Penn Medicine Princeton Health

COMMUNITY HEALTH NEEDS ASSESSMENT

2024

Table of Contents

Executive Summary 3

Penn Medicine Princeton Health Profile 5

- Primary Service Area Demographics 6
- Targeted Service Area for Community Health Improvement 7

Community Health Needs Assessment Background 8

- Purpose 8
- Scope & Approach 8
- Governance 9
- Summary of Previous CHNA 10

Community Health Indicators 12

- Mercer County 13
- Middlesex County 16
- Somerset County 19
- Summary Health Measures 22

Community Contributions 24

- Survey Respondents Characteristics: Demographics 25
- Survey Respondents Characteristics: Health Insurance & Access 26
- Survey Findings 27
- Community Group Discussions and Interviews 28
- Community Contribution Findings 29
  - Community Strengths 29
  - Community Challenges 30
  - Other Key Findings 31

Spotlight Topics 32

- Municipal, Community Services & Community Representatives 32
- Housing 33
- LGBTQ+ Health 33
- Maternal Health 34
- Mental and Behavioral Health 35
- Older Adults 35
- Transportation 36
- Princeton Health Representatives 36
- Vision for the Future 37

Community Health Priorities 38

- Healthy Aging 38
- Mental & Behavioral Health 39
- Housing 40
- Economic Security and Access to Care 41
- Food & Nutrition Equity & Access 42
- Chronic Disease Prevention & Management 43

Conclusion 44

Appendices 45

- Community Health Needs Assessment Data Sources 45
- Community Health Indicators 46
- County-level Social Vulnerability Index Reports 49
- Community Health Needs Assessment Survey 55
- Community Health Needs Assessment Responses 62
- Quantitative Health Indicators 72
- Community Input Discussion Guide 101
- Community Resources 105

Executive Summary

Identifying and addressing unmet health priorities of local communities is a core aspect of the care provided by hospitals and health systems across the U.S. The Affordable Care Act (ACA) formalized this role by mandating tax-exempt hospitals mandating hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and implement strategies focused on emergent priorities from the assessment. This assessment is central to non-profit hospitals and health systems' community benefit and social accountability planning. By better understanding the service needs and gaps in a community, hospitals and health systems can develop implementation plans — also mandated by the ACA — that more effectively respond to high priority needs.

Penn Medicine Princeton Health

Penn Medicine Princeton Health is located in central New Jersey in Plainsboro, Middlesex County. It sits within close proximity to New York City and Philadelphia, as well as Trenton, New Jersey's state capital.

Since 2012, Penn Medicine Princeton Health (Princeton Health) has completed multiple needs assessments (2012, 2015, 2018, 2021) in accordance with the federal requirements and in coordination with community members and community-based organizations. Priority areas identified in the previous two community health needs assessments (2018, 2022) included chronic disease, obesity, healthy eating and active living; behavioral health; health care access; maternal and child health; and healthy aging. Following each assessment, Princeton Health and its partners developed and implemented a range of strategies to address these identified needs.

PROCESS, APPROACH, METHODOLOGY

Improving the health of a community is essential to enhancing the quality of life for residents in the region and supporting future social and economic well-being. In 2024, Princeton Health collaborated with the Health Care Improvement Foundation (HCIF) a non-profit public health organization based in Philadelphia, to conduct a CHNA to explore the needs and priorities of community members across Princeton Health's primary, secondary, and tertiary service areas located primarily within Mercer, Middlesex, and Somerset counties.

Featuring qualitative and quantitative data gathered throughout 2023 and 2024, this report provides an overview of key findings and potential solutions for future implementation. The CHNA was guided by Princeton Health's Community Wellness Program team, who formed and led a Community representing a diverse cross section of fields and sectors. The Community Wellness Program's approach to the CHNA reflects the program's foundational focus of addressing key social drivers that influence the community's ability to promote and support the healthiest and highest quality of life for all. Although Princeton Health's service area reflects specific ZIP codes within these counties, publicly available health indicators were reported at the county level. Princeton Health is committed to supporting and being responsive to the identified community health needs of patients within the primary, secondary, and tertiary service areas of these and additional counties.

Quantitative data were acquired from local, state and federal sources. A data analysis consultant compiled, analyzed, and aggregated over 85 health indicators encompassing data on access to care, community demographic characteristics, chronic disease and health behaviors, maternal health, mental and behavioral health, social and economic conditions, substance use and more. To develop a comprehensive picture of the full landscape of community health, data were compiled from over 30 sources.

Qualitative data were collected through two mechanisms:

- Princeton Health organized and facilitated guided discussions with community residents and service providers and interviews with community stakeholders. Community discussions were conducted with emergency medical service providers, faith-based leaders, LGBTQ+ community members, parents, patient and family advocates, public health officers, older adults, and organizations focused on maternal and child health. Interviewees included leaders in the fields of food security, housing, transportation, and mental and behavioral health.
- To ensure a broader reach and to hear from community members beyond the facilitated discussions, a community health survey was fielded both online and on paper to individuals who live and/or work/volunteer in Mercer, Middlesex, and Somerset counties. The survey received 528 responses.

PRIORITY HEALTH NEEDS

HCIF's analysis of the assessment's findings resulted in the development of a list of priority health needs (shown below) which Princeton Health will use to develop an implementation plan outlining how they will address these needs both individually and in collaboration with partners.

Healthy Aging

Mental & Behavioral Health

Housing

Economic Security & Access to Care

Food & Nutrition Equity & Access

Chronic Disease Prevention & Management

Penn Medicine Princeton Health Profile

Penn Medicine Princeton Health (Princeton Health) is one of the most comprehensive healthcare systems in New Jersey. First opened in 1919, Princeton Health currently provides acute care hospital services through Princeton Medical Center; behavioral healthcare through Princeton House Behavioral Health; in-home nursing, rehabilitation, and hospice care through Penn Care at Home Princeton; primary and specialty care through Princeton Medicine Physicians; ambulatory surgery and wellness services. Since May 2012, Princeton Medical Center has been located in a state-of-the-art facility in Plainsboro Township which offers services in areas such as cancer, cardiac and pulmonary care, critical care, emergency, imaging and outpatient laboratory services, maternal and newborn care, neuroscience, surgery, sleep disorders, pediatric care, and eating disorders. Princeton Health also houses the Zufall Community Health Center which provides adult and pediatric care to uninsured and underinsured residents and maintains a partnership with The Children's Hospital of Philadelphia (CHOP). In January 2018, Princeton Health and its affiliates joined the University of Pennsylvania Health System (UPHS), one of the world's leading academic medical centers.

As part of its commitment to the community, Princeton Health established the Community Wellness Program to offer a dynamic curriculum of comprehensive health education, screenings, and support facilitated by its outstanding physicians, nurses, and health professionals. The Community Wellness Program hosts over 2,000 programs a year, reaching approximately 55,000 community members.

The Program offers an equitable, dynamic array of innovative health- and lifestyle-related programming at little or no cost to address the key social drivers that influence the community's ability to promote and support the healthiest and highest quality lives for all. The Program also works closely with leading national organizations — the American Cancer Society, the American Heart Association, and the Susan G. Komen Breast Cancer Foundation, among others — to raise funds, heighten awareness, and bring important health programming to the community it serves.

Princeton Health is dedicated to promoting healthy living at every stage of life and to enhancing quality of life by addressing the unique needs of women, men, seniors, children, adolescents, and diverse populations.

Service Area Demographics (Primary, Secondary, and Tertiary)

ESTIMATED POPULATION

1,331,514

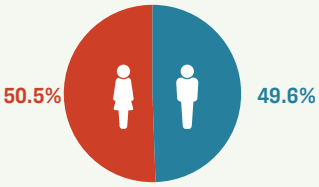
MEDIAN HOUSEHOLD INCOME

$119,612

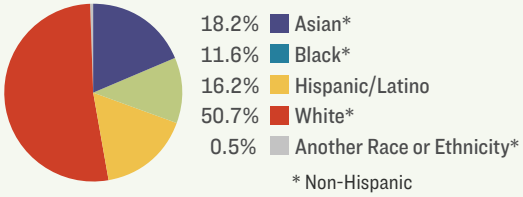
NOT FLUENT IN ENGLISH

5.2%

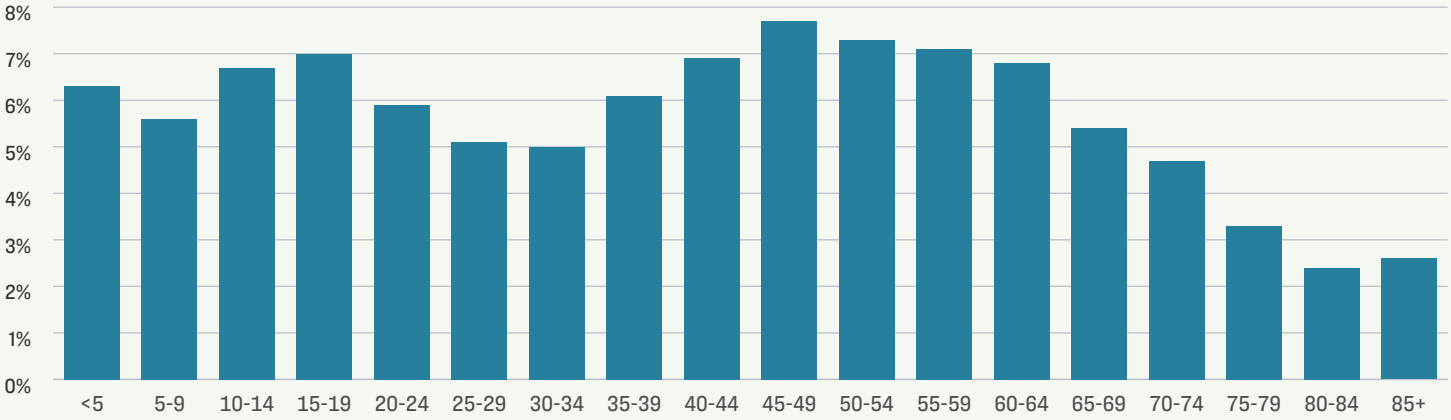
GENDER



RACIAL COMPOSITION



AGE DISTRIBUTION



Note: Publicly reported data were only available at the county level within Mercer, Middlesex, and Somerset Counties. However, Princeton Health may only serve certain ZIP codes within these counties, and not the full counties.

Targeted Service Area for Community Health Improvement

Princeton Health defines its primary, secondary, and tertiary service areas for community health improvement and impact as the ZIP codes falling within the following counties:

Mercer: 08520, 08525, 08534, 08540, 08542, 08543, 08544, 08550, 08560, 08561, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08628, 08629, 08638, 08648, 08690, 08691

Middlesex: 08512, 08536, 08810, 08816, 08817, 08824, 08828, 08831, 08846, 08850, 08852, 08854, 08857, 08872, 08882, 08884, 08901, 08902, 08904

Somerset: 08502, 08528, 08553, 08558, 08805, 08807, 08821, 08823, 08835, 08836, 08844, 08853, 08869, 08873, 08876, 08880

Monmouth: 07726, 08501, 08510, 08526, 08535, 08555

Hunterdon: 08530, 08551, 08822, 08887, 08889

Bucks: 19067

Burlington: 08505

LOCATIONS

PRINCETON:
- Princeton House Behavioral Health
- Princeton Rehabilitation-Acute Rehabilitation
- Princeton Medicine Home Health and Hospice
- Princeton Fitness and Wellness Center
- Community Wellness

PLAINSBORO:
- Princeton Medical Center
- Princeton Rehabilitation-Acute Rehabilitation
- Steven & Roxanne Distler Center for Ambulatory Surgery
- Occupational Health

MONROE:
- Center for Ambulatory Surgery
- Princeton Rehabilitation

NORTH BRUNSWICK:
- Princeton House Behavioral Health

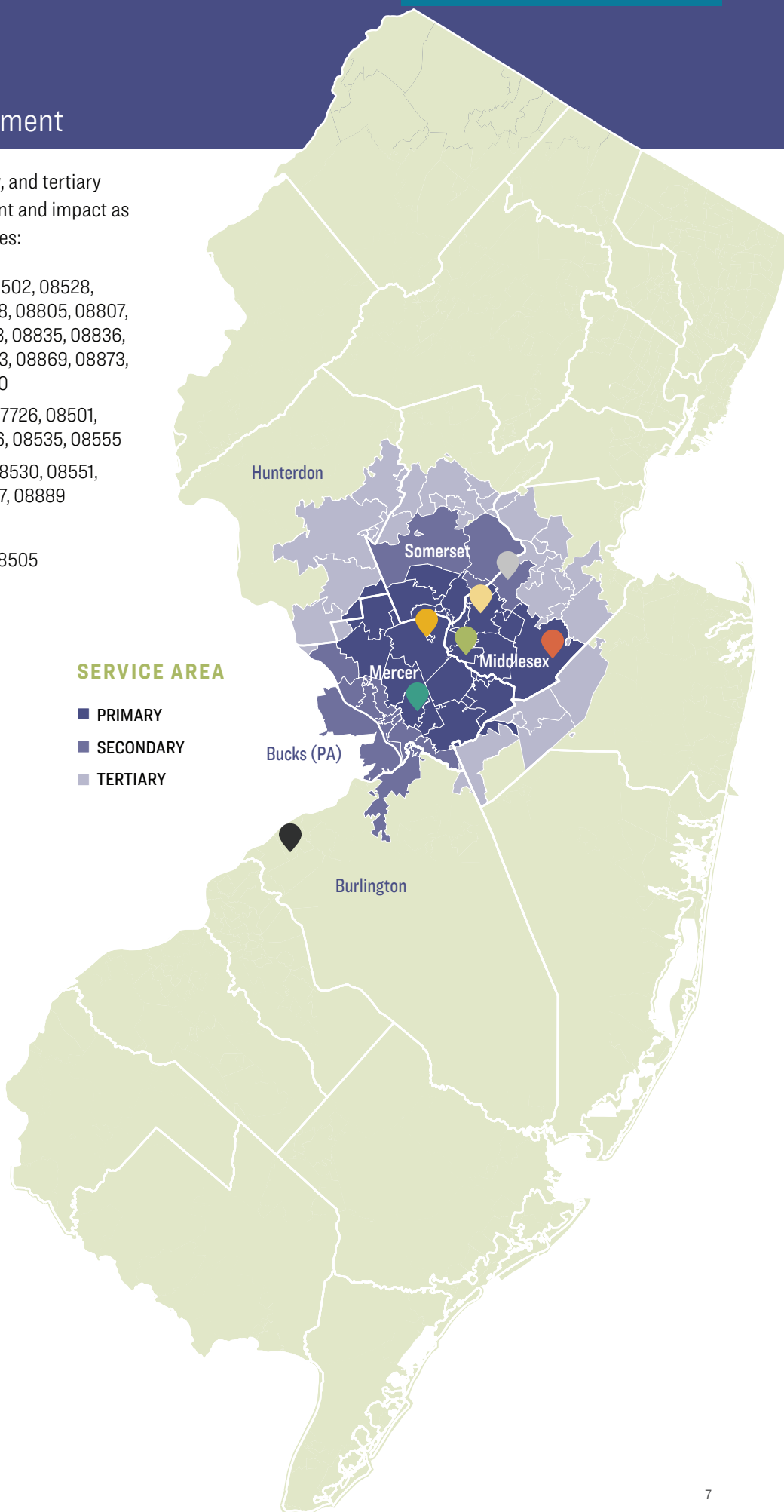
SOUTH BRUNSWICK:
- Princeton Rehabilitation

HAMILTON:
- Princeton House Behavioral Health
- Princeton Rehabilitation

MOORESTOWN:
- Princeton House Behavioral Health

SERVICE AREA

- PRIMARY
- SECONDARY
- TERTIARY



Community Health Needs Assessment Background

Penn Medicine Princeton Health (Princeton Health) is a 319-bed nonprofit, academic medical center located in Plainsboro, New Jersey that offers a range of healthcare services, including: acute care hospital services, behavioral healthcare, home care, hospice care, ambulatory surgery, and fitness and wellness services. Penn Medicine Princeton Medical Center is a university hospital affiliate of Rutgers Robert Wood Johnson Medical School, and is also a clinical research affiliate of The Cancer Institute of New Jersey. The hospital opened in 2012 and serves the central and western regions of New Jersey, including Mercer, Middlesex, and Somerset counties, as well as portions of Monmouth, Burlington, Hunterdon counties and Bucks County in Pennsylvania.

