

A photograph showing the silhouettes of two people holding hands against a bright sunset sky. A vibrant rainbow is visible in the background, arching over the horizon. The scene is warm and evocative, symbolizing unity and hope.

For the Health of Trenton.

2022 Community Health Needs Assessment Summary



What is the purpose of this report?

- To develop accurate point in time snapshot of community health indicators in Trenton
- To incorporate existing research from Trenton-serving partners
- To demonstrate the impact of Social Determinant of Health, identify disparities, and illuminate underlying inequities
- To make Trenton focused data available for collective impact work

Want to know more?

<https://trentonhealthteam.org/2022-trenton-community-health-needs-assessment/>



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. By forging partnerships, creating new educational pathways and engaging city residents in creative ways, THT is transforming healthcare for residents.



About St. Francis Medical Center

St. Francis Medical Center was founded in 1874 by the Sisters of St. Francis of Philadelphia as Trenton's first hospital. In December 2022 St. Francis Medical Center was acquired by Capital Health.

What is an Equity Approach?

- + Achieve equitable outcomes for all residents by challenging structural and institutional inequities
- + Leverage collaboration to counteract social drivers of health
- + Change processes and policies to reimagine equitable distribution of services
- + Focus on upstream or root causes of disparities in health outcomes
- + Emphasize collaborative effort on building community resilience
- + Review internal processes to identify opportunities to remove barriers and biases



Social Determinants of Health



Data Sources

A mix of local, regional, state and national datasets, including:

- + 2020 CensusData
- + NJ SHAD
- + CDC Wonder Health Indicators
- + Social Determinants of Health Indexes

And other sources such as:

- + NowPow (type and frequency of services requested)
- + THT's Community Response to COVID-19 report
- + Monarch Housing Associates Mercer County Point-in-Time Count of the Homeless
- + Focus groups and interviews with Trenton residents and stakeholders
- + Central Jersey Family Health Consortium Report

Want to know more?

See pp. 7-10 in the 2022 Trenton CHNA

Where is Trenton? How is Trenton Unique?

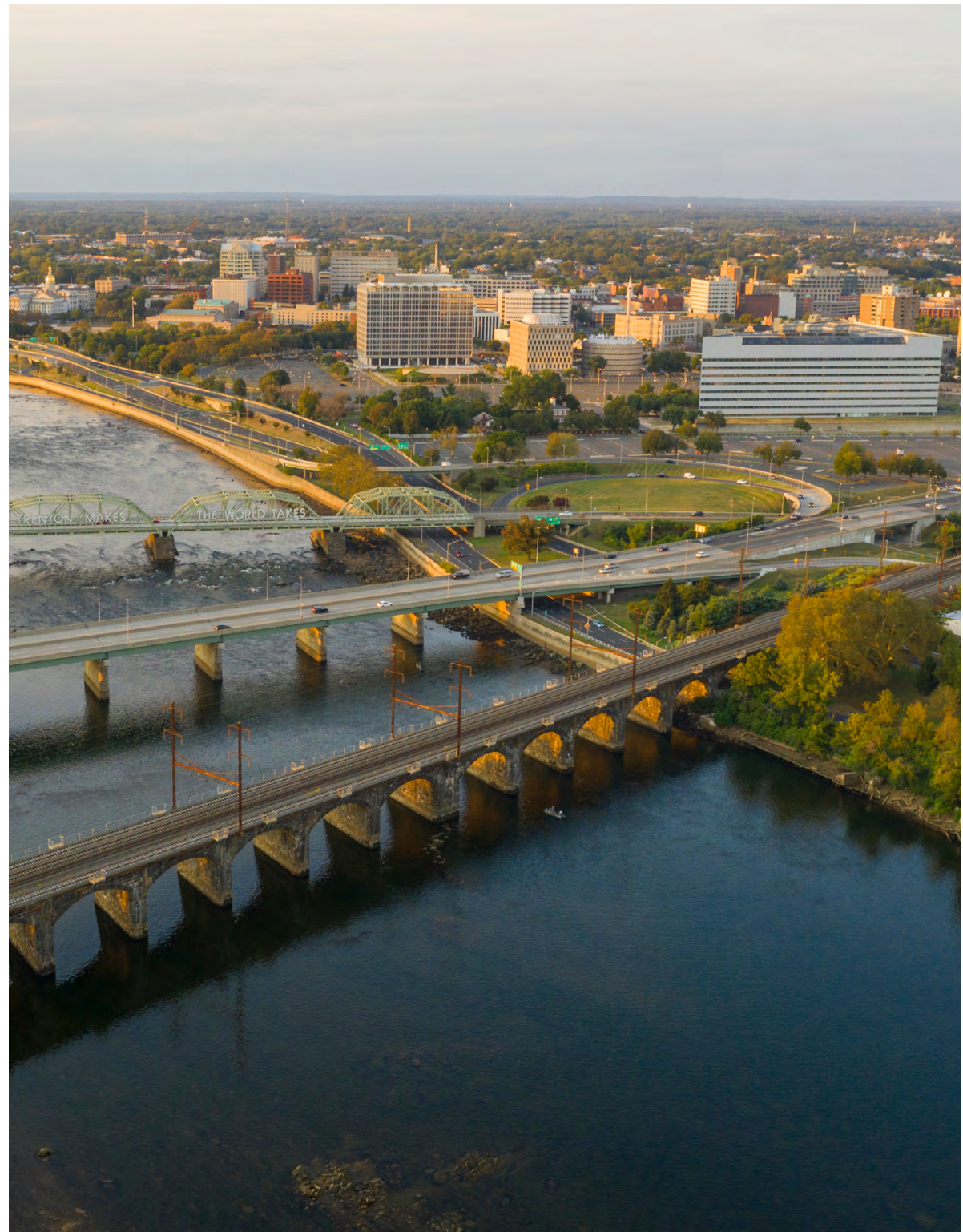
Trenton is:

- + The capital of New Jersey
- + A majority-minority city
- + Younger than its neighbors
- + Rich in languages spoken at home
- + Decreasing in size more rapidly than its neighbors
- + More likely to be covered by Medicaid



Want to know more?

See pp. 11-14 in the 2022 Trenton CHNA



Who Lives in Trenton?

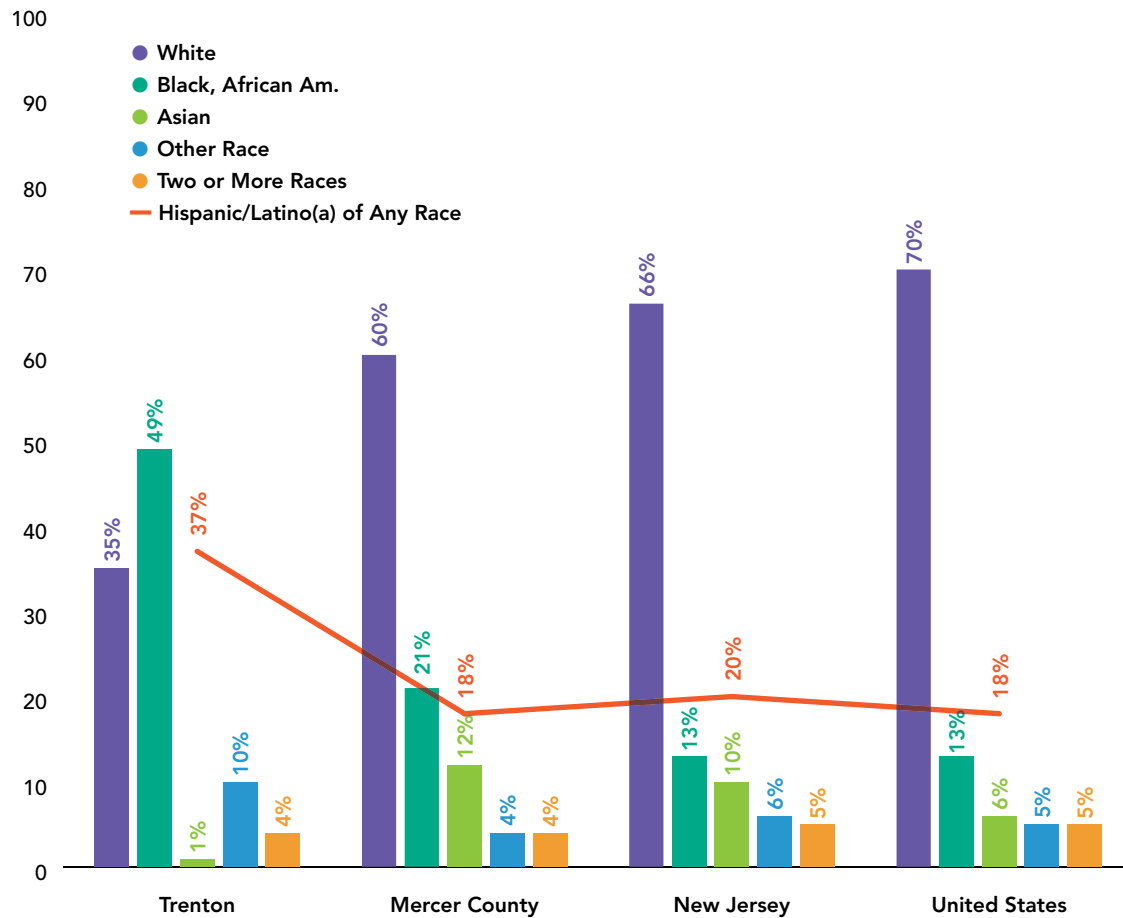


Data Insights: Trenton is more racially and ethnically diverse than its neighbors. These characteristics are community strengths that should be considered for planning purposes and can serve as models for inclusion for other communities.

