November 23, 2015

Mercer County, NJ
2015 Community Health Assessment Report
Final

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EXECUTIVE SUMMARY

Introduction
The Greater Mercer Public Health Partnership (GMPHP) is a collaboration of hospitals, health departments, the Mercer County Department of Health and Human Services, and other not-for-profit organizations whose mission is to measurably improve the health of residents of the Greater Mercer County community. As part of an effort to inform continuous collaborations to improve the health of the community, the GMPHP has undertaken a community health assessment to examine health-related needs and strengths of the community. In summer 2015, the GMPHP contracted with Health Resources in Action (HRiA), a non-profit public health organization, to partner in conducting the 2015 Mercer County community health assessment (CHA).

This 2015 assessment builds off of a previous comprehensive assessment study in 2012 and aims to update data and delve deeper into areas previously identified as priorities in the community (healthy eating and active living; chronic disease; transportation and the built environment; mental health and substance abuse). For the last several years, the GMPHP and its partners have been working towards making strides in these areas. The 2015 Mercer County community health assessment is part of an iterative process, to continuously check in and update data to identify areas for focus, refinement, or further efforts. As such, the 2015 Mercer County community health assessment aims to provide a portrait of the health status of residents in Mercer County, describe health trends across the region, delve deeper into priority areas of focus, and generate action-oriented data to inform community health improvement planning and program development.

Methods
Data for the 2015 Mercer County community health assessment were analyzed via several methods. Social, economic, and health data were pulled from a multitude of secondary sources. In order to gather quantitative data that were not provided by secondary sources and to understand public perceptions around health issues, a community health survey was administered online and in hard-copy format to residents within Mercer County via libraries, community events, churches, and community networks. The survey explored key health concerns of community residents as well as their primary priorities for services and programming. A total of 1,927 respondents who live and/or work in Mercer County completed the survey.

Findings
Community Social and Economic Context
- **Demographic Diversity:** Compared to New Jersey, Mercer County has a slightly higher percentage of residents who self-identify as Black, non-Hispanic (19.5% in Mercer County compared to 12.8% in New Jersey) and a slightly higher percentage of residents who self-identify as Asian, non-Hispanic (9.3% in Mercer County compared to 8.5% in New Jersey). Within Mercer County, the city of Trenton has the highest percentage of Black, non-Hispanic residents (48.9%) while the township of West Windsor has the highest percent of Asian, non-Hispanic residents (39.6%).
- **Income, Poverty, and Employment:** Overall, poverty levels and unemployment rates are similar in Mercer County compared to New Jersey. However, certain localities within Mercer County have disproportionately higher rates of poverty and unemployment compared to other localities. For example, 21.9% of individuals in the city of Trenton

live in poverty, compared to 9.7% of Mercer County residents overall; while the median household income in Mercer County is $73,480, the median household income in the city of Trenton is $36,662.

- **Transportation:** When commuting to work, the majority of residents within Mercer County drive alone (71.1%). For the majority of communities within Mercer County, a low percentage of residents use public transportation to commute to work, with the exception of West Windsor and Trenton where 20.7% and 12.4% of residents commute to work via public transportation, respectively.
- **Crime and Violence:** Among Mercer County municipalities, the violent crime rate is highest in Trenton (1,104.1 offenses per 100,000 population) and lowest in Hightstown (7.7 offenses per 100,000 population).
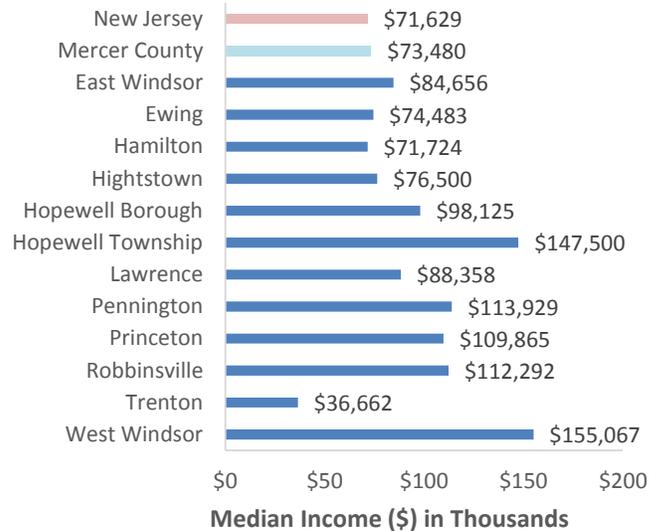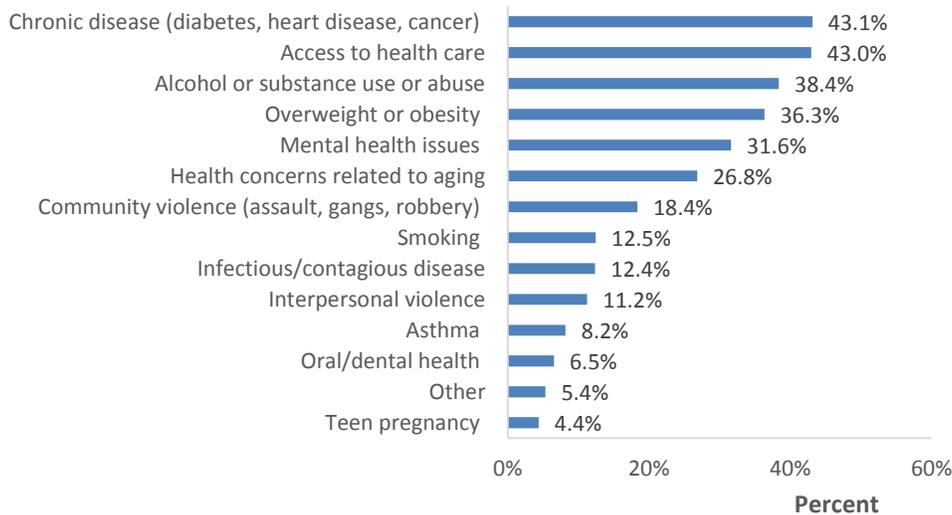
Health Outcomes

- **Perceived Community Health Issues:** Respondents to the community health survey perceived chronic disease, access to health care, and alcohol or substance use or abuse as the top health issues having the largest impact on the Mercer County community.

Median Household Income by State, County, and Towns, 2009-2013

Location	Median Income
New Jersey	$71,629
Mercer County	$73,480
East Windsor	$84,656
Ewing	$74,483
Hamilton	$71,724
Hightstown	$76,500
Hopewell Borough	$98,125
Hopewell Township	$147,500
Lawrence	$88,358
Pennington	$113,929
Princeton	$109,865
Robbinsville	$112,292
Trenton	$36,662
West Windsor	$155,067

Median Income ($) in Thousands

DATA SOURCE: 5-Year American Community Survey, 2009-2013

Survey Respondents' Perceptions of Top Health Issues with the Largest Impact on the Mercer County Community, 2015

Health Issue	Percent
Chronic disease (diabetes, heart disease, cancer)	43.1%
Access to health care	43.0%
Alcohol or substance use or abuse	38.4%
Overweight or obesity	36.3%
Mental health issues	31.6%
Health concerns related to aging	26.8%
Community violence (assault, gangs, robbery)	18.4%
Smoking	12.5%
Infectious/contagious disease	12.4%
Interpersonal violence	11.2%
Asthma	8.2%
Oral/dental health	6.5%
Other	5.4%
Teen pregnancy	4.4%

Percent

DATA SOURCE: Mercer County Community Health Assessment Survey, 2015
Note: Arranged in descending order

- **Overall Leading Causes of Death:** In 2012, leading causes of mortality in Mercer County were heart disease (159.9 per 100,000 population) and cancer (156.5 per 100,000 population).
- **Chronic Diseases:** Among the community health survey respondents, 66.4% selected programs that focus on chronic disease management as being of high priority when thinking about future resource allocation and spending.
  - *Healthy Eating and Physical Activity:* The majority of respondents to the community health survey (83.4%) agreed with the statement, "it's easy to find fresh fruits and vegetables in my community." However, in New

Jersey overall, only 19% of youth report consuming five or more fruit and vegetable servings per day, and 49% of youth reported engaging in at least 60 minutes of physical activity on at least 5 days per week.

- o *Overweight and Obesity:* In 2013, one in four adults in Mercer County (25.4%) were considered obese, similar to the statewide figure (26.3%).
- o *Heart Disease and Diabetes:* In 2013, a slightly higher percentage of adults in Mercer County (3.9%) reported ever having had coronary heart disease compared to New Jersey overall (3.7%). In 2013, fewer than one in ten residents in Mercer County (8.4%) reported having ever been diagnosed with diabetes, which was similar to the percentage of adults who reported such in New Jersey overall (8.1%).
- o *Cancer:* As seen across the state and nationwide, cancer is one of the leading causes of death in Mercer County. However, screening is high. In 2012, a majority of residents in Mercer County reported receiving a colonoscopy or sigmoidoscopy (63.3%), and, among women, a mammogram (74.5%) and a pap test (80.6%).
- o *Asthma*: In 2014, the rate of asthma-related hospitalizations for Mercer County was lower than that for the state as whole. The hospitalization rate in Mercer County decreased to 1,206.6 per 100,000 population in 2014 from 1,292 per 100,000 population in 2012.
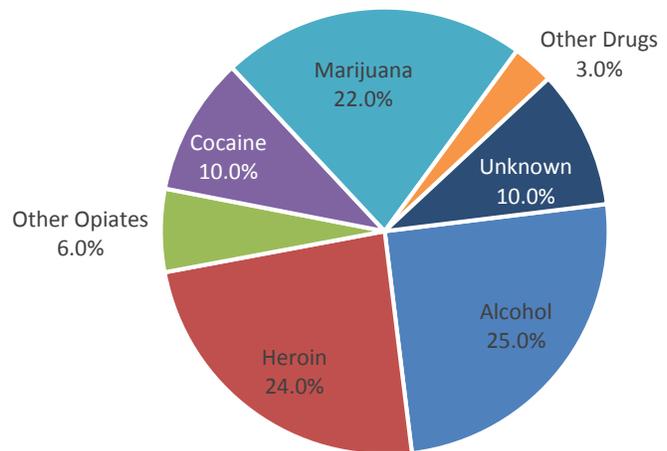
- **Behavioral Health**
  - o *Mental Health:* The percent of adults diagnosed with depression was slightly higher for Mercer County than for New Jersey as a whole, as was the rate of hospitalizations due to mental diseases and disorders.
  - o *Substance Abuse:* Alcohol and heroin were the most common substances for which residents entered treatment for both Mercer County and New Jersey overall. Rates of hospitalizations due to causes involving substance use were higher for Mercer County than for the state overall.

Substance Abuse Treatment Admissions by Primary Drug at Treatment Sites within Mercer County, 2014

DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Office of Planning, Research, Evaluation and Prevention. Substance Abuse Overview, 2014

- **Communicable Diseases:** Out of the twelve cities and towns within Mercer County, Trenton, Hamilton, and Ewing had the highest numbers of reported cases of chlamydia, gonorrhea, and syphilis. Overall, chlamydia was the most commonly reported sexually transmitted infection throughout Mercer County, when compared with gonorrhea and syphilis cases.

- **Reproductive and Maternal Health:** In Mercer County, the rate of adolescent births (ages 15-17) has decreased slightly from 16.6 per 1,000 population in 2008 to 12.6 per 1,000 in 2012.

- **Oral Health:** In Mercer County, for every 1,323 residents in the population there was one dentist in 2013.

- **Environmental Health:** Between 2007 and 2011, the percent of days exceeding the recommended standard of fine particle matter standard in outdoor air in Mercer County has decreased from 1.16% to 0%.

- **Health Care Access:** Among respondents to the community health survey, the biggest barrier to accessing health care was "cost of care" (27.4% of respondents indicated this was an issue that made it difficult for them to get health care), followed by "long wait for an appointment" (selected by 23.3% of respondents) and "lack of evening or weekend services" (selected by 22.8% of respondents).

Vision for the Future
Respondents to the 2015 Mercer County community health assessment survey were asked more detailed questions about their vision for the future specifically in the previously identified four priority areas: healthy eating and active living, chronic disease, transportation and the built environment, and behavioral health (mental health and substance

abuse). For these questions, respondents were asked to rate whether specific strategies aimed to address these issues were considered high, medium, or low priority for future resource allocation.

- Among the healthy eating and active living strategies, "school-based programs that promote physical activity and healthy eating" were considered high priority by the greatest number of survey respondents (68.9%). Among the chronic disease strategies, "programs to prevent chronic diseases" were considered high priority by the greatest number of survey respondents (71.6%).
- Among the transportation and built environment strategies, "access to affordable public transportation" was considered a high priority by the greatest number of survey respondents (52.7%).
- Among the behavioral health strategies, "mental health screening and counseling for youth" was considered high priority by the greatest number of survey respondents (72.7%).
- Of note, two of these four high priority strategies would be targeted specifically at youth.

Prioritized Community Health Needs

As part of a collaborative process with the GMPHP and its community advisory board members, a large group discussed the findings from the community health assessment in terms of magnitude, severity, community concerns, and feasibility and mapped current initiatives against previous priority areas. As a result of this in-depth conversation, it was finalized that the prioritized needs are the same as in 2012 and will remain for the 2015 Mercer County Community Health Improvement Plan as:

1. Healthy Eating and Active Living
2. Chronic Disease
3. Transportation and the Built Environment
4. Mental Health and Substance Abuse

A detailed planning document discussing these priorities, their goals, measurable objectives, strategies to address these needs, and partners to implement these efforts is currently being developed.

BACKGROUND

Overview of Greater Mercer Public Health Partnership

The Greater Mercer Public Health Partnership (GMPHP) is a collaboration of hospitals, health departments, and other not-for-profit organizations whose mission is to measurably improve the health of residents of the Greater Mercer County community. The GMPHP is governed by a core group of founding members, with the support of the Community Advisory Board, a large network of community leaders and organizations who function in partnership with the GMPHP. Core members of the GMPHP include the health departments of Ewing Township Health Department, Hamilton Township Division of Health, Lawrence Township Health Department, Montgomery Health Department, Princeton Health Department, Township of Hopewell Department of Health, West Windsor Health Department, and the Mercer County Department of Human Services, and the health care institutions of Capital Health, Robert Wood Johnson University Hospital-Hamilton, St. Francis Medical Center, and St. Lawrence Rehabilitation Center.

As part of an effort to inform continuous collaborations to improve the health of the community, the GMPHP has undertaken a community health assessment to examine health-related needs and strengths of the community. In summer 2015, the GMPHP contracted with Health Resources in Action (HRiA), a non-profit public health organization, to partner in conducting the 2015 Mercer County community health assessment (CHA) and facilitating and developing the 2015 Mercer County community health improvement plan (CHIP). This report describes the findings from the 2015 Mercer County, NJ community health assessment.

Purpose and Scope of the 2015 Mercer County Community Health Assessment

This 2015 assessment builds off of a previous comprehensive assessment study in 2012 to update data and delve deeper into areas previously identified as priorities in the community. The previous 2012 Mercer County, NJ community health assessment provided a strong foundation for which future community health efforts were guided. That study examined existing secondary data on social, economic, and health indicators in the region as well as information from 29 focus groups conducted with community residents, 17 interviews with community stakeholders, and 1 forces of change session examining larger external factors that affect health which consisted of 6 discussion groups. The 2012 community health assessment guided a collaborative community health improvement planning process which resulted in four priorities being identified for the region:

- Healthy Eating and Active Living
- Chronic Disease
- Transportation and Built Environment
- Mental Health and Substance Abuse

For the last several years the GMPHP and its partners have been working towards making strides in these areas. The 2015 Mercer County community health assessment is part of an iterative process, to continuously check in and update data to identify areas for focus, refinement, or further efforts. As such, the 2015 Mercer County community health assessments aims to provide a portrait of the health status of residents in Mercer County, describe health trends across the region, delve deeper into priority areas of focus, and generate action-oriented data to inform community health improvement planning and program development.

Definition of Community for Community Health Assessment

This 2015 CHA examines the social, economic and health issues in Mercer County, New Jersey. The assessment study gathered community-level data, where possible, for the towns that comprise Mercer County, including East Windsor, Ewing, Hamilton, Hightstown, Hopewell Borough, Hopewell Township, Lawrence, Pennington, Princeton, Robbinsville,

Trenton, and West Windsor. However, in most instances, community-level data were not available and therefore, county-level data were provided.

PROCESS AND METHODS
The following section details how the data for the Mercer County community health assessment were compiled and analyzed, as well as the broader lens used to guide this process.

Study Approach and Advisory Structure

Social Determinants of Health Framework
It is important to recognize that multiple of factors have an impact on health, and there is a dynamic relationship between real people and their lived environments. The social determinants of health framework addresses the distribution of wellness and illness among a population. Specifically, the community health assessment defines health in the broadest sense and recognizes that numerous factors and multiple levels— from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to medical services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., air quality)—all have an impact on the community's health.

Figure 1 below provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities. This report provides information on many of these factors, as well as reviews key health outcomes among the residents of this Central New Jersey region.

Figure 1: Social Determinants of Health Framework
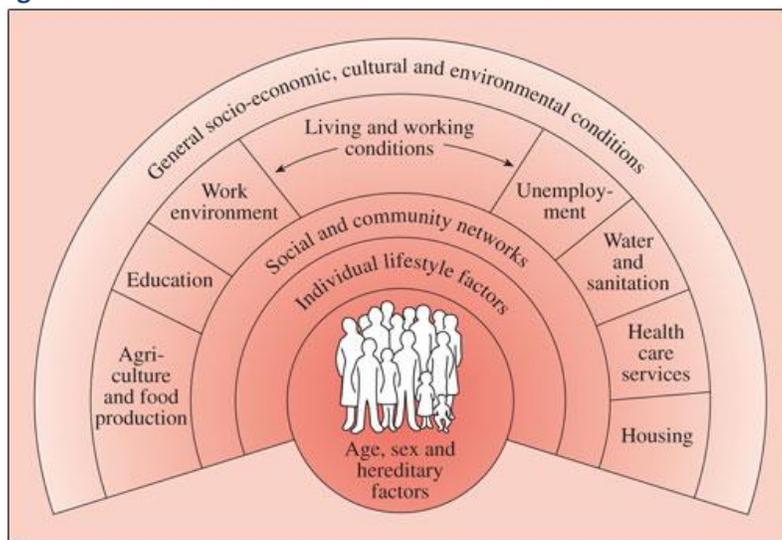
Source: World Health Organization, Commission on Social Determinants of Health. (2005)

Community and Stakeholder Engagement
The core members of the GMPHP from the various health departments and health care institutions provided input and feedback into the CHA methodology and data collection throughout the process. Nearly 2,000 community residents, providers, organizational staff, and leaders were engaged during the assessment process through outreach via the community health assessment survey. Additionally, in September 2015, the GMPHP engaged the Community Advisory Board (CAB), a 60-member group of representatives across a range of organizational sectors, to solicit input into the process and encourage the group's participation in the upcoming planning sessions.