PURPOSE

Identifying and addressing unmet health needs of local communities is a core aspect of the care provided by hospitals and health systems across the U.S. The Affordable Care Act (ACA) formalized this role by mandating that tax-exempt hospitals conduct a Community Health Needs Assessment (CHNA) every three years and implement strategies focused on emergent priorities from the assessment. Federal requirements for the CHNA include:

- A definition of the community served by the facility and a description of how the community was determined
- A description of the process and methods used to conduct the CHNA
- A description of how the facility solicited and took into account input received from persons who represent the broad interests of the community it serves
- A prioritized description of the significant health needs of the community identified through the CHNA and a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs
- A description of resources potentially available to address the significant health needs identified through the CHNA

This assessment is central to not-for-profit hospitals and health systems' community benefit and social accountability planning. By better understanding the service needs and gaps in a community, an organization can develop implementation plans — also mandated by the ACA — that more effectively respond to high priority needs.

SCOPE & APPROACH

The 2024 CHNA was primarily led by Princeton Health's Community Wellness Program team, in coordination with a Community Advisory Board (CAB). These two entities worked collaboratively to understand the state of health across the region from pre-conception to end-of life. Their approach prioritized equity and community engagement by recruiting diverse representation on the CAB and in community discussions. The core geographic scope of the assessment included Mercer, Middlesex, and Somerset counties. Similar to previous CHNAs, Princeton Health and HCIF gathered data through a mixed methods approach — analyzing and integrating both quantitative and qualitative data as a means to developing a broad, but robust, picture of the region's current community health status and needs, as well as the community's vision for the future.

Community Advisory Board

During the early planning stages for this assessment, Princeton Health's Community Wellness team convened a "Community Advisory Board (CAB)," comprised of community organization representatives who supported key aspects of the project. In September 2023, the team reached out to its extensive community partner network with an invitation to participate in the CAB. This outreach resulted in 93 representatives joining the CAB, which created a diverse, well-informed, and engaged group. Meetings were held monthly — and took place both virtually and in-person. The CAB was integral to the development of survey collection methods and tools, as well as identifying which groups and individuals should be part of the community discussions and interviews. Additionally, the CAB featured sub-committees focused on topics such as: chronic disease management/healthy eating/active living, maternal and child health, the aging population, mental health and substance use, and health access. CAB members joined sub-committees through self-selection, based on expertise and knowledge in specific areas.

GOVERNANCE

Princeton Health Community Wellness Team

Deborah Millar, RN, CT-VDT, BPD - IT	Director
Craig Harley, CT- VDT, BPD – IT	Associate Director
Monica Daszykowski	Data and Design Manager
Carol Raymond	Instructor
Rob Manlio	Instructor
Barbara Vaning	Program Associate and EMS Training Center Coordinator
Dana Hvisdock, RN	Registered Nurse
Ria Benerofe	Program Associate
Bernadette Flynn-Kelton, RN, BSN	Childbirth Educator
Carolyn Schindewolf	Childbirth Educator

Community Advisory Board Representatives

Acute Care for the Elderly Director, Managers

Bridging the Gap Veterans Affairs

Central Jersey Family Health Consortium, CEO

Children's Hospital of Philadelphia, Physician

Eden Autism

Girls Scouts of New Jersey, Board Chair

Good Grief

Greater Mercer Public Transportation Association

Greater Somerset County YMCA, Vice President

Grounds for Sculpture, Director

Hamilton Area YMCA, CEO

Hamilton Township School District

Hamilton Township, Health Officer

Hamilton YMCA, Board of Directors

Jewish Family Health Services

Life Tree Church, Pastor

Mercer County Community College Foundation, Board Chair

Mercer County Community College, Vice President

Mercer County Minority, Board Chair

Mercer Meals on Wheels

New Hope Celebrates, Board Chair

New Jersey Dental Association

New Jersey Parks and Recreation, Director

New Jersey Pride Chamber of Commerce, Board Members

New Jersey State Poison Control

New Jersey Swim Safety Alliance

Northfield Bank

Nottingham Insurance

Novo Nordisk

Pride Center of New Jersey

Princeton Community Housing

Princeton Health Bariatrics, Director

Princeton House Behavioral Health, Leadership

Princeton Mercer Chamber of Commerce, CEO

Rider University

Robbinsville School District

United Way Greater Mercer County

West Windsor Township, Health Officer

YWCA, Board of Directors

Zufall Health

Penn Medicine Princeton Health

- Cancer Center, Director
- Chaplin Services, Director
- Chief Nursing Officer
- Foundation, Vice President
- Human Resources
- Maternal Child Health and Women's Services, Director
- Physical Therapists
- Physician Relations
- RN Director Occupational Health
- RN Surgical Care Unit

SUMMARY OF PREVIOUS CHNA

Princeton Health's previous CHNA was conducted in 2021 during the COVID-19 pandemic. The assessment's data collection processes were significantly impacted by limitations on the ability to collect both quantitative and qualitative data. COVID-19 also was identified as a major concern by participants in the data collection process. Additionally, a national focus on racial equity coincided with data collection for the CHNA, which impacted the design of data collection instruments and feedback from interviews, focus groups, and survey responses.

Despite this context, the CHNA was guided by a collaborative and participatory process that included focus groups and interviews with a variety of community members, partners, and organizations. A survey was also fielded with members of the community from Mercer, Middlesex and Somerset counties.

Key themes from the 2021 CHNA included: 1.) despite areas of affluence and high education levels in the service area, significant disparities in income, education, and housing were detected among minority communities; 2.) for seniors and individuals among the LGBTQ+ community, health concerns, housing, transportation, and access to healthcare were some of the top themes; 3.) there is a high prevalence, range, and severity of mental health issues in the service area; 4.) the community described challenges associated with chronic disease issues, and 5.) the community identified several barriers or concerns with health care access and utilization. Based on these themes, the following priorities were identified in the 2021 CHNA:

Priority 1: Chronic Disease, Obesity, and Healthy Eating and Active Living (HEAL)

Priority 2: Behavioral Health

Priority 3: Health Care Access

Priority 4: Maternal Child Health

Priority 5: Elder Health

Non-profit hospitals are required to develop an implementation plan in response to priorities identified by the community health needs assessment. In response to these priorities, the following strategic initiatives were included in Princeton Health's 2021 implementation plan. Note that these are exemplars and are not inclusive of all initiatives.

Priority 1: Chronic Disease, Obesity, and Healthy Eating and Active Living (HEAL)

- Conduct ongoing community events, including nutrition and exercise programs, health screenings, lectures, and webinars to raise awareness regarding obesity and chronic diseases.
- Utilize partnerships with fitness centers to identify special population needs and collaborate on programming.
- Initiate Stroke Community Wellness program with a focus on risk factor modification, chronic disease management and stroke recognition.
- Initiate partnership with local food banks and farmers' markets to provide fresh produce and education on healthy food/meal choices.
- Strengthen existing and explore new community partnerships to address social determinants and public health concerns.

Priority 2: Behavioral Health

- Address behavioral health stressors among first responders (police, fire, EMS, corrections officers, etc.).
- Address need for substance use treatment in the community by providing inpatient treatment for co-occurring mental health and substance use disorders and acute outpatient treatment for adolescents, young adults, and adults.
- Reduce barriers to treatment, such as maintaining telehealth and providing transportation.
- Provide behavioral health Community Education programs to educate and raise awareness of mental health, substance use, and medication safety services available to the community and to help reduce stigma.
- Respond to community need for trauma services by offering mental health first aid training for children, adults, and first responders.

Priority 3: Health Care Access

- Expand primary care practice hours and virtual appointments for home-bound patients.
- Expand insurances accepted by employed practices.
- Create awareness and increase use of the Patient Portal to enable access to electronic medical records, services, and messaging between patients and their care teams.
- Utilize new language interpretive services to facilitate access for all patients.
- Provide subsidized transportation services for the elderly and disabled.
- Provide culturally specific community education outreach and screenings and offer these services in other languages as needed.
- Add a community navigator who will serve as a connection between the patient and community resources.

Priority 4: Maternal and Child Health

- Enhance the Pelvic Wellness Program and women's health-related programming.
- Conduct free monthly prenatal breastfeeding classes and breastfeeding support groups.
- Follow up with discharged mothers and babies by a certified lactation consultant.
- Offer post-partum support services such as home visits, text messaging, lactation hotline, postpartum adjustment support group and outpatient lactation visits.
- Offer Bright Beginnings and Daddy Boot Camp to improve family support post-delivery.
- Offer Heart Safe Motherhood Program to improve health outcomes and experience of post-partum women with hypertension.

Priority 5: Elder Health

- Provide community, family and health care provider education directed towards seniors such as palliative care, hospice programs, medication and fall safety, chronic diseases, and mental health.
- Incorporate telehealth assistance for seniors to improve access to care.
- Participate in Age-Friendly Health System Action Community.
- Focused programming to address goals of care for patients transitioning to skilled nursing facilities.
- Provide education in senior housing about navigating the health care system and resources.

Community Health Indicators

Quantitative indicators, from various sources, at various geographic levels, are critical to understanding and representing the landscape of health and wellness of a certain population or region.

Quantitative data for this assessment were compiled based on indicators collected from Princeton Health's 2021 CHNA, identified focus areas and priorities, and availability of high quality and granular data. HCIF, in coordination with a contracted expert data analyst, compiled, analyzed, and aggregated over 85 health indicators from varied data sources.

Essential demographic and population data was gathered from the Census Bureau's American Community Survey (ACS), which enabled the calculation of rates and proportions for various indicators. ACS data was particularly useful for deriving rates that required total population values (e.g., total population, population by age group, population by race/ethnicity, etc.). When aggregating data to the regional level (combining three counties), data was calculated using weighted values, with weights based on the size of the affected population in each county (e.g., age groups such as 65+, 18-64, or total population). Data was either manually typed into an excel file, downloaded from websites into an excel file, or taken from the tidycensus (1.6.7) package (a product that uses the Census Bureau Data API) in R (4.4.1) and RStudio (2024.09.0). The excel files were then all merged and appended in RStudio using the tidyverse package (Version 1.3.0).

In the subsequent section, data are presented in three county-level profiles (Mercer, Middlesex, and Somerset). Additionally, a "Summary Health Measures" table is included to serve as a mechanism for comparison between all three counties, as well as the state of New Jersey. Displaying data in multiple ways allows for greater understanding of local and regional needs, and how those needs compare to the state. Where available and reliable, certain indicators are broken down by race and ethnicity, and by geography, to show relevant variation.

Although data are reported at a county level due to the availability of publicly reported data, Princeton Health's primary, secondary, and tertiary service areas may represent specific zip codes and smaller areas within these counties.

Mercer County

Community discussion participants shared that Mercer County is culturally diverse, with a strong sense of community.

ESTIMATED POPULATION

383,732

MEDIAN HOUSEHOLD INCOME

$92,697

Hispanic household: $72,250

Black households: $56,828

EDUCATIONAL ATTAINMENT

25.4%

High school as highest education level

VIOLENT CRIME

368.8

Rate per 100,000

HOUSEHOLD FOOD INSECURITY

9.7%

GROCERY STORES & SUPERMARKETS

29.9

Rate per 100,000

PEOPLE WITH DISABILITIES

10.1%

LEADING CAUSES OF DEATH

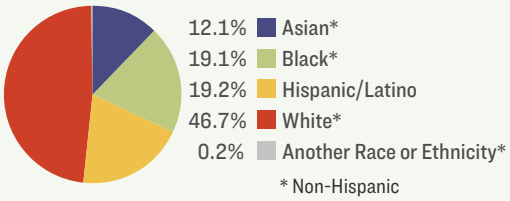
1. **Cancer**
2. **Heart Disease**
3. **Unintentional Injury**
4. **COVID-19**
5. **Stroke**

All cause mortality (per 100,000) **732.6**

Source: CDC WONDER and National Center for Health Statistics, 2018-2022

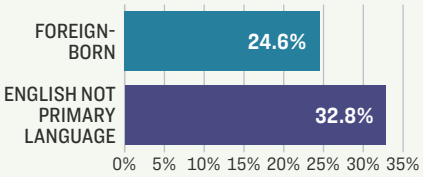
RACE/ETHNICITY

Because this area is culturally and linguistically diverse, community discussion participants shared that this can present challenges with regards to accessing and utliizing services — indicating the need for more culturally and language-inclusive providers, resources and engagements.



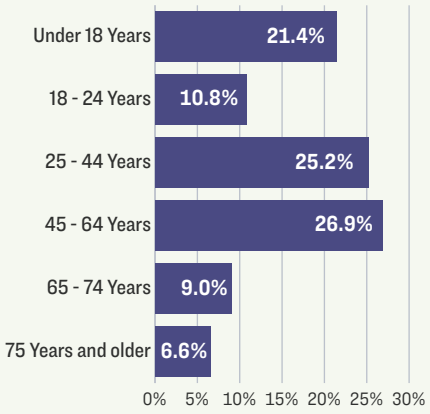
LANGUAGE

The most common language spoken (other than English) is Spanish (16.3%).

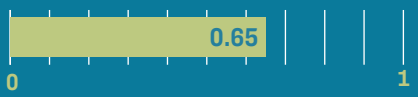


AGE DISTRIBUTION

The largest proportion of residents are between the age of 45 to 59 years old.



SOCIAL VULNERABILITY INDEX*

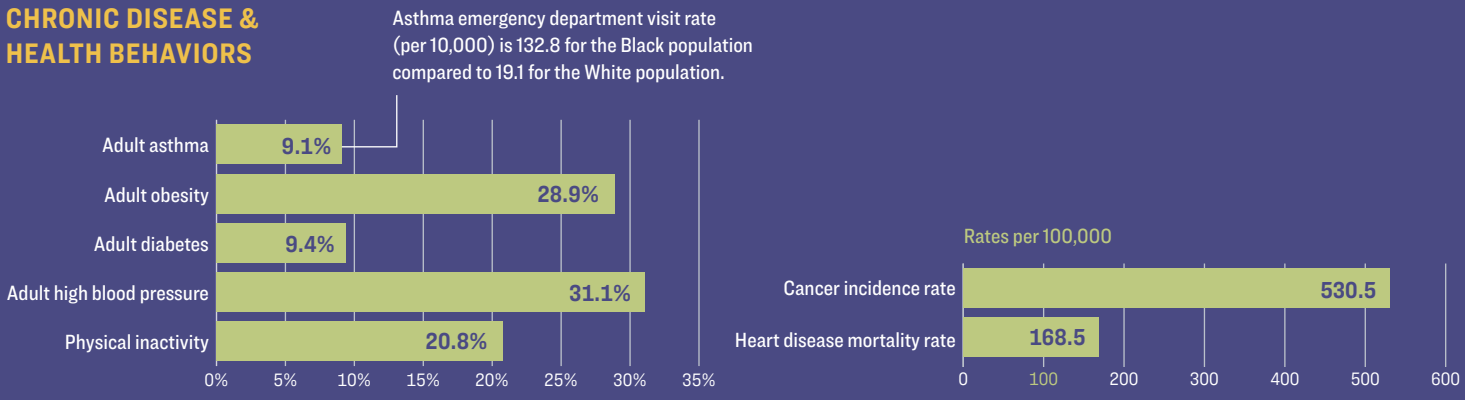


*The Social Vulnerability Index (SVI), refers to a measure, developed by the CDC, which analyses demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities. The index generates a score between 0 and 1, with lower numbers indicating less social vulnerability and vice versa.