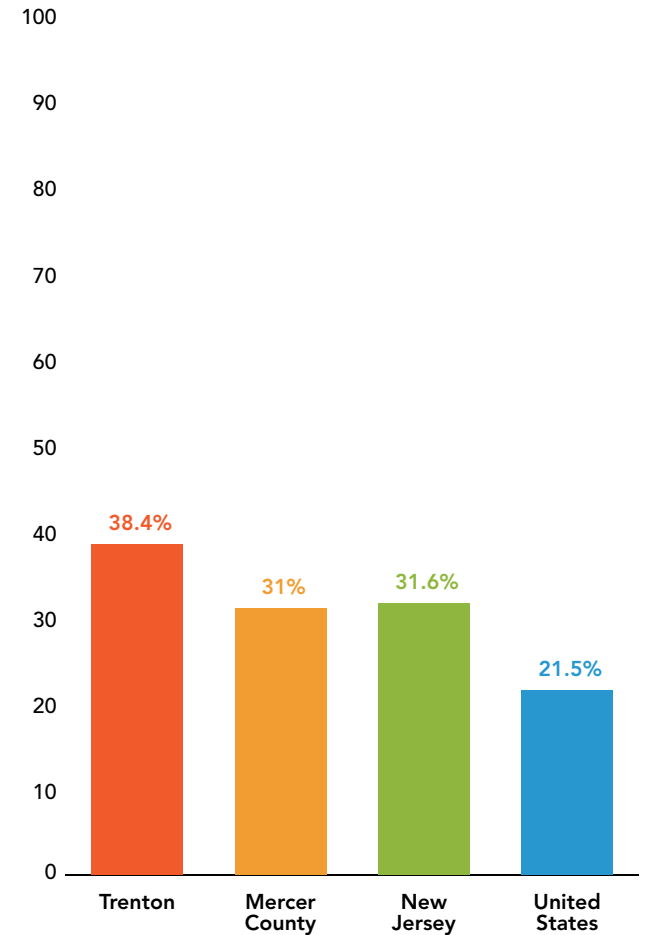


2020 Population by Race/Ethnicity

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



Percent of Population Who Speak a Language Other Than English at Home



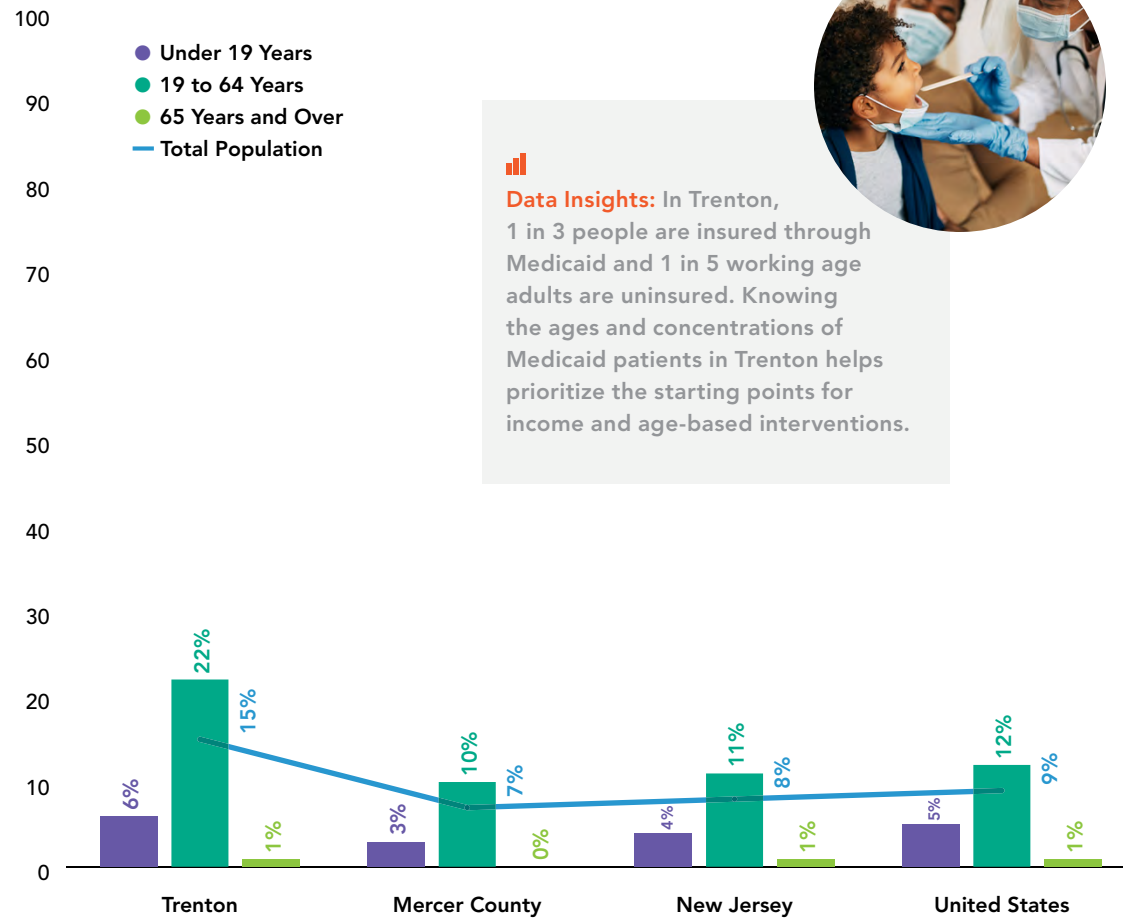
Want to know more?

See pp. 22, 33-36 in the 2022 Trenton CHNA

Access to Health Care in Trenton

Population without Health Insurance Coverage by Geography and Proportion of Age Group

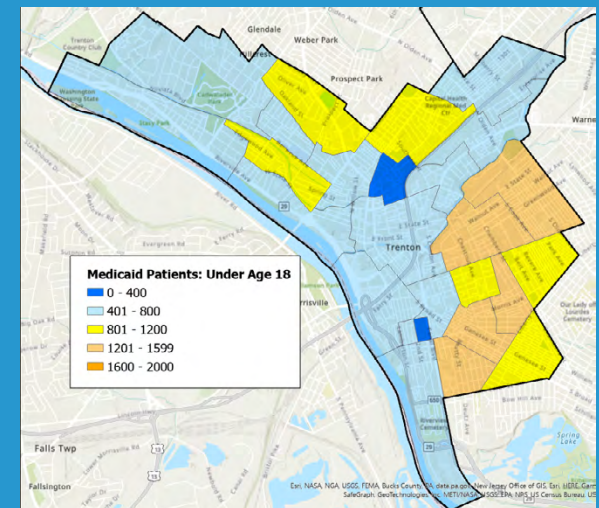
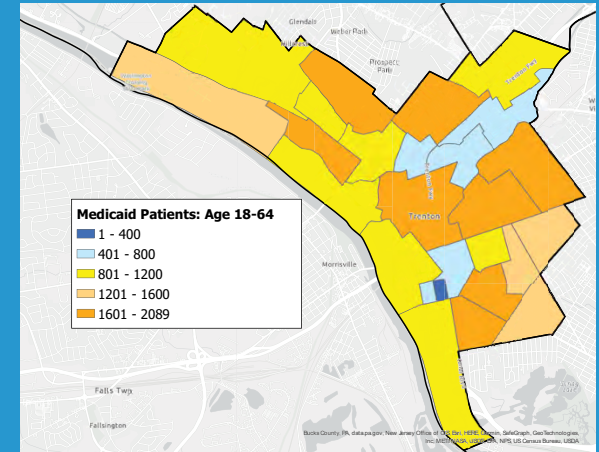
Source: US Census Bureau, American Community Survey, 2016-2020



Data Insights: In Trenton, 1 in 3 people are insured through Medicaid and 1 in 5 working age adults are uninsured. Knowing the ages and concentrations of Medicaid patients in Trenton helps prioritize the starting points for income and age-based interventions.

