinct contrast in wealth between Trenton City and other Mercer County municipalities. **Mercer County is noticeably wealthier than New Jersey and the US, while proportionately more than twice as many people live in poverty in Trenton City compared to the state and the nation.**

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

Median Household Income and Poverty Indicators

Blue = Economic disparity compared to state and nation

	Median Household Income	People in Poverty	Children in Poverty	Households with SNAP Benefits
Trenton City	**$37,002**	**27.2%**	**36.9%**	**27.3%**
Mercer County	$83,306	11.1%	15.3%	8.8%
New Jersey	$85,245	9.7%	13.3%	8.4%
United States	$64,994	12.8%	17.5%	11.4%

Source: US Census Bureau, American Community Survey, 2016-2020

People in Poverty by Race and Ethnicity

	White	Black / African American	Asian	Some Other Race	Two or More Races	Latino/a (any race)
Trenton City	27.5%	27.5%	22.7%	25.7%	28.4%	26.6%
Mercer County	8.4%	19.8%	5.2%	19.3%	15.6%	18.9%
New Jersey	7.6%	16.4%	6.3%	19.7%	12.6%	16.9%
United States	10.6%	22.1%	10.6%	19.7%	15.1%	18.3%

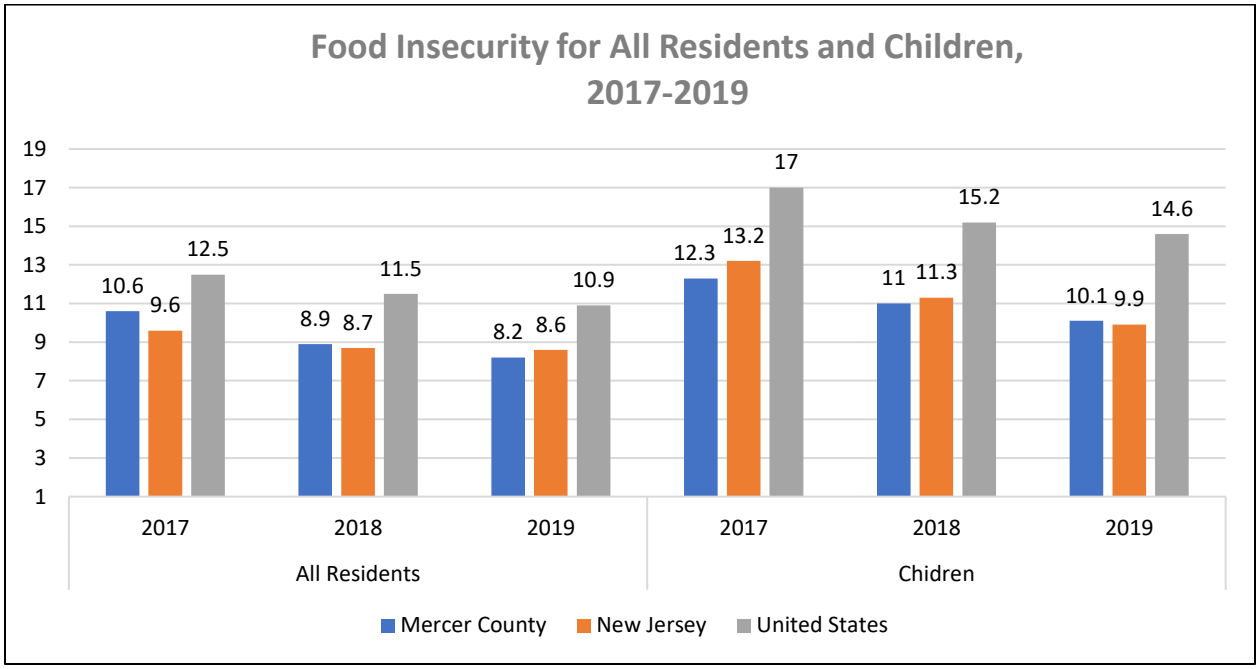
Source: US Census Bureau, American Community Survey ,2016-2020
*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Food Insecurity

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

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. The following graph demonstrates that between 2017-2019, the proportion of all residents in Mercer County experiencing food insecurity decreased somewhat. However**, nearly 1 in 10 Mercer County residents were food insecure, as well as a slightly higher proportion of children**.

While reliable data for the period of 2020-2021 during the COVID-19 pandemic is not yet available, job loss, remote schooling, and other factors likely led to increased food insecurity.



Source: Feeding America, 2017-2019

Our Homes and Where We Live

Housing

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

Housing is the often the largest single monthly expense for households and should represent 30% of a household's monthly income. The table below demonstrates key housing metrics. that **2 out of three Trenton renters and 1 in 5 Trenton homeowners paid more than 30% of their income towards housing costs.**

This information is important because it indicates that a notable proportion of people in all Mercer County communities were struggling to meet basic household needs— even more so in Trenton. It also demonstrates the increased cost burden among renters versus homeowners.

Household Type and Housing Cost Burden

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

	Owners			Renters		
	Occupied Units	Median Home Value	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Trenton City	38.4%	$97,000	21.3%	61.6%	$1,085	**62.6%**
Mercer County	63.5%	$290,100	21.2%	36.5%	$1,311	51.0%
New Jersey	64.0%	$343,500	23.7%	36.0%	$1,368	50.6%
United States	64.4%	$229,800	13.2%	35.6%	$1,096	49.1%

Source: US Census Bureau, American Community Survey, 2016-2020

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

Subsidized Housing

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

Housing and Urban Development (HUD) Subsidized Housing

Blue = Socioeconomic vulnerability compared to state and nation

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

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

Lead Exposure

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

Homes in Trenton are old. In Trenton, more than half of all houses (53.4%) were built before 1940, making most homes in Trenton 80 years old or older, and with nearly 1 in 5 housing units vacant.

Housing Age and Availability

Blue = Older housing than state and nation

	Built 2014 or Later	1980 to 2013	1940 to 1979	1939 or Earlier	Vacant Housing Units
Trenton City	1.6%	10.0%	35.0%	**53.4%**	**17.2%**
Mercer County	**1.9%**	**29.4%**	**46.8%**	**22.0%**	**9.4%**
New Jersey	**2.2%**	**32.1%**	**47.6%**	**18.1%**	**9.8%**
United States	**3.5%**	**43.6%**	**40.5%**	**12.4%**	**11.6%**

Source: US Census Bureau, American Community Survey, 2016-2020

Housing Problems

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

More than 1 in 3 homeowners and over half (57.4%) of renters in Trenton have documented housing problems. Nearly 1 in 5 homeowners and 1 in 3 renters in Trenton have documented severe housing problems. In combination, this represents over half of all homeowners and nearly all renters in Trenton have documented housing problems that meet the HUD standards mentioned

During 2020, COVID-19 required children to attend school remotely and many adults worked from home or lost their jobs. The presence of these documented housing problems reflects added risks for impacted households during COVID-19 when many families experienced extended exposure to household contaminants such as lead as well as financial hardships.

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

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

	Housing Problems		Severe Housing Problems	
	Owners	Renters	Owners	Renters
Trenton City	**3,695 (36.5%)**	**9,775 (57.4%)**	**1,795 (17.8%)**	**6,200 (36.4%)**
Mercer County	**23,835 (28.7%)**	**23,510 (50.7%)**	**10,420 (12.5%)**	**13,715 (29.6%)**
New Jersey	**683,230 (33.3%)**	**595,380 (51.9%)**	**316,200 (15.4%)**	**361,950 (31.6%)**
United States	**18,420,125 (24.0%)**	**21,144,060 (48.7%)**	**8,597,800 (11.2%)**	**12,466,715 (28.7%)**

Source: US Census Bureau, American Community Survey, 2015-2019

Homelessness

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

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

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

	Total Population Experiencing Homelessness (Percent of County Total)	Total Sheltered Population (Percent of County Total)	Total Unsheltered Population (Percent of County Total)
2020 PIT Count			
Trenton	347 (75.1%)	256 (69.8%)	91 (95.8%)
Total	**462***	**367**	**95**
2019 PIT Count			
Trenton	324 (78.0%)	247 (73.0%)	77 (100.0%)
Total	**416**	**339**	**77**

Source: Monarch Housing Associates, 2020; 2021

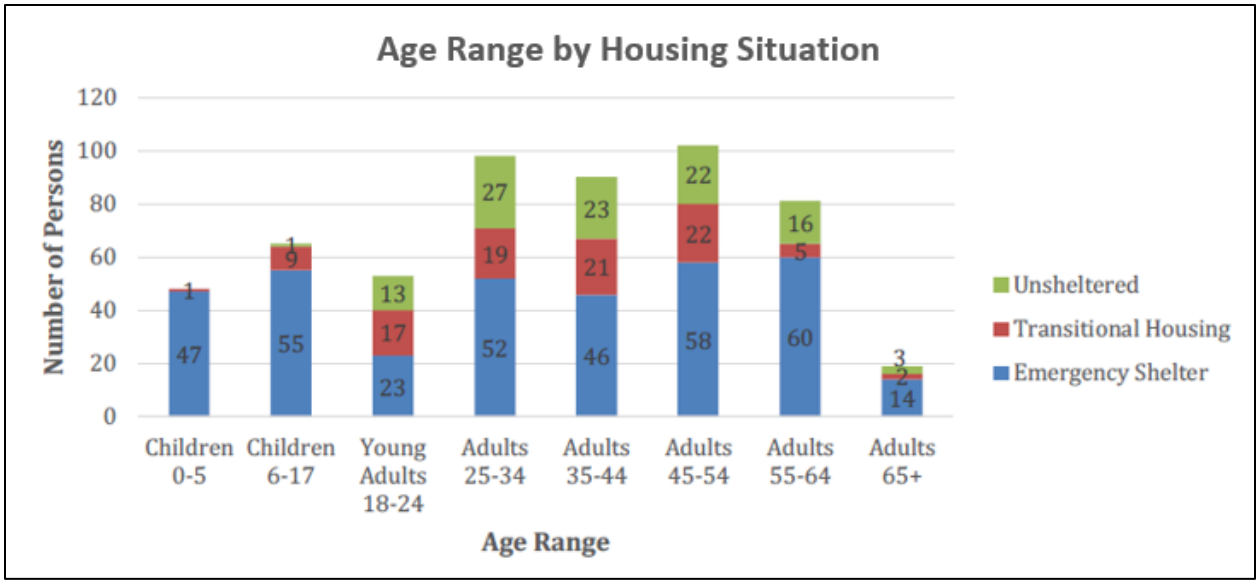
*Does not reflect total persons experiencing homelessness as some survey responses may not have included municipality. On the night of January 28th, 2020, a total of 431 households, including 556 persons, were experiencing homelessness in Mercer County.

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

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

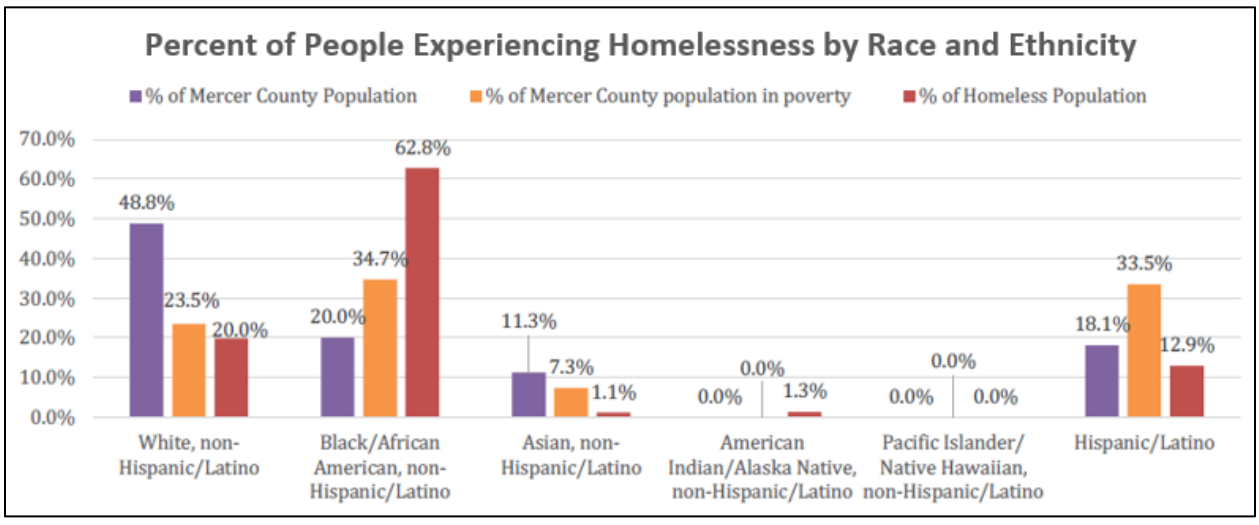
Source: Monarch Housing Associates, 2020

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



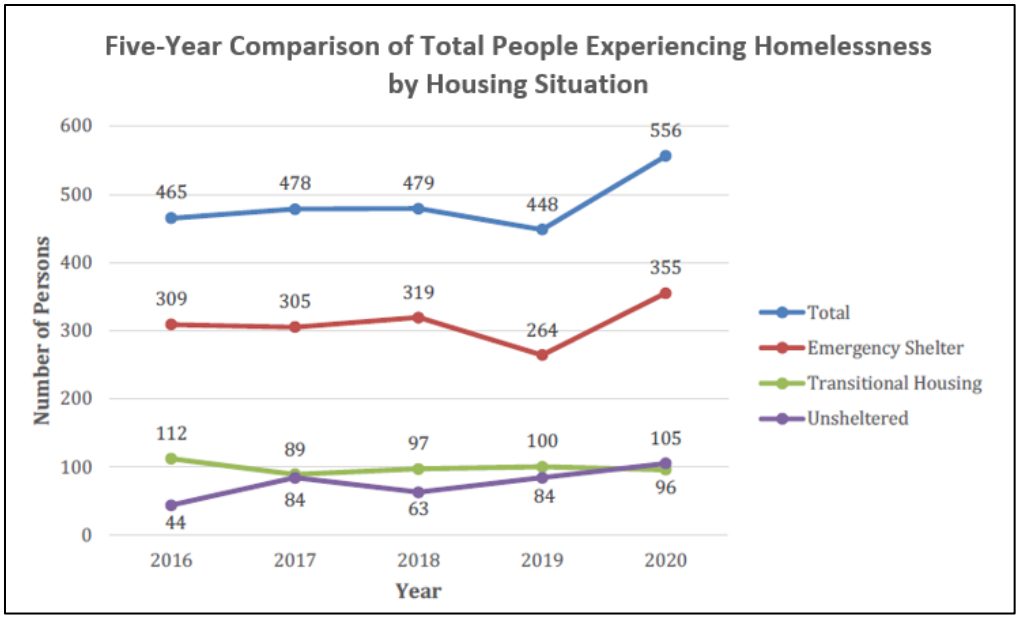
Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

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

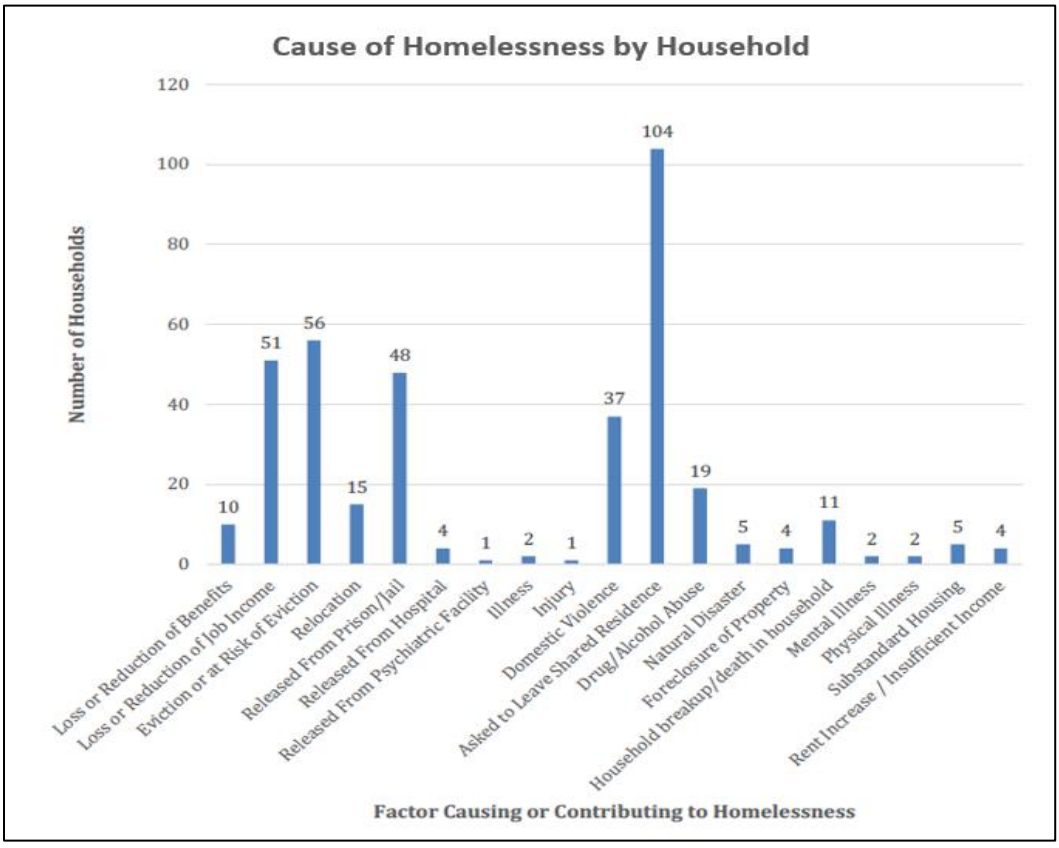


Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

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



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



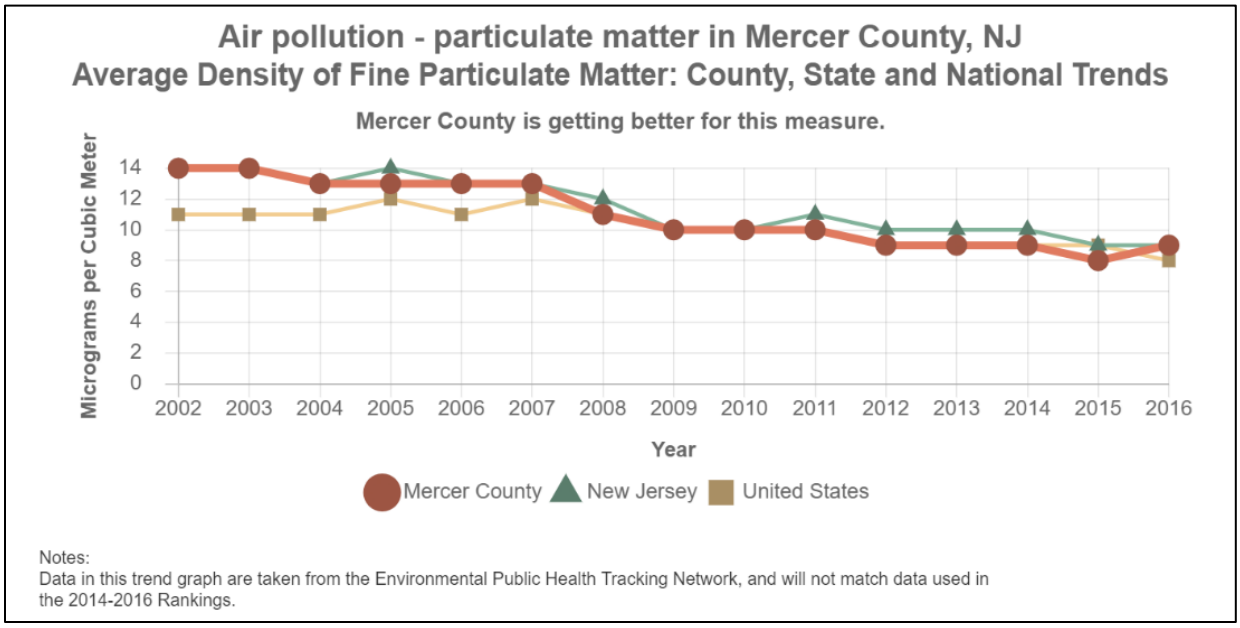
Source: Monarch Housing Associates, 2020 Mercer County Point-in-Time Count of the Homeless

Environmental Factors

According to the World Health Organization (WHO), air pollution contributes to one-third of all deaths from stroke, heart disease, and lung cancer worldwide.[5]

The graph below measures particulate matter, one form of outdoor air pollution, over time. The National Institute of Environmental Health Sciences defines particulate matter (PM) as, "composed of chemicals such as sulfates, nitrates, carbon, or mineral dusts. Vehicle and industrial emissions from fossil fuel combustion, cigarette smoke, and burning organic matter, such as wildfires, all contain PM. A subset of PM, fine particulate matter (PM 2.5) is 30 times thinner than a human hair. It can be inhaled deeply into lung tissue and contribute to serious health problems. PM 2.5 accounts for most health effects due to air pollution in the U.S."[6]

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



Source: Environmental Public Health Tracking Network

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

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

Our Health and Well-being

Health Insurance

Having health insurance creates opportunity to better access preventive care and treatment. While 7.6% of people living in New Jersey do not have health insurance, there are generally fewer uninsured people statewide than in the US. Mercer County overall has fewer uninsured than New Jersey or the US. However, when viewed by municipality, pockets of disparities emerge, including nearly 1 in 4 uninsured adults ages 19-64 in Trenton, representing twice the national, state, and county standards. These statistics indicate notable barriers to health and healthcare among the working age populations in these areas.