Mercer County

Where significant and in line with community feedback, variations in available indicators between specific communities and the overall county are noted

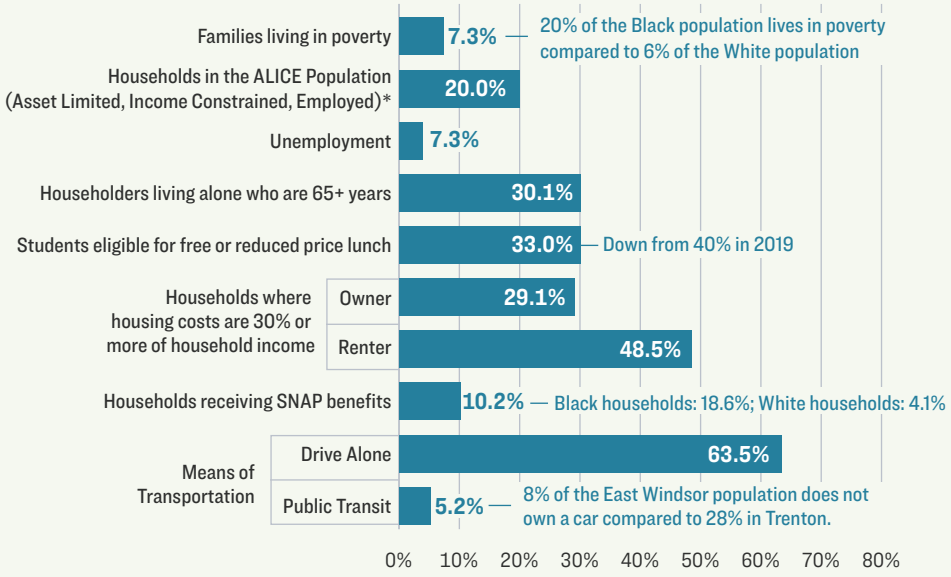
CHRONIC DISEASE & HEALTH BEHAVIORS



SOCIAL & ECONOMIC CONDITIONS

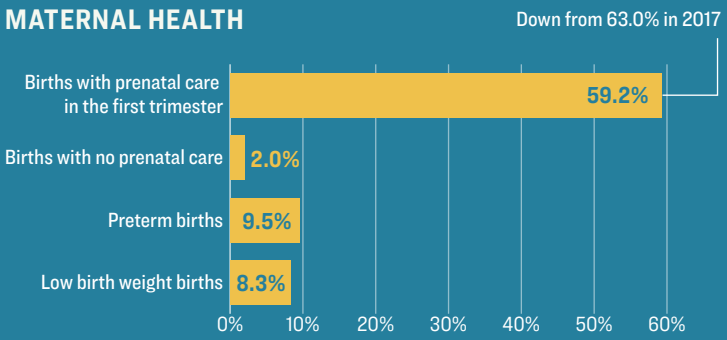
Community discussion participants shared that the cost of living in Mercer County is a challenge — and likely significantly impacts older adults and their ability to age in place (i.e. Robbinsville, West Windsor, Hightstown, Trenton).

Disparities between various communities were mentioned during the community discussions — particularly when referring to Trenton in comparison to other parts of Mercer County.



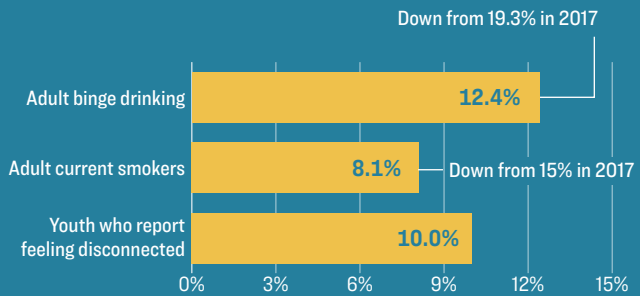
*Developed by the United Way, ALICE captures the population of households that earn more than the Federal Poverty Level, but not enough to afford the cost of "basics" in their area (i.e. housing, child care, food, transportation, health care, etc.)

MATERNAL HEALTH



6.4 Infant mortality rate per 1,000 births (Up from 5.7 in 2017)

MENTAL & BEHAVIORAL HEALTH



9.7 Suicide mortality rate (per 100,000)

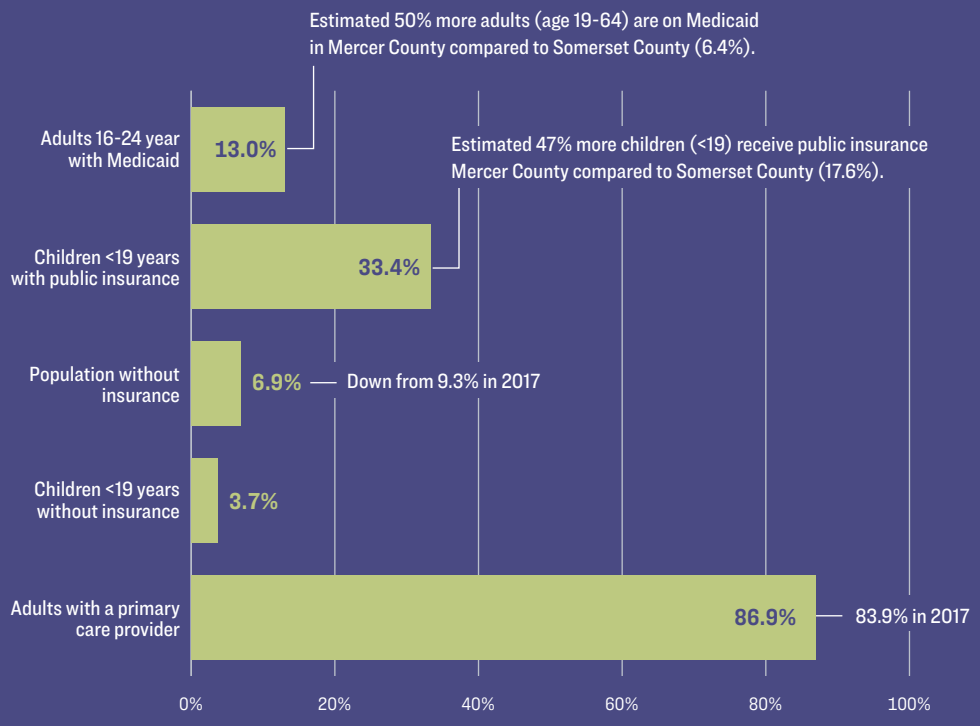
11% Adults reporting poor mental health 14 or more days

Mercer County

ACCESS TO CARE

Although many community discussion participants shared that their communities are walkable and have access to health care services and hospitals, they also shared that transporation is a barrier for many people in certain areas (i.e. East Winsdor, West Windsor, Princeton, Trenton, Highstown) — especially those who do not have cars (which includes older adults who can no longer drive and young people who are choosing not to own cars).

Some participants at a discussion in Robbinsville indicated that their communities do not have enough health care providers or hospitals/ specialists and residents are leaving the area to travel to other areas such as Bordentown, Cherry Hill, or even Pennsylvania.



1,110 to 1

Ratio of population to primary care physicans

280 to 1

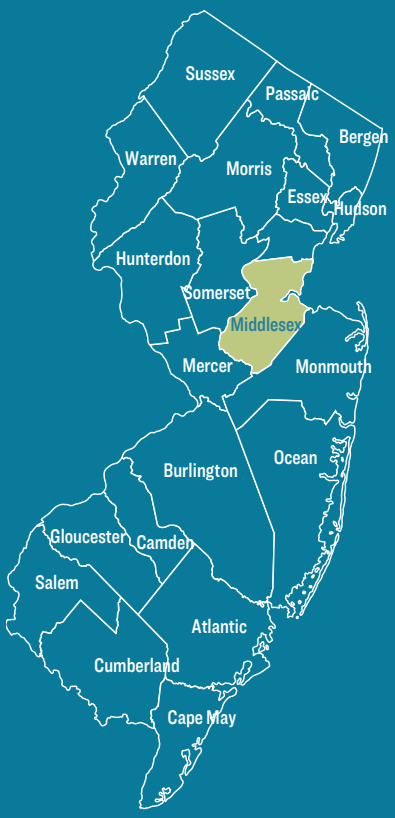
Ratio of population to mental health providers**

** This indicator pulls data from a national provider registration list — which may include providers who are not currently practicing and therefore, may result in an overestimation. It is recommended to use this indicator as a single point of information, and additional data should be gathered to develop a more thorough understanding of the state of mental health care access in a specific area.

OB-GYN Open House – Forrestall Village

Middlesex County

Community conversation participants shared that Middlesex County strengths include strong family support, ample community services, and diverse cultures.



SOCIAL VULNERABILITY INDEX*

*The Social Vulnerability Index (SVI), refers to a measure, developed by the CDC, which analyses demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities. The index generates a score between 0 and 1, with lower numbers indicating less social vulnerability and vice versa.

ESTIMATED POPULATION

860,147

MEDIAN HOUSEHOLD INCOME

$105,206

Hispanic household: $77,774
Black households: $90,049

EDUCATIONAL ATTAINMENT

23.5%

High school as highest education level

VIOLENT CRIME

127.6

Rate per 100,000

HOUSEHOLD FOOD INSECURITY

9.3%

GROCERY STORES & SUPERMARKETS

25.3

Rate per 100,000

PEOPLE WITH DISABILITIES

9.5%

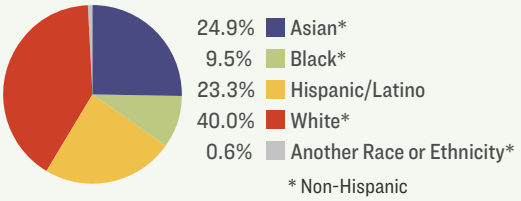
LEADING CAUSES OF DEATH

1. Cancer
2. Heart Disease
3. Unintentional Injury
4. COVID-19
5. Stroke

All cause mortality (per 100,000) **650.6**

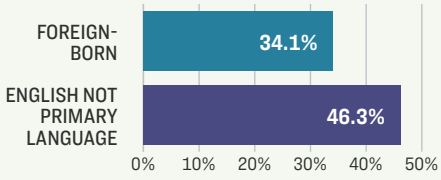
RACE/ETHNICITY

40% of residents are non-Hispanic White, with Asians making up the next largest population, at 24.9%. 68.9% of Plainsboro Township residents identify as minorities.



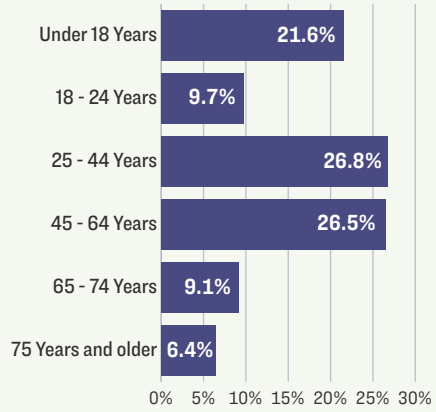
LANGUAGE

The most common language spoken (other than English) is Spanish (17.9%).



AGE DISTRIBUTION

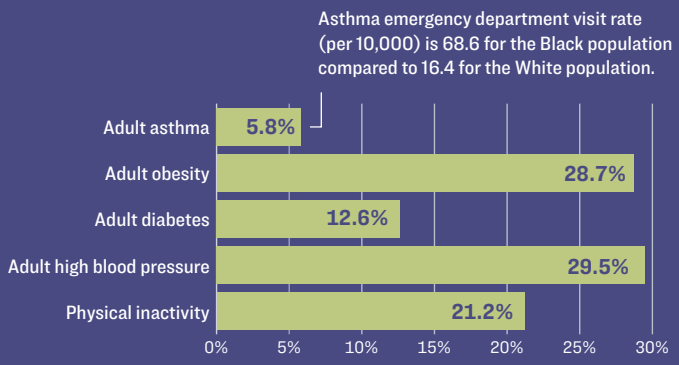
The largest proportion of residents are between the age of 25 to 44 years old.

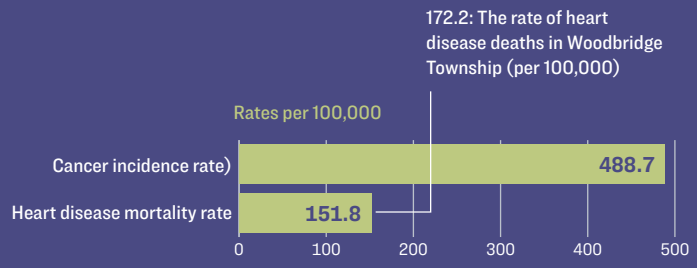


Middlesex County

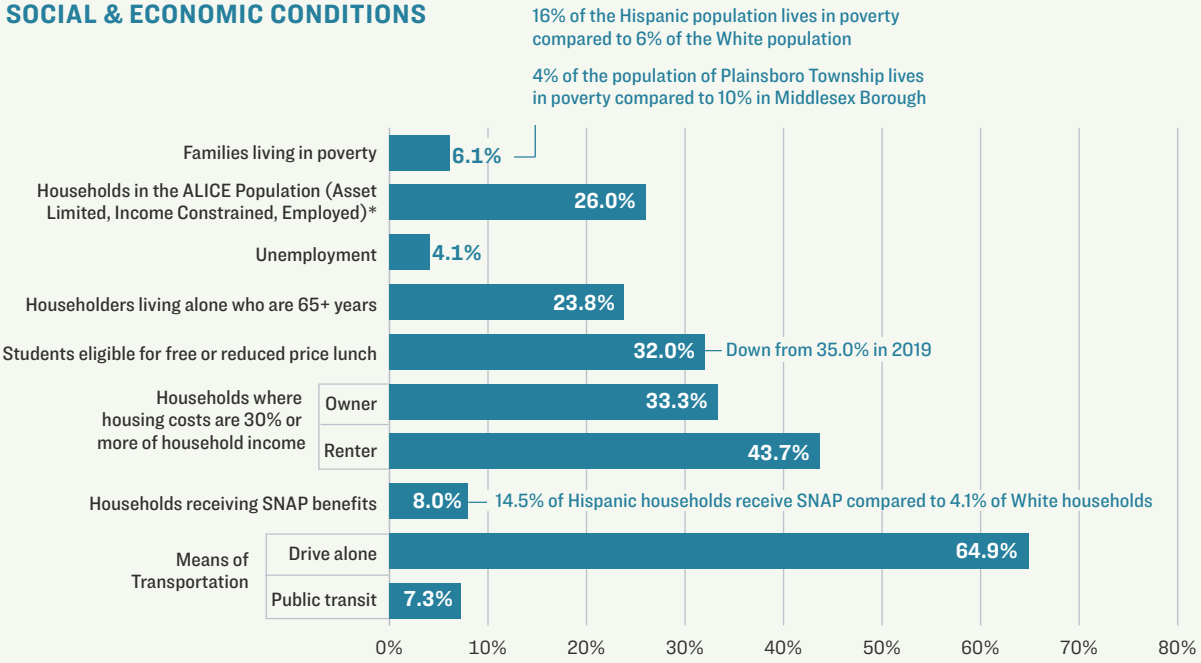
Where significant and in line with community feedback, variations in available indicators between specific communities and the overall county are noted

CHRONIC DISEASE & HEALTH BEHAVIORS





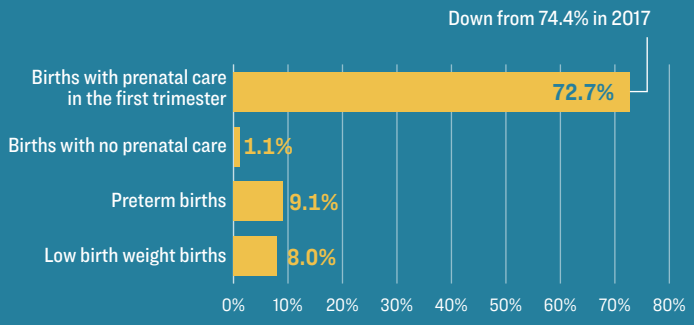
SOCIAL & ECONOMIC CONDITIONS



*Developed by the United Way, ALICE captures the population of households that earn more than the Federal Poverty Level, but not enough to afford the cost of "basics" in their area (i.e. housing, child care, food, transportation, health care, etc.)