Strategic Opportunities to Make Community Impact

Source: HIE 2022



Want to know more?

See pp. 48-54 in the 2022 Trenton CHNA

Education in Trenton

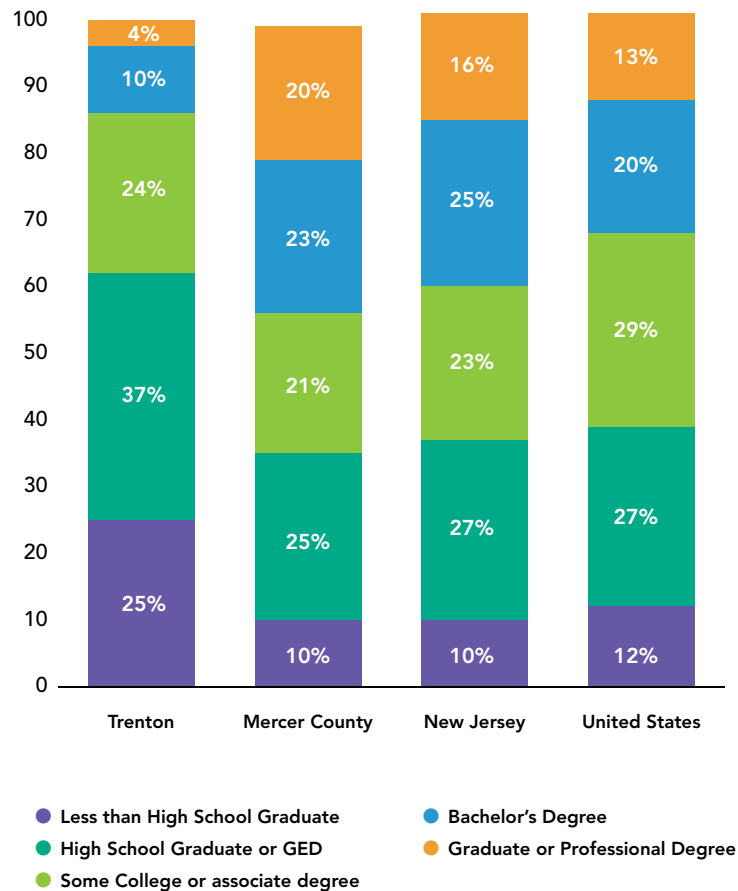


Data Insights: 1 in 4 Trenton adults have not completed high school. Education is correlated with better wellness and economic outcomes. Half of all students in Trenton are low income. Interventions that include schools could improve outcomes for students today and invest in future health for Trenton.



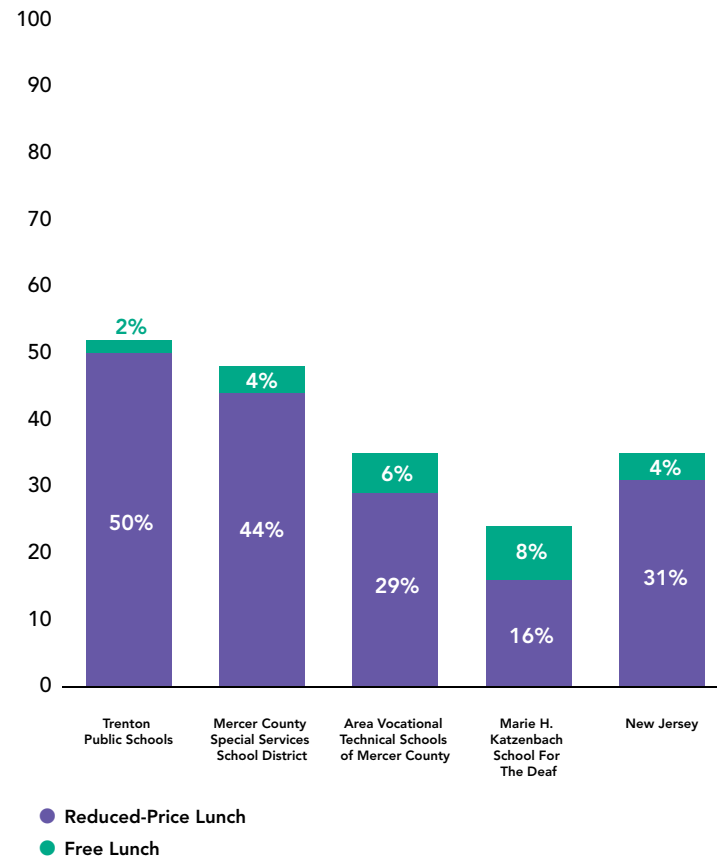
Educational Attainment (Population 25 Years and Older)

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



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

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



Want to know more?

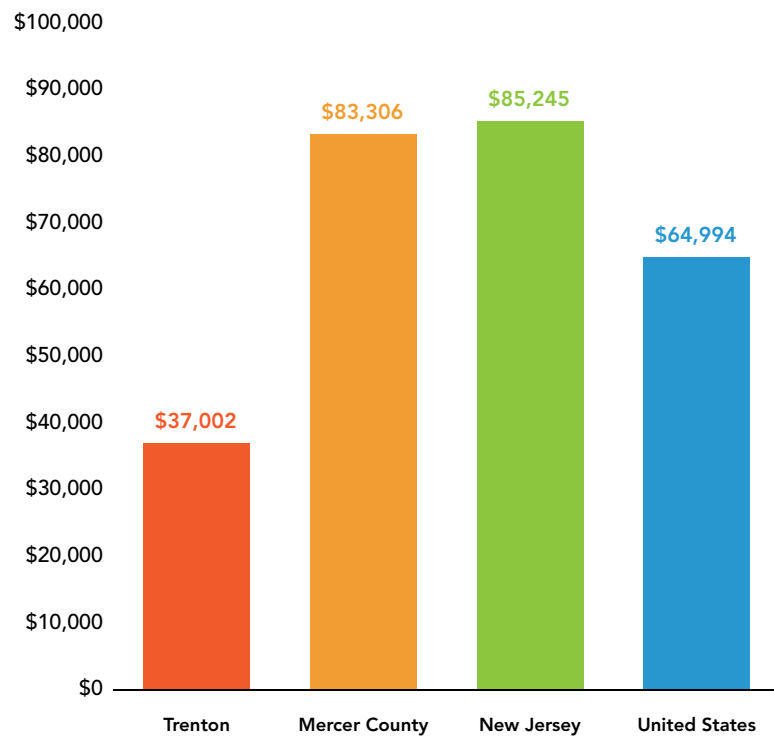
See pp. 22-26, 37-38, 87-91 in the 2022 Trenton CHNA

Household Resources in Trenton



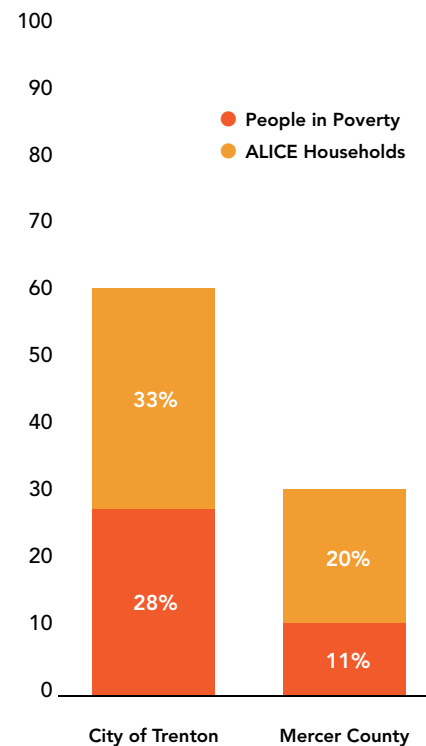
Median Household Income

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



Percent of Population Below 100% Federal Poverty Level and Percent of ALICE Households by Geography

Source: United for ALICE, 2014-2018



Data Insights: The ALICE (Asset Limited Income Constrained) Index measures the proportion of working households who do not earn enough to meet all of their needs given the local cost of living.¹ In 3 Trenton households met the ALICE standard before the onset of the COVID-19 pandemic and economic recession. These households may not qualify for or know about services for low-income people. Combined with households at the poverty level, more than 6 in 10 Trenton households struggle financially.

The economic disparity between Trenton and its neighbors impacts the resources and quality of life for people in Trenton.



Want to know more?