Population without Health Insurance Coverage

Blue = Higher uninsured than state and nation

	Total Population	Under 19 Years	19 to 64 Years	65 Years and Over
Trenton City	15.0%	5.9%	22.0%	0.7%
Mercer County	**7.1%**	**3.1%**	**10.2%**	**0.3%**
New Jersey	**7.6%**	**3.9%**	**10.7%**	**1.0%**
United States	**8.7%**	**5.2%**	**12.3%**	**0.8%**

Source: US Census Bureau, American Community Survey 2016-2020

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

Type of Health Insurance Coverage

Blue = Higher Medicaid coverage than state and nation

	Employer-based	Direct-purchase	Medicare	Medicaid	TRICARE	VA Healthcare
City of Trenton	29.2%	2.0%	4.4%	32.4%	0.1%	0.0%
Mercer County	**55.5%**	**4.8%**	**4.1%**	**12.5%**	**0.1%**	**0.1%**
New Jersey	**53.4%**	**5.8%**	**5.3%**	**12.4%**	**0.3%**	**0.1%**
United States	**46.7%**	**6.5%**	**5.4%**	**14.8%**	**1.0%**	**0.3%**

Source: US Census Bureau, American Community Survey 2016-2020

When stratified by race, ethnicity, and municipality, patterns among people who do not have health insurance begin to emerge. Among people in Trenton who are Black/African American, the percent

uninsured is generally consistent with national and statewide. **More than 1 in 5 people in Trenton who identify as Latino, Some Other Race or White are uninsured.**

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

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

Blue = Higher uninsured percent than state and nation

		White	Black / African American	Asian	Some Other Race	Two or More Races	Hispanic or Latino (any race)
Trenton City	% of Total Pop.	35.3%	48.7%	1.0%	10.2%	4.0%	37.2%
	% Uninsured	19.9%	8.9%	14.3%	26.2%	14.1%	25.8%
Mercer County	% of Total Pop.	**59.7%**	**20.5%**	**11.5%**	**4.0%**	**4.0%**	**17.9%**
	% Uninsured	**6.4%**	**7.7%**	**2.8%**	**20.6%**	**10.4%**	**20.3%**
New Jersey	% of Total Pop.	65.5%	13.4%	9.7%	6.4%	4.8%	20.4%
	% Uninsured	**5.9%**	**8.6%**	**5.8%**	**22.6%**	**10.5%**	**18.2%**
United States	% of Total Pop.	**70.4%**	**12.6%**	**5.6%**	**5.1%**	**5.2%**	**18.2%**
	% Uninsured	**7.6%**	**9.9%**	**6.4%**	**19.8%**	**10.7%**	**17.7%**

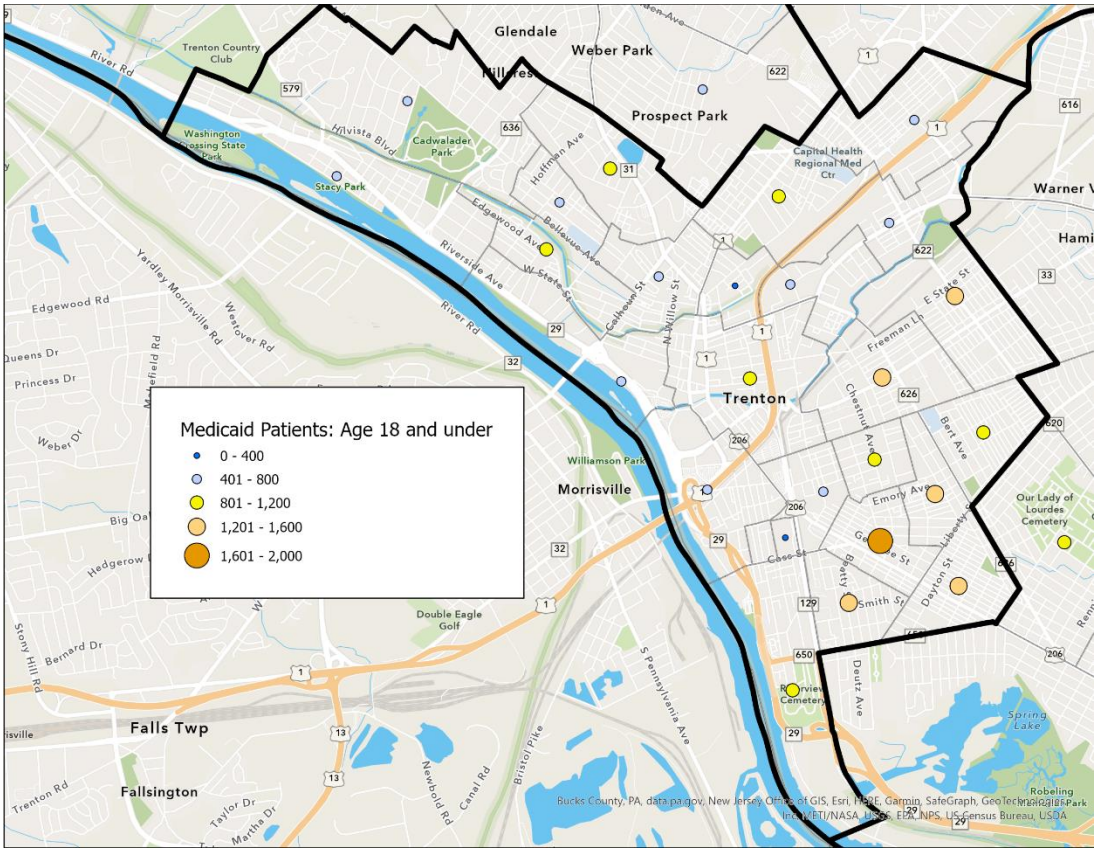
Source: US Census Bureau, American Community Survey 2016-2020

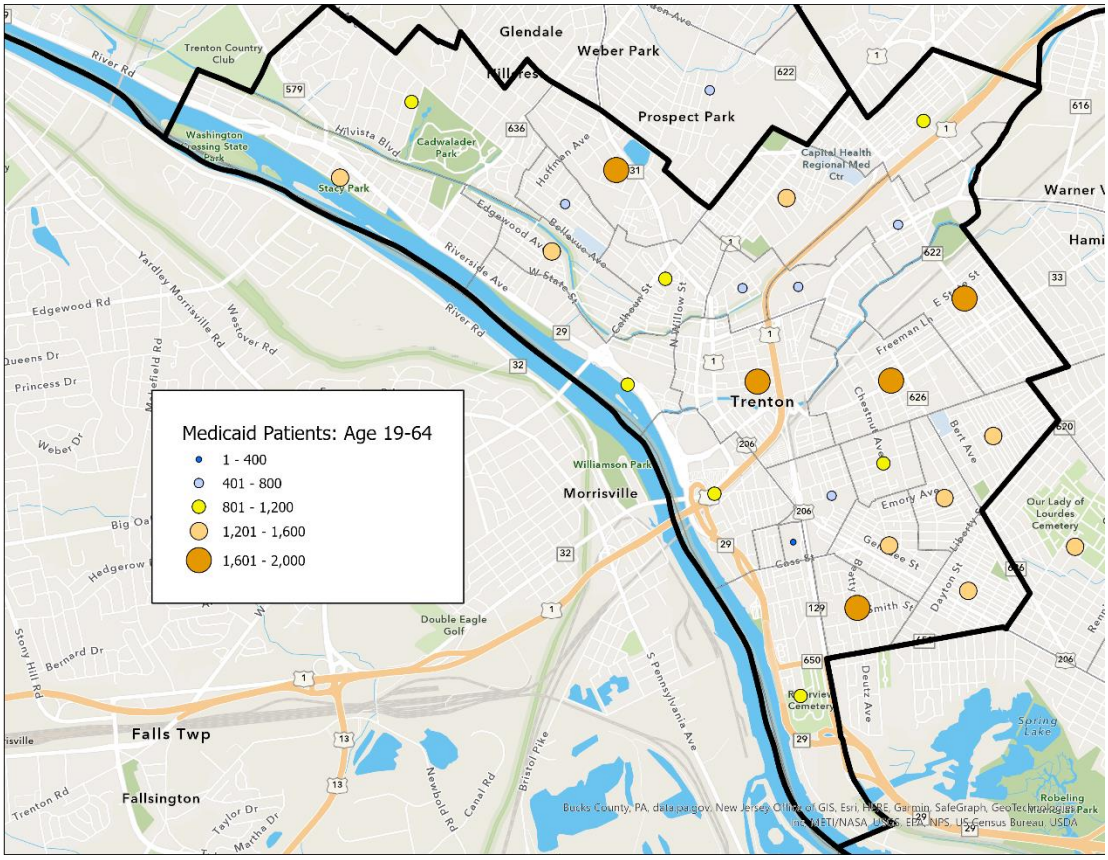
*Population counts are included when percentages are based on a count of less than 25 people. Highlighting is excluded from these cells.

Trenton Health Team has responsibility for managing the Trenton Health Information Exchange (HIE) database for the Trenton area. The Trenton HIE, created in 2014 and operated in collaboration with CareEvolution, is one of six HIEs in New Jersey. Trenton HIE participates in the New Jersey Health Information Network (NJHIN) to access health information state-wide from more than 70 participating hospitals throughout the state. Trenton's HIE can provide de-identified analytics at both the macro (population) and the micro (disease category, etc.) levels.

The following maps are populated with Medicaid utilization data from the HIE database for the City of Trenton. These maps demonstrate the proportion of the underlying population covered by Medicaid by Census Tract in Trenton by age group. Because roughly 1 in 3 Trenton residents is covered by Medicaid and Medicaid eligibility is based on income limits, these maps can be used to indicate pockets of low income where strategic interventions to address income-based disparities can occur.

The eligibility criteria for Medicaid is more expansive for children ages 18 and younger than for adults ages 19-64. Therefore, these maps show the concentration of Medicaid by age group by City of Trenton Census Tract.


Medicaid Patients: Age 18 and under
0 - 400
401 - 800
801 - 1,200
1,201 - 1,600
1,601 - 2,000
Glendale
Weber Park
Prospect Park
Trenton
Morrisville
Falls Twp
Fallsington
Williamson Park
Double Eagle Golf
Capital Health Regional Med Ctr
Cadwalader Park
Stacy Park
Trenton Country Club
Washington Crossing State Park
Spring Lake
Our Lady of Lourdes Cemetery
Riverview Cemetery
Bucks County, PA, data.pa.gov, New Jersey Office of GIS, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA


Medicaid Patients: Age 19-64
1 - 400
401 - 800
801 - 1,200
1,201 - 1,600
1,601 - 2,000
Glendale
Weber Park
Prospect Park
Trenton
Morrisville
Falls Twp
Fallsington
Williamson Park
Double Eagle Golf
Capital Health Regional Med Ctr
Cadwalader Park
Stacy Park
Trenton Country Club
Washington Crossing State Park
Spring Lake
Our Lady of Lourdes Cemetery
Riverview Cemetery
Bucks County, PA, data.pa.gov, New Jersey Office of GIS, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA

Provider Availability

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

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

Provider Access, Ratio of Residents to Providers

Blue = Lower patient to provider ratio than state and nation

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

Source: County Health Rankings, 2021

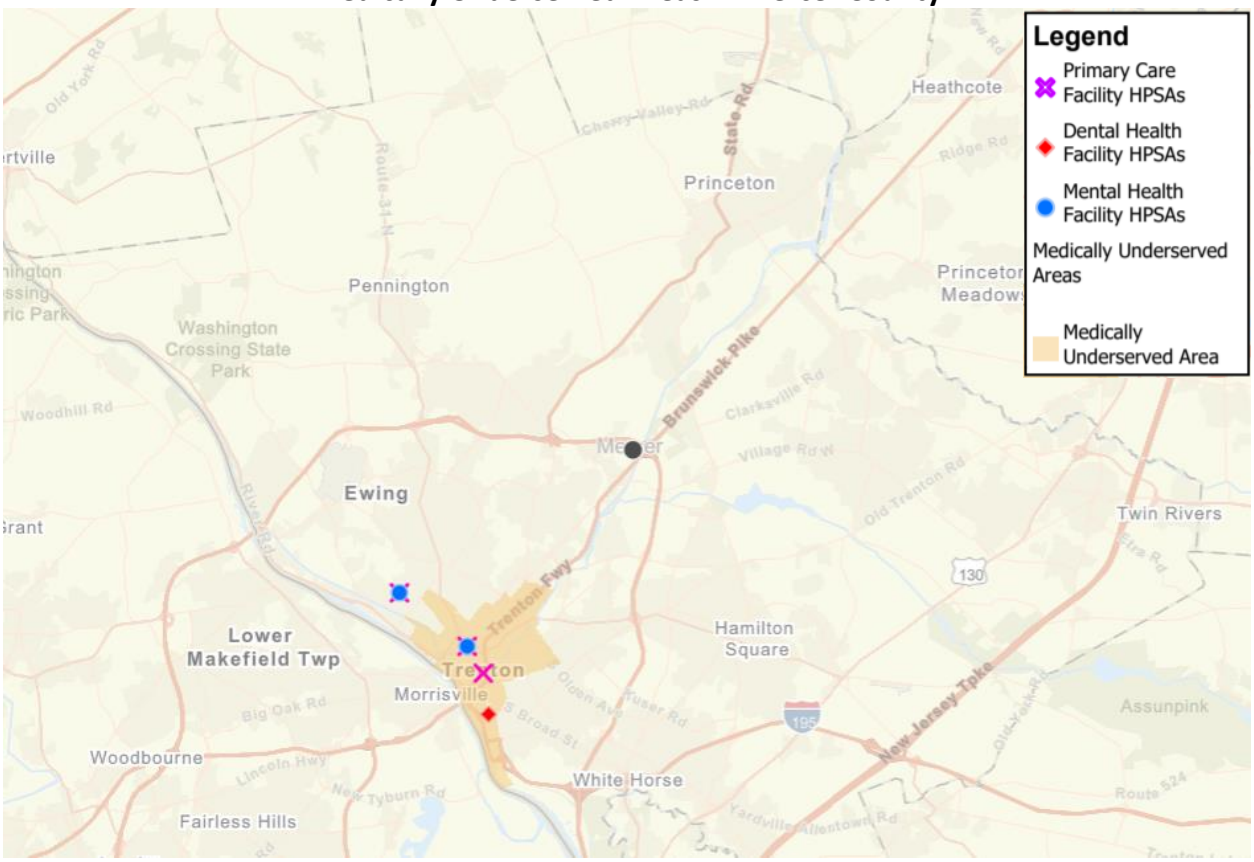
Medically Underserved Areas and Medically Underserved Populations

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

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

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

Health Professional Shortage Facilities and Medically Underserved Areas in Mercer County



Source: Health Resources and Services Administration, 2021

Utilization of Care

Utilization of healthcare services is a key component of access to care. It is worth noting that Mercer County residents have been more likely to have a regular doctor, routine medical and dental care than others throughout New Jersey and the nation. However, nearly 1 in 5 (17.70%) Mercer County residents were unable to afford care, higher than the state and the nation.

Age-Adjusted Adult Healthcare Access

Blue = Fewer healthcare access barriers than state and nation

	Unable to Afford Care (2018)	Without a Regular Doctor (2018)	Routine Health Visit in Last Year (2018)	Dental Visit in Last Year (2016)
Mercer County	17.70%	**11.40%**	**82.50%**	**74.00%**
New Jersey	13.30%	22.40%	79.20%	73.10%
United States	12.6%	21.4%	75.0%	66.20%

Source: New Jersey State Health Assessment Data, 2016, 2018; CDC, 2016, 2018
*Data reflect crude percentages, not age-adjusted, based on availability.

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

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

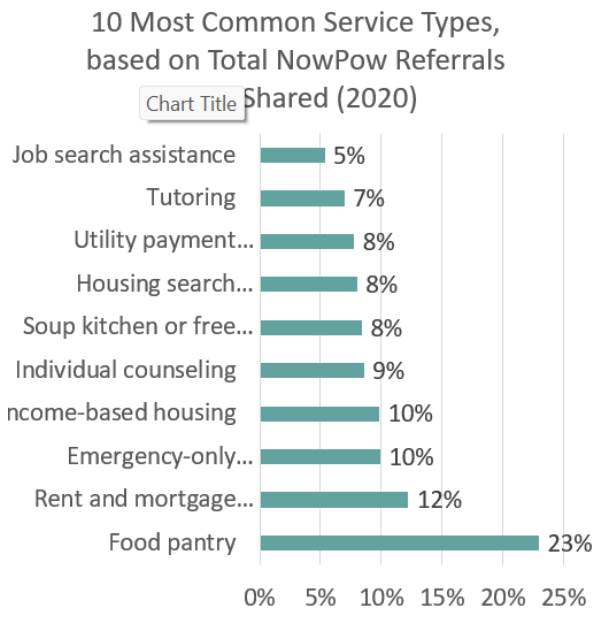
Blue = Higher healthcare utilization than state

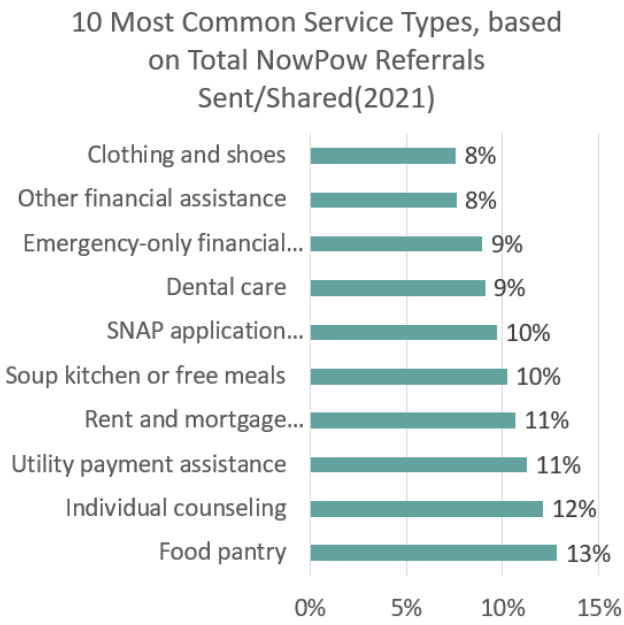
	2020	2019	2018
Inpatient Hospitalizations			
Mercer County	**911.1**	**1009.9**	**1011.3**
New Jersey	854.6	930.9	949.8
Emergency Department Visits			
Mercer County	**3522.7**	**4842.6**	**4652.1**
New Jersey	2488.6	3450.2	3434.2

Source: New Jersey State Health Assessment Data, 2018-2020

THT utilizes an application made available to its partner agencies called NowPow, which can send and track referrals for social services and health care needs among partner agencies. The following graph demonstrates the top 10 most common service requests made through NowPow in Trenton in 2020 and 2021, in rank order.

NowPow Referrals Sent and Shared Among Participating Agencies, 2020 and 2021





Health Status and Disparities

Health Behaviors

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

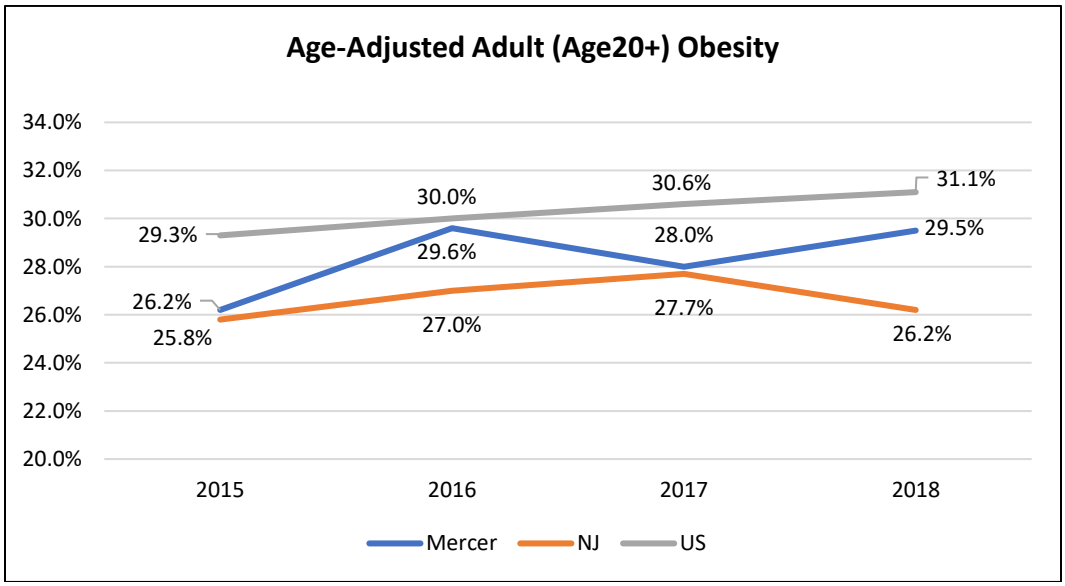
Age-Adjusted Adult Tobacco Use

	Current Cigarette Smoker (2018)	Current Smokeless Tobacco User (2018)
Mercer County	18.3%	0.4%
New Jersey	13.5%	1.5%
United States	16.1%	4.3%