Methods: Secondary Data

The CHA incorporates data on important social, economic, and health indicators pulled from various sources, including the U.S. Census, Centers for Disease Control and Prevention, U.S. Bureau of Labor, New Jersey Department of Health and Senior Services, the New Jersey Department of Education, and national databases that compile county-level data, such as University of Wisconsin's County Health Rankings and Community Common's CHNA.org. Types of data include self-reporting of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), as well as vital statistics based on birth and death records. All tables and graphs note the specific data source.

Most of the social, economic, and health data in this report are provided for Mercer County as well as the state overall. However, county-level data were not available for all measures. In the cases where county-level data were not available, state data are provided. It should also be noted that for data that derive from the American Community Survey, five-year (2009-2013) estimates are used. Per Census recommendations, these five-year aggregates are used to yield a large enough sample size.

Methods: Mercer County Community Health Assessment Survey

In order to gather quantitative data that were not provided by secondary sources and to understand public perceptions around health issues, concerns, and strengths within Mercer County, a brief 13-item community health survey was developed. The survey was administered online and in hard-copy format to residents within Mercer County during September 2015 through October 2015. The survey explored key health concerns of community residents as well as their primary priorities for services and programming specifically related to the 2012 priority areas. The GMPHP reviewed and provided feedback on the survey. The GMPHP's partners and Community Advisory Board members disseminated the survey online to residents they serve and to partner organizations for further distribution. The survey was also offered in hard-copy format at all 12 county libraries, community events, churches, and one physician office. A total of 1,927 respondents who live and/or work in Mercer County completed the survey. Table 1 provides a description of the Mercer County community health assessment survey respondents as well as the demographics of Mercer County, per the U.S. Census Bureau's American Community Survey, 2009-2013 5-year aggregated data estimates.

Table 1. Respondent Characteristics of Mercer County Community Health Assessment Survey, n=1,927

	Mercer County 2015 CHA Survey Respondents	Mercer County Demographics (ACS)
Age Distribution (among Adults)		
18-29 years old	6.5%	22.4%
30-39 years old	13.6%	16.6%
40-49 years old	19.1%	19.2%
50-64 years old	38.9%	25.1%
65+ years old	21.7%	16.6%
Gender		
Male	23.0%	48.9%
Female	76.9%	51.1%
Transgender	0.1%	
Race/Ethnicity		
African American/Black, non-Hispanic	14.6%	19.5%
Asian/Pacific Islander, non-Hispanic	5.6%	9.3%
Caucasian/White, non-Hispanic	68.3%	53.7%
Hispanic/Latino(a), any race	7.4%	15.5%
Other	4.0%	2.1%
Educational Attainment		
High school graduate/GED or less	12.5%	38.7%
Some college/Associate or technical degree/certification	26.2%	22.5%

	Mercer County 2015 CHA Survey Respondents	Mercer County Demographics (ACS)
College graduate or higher	61.3%	38.8%
City/Town in which Live or Work		
East Windsor	4.8%	7.4%
Ewing	7.8%	9.8%
Hamilton	16.8%	24.1%
Hightstown	2.2%	1.5%
Hopewell Borough	1.0%	0.5%
Hopewell Township	8.0%	4.9%
Lawrence	13.5%	9.0%
Pennington	5.0%	0.7%
Princeton	3.2%	7.8%
Robbinsville	8.4%	3.8%
Trenton	21.9%	23.0%
West Windsor	7.2%	7.5%

DATA SOURCE: Mercer County Community Health Assessment Survey, 2015 and US Census Bureau, 5-Year American Community Survey, 2009-2013

Limitations

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2013 may be the most current year available for data, while 2009 or 2010 may be the most current year for other sources. Some of the secondary data were not available at the county level. Additionally, several sources did not provide current data stratified by race/ethnicity, gender, or age –thus these data could only be analyzed by total population.

Likewise, secondary survey data based on self-reports, such as the Behavioral Risk Factor Surveillance Survey (BRFSS) and the New Jersey Student Health Survey, should be interpreted with particular caution. In some instances, respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias. That is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self- report surveys analyzed in this CHA from secondary sources benefit from large sample sizes and repeated administrations, enabling comparison over time.

The community health survey fielded specifically for this CHA used a convenience sample, rather than random sampling technique, for gathering information; while strong efforts were made to disseminate the survey to a broad cross-section of respondents from the region, results are not necessarily statistically representative of the larger population living in Mercer County due to non-random sampling techniques.

COMMUNITY SOCIAL AND ECONOMIC CONTEXT

The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. The section below provides an overview of the population in Mercer County.

Demographics

Who lives in a community is significantly related to the rates of health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important characteristics that have an impact on an individual's health, the distribution of these characteristics in a community may affect the number and type of services and resources available.

Population Size
- The total population in Mercer County is about 368,094, about 4% of New Jersey's total population.
- Between the time periods 2006-2010 and 2009-2013, the population in Mercer County increased by about 1.0%.
- Hamilton Township (population: 88,648) is the most populous municipality in Mercer County, followed by the city of Trenton (population: 84,609).

Table 2. Population Change by State, County, and Towns, 2006-2010 and 2009-2013

Geography	2006-2010 Population	2009-2013 Population	% Change
New Jersey	8,721,577	8,832,406	1.3%
Mercer County	364,445	368,094	1.0%
East Windsor	26,817	27,295	1.8%
Ewing	35,843	36,125	0.8%
Hamilton	88,412	88,648	0.3%
Hightstown	5,475	5,538	1.2%
Hopewell Borough	1,992	1,866	-6.3%
Hopewell Township	17,137	18,049	5.3%
Lawrence	32,762	33,228	1.4%
Pennington	2,605	2,591	-0.5%
Princeton*	28,922	28,621	-1.0%
Robbinsville	13,016	13,813	6.1%
Trenton	85,181	84,609	-0.7%
West Windsor	26,283	27,711	5.4%

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2006-2010 and 2009-2013
* For 2006-2010, Princeton data includes Princeton Borough and Princeton Township

Age Distribution

- The majority of Mercer County residents are between the ages of 45-64 (27.1%) and 25-44 (26.6%). This age distribution is similar to the age distribution for New Jersey overall.
- Communities with the youngest population include West Windsor, Robbinsville, Pennington, and Trenton.
- Communities with the highest percentage of older residents (age 65 and older) include Pennington and Hamilton.

**Table 3. Age Distribution by State, County, and Towns, 2009-2013**

Geography	Under 18 years old	18-24 years old	25-44 years old	45-64 years old	65 years old and over
New Jersey	23.2%	8.8%	26.4%	27.7%	13.8%
Mercer County	22.4%	11.0%	26.6%	27.1%	12.9%
East Windsor	22.1%	8.8%	29.4%	27.8%	11.9%
Ewing	15.1%	20.4%	23.3%	26.5%	14.9%
Hamilton	21.0%	7.9%	25.0%	29.9%	16.3%
Hightstown	21.1%	6.8%	37.4%	23.8%	10.8%
Hopewell Borough	23.5%	4.6%	23.4%	36.2%	12.3%
Hopewell Township	25.2%	4.6%	21.1%	34.6%	14.4%
Lawrence	21.1%	13.3%	25.4%	26.0%	14.2%
Pennington	26.7%	5.4%	19.8%	29.8%	18.4%
Princeton	17.4%	24.2%	21.1%	23.0%	14.3%
Robbinsville	27.3%	5.2%	27.8%	30.6%	9.1%
Trenton	25.6%	10.7%	32.1%	23.0%	8.6%
West Windsor	29.1%	4.6%	25.6%	28.8%	11.8%

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013

Disability

- The percentage of the population with a disability in Mercer County (9.9%) is similar to what is seen in New Jersey overall (10.1%).
- As discussed later in the report, more than four in ten assessment survey respondents indicated that they disagreed with the statement, "It is easy for people with disabilities to access services in my community."

Figure 2: Percent of the Population with a Disability, 2009–2013
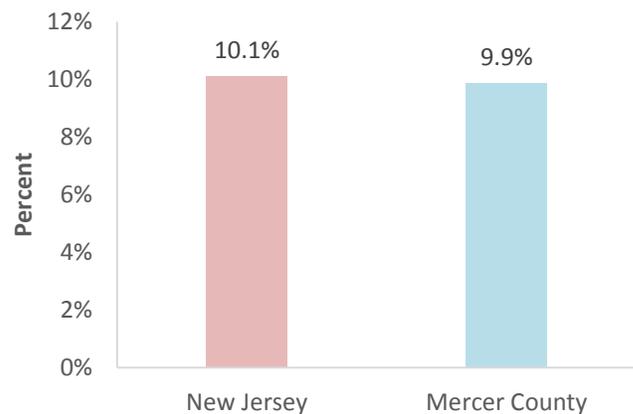
DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013 as reported by Community Commons
NOTE: "Disability" includes six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.

Racial / Ethnic Distribution

- Mercer County is a diverse community. While slightly more than half of Mercer County residents self-identify as white, non-Hispanic (53.7%), 19.5% identify as Black, non-Hispanic, 15.5% as Hispanic/Latino (any race), and 9.3% as Asian.
- The city of Trenton has the highest percentage of residents self-identifying as Black, non-Hispanic (48.9%), while the borough of Hightstown has the highest percentage of residents who self-identify as Hispanic or Latino (41.1%). In West Windsor, nearly four in ten (39.6%) of residents identify as Asian.

Table 4. Racial/Ethnic Distribution by State, County, and Towns, 2009-2013

Geography	White, non-Hispanic	Black, non-Hispanic	Asian, non-Hispanic	Other race, non-Hispanic	Two or more races, non-Hispanic	Hispanic/Latino, any race
New Jersey	58.5%	12.8%	8.5%	0.5%	1.5%	18.2%
Mercer County	53.7%	19.5%	9.3%	0.6%	1.5%	15.5%
East Windsor	51.2%	6.3%	18.8%	1.0%	1.7%	21.1%
Ewing	58.7%	28.9%	4.2%	0.1%	1.4%	6.6%
Hamilton	72.5%	11.0%	3.0%	0.7%	1.1%	11.6%
Hightstown	51.3%	4.9%	1.7%	0.0%	1.0%	41.1%
Hopewell Borough	93.0%	1.8%	1.3%	0.0%	1.9%	2.0%
Hopewell Township	83.0%	4.1%	8.2%	0.0%	1.4%	3.3%
Lawrence	61.4%	12.9%	14.7%	0.5%	1.6%	8.9%
Pennington	91.1%	1.1%	3.0%	0.0%	0.0%	4.7%
Princeton	69.4%	6.4%	14.8%	0.5%	2.9%	5.9%
Robbinsville	76.1%	2.9%	14.1%	0.2%	1.6%	5.2%
Trenton	14.5%	48.9%	1.4%	0.4%	1.0%	33.8%
West Windsor	47.1%	2.9%	39.6%	1.9%	2.2%	6.3%

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013
NOTE: Other race includes individuals self-identified as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and some other race

Income and Poverty

Income and poverty status have the potential to impact health in a variety of ways. For example, the stress of living in poverty and struggling to make ends meet can have adverse effects on both mental and physical health, while financial hardship is a significant barrier to accessing goods and services.

- Data from the 2009-2013 American Community Survey shows that the median household income in Mercer County ($73,480) is slightly higher than for New Jersey overall ($71,629). However, income varies by town. The highest median household income in Mercer County, in West Windsor ($155,067), is much higher than the lowest median household income, in Trenton ($36,662) (Figure 3).
- Figure 4 shows the percent of adults below the poverty line in the time periods 2006-2010 and 2009-2013. The percent of adults below the poverty line in 2009-2013 was highest in Trenton (21.9%). However, in Trenton, Mercer County, and New Jersey, the percent of individuals below poverty has decreased slightly between these two time periods.

Figure 3. Median Household Income by State, County, and Towns, 2009-2013

Location	Median Income
New Jersey	$71,629
Mercer County	$73,480
East Windsor	$84,656
Ewing	$74,483
Hamilton	$71,724
Hightstown	$76,500
Hopewell Borough	$98,125
Hopewell Township	$147,500
Lawrence	$88,358
Pennington	$113,929
Princeton	$109,865
Robbinsville	$112,292
Trenton	$36,662
West Windsor	$155,067

Median Income ($) in Thousands
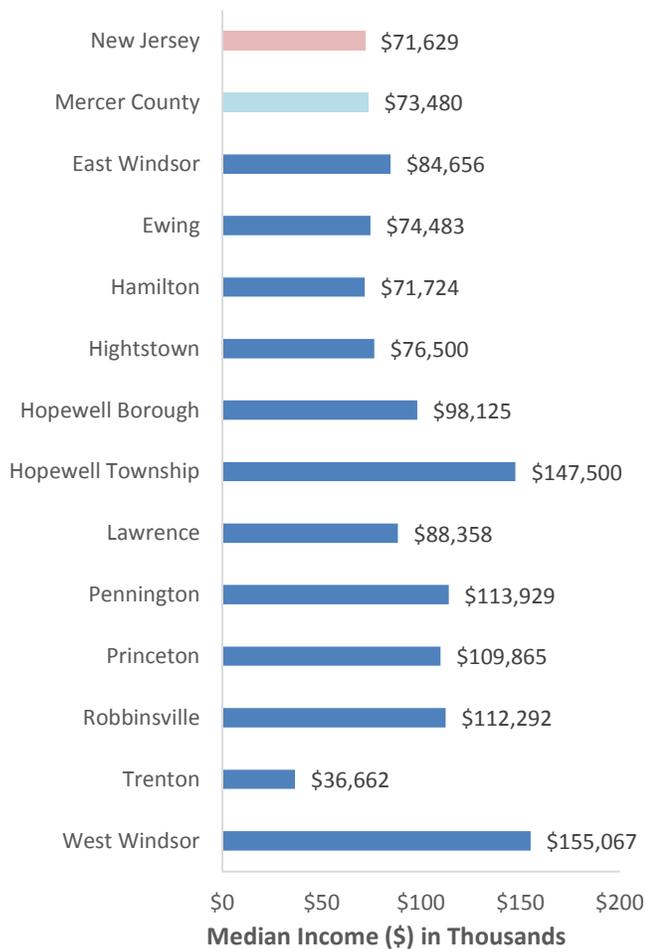
DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013

Figure 4. Percent of Individuals 18 Years and Over Below Poverty Level by State, County, and Towns, 2006-2010 and 2009-2013
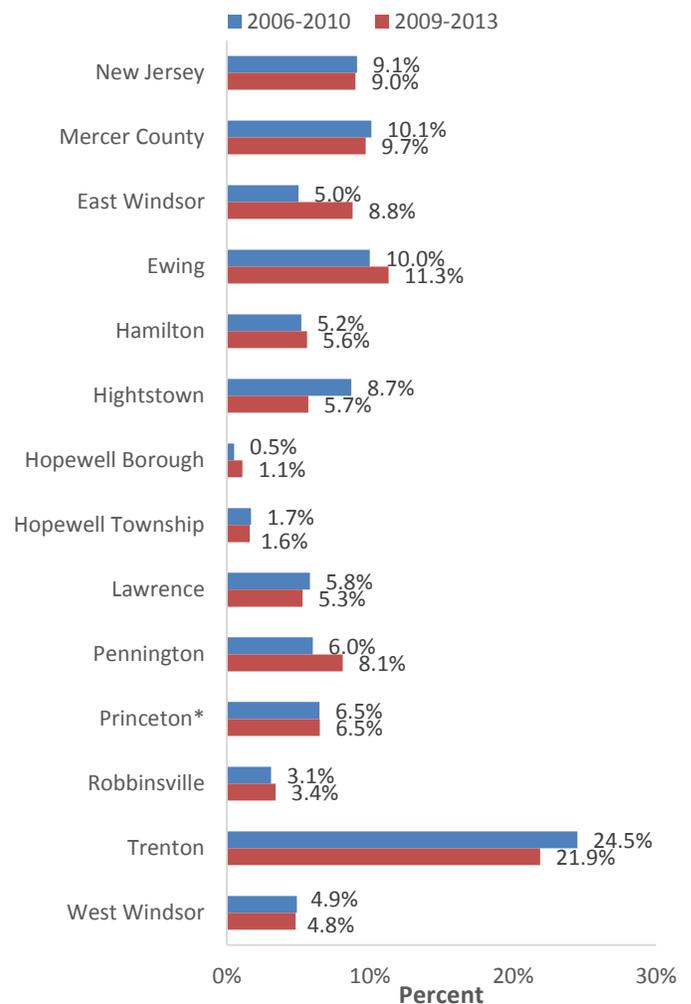
Location	2006-2010	2009-2013
New Jersey	9.1%	9.0%
Mercer County	10.1%	9.7%
East Windsor	5.0%	8.8%
Ewing	10.0%	11.3%
Hamilton	5.2%	5.6%
Hightstown	8.7%	5.7%
Hopewell Borough	0.5%	1.1%
Hopewell Township	1.7%	1.6%
Lawrence	5.8%	5.3%
Pennington	6.0%	8.1%
Princeton*	6.5%	6.5%
Robbinsville	3.1%	3.4%
Trenton	24.5%	21.9%
West Windsor	4.9%	4.8%

Percent

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2006-2010 and 2009-2013
* For 2006-2010, Princeton data includes Princeton Borough and Princeton Township

8

Employment and Educational Attainment

Employment status also can have a significant impact on one's health. Educational attainment is often associated with income, and higher educational levels can translate to greater health literacy.

- Data from the American Community Survey show that between the time periods 2006-2010 and 2009-2013, the unemployment rate has increased in New Jersey and every municipality within Mercer County except for Pennington Borough and West Windsor Township. In Mercer County, the unemployment rate is highest in Trenton (18.0%) (Figure 5).
- Compared to other municipalities in Mercer County, Trenton has the highest percentage of residents with less than a high school diploma (28.8%) (Figure 6). Princeton has the highest percentage of residents with a Bachelor's degree or higher (79.7%) (Figure 6).