See pp. 11-12, 27-28 in the 2022 Trenton CHNA

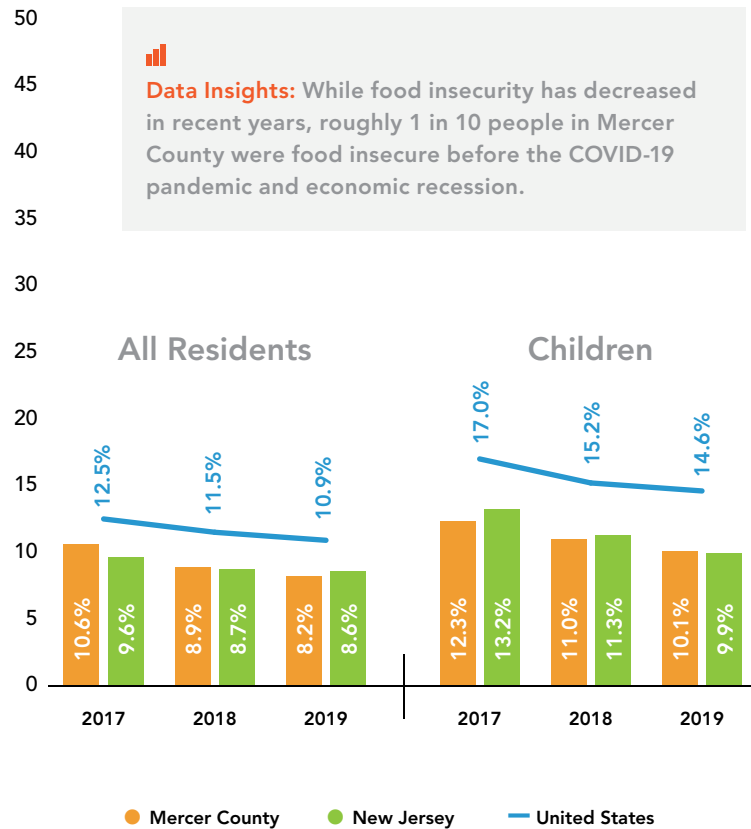
Connections: Food Security and Digital Access

Data Insights: Trenton households are less likely to have access to computer, broadband and internet access than their neighbors. This means that although telehealth helps access care, many Trenton households cannot connect to it.



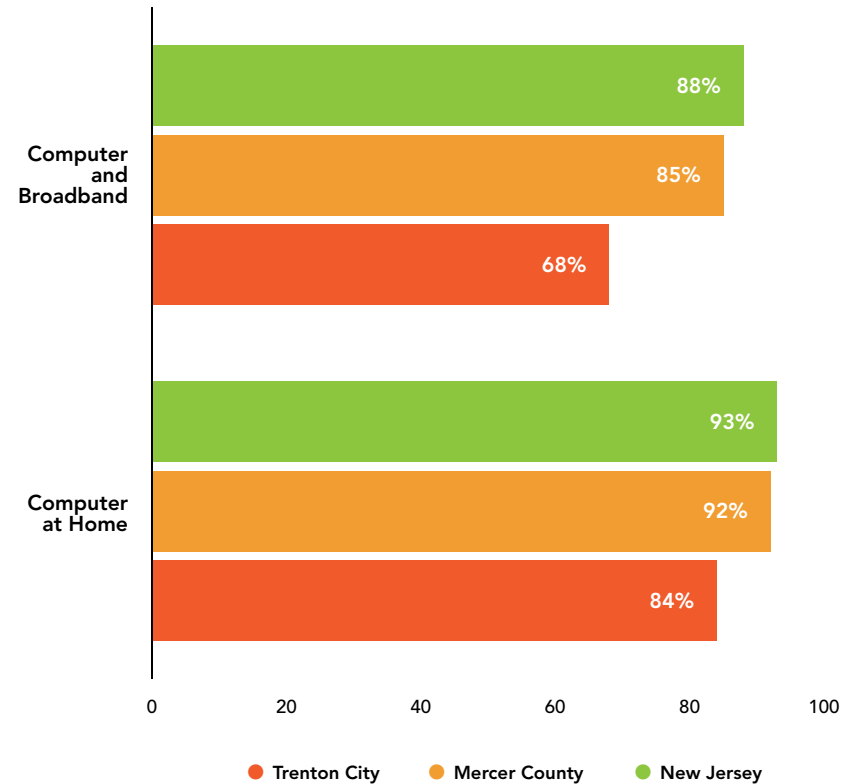
Food Insecurity for All Residents and Children

Source: Feeding America, 2017-2019



Household Digital Access

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



Want to know more?

See pp. 40, 88 in the 2022 Trenton CHNA

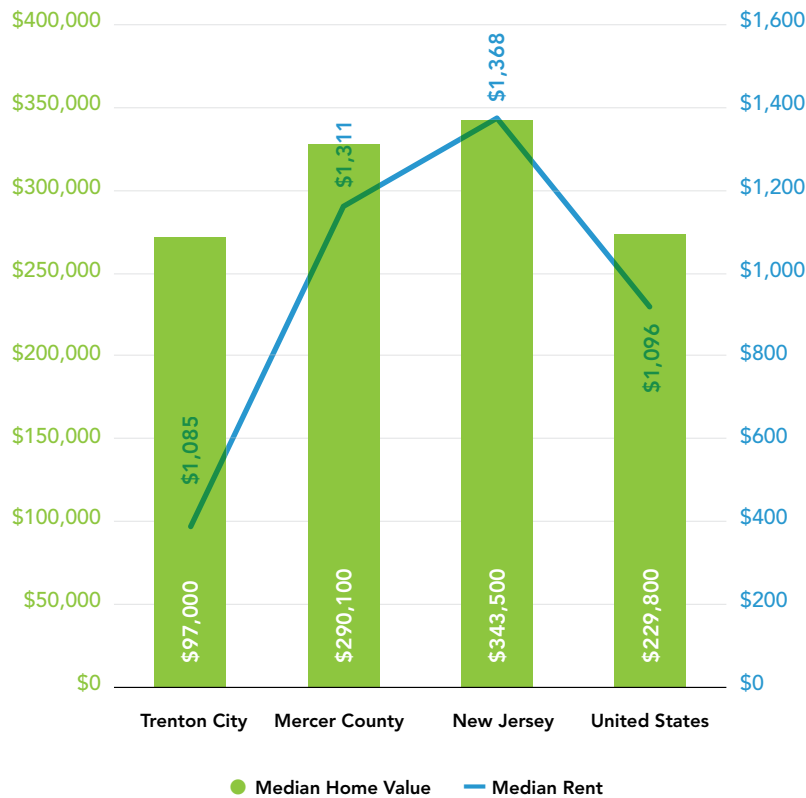
Housing in Trenton



Data Insights: Homeownership has been shown to both stabilize communities and create generational wealth for families. Housing costs are most families' largest expense. In Trenton, home values are lower than the surrounding areas, but the cost of rent is similar. This means that Trenton renters pay rents like areas with greater home values. This means that while homeownership in Trenton is more affordable, Trenton renters are less able to save for a down payment because the high cost of rent in Trenton.

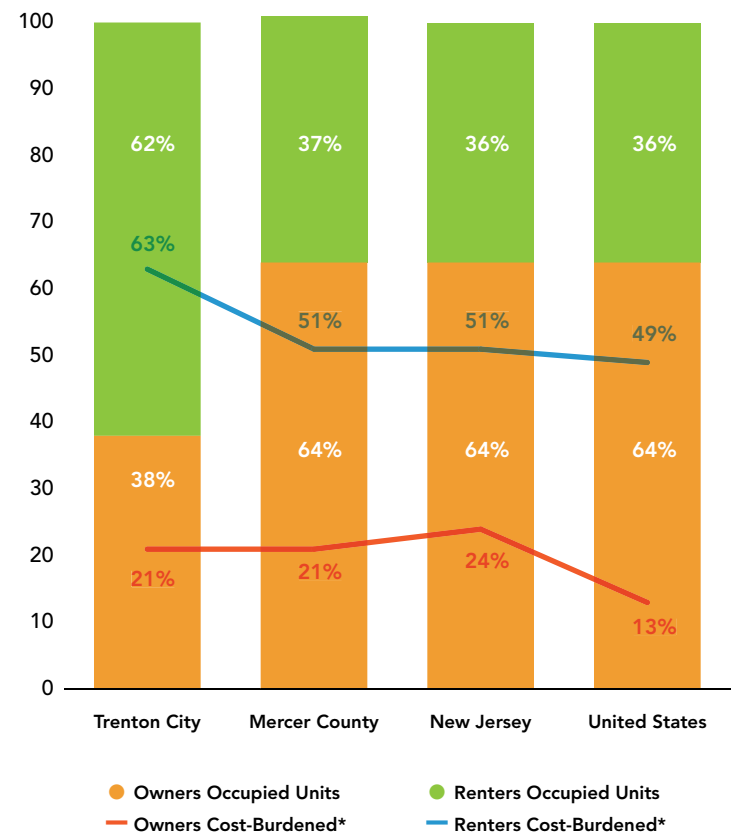
Median Home Value Compared to Median Rent Trenton, Mercer County, New Jersey and the US