Middlesex County

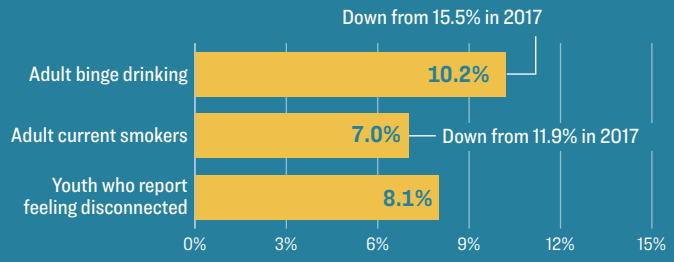
MATERNAL HEALTH



4.1 Infant mortality rate per 1,000 births (Up from 2.9 in 2017)

MENTAL & BEHAVIORAL HEALTH

12.2% of adults in Woodbridge Township reported smoking, higher than the overall county average.



6.7 Suicide mortality rate (per 100,000)

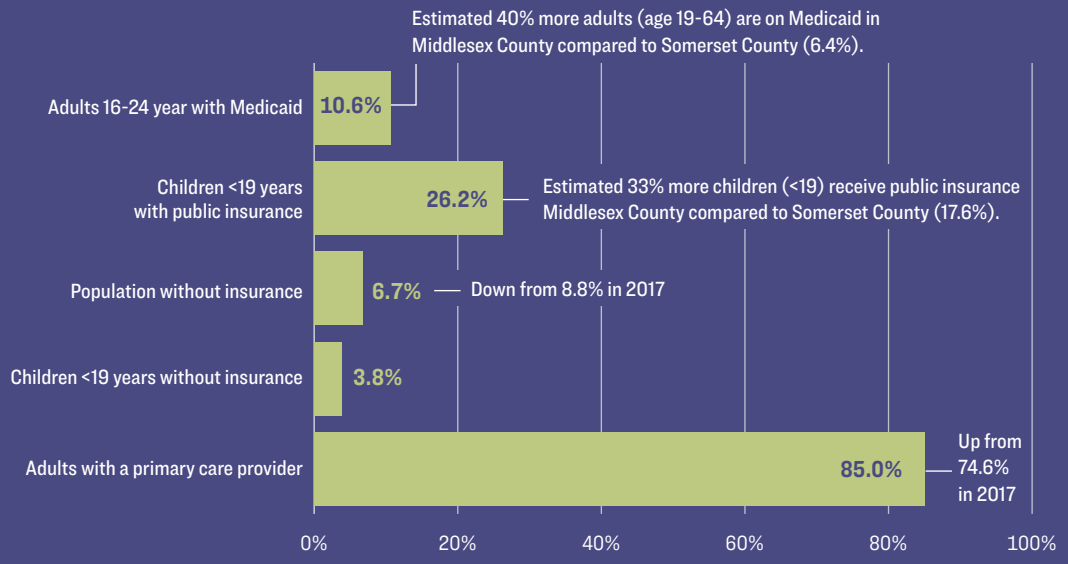
13% Adults reporting poor mental health 14 or more days

ACCESS TO CARE

Long wait times was shared as a barrier to health access by community conversation participants.

Ratio of population to primary care physicans
1,110 to 1

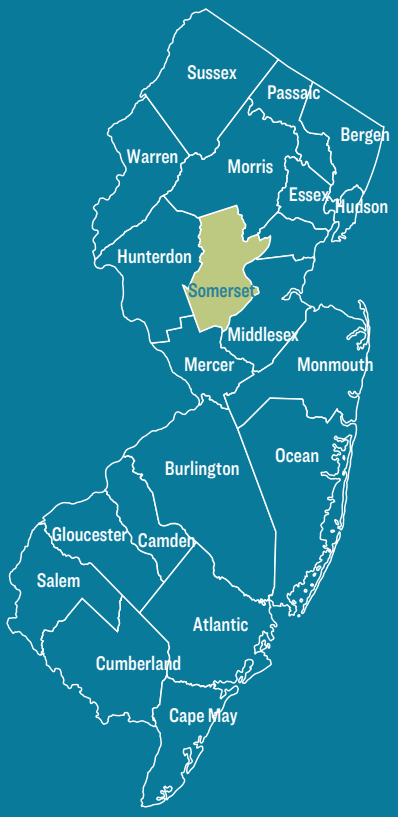
Ratio of population to mental health providers*
490 to 1



* This indicator pulls data from a national provider registration list — which may include providers who are not currently practicing and therefore, may result in an overestimation. It is recommended to use this indicator as a single point of information, and additional data should be gathered to develop a more thorough understanding of the state of mental health care access in a specific area.

Somerset County

Community conversation participants shared that Somerset County is culturally diverse, with a strong sense of community comprised of engaged residents, and that one of its strengths is its central location to other parts of the region such as Philadelphia and New York City.



SOCIAL VULNERABILITY INDEX*

*The Social Vulnerability Index (SVI), refers to a measure, developed by the CDC, which analyses demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities. The index generates a score between 0 and 1, with lower numbers indicating less social vulnerability and vice versa.

ESTIMATED POPULATION

344,978

MEDIAN HOUSEHOLD INCOME

$131,948

Hispanic household: $88,309
Black households: $100,730

EDUCATIONAL ATTAINMENT

17.9%

High school as highest education level

VIOLENT CRIME

55.3

Rate per 100,000

HOUSEHOLD FOOD INSECURITY

7.2%

GROCERY STORES & SUPERMARKETS

17.9

Rate per 100,000

PEOPLE WITH DISABILITIES

8.1%

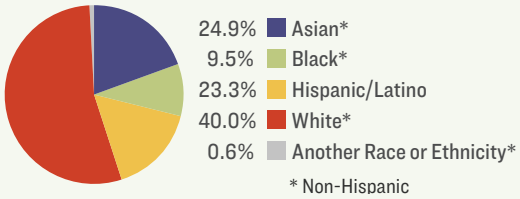
LEADING CAUSES OF DEATH

1. Cancer
2. Heart Disease
3. COVID-19
4. Unintentional Injury
5. Stroke

All cause mortality (per 100,000) **591.9**

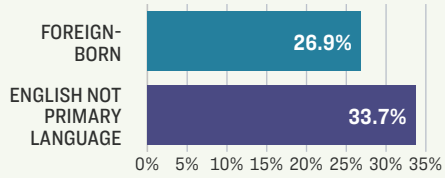
RACE/ETHNICITY

52.6% of residents are non-Hispanic White, with Asian residents making up the next largest population at 19%. Within Montgomery Township, 49.3% of residents identify as minorities and there is a growing South Asian population. Community conversation participants indicated the need to expand and diversify services to engage with this specific population — particularly health services.



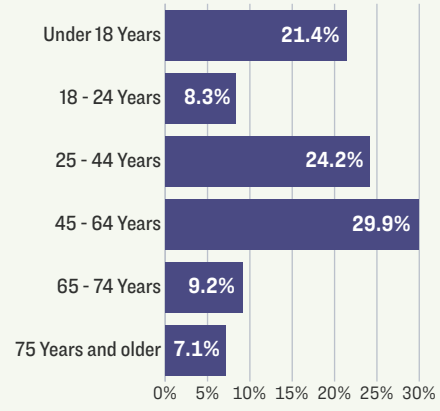
LANGUAGE

Other than English, the most common language spoken is Spanish (12.1%). 34% of Montgomery Township residents are foreign-born.



AGE DISTRIBUTION

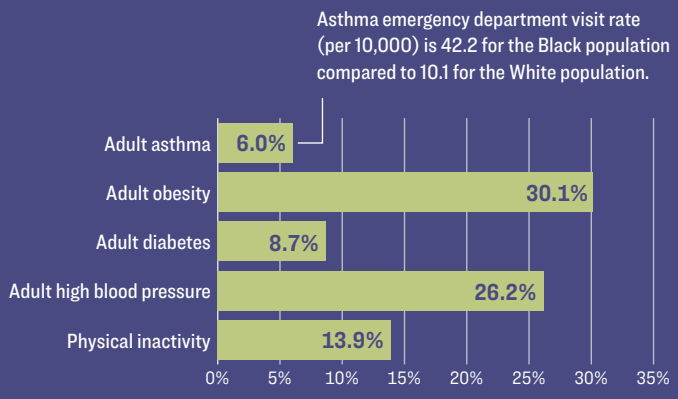
The largest proportion of residents are between the age of 45 to 64 years old.

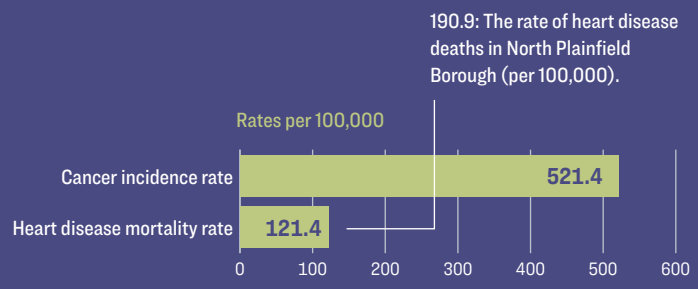


Somerset County

Where significant and in line with community feedback, variations in available indicators between specific communities and the overall county are noted

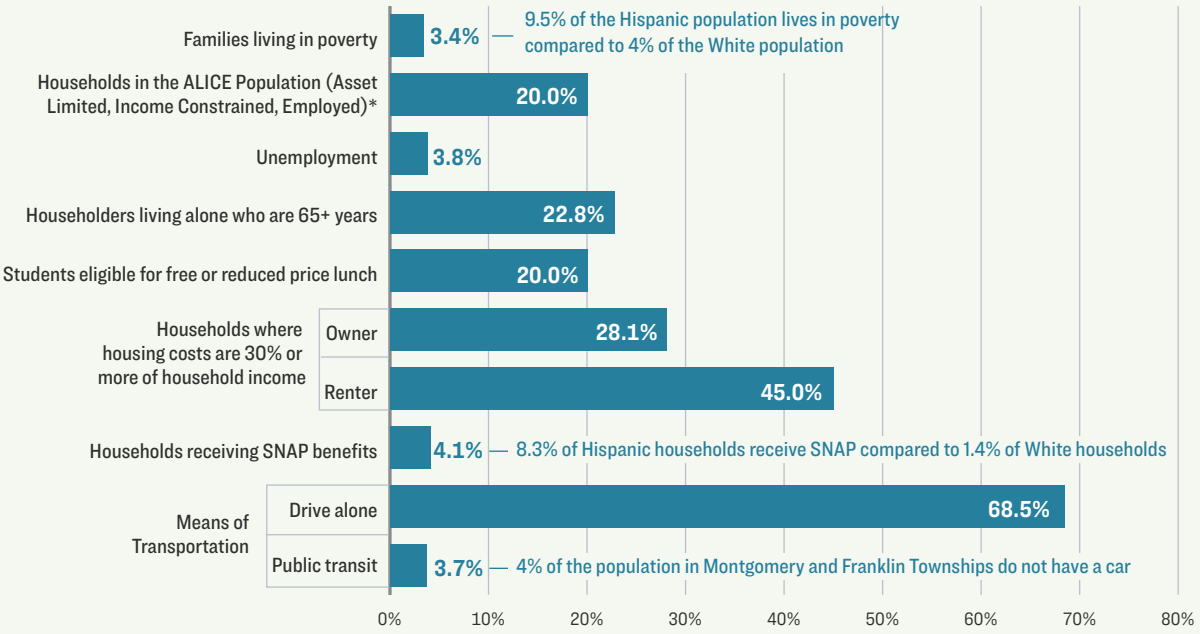
CHRONIC DISEASE & HEALTH BEHAVIORS





SOCIAL & ECONOMIC CONDITIONS

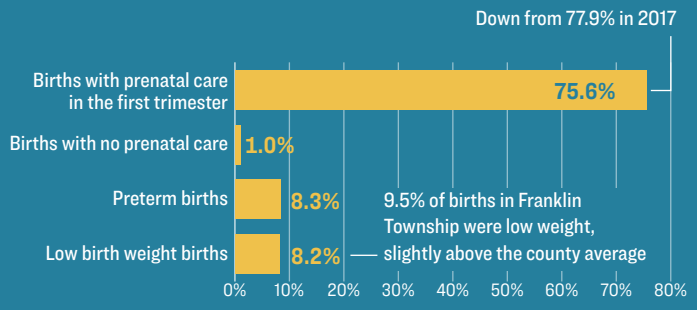
Community conversation participants shared the lack of transportation and walkability in Somerset County — specifically Montgomery Township — is a barrier for residents.



*Developed by the United Way, ALICE captures the population of households that earn more than the Federal Poverty Level, but not enough to afford the cost of "basics" in their area (i.e. housing, child care, food, transportation, health care, etc.)

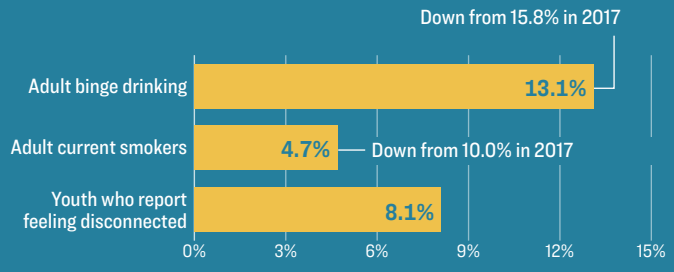
Somerset County

MATERNAL HEALTH



Infant mortality rate per 1,000 births: Data unavailable.

MENTAL & BEHAVIORAL HEALTH



7.6 Suicide mortality rate (per 100,000)

11% Adults reporting poor mental health 14 or more days

ACCESS TO CARE

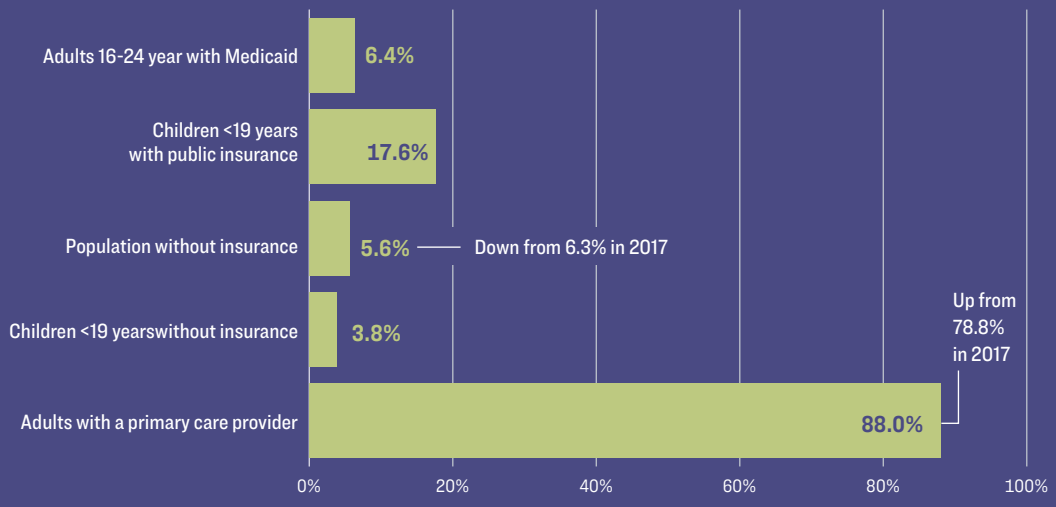
Community conversation participants shared that it's a growing area but the community lacks the necessary resources to serve population — specifically as it related to EMS, health centers, police department and health department (i.e. Montgomery Township)

Ratio of population to primary care physicans

910 to 1

Ratio of population to mental health providers**

340 to 1



** This indicator pulls data from a national provider registration list — which may include providers who are not currently practicing and therefore, may result in an overestimation. It is recommended to use this indicator as a single point of information, and additional data should be gathered to develop a more thorough understanding of the state of mental health care access in a specific area.