Figure 5. Percent of Individuals 16 Years and Over Unemployed in the Civilian Labor Force by State, County, and Towns, 2006-2010 and 2009-2013
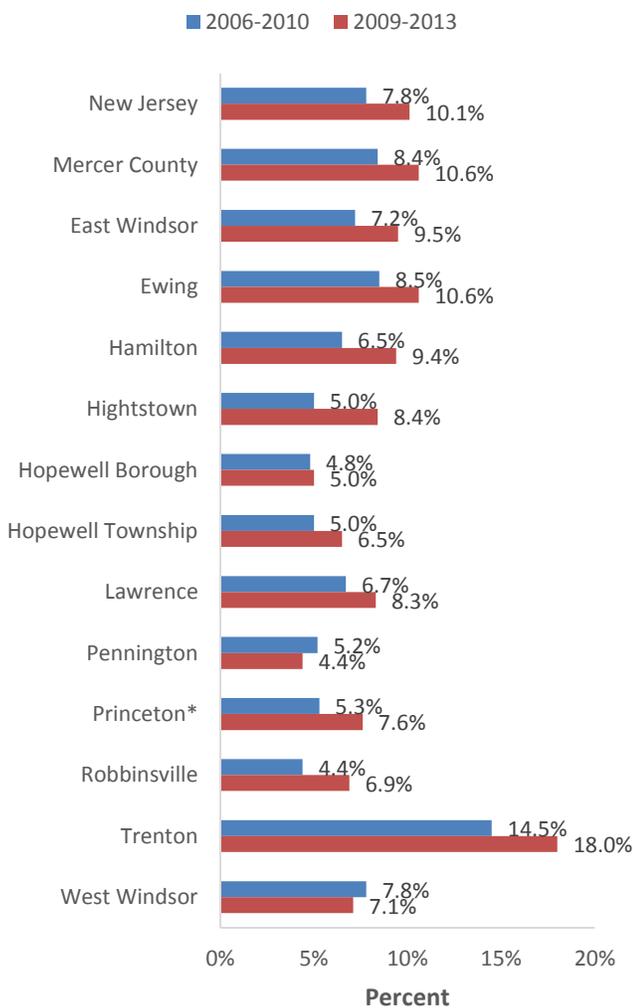
Figure 6. Educational Attainment of Adults 25 Years and Older by State, County, and Towns, 2009-2013
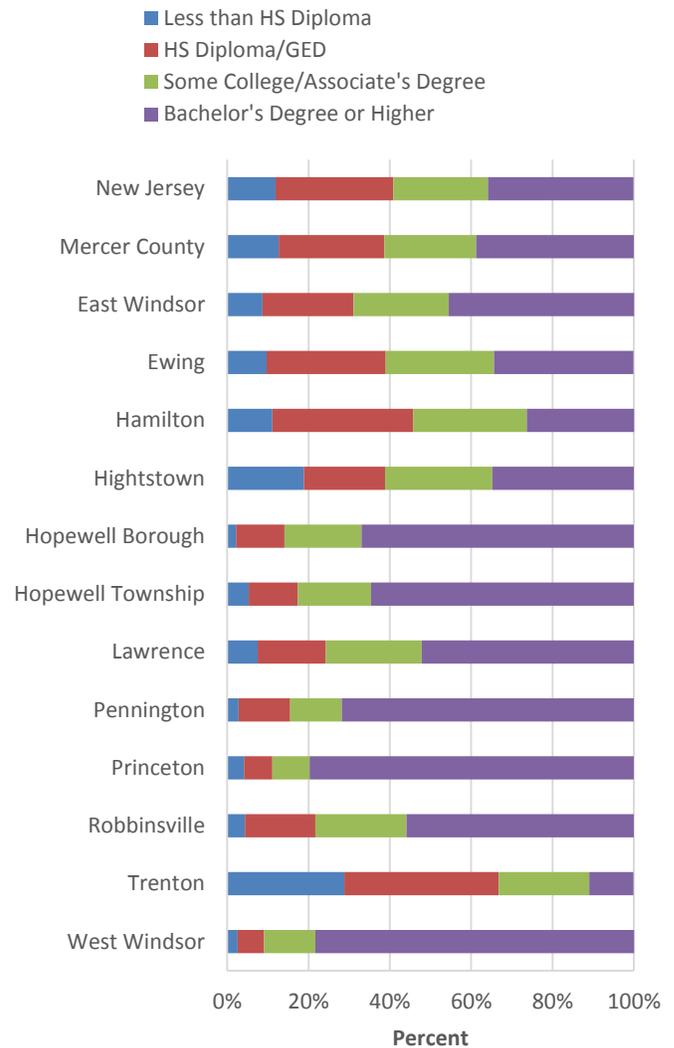
DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2006-2010 and 2009-2013
* For 2006-2010, Princeton data includes Princeton Borough and Princeton Township

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013

9

Housing

Housing costs are generally a substantial portion of expenses, which can contribute to an unsustainably high cost of living. Additionally, poor quality housing structures, which may contain hazards such as lead paint, asbestos, and mold, may also trigger certain health issues such as asthma.

- In Mercer County, the monthly median housing costs are $1,867 for owners and $1,120 for renters (both costs are slightly lower than for the state of New Jersey overall) (Figure 7). Among renters, the highest monthly median housing costs in Mercer County are found in West Windsor ($1,716) and the lowest are in Trenton ($972) (Figure 7).
- In all Mercer County municipalities except for East Windsor and Hightstown, a higher percent of renters compared to owners pay 35% or more of their household income towards their housing costs (Figure 8). In Hopewell Borough, 52.3% of renters have housing costs that are 35% or more of their household income (Figure 8).

Figure 7. Monthly Median Housing Costs for Owners and Renters by State, County, and Towns, 2009-2013
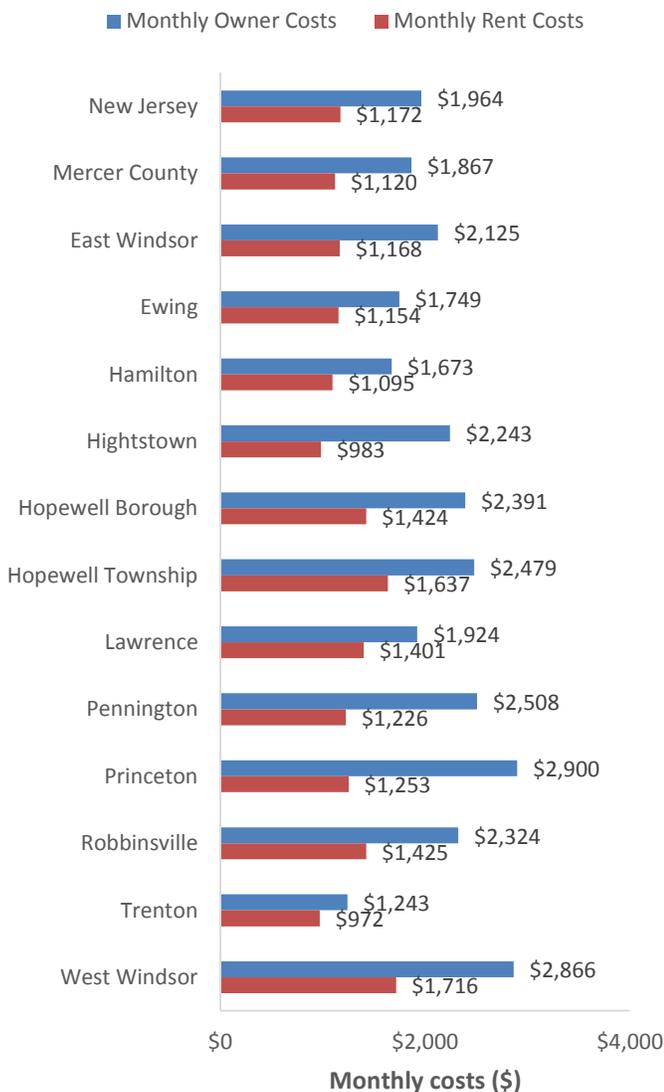
Figure 8. Percent of Owners and Renters Whose Housing Costs Are 35% or More of Household Income by State, County, and Towns, 2009-2013
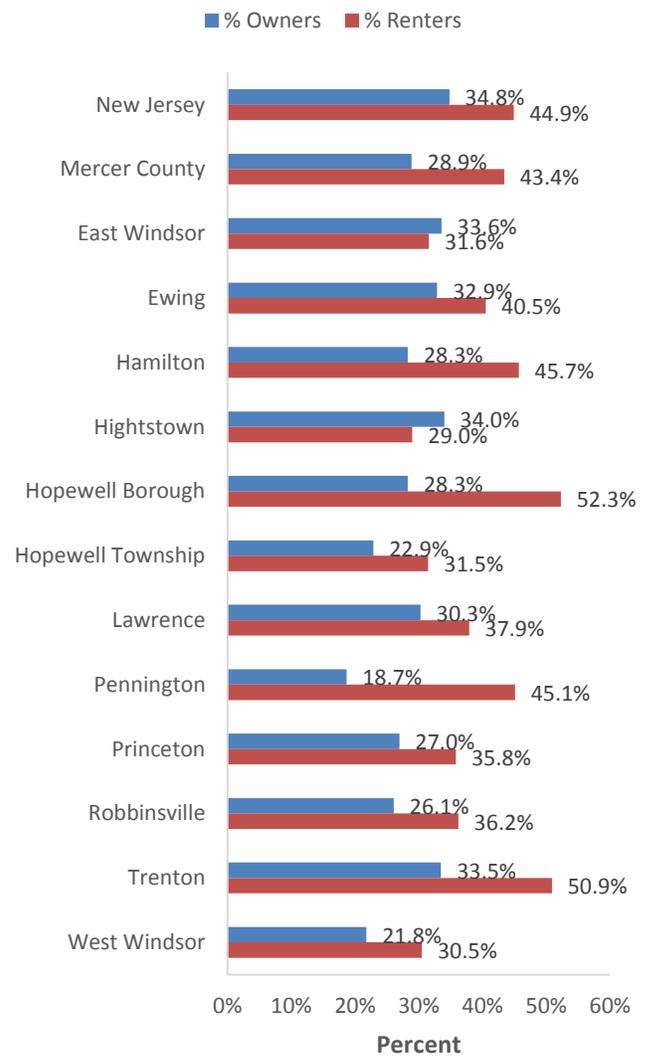
DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013

Transportation

Transportation is important for people to get to work, school, health care services, social services, and many other destinations. Modes of active transportation, such as biking and walking, can encourage physical activity and have a positive impact on health.

- In Mercer County overall, a majority of residents (71.1%) commute to work by driving in a car, truck or van alone (Table 5).
- In Mercer County, 30% of residents commute to work in a car alone for more than 30 minutes, compared to 41% of residents in New Jersey overall (Figure 9).
- Among Mercer County municipalities, West Windsor and Trenton have the highest percentage of workers who commute by public transportation (20.7% and 12.4%, respectively) (Table 5).
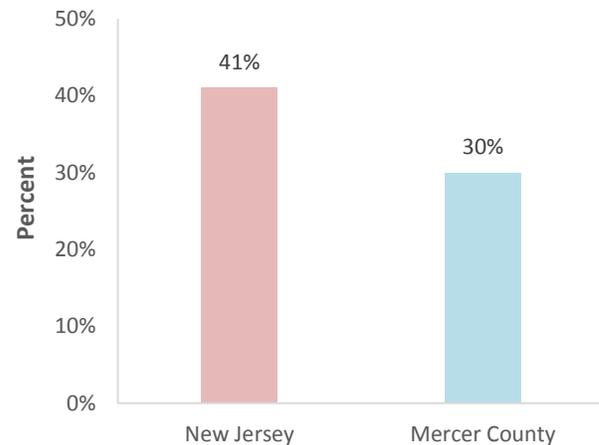
DATA SOURCE: US Census Bureau, 5-Year American Community Survey 2009-2013 as cited in County Health Rankings

Table 5. Means of Transportation to Work by State, County, and Towns, 2009-2013

Geography	% Car, truck, or van (drove alone)	% Car, truck, or van (carpooled)	Public Transportation (excluding taxis)	Walked	Worked at home	Other
New Jersey	71.9%	8.4%	10.8%	3.1%	3.9%	1.9%
Mercer County	71.1%	10.1%	7.6%	3.7%	4.9%	2.6%
East Windsor	68.8%	15.2%	5.0%	1.2%	5.3%	4.5%
Ewing	81.2%	4.5%	4.4%	3.8%	4.9%	1.2%
Hamilton	83.5%	8.6%	3.5%	1.1%	2.5%	0.8%
Hightstown	63.4%	11.1%	4.4%	2.1%	4.0%	14.9%
Hopewell Borough	78.5%	5.8%	1.2%	5.2%	7.4%	1.9%
Hopewell Township	81.4%	5.0%	3.6%	1.6%	7.4%	1.0%
Lawrence	75.1%	8.0%	5.6%	3.2%	7.3%	0.8%
Pennington	84.2%	3.8%	3.2%	4.8%	3.7%	0.3%
Princeton	48.3%	4.9%	10.0%	18.9%	12.5%	5.4%
Robbinsville	81.8%	4.6%	6.9%	0.4%	6.1%	0.2%
Trenton	56.0%	20.6%	12.4%	4.9%	1.3%	4.8%
West Windsor	63.0%	5.7%	20.7%	0.1%	8.7%	1.8%

DATA SOURCE: US Census Bureau, 5-Year American Community Survey, 2009-2013
NOTE: Other includes transportation by bicycle and taxicab, motorcycle, or other means

Transportation CONT

- The maps show the bus transit service in Mercer County (Figure 10) and transit stops in Mercer County (Figure 11). In both maps, public transportation options are concentrated in "spokes" extending from Trenton, with a few routes extending to Princeton.

Figure 10. NJ TRANSIT Bus Service in Mercer County, 2011
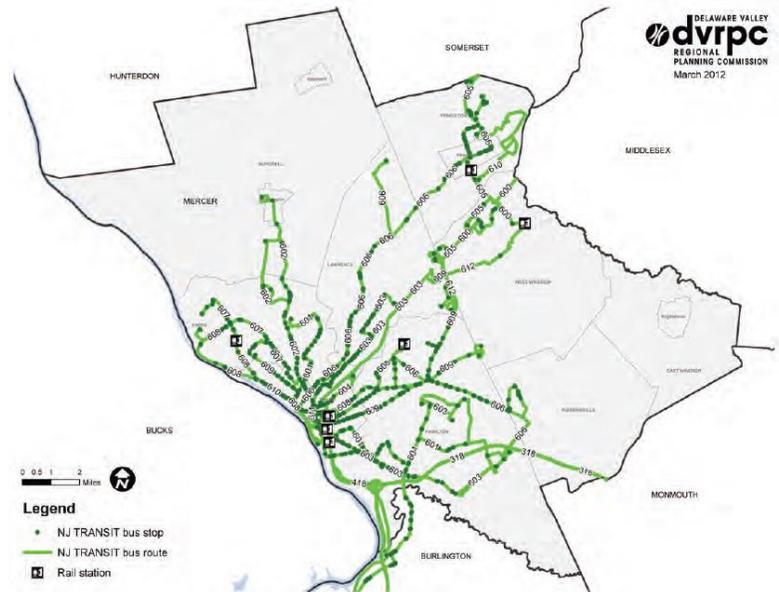
DATA SOURCE: Delaware Valley Regional Planning Committee, Future Bus Plan: Mercer County, April 2012, Accessed 11/5/15 at: http://www.dvrpc.org/reports/10035.pdf

Figure 11: Mercer County Transit Stops, 2013
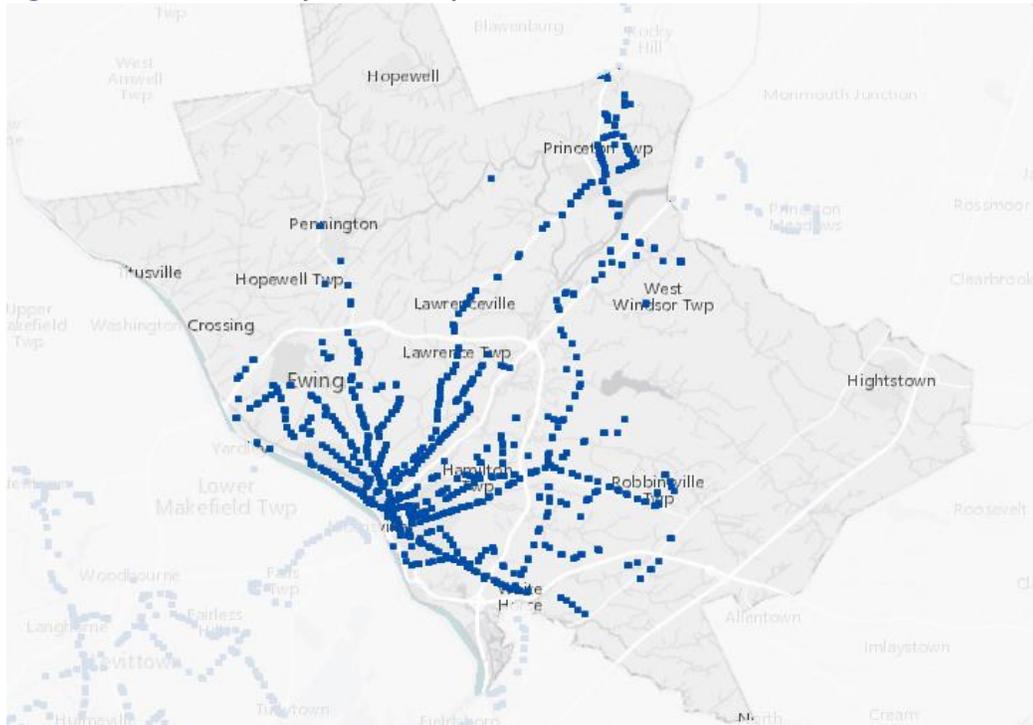
DATA SOURCE: Environmental Protection Agency, EPA Smart Location Database (includes stops for bus routes, metro lines, and trolley cars), 2013 as reported by Community Commons

Crime and Violence

Exposure to crime and violence can have an impact on both mental and physical health. Certain geographic areas may have higher rates of violence, which can serve as stressors for nearby residents. Violence can include physical, social, and emotional violence, such as bullying, which can occur in person or online.

- Among Mercer County municipalities, the violent crime rate is highest in Trenton (1,104.1 offenses per 100,000 population) and lowest in Hightstown (7.7 offenses per 100,000 population) (Table 6). The property crime rate is highest in Trenton (2,064.4 offenses per 100,000 population) and lowest in Hopewell Township (526.7 offenses per 100,000 population) (Table 6).
- While Mercer County specific data for youth were not available, between 2011 and 2013 the percent of New Jersey youth reporting being bullied on school property increased slightly (from 20.0% to 21.0%), while the percent reporting being electronically bullied decreased slightly (from 15.6% to 15.0%) (Figure 12).

Table 6. Offenses Known to Law Enforcement per 100,000 Population by State and Towns, 2014

Geography	Violent Crime Rate*	Property Crime Rate**
New Jersey	261.2	1,734.1
East Windsor	57.8	943.0
Ewing	184.8	1,954.5
Hamilton***	212.4	2,092.3
Hightstown	7.7	858.5
Hopewell Borough	104.1	728.4
Hopewell Township	48.9	526.7
Lawrence	138.8	2,064.4
Pennington	77.2	540.3
Princeton	68.6	926.1
Robbinsville	49.4	747.7
Trenton	1,104.1	2,406.2
West Windsor	41.8	1,296.3

DATA SOURCE: Federal Bureau of Investigation, Uniform Crime Reports, Offenses Known to Law Enforcement per 100,000 Population, by State and Municipality, 2014
* Violent crime includes: murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault
**Property crime includes: burglary; larceny-theft; motor vehicle theft; and arson
*** 2013 data
NOTE: Data at county level not available

Figure 12. Percent Youth Bullied at Least Once on School Property or Electronically Bullied at Least Once in Past 12 Months in New Jersey, 2011 and 2013
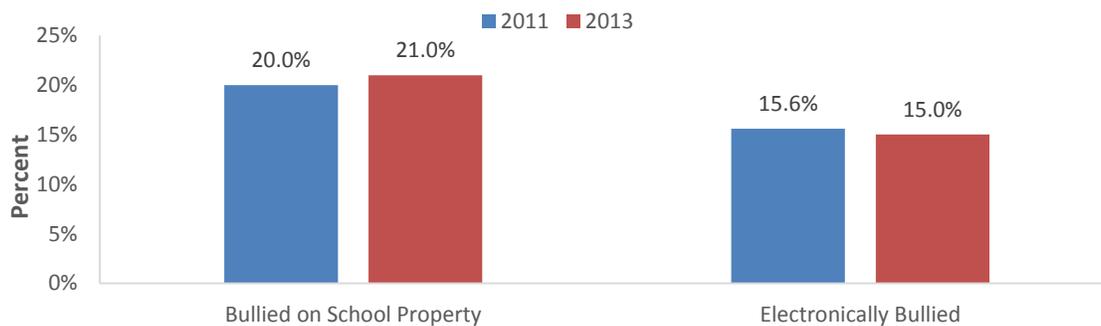
DATA SOURCE: State of New Jersey Department of Education, New Jersey Student Health Survey, 2011 and 2013

HEALTH OUTCOMES AND BEHAVIORS

The following section discusses a range of health outcomes and behaviors from chronic disease, behavioral health, communicable disease, and oral health, among other issues.