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



Homeowners and Renters: Proportions and Cost Burdened Households*

Source: United for ALICE, 2014-2018



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

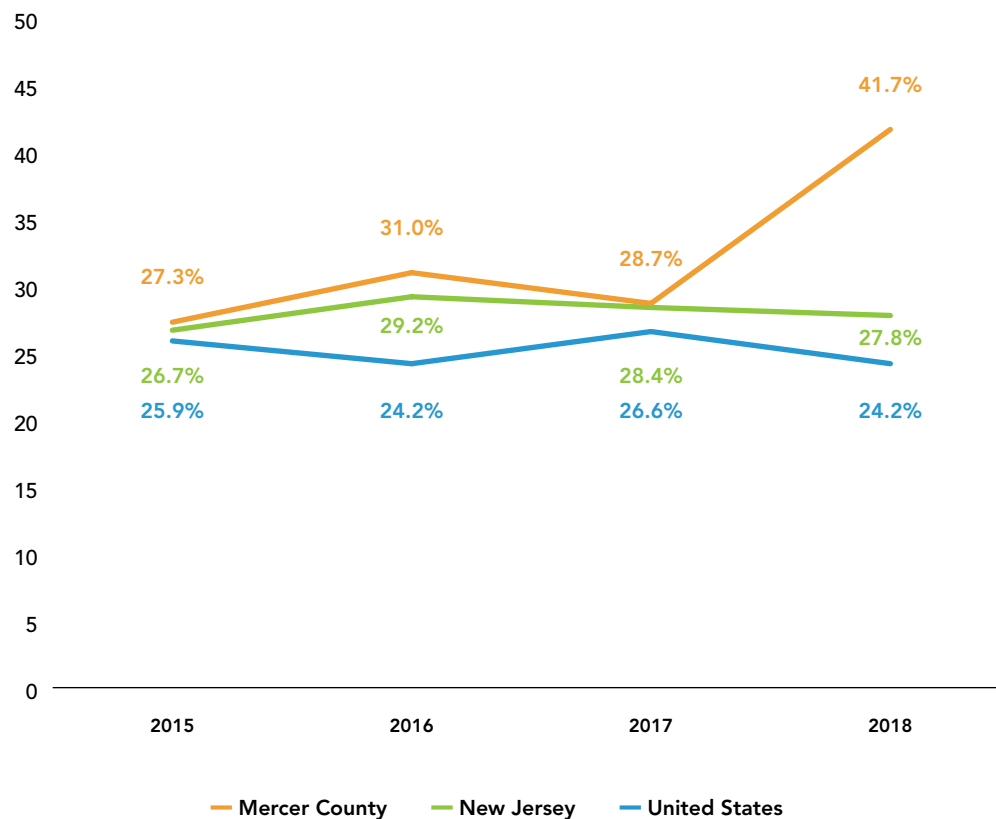
Want to know more?

See pp. 41-47 in the 2022 Trenton CHNA

Healthy Living Habits

Age-Adjusted Adults with No Leisure Time Activity in Past 30 Days

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



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



Data Insights: Nearly half of Mercer County adults reported no leisure time physical activity. This negative behavior is increasing in Mercer County and decreasing across New Jersey and the nation, despite being very walkable.

Want to know more?

See pp. 56-59 in the 2022 Trenton CHNA

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

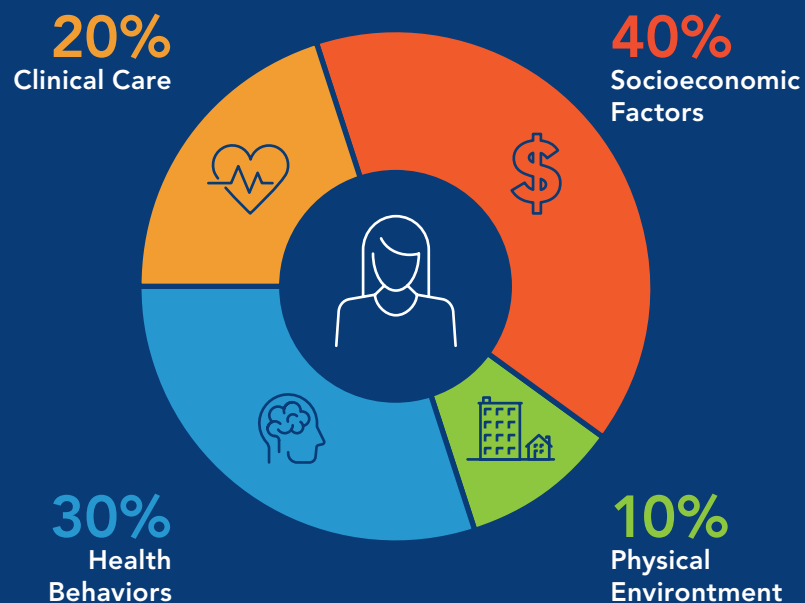
The mix of ingredients that influence each person's overall health profile include individual behaviors, genetics, accessibility and quality of health services, the physical or built environment, and socioeconomic conditions known as "social determinants of health." Differences in health outcomes such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

What makes us healthy?



Source: Centers for Disease Control

Want to know more?

See pp. 20-30 in the 2022 Trenton CHNA

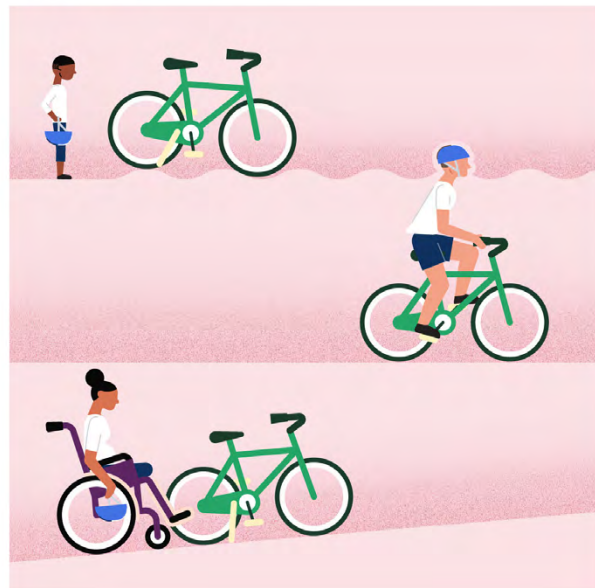
What is Health Equity?

Health equity means 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.

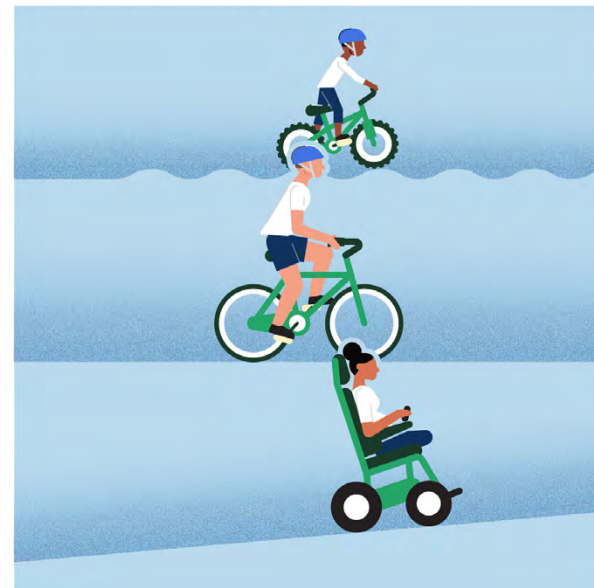
EQUALITY:

Everyone gets the same—regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need—understanding the barriers, circumstances, and conditions.



Copyright 2022 Robert Wood Johnson Foundation

“Until everyone has the same choices, we don’t have equity.”