It is known that a person's health can vary based on their place of birth. Access to services and care, income, mortality rates, demographics, and more can vary across every neighborhood, township, county, and state — impacting the health of residents. Although Princeton Health's primary, secondary, and tertiary service areas may reflect a smaller footprint than the full counties, detailed data are provided for Mercer, Middlesex, and Somerset Counties, as well as New Jersey. Understanding these variations can offer greater insight into specific needs and support health care organizations, service providers, and community leaders with necessary information for identifying gaps in care, program planning, outreach, and targeted services.

SUMMARY HEALTH MEASURES

		New Jersey	Mercer	Middlesex	Somerset
General	Estimated Population	9,249,063	383,732	860,147	344,978
	Median household income	$97,126	$92,697	$105,206	$131,948
	Social Vulnerability Index*	N/A	0.65	0.55	0.1
	All-cause mortality (per 100,000)	701.2	732.6	650.6	591.9
	Years of potential life lost before 75 - All races/ethnicities	6,500	7,400	5,500	4,400
	Years of potential life lost before 75 - White	5,946	5,900	6,900	4,900
	Years of potential life lost before 75 - Black	11,489	14,500	8,100	8,400
	Years of potential life lost before 75 - Asian	2,553	2,500	2,500	1,700
	Years of potential life lost before 75 - Hispanic	5,684	7,300	5,400	3,900
Chronic Disease & Health Behaviors	Adults with asthma	8.9%	9.1%	5.8%	6.0%
	Adults with obesity	29.8%	28.9%	28.7%	30.1%
	Adults with diabetes	10.8%	9.4%	12.6%	8.7%
	Adults with high blood pressure	31.1%	31.1%	29.5%	26.2%
	Cancer incidence rate (per 100,000)	536.2	530.5	488.7	521.4
	Mammography screening	76.2%	67.5%	83.4%	74.8%
	Heart disease mortality rate (per 100,000)	157.9	168.50	151.8	121.4
	Physical inactivity	23.3%	20.8%	21.2%	13.9%
Cancer	Cancer incidence rate (per 100,000)	536.2	530.5	488.7	521.4
	Breast cancer incidence rate (per 100,000)	187.8	166	177.9	208.1
	Mammography screening	76.2%	67.5%	83.4%	74.8%
	Cervical cancer incidence rate (per 100,000)	7.5	6.9	4.9	4.8
	Colorectal cancer incidence rate (per 100,000)	39.9	34.8	35.5	34.2
	Colorectal cancer screening	71.6%	71.8%	66.3%	73.2%
	Lung cancer incidence rate (per 100,000)	46.5	44.4	40.9	36.9
	Prostate cancer incidence rate (per 100,000)	147.5	161	148	144

*The Social Vulnerability Index (SVI), refers to measure, developed by the CDC, which analyses demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities. The index generates a score between 0 and 1, with lower numbers indicating less social vulnerability and vice versa.

SUMMARY HEALTH MEASURES

		New Jersey	Mercer	Middlesex	Somerset
Maternal Health	Births with prenatal care in the first trimester	72.5%	59.2%	72.7%	75.60%
	Births with no prenatal care	1.7%	2.0%	1.1%	1.0%
	Preterm births	9.3%	9.50%	9.1%	8.30%
	Infant mortality rate (per 1,000 births)	3.5	6.4	4.1	N/A
	Low birth weight births	7.8%	8.3%	8.0%	8.2%
Mental & Behavioral Health	Adults who reported poor mental health 14 or more days	10.0%	11.0%	13.0%	11.0%
	Suicide mortality rate (per 100,000)	7.6	9.7	6.7	7.6
	Ratio of population to mental health provider**	380 to 1	280 to 1	490 to 1	340 to 1
	Adult binge drinking	15.4%	12.4%	10.2%	13.1%
	Adult current smokers	10.4%	8.1%	7.0%	4.7%
	Youth who report feeling disconnected - All races/ethnicities	11.7%	10%	8.1%	7.5%
	Youth who report feeling disconnected - White	8.6%			
	Youth who report feeling disconnected - Black	17.4%			
	Youth who report feeling disconnected - Hispanic	14.9%			
Access to Care	Adults 16-24 year with Medicaid	13.2%	13.0%	10.6%	6.4%
	Children <19 years with public insurance	32.4%	33.4%	26.2%	17.6%
	Population without insurance	7.4%	6.9%	6.7%	5.60%
	Children <19 years without insurance	4.1%	3.7%	3.8%	3.8%
	Adults with a primary care provider	82.6%	86.9%	85.0%	88.00%
	Ratio of Population to Primary Care Physicians	1280 to 1	1110 to 1	1110 to 1	910 to 1
Social & Economic Conditions	Families living in poverty	6.9%	7.3%	6.1%	3.4%
	Households in the ALICE population (Asset Limited, Income Constrained, Employed)***	26.0%	20%	26.0%	20.0%
	Unemployment	4.4%	3.9%	4.1%	3.8%
	Householders living alone who are 65+ years	27%	30.1%	23.8%	22.8%
	Students Eligible for Free or Reduced Price Lunch	34.0%	33.0%	32.0%	20.0%
	Households where housing costs are 30% or more of household income - Owner with mortage	32.8%	29.1%	33.3%	28.1%
	Households where housing costs are 30% or more of household income - Renter	48.3%	48.5%	43.7%	45.0%
	Households receiving SNAP benefits	9.5%	10.2%	8.0%	4.1%
	Rate of grocery stores and supermarkets (per 100,000)	26.1	29.9	25.3	17.9
	Food insecurity	10.7%	9.7%	9.3%	7.20%
	Means of transportation - Drive alone	65.4%	63.5%	64.9%	68.5%
	Means of Transportation - Public transportion	9.0%	5.2%	7.3%	3.7%

**This indicator pulls data from a national provider registration list — which may include providers who are not currently practicing and therefore, may result in an overestimation. It is recommended to use this indicator as a single point of information, and additional data should be gathered to develop a more thorough understanding of the state of mental health care access in a specific area.

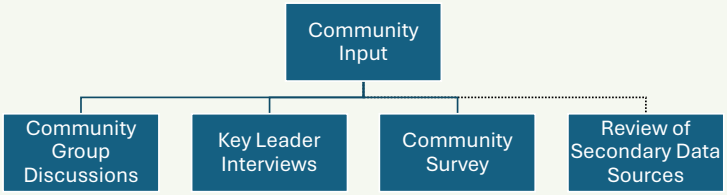
*** Developed by the United Way, ALICE captures the population of households that earn more than the Federal Poverty Level, but not enough to afford the cost of "basics" in their area (i.e. housing, child care, food, transportation, health care, etc.)

Community Contributions

An essential complement to the quantitative health indicators is qualitative data which capture the perspectives, priorities, and ideas of those who live, learn, work, and play within a health system's service area.

To meaningfully reflect the unique experiences and specific needs of various communities within Princeton Health's service area, the approach to gathering qualitative data was grounded in mixed methods which incorporated focused discussions with priority groups, key leader interviews, and a community survey, as well as secondary sources.

The graphic below summarizes the major components of community input for the report:



COMMUNITY SURVEY

A community survey was developed by a Community Advisory Board (CAB) comprised of representatives from numerous community-based organizations, partners, non-profits and businesses in Princeton Health's service area. These represent organizations with direct contact with community members, such as social service groups, faith-based organizations, school district representatives and health officers. The CAB developed the survey in coordination with Princeton Health's Community Wellness Program team members based on review of previous surveys and health information the CAB prioritized for collection.

METHODOLOGY

The survey was conducted both online and on paper, in English and Spanish. It was distributed by Princeton Health and through representatives of the CAB. The survey included questions about the health of the community in which the participant lives, works, or volunteers, strengths of the community, top health concerns, access to health care services, community health priorities, health coverage and information, and demographic information. The survey can be found in the Appendix, page 55. In total, 553 surveys were completed, with 528 included in final analysis based on inclusion criteria. Only survey respondents who either lived or worked in the Princeton Health service area were included. Similar to the Community Data methodology, data were merged and appended in RStudio (2024.09.0) using the tidyverse package (Version 1.3.0).

65% of survey respondents represent Mercer County, while 28.4% represent Middlesex and 6.6% Somerset. 47.3% of survey respondents are 65 and older and 67.4% are female. The survey participants tend to be older than the overall New Jersy population in the same age group (16.5%). 69.7% of the survey respondents are white, 6.4% African American, and 5.9% South Asian, while 56% of the New Jersey population are white, 12.4% African American, and 9.8% Asian. Additionally, 65.5% of the respondents indicated they are college graduates or above, while 43.4% of New Jerseyans are college educated or higher.

Although the survey was distributed to a wide array of community groups and representatives, the survey respondents tend to be older, more educated, and less diverse than the overall Princeton Health service area. However, the results are combined with findings from qualitative feedback from the community, including community discussions, key informant interviews and other sources to develop a well-rounded view of the Princeton Health service area's health needs and priorities.

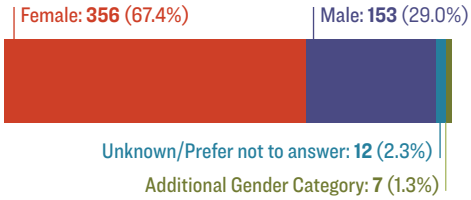
Key findings from the community survey are provided in combination with interview and community discussions results below. Note: only the top responses for each question are featured in the "Key Findings" — for the full survey analysis, and survey tool, refer to the Appendix, page 55.

Survey Repondents Characteristics:
DEMOGRAPHICS

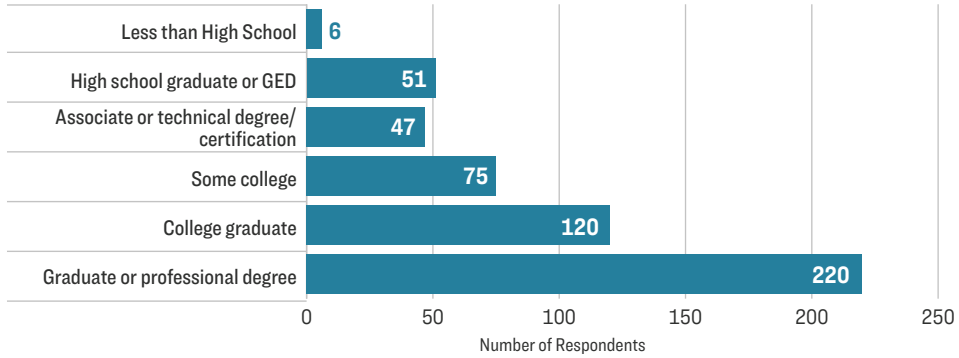
COUNTY OF RESIDENCE

AGE

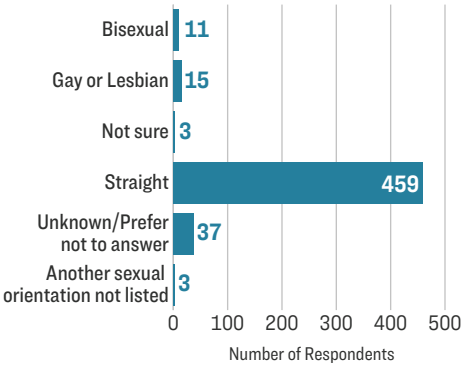
GENDER



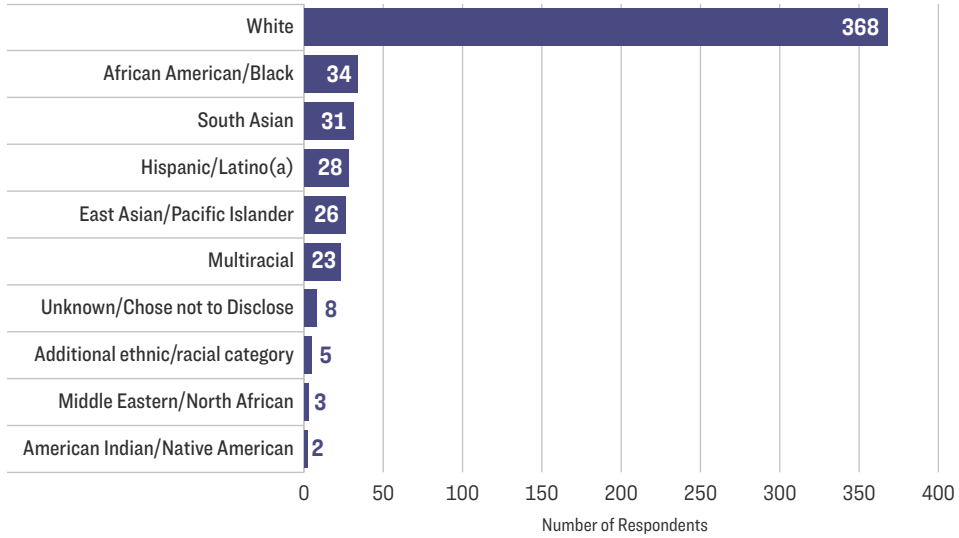
EDUCATIONAL ATTAINMENT



SEXUAL ORIENTATION



RACE/ETHNICITY



PARENT OF A CHILD UNDER 18 YEARS

PRIMARY LANGUAGE SPOKEN AT HOME

English	451
Spanish	22
Chinese (including Mandarin and Cantonese)	7
Hindi	6
Gujarati	4

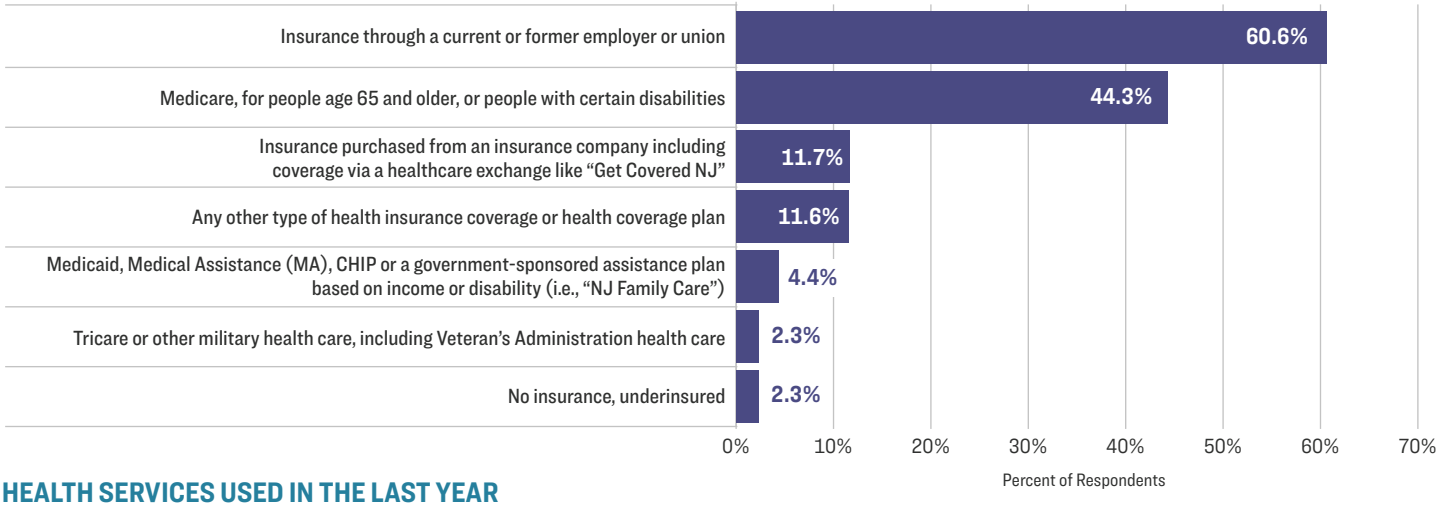
French (including Cajun)	3
Korean	3
Telugu	2
Nepali/Marathi/Konkani	2
Portuguese/Cape Verdean Creole	1