On the 2015 Mercer County community health assessment survey, respondents were asked to identify the top three health issues that they perceived as having the largest impact on their community in Mercer County. Figure 13 presents these results.

- The health issues that were perceived as ones with the largest community impact were chronic disease (43.1%) and access to health care (43%), followed by alcohol/substance abuse (38.4%), and overweight/obesity (36.3%).

Figure 13. Survey Respondents' Perceptions of Top Health Issues with the Largest Impact on the Mercer County Community, 2015

Health Issue	Percent
Chronic disease (diabetes, heart disease, cancer)	43.1%
Access to health care	43.0%
Alcohol or substance use or abuse	38.4%
Overweight or obesity	36.3%
Mental health issues	31.6%
Health concerns related to aging	26.8%
Community violence (assault, gangs, robbery)	18.4%
Smoking	12.5%
Infectious/contagious disease	12.4%
Interpersonal violence	11.2%
Asthma	8.2%
Oral/dental health	6.5%
Other	5.4%
Teen pregnancy	4.4%
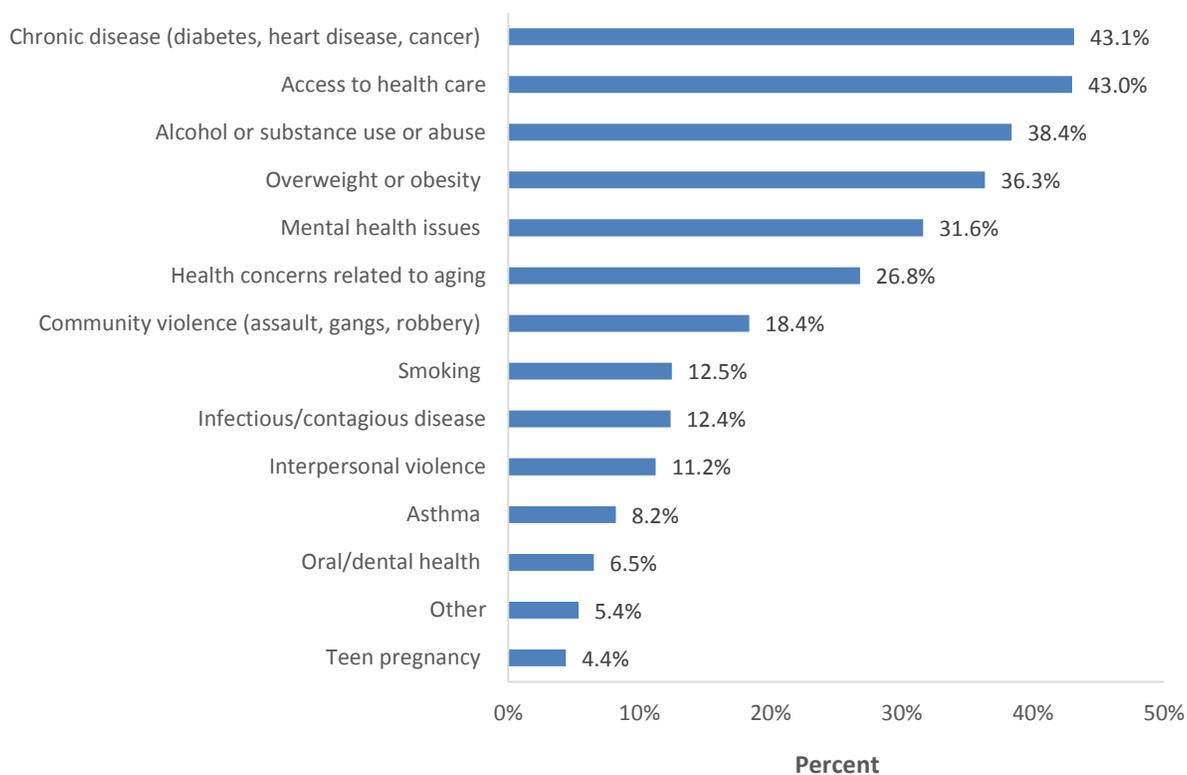
DATA SOURCE: Mercer County Community Health Assessment Survey, 2015
Note: Arranged in descending order

Overall Leading Causes of Death

Mortality statistics provide insights into the most common causes of death in a community. This type of information can be helpful for planning programs and policies targeted at leading causes of death. Figure 14 shows the mortality rates for the top causes of mortality in Mercer County.

- In 2012, the highest mortality rates for Mercer County were heart disease (159.9 per 100,000 population) and cancer (156.5 per 100,000 population). Similar to Mercer County, the highest mortality statewide rates were also heart disease (169.7 per 100,000 population) and cancer (159.0 per 100,000 population).

Figure 14. Age-Adjusted Mortality Rate per 100,000 Population for the Top Leading Causes of Mortality in Mercer County and New Jersey, 2012
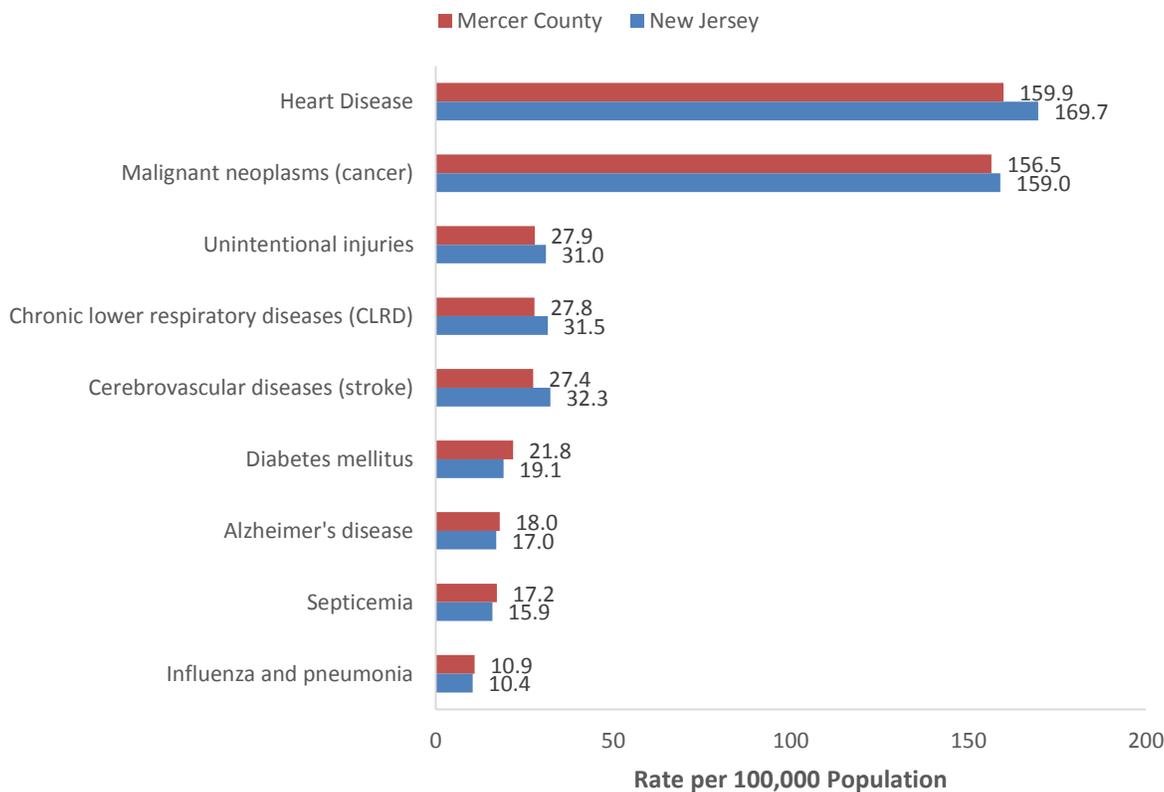
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center
NOTE: Arranged in descending order by Mercer County rates
NOTE: Excluded the category "all other diseases (residual)" from figure

Chronic Diseases and Related Risk Factors

Diet and exercise are risk factors for many chronic diseases. Access to healthy food and opportunities for physical activity depend on not only individual choices but also on the built environment in which we live, the economic resources we have access to, and the larger social context in which we operate. Risk factors for chronic diseases like overweight and obesity, heart disease, diabetes, cancer, and asthma include diet and exercise as well as genetics and stress. The prevention and management of chronic diseases is important for preventing disability and death, and also for maintaining a high quality of life.

Healthy Eating and Physical Activity

- Figure 15 shows the percent of residents who live in a food desert – those who do not live within one mile (if in an urban area) or within ten miles (if in a rural area) from a supermarket, supercenter, or a large grocery store. In Mercer County, approximately 28% of residents in 2010 were considered to have low access to grocery stores, which is a lower percentage compared to surrounding counties, such as Somerset County (41%), Monmouth County (34%), and Middlesex County (29%).
- Among public high school students in New Jersey, only 19% reported eating five or more servings of fruits and vegetables in day in 2013. Whether youth are sedentary or active is also important. Compared to 2011, slightly fewer students reported having used electronics for three or more hours a day, compared to 2013. Approximately half were considered active in the past five days.

Figure 15. Food Desert: Percent Population with Low Access to a Grocery Store, 2010
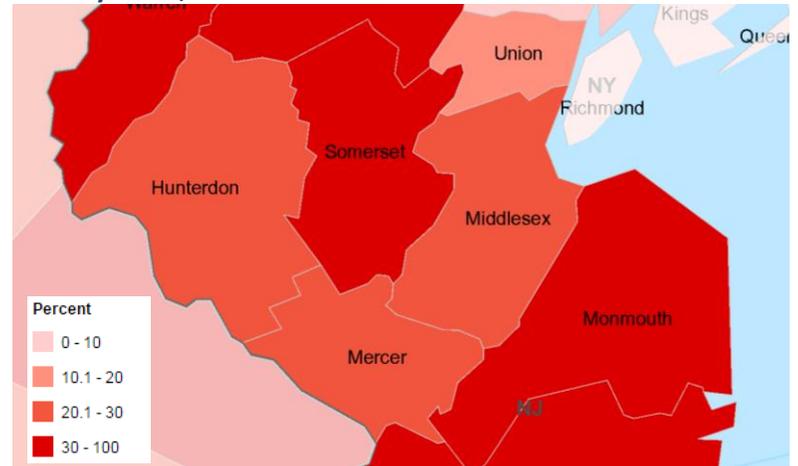
DATA SOURCE: Access to Affordable and Nutritious Food: Updated Estimates of Distances to Supermarkets Using 2010 Data, 2012 as cited by USDA Economic Research Service, ESRI
NOTE: An individual with low access to store is defined as living more than one mile from a supermarket, supercenter, or large grocery store in an urban area, or as living more than ten miles from a supermarket or large grocery store in a rural area

**Figure 16. Dietary and Physical Activity Behaviors among Youth in New Jersey, 2011 and 2013**
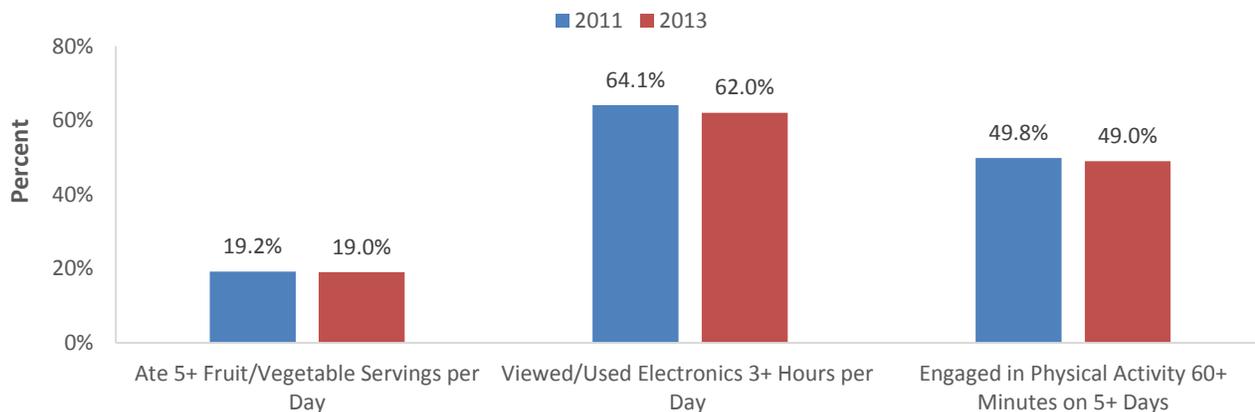
DATA SOURCE: State of New Jersey Department of Education, New Jersey Student Health Survey, 2011 and 2013

Overweight / Obesity

- In 2013, the percentage of Mercer County residents who reported that they were obese was comparable to the rate statewide (25.4% vs. 26.3%). As shown in Figure 17, for both Mercer County and the State, the percentages of obese residents were slightly higher in 2013 than in 2011.
- In 2013, only 14% of New Jersey high school students reported that they were overweight, while only 9% reported to be obese (Figure 18). Compared to in 2011, in 2013 fewer high school students generally reported that they were overweight or obese. Mercer County-specific youth obesity data are not available.

Figure 17. Percent Obese (BMI >= 30), State and County, 2009 and 2013
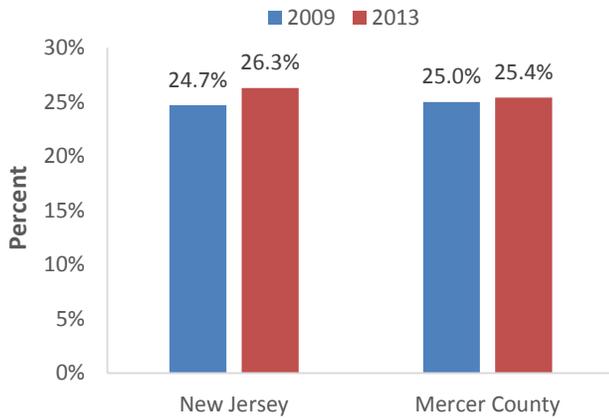
DATA SOURCES: CDC Behavioral Risk Surveillance System Survey, as cited by County Health Rankings, and New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health, 2009 and 2013

Figure 18. Percent Youth Overweight and Obese in New Jersey, 2011 and 2013
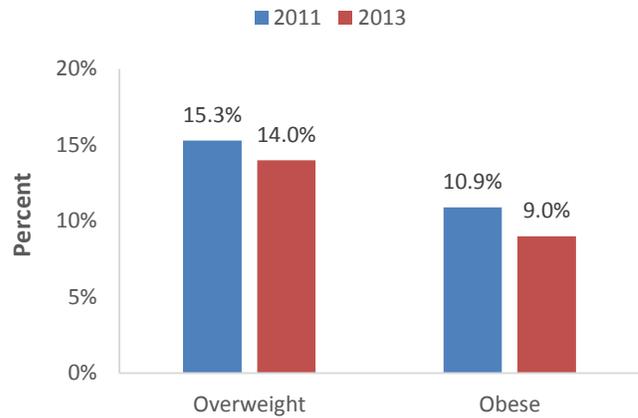
DATA SOURCE: State of New Jersey Department of Education, New Jersey Student Health Survey, 2011 and 2013

Heart Disease

- Figure 19 shows a slightly higher percentage of adults in Mercer County reported to ever have had coronary heart disease than in New Jersey as a whole in both 2011 and 2013.
- While a higher percentage of adults in Mercer County reported to have had coronary heart disease than statewide, in 2013 a lower percentage of adults reported to ever have had a heart attack in Mercer County than in New Jersey as a whole (Figure 20). In 2011, the percentage was higher for Mercer County than that of New Jersey.
- As shown in Figure 21, in 2014, the cardiovascular disease-related hospitalization rate of Mercer County was 1,207 per 10,000 population, which was higher than that of the state (1,030 per 10,000 population). A similar trend was seen in 2012, where the rate of cardiovascular disease-related hospitalization of Mercer County was higher than that statewide. When comparing the hospitalization rates from 2012 and 2014, both the rates of Mercer County and New Jersey decreased slightly from 2012 to 2014.