Focus Group Participant

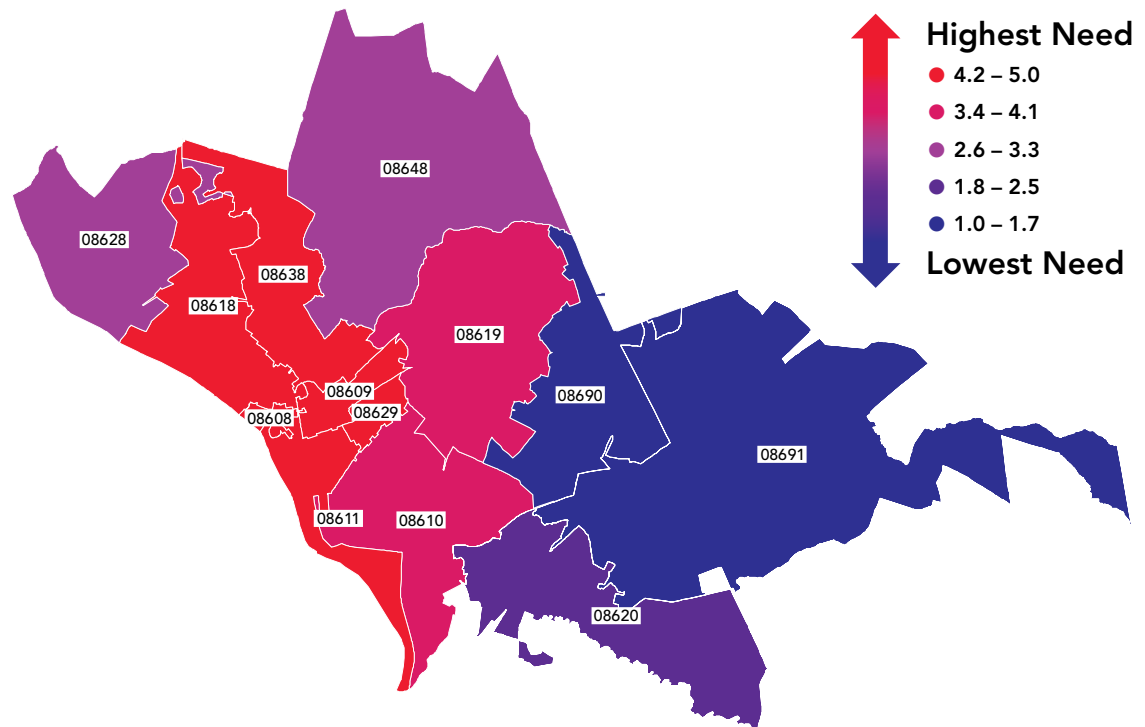
Want to know more?

See pp. 20-21 in the 2022 Trenton CHNA

Intersections: Community Needs 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.



Want to know more?

See pp. 22-24 in the 2022 Trenton CHNA

Priority Health Needs

Perspectives on statistical trends and feedback regarding community health priorities were discussed in multiple community conversations to confirm the priority health goals. While there are many important factors necessary to improve the lives of people living in Trenton, based on both the statistical data and the community conversations, the following four priority areas rose to the top.

Behavioral Health and Trauma

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

Women and Children's Health

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

Life Expectancy

Guiding Goal: Achieve equitable life expectancy among all residents.

COVID-19

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

Trenton Health Team remains committed to collective action to address these priorities and others towards a healthier Trenton for all people.

Want to know more?

See pp. 15-19 in the 2022 Trenton CHNA

"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."

Focus Group Participant

"Most Americans die from chronic disease and 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 and child health for Black moms continues to be a disparity we see throughout the community and should be addressed. COVID-19 is significant, but comorbidities like chronic diseases and mental health issues should be touched upon first."

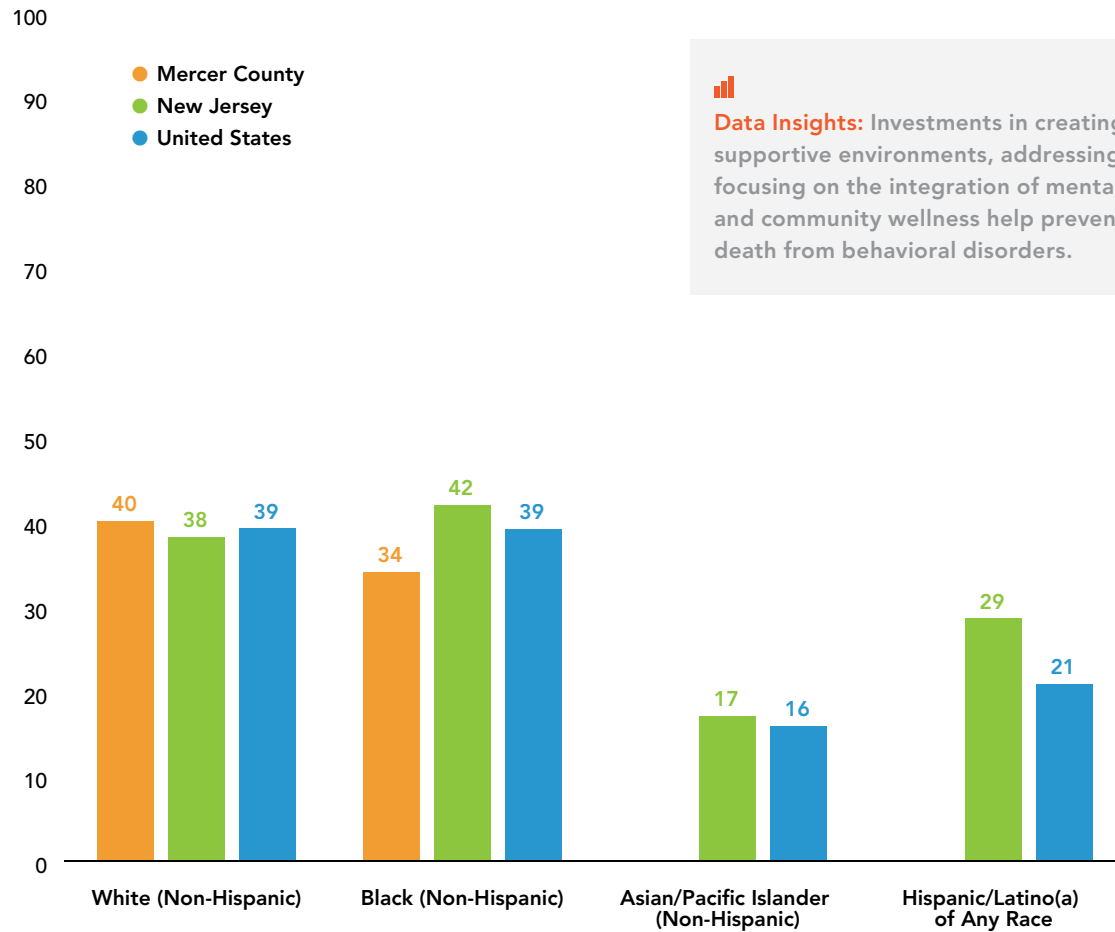
Focus Group Participant

Healthy Minds

Mental and Behavioral Disorder Death Rate by Race/Ethnicity per Age-Adjusted 100,000

Source: CDC, 2020

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



Data Insights: Investments in creating supportive environments, addressing ACES and focusing on the integration of mental, physical and community wellness help prevent early death from behavioral disorders.

“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.”

Focus Group Participant

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

Focus Group Participant

Want to know more?

See pp. 15, 19, 30, 51, 71-76, 98-99 in the 2022 Trenton CHNA

Healthy Roots: ACES and an Upstream View

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.

Want to know more?

See pp. 10, 15, 19, 30, 98-99 in the 2022 Trenton CHNA

The Pair of ACES

Source: Centers for Disease Control and Prevention



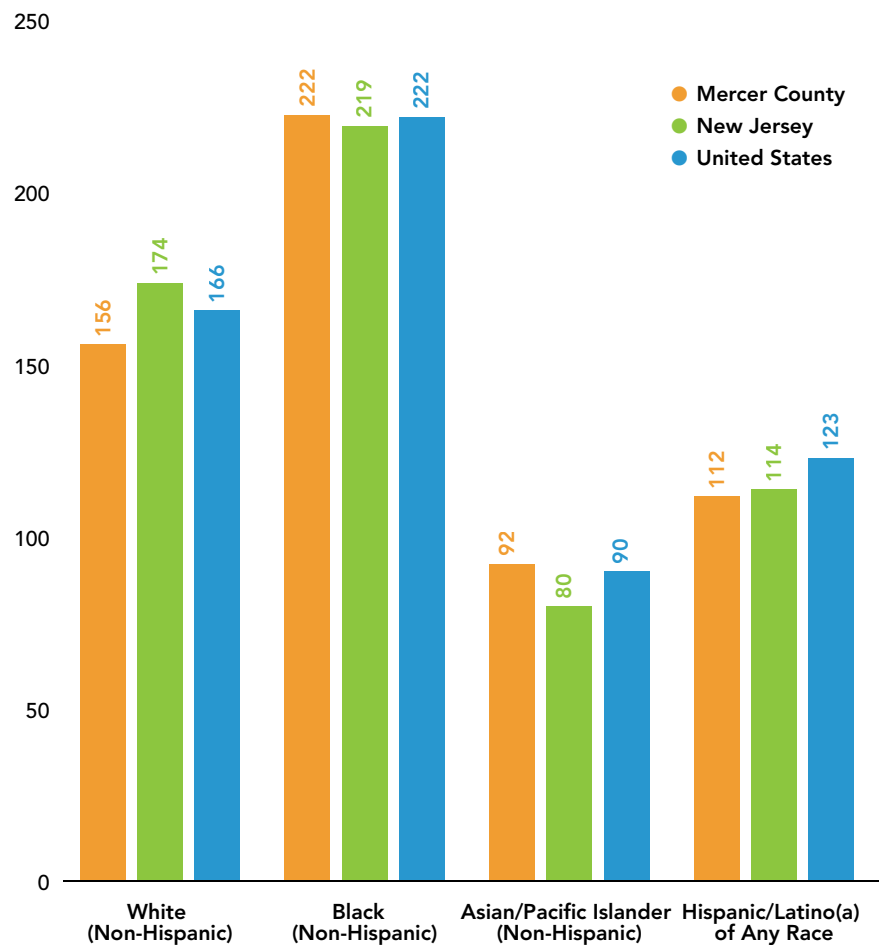
Chronic Disease: Inequities in Outcomes



Data Insights: While there is variability between different racial groups and geographies, Black people from all geographies are consistently more likely to die from chronic diseases than people of other races and ethnicities.