Haitian	1
Vietnamese	1
Tagalog/Filipino	1
Another language	14

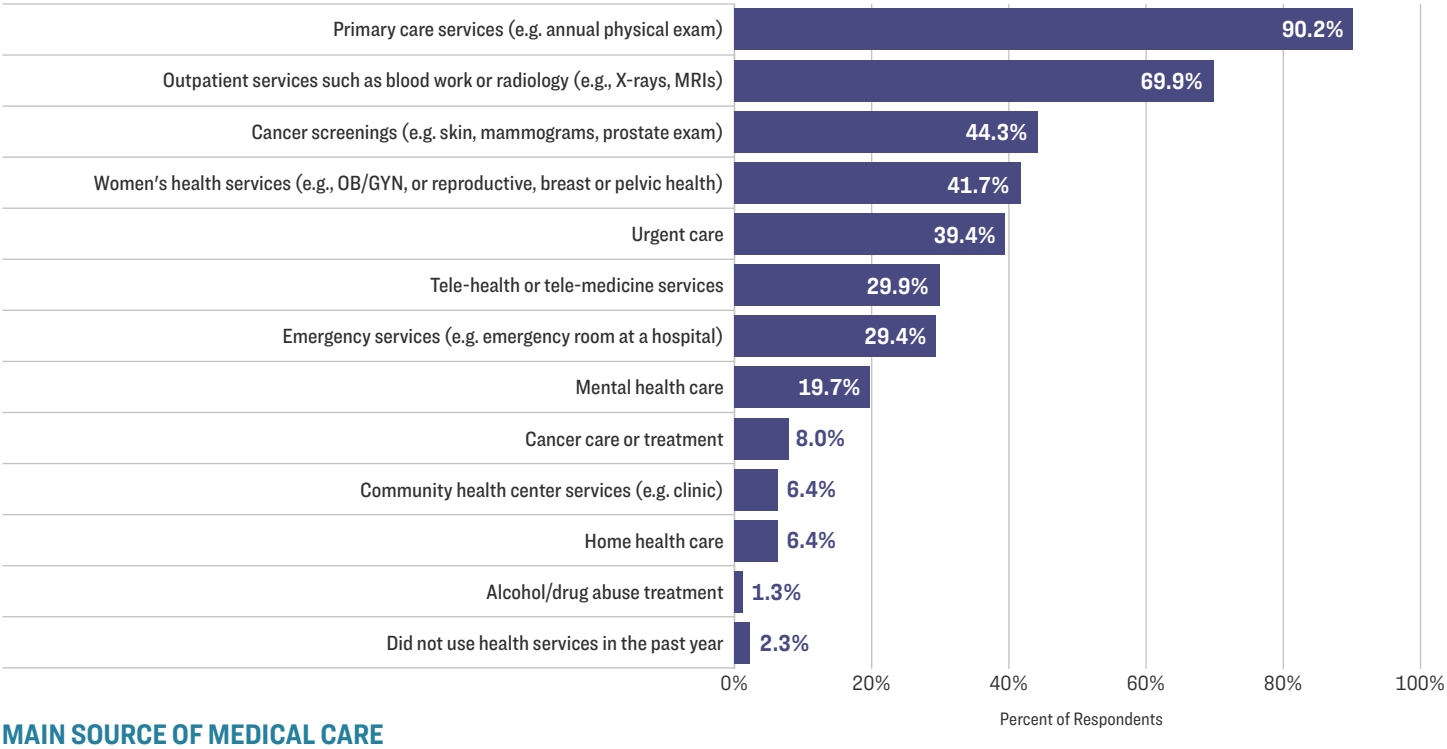
Survey Repondents Characteristics:

HEALTH INSURANCE AND ACCESS

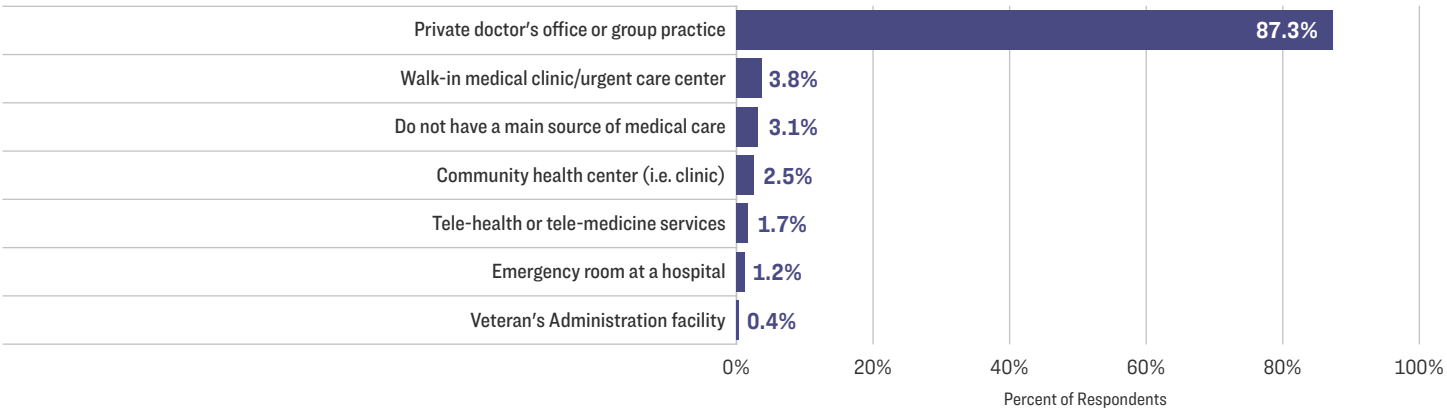
HEALTH INSURANCE STATUS



HEALTH SERVICES USED IN THE LAST YEAR

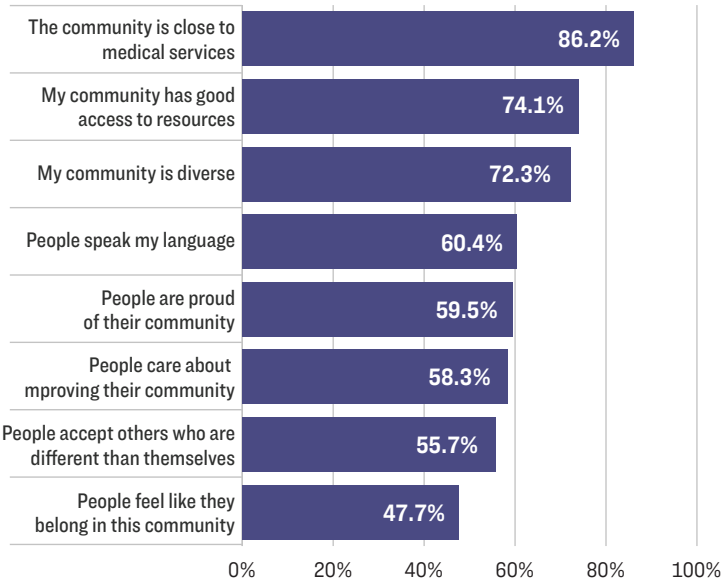


MAIN SOURCE OF MEDICAL CARE

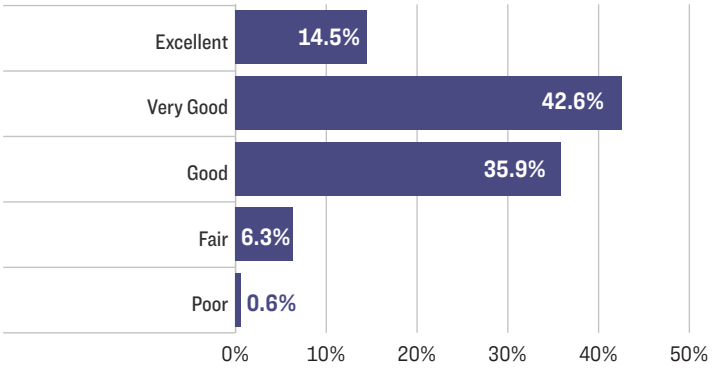


SURVEY FINDINGS

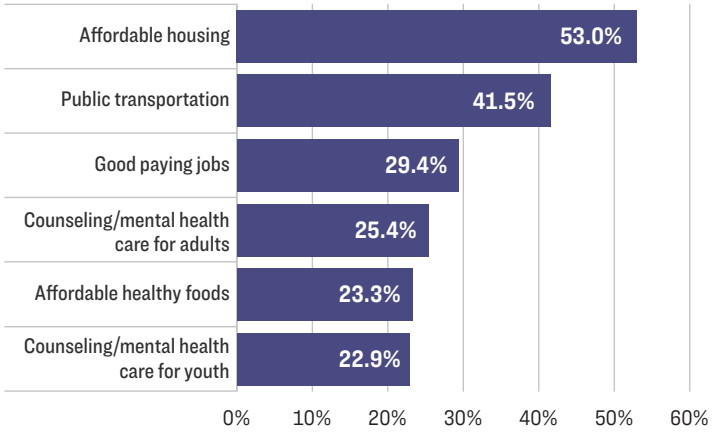
PERCEIVED COMMUNITY STRENTHS



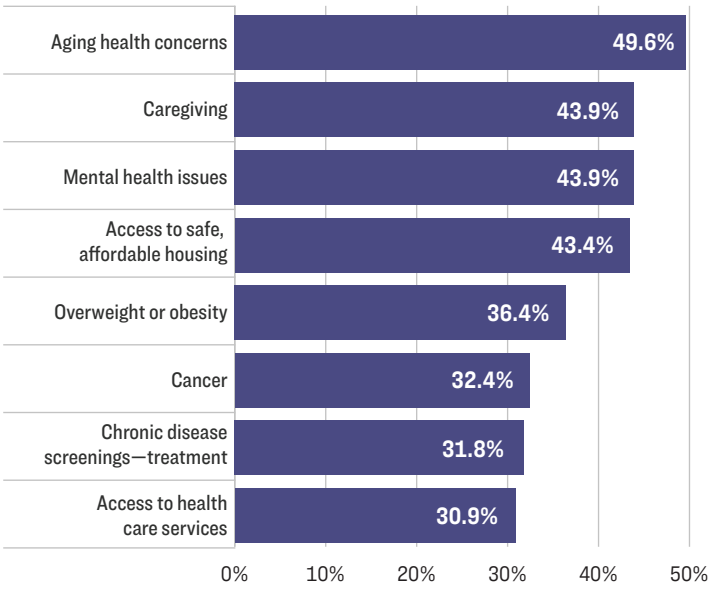
PERCEIVED HEALTH OF THE COMMUNITY



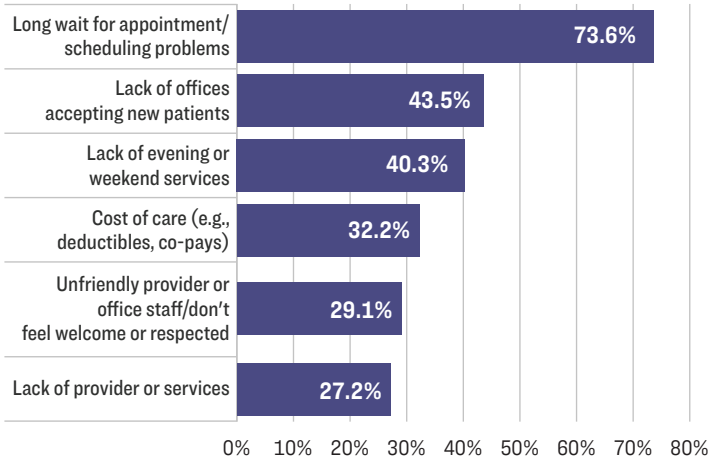
RESOURCES RATED AS THE MOST DIFFICULT TO ACCESS



PERCEIVED COMMUNITY HEALTH ISSUES



BARRIERS TO ACCESSING HEALTH SERVICES



COMMUNITY GROUP DISCUSSIONS AND INTERVIEWS

Robust community feedback was gathered through community group discussions, key informant interviews, and conversations with Princeton Health representatives. Two representatives from the Princeton Health Community Wellness team, Deb Millar and Craig Harley, facilitated the discussions with support from additional team members.

METHODOLOGY

Through a collaborative process with the CAB, several priority health topics were identified. The CAB members then voted for the topics which they felt to be of highest priority and a list of topic areas were developed which drove the qualitative discussions, as well as identified specific spotlight topics. Ultimately the topics that were chosen of highest importance, included: community services and support, maternal health, transportation and access to services, mental and behavioral health, LGBTQ+ health, and older adults. Based on these priorities, the CAB determined which organizations and community members to engage in further discussion.

Participants in the qualitative discussions were selected based on their knowledge and relationship with the community they represent. Discussions were limited to invitees and were hosted both virtually and in-person. Participants were not incentivized for their participation, providing evidence of the deep engagement and commitment by participants to provide feedback on behalf of their community. The discussions generally lasted 60 minutes. Discussion topics included: strengths and concerns in the community, health challenges, vulnerable populations, access to healthcare, programs or services to address identified challenges, and a vision of the community in the future. In total, 114 community members and representatives participated in 21 discussion groups and interviews.

To review the final discussion guide, refer to the Appendix, page 101.

Community Group Discussions	# of Participants	Key Leader Interviews	# of Interviewees
Breastfeeding Support Group	9	Greater Mercer Transportation Management Association (TMA)	2
Bright Beginnings	8	Mercer County Food Security Leaders	5
Central Jersey Family Health Consortium - Maternal Child Health	20	NJ Transit Representative	1
Emergency Medical Service Representatives (Montgomery EMS, Burlington County, Somerset County)	3	Penn Medicine Princeton Health CEO	1
Geriatric Steering Committee	9	Penn Medicine Princeton Health Human Resources Representative	1
LGBTQ+ Community Members	6	Princeton Community Housing Leaders	2
Life Tree Community Church	7	Princeton House Behavioral Health Vice Presidents	2
Local Health Officers	6	Womanspace Counseling Representatives	2
Mercer County Community Board Members	3		
Penn Medicine Princeton Health CHNA Community Advisory Board Members	11		
Penn Medicine Princeton Health Patient & Family Advisory Council	7		
Robbinsville School District	4		
Trenton Doulas	5		

Community Contribution Findings

Both the community survey and qualitative discussions identified similar themes regarding strengths and challenges for the communities served by Princeton Health.

COMMUNITY STRENGTHS

Major strengths for the overall service area include:

- **Access to medical care**
  86.2% of survey respondents named access to medical care as a perceived strength of the community, sharing that access to mental health services, hospital care, and municipal services such as 911 are strong in the community.