Figure 19. Percent Ever Had Angina or Coronary Heart Disease, State and County, 2011 and 2013
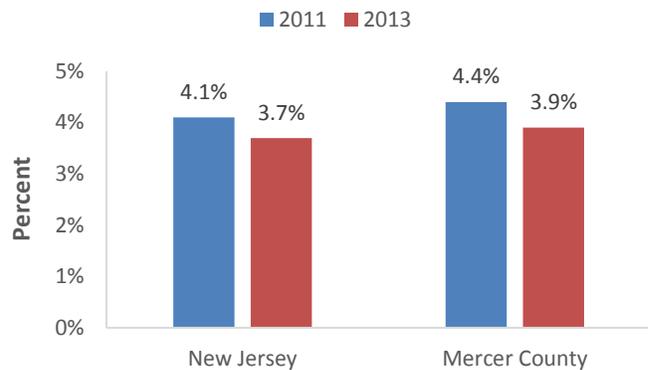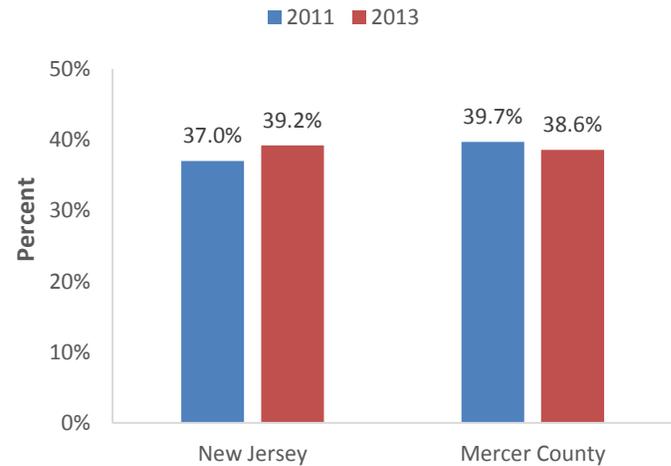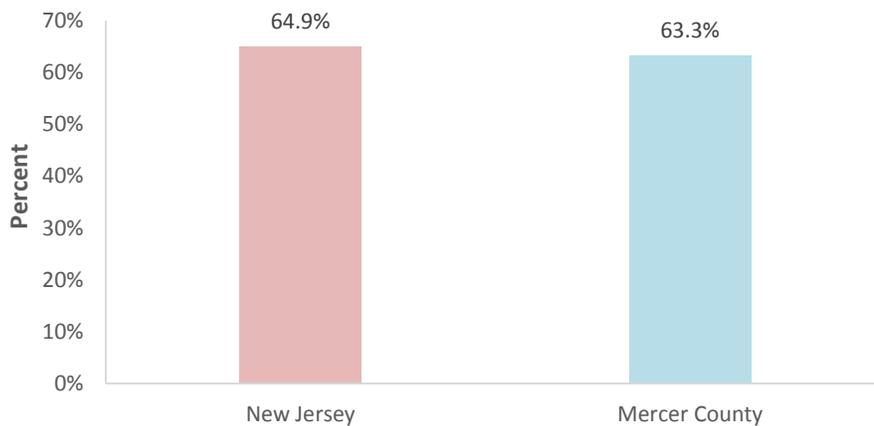

DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

Figure 20. Percent Ever Had Heart Attack, State and County, 2011 and 2013
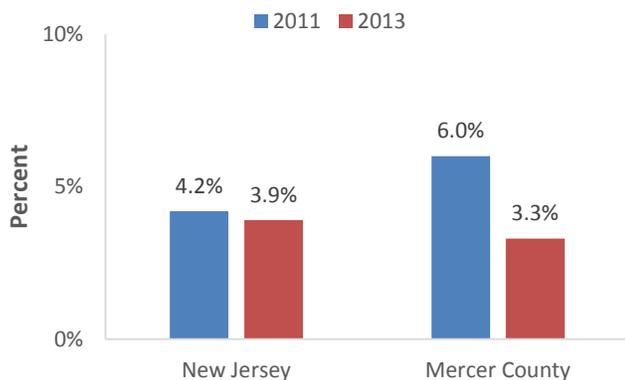
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

**Figure 21. Cardiovascular Disease-Related Hospitalization Rate per 10,000 Population, State and County, 2012 and 2014**
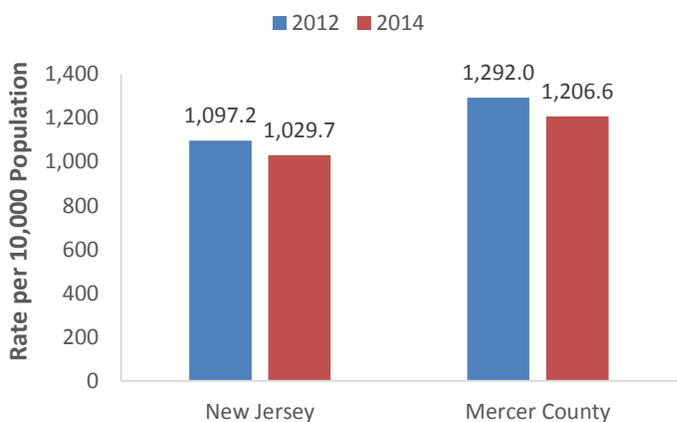
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2012 and 2014

Diabetes

- In Figure 22, a slightly higher percentage of adults reported they had been diagnosed with diabetes in 2013 than in 2011 for both Mercer County and statewide. In 2013, the percentage of Mercer County was comparable to that of the state, but slightly higher.
- Figure 23 shows that in 2013, compared to New Jersey, slightly fewer adults in Mercer County had ever been diagnosed with high blood pressure (30.1% vs. 31.0%). In Mercer County, more adults reported to have been diagnosed with high blood pressure in 2013 than in 2011 (26.0%).
- Similarly with high blood pressure diagnoses, slightly fewer adults reported to having ever been diagnosed with high cholesterol in Mercer County (38.6%) than in the state as a whole (39.2%). Figure 24 also shows that, unlike with high blood pressure, the percentage of adults who reported to have ever been diagnosed with high cholesterol was lower in 2013 than in 2011 (39.7%).

Figure 22. Percent Ever Diagnosed with Diabetes, State and County, 2011 and 2013
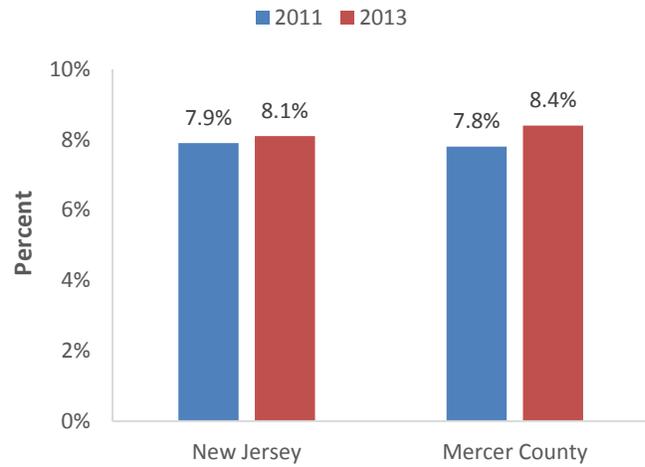
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

Figure 23. Percent Ever Diagnosed with High Blood Pressure, State and County, 2011 and 2013
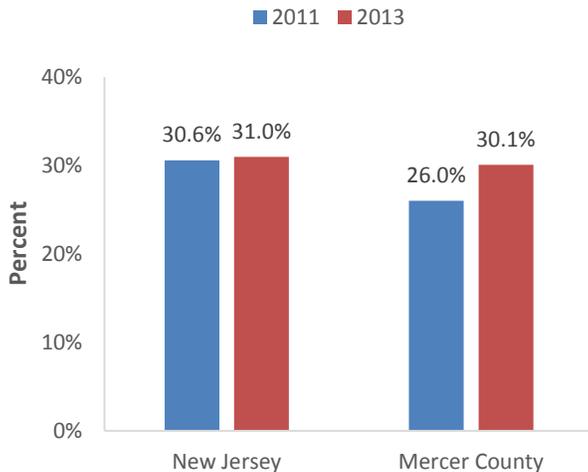
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

Figure 24. Percent Ever Diagnosed with High Cholesterol, State and County, 2011 and 2013

DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

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Cancer: Screening

- In Mercer County, almost two in three adults 50 years old and over reported to have ever had a colonoscopy or sigmoidoscopy in 2012 (Figure 25).
- About three quarters of women over the age of 40 reported to have had a mammogram in the past two years, while approximately 81% of women over the age of 40 reported to have had a pap test in the past three years (Figure 26).

Figure 25. Percent Adults 50 Years Old and Over Ever Had Colonoscopy or Sigmoidoscopy, 2012

DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2012

Figure 26. Percent Women 40 Years Old and Over Had Mammogram in Past Two Years and Had Pap Test in Past 3 Years, 2012
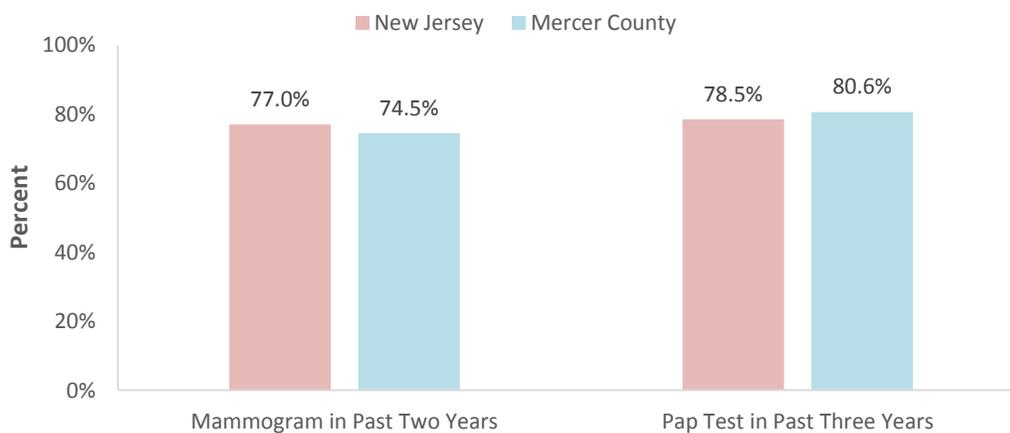
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2012

Cancer: Incidence and Mortality

- The overall cancer incidence rate for all sites for Mercer County (579.5 per 100,000 population) was higher than the statewide rate (544.7 per 100,000 population). With the exception of cervical and lung and bronchus cancer incidence rates, the incidence rates for specific cancer types (breast; colon and rectum; and prostate) were higher for Mercer County than the statewide incidence rates (Table 7).
- Table 8 shows that Mercer County had a slightly lower overall cancer mortality rate for all sites (167.8 per 100,000 population) than the state had as a whole (171.5 per 100,000 population).

Table 7. Age-Adjusted Cancer Incidence Rates per 100,000 Population by Type, State and County, 2008-2012

	All sites	Breast	Cervical	Colon and Rectum	Lung and Bronchus	Prostate
New Jersey	544.7	171.2	8.0	47.3	60.1	157.2
Mercer County	579.5	176.9	5.8	54.9	58.1	170.1

DATA SOURCE: New Jersey State Cancer Registry as cited by Cancer-Rates.info, 2008-2012

Table 8. Age-Adjusted Cancer Mortality Rates per 100,000 Population by Type, State and County, 2007-2011

	All sites	Breast	Cervical	Colon and Rectum	Lung and Bronchus	Prostate
New Jersey	171.5	24.6	2.3	16.8	43.6	21.2
Mercer County	167.8	24.6	2.2	16.6	41.0	25.9

DATA SOURCE: New Jersey State Cancer Registry as cited by Cancer-Rates.info, 2007-2011

Asthma

- As shown in Figure 27, for Mercer County, a higher percentage of adults reported to have been diagnosed with asthma than for New Jersey as a whole in both 2011 and 2013.
- In 2014, the rate of asthma-related hospitalizations for Mercer County was lower than that for the state as whole. Figure 28 shows that the hospitalization rate decreased to 1,206.6 per 100,000 population in 2014 from 1,292 per 100,000 population in 2012.

Figure 27. Percent Ever Diagnosed with Asthma, State and County, 2011 and 2013
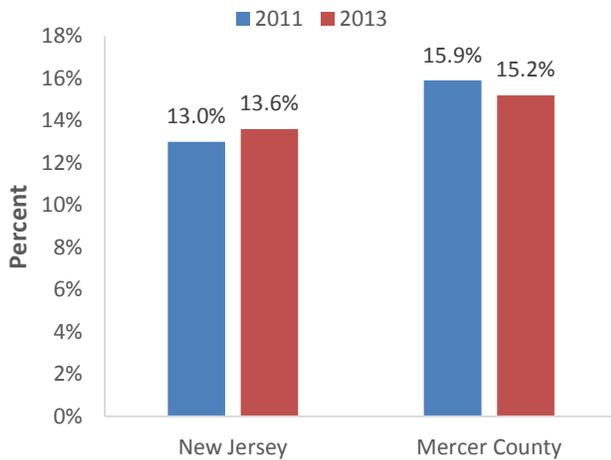
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

Figure 28. Age-Adjusted Asthma-related Hospitalization Rate per 10,000 Population, State and County, 2012 and 2014
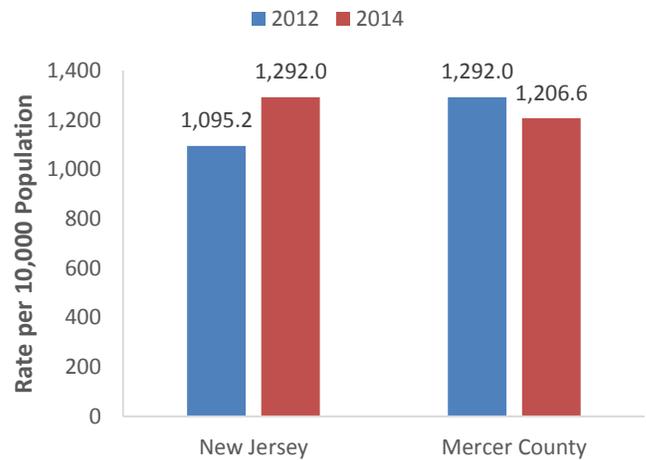

DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2012 and 2014

Behavioral Health

Behavioral health issues, including mental health and substance abuse disorders, have a substantial impact on individuals, families, and communities. Mental health status is also closely connected to physical health, particularly in regard to the prevention and management of chronic diseases.

Mental Health

- Compared to New Jersey overall (13.9%), there was a higher percentage of adults who reported to have been diagnosed with depression in Mercer County (14.3%) in 2013 (Figure 29). In Mercer County, the percentage of adults diagnosed with depression increased between 2011 and 2013 (11.4% vs. 14.3%).
- The rate of hospitalizations due to mental diseases and disorders for Mercer County was lower in 2014 (56.1 per 10,000 population) than it was in 2012 (61.4 per 10,000 population). As seen in Figure 30, in both 2012 and 2014 the hospitalization rates for Mercer County were higher than those for New Jersey as a whole.

Figure 29. Percent Diagnosed with Depression, State and County, 2011 and 2013
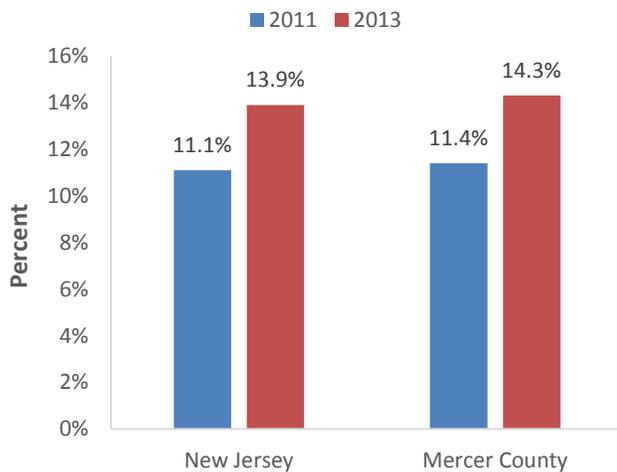
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2011 and 2013

Figure 30. Age-Adjusted Hospitalization Due to Mental Diseases and Disorders Rate per 10,000 Population, State and County, 2012 and 2014
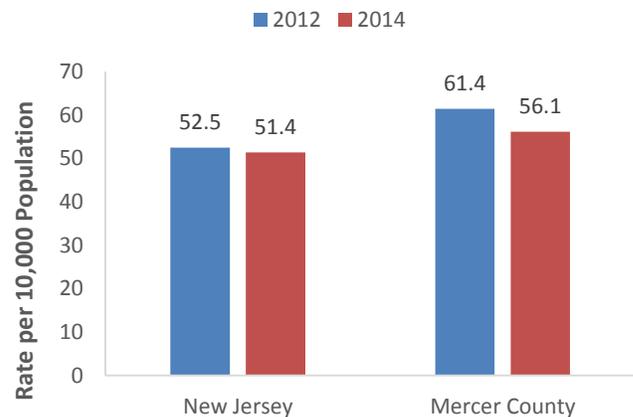
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2012 and 2014

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Substance Use and Abuse: Youth

- Middle school students in New Jersey reported usages of various substances. Figure 31 shows in 2012, students most often reported to have drank alcohol in their lifetimes (20.9%), while marijuana was least commonly reported to have been used by students (6.4%). Compared to the percentages of student reported substance use in 2011, the percentages of reported use of each substance type were lower in 2012.

Figure 31. Trends in Substance Use in Lifetime by Middle School Students in Mercer County, 2010 and 2012
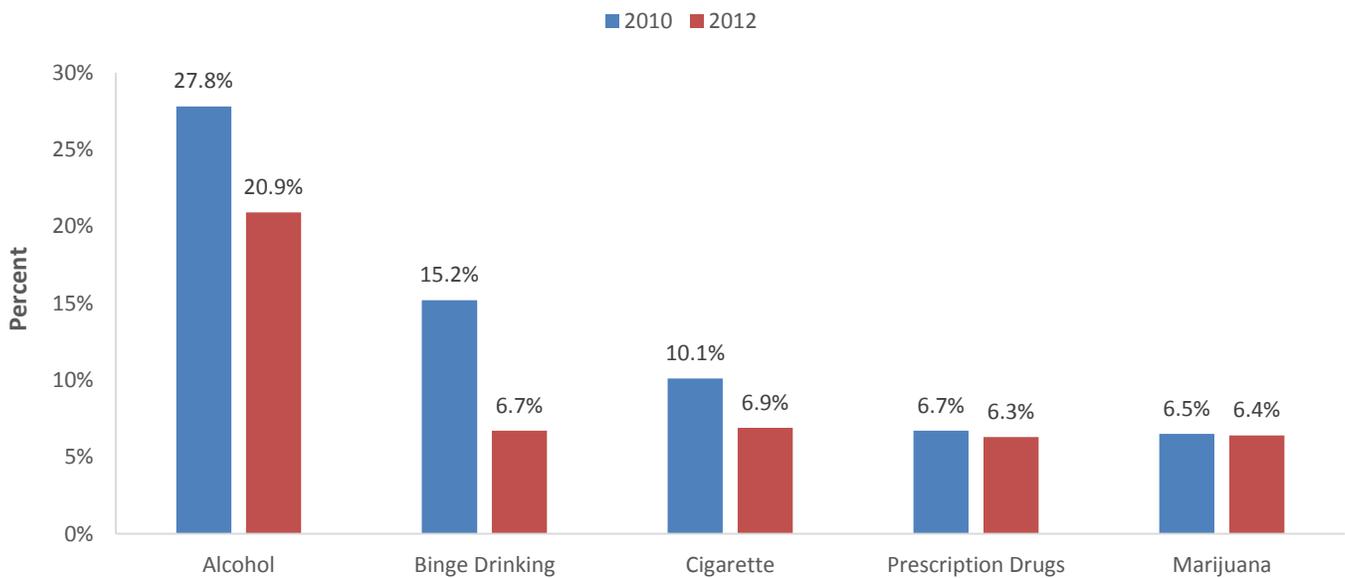
DATA SOURCE: New Jersey Middle School Risk and Protective Factor Survey, 2012

Substance Use and Abuse: Hospitalizations

- The graphs below show that rates of hospitalizations due to alcohol/drug use or induced mental disorders (Figure 32) and hospitalizations due to injuries, poison, and toxic effect of drugs (Figure 33) were higher in 2014 in Mercer County (25.9 per 10,000 population and 16.9 per 10,000 population, respectively) compared to rates in New Jersey as a whole (21.0 per 10,000 and 13.2 per 10,000, respectively).