2020 Heart Disease Death Rate by Race/Ethnicity per Age-Adjusted 100,000

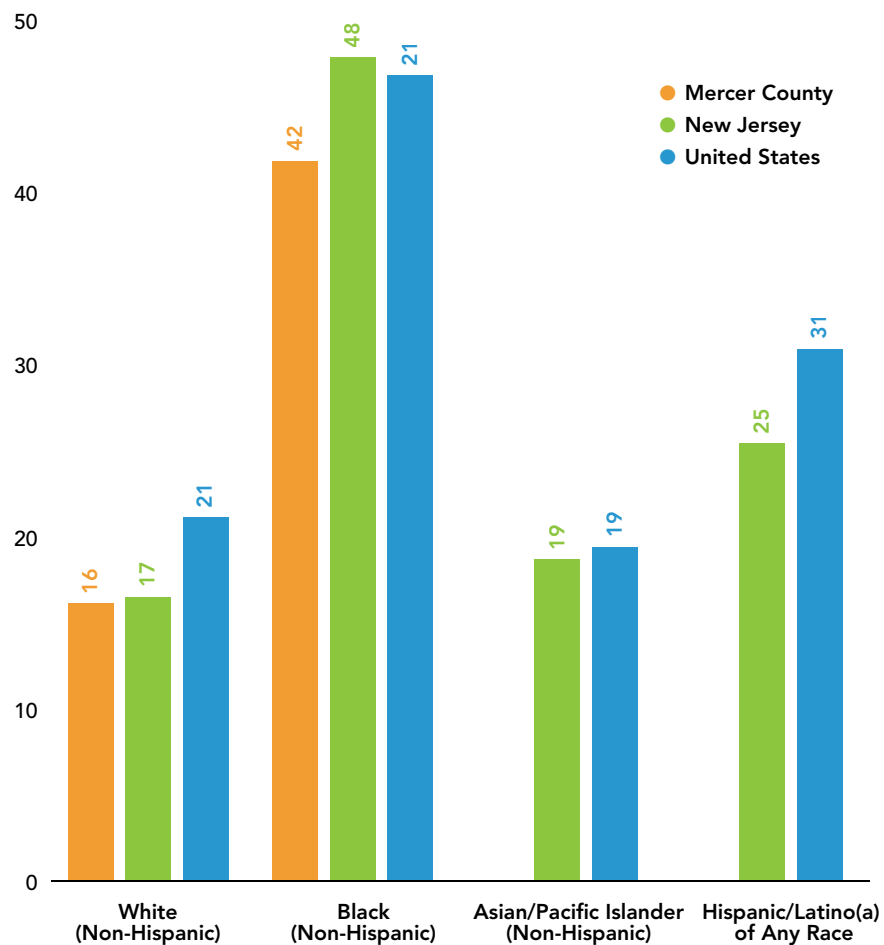
Source: Centers for Disease Control and Prevention, 2020



2020 Diabetes Death Rate by Race/Ethnicity per Age-Adjusted 100,000

Source: Centers for Disease Control and Prevention, 2020

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



Want to know more?

See pp. 15-17, 55-71, 77-80, 98-100 in the 2022 Trenton CHNA

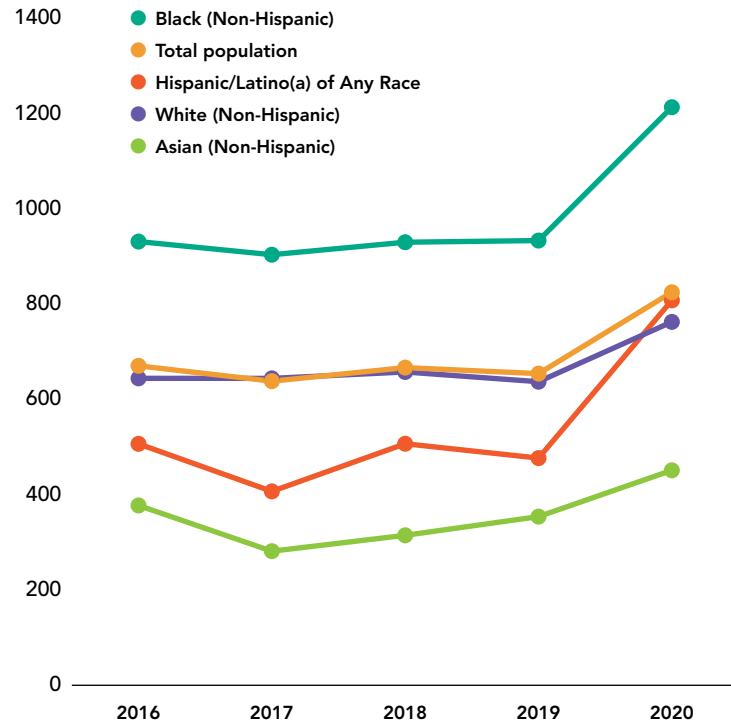
Life Expectancy: Inequities in Outcomes



Data Insights: While the death rate for all people increased because of the COVID-19 pandemic, the rate increased most sharply for Black and Hispanic people in Mercer County. However, before the COVID-19 pandemic, Black people in Mercer County were nearly 2x more likely to die before age 75 than people of any other race or ethnicity.

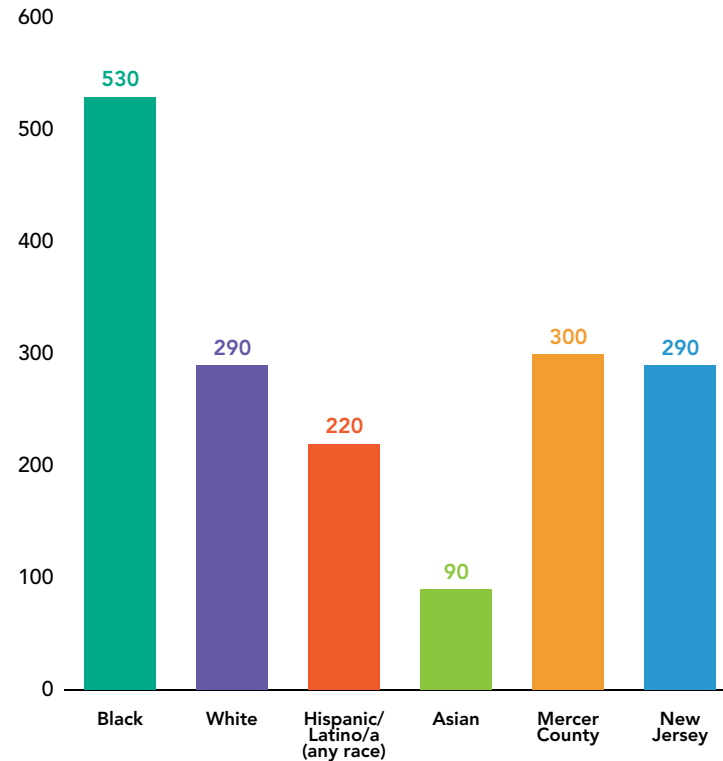
Mercer County All Cause Death Rate by Race/Ethnicity per age Adjusted 100,000

Source: Centers for Disease Control and Prevention



Premature Age-Adjusted Death Rate for People Under Age 75 by Race and Ethnicity in Mercer County, New Jersey

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



Want to know more?

See pp. 10, 15-17, 55-71, 77-80, 98-100 in the 2022 Trenton CHNA

COVID-19

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.



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, lessons learned from COVID-19 about the health disparities and the unequal death toll among Black, Indigenous, African American, and other People of Color (BIPOC) will be integrated into every action.

Want to know more?

See pp. 8-10, 29, 94-98, 100 in the 2022 Trenton CHNA

COVID-19 - Early Impact of the Pandemic



Data Insights: In 2020, COVID-19 was the #1 cause of death in NJ for Black, Asian and Hispanic people, and #3 for White people, even though age is a known risk, and the median age of White people is older than the other groups.