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

Obesity

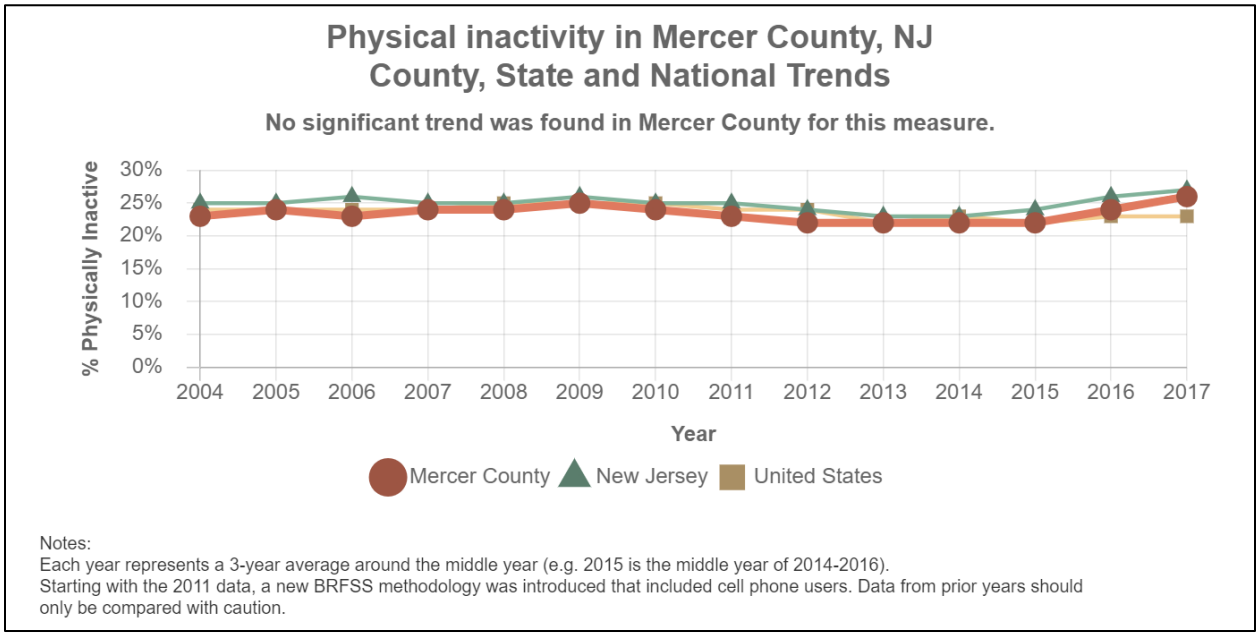
Obesity and overweight are risk factors for chronic disease such as heart disease, diabetes, and cancer, and can lead to a decreased quality of life. Many factors contribute towards the prevalence of obesity including the presence of ACES, access to affordable healthy foods, time, knowledge and access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



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

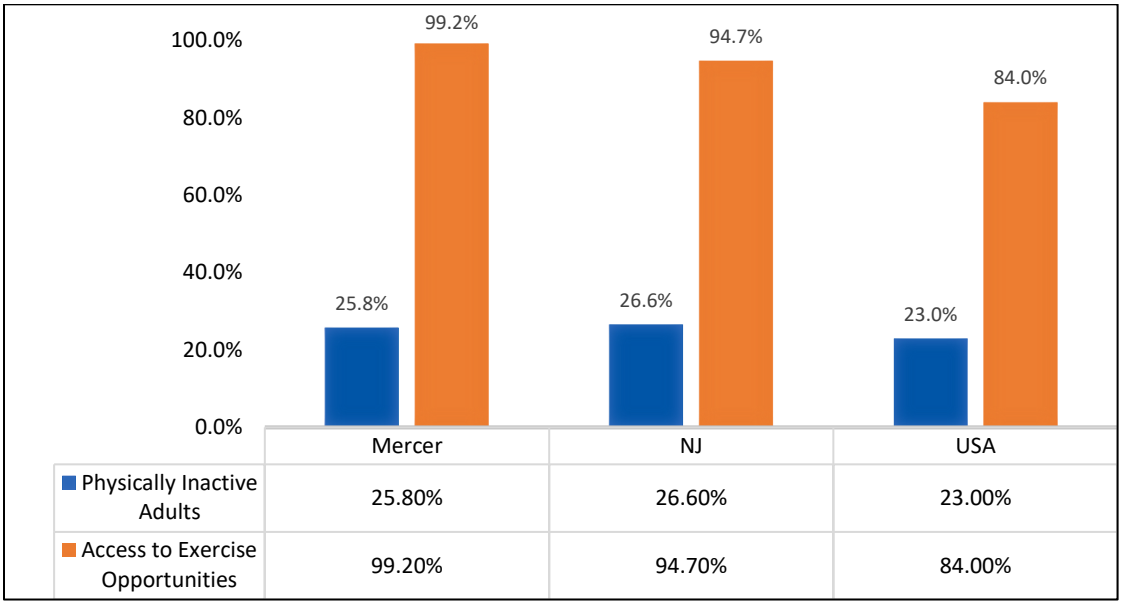
Physical Activity, Access to Exercise Opportunity, and Leisure Time Activity

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



An important component of engaging in physical activity is access to exercise opportunity. The graph below demonstrates **that the proportion of adults in Mercer County engaging in physical activity is consistent with state and national levels, but access to exercise opportunities is 99.2% in Mercer compared to 84.0% nationally.** This suggests that there are barriers beyond access that are preventing more people from engaging in physical activity in Mercer County.

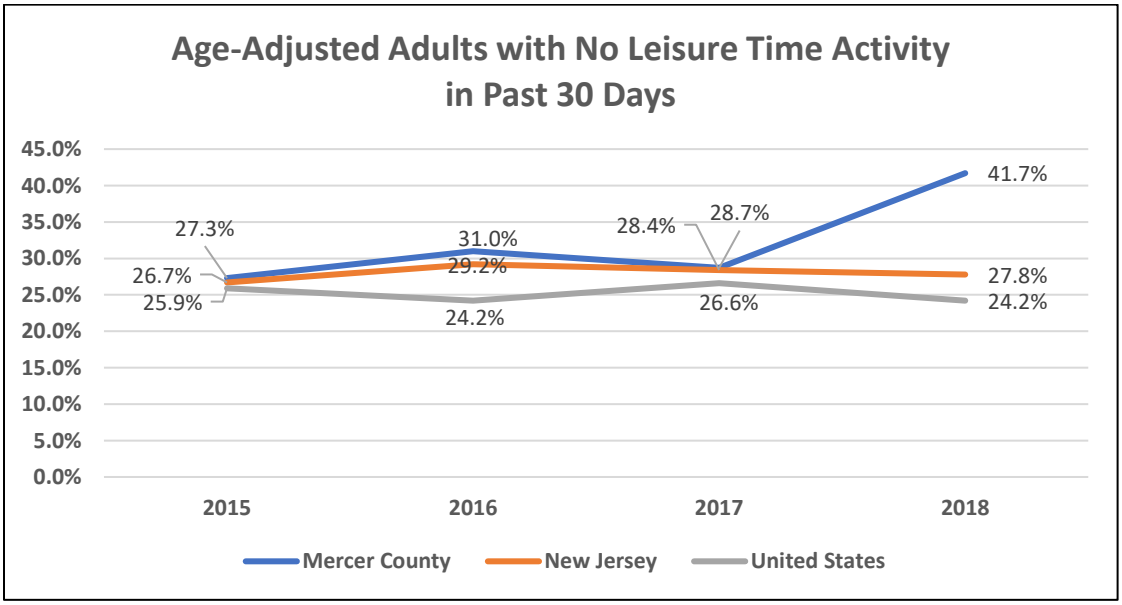
Percent Of Adults Physically Inactive and
Percent of Households with Access to Exercise Opportunities



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

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

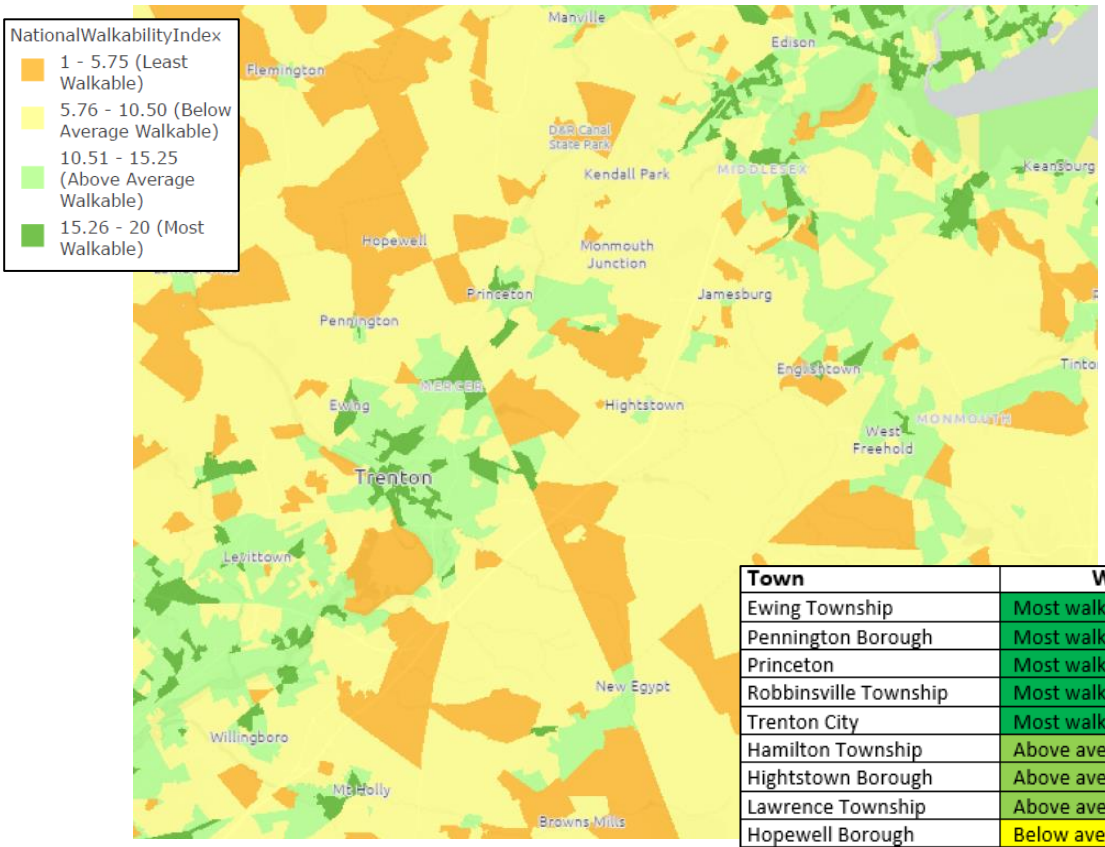
Leisure time is considered time that is "free" from work or household related responsibilities. It is during leisure time that individuals can chose to focus on physical activity. The CDC recommends that all people should engage in at least 30 minute of physical activity per day, and at least 3 ½ hours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



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

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

Mercer County National Walkability Index



Source: BRFSS 2017, ESRI, and US Census 2019

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

The high walkability scores indicated in the City of Trenton can be somewhat deceiving. As an urban center, the elements measured to calculate the walkability score such as proximity to goods and services demonstrate availability of resources, what this score does not capture are some of the other barriers endemic to urban centers that prohibit the access that appears available at the macro level. For example, in Trenton, many neighborhoods are peppered by vacant lots and abandoned buildings, as well as roadways and waterways that are not pedestrian friendly, presenting physical and safety barriers. These particular barriers are current reminders of the impact of systemic forces – economic inequality resulting from the housing market crash of 2009 that disproportionately impacted communities of color, urban renewal plans of the 1960's and 1970's that bisected communities of color with crosstown roadways – on the range of choices available to people living in Trenton to live their best lives.

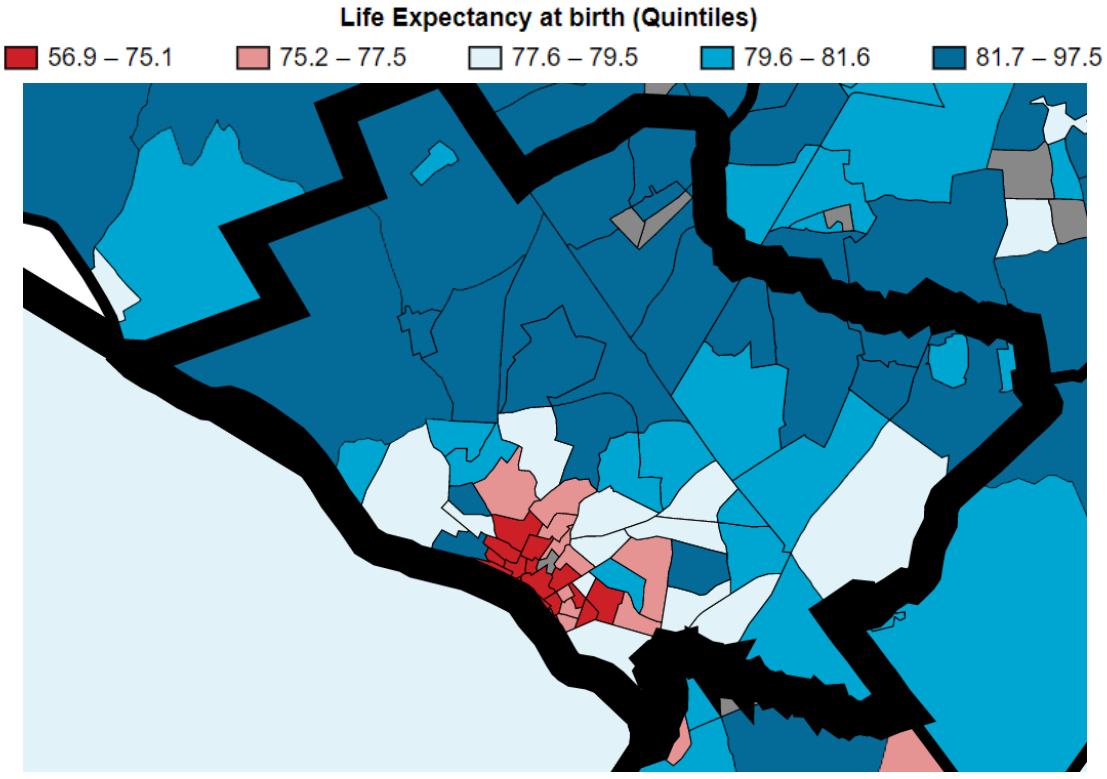
In combination, the physical proximity of resources combined with the structural barriers to accessing those same resources represent clear opportunities to leverage existing assets to create systemic changes to social determinants of health that would have broad scale improvement opportunities for all people in Trenton.

Life Expectancy

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

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

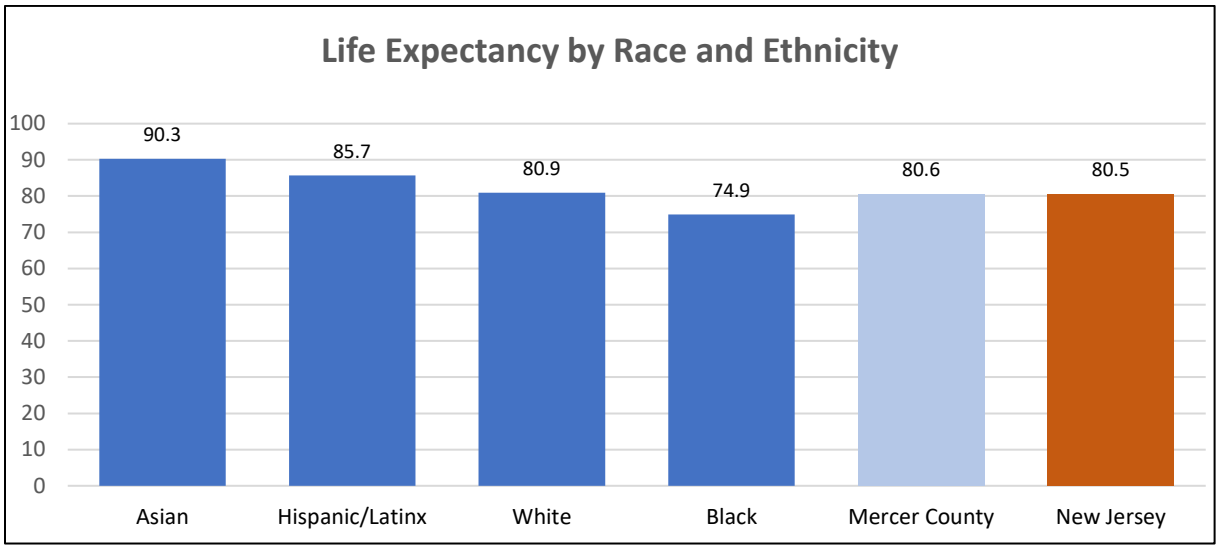
Average Life Expectancy by Mercer County Census Tract



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

When we stratify life expectancy by race and ethnicity in Mercer County, clear disparities become evident. Mercer County is a place where people can thrive and live long, healthy lives. But those

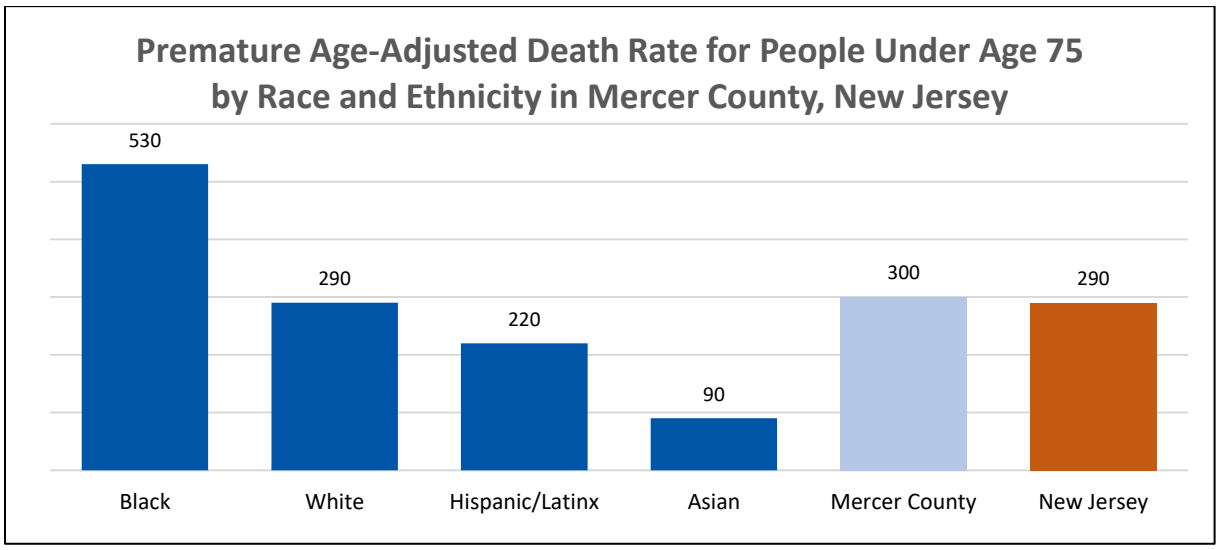
outcomes are not equally available for everyone. **The life expectancy of Black/African American people in Mercer County is between six and fifteen years less than their peers of other races and ethnicities.**



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

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

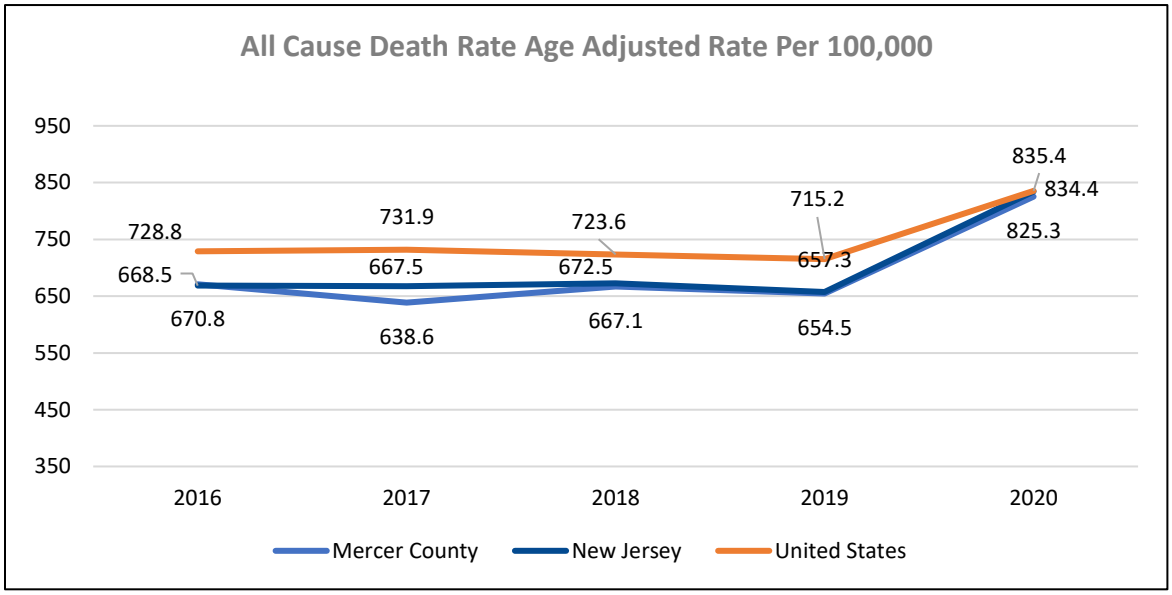
Black/African American people in Mercer County also experience premature death at a rate nearly double the Mercer County rate. The following graph represents the premature age-adjusted mortality rate in Mercer County, stratified by race and ethnicity between 2017-2019.