Figure 32. Age-Adjusted Hospitalization Due to Alcohol/Drug Use or Induced Mental Disorders Rate per 10,000 Population, State and County, 2012 and 2014
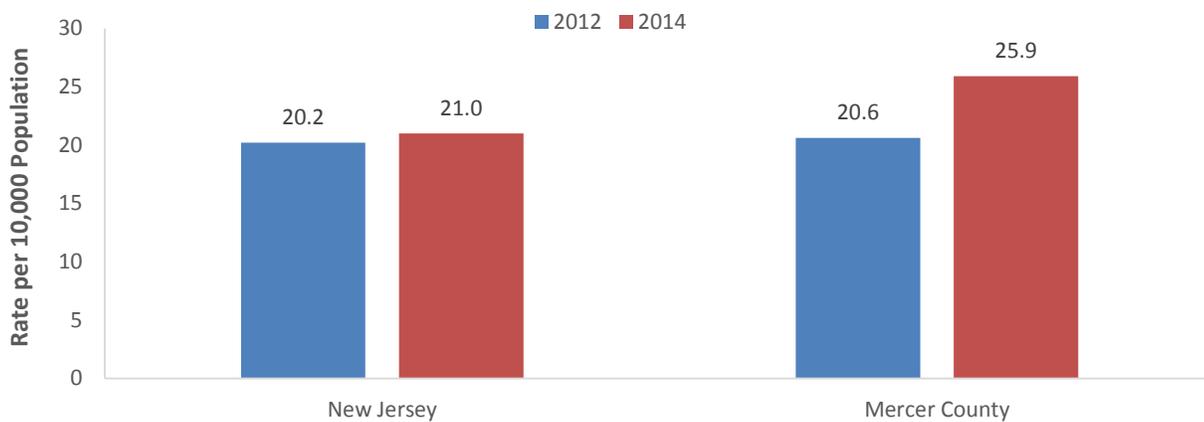
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2012 and 2014

Figure 33. Age-Adjusted Hospitalization Due to Injuries, Poison, and Toxic Effect of Drugs Rate per 10,000 Population, State and County, 2012 and 2014
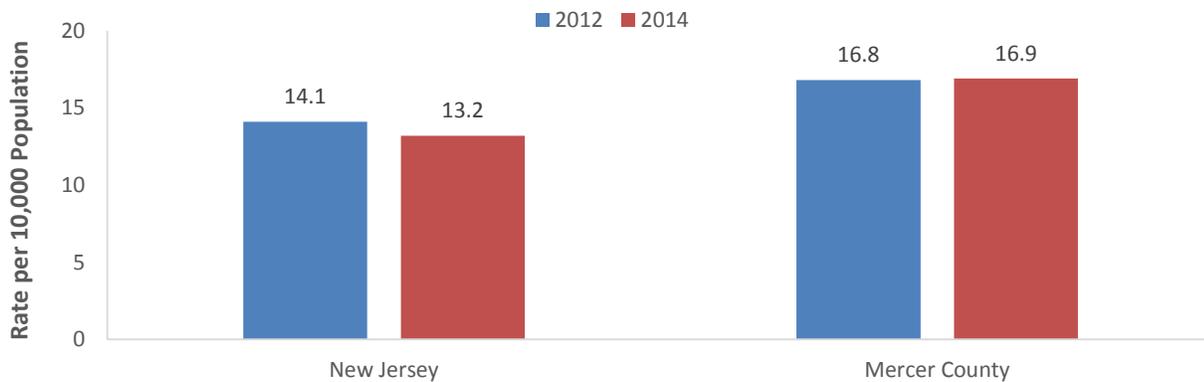
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2012 and 2014

Substance Use and Abuse: Treatment

Figure 34. Substance Abuse Treatment Admissions by Primary Drug Use, State and County, 2014
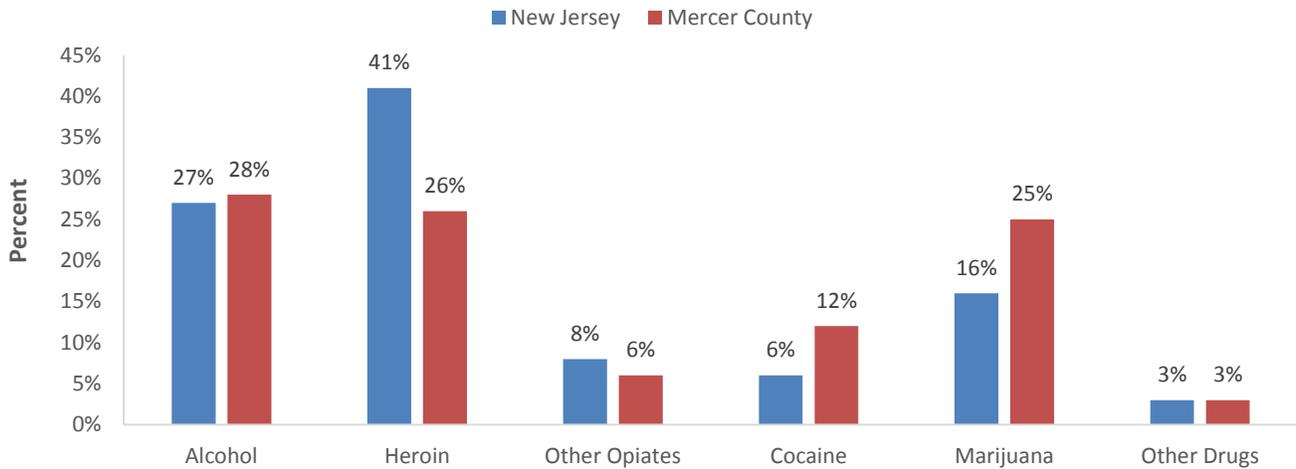
DATA SOURCE: State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, Office of Planning, Research, Evaluation, and Prevention. Substance Abuse Overview Report, 2014

Figure 35. Substance Abuse Treatment Admissions by Primary Drug at Treatment Sites within Mercer County, 2014

- The percentages of treatment admissions by substance type by residents of New Jersey and Mercer County are shown in Figure 34. For Mercer County residents, the highest percentages of treatment admissions were for alcohol abuse (28%) and heroin abuse (26%). Similarly statewide, the highest percentages of treatment admissions were for heroin abuse (41%) and alcohol (28%).
- Figure 35 shows the percentages of treatment admissions to treatment sites within Mercer County by substance type in 2014. The most common substances for which individuals were admitted for treatment were alcohol (25%), heroin (24%), and marijuana (22%).
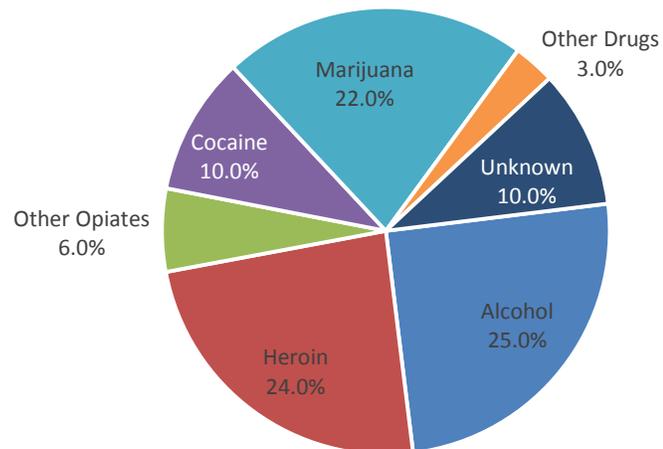
DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Office of Planning, Research, Evaluation and Prevention. Substance Abuse Overview, 2014

Substance Use and Abuse: Fatal Overdoses

- From 2011 to 2014, the number of accidental fatal drug overdoses in Mercer County remained relatively constant (Figure 36). According to preliminary findings, there have been 28 fatal overdoses already from January to June in 2015.

Figure 36. Trends in Number of Accidental Drug Overdose Deaths in Mercer County, 2011-2015
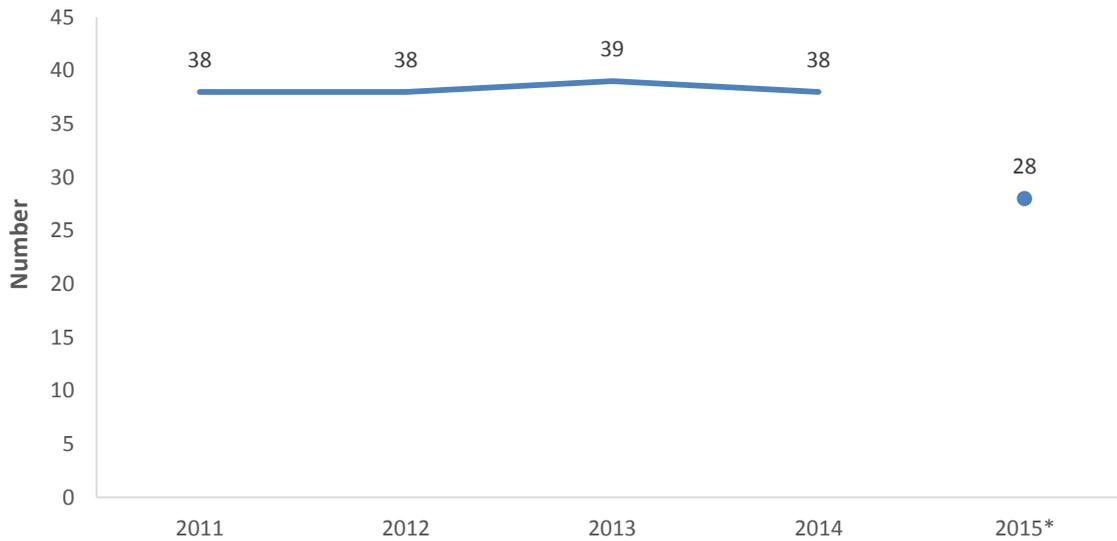
DATA SOURCE: New Jersey Office of the State Medical Examiner, 2011-2015
* 2015 data is preliminary and only includes the first six months of January to June 2015

Communicable Diseases

While there are various strategies for preventing communicable diseases, including sexually transmitted infections, HIV/AIDS, and tuberculosis, infections still occur and are sometimes more common in certain populations.

- Out of the twelve cities and towns within Mercer County, Trenton, Hamilton, and Ewing had the highest numbers of reported cases of chlamydia, gonorrhea, and syphilis (Table 9). Overall, chlamydia was the most commonly reported sexually transmitted infection throughout Mercer County, when compared with gonorrhea and syphilis cases.

Table 9. Number of Reported Sexually Transmitted Infection Cases, County and Cities/Towns, 2014

	Chlamydia	Gonorrhea	Syphilis
Mercer County	1691	473	42
East Windsor	49	4	1
Ewing	206	49	7
Hamilton	315	69	6
Hightstown	8	0	0
Hopewell Borough	1	0	1
Hopewell Township	23	8	2
Lawrence	73	11	2
Pennington	7	1	2
Princeton*	80	15	1
Robbinsville	23	7	0
Trenton	879	304	19
West Windsor	23	4	1

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CDRSS) as cited by New Jersey Department of Health, Division of HIV, STD, and TB Services, 2014
* Princeton includes cases from both Princeton Borough and Princeton Township
NOTE: Syphilis includes Early Latent, Late Latent, Primary, and Secondary Syphilis

Communicable Diseases

- Figure 37 shows the HIV/AIDS prevalence rate for Mercer County (417.9 per 100,000 population) was slightly lower than that for the state as a whole (427.8 per 100,000 population).
- From 2011 to 2014, the rates of tuberculosis cases for Mercer County had remained relatively constant, with exception to a slight decline in 2012 (Figure 38).

Figure 37. HIV/AIDS Prevalence Rate per 100,000 Population, State and County, 2014
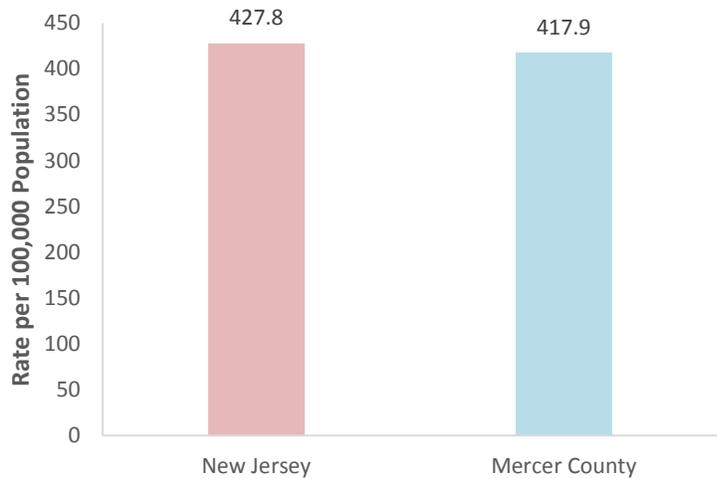
DATA SOURCE: New Jersey Department of Health, Division of HIV, STD, TB Services. HIV/AIDS Overview Report, 2014 via http://www.nj.gov/health/aids/repa/aidsdata.shtml

Figure 38. Trends in Tuberculosis Morbidity Case Rates per 100,000 Population, State and County, 2011-2014
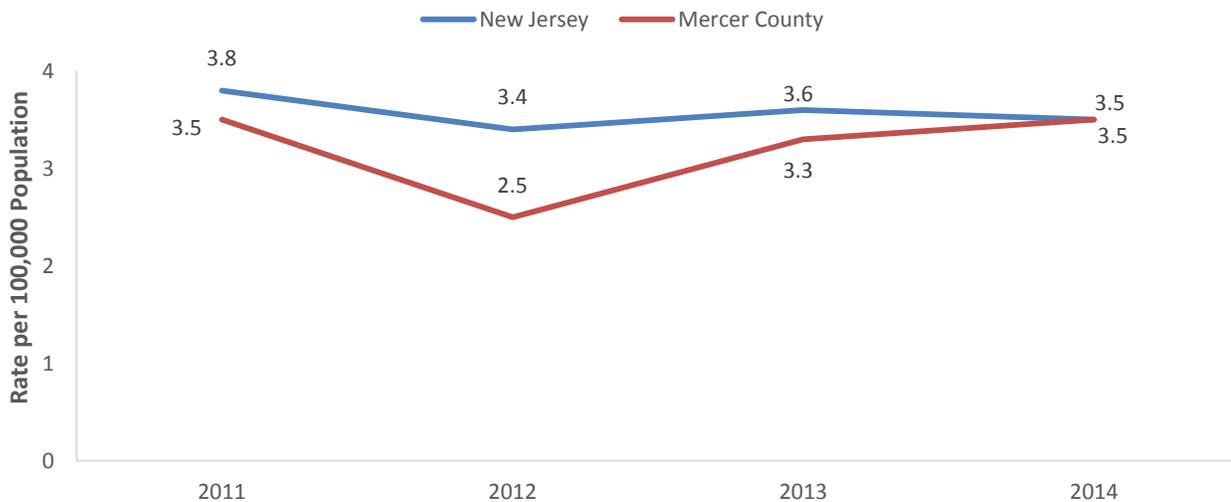
DATA SOURCE: State of New Jersey, Department of Health, Tuberculosis Control Program, 2014 via http://www.nj.gov/health/tb/documents/tbstats/county.pdf

Reproductive and Maternal Health

Maternal health and prenatal care can impact children's well-being throughout their lives. Adolescent mothers are more likely to receive poor prenatal care and to deliver low birthweight babies, which can then have adverse effects on a child's health and development.

- Figure 39 and Figure 40 illustrate trends in adolescent births to 15-17 year old and 18-19 year old mothers in Mercer County.
- In Mercer County, the overall rate of adolescent births to 15-17 year old mothers was lower than the rates of births to Black, non-Hispanic and Hispanic 15-17 year old mothers from 2008 to 2011 (Figure 39).
- The overall rate of adolescent births to 18-19 year old mothers was lower than those to Black, non-Hispanic and Hispanic 18-19 year old mothers, but higher than the rate of births to White 18-19 year old mothers (Figure 40). For example, in 2010, the overall adolescent birth rate in Mercer County was 31.5 per 1,000 population, but was 70.2 per 1,000 population for Black, non-Hispanic mothers, 76.7 per 1,000 population for Hispanic mothers, and 6.7 per population for White, non-Hispanic mothers.

Figure 39. Trends in Adolescent Births per 1,000 Female Population Aged 15-17 by Race/Ethnicity in Mercer County, 2008-2011
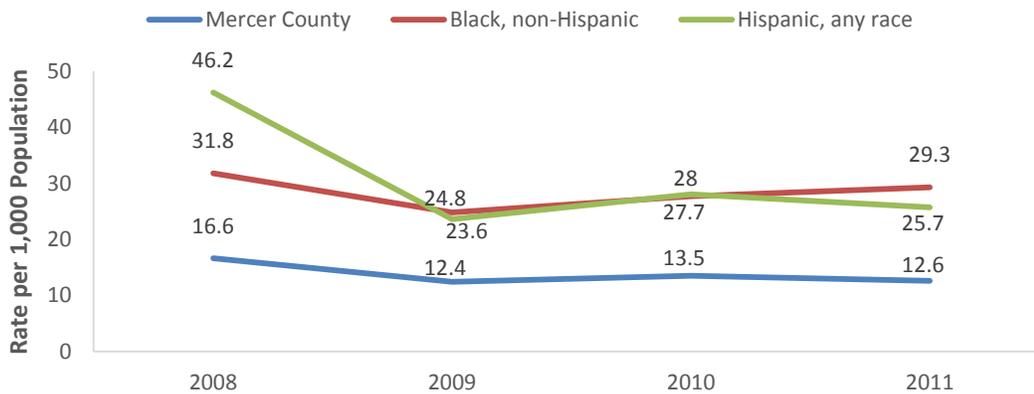
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: National Center for Health Statistics, 2008-2011
NOTE: Statistics for Asian adolescent births and White, non-Hispanic adolescent births do not meet standards of reliability or precision; based on fewer than 20 cases in the numerator and/or denominator

Figure 40. Trends in Adolescent Births per 1,000 Female Population Aged 18-19 by Race/Ethnicity in Mercer County, 2008-2011
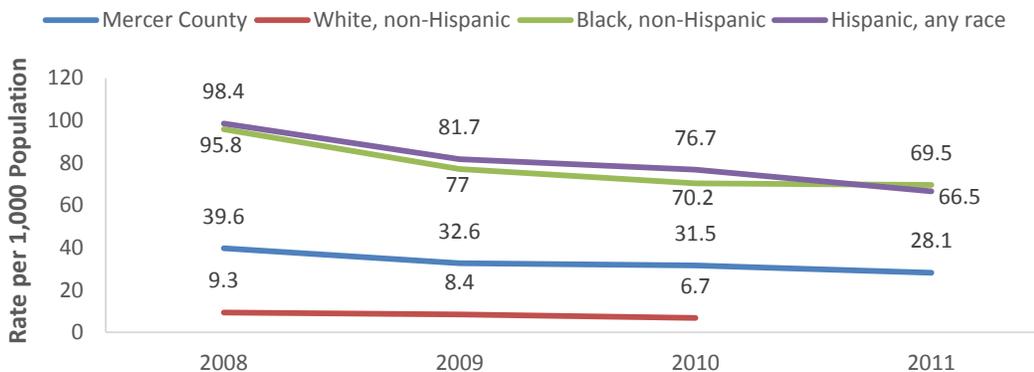
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: National Center for Health Statistics, 2008-2011
NOTE: Statistics for Asian adolescent births and White, non-Hispanic adolescent births for 2011 do not meet standards of reliability or precision; based on fewer than 20 cases in the numerator and/or denominator

Oral Health

Oral health is important for both children and adults. However, disparities in oral health status (for example, in rates of tooth decay) persist for many racial and ethnic groups. Financial barriers to accessing dental care exist, especially for individuals who cannot afford dental insurance.