- **Access to resources**
  74.1% of survey respondents described access to resources as a strength of their community. The community discussions also shared this theme describing good access to healthcare resources, community spaces, recreation, transportation, and educational opportunities.

- **Diversity within the community**
  72.3% of survey respondents indicated that a perceived strength in their community was the diversity that exists. Diversity was also described as an asset in many of the community discussions.

- **People in the community speak the same language**
  60.4% of the survey respondents indicated that people in their community speak the same language. Both the survey and community discussions describe tremendous cultural diversity in the service area and a strong sense of community among those who speak languages in addition to English.

- **Pride in the community**
  59.5% of survey respondents described having pride in their community. Pride in the community was also described in the community discussions as a key community asset. Community discussion participants indicated that there is strong interconnectedness and social networks in the community. They also described their community as active and engaged and "coming together despite differences".

Note that there were differences in perceived strengths by demographic indicators and specific geographic location within the service area. For example, although 88.9% of total survey respondents indicated that they had good access to resources, only 46.4% of Hispanic respondents shared the same perception. For additional information on survey responses by demographics, please refer to the Appendix, page 62. Specific perceptions by geographic area are described in greater detail in the Community Health Indicators section.

COMMUNITY CHALLENGES

Major challenges identified by both the survey and community discussion participants include:

- **Social needs**
  Access to affordable housing was selected by **53%** of survey respondents as a community challenge. This percentage rises to 64.3% for Hispanic respondents. Affordable housing was identified as a community challenge in at least 11 of the 21 community discussions. Other social needs selected as challenges by survey respondents, include: good jobs (29.4% for overall, 50% for Hispanic respondents), and public transportation (41.5% of survey respondents selected this). Transportation challenges were identified in over half of the community discussions.

- **Support for the aging population**
  47.7% of survey respondents identified the need to offer services to help older adults stay in their homes, and 38.3% indicated expansion of health services for older adults is needed. Community discussion participants also described affordable housing, food and transportation for seniors as challenges in the community.

- **Availability of mental health services**
  43.4% of survey respondents described mental health as a major priority for the community and 25.4% described difficulty in accessing mental health services. Community discussion participants also noted that finding mental health services for adolescents and youth is challenging, with this theme being mentioned in over half of the community discussions.

- **Availability of supermarkets and healthy food options**
  37.5% of overall survey respondents shared that availability of supermarkets and healthy, affordable food options are a challenge in the community. Food insecurity and food deserts were described in several community discussion settings.

- **Availability of programs to address chronic disease prevention, improving physical activity, and obesity**
  36.4% of total respondents describe overweight or obesity as a community health issue, versus 47.1% of black respondents. 35% of survey respondents indicated that a priority for the community is to offer more programs focusing on physical activity and nutrition. Similarly, offering programs focused on prevention of chronic diseases was a priority for 34.1% and programs for weight control was a priority for 33.9%. These themes were echoed in the community discussions with several participants describing a lack of programs and walkability in the community as challenges.

- **Barriers to access services and care**
  18.2% of survey respondents indicated that specialty care is difficult to access. Community discussion participants also revealed that it is difficult to find providers who accept Medicare/Medicaid. Additionally, transportation to medical services was described as a barrier to care. 73.6% of survey respondents described long wait times for appointments as another barrier to care. Costs of care and prescriptions were also mentioned among community discussions participants.

Note that there were differences in perceived challenges by demographic indicators and specific geographic location within the service area. For example, 53% of total survey respondents indicated that affordable housing is a challenge in the community. However, this percentage rises to 64.3% of Hispanic respondents. For additional information on survey responses by demographics, please refer to the Appendix, page 62. Specific perceptions by geographic area are described in greater detail in the Community Health Indicators section.

OTHER KEY FINDINGS

There were other notable findings and themes from both the survey and community discussions. These include:

- **Perceived health of the community**
  The community survey asked respondents their perception of how healthy the community is. 14.5% responded that the community is in excellent health. This is a slight decrease from 2021 when respondents indicated that 15.8% of the community is in excellent health. In 2024, 42.6% described health as very good, 35.9% as good, 6.3% as fair, and 0.6% as poor. Respectively, in 2021, 37.6% described health as very good, 36.6% as good, 8.3% as fair, and 1.2% as poor.

- **Good paying jobs**
  29.4% of total survey respondents identified good paying jobs as a challenge in the community, while 50% of Hispanic respondents selected this as a challenge. Economic factors, cost of living, and good paying jobs were identified in several community discussions as community challenges.

- **Discrimination**
  52.9% of African American respondents, 53.6% of Hispanic respondents, and 48.4% of South Asian respondents described being discriminated against because of their race or ethnicity. Conversely, only 4.4.% of white respondents indicated being discriminated against. 46.4% of Hispanic respondents indicated that they had been discriminated against due to their language. Community discussion participants described a lack of access to services, programs, and providers for Spanish speaking adults and youth. 36.4% of African American respondents, 24.7% of white respondents, and 42.9% of Hispanic respondents indicated being discriminated against due to their type of health insurance.

For all survey and community discussion results, please refer to the Appendix, page 62.

Spotlight Topics

In an effort to gain additional information about topics identified by the CAB as high priority, and to gain a deeper understanding of community health needs, Princeton Health engaged in several discussions with community partners and leaders. Summaries of these discussions are provided below.

Municipal, Community Services & Community Representatives

Community conversations were held with a number of individuals representing municipal and community services from the service area, such as health officers, the faith-based community, food security leaders, and school district leaders. Additionally, members of the general community were included in these discussions. The following groups participated in the conversations:

- Local Emergency Medical Technicians – 3 participants
- Faith-Based Organizations – 7 participants
- Local Health Officers - 6 participants
- Mercer County Community Board Members – 3 participants
- Mercer County Food Security Leaders – 5 participants
- Princeton Health CHNA Community Advisory Board – 11 participants
- Princeton Health Patient & Family Advisory Council – 7 participants
- Robbinsville School District – 4 participants

STRENGTHS

A major theme from these discussions was the strong interconnectedness and diversity of the community. Participants discussed active and involved communities, availability of resources, and strong engagement among community members. Many participants acknowledged the proximity to larger urban areas such as Philadelphia and New York City. Other identified strengths include the high educational level and good educational resources in the community, access to parks and recreation, and coordination among nonprofit organizations.

CHALLENGES

Community challenges which were shared in the community conversations include: lack of affordable housing, not enough mental health services, a growing need for social services, food insecurity and access to nutritious foods, and long wait times for medical and other services. It was also expressed that there is a lack of trees in lower income neighborhoods, creating heat islands which exacerbate respiratory illnesses.

TOP HEALTH CONCERNS

Participants in this group were asked what their top three most pressing health concerns are in the community. Several participants described teen and adult mental health as a top concern. Additionally, lack of support and resources for the aging population and access to affordable and nutritious foods were mentioned. Participants also shared concerns about isolation, loneliness, and challenges with physical health among the older population. Drug misuse and substance use disorders were also described as a top health concern in the community.

BARRIERS, GAPS, AND LIMITATIONS IN ACCESS TO HEALTHCARE

Participants described several gaps in access to healthcare. These include: a lack of multi-language services and culturally appropriate care in some of the more diverse communities, such as Hispanic and South Asian. Additionally, the cost of services and resources in the community poses major barriers to care. Participants also identified lack of transportation to medical appointments as a significant limitation.

Housing

Key informant interviews were held with two leaders from Princeton Community Housing, a non-profit community-based organization which manages and advocates for safe, affordable housing in the Mercer County region.

CHALLENGES

They described housing, food insecurity, behavioral health, and access to services for seniors as being some of the community's biggest challenges. Additionally, they indicated that community members may not be aware of resources and services and have challenges with completing social service applications such as Medicaid, rental assistance, and food assistance.

LGBTQ+ Health

Six members of the LGBTQ+ community participated in a community conversation to discuss their community's health needs and concerns.

STRENGTHS

The participants described a strong and resilient community and noted that New Jersey is a progressive state that values civil rights and diversity.

CHALLENGES

The participants also described a variety of concerns and challenges. They described a lack of knowledge of existing programs and challenges with navigating resources in the community. They also described concerns about homeless LGBTQ+ community members and difficulty with finding housing and jobs without a street address. They also expressed challenges related to costs of care and long wait times for mental health services.

TOP HEALTH CONCERNS

The participants indicated that it is challenging to find gender-affirming care or LGBTQ+ friendly practices. They shared that it can feel difficult to talk about certain LGBTQ+-related issues with providers. Other health concerns include mental health, diabetes, healthy eating and cancer.

Maternal Health

Several individuals representing maternal/child health organizations participated in community conversations. They include individuals from support groups for new mothers and babies up to the age of one, a family resource organization, and doulas providing physical, emotional and educational support to mothers and babies.

- Breastfeeding Support Group – 9 participants
- Bright Beginnings – 8 participants
- Central Jersey Family Health Consortium - Maternal Child Health – 20 participants
- Trenton Doulas – 5 participants

STRENGTHS

The participants in these conversations described several strengths of the community, including access to many resources and services, a family-oriented community, and access to outdoor recreation, parks, and libraries.

CHALLENGES

Some of the biggest community challenges described by the participants include high costs of living, lack of transportation to access services, unsafe housing and food deserts. They also described a lack of culturally appropriate care and language access as challenges to medical care. Some participants expressed concern about environmental issues, such as exposure to toxins and increasing heat, especially while pregnant.

TOP HEALTH CONCERNS

The participants described long wait times for specialists and issues/stigma associated with mental health and postpartum depression. They also shared that there is a lack of interpreter services which creates language barriers. Additionally, they described domestic violence, neglect and abuse of children, and discrimination as challenges in the community.

BARRIERS, GAPS, AND LIMITATIONS IN ACCESS TO HEALTHCARE

The participants identified several barriers to care. These include the costs associated with resources and services, such as food, medications, diapers, education, and childcare. Although programs and resources may be available, there is a lack of coordination among public services and it is challenging to navigate these resources. They also identified insurance coverage as a major challenge. The participants indicated that there is limited access to care when pregnant. Services such as free-standing birth centers, doulas, breastfeeding support, and certified nurse midwives are not available in the community or are currently overwhelmed and unable to keep up with the demand of the increasing population.

Mental and Behavioral Health

Representatives from organizations representing the mental and behavioral health community were included in discussions to better understand and prioritize mental health needs. These include:

- Princeton House Behavioral Health Vice Presidents – 2 participants
- Womanspace Counseling – 2 participants

STRENGTHS

Representatives from these organizations described the community as being small, diverse, and having a strong sense of community.

CHALLENGES

The participants noted several community challenges, such as costs of care, difficulty in accessing affordable food, poverty, and mental health.

TOP HEALTH CONCERNS

Participants described numerous health-related challenges including increases in eating disorders, vaping, cocaine use, and a lack of mental health providers. They also mentioned high staff turnover rates and challenges in accessing mental health services. Regarding climate issues, participants cited increases in domestic violence during heatwaves.

Older Adults

Nine members of Princeton Health's Geriatric Steering Committee participated in a discussion about the needs for older adults in the community. However, these findings are also informed by several other community conversations which described concerns about the health and well-being of older adults in the community.

CHALLENGES

Community challenges described by participants pertaining to older adults include concerns about costs of living and housing, issues with older adults living alone, and lack of access to specialists. They also expressed concerns about isolation and loneliness, as well as lack of social support.

TOP HEALTH CONCERNS

The top health concerns identified by participants include psychiatric and mental health issues. Additionally, they noted a lack of support for caregivers, especially for those in the sandwich generation who are simultaneously caring for aging parents and children. They also described challenges with providing palliative care and having goals of care conversations with older adults. Pertaining to climate concerns, participants shared that older adults may experience increased difficulties with asthma and allergies during heat waves, particularly if they are lacking air conditioning in their homes.

BARRIERS, GAPS, AND LIMITATIONS IN ACCESS TO HEALTHCARE

Participants in these discussions described language and cultural barriers as challenges for older adults, as well as navigating the healthcare system, digital health access, and transitions of care. According to the participants, older adults also have challenges with understanding follow-up care and communicating with their care team.

Transportation

Community conversations were held with leaders representing transit and transportation organizations, including:

- Greater Mercer Transportation Management Association (TMA) – 2 participants
- New Jersey Transit Leader – 1 participant

STRENGTHS

Community strengths described by participants include transportation for seniors, collaboration with cancer centers and access to multiple transportation options.

CHALLENGES

Community challenges noted by participants include the fact that significant portions of the population are in need. They described difficulty keeping up with infrastructure demands (such as fire and police services). They also noted that homelessness is a challenge and transit facilities become homes to the unhoused.

TOP HEALTH CONCERNS

Access to healthy food and transportation gaps were mentioned as top health concerns. Additionally, the participants described a lack of understanding of available services and community safety as concerns for the community.

BARRIERS, GAPS, AND LIMITATIONS IN ACCESS TO HEALTHCARE

Participants indicated that paratransit can be very expensive and a lack of regular bus routes in certain areas can limit access to healthcare.

Princeton Health Representatives

Key informant interviews were held with Princeton Health's Chief Executive Officer and a representative from Human Resources.

STRENGTHS

They noted strengths of the community as strong diversity among employees, and services for diverse populations, including the LGBTQ+ community.

CHALLENGES

The interviews revealed that some of the challenges within the community include barriers to transportation, food insecurity, acute management of disease instead of prevention, and mental health. They also noted that affordable housing is a community challenge.

TOP HEALTH CONCERNS

Top health concerns identified in the interviews include mental health among the younger population and pockets of chronic illness in the Southeast Asian and African American communities.

BARRIERS, GAPS, AND LIMITATIONS IN ACCESS TO HEALTHCARE

The participants noted a variety of barriers in access to healthcare. These include lack of health services available on weekends, challenges in obtaining medical appointments, and workforce shortages. They also expressed that people have been putting off care since the pandemic. This has caused individuals to avoid seeking primary and preventive care and has increased utilization of the emergency room.

Vision for the Future

Bright Beginnings Halloween Party

Despite challenges identified by the community conversation participants, they also were hopeful for the future of their community.

They described a future vision which includes:

- Greater resources to address community needs
- Easier access to services and resources
- Improving stigma and resources related to mental health
- Increase in healthy eating and physical activity
- Improved resources to meet basic needs of the most vulnerable
- LGBTQ+ specific health services
- Improved language services and support for immigrants and cultural diversity
- Safe neighborhoods and greener, open spaces
- Affordable housing and lower cost of living
- Increase in transportation options
- Access to best in class, and compassionate care
- Age friendly and person-centered care
- More support groups, providers, and greater access to care for pregnant people

Community Health Priorities

Priority health needs for the Princeton Health service area were chosen based on a combination of data inputs, including community survey responses, qualitative discussions with community members and representatives, contributions from Community Advisory Board members based on qualitative feedback, and quantitative health indicators. In the community survey, respondents were instructed to respond to a question identifying whether specific community health concerns were high priority, medium, or low. Additionally, the Community Wellness Program team worked with the CAB to identify topics that were identified to be high priority by the communities the representatives serve. Priorities were also identified by the frequency of mentions in discussion groups and the level of concern shared by participants. Finally, quantitative community health indicators for the service area were evaluated. Based on these inputs, a list of priorities was developed. Through a modified Hanlon process, the topics continued to be re-prioritized by consensus of the CAB until a list of the six highest priorities for the service area were selected.