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

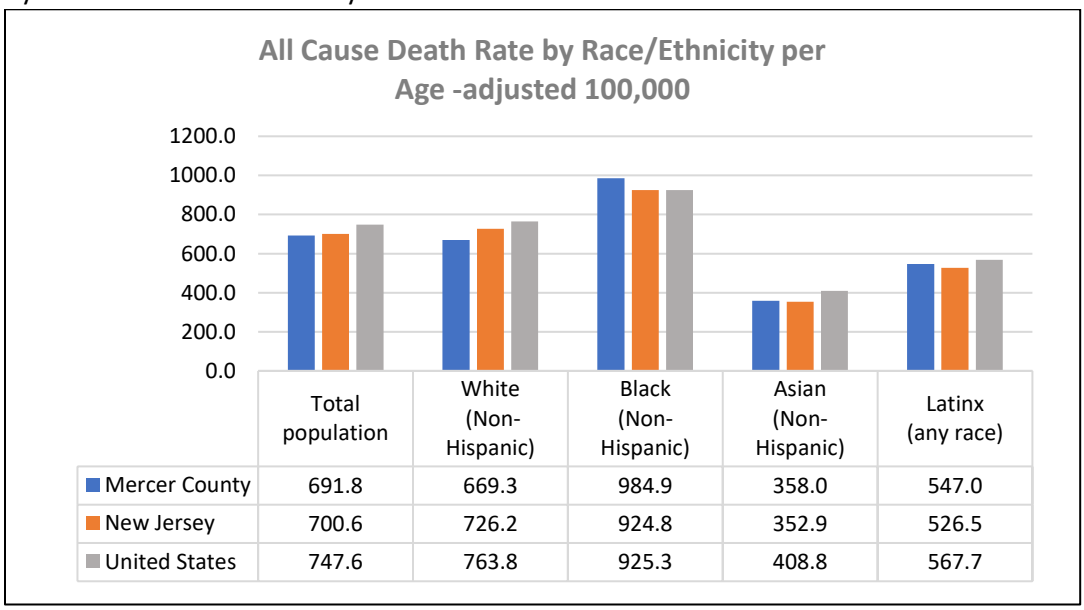
Leading Causes of Death

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



Source: Centers for Disease Control and Prevention, 2016-2020

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



	Total population	White (Non-Hispanic)	Black (Non-Hispanic)	Asian (Non-Hispanic)	Latinx (any race)
Mercer County	691.8	669.3	984.9	358.0	547.0
New Jersey	700.6	726.2	924.8	352.9	526.5
United States	747.6	763.8	925.3	408.8	567.7

Source: Centers for Disease Control and Prevention, 2016-2020

Heart Disease

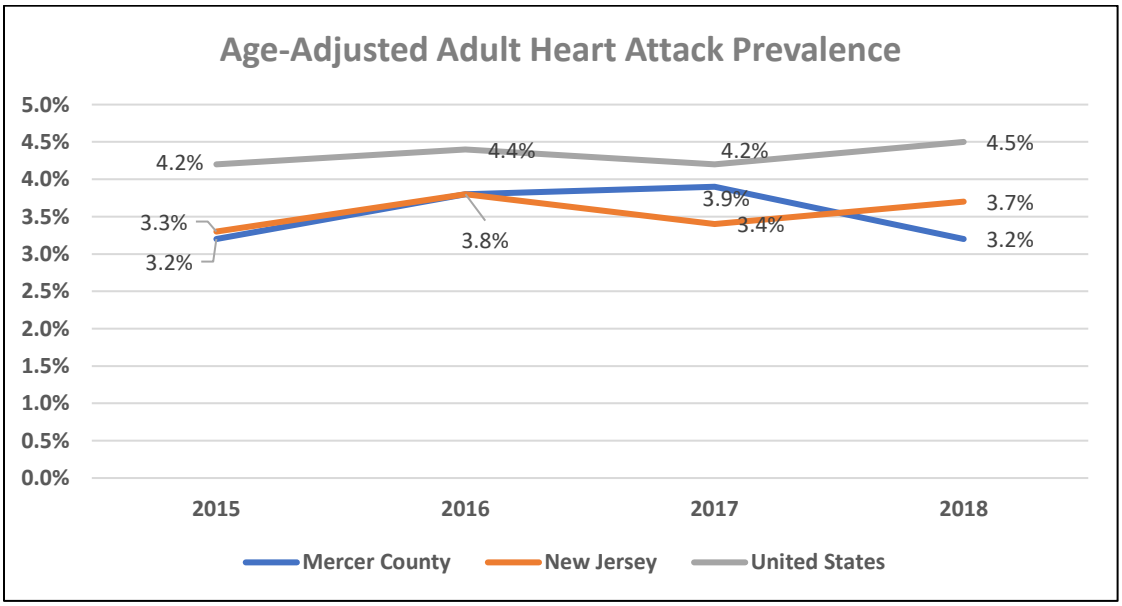
Heart disease is consistently the leading cause of death across the US. The following tables and graphs demonstrate the prevalence of the key clinical indicators of heart disease, which include high blood pressure, high cholesterol, diagnosed heart attacks, diagnosed angina, and diagnosed stroke. These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

Age-Adjusted Adult High Blood Pressure and High Cholesterol Prevalence

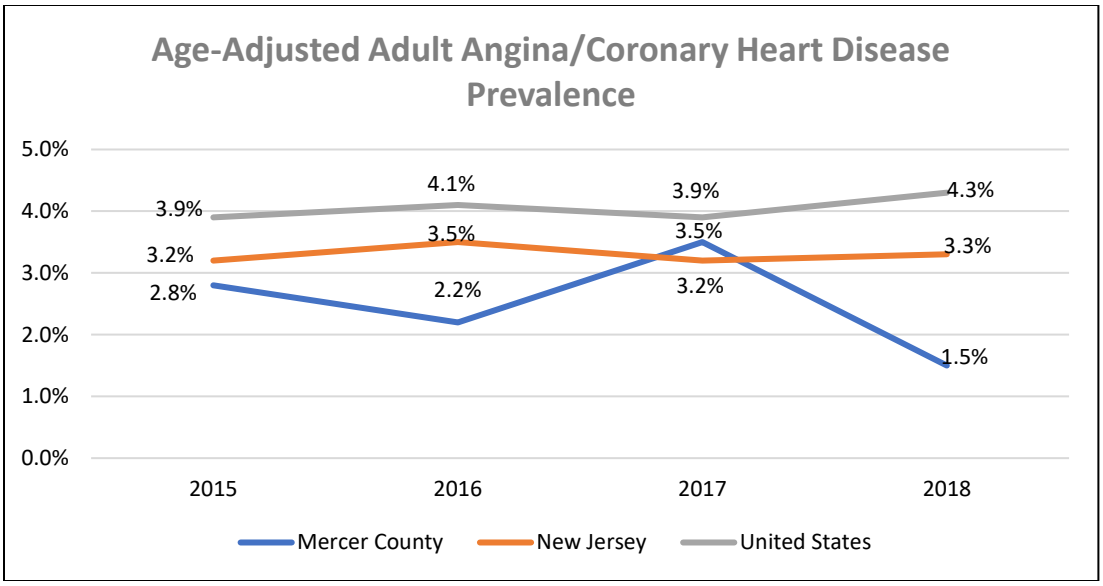
Blue = Lower prevalence than state and nation
Orange = Higher prevalence than state and nation

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

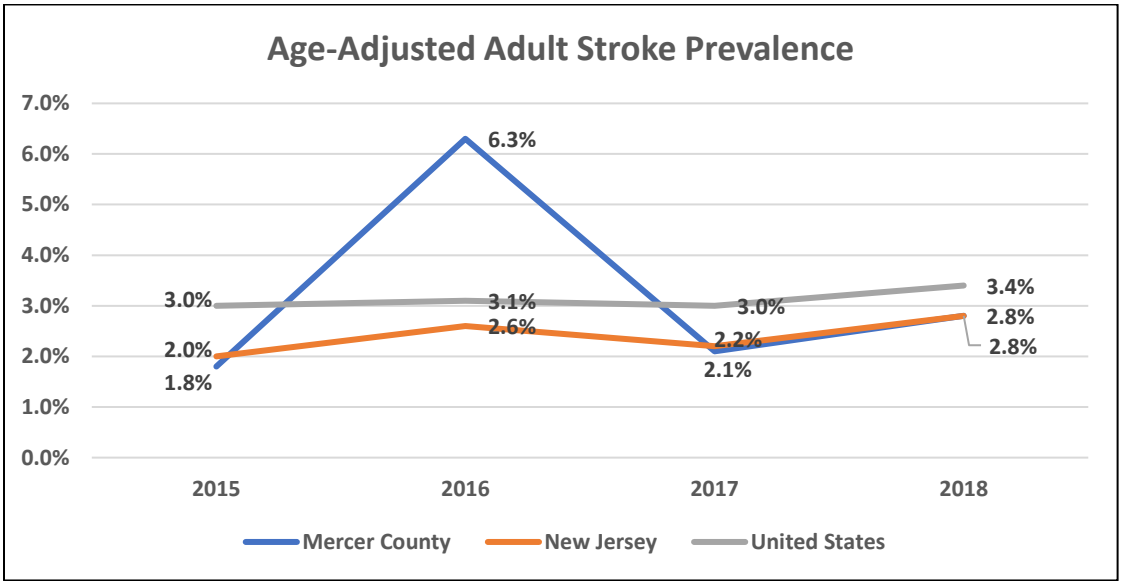
Source: New Jersey State Health Assessment Data, 2015, 2017; CDC, 2015, 2017
*Data reflect crude percentages, not age-adjusted, based on availability.



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

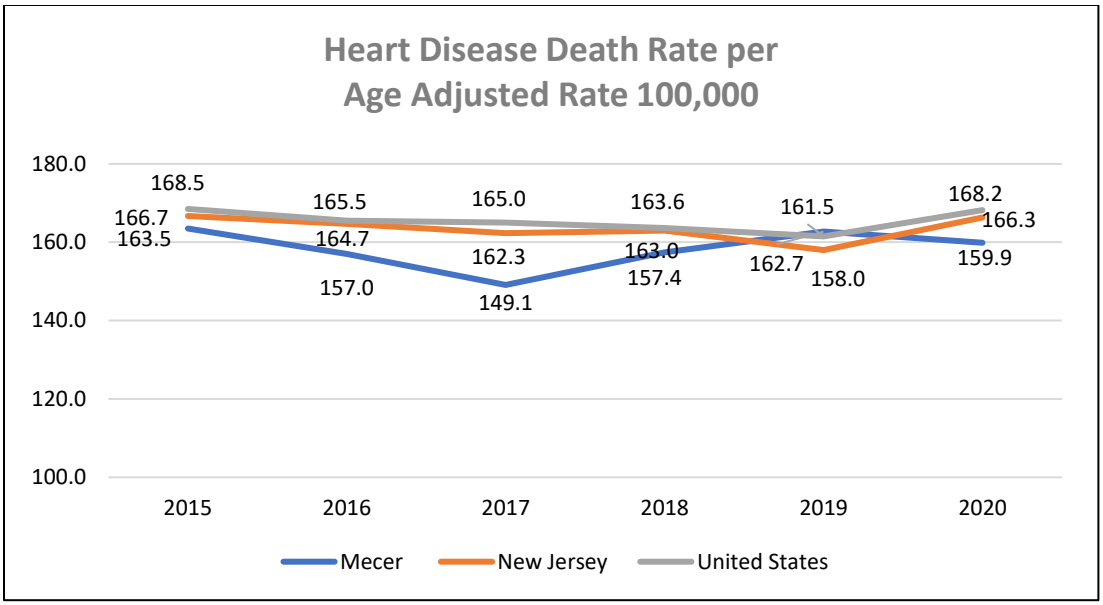


Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018
*US data reflect crude percentages, not age-adjusted, based on availability.



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

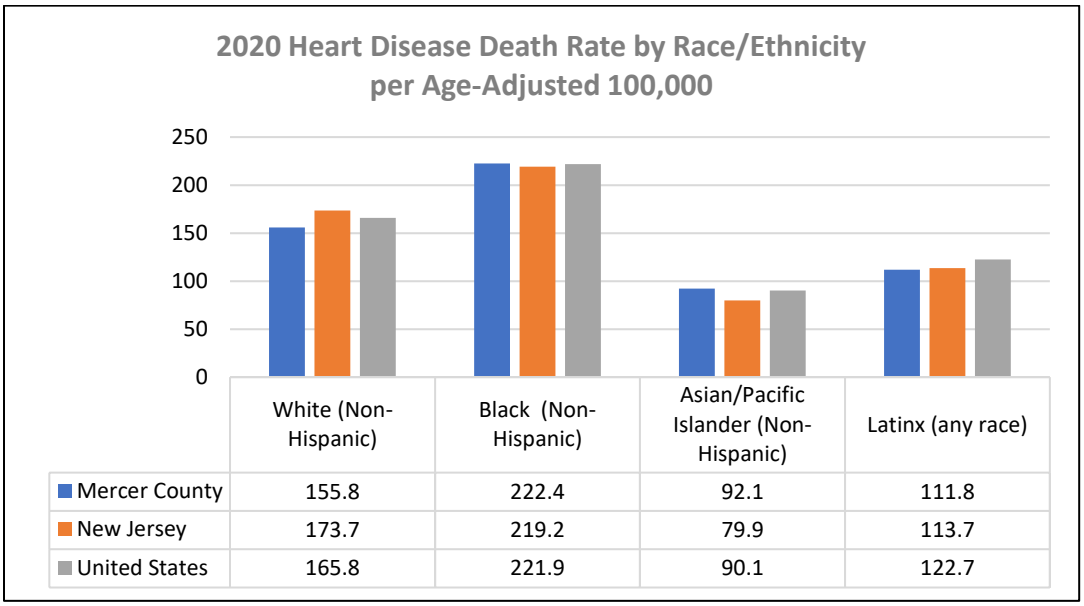
The age-adjusted death rate from heart disease in Mercer County has historically been better than state and national rates, but trending upward rapidly from 2017 - 2019. This increase is consistent with the increased prevalence of angina and CHD during the same time period shown above. There was a slight decline in the rate of heart disease death in Mercer County in 2020. Heart disease death is attributable to a multiplicity of factors at the environmental, social, clinical, and individual level.



Source: Centers for Disease Control and Prevention, 2015-2020

When death due to heart disease is stratified by race and ethnicity clear disparities emerge. Across the US, New Jersey, and Mercer County, the death rate due to heart disease is notably higher for Black/African Americans than any other race or ethnicity. When heart disease death by race and ethnicity is examined for Mercer County, White non-Hispanic residents have lower rates of death from heart disease (155.8) than White residents in any other reported geographic area.

However, Black/African American non-Hispanic people living in Mercer County have a death rate due to heart disease (222.4) similar to other Black/African Americans in New Jersey (219.2) and across the US (221.9). The heart disease death rate for Whites in Mercer County is 155.8. This disparity in outcomes by race reflects inequity in Mercer County that disproportionately impacts Black/African Americans, resulting in earlier death from heart disease. The graph on the following page suggests that high quality, effective interventions that save lives exist in Mercer County, but do not reach everyone.

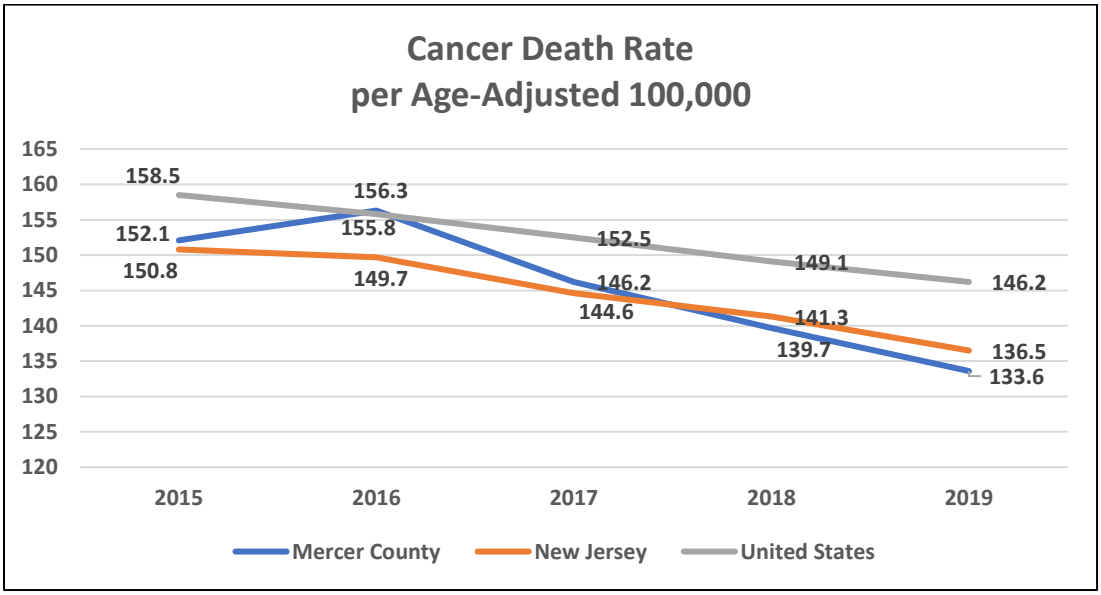


	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	155.8	222.4	92.1	111.8
New Jersey	173.7	219.2	79.9	113.7
United States	165.8	221.9	90.1	122.7

Source: Centers for Disease Control and Prevention, 2020

Cancer

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



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

Death from cancer is consistently one of the leading causes of death across the US. However, many forms of cancer, if identified early, can be effectively treated and managed. The following table demonstrates the incidence of all invasive cancers diagnosed in Mercer County, New Jersey, and the US

by race and ethnicity. This table demonstrates that **the incidence of all forms of cancer is higher in Mercer County than elsewhere in the state or nation. While this may suggest a true high incidence of cancers in Mercer County, it may also indicate effective and widespread screening for various forms of cancer**, which could allow for earlier intervention and treatment.

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

Blue = Higher incidence than state and nation

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

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

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

Invasive Cancer Incidence per Age-Adjusted 100,000

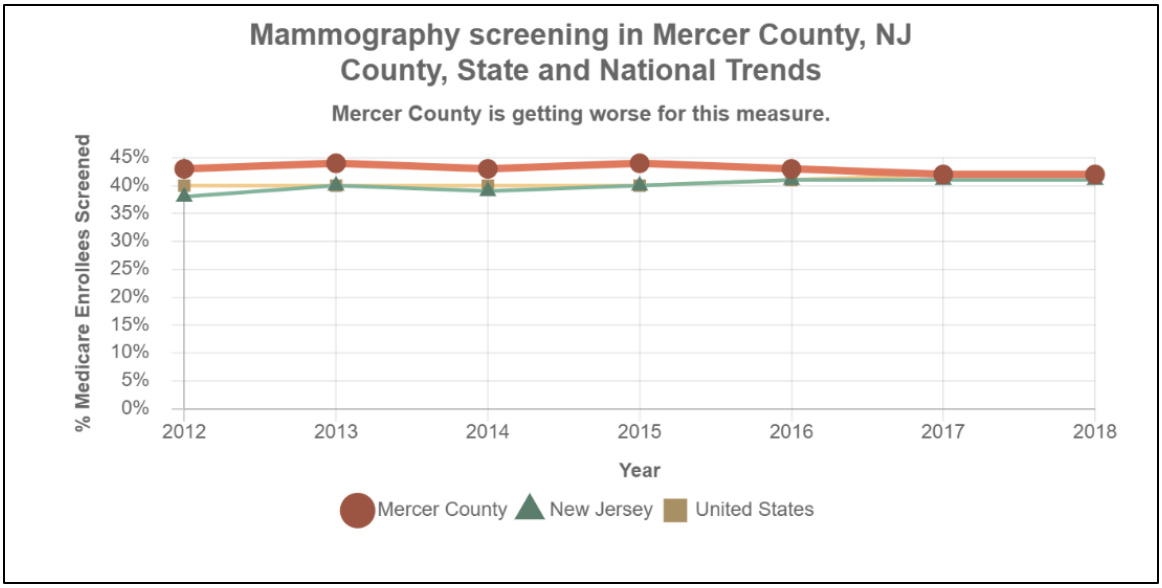
Blue = Lower incidence than state and nation

Orange = Higher incidence than state and nation

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

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

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

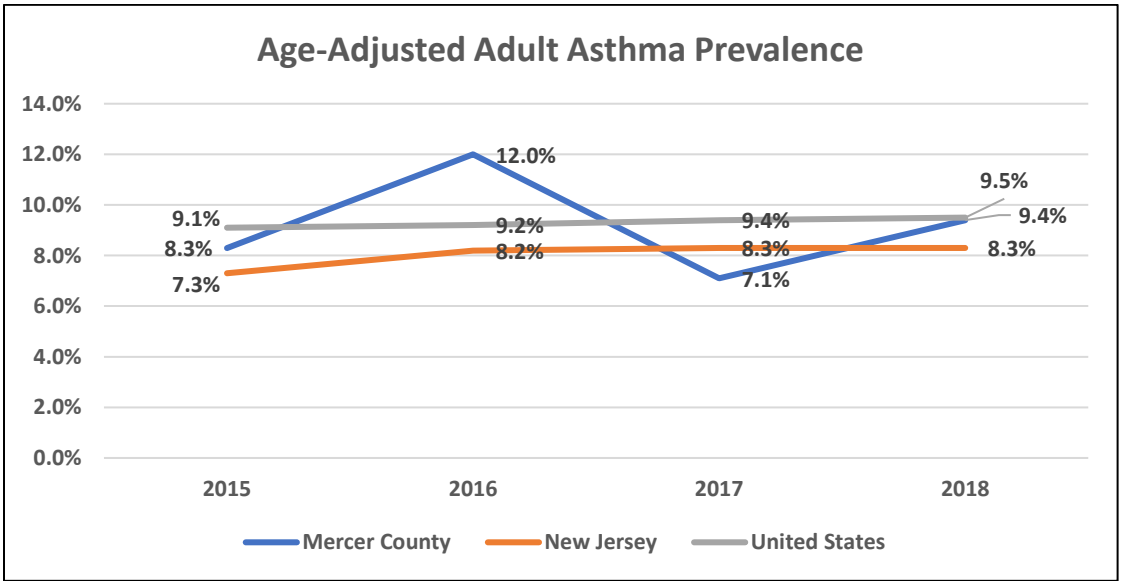


Source: Centers for Medicare and Medicaid Services Mapping Medicare Disparities by Population, 2018