- In Mercer County, for every 1,323 residents in the population there was one dentist in 2013 (Figure 41). Compared to New Jersey as a whole, there were slightly fewer dentists per the population in Mercer County in 2013.
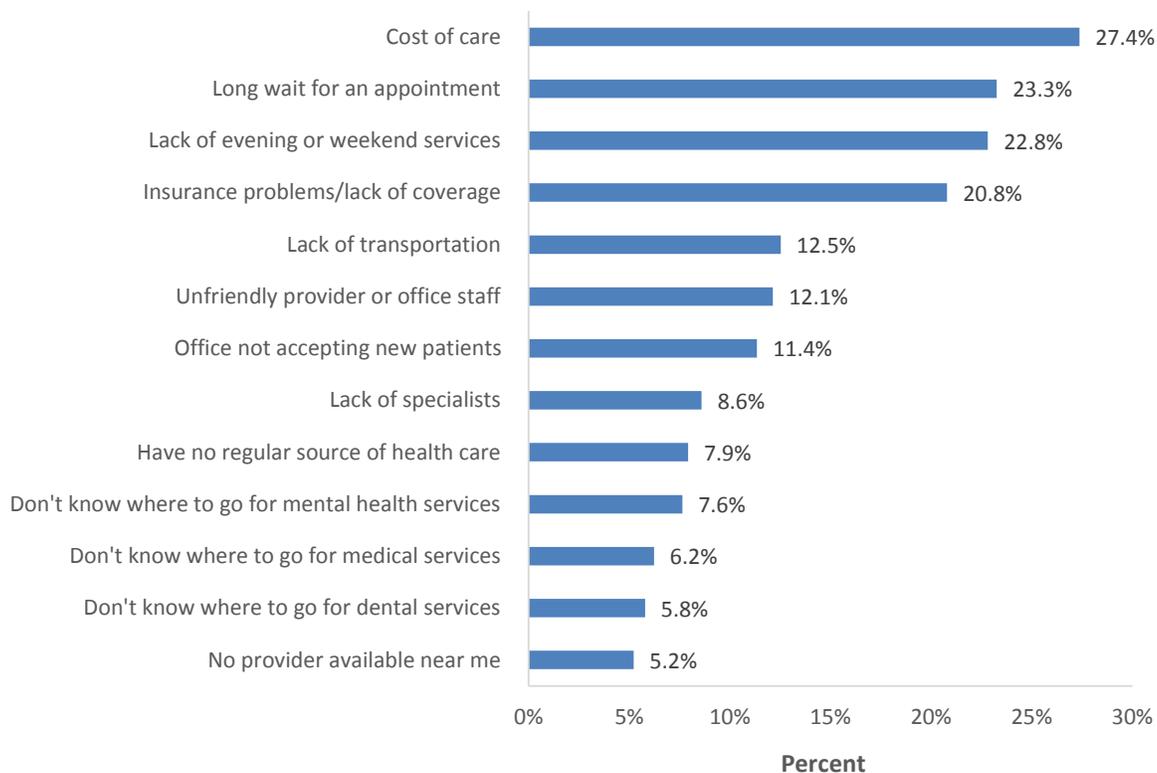
Figure 41. Ratio of Population to Dentist, 2013
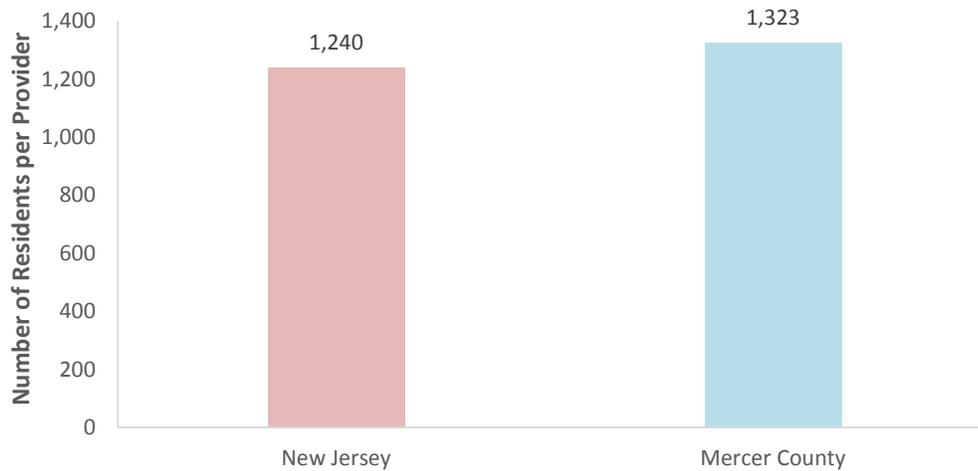
DATA SOURCE: Health Resources and Services Administration's Area Resource File and US Census Bureau Data as reported by County Health Rankings

Environmental Health

Environmental hazards, such as air pollution and secondhand smoke, can cause or exacerbate various health issues such as respiratory disease.

- Figure 42 shows a decline in the percent of days that exceeded the 24-hour fine particle matter standard in outdoor air in Mercer County from 2007-2011.
- Between 2010 and 2012, the percentage of non-smoking students reported to be exposed to secondhand smoke in New Jersey decreased across all races/ethnicities (Figure 43).

Figure 42. Trends in Percent of Days Exceeding 24-hour Fine Particulate Matter Standard (PM2.5) in Outdoor Air in Mercer County, 2007-2011
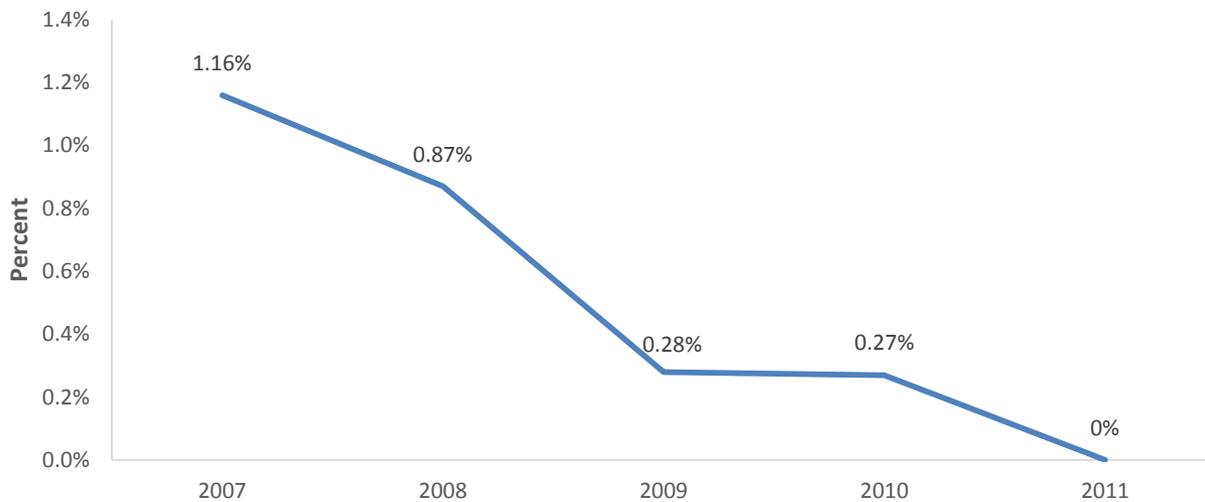
DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection as cited in New Jersey State Health Assessment Data (NJSHAD), 2007-2011

Figure 43. Percent Non-Smoking High School Students (Grades 9-12) Exposed to Secondhand Smoke in New Jersey by Race/Ethnicity, 2010 and 2012
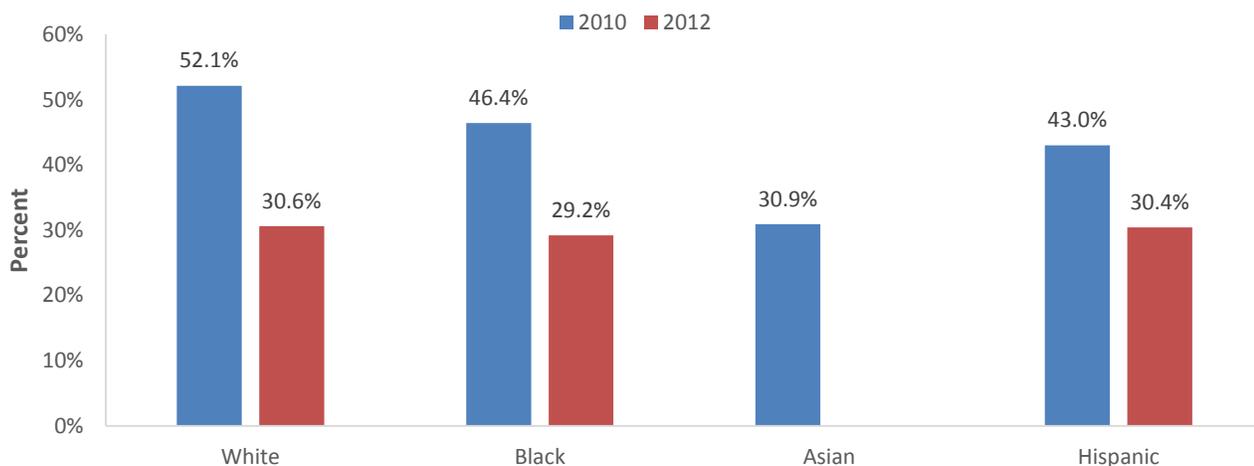
DATA SOURCE: Youth Tobacco Survey, Office of Tobacco Control, New Jersey Department of Health as cited by New Jersey State Health Assessment Data (NJSHAD)
NOTE: For 2012 data by Asian respondents, number is too small (n<20)

HEALTH CARE ACCESS AND UTILIZATION

Access to regular, affordable primary care, as well as to specialists such as mental health providers, is important for health and well-being. While the Affordable Care Act expands access to health insurance, some individuals remain under- or un-insured. Other barriers to health care, such as transportation, provider availability, and cost, may also impact access to health services.

Resources and Use of Health Care Services

- As shown in Figure 44, compared to New Jersey as a whole, there were more primary care physicians and mental health providers per the population in Mercer County in 2012. For every 964 residents in Mercer County, there was one primary care physician; while for every 375 residents in Mercer County, there was one mental health provider.

- Mercer County is home to numerous health services and hospitals including Capital Health (facilities in Trenton and Hopewell), Robert Wood Johnson University Hospital-Hamilton, St. Francis Medical Center (Trenton), Princeton HealthCare System (University Medical Center of Princeton at Plainsboro), St. Lawrence Rehabilitation Center, Trenton Psychiatric Hospital, and three federally qualified health centers (FQHCs).

Figure 44. Ratios of Population to Health Care Providers, 2012
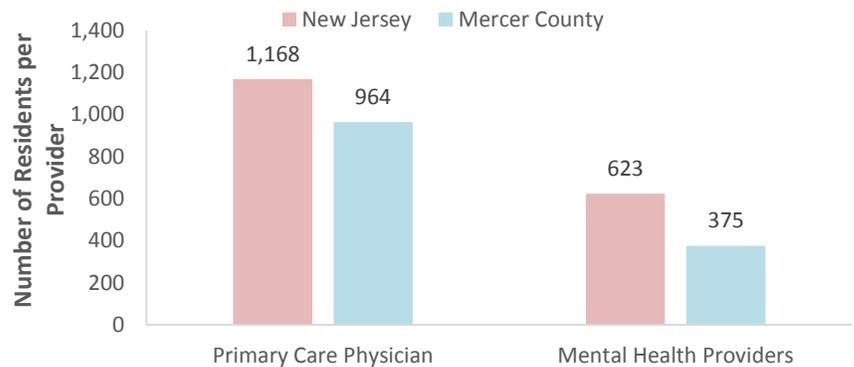
DATA SOURCE: Health Resources and Services Administration's Area Resource File and US Census Bureau Data as reported by County Health Rankings

Challenges to Accessing Health Care Services

- Figure 45 shows results from the 2015 Mercer County community health assessment survey. Over 25% of the survey respondents reported that cost of care was an issue that made it difficult for them to get needed health care in the past two years. Slightly more than one in five respondents reported long wait times (23.3%), the lack of evening or weekend services (22.8%), and insurance problems or lack of coverage (20.8%) were issues.
- Approximately 40.9% of survey respondents reported they have never experienced any difficulty in getting care.

Figure 45. Survey Respondents Reporting Issues Making it Difficult to Get Needed Health Care in Past Two Years, 2015

Issue	Percent
Cost of care	27.4%
Long wait for an appointment	23.3%
Lack of evening or weekend services	22.8%
Insurance problems/lack of coverage	20.8%
Lack of transportation	12.5%
Unfriendly provider or office staff	12.1%
Office not accepting new patients	11.4%
Lack of specialists	8.6%
Have no regular source of health care	7.9%
Don't know where to go for mental health services	7.6%
Don't know where to go for medical services	6.2%
Don't know where to go for dental services	5.8%
No provider available near me	5.2%

DATA SOURCE: Mercer County Community Health Assessment Survey, 2015
NOTE: Arranged in descending order
NOTE: Responses < 5% are not included in this figure

COMMUNITY ASSETS AND RESOURCES

- In addition to a number of health care services, Mercer County has numerous assets and resources. The County is home to at least nine major parks under the Mercer County Park Commission, in addition to public facilities of golf courses, picnic areas, ice skating rinks, a marina, and wildlife center.
- Respondents of the Mercer County community health assessment survey indicated that there are many community and environmental resources in the area (Figure 46).

  - With regard to the built environment within Mercer County, the majority of respondents perceived it to be easy to get to parks (88.1%), to walk (78.8%), and to ride a bike (70.6%) in their community. Only a little over half of respondents said it's easy to take a bus in their community (52.3%).
  - Approximately 88% of survey respondents perceived that it is easy to access fresh fruits and vegetables in their community within Mercer County, while more than three in four respondents said it's easy to live a healthy lifestyle in their community.
  - Fewer than four in ten respondents perceived it's easy to find employment opportunities (37.1%) or affordable housing (33.6%) in their communities within Mercer County.

Figure 46. Survey Respondents' Perceptions of the Social, Economic, and Built Environment in Mercer County, 2015
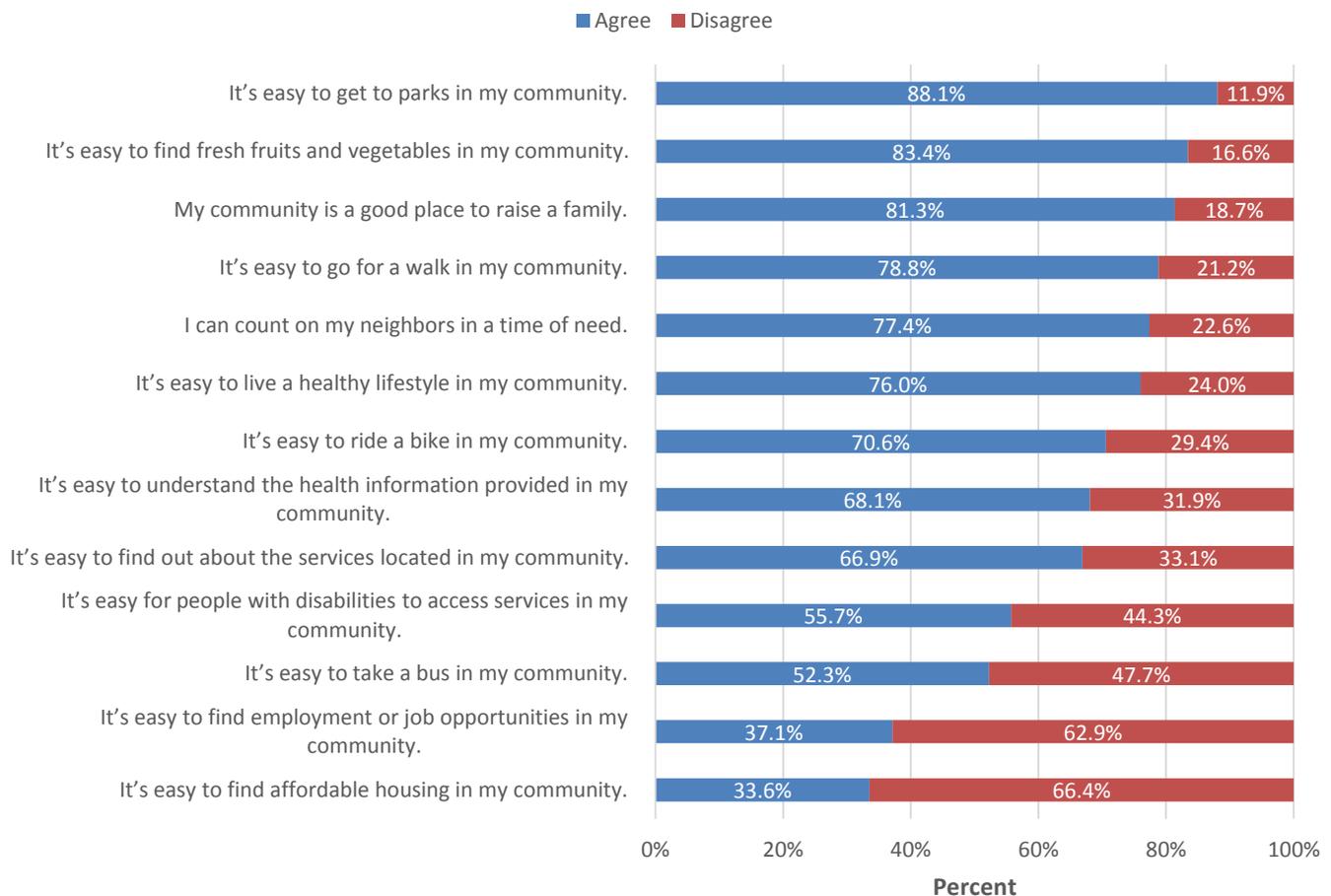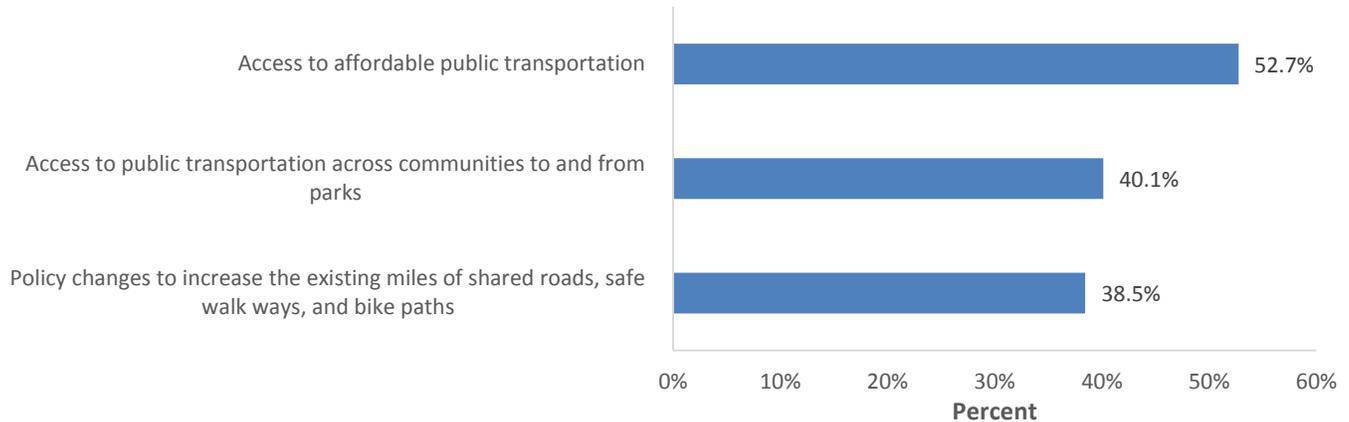

DATA SOURCE: Mercer County Community Health Assessment Survey, 2015
NOTE: Arranged in descending order by "Agree"

RESPONDENTS' VISION FOR THE FUTURE

Respondents to the 2015 Mercer County community health assessment survey were asked more detailed questions about their vision for the future specifically in the previously identified four priority areas: healthy eating and active living, chronic disease, transportation and the built environment, and behavioral health (mental health and substance abuse). For these questions, respondents were asked to rate whether specific strategies aimed to address these issues were considered high, medium, or low priority for future resource allocation.