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

Source: New Jersey Resident Death Certificate Database

Rank	White, non-Hispanic		Black, non-Hispanic		Hispanic (of any race)		Asian, non-Hispanic	
	CAUSE	COUNT	CAUSE	COUNT	CAUSE	COUNT	CAUSE	COUNT
	All causes of death	65,503	All causes of death	13,734	All causes of death	10,970	All causes of death	3,818
1	Heart disease	14,708	COVID-19	2,591	COVID-19	3,547	COVID-19	953
2	Cancer	11,454	Heart disease	2,550	Heart disease	1,514	Heart disease	633
3	COVID-19	8,879	Cancer	1,877	Cancer	1,318	Cancer	616
4	Unintentional injuries	3,019	Unintentional injuries	841	Unintentional injuries	709	Stroke	171
5	Stroke	2,570	Stroke	593	Diabetes	354	Diabetes	148
6	CLRD	2,372	Diabetes	541	Stroke	312	Unintentional injuries	120
7	Alzheimer disease	2,167	Kidney disease	349	Alzheimer disease	211	Septicemia	89
8	Septicemia	1,399	CLRD	343	Influenza and pneumonia	208	Kidney disease	82
9	Diabetes	1,303	Septicemia	321	Septicemia	196	Influenza and pneumonia	80
10	Influenza and pneumonia	1,098	Essential hypertension	276	Chronic liver disease	174	Alzheimer disease	58

Notes:

- + Chronic liver disease includes cirrhosis
- + CLRD is chronic lower respiratory diseases
- + Essential hypertension includes hypertensive renal disease
- + Unintentional injuries include injuries due to unintentional poisonings (including drugs), motor vehicle crashes, falls, drownings, fires, etc.

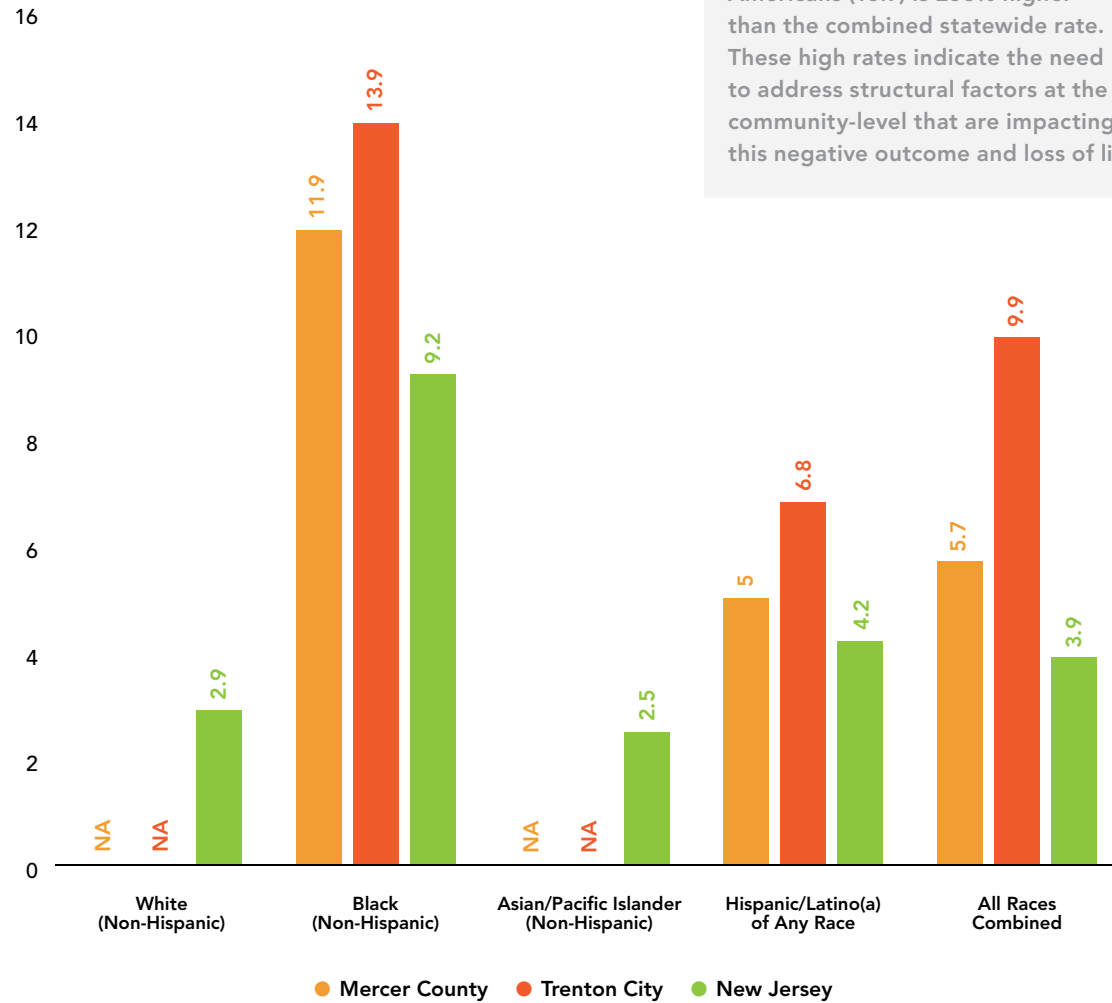
Want to know more?

See pp. 8-10, 29, 94-98, 100 in the 2022 Trenton CHNA

Starting Out Strong

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

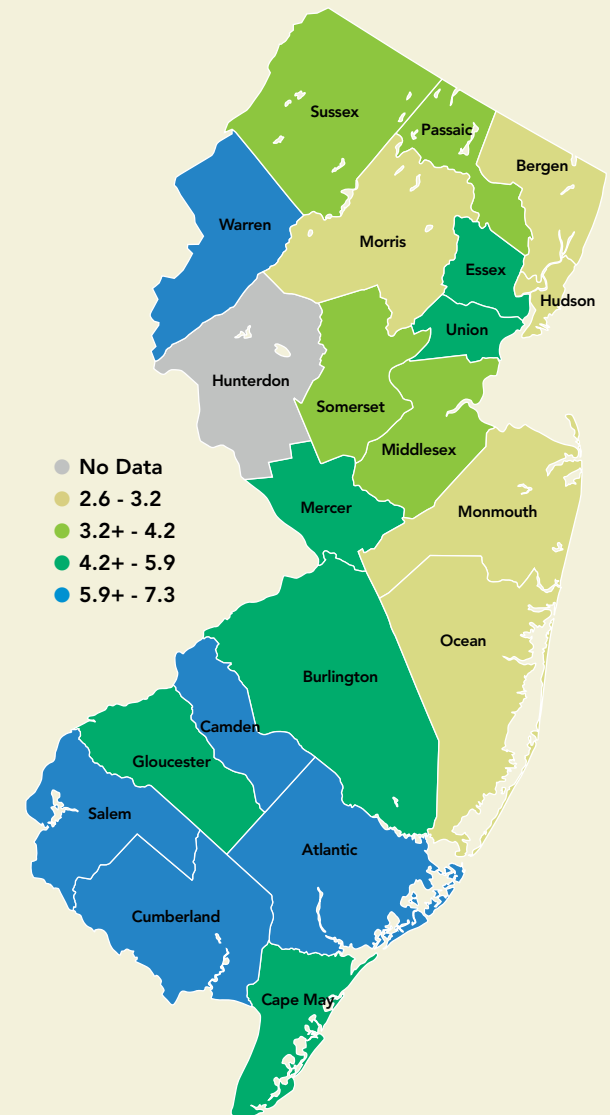
Source: New Jersey State Health Assessment Data, 2015-2019



Data Insights: In Trenton, the rate of infant deaths among Black/African Americans (13.9) is 256% higher than the combined 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.

Infant Mortality Rate by Mother's County of Residence – Deaths per 1,000 Live Births

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



Want to know more?

See pp. 15-16, 19, 81-86, 99 in the 2022 Trenton CHNA

Future Generations

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.

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

Want to know more?

See pp. 15-16, 19, 81-86, 99 in the 2022 Trenton CHNA



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.

Did you know?

The infant mortality rate (IMR) is regarded by WHO and others as a barometer for overall welfare of a community.

Infant mortality rate (IMR) directly impacted by changes in general structural factors, like socio-economic development and basic living conditions.

Infant mortality reflects long-standing inequities in access to education, employment, care, safety and social support for women.

Infant mortality is an indicator we can measure as an important marker of the overall health of a society. (CDC.gov)



Learn more and get involved

Trenton Health Team

<https://trentonhealthteam.org>

2022 Trenton Health Team Community Health Needs Assessment Report

<https://trentonhealthteam.org/2022-trenton-community-health-needs-assessment/>