Respiratory Disease

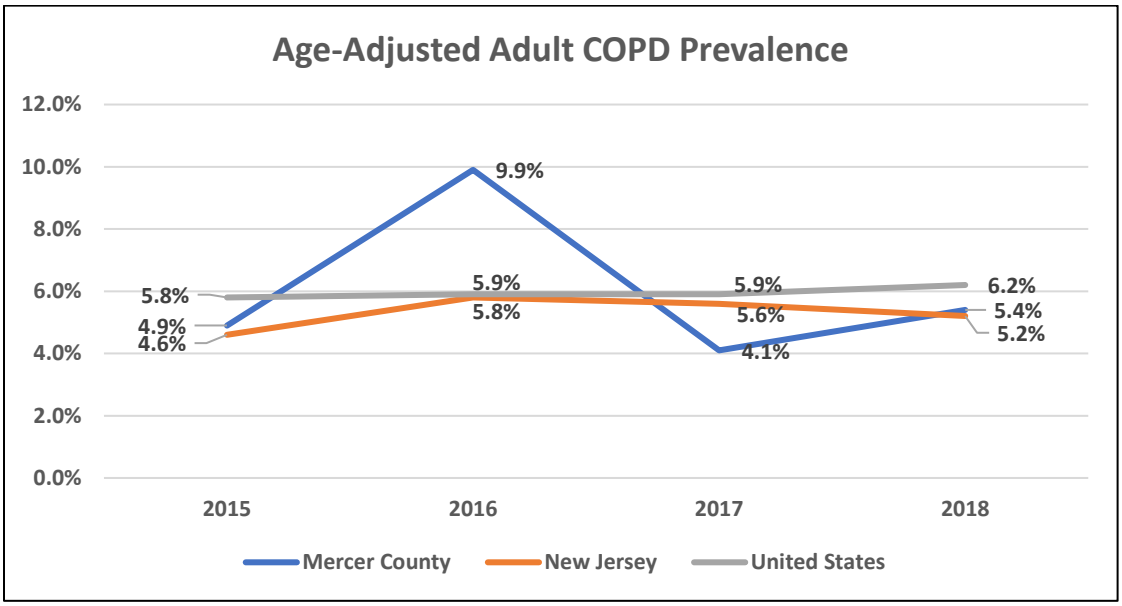
Lung and respiratory diseases are among the leading causes of death nationwide and contribute towards diminished quality of life. The presence of respiratory disease is the result of a variety of environmental, social, clinical, and individual factors. Therefore, interventions aimed at improving quality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

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



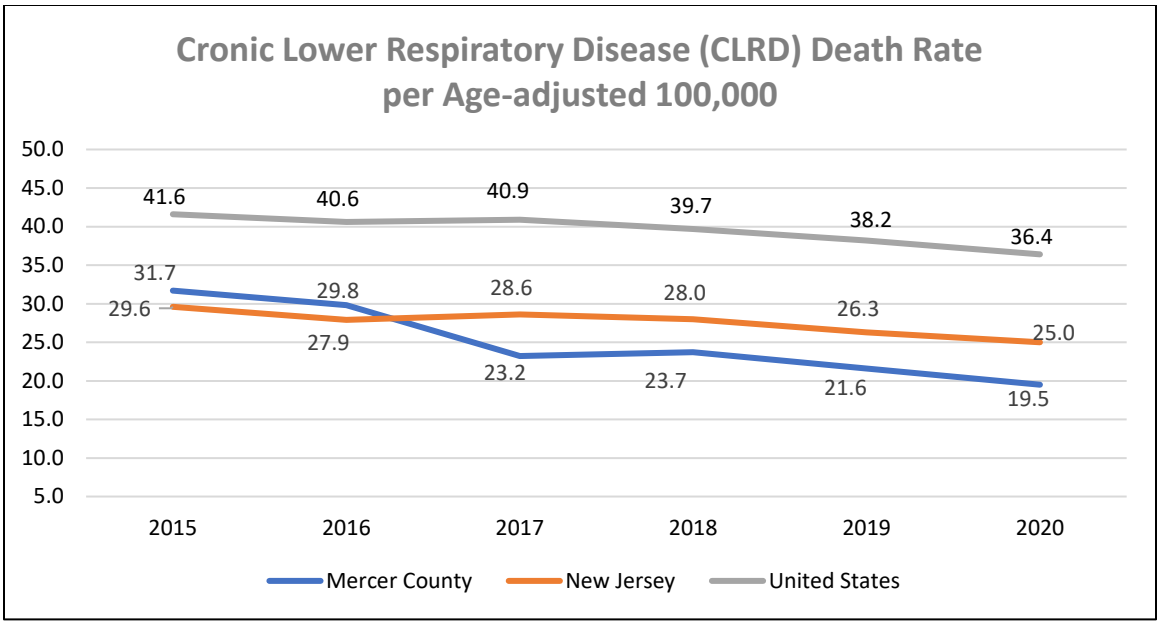
Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

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

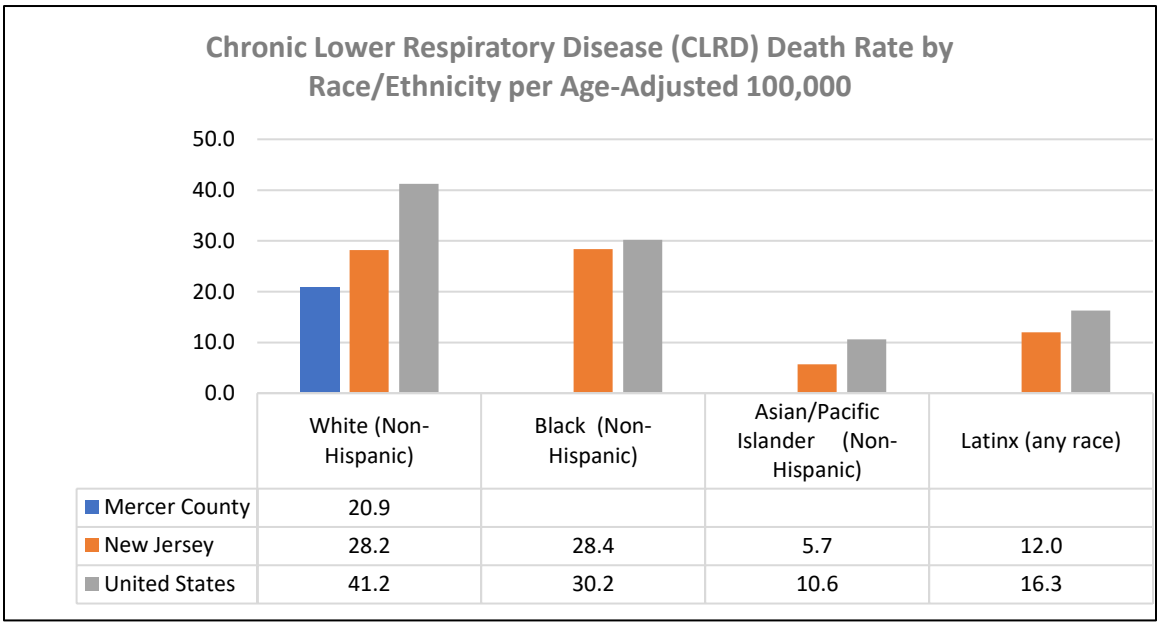


Source: New Jersey State Health Assessment Data, 2015-2017; CDC, 2015-2018

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



Source: CDC, 2015-2020



	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	20.9			
New Jersey	28.2	28.4	5.7	12.0
United States	41.2	30.2	10.6	16.3

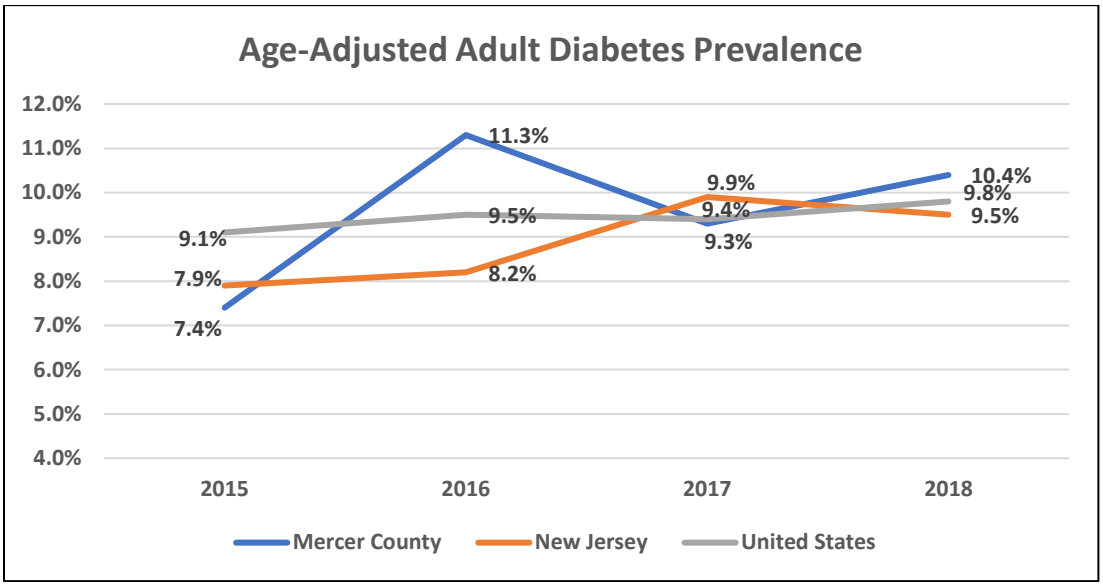
Source: CDC, 2020

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

When death rates due to CLRD are stratified by race and ethnicity, disparities emerge in Mercer County. Compared to White people in New Jersey and the US, White people in Mercer County die from CLRD at a noticeably lower rate. In both New Jersey and the US, White people have a higher rate of death due to CLRD than people of any other race.

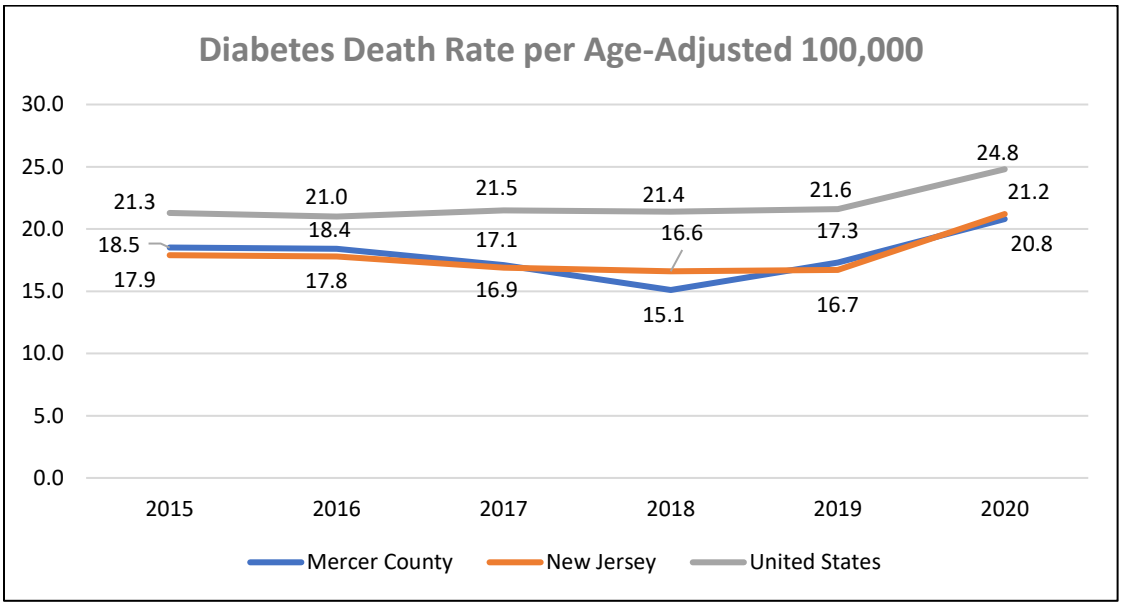
Diabetes

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



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

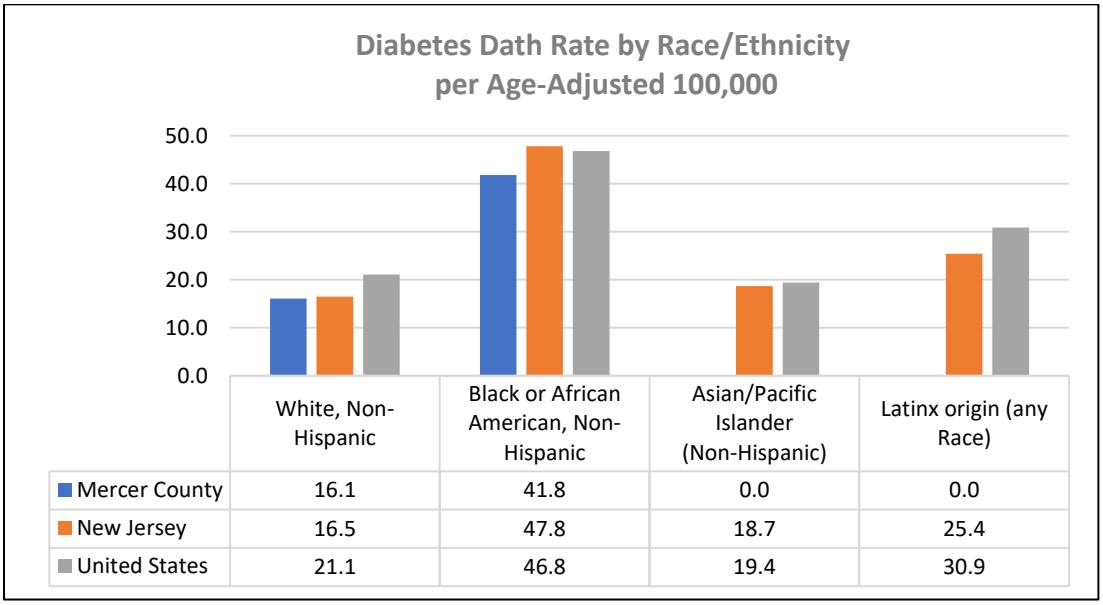
The death rate from diabetes in New Jersey and Mercer County is lower than the national rate.



Source: CDC, 2015-2020

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

The graph below shows the death rate from diabetes stratified by race and ethnicity across Mercer County, New Jersey, and the US. This graph shows that the death rate from diabetes among Whites living in Mercer County is (16.1). **In contrast, the death rate from diabetes among Black/African Americans living in Mercer County (41.8) is more than two times higher than among Whites living in Mercer County.**



	White, Non-Hispanic	Black or African American, Non-Hispanic	Asian/Pacific Islander (Non-Hispanic)	Latinx origin (any Race)
Mercer County	16.1	41.8	0.0	0.0
New Jersey	16.5	47.8	18.7	25.4
United States	21.1	46.8	19.4	30.9

Source: CDC, 2020
*Mercer County data are reported as available due to low death counts.

Mental and Behavioral Health

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

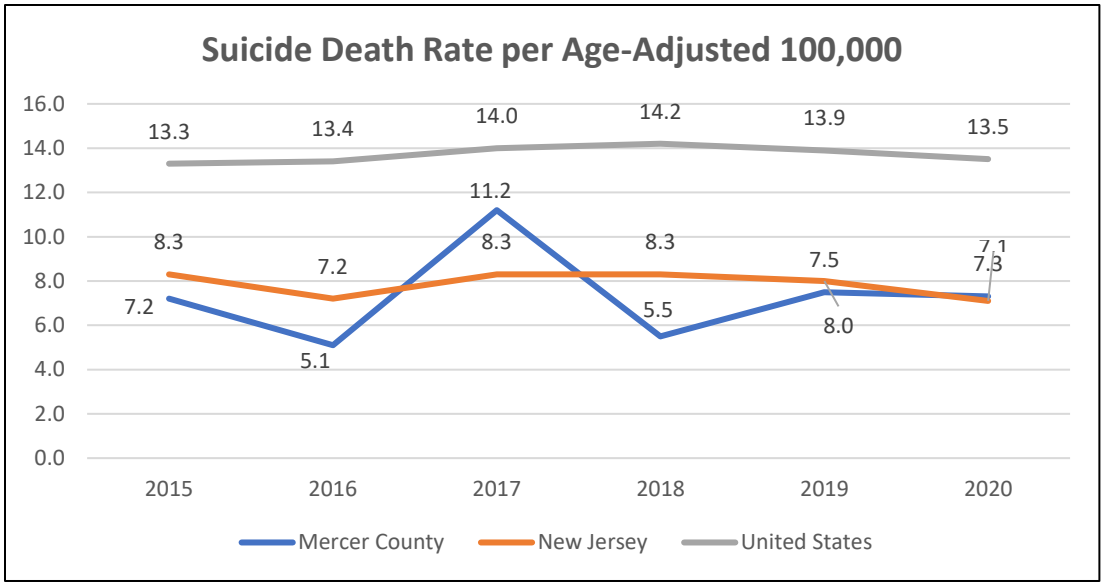
Adult Mental Health Measures

Blue= Higher reported mental distress than state and nation

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

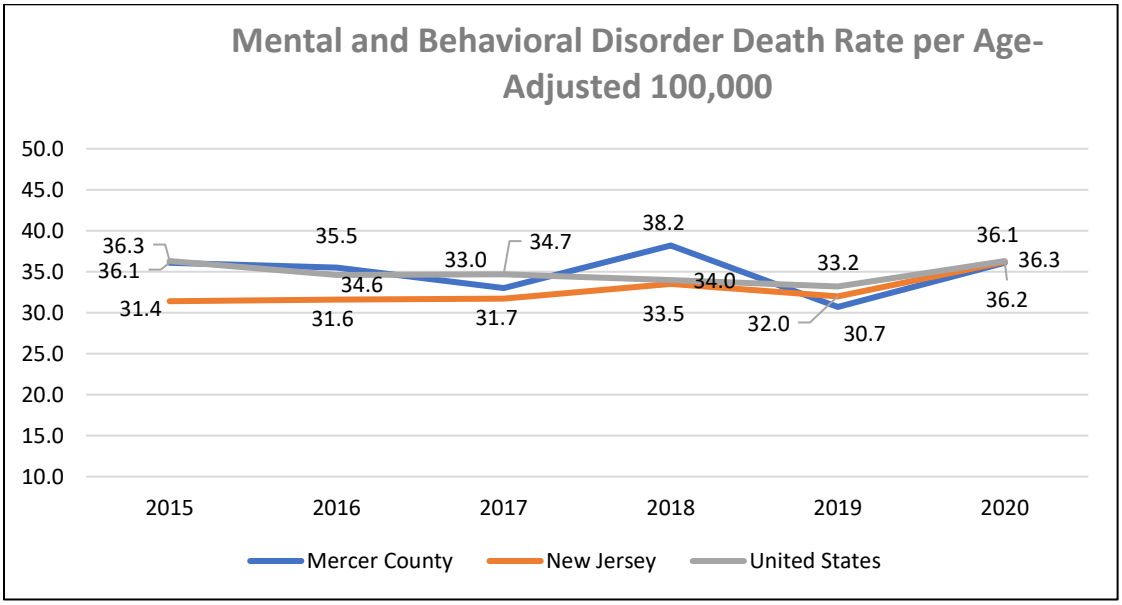
Source: New Jersey State Health Assessment Data, 2017; CDC, 2017, 2018
*Data reflect a crude percentage, not age-adjusted, based on availability.

Frequent mental distress is also a risk factor for suicide. The graph below demonstrates that there has been variation in the death rate due to suicide in Mercer County since 2015.



Source: CDC, 2015-2020

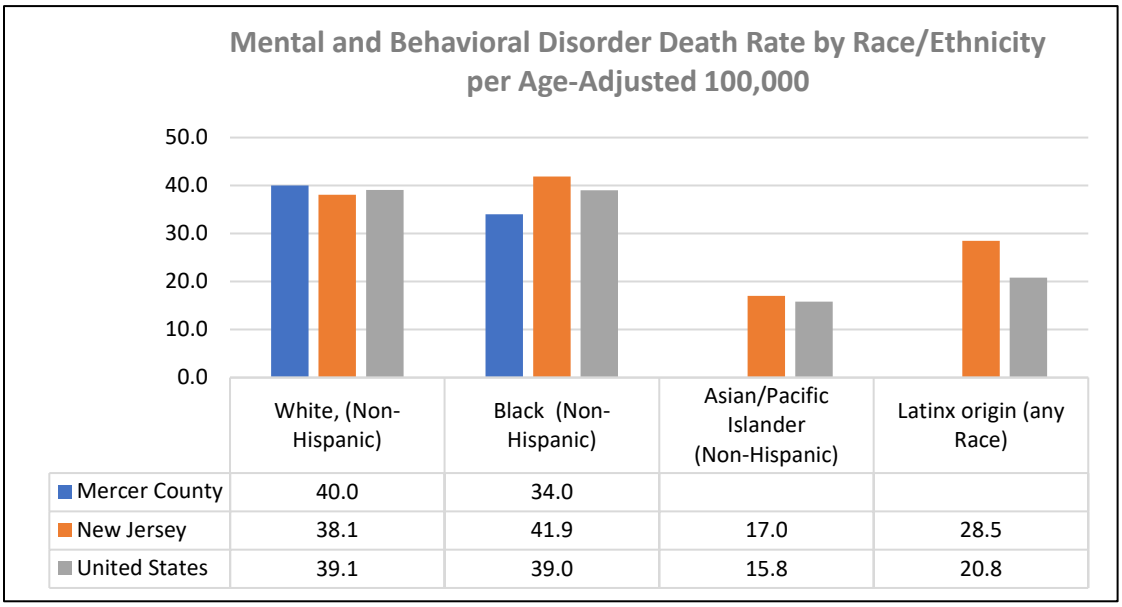
The graph below show an upward direction in 2020, coinciding with the start of the COVID-19 pandemic.



Source: CDC, 2015-2020

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

behavioral disorders than White people throughout the state and nation and are also more likely to die from mental and behavioral disorders than Black/African Americans in Mercer County.



	White, (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx origin (any Race)
Mercer County	40.0	34.0		
New Jersey	38.1	41.9	17.0	28.5
United States	39.1	39.0	15.8	20.8

Source: CDC, 2020 *Mercer County data are reported as available due to low death counts.