- Regarding healthy eating and active living, almost 70% of respondents considered school-based programs to promote physical activity and healthy eating to be a high priority. Other priority strategies included greater transportation options for older and disabled people and policy changes to improve access to healthy foods.
- Over 70% of respondents considered programs to help prevent chronic disease to be a high priority for future resource allocation and spending, and approximately 66% of respondents considered programs to help people manage chronic disease as a high priority.

Figure 47. Healthy Eating and Active Living Strategies Considered High Priority by Survey Respondents for Future Resource Allocation and Spending, 2015
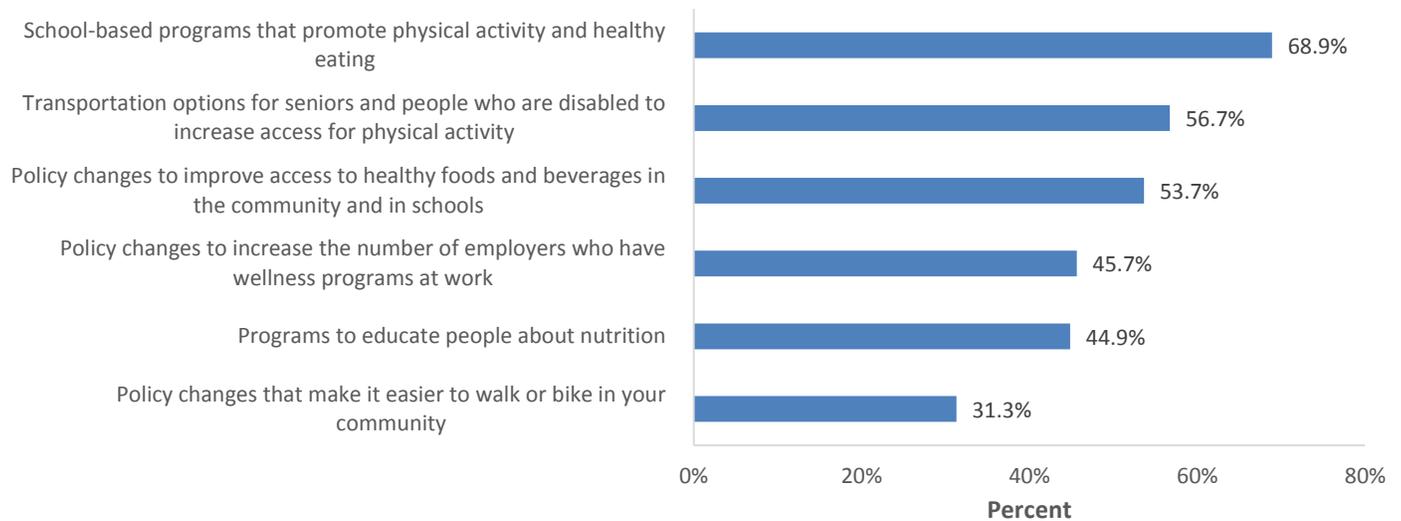
DATA SOURCE: Mercer County Community Health Assessment Survey, 2015; NOTE: Arranged in descending order

Figure 48. Chronic Disease Strategies Considered High Priority by Survey Respondents for Future Resource Allocation and Spending, 2015
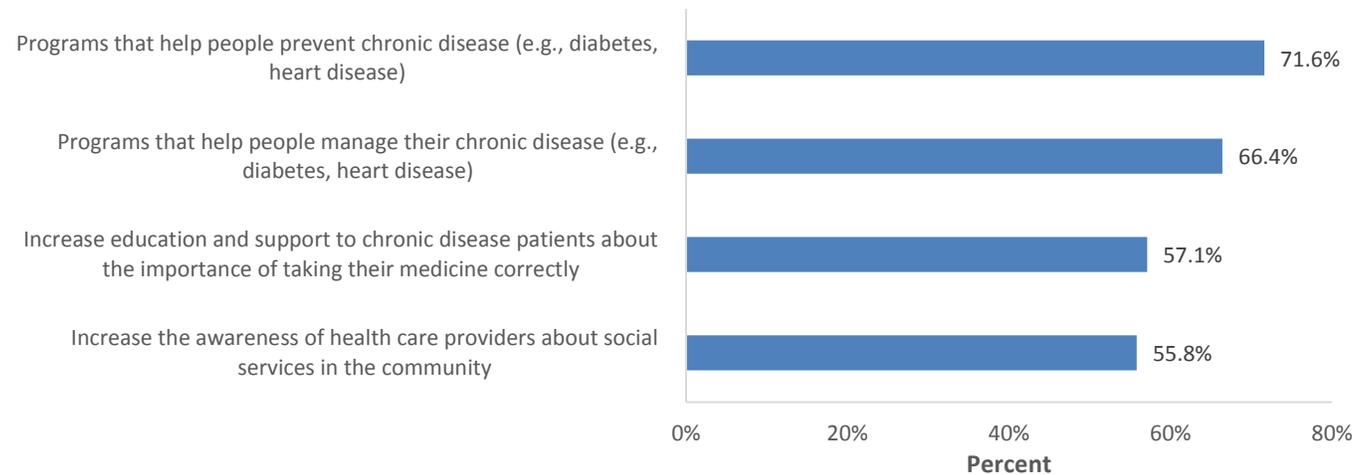
DATA SOURCE: Mercer County Community Health Assessment Survey, 2015; NOTE: Arranged in descending order

RESPONDENTS' VISION FOR THE FUTURE CONT

- To address transportation challenges, over half of respondents considered access to affordable public transportation to be a high priority for future resource allocation and spending.
- Under behavioral health, mental health strategies pertaining to youth were most frequently considered as high priority: mental health screening and counseling for youth (72.7%) and school-based prevention and counseling on mental health and substance abuse (71.9%) were ranked as the highest priority for future efforts.

Figure 49. Transportation Strategies Considered High Priority by Survey Respondents for Future Resource Allocation and Spending, 2015

DATA SOURCE: Mercer County Community Health Assessment Survey, 2015; NOTE: Arranged in descending order

Figure 50. Mental Health and Substance Abuse Strategies Considered High Priority by Survey Respondents for Future Resource Allocation and Spending, 2015
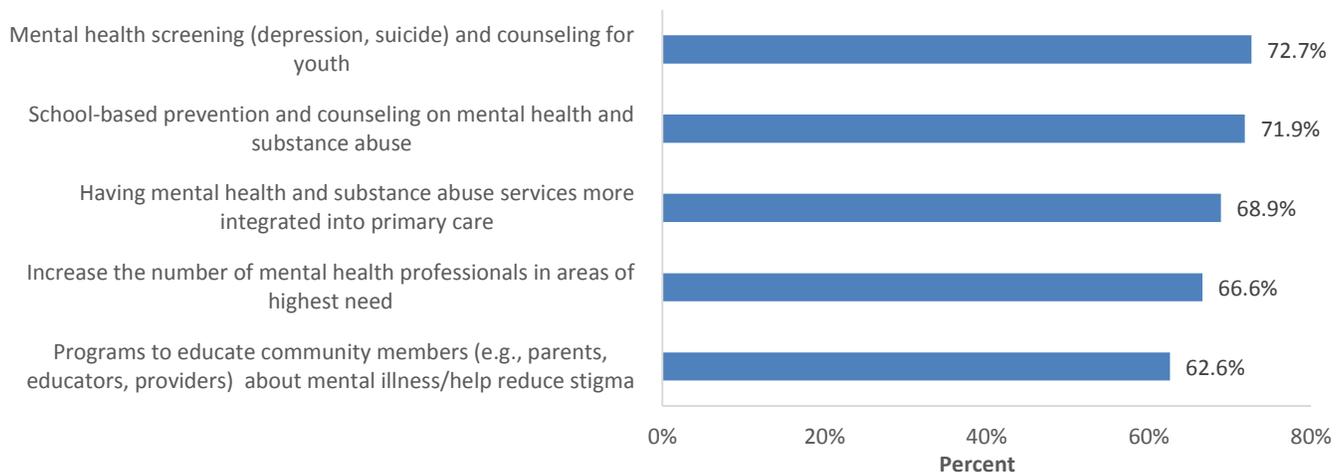
DATA SOURCE: Mercer County Community Health Assessment Survey, 2015; NOTE: Arranged in descending order

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

In 2012, a comprehensive assessment, prioritization, and planning effort was undertaken in Mercer County to identify areas of focus that were informed by data. This 2015 community health assessment aimed to build off of this previous effort as part of the iterative nature of the community health improvement process. As such, the 2015 planning process built off of the previous effort with the aim of revisiting the data and further discussing and refining previous priorities.

Process and Criteria for Prioritization
To this end, in September 2015, HRiA facilitated a meeting with the Community Advisory Board (CAB) to outline and build support for the assessment and planning processes. The group also discussed the successes and challenges of Mercer County's current initiatives related to the priorities identified in the previous (2012) CHIP. This conversation laid the groundwork for the initial prioritization and planning process for 2015.

Several weeks later, in late October 2015, a summary of preliminary findings from the *2015 Mercer County Health Assessment (CHA)* was presented to forty-five community leaders, including members of the Community Advisory Board and hospital and health department leaders from the Greater Mercer Public Health Partnership. The meeting provided presentation of the data from the 2015 community health assessment, including data on the magnitude and severity of a variety of health outcomes from the secondary data and public and stakeholder perceptions of community health needs identified through the survey.

The group then mapped current initiatives against these priorities. Based on the CHA data (with the criteria of magnitude, severity, community concern, and feasibility) and the mapping of the current initiatives, the group affirmed that the 2012 priorities should remain as the priorities for the 2015 Mercer County Community Health Improvement Plan.

Prioritized Community Health Needs
The 2015 Greater Mercer Public Health Partnership's priorities for the 2015 Community Health Improvement Plan are:
1. Healthy Eating and Active Living
2. Chronic Disease
3. Transportation and the Built Environment
4. Mental Health and Substance Abuse

A detailed planning document discussing these priorities, their goals, measurable objectives, strategies to address these needs, and partners to implement these efforts is currently being developed.

APPENDIX A: 2015 MERCER COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY

Health and wellness matters to everyone. That's why health care and community organizations in Mercer County are coming together to develop a new vision of how health and wellness programs can best serve area residents, and we want you to be part of that planning.

We are asking people who live or work in Mercer County to give us your feedback and suggestions about health services and issues in the region by completing this 10 minute survey. All responses are completely anonymous. There are no right or wrong answers; it's your opinion that matters!

Your feedback is valuable since the information gathered from this survey will be used to inform future health programming and services in this region.

Thank you for your participation!

---

1. **In which city/town do you live?**
   - ☐ East Windsor
   - ☐ Ewing
   - ☐ Hamilton
   - ☐ Hightstown
   - ☐ Hopewell Borough
   - ☐ Hopewell Township
   - ☐ Lawrence
   - ☐ Pennington
   - ☐ Princeton
   - ☐ Robbinsville
   - ☐ Trenton
   - ☐ West Windsor
   - ☐ Other (please specify)
   _____

2. **What is your zip code?** _____

3. **In which city/town do you work?**
   - ☐ East Windsor
   - ☐ Ewing
   - ☐ Hamilton
   - ☐ Hightstown
   - ☐ Hopewell Borough
   - ☐ Hopewell Township
   - ☐ Lawrence
   - ☐ Pennington
   - ☐ Princeton
   - ☐ Robbinsville
   - ☐ Trenton
   - ☐ West Windsor
   - ☐ Other (please specify)
   _____

4. **Please select the TOP 3 HEALTH ISSUES that have the biggest impact on the Mercer County community in which you live or work.**
   - ☐ Access to health care (transportation, health insurance, cost, etc.)
   - ☐ Asthma
   - ☐ Chronic disease (diabetes, heart disease, cancer)
   - ☐ Overweight or obesity
   - ☐ Mental health issues
   - ☐ Alcohol or substance use or abuse (e.g., marijuana, heroin, opiates, prescription drug misuse)
   - ☐ Smoking
   - ☐ Interpersonal violence (domestic violence, sexual violence, bullying, cyber-bullying, etc.)
   - ☐ Community violence (assault, gangs, robbery)
   - ☐ Oral/dental health
   - ☐ Health concerns related to aging (Alzheimer's, arthritis, dementia, falls, etc.)
   - ☐ Teen pregnancy
   - ☐ Infectious/contagious disease (pneumonia, flu, tuberculosis, etc.)
   - ☐ Other (please specify)
   _____

5. **Have any of these issues made it difficult for you or a member of your immediate family to get needed health services within the last two years? (Please check all that apply.)**

☐ Lack of transportation
☐ Have no regular source of health care
☐ Cost of care
☐ Lack of specialists
☐ Lack of evening or weekend services
☐ Insurance problems/lack of coverage
☐ Language problems/could not communicate with health provider or office staff
☐ Services not accessible for people with disabilities
☐ Unfriendly provider or office staff
☐ Felt discriminated against
☐ Afraid to get care
☐ Don't know where to go for medical services

☐ Don't know where to go for dental services
☐ Don't know where to go for mental health services
☐ Don't understand the health information received
☐ No provider available near me
☐ Long wait for an appointment
☐ Office not accepting new patients
☐ Health information is not kept confidential
☐ I have never experienced any difficulty in getting care

6. **Do you agree or disagree with the following statements about your community?**

	Agree	Disagree	Don't know/Not applicable
It's easy to get to parks in my community.	☐	☐	☐
It's easy to find out about the services located in my community.	☐	☐	☐
It's easy to go for a walk in my community.	☐	☐	☐
It's easy to ride a bike in my community.	☐	☐	☐
It's easy to take a bus in my community.	☐	☐	☐
My community is a good place to raise a family.	☐	☐	☐
I can count on my neighbors in a time of need.	☐	☐	☐
It's easy to find fresh fruits and vegetables in my community.	☐	☐	☐
It's easy to find affordable housing in my community.	☐	☐	☐
It's easy to find employment or job opportunities in my community.	☐	☐	☐
It's easy to live a healthy lifestyle in my community.	☐	☐	☐
It's easy for people with disabilities to access services in my community.	☐	☐	☐
It's easy to understand the health information provided in my community.	☐	☐	☐

7. **The following questions ask for your perceptions about specific concerns, including healthy eating and active living, chronic disease (e.g., diabetes, heart disease), mental health and substance abuse, and transportation. When deciding how future resources - such as staff time and organizational funding - should be spent, what priority do you think should be given to the following within each issue area?**

Healthy Eating and Active Living	Low Priority	Medium Priority	High Priority
Transportation options for seniors and people who are disabled to increase access for physical activity	☐	☐	☐
Policy changes that make it easier to walk or bike in your community	☐	☐	☐
Policy changes to improve access to healthy foods and beverages in the community and in schools	☐	☐	☐
Programs to educate people about nutrition	☐	☐	☐
School-based programs that promote physical activity and healthy eating	☐	☐	☐
Policy changes to increase the number of employers who have wellness programs at work	☐	☐	☐

Chronic Disease	Low Priority	Medium Priority	High Priority
Programs that help people prevent chronic disease (e.g., diabetes, heart disease)	☐	☐	☐
Programs that help people manage their chronic disease (e.g., diabetes, heart disease)	☐	☐	☐
Increase the awareness of health care providers about social services in the community	☐	☐	☐
Increase education and support to chronic disease patients about the importance of taking their medicine correctly	☐	☐	☐

Mental Health and Substance Abuse	Low Priority	Medium Priority	High Priority
Mental health screening (depression, suicide) and counseling for youth	☐	☐	☐
Programs to educate community members (e.g., parents, educators, providers) about mental illness/help reduce stigma	☐	☐	☐
Having mental health and substance abuse services more integrated into primary care	☐	☐	☐
School-based prevention and counseling on mental health and substance abuse	☐	☐	☐
Increase the number of mental health professionals in areas of highest need	☐	☐	☐

Transportation and Built Environment	Low Priority	Medium Priority	High Priority
Policy changes to increase the existing miles of shared roads, safe walk ways, and bike paths	☐	☐	☐
Access to affordable public transportation	☐	☐	☐
Access to public transportation across communities to and from parks	☐	☐	☐

8. **Is there a different health-related issue of concern in your community – not listed in the questions on the previous page – that you think is a high priority when deciding future resources and time?**
   - ☐ No
   - ☐ Yes, please specify: _____

9. **Do you have health care insurance?**
   - ☐ No
   - ☐ Yes (includes private insurance, Medicare, Medicaid, and other public insurance)

10. **How old are you?**
    - ☐ Under 18 years old
    - ☐ 18-29 years old
    - ☐ 30-39 years old
    - ☐ 40-49 years old
    - ☐ 50-64 years old
    - ☐ 65+ years old

11. **What is your gender?**
    - ☐ Male
    - ☐ Female
    - ☐ Transgender

12. **How would you describe your ethnic/racial background? (Please check all that apply.)**
    - ☐ African American/Black
    - ☐ American Indian/Native American
    - ☐ Asian/Pacific Islander
    - ☐ Caucasian/White
    - ☐ Hispanic/Latino(a)
    - ☐ Other (please specify) _____

13. **What is the highest level of education that you have completed?**
    - ☐ Less than high school
    - ☐ High school graduate or GED
    - ☐ Some college
    - ☐ Associate or technical degree/certification
    - ☐ College graduate
    - ☐ Graduate or professional degree

Thank you for your feedback on this important survey to help inform future programs and services in the region.