Substance Use Disorder

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

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

Age-Adjusted Adult Alcohol Use Behaviors

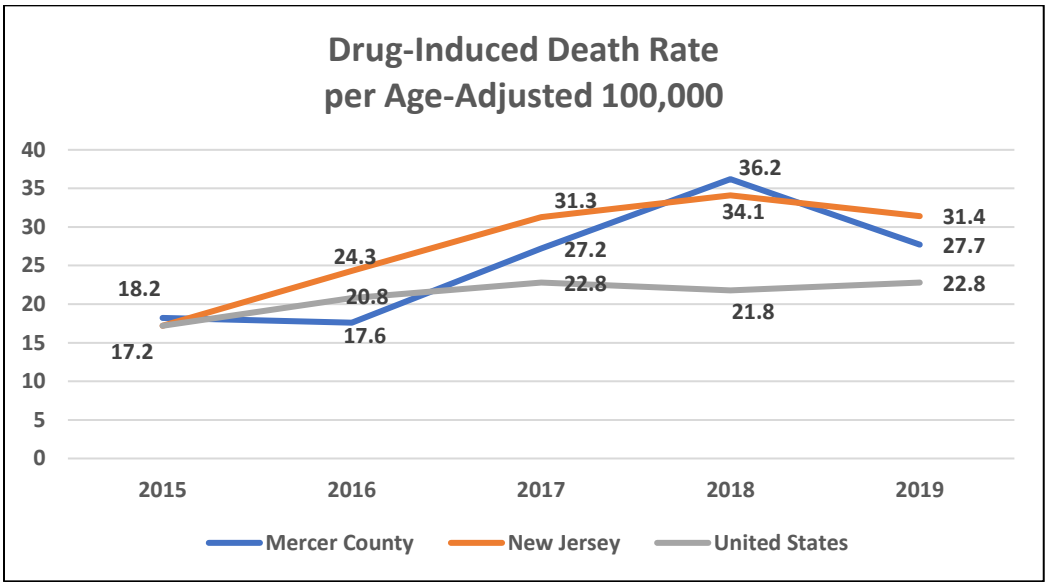
Blue = Higher alcohol use than state and nation

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

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

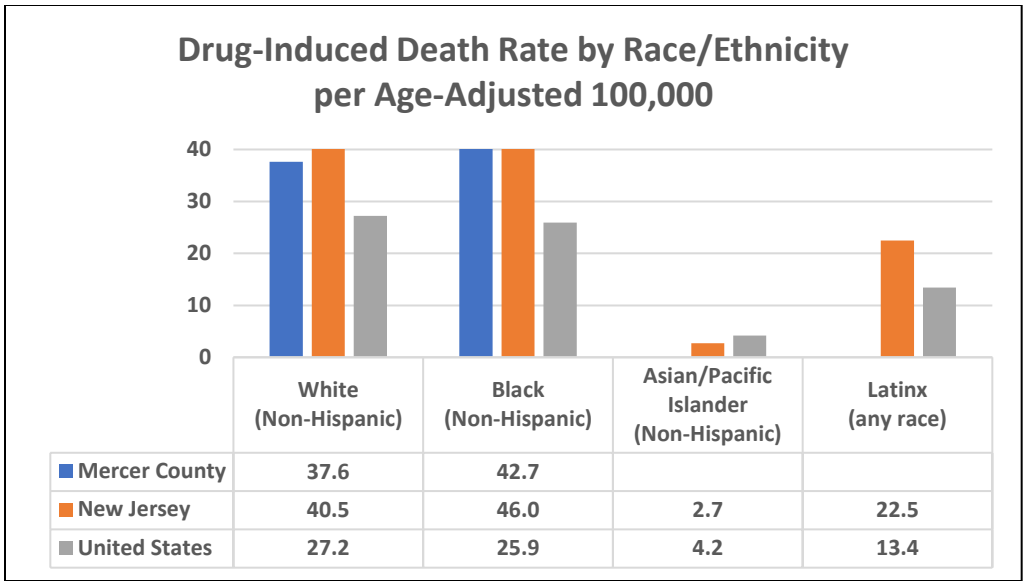
The CDC reports that the number of drug overdose deaths nationwide increased by nearly 5% from 2018 to 2019 and has quadrupled since 1999. Drug-induced deaths include all deaths for which drugs are the underlying cause, including drug overdoses and deaths from medical conditions resulting from chronic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

There has generally been an upward trend in drug-induced deaths in both New Jersey and Mercer County since 2016 until 2019 when Mercer County experienced a decrease. However, it should be noted that these outcomes reflect the time before the COVID-19 pandemic. Since the onset of the COVID-19 pandemic in 2020, social isolation, the inability to access substance use recovery supports in person as well as other stressors may have impacted the use of and negative outcomes from substance use.



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

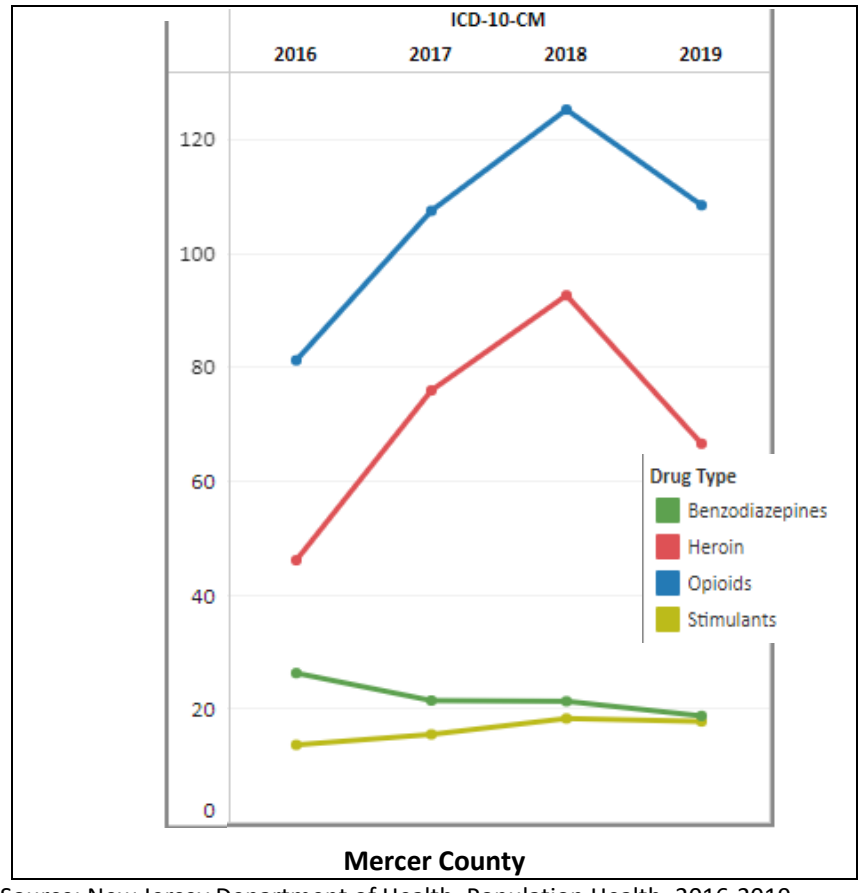
When drug-induced deaths nationwide are stratified by race and ethnicity, the rate is higher for Whites than Black/African Americans. However, in New Jersey and in Mercer County, that finding is reversed with Black/African Americans dying from drugs at a higher rate than Whites. Although the rate of death due to drugs in Mercer County is lower than New Jersey, it is still 10 points higher for Whites and 17 points higher for Black/African Americans in Mercer County than the national rate for those race categories. It should also be noted that these outcomes reflect the time before the COVID-19 pandemic. During 2020 and into 2021, COVID-19 safety strategies limiting in person interactions raised new barriers impacting the ability to access ongoing recovery supports or initiate treatment for substance use disorder in new and unexpected ways.



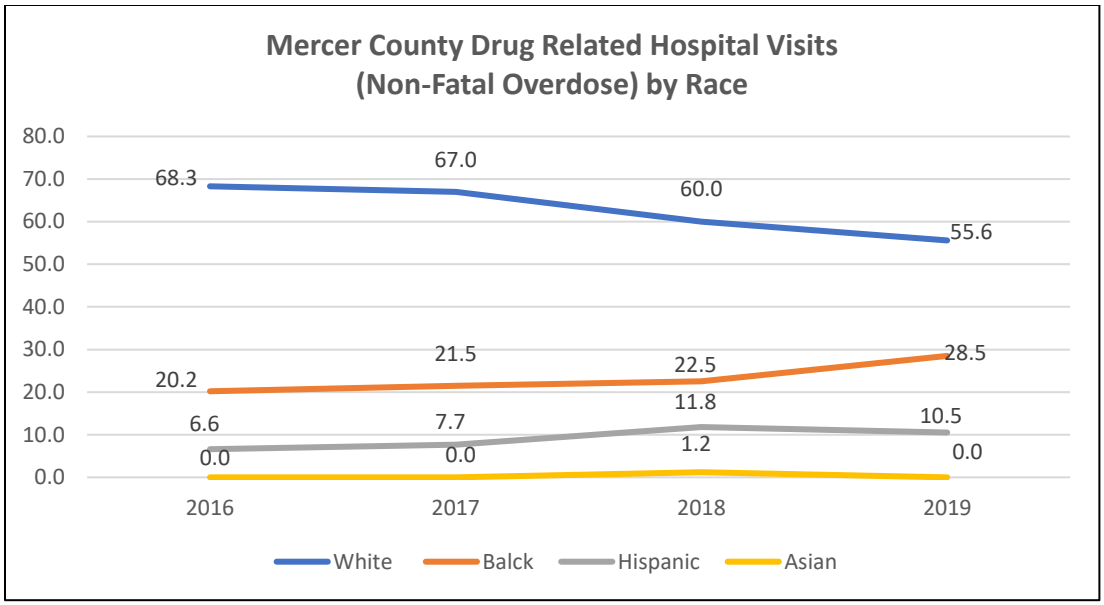
	White (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx (any race)
Mercer County	37.6	42.7		
New Jersey	40.5	46.0	2.7	22.5
United States	27.2	25.9	4.2	13.4

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

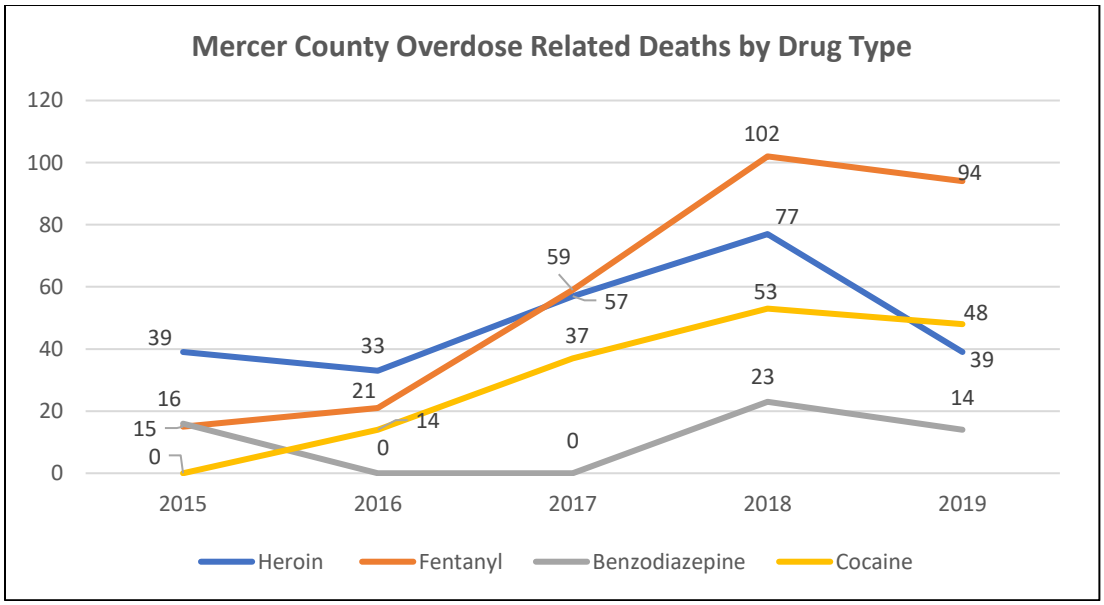
Drug Related Hospital Visits by Drug Type (Non-Fatal OD) Age-Adjusted Rate per 100,000 Residents



Source: New Jersey Department of Health, Population Health, 2016-2019



Source: New Jersey Department of Health, Population Health, 2016-2019



Source: New Jersey Department of Health, Population Health, 2015-2019

Populations of Special Interest

Older Adults

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

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

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

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

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

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

Source: Centers for Medicare and Medicaid Services, 2018

How did you adjust your work with adults with complex medical conditions because of COVID-19?

We had to gown up with PPE and change between each patient. Fear of unknown, anxiety levels were so high – for staff and patients. But staff worked extra hours and were extra careful and made sure everyone had what they needed. We attended to their needs more and cared more because no one was going anywhere; attending to them whether they have COVID or not.

Just being able to make them feel like people not like patients; We never make them feel like they live in a facility. When they talk about their home, they want everyone to know they are in their home not in a room. They are comfortable, part of society, we are invited to their home and help them out.

Had to monitor temperatures, vitals multiple times every day; checking on them more than two times in the morning for [patients with] COPD to make sure they are ok.

Put masks on their doors so they have a reminder to wear it.

St Francis Medical Center offers a number of unique programs specifically designed to meet the needs of older individuals with complex medical conditions including an Assisted Living program as well as the LIFE St. Francis (PACE) program for older adults. In an effort to ensure the safety and wellbeing of the individuals already enrolled in these programs during 2020-2021, St Francis staff made swift changes to its programming to incorporate safety protocols for staff and patients to be able to maintain care and services while mitigating against COVID-19.

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

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

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

Source: Centers for Medicare and Medicaid Services, 2018

We have patients diagnosed with COPD and dementia… when COVID hit they didn't understand what was going on. It was very hard for them to comprehend, hard for them to accept. Very hard for them to deal with.

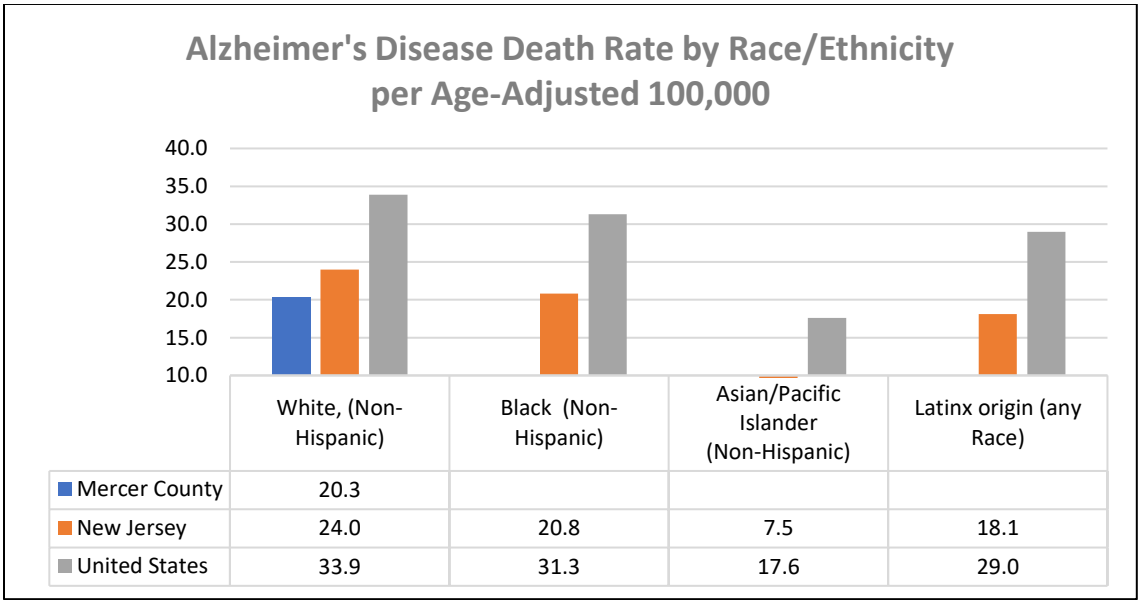
Assisted Living Focus Group Participant

Alzheimer's disease is complex and has a diversity of risk factors. There are a variety of strategies to delay progression of the disease, but to date there is no cure. As Alzheimer's disease progresses, people diagnosed with Alzheimer's require increasing levels of social, physical and medical support. There is a higher prevalence of Alzheimer's disease (16.0%) in Mercer County than in the state or the nation, which may indicate a true increased prevalence or increased screening. Among non-Hispanic White people in

Mercer County, the rate of death due to Alzheimer's disease is lower than the national rate, and commensurate with the statewide rate. The death rate is too infrequent among communities of color in Mercer County to be calculated, which may reflect less prevalence or reduced detection.

Because of the inability to get out, depression, mental health, decompensation affected [complex care seniors] mobility. Some weren't going out and moving around so their medical status worsened and made them more prone to falls, hospitalization, needing more care. Rehab remained open as needed to see people for appointments to see them, to keep them safe.

LIFE St Francis Staff Member and Focus Group Participant



	White, (Non-Hispanic)	Black (Non-Hispanic)	Asian/Pacific Islander (Non-Hispanic)	Latinx origin (any Race)
Mercer County	20.3			
New Jersey	24.0	20.8	7.5	18.1
United States	33.9	31.3	17.6	29.0

Source: CDC, 2020

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

How have the needs of complex care needs of older people changed because of the Pandemic?

They were alone and not with their families because their families couldn't come into the building.

Loneliness – most live alone.

Isolation, their family couldn't come they couldn't visit their friends or other residents; I think that was the hardest thing they faced.

LIFE participants wanted to go out to LIFE [center] and weren't able to participate. They want to go to the center, used to go 3-4 times and they're not able to do that at all now. I think they miss being with their friends and with groups of people.

There is a real fear of social isolation. They…don't want to be alone. They want more hours from us than they had before. They can't go to LIFE [program] –some went for food, interaction – now they don't go anywhere, so they want more attention and time from us. It wasn't like that before.

Social isolation, particularly among older adults, can impede effective chronic illness management and accelerate the negative impact of chronic diseases. A key indicator of social isolation among older adults is the percentage of adults ages 65 or older who live alone. This indicator can be useful for allocating resources based on the needs and capacity of each community.

Seniors (65+) Living Alone

Geography	Percent
Trenton City	13.10%
Mercer County	12.30%
New Jersey	11.50%
United States	11.30%

Source: US Census Bureau, American Community Survey 2016-2020

Mothers and Babies

In 2020 there were 1,446 births in Trenton, representing an overall birth rate of 17.4 per 1,000 people, higher than the county, state and national birth rates.

2020 Births

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

	Number of Births	Birth Rate per 1,000
Trenton City	1,446	**17.4**
Mercer County	3,893	**10.6**
New Jersey	196,448	**11.0**
United States	3,613,647	**11.0**

Source: New Jersey State Health Assessment Data and Centers for Disease Control and Prevention
**Data is suppressed due to low counts.

When stratified by race and ethnicity, the rate of births to White and Asian mothers in Mercer County is noticeably lower than the rate of births to White and Asian mothers in New Jersey and across the US. The birth rate among Black/African American mothers in Mercer County is generally consistent with the state and the nation. At the same time, **the rate of births to mothers of Hispanic ethnicity of any race in Mercer County was 19.9, higher than any other geography, race, or ethnicity.**

2020 Birth Rates per 1,000 by Race and Ethnicity

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

	Mercer County	New Jersey	United States
White, non-Hispanic	**6.5**	**8.9**	9.5
Black/African American, non-Hispanic	**10.9**	**10.5**	12.9
Hispanic (of any race)	**19.9**	**14.4**	14.1
Asian and Native Hawaiian/Pacific Islander, non-Hispanic	**8.7**	**11.2**	11.6 / 16.2^
American Indian/Alaska Native, non-Hispanic	**	**2.4**	11.2

Source: New Jersey State Health Assessment Data, Centers for Disease Control and Prevention
**Data is suppressed due to low counts. ^These data reported separately for US. The Asian birth rate is 11.6. The Native Hawaiian or Other Pacific Islander birth rate is 16.2.

Births to teen mothers ages 15-17 in Mercer County were higher than the state and the nation. While Mercer County also experienced a higher birth rate among teens ages 18–19 than New Jersey, the rate was still 8 points lower than national rate for this age group.

2020 Teen Birth Rates per 1,000 Live Births

Blue = Higher teen birth rate than state and nation

	10-14 years old	15-17 years old	18-19 years old
Mercer County	**	8.3	20.8
New Jersey	0.1	3.6	18.3
United States	0.2	6.3	28.9

Source: New Jersey State Health Assessment Data, Centers for Disease Control and Prevention
**Data is suppressed due to low counts.

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

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

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

Blue = Lower percentage in labor force than state and nation

	Now Married		Unmarried	
	In labor force	Not in labor force	In labor force	Not in labor force
Trenton City	**60.2%**	39.8%	74.2%	25.8%
Mercer County	66.8%	33.2%	72.9%	27.1%
New Jersey	70.4%	29.6%	73.9%	26.1%
United States	64.4%	35.6%	66.7%	33.3%

Source: US Census Bureau, American Community Survey 2016-2020

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

The Healthy People 2030 target is 80.5% of pregnant mothers accessing prenatal care during the first trimester. As a whole, only 63.5% of all mothers in Mercer County accessed prenatal care during their first trimester of pregnancy, far lower than the state (75.2%) and national (77.7%) percentages. **In Trenton, fewer than half (47.6%) of mothers accessed prenatal care during the first trimester.**

Maternal and Child Health Indicators

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

	Prenatal Care in First Trimester	No Smoking during Pregnancy	Low Birth Weight	Preterm Births	Breastfeeding* (2019)
Trenton City	**47.6%**	96.7%	8.4%	10.8%	**80.2%**
Mercer County	**63.5%**	**97.7%**	**7.5%**	**9.4%**	**83.7%**
New Jersey	**75.2%**	**97.1%**	**7.6%**	**9.3%**	**75.1%**
United States	**77.7%**	**94.4%**	**8.2%**	**10.1%**	**83.6%**

Source: New Jersey State Health Assessment Data, Centers for Disease Control and Prevention2019,2020

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

**Data is suppressed due to low counts.

When broken down by race and ethnicity, differences within Mercer County regarding prenatal care become more evident. **Just over half of Black/African American (54.5%) and fewer than half of Latina (49.0%) mothers in Mercer County received prenatal care during the first trimester, the lowest proportion of any race or ethnicity in any geography measured below.** Meanwhile, roughly 4 out of 5 White (81.7%) and Asian (83.6%) mothers in Mercer County receive prenatal care during the first trimester.

In Trenton, roughly half of all pregnant people accessed prenatal care during the first trimester, regardless of race or ethnicity. More than 1 in 10 White and Black babies born in Trenton were considered low birth weight or preterm births. While the percent of low birth weight and preterm babies born to Black/African American mothers in both Trenton and Mercer County is commensurate with the state and nation for Black/African American births, it exceeds any other racial or ethnic group in Trenton and Mercer County.

Maternal and Child Health Indicators by Race and Ethnicity

	Prenatal Care in First Trimester	No Smoking during Pregnancy	Low Birth Weight	Preterm Births
Mercer County				
White, non-Hispanic	81.7%	96.9%	5.3%	8.1%
Black/African American, non-Hispanic	54.5%	95.0%	13.5%	15.0%
Asian, non-Hispanic	83.6%	99.4%	9.6%	7.3%
Latina (of any race)	49.0%	99.7%	5.5%	8.0%
Trenton City				
White, non-Hispanic	48.1%	85.1%	9.3%	14.8%
Black/African American, non-Hispanic	51.4%	93.1%	13.9%	15.9%
Asian, non-Hispanic	**	**	**	**
Latina (of any race)	45.2%	99.4%	5.1%	7.7%
New Jersey				
White, non-Hispanic	83.4%	95.5%	5.8%	7.6%
Black/African American, non-Hispanic	62.4%	95.7%	13.1%	13.7%
Asian, non-Hispanic	83.5%	99.7%	8.9%	8.6%
Latina (of any race)	66.5%	98.5%	7.4%	10.0%
United States				
White, non-Hispanic	82.8%	91.8%	6.8%	9.1%
Black/African American, non-Hispanic	68.4%	95.4%	14.2%	14.4%
Asian, non-Hispanic	**	**	**	**
Latina (of any race)	72.3%	97.8%	7.4%	9.8%

Source: New Jersey State Health Assessment Data, Centers for Disease Control and Prevention, 2020
**Data is suppressed due to low counts.

Mercer County has numerous, high-quality programs in place that provide world class care, support, and engagement for expectant mothers. However, many pregnant women, particularly Black/African American and Latina women, are still not receiving prenatal care during the first trimester. THT hosts a Maternal Health Stakeholders Group each month, comprised of representatives of healthcare, social

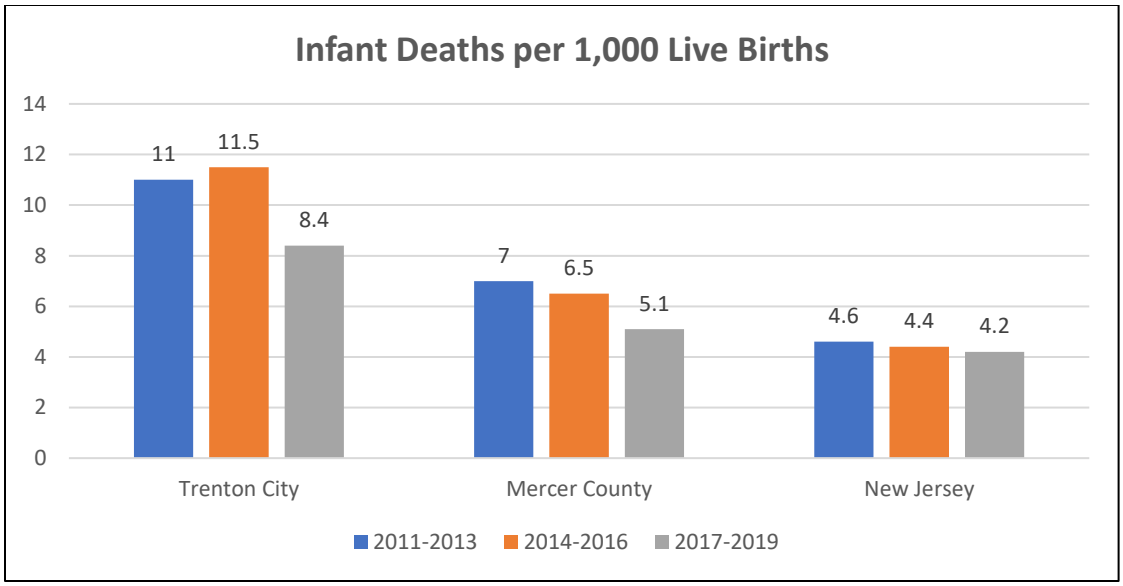
services, advocacy, research and policy development organizations focused on improving the health and wellbeing of all pregnant people and babies. The CHNA qualitative and quantitative research, including interviews and small group discussions with the Maternal Health Stakeholders group, identified the following barriers that commonly impede onset of first trimester prenatal care:

- People are not aware that they are pregnant yet
- Lack of health insurance and lack of knowledge that help is available to facilitate access to insurance for pregnant people
- Logistical issues – transportation, their work schedule, childcare needs for other children, challenges scheduling an appointment
- Historical experience – "My last pregnancy was uneventful, this one will be, too."
- Fear and mistrust of the medical system–for their own and their babies' health, of their babies being taken away from them, of immigration issues, fear of COVID-19, fear of being judged belittled or misunderstood
- Diversity and representation matters – pregnant people want to know their providers will understand their culture, language and situation
- Transiency of the population; just arrived in the area, unstable housing

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

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

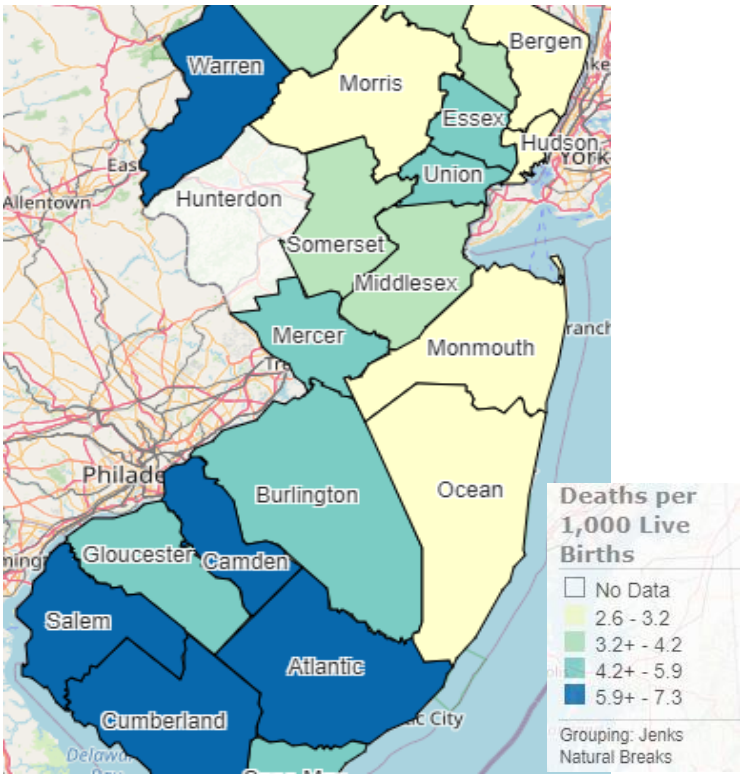
The graph below shows that New Jersey has historically had a lower infant death rate than the nation. The Mercer County infant death rate has been variable, but consistently above the state rate.



Source: New Jersey Department of Health & Centers for Disease Control and Prevention

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

Infant Mortality Rate by Mother's County of Residence



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

If there was health equity for all, what would having a baby be like?

[Birthing people] should never have to worry, "is my baby ok."

Women need to be treated with respect and listened to and have their feelings respected; institutional racism affects how they're treated when they go in to care and how they're treated when go to delivery.

Birthing with the provider you choose and have equitable access to care and birth where you want to with support you feel most comfortable with doula and lactation support.

Whenever I hear what we're doing I think, " why doesn't everyone do this?" and wonder why and think about Norway before the child is born families are sent box with info, diapers, formula - you can use the box as a bassinette. And its paid for with tax dollars and is normal and expected part of culture plus family leave time for mom and dad …It doesn't seem like such a big thing. You can present it to all families before you have to ask for it, like it's normal behavior to expect that, "Welcome to parenthood" and here is your starter kit.

When stratified by race, the infant death rate in Mercer County demonstrates notable inequity. The table below shows that infant deaths are so infrequent among Mercer County residents who are White or Asian that it is not possible to calculate an infant death rate. However, when compared to all infant deaths in Mercer County (5.7) the infant death rate among Black/African American infants in Mercer County (11.9) is double the county rate, nearly three times greater than the statewide combined rate (4.3) and 3 points higher than the statewide infant death rate among Black/African Americans.

In Trenton, the infant death rate is higher among all race and ethnic groups than Mercer County or New Jersey. Among Black/African American infants in Trenton, the infant death rate (13.9) is higher than any other category and three times greater than the overall rate for New Jersey. **The high rate of infant deaths in Trenton, particularly among Black/African American babies, represents a substantial inequity that results in lives lost, suffering for families, and community absence lasting decades.** The very high infant death rate among Black/African Americans in Mercer County compared to other racial and ethnic groups is a quantifiable metric of the structural inequities disproportionately impacting Black/African American families.

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

Blue = Higher death rate than Mercer County overall rate

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

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

What is being taught in med school? Are they looking at institutional racism? Are they still being trained that black women don't feel pain or attend appointments? That paradigm needs to shift too.

Trenton Health Team Maternal Stakeholders Group Participant

Until everyone has the same choices, we don't have equity.

Trenton Health Team Maternal Stakeholders Group Participant

Youth

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

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

Blue = More diverse than state

	White	Black / African American	Asian	Two or More Races	Latinx (any race)	English Learners
Trenton Public Schools	1.0%	38.4%	0.2%	0.7%	59.7%	29.7%
Area VoTech Schools of Mercer County	32.7%	21.4%	8.2%	1.8%	35.6%	1.3%
New Jersey	41.0%	14.8%	10.5%	2.6%	30.7%	6.9%

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

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

Blue= Higher program enrollment than state

	Total Student Enrollment	Free Lunch	Reduced-Price Lunch
Trenton Public Schools	12,879	49.5%	2.0%
Mercer County Special Services School District	498	43.8%	3.8%
Area Vocational Technical Schools of Mercer County	669	29.3%	5.8%
Marie H. Katzenbach School For The Deaf	78	15.5%	7.7%
New Jersey	1,343,440	31.0%	4.4%

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

Household Digital Access

Orange = Lower digital access than state and nation

	Has a Computer	Has a Computer and Broadband Internet
Trenton City	84.2%	68.1%
Mercer County	92.4%	84.9%
New Jersey	92.9%	87.9%
United States	91.9%	85.2%

Source: US Census Bureau, American Community Survey 2016-2020

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

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

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

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

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

Source: CDC Youth Risk Behavior Surveillance System, 2019

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

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

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

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

Source: CDC Youth Risk Behavior Surveillance System, 2019

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

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

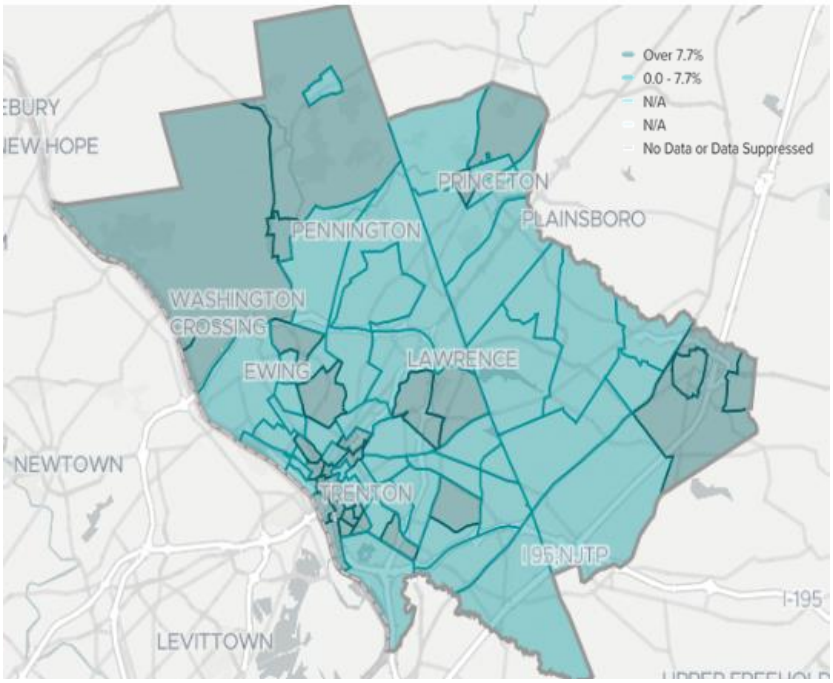
Disconnected Youth

Blue = Lower percentage enrolled in school than state and nation

	Enrolled in School		Not Enrolled in School	
	Male	Female	Male	Female
Trenton City	88.0%	**84.1%**	12.0%	15.9%
Mercer County	89.5%	93.1%	10.5%	6.9%
New Jersey	88.3%	91.1%	11.7%	8.9%
United States	83.5%	87.4%	16.5%	12.6%

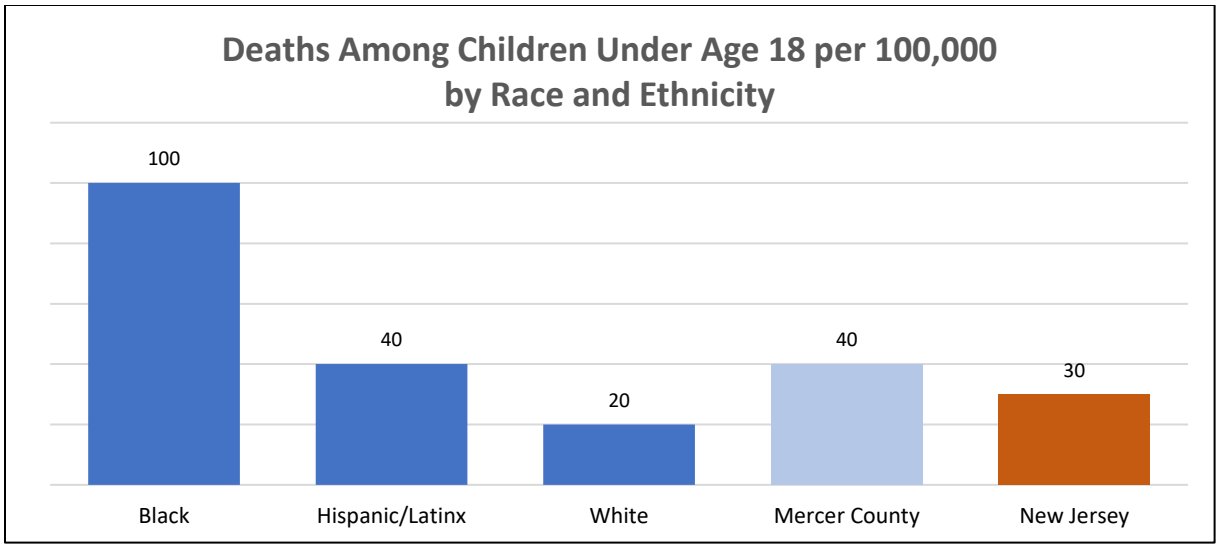
Source: US Census Bureau, American Community Survey 2016-2020

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



Source: United States Census Bureau, 2015-2019

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



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

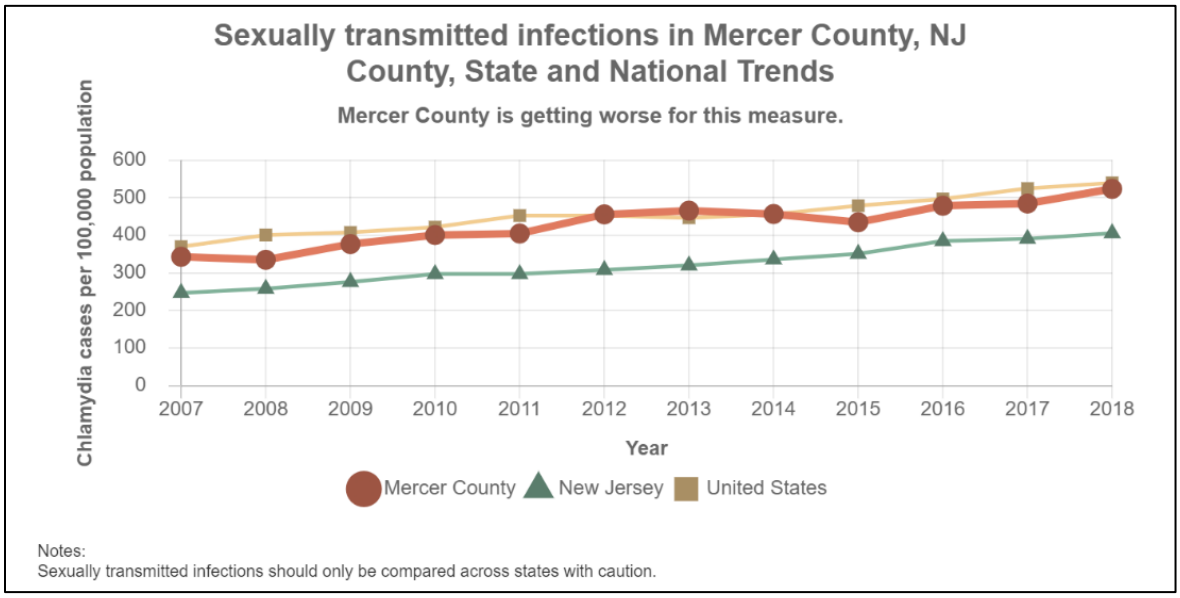
Reportable Diseases, Prevention, and Screening

Infectious Diseases

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

> **I was afraid to go outside in the beginning of COVID. But I went outside and prayed so my kids could stay home and stay safe.**
>
> **HIV and Hepatitis C Focus Group Participant**

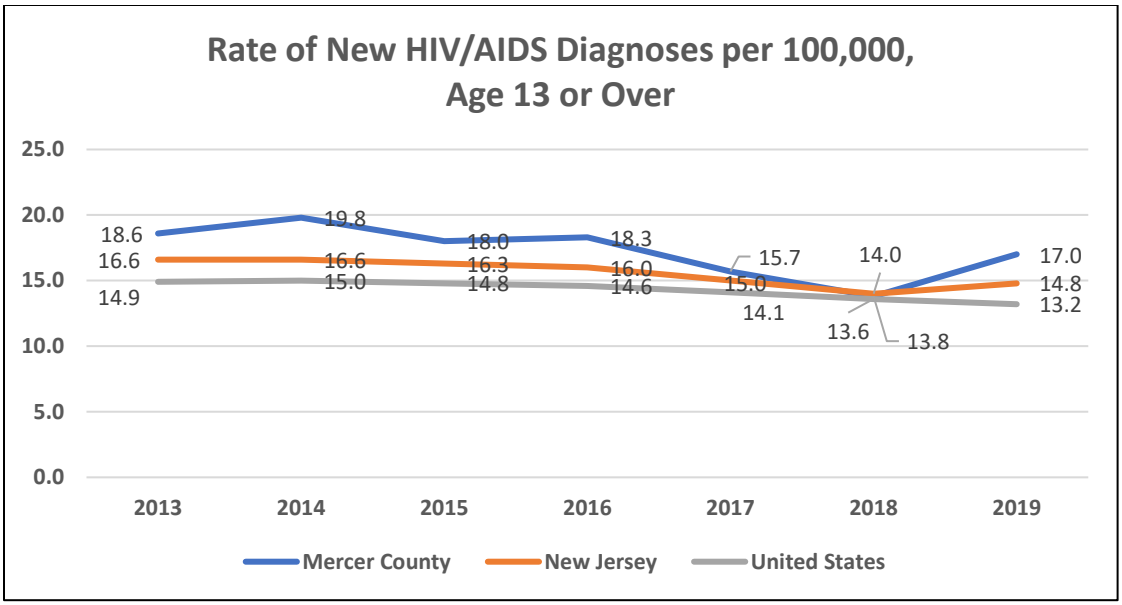
The graph below shows that the rate of chlamydia infection in Mercer County has consistently been greater than the statewide rate. It also shows that the rate of chlamydia infection in Mercer County is increasing.



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

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

St Francis provides comprehensive care for individuals living with HIV and Hepatitis C living in the Trenton area. During the COVID-19 pandemic, St Francis leveraged telehealth, phone calls and additional transportation services to continue to serve the needs of people living with HIV and Hepatitis C, including keeping them safe and informed about COVID-19.

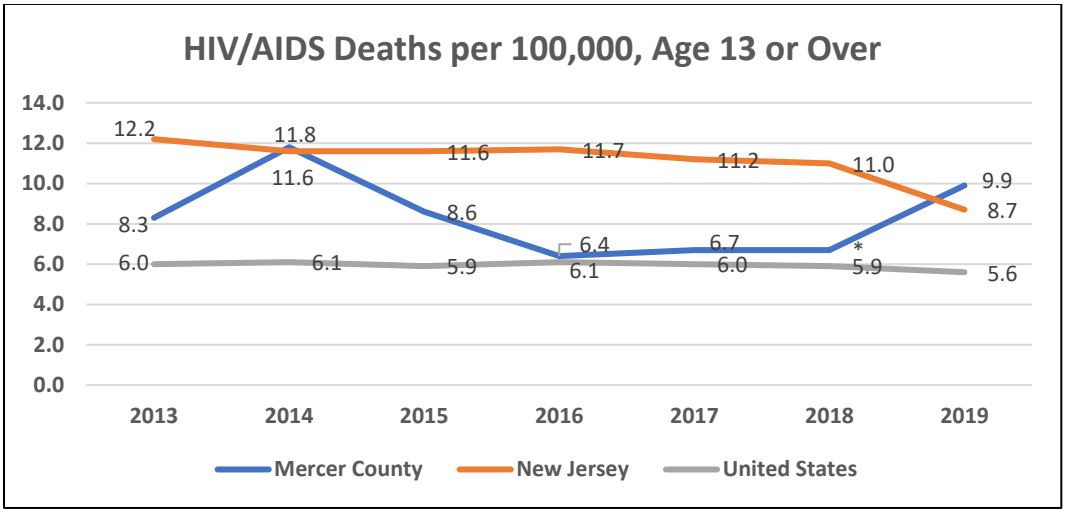


Source: New Jersey State Health Assessment Data, 2013-2019; CDC, 2013-2019

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

It's Ok to do the appointments over the phone if I'm feeling OK. But if I'm not feeling good I want to see him [the doctor].

HIV and Hepatitis C Focus Group Participant



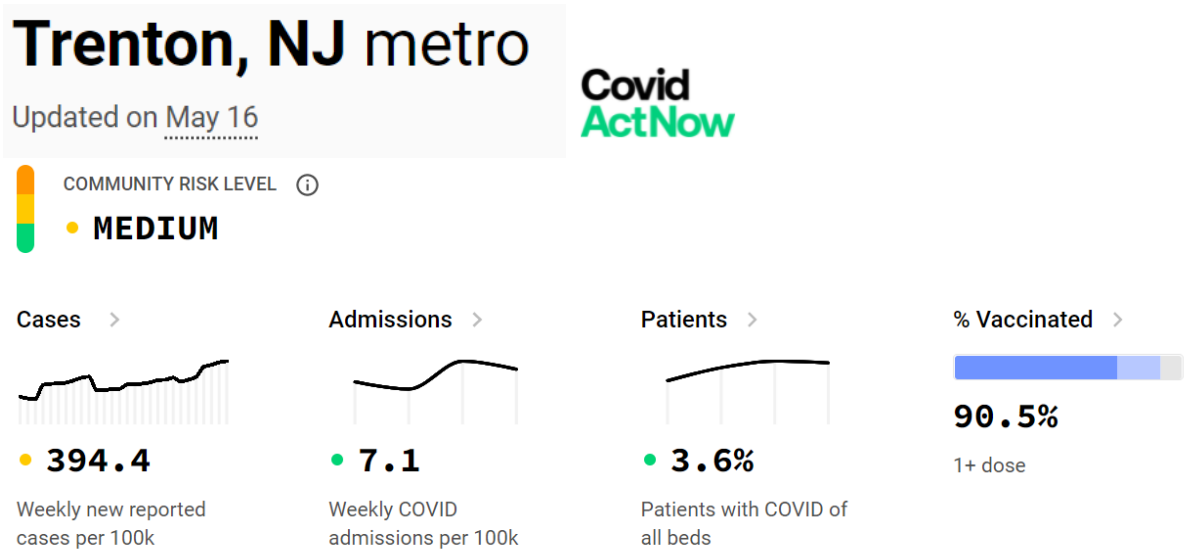
Source: New Jersey State Health Assessment Data, 2013-2019; CDC, 2013-2019
*2018 data for Mercer County is not reported due to a death count less than 20.

COVID-19

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

COVID-19 Prevalence

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



Age Adjusted Rates

The CDC and the State of New Jersey track COVID-19 infections and deaths by race and ethnicity to identify, prevent, treat, and vaccinate communities most impacted by COVID-19. The method of determining effects between different groups is by calculating an age adjusted rate per 100,000 population. Age adjusting is a statistical method of making a fair comparison of two or more groups who have different age distributions. For example, in New Jersey, Black/African American and Latinx racial and ethnic groups have younger age distributions than White non-Hispanics. Since negative outcomes such as hospitalization and death from COVID-19 increase with advanced age, by age adjusting, the impact of COVID-19 on groups with different distributions of age can be compared as if the effect of age distribution is the same in all populations. Preliminary analysis from the New Jersey Department of Health indicate that in 2020, COVID-19 was the second leading cause of death among all people in New Jersey.

Leading Causes of Death among New Jersey Residents by Sex, Preliminary 2020 Data

	All NJ residents		Male		Female	
	Cause	Count	Cause	Count	Cause	Count
Rank	All causes of death	95,472	All causes of death	48,646	All causes of death	46,821
1	Heart disease	19,501	Heart disease	10,162	Heart disease	9,339
2	COVID-19	16,318	COVID-19	9,037	Cancer	7,823
3	Cancer	15,492	Cancer	7,668	COVID-19	7,280
4	Unintentional injuries	4,369	Unintentional injuries	3,017	Stroke	2,042
5	Stroke	3,688	Stroke	1,646	Alzheimer disease	1,945
6	CLRD	2,925	Diabetes	1,377	CLRD	1,692
7	Alzheimer disease	2,666	CLRD	1,233	Unintentional injuries	1,352
8	Diabetes	2,424	Septicemia	1,010	Septicemia	1,054
9	Septicemia	2,064	Influenza and pneumonia	896	Diabetes	1,047
10	Kidney disease	1,666	Kidney disease	862	Kidney disease	804

Notes:
CLRD is chronic lower respiratory diseases
Unintentional injuries include injuries due to unintentional poisonings (including drugs), motor vehicle crashes, falls, drownings, fires, etc.

Source:
New Jersey Resident Death Certificate Database. Retrieved on February 16, 2021 from New Jersey Department of Health, New Jersey State Health Assessment Data website:
https://wwwdoh.state.nj.us/doh-shad/query/builder/provdth/Mort/Count.html.
This table is based on the data file as of February 11, 2021 at 8:12 pm. Rankings may change in cases where very few deaths separate different causes.

Prepared by: Center for Health Statistics, Office of Population Health, New Jersey Department of Health
https://nj.gov/health/chs/covid/index.shtml

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

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

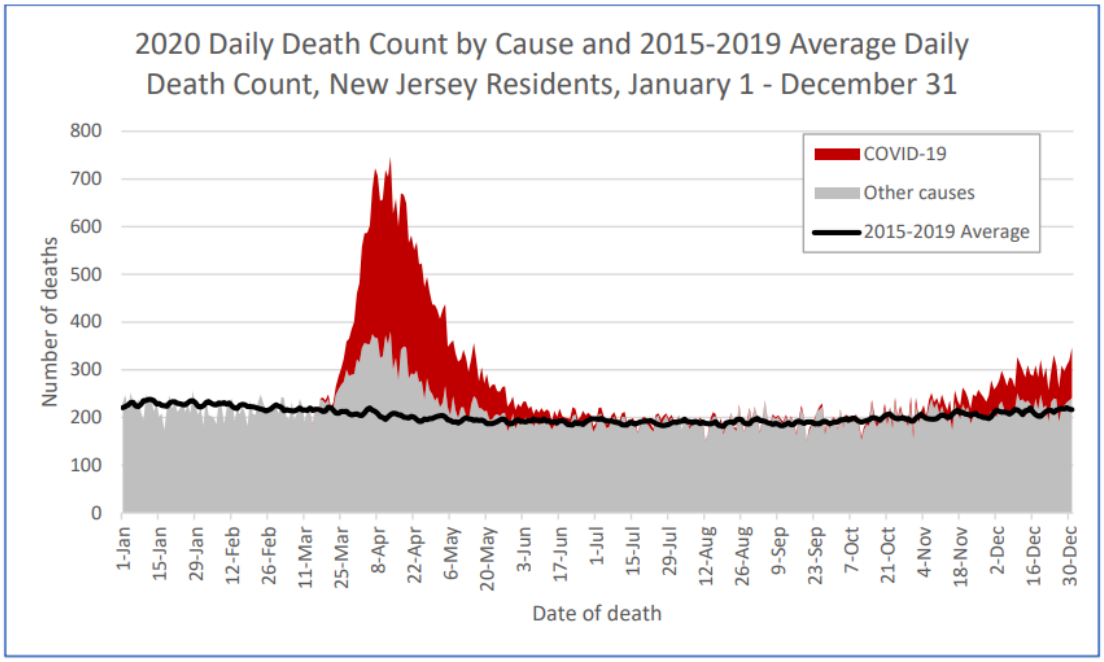
Leading Causes of Death among New Jersey Residents by Race/Ethnicity, Preliminary 2020 Data								
	White, non-Hispanic		Black, non-Hispanic		Hispanic (of any race)		Asian, non-Hispanic	
Rank	Cause	Count	Cause	Count	Cause	Count	Cause	Count
	All causes of death	65,243	All causes of death	13,623	All causes of death	10,831	All causes of death	3,795
1	Heart disease	14,585	COVID-19	2,544	COVID-19	3,505	COVID-19	947
2	Cancer	11,415	Heart disease	2,502	Heart disease	1,478	Heart disease	623
3	COVID-19	8,801	Cancer	1,867	Cancer	1,301	Cancer	610
4	Unintentional injuries	2,785	Unintentional injuries	742	Unintentional injuries	640	Stroke	168
5	Stroke	2,550	Stroke	585	Diabetes	352	Diabetes	149
6	CLRD	2,366	Diabetes	536	Stroke	305	Unintentional injuries	119
7	Alzheimer disease	2,163	Kidney disease	345	Alzheimer disease	210	Septicemia	89
8	Septicemia	1,401	CLRD	335	Influenza and pneumonia	203	Kidney disease	82
9	Diabetes	1,293	Septicemia	324	Septicemia	193	Influenza and pneumonia	80
10	Influenza and pneumonia	1,103	Essential hypertension	276	Chronic liver disease	169	Alzheimer disease	58

The following graphics were designed by the New Jersey Department of Health to demonstrate the counts of all causes of death relative to COVID-19 during 2020.

NJ Health
New Jersey Department of Health

New Jersey resident deaths due to COVID-19 and other causes of death

Provisional data for January 1 – December 31, 2020 Data file as of 2/12/21



Source: New Jersey Resident Death Certificate Database. Retrieved on February 12, 2021 from New Jersey Department of Health, New Jersey State Health Assessment Data website: https://www-doh.state.nj.us/doh-shad/query/builder/provdth/Mort/Count.html.

Notes:

- **"Provisional"** means that the data file is still changing. The data used for the graph are based on the data file as of February 11, 2021 at 8:12 pm.
- All causes are the **underlying cause of death**.
- **"COVID-19"** are deaths with ICD-10 code U07.1 as the underlying cause of death.
- **"Other causes"** are deaths due to any underlying cause of death besides U07.1.

What changes to your work brought about by COVID-19 are you most proud of?

"St Francis really serves people who need help, homeless, inmates, people who are poor and have nowhere else to go. When homeless people come to St Francis for help, we don't let them go without a meal, a chance to rest, something clean to wear sometimes a bed if we're lucky. "

"I'm really impressed we were able to actually do this [switch so rapidly to telehealth] two years ago. We continued to reach out to all of our people. We called them; we all took a role and made calls to people. In fact, we're still making calls to those who do not come in or do not have family or home health aides. We still call about 100 people per week."

"We knew we had to shut down but before we rolled out telemedicine we were calling our patients during their appointment times, just to check in. afterwards, we realized how important it was to keep that contact and to have regularly scheduled check-ins. Our people did fairly well because of it."

COVID-19 Community Perspectives

The experience of the COVID-19 pandemic has brought out many changes, particularly in healthcare and public health as agencies have pivoted to address new and growing needs. This has created opportunities for collaboration in new ways. St. Francis Medical Center has been a key collaborative partner with THT at the forefront of educating, testing, treating and vaccinating vulnerable people throughout Trenton.

COVID-19 Vaccines

Social distancing and wearing masks can help protect us all from the spread of COVID-19. Vaccines that protect against severe infection and death became available in 2020. Making vaccines against COVID-19 available quickly and broadly required fast paced, innovative collaborative action.

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

Through the committed efforts of staff, collaboration between agencies, quick thinking and commitment to caring for vulnerable populations, St. Francis, THT and their Trenton based partners have nearly reached that target in Trenton.

> St. Francis, the care they gave me, they do lots of things people don't see. The care from my doctor, she always asking questions about everything. Because she cares. It makes me feel comfortable.
>
> Patient, focus group participant

Community Health Priorities and Planning

Determining Community Health Priorities

The St Francis and THT workgroup began by reviewing the priorities for collective impact set by GMPHP and existing community plans for the Trenton area. Then, those priorities were supplemented with the statistical data and primary qualitative research included in this document. Together, the review of the existing plans and priorities combined with the quantitative and qualitative data included in this report were used to confirm and rank the community health priorities for the Trenton area. Statistical data included health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by Trenton residents. Perspectives on data trends and direct feedback on community health priorities were collected small group conversations conducted in person and over Zoom. Each respondent was asked to confirm and prioritize the identified goals. The eight small group conversations included a wide variety of stakeholders, including diverse residents, key stakeholders and providers who work with diverse medically underserved, vulnerable, and historically disenfranchised populations in Trenton.

Priority Health Needs

The participants in the small group conversations confirmed that the four priorities identified for collective action through the GMPHP process in 2021 continue to be the priority areas for action in Trenton in 2022 and moving forward. Using a combination of paper and online survey tool, the participants in the small group conversations ranked the priority health needs in this way.

Rank	Health Need	Average Score
1.	Mental Health: preventing, addressing and treating adverse childhood experiences	3.32
2.	Maternal and Child Health: Achieving equitable health outcomes for Black moms and babies	2.63
3.	Equitable Life Expectancy: Equitable access to screening, prevention and treatment of chronic disease	2.6
4.	COVID-19: Reducing disparities in negative outcomes from COVID-19	1.5

Feedback on the Priority Needs Ranking

I feel Mental Health is the basis for taking care of OURSELVES first.

From my point of view, all four [identified health needs] are relevant and deserve to be considered first. Before the pandemic there were disparities, inequitable access in the prevention of diseases, mental health treatment and inequitable maternal and child health everything due to color, ethnicity, and low-income people.

Most Americans die from chronic disease & the communities we serve experience increased rates of such diseases. Mental health is only now coming to the forefront of societal issues we recognize, so the developing science on it should be shared with the masses. Maternal & child health for Black moms continues to be a disparity we see throughout the community & should be addressed. COVID-19 is significant, but comorbidities like chronic diseases & mental health issues should be touched upon first.

Behavioral Health and Trauma

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

Adverse Childhood Experiences (ACES) are traumatic or stressful events that occur before the age of 18. While these incidents are individual in nature, they are compounded by exposure to adverse community environments, and ameliorated through supportive community environments. Traumatic or stressful

events in childhood have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals and are associated with decreased life expectancy.

In recognition of the wide impact of ACES, St Francis and THT have focused the goals for behavioral health on the prevention, identification, and treatment of ACES at a community and individual level. In addition to inpatient behavioral health care available through St. Francis, these strategies strive to identify, prevent and treat behavioral health concerns rooted in ACES. This includes behavioral health screening among current patients, leveraging collaboration to connect patients with useful services, promoting education and employment opportunities for local diverse populations, educating providers about ACES, and promoting policies that allow children and families to thrive. This way we can positively impact the root causes of existing mental and physical health concerns among adults, as well as creating a healthier future for children.

Women and Children's Health

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

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

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

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

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

Life Expectancy

Guiding Goal: Achieve equitable life expectancy among all residents.

Prior to COVID-19, the top leading causes of death among all populations in the US were chronic diseases including (in order of US mortality rates) heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease. Across Mercer County, it is evident that prevention, identification, and treatment of chronic disease is efficacious and high quality, but not for everyone.

We need to apply our understanding of persistent disparities among Black and Indigenous People of Color (BIPOC) and respond to the wide inequalities in death rates due to chronic disease. As such, the

GMPHP redefined its goals toward reducing and responding to chronic disease to focus on the underlying inequities that contribute towards greater risk for chronic disease and lower life expectancy.

COVID-19

Guiding Goal: Reduce disparities in outcomes from COVID-19 between population groups.
COVID-19 has created unprecedented challenges for people in Trenton—and the world—and has demanded equal measure in response from healthcare, social services, government, businesses, families, and individuals.

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

Appendix A:
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Appendix B:
Focus Group Participants and Small Group Discussants

Focus Group Composition and Dates:
March 1, 2022: COVID Vaccine Listening Session
March 3, 2022: Community Health Workers Focus Group
March 8, 2022: Maternal Health Support Group
March 10, 2022: HIV/Hep C Focus Group
March 10, 2022: St. Francis, PACE, Assisted Living Focus Group
March 16, 2022, LIFE St. Francis Focus Group

Thank you to the following individuals and organizations for your participation in the small group discussions and focus groups!

Catholic Charities Lisa Lawson Children's Futures June Gray Rachel Hansen Children's Home Society of NJ Maritza Raimundi-Petroski Greater Mercer Public Health Partnership Carol Nicholas Henry J Austin Health Center Shanae Caldwell Cole Erin-Ellen Fink Lee Ruszczyk HIV/Hep C Support Program at St. Francis Medical Center Jose Sirak 2 Male Patients* 1 Spanish Translator* Hunterdon/Mercer Chronic Disease Coalition Bonnie Petrauskas	LALDEF Caty Dominguez Laura Mora Mercer Street Friends Maria Theresa Hernandez Mount Zion AME Church Rosalee Boyer New Jersey Department of Public Health Renee Kraus New Jersey Institute for Social Justice Retha Onitiri PACE St. Francis Anjuli Melo Pamela Saitta Vrushali Shrikhande Andrea Smith Lisa Zavorski Rainbow Children's Medical Daycare Joe Monforto	St. Francis Assisted Living Program Betty Danquah-Asare Lynn Osborne Debbie Randall Lisa Wright St. Francis COVID-19 Vaccine Site* 1 male staff 4 female staff 7 vaccination patients Trenton Health Team Emily Baggett Conseda Bradley Mara Carillo Naomi Figueroa Beverly Henderson Owen Hendricks Jessica Hourruitiner Kalisha Spence Ashlee Wynne **Names are omitted for confidentiality purposes*

Appendix C:
Trenton Health Team Community Advisory Board Members

- A Better Way
- Aetna
- American Diabetes Association
- American Heart Association
- Ampersand Health
- Anchor House
- Arm in Arm
- Axel Miranda
- Bernard McMullan Consulting
- Big Heart Technologies
- Boys and Girls Club of Mercer County
- Bridgehead Partners
- Capital Area YMCA
- Capital Health
- Capitol County Children's Collaborative
- Catholic Charities Diocese of Trenton
- Central Jersey Family Health Consortium
- CFG Health Systems
- Children's Futures, Inc.
- The Children's Home Society of New Jersey
- Christ Church – Cristo Rey
- City Life Health
- The City of Trenton
- The College of New Jersey
- Concerned Pastors of Trenton, NJ
- Council for Relationships
- Council on Compulsive Gambling NJ
- DVRPC
- East Trenton Collaborative
- EMET Realty
- Family Resource Network
- First Presbyterian Church Trenton
- Freedom Skate
- Grant Chapel AME Church
- Greater Mercer Public Health Partnership
- Helping Arms, Inc
- Henry J. Austin Health Center
- Holy Redeemer Home Care & Hospice
- HomeFront
- Horizon NJ Health
- Hooper Williams Communications
- Horizon Blue Cross Blue Shield of NJ
- Horizon NJ Health
- Hunterdon & Mercer County Regional Chronic Disease Coalition
- Inperium
- Isles, Inc.
- JEM Associates Consulting Services
- Jersey Live Well
- Kindersmile Foundation
- Latin American Legal Defense and Education Fund (LALDEF)
- Lotus Medical Center
- Meals on Wheels of Mercer County
- Medina Health
- Mercer Alliance to End Homelessness
- Mercer County Department of Human Services
- Mercer Street Friends
- Millhill Child & Family Development Center
- Mount Carmel Guild of Trenton
- NAACP
- New Hope Church of God
- New Horizon
- New Jersey Council for Young Children
- New Jersey Department of Health
- New Jersey Department of Human Services
- New Jersey Health Care Quality Institute
- New Jersey Hospital Association
- New Jersey Partnership for Healthy Kids-Trenton

- NJAAP
- NJFuture
- NNPHI
- Now Kids
- Oaks Integrated Care
- PA Weightloss
- Pediatrics Day and Night
- PEI Kids
- PGH Consultancy
- PILOT Services
- Planned Parenthood of Northern, Central & Southern New Jersey
- Play Soccer Nonprofit International
- PNC Bank
- Preferred Care at Mercer
- Princeton University
- Public Good Projects
- Puerto Rican Community Center
- Recovery Centers of America
- Redd Pen Media
- Rescue Mission of Trenton
- Rider University
- Riverside Pediatric Health Service Program
- Rolling Harvest
- Rutgers Cooperative Extension of Mercer County
- Rutgers Institute for Health
- Rutgers Behavioral Healthcare
- St. Francis Medical Center
- Shiloh Baptist Church
- Shiloh Community Development Center
- Splash Lifestyle
- STEMCivics Charter School
- Sustainable New Jersey
- The Father Center of NJ
- The Maker's Place
- Thomas Edison State University
- TMAC
- Trenton Area Soup Kitchen
- Trenton Board of Education
- Trenton Council of Civic Associations
- Trenton Deliverance Center
- Trenton Downtown Association
- Trenton EMS
- Trenton Free Public Library
- Trenton Housing Authority
- Trenton Police Department
- Trenton Public Schools
- Tri-State Transportation Campaign
- Trenton's Hope CDC/Union Baptist Church
- Trinity Episcopal Cathedral
- Turning Point United Methodist Church
- United Progress, Inc
- United Way of Greater Mercer County
- Urban Mental Health Alliance
- Urban Promise Trenton
- VNA Health Group
- Word Alive Center
- WRT Design