HEALTHY AGING

POPULATION IMPACTED

Percent of the population 65+

New Jersey	Mercer/Middlesex/Somerset
16.5%	**15.7%**

KEY FINDINGS

Community Survey

- **47.2%** of respondents selected "Increasing the number of services to help seniors stay in their homes" as a **HIGH** priority issue in their community
- **38.3%** of respondents selected "Expanding health and medical services focused on seniors" as a **HIGH** priority issues in their community

Community Discussions

- **23:** The number of times aging related topics were mentioned
- Topics related to isolation, loneliness, aging in place — particularly as it relates to housing affordability — were most commonly mentioned
- Concerns regarding extreme weather were brought up as older adults are less likely to leave their house or engage with their community as temperatures rise, rain/snow, or experience other extreme weather events

Additional Data

According to the New Jersey State Strategic Plan on Aging, 2021-2025:[1]

- From 2010 to 2019, the percentage of New Jersey residents ages 60 and older rose 24.7%
- The population over age 60 is projected to continue to grow substantially, surpassing the number of school-age children by 2030

POTENTIAL SOLUTIONS

- Increase the focus on engaging older adults in activities outside the home to increase social connections, community engagement and physical activities
- Activate existing community and/or senior centers
- Increase quantity and quality of affordable housing for older adults
- Develop or increase existing resources for the "sandwich" generation
- Sandwich generation is not a specific generation, but rather a phenomenon that can affect anyone who has both children and aging parents who need support; currently primarily associated with Generation X
- Support younger generations to prepare for healthy aging – screenings & prevention, financial planning, medical directives, etc.

MENTAL & BEHAVIORAL HEALTH

POPULATION IMPACTED

Percent of adults who reported poor mental health 14 or more days in the past month

New Jersey	Mercer/Middlesex/Somerset
10.0%	**12.1%**

KEY FINDINGS

Community Survey

- **43.4%** of respondents selected "Providing more counseling or mental health services" as a **HIGH** priority issue in their community
- **25.4%** of respondents selected "Counseling/mental health care for ADULTS" as one of the **MOST DIFFICULT** resources to access; and 22.9% selected the same for YOUTH

Community Discussions

- **55:** The number of times mental & behavioral health were mentioned
- Populations particularly impacted: older adults and youth
- Lack of availability of providers, long wait times continue to be a challenge across all communities
- Participants mentioned stigma related to acknowledging or seeking mental health support, which can be particularly prevalent in some immigrant communities
- Increased usage of, and reliance on, social media is negatively impacting youth, especially as it relates to the pandemic (bullying, insecurities, decreased attention spans)
- Participants expressed concerns related to isolation and loneliness because of the pandemic, particularly with older adults

Additional Data

- According to the New Jersey Department of Children and Families, suicide is the 3rd leading cause of death for New Jersey youth between 10 and 24 years old; however, the overall rate of youth suicide in the state is low when compared to national rates overall.[2]
- Results from a survey conducted in June 2024 by The Health Management Academy & Public Opinion Strategies of 1,000 registered voters, showed that **60%** of respondents believe that "expanding behavioral and mental health care across the community" is **VERY IMPORTANT.**

POTENTIAL SOLUTIONS

- Decrease wait time to see providers; increase number of providers
- Focus on culturally diverse services and providers — ex. LGBTQ+ affirming- providers
- Better coordination of after care when patients leave the hospital
- Offer mental health first aid training and programming — schools, health care staff, first responders, etc.
- Focus education and programming on reducing stigma related to mental health — particularly across diverse cultures and generations
- Expand psychiatry unit — EMTs are often diverting to other locations
- Increase collaboration between schools and health care providers to support youth mental health
- Services should be considered for the long-term, not "applied like band-aids"

HOUSING

POPULATION IMPACTED

Households where housing costs are 30% or more of household income

New Jersey		Mercer/Middlesex/Somerset	
Owners:	Renters:	Owners:	Renters:
32.8%	**48.3%**	**27.6%**	**47.5%**

KEY FINDINGS

Community Survey

- **53%** of respondents selected "Affordable housing" as one of the **MOST DIFFICULT** resources to access
- **41.7%** of respondents selected "Increasing access and availability to safe and affordable housing" as a **HIGH** priority issue in their community

Community Discussions

- **19:** The number of times housing was mentioned
- Housing was most frequently mentioned in connection to issues related to affordability
- Participants indicated increase in "trade-offs" — foregoing food or other necessities due to housing costs
- Participants expressed that without a permanent address, it can be challenging to find employment, qualify for services, maintain good health
- Perceived increase in homelessness — particularly among LGBTQ+ individuals, those struggling with mental or behavioral health, and/or substance use disorders

Additional Data

- According to the National Low Income Housing Coalition, in New Jersey, there is a shortage of **214,475** affordable and available rental homes for extremely low-income renters.[3]
- According to a Rutgers Health Center for State Health Policy report, 67.8% and 69.7% of people experiencing homelessness are also covered by Medicaid in Somerset and Mercer counties, respectively (Middlesex was not included in the report). There is also a high prevalence of behavioral health (serious mental illness, substance use disorder) and other chronic condition diagnoses among people experiencing homelessness in both counties.[4]

POTENTIAL SOLUTIONS

No solutions were proposed related to housing as part of the community discussions — in the absence of this, relevant evidence-based examples are included below:

A 2018 study conducted by the Urban Institute, "Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems," lists the following mechanisms for how hospitals can invest and support affordable housing:

- Hospitals donations of land or buildings — particularly those that are unused or underutilized
- Loan guarantees for affordable housing developers
- Providing loans or investments directly to affordable housing developers (i.e. through a community development financial institution)[5]

A 2022 report from the Rutgers School of Planning and Public Policy, "Health, Hospitals and Affordable Housing: National and New Jersey Perspectives," highlights case studies of hospitals engaging and investment in affordable housing in New Jersey.[6]

- In 2018, the New Jersey Housing and Mortgage Finance Agency (NJHMFA) launched the Housing Partnership Subsidy Program (HPSP), aimed at "encouraging hospitals to invest in affordable housing in their local communities" by offering funds, which can be matched by hospitals, to offset costs related to development and construction (hospitals could also provide land or buildings as part of the project).
- Through this program, St. Joseph's Hospital in Paterson, New Jersey partnered with the New Jersey Community Development Corporation (NJCDC) and New Jersey Community Capital to construct multi-family supportive housing within close proximity to the hospital. Opened in 2023, the housing complex features 56 subsidized units, 10 of which are reserved for patients with mental illnesses.

ECONOMIC SECURITY & ACCESS TO CARE

POPULATION IMPACTED

Percent of Families Living in Poverty

New Jersey	Mercer/Middlesex/Somerset
6.9%	**5.7%**

KEY FINDINGS

Community Survey

- Top **HIGH** priority issues in the community included: Expanding the health and medical services available to low-income individuals (39%), increasing the availability of safe, stable, well-compensated work for all people (39%), and increasing the quality of educational opportunities for all people (36.6%)
- **29.4%** of respondents selected "Good paying jobs" as one of the **MOST DIFFICULT** resources to access

Community Discussions

- **34:** The number of times economic and access to care topics were mentioned during the community discussions
- Increased cost of living was one of the most frequent comments
- Participants shared experiences related to feeling "less than" or "just a number" based on income or type of insurance

Additional Data

- Percent of the population without insurance
  New Jersey: 7.4%
  Mercer/Middlesex/Somerset: 6.55%
- The percent of "low-wage" jobs in New Jersey grew 19% between 1990-2021, compared to growth in middle- (8%) and high- (8%) wage jobs
- Results from a survey conducted in June 2024 by The Health Management Academy & Public Opinion Strategies of 1,000 registered voters, showed that 60% of respondents believe that "providing care for low-income residents through the state's Medicaid program" is **VERY IMPORTANT.**

POTENTIAL SOLUTIONS

- Offer education related to "financial" health
- Increase acceptance of Medicaid and Medicare, offer more low to no-cost care; consider sliding scale options
- Develop or enhance care navigation programs to support people in accessing services and understanding the resources and services available to the public — especially those for low-income individuals and families
- Offer increased transportation options to medical facilities
- Increase availability of wraparound or integrated services as people often need more than one service

FOOD & NUTRITION EQUITY & ACCESS

POPULATION IMPACTED

Percent of households receiving SNAP benefits

New Jersey	Mercer/Middlesex/Somerset
9.5%	**7.7%**

KEY FINDINGS

Community Survey

- **23.3%** of respondents selected "Affordable healthy food" as one of the **MOST DIFFICULT** resources to access
- **24.1%** of respondents selected "Access to fresh foods" as a community health issue

Community Discussions

- **32:** The number of times food access and nutrition topics were mentioned
- Participants expressed concerns related to the increasing cost of food
- Participants indicated that accessibility to grocery stores is a challenge — public transit is not comprehensive enough, decrease in older adults driving and decrease in younger population owning cars
- Challenges with confusing food assistance applications was also discussed
- The regional population diversity has resulted in diverse food options
- Students are experiencing more societal and educational pressure and increasing consumption of caffeinated drinks, reducing healthy food consumption, and experiencing increase in eating disorders as a result

Additional Data

- **26.1** – the rate of grocery stores and supermarkets per 100,000 people in New Jersey
- **10.7%** of the New Jersey population is food insecure
  - In 2018, 8.7% of the population was food insecure
  - Rates are also much higher for the Black and Latino population (21% and 20%, respectively)

POTENTIAL SOLUTIONS

- Offer nutrition education and financial incentives to buy fresh fruits and vegetables
- Offer more community cooking and nutrition education; consider culturally specific nutrition and food education classes

CHRONIC DISEASE PREVENTION & MANAGEMENT

POPULATION IMPACTED

New Jersey & Mercer/Middlesex/Somerset

LEADING CAUSES OF DEATH

- Heart Disease
- Cancer
- COVID-19
- Unintentional Injury
- Stroke

KEY FINDINGS

Community Survey

- **34.3%** of respondents selected "Offering more programs and services focused on physical activity, nutrition, chronic disease prevention, and weight control" as a community priority
- **9.8%** of respondents selected "Health screenings and treatment for chronic conditions" one of the **MOST DIFFICULT** healthcare services to access

Community Discussions

- **48:** The number of times chronic disease related topics were mentioned during the community discussions
- Participants expressed concerns regarding chronic disease but also indicated that other concerns related to mental health, finances, transportation, are becoming more prominent and diminishing the focus on chronic disease prevention
- Students are increasingly using vapes and consuming marijuana
- Participants mentioned concerns related to smoking and lung cancer, particularly within the South Asian population

Additional Data

- Results from a survey conducted in June 2024 by The Health Management Academy & Public Opinion Strategies of 1,000 registered voters, showed that **62%** of respondents believe that "preventative care and wellness programs to help improve the health of the community" is **VERY IMPORTANT.**

POTENTIAL SOLUTIONS

- Offer nutrition education and financial incentive to buy fresh fruits and vegetables
- Offer educational programming and materials at places of worship
- Increase awareness of and access to screenings — mobile units, pop-up programming

END NOTES

1 https://www.nj.gov/humanservices/doas/documents/New-Jersey-State-Plan-on-Aging-with-Updated-IFF-3.25.22.pdf
2 https://www.nj.gov/dcf/adolescent/prevention/
3 https://nlihc.org/housing-needs-by-state/new-jersey
4 https://www.cshp.rutgers.edu/publications/connecting-health-and-homeless-services-for-medicaid-beneficiaries
5 Reynolds, K., Allen, E. H., Federowicz, M., & Ovalle, J. (2019). Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems. Urban Institute. https://www.urban.org/research/publication/affordable-housing-investment-guide- nonprofit-hospitals-and-health-systems
6 https://bloustein.rutgers.edu/wp-content/uploads/2022/12/EJBPPP-HealthHospitalsHousing-May2022.pdf

Conclusion

In conclusion, the Princeton Health service area comprises a culturally and economically diverse region with numerous attributes, including strength of community pride and engagement, access to resources and entertainment, and access to healthcare services.

The service area also experiences challenges associated with wealth differentials in the region, such as a lack of affordable housing, access to good paying jobs, and access to healthy and affordable foods. These challenges contribute to a variety of health priorities and needs among the community Princeton Health serves.

Based on the community survey results, discussions with community-based representatives, and other community-specific data, the following top health priorities were identified:

- **Healthy aging**
- **Mental health**
- **Affordable housing**
- **Economic stability**
- **Food and nutrition**
- **Chronic diseases**

These priorities are similar to those identified in 2021, demonstrating the intractability of these issues. However, Princeton Health remains steadfast in its commitment to addressing these priorities. They will be included in a formal implementation plan identifying activities and initiatives Princeton Health will implement over the next three years. Milestones associated with the initiatives will be tracked and presented to Princeton Health's Board of Directors on a regular basis. Initiatives will continue to be carried out by Princeton Health's Community Wellness Program team, as well as other dedicated partners in the service area.

Appendices

Community Health Needs Assessment Data Sources

- Bureau of Labor Statistics; https://www.bls.gov/
- CDC – National Vital Statistics System; https://www.cdc.gov/nchs/nvss/index.htm
- CDC – Youth Risk Behavior Surveillance System (YRBSS); https://www.cdc.gov/yrbs/index.html
- CDC – COVID Tracker; https://covid.cdc.gov/covid-data-tracker/#datatracker-home
- CDC – National Center for Health Statistics; https://www.cdc.gov/nchs/index.html
- CDC – WONDER; https://wonder.cdc.gov/
- City Health Dashboard; https://www.cityhealthdashboard.com/
- Community Commons; https://www.communitycommons.org/
- County Health Rankings; https://www.countyhealthrankings.org/
- Feeding America – New Jersey; https://map.feedingamerica.org/
- Integrated Public Use Microdate Data; https://usa.ipums.org/usa/
- National Center for Education Statistics; https://nces.ed.gov/
- National Equity Atlas; https://nationalequityatlas.org/indicators
- National Low Income Housing Coalition; https://nlihc.org/housing-needs-by-state/new-jersey
- New Jersey Department of Children & Families; https://www.nj.gov/dcf/adolescent/prevention/
- New Jersey Department of Education; https://www.nj.gov/education/
- New Jersey Department of Health – Healthy Community Planning – Municipal Reports by County; https://www.nj.gov/health/hcpnj/county-reports/
- New Jersey Department of Health; https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml
- New Jersey Department of Human Services – State Plan on Aging; https://www.nj.gov/humanservices/doas/documents/New-Jersey-State-Plan-on-Aging-with-Updated-IFF-3.25.22.pdf
- New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview; https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2022/Statewide.pdf
- New Jersey Office of the Attorney General – NJ CARES; https://www.nj.gov/health/ces/reporting-entities/njscr/
- New Jersey Prescription Monitoring Program; https://newjersey.pmpaware.net/
- New Jersey State Cancer Registry; https://www.nj.gov/health/ces/reporting-entities/njscr/
- New Jersey State Health Assessment Data; https://www-doh.nj.gov/doh-shad/
- Reynolds, K., Allen, E. H., Federowicz, M., & Ovalle, J. (2019). Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems. Urban Institute. https://www.urban.org/research/publication/affordable-housing-investment-guide- nonprofit-hospitals-and-health-systems
- Rutgers Center for State Health Policy. Connecting Health & Homeless Services for Medicaid Beneficiaries; https://www.cshp.rutgers.edu/publications/connecting-health-and-homeless-services-for-medicaid-beneficiaries
- Rutgers Edward J. Bloustein School of Planning and Public Policy. Health, Hospitals, and Affordable Housing: National and New Jersey Perspectives. https://bloustein.rutgers.edu/wp-content/uploads/2022/12/EJBPPP-HealthHospitalsHousing-May2022.pdf
- State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit; https://www.nj.gov/njsp/ucr/uniform-crime-reports.shtml
- United States Census Bureau - American Community Survey (1-yr); https://www.census.gov/programs-surveys/acs/data.html
- United States Census Bureau - American Community Survey (5-yr) ; https://www.census.gov/programs-surveys/acs/data.html
- United States Census Bureau – Decennial Survey; https://www.census.gov/programs-surveys/decennial-census.html
- United States Department of Education - EDFacts; https://www.ed.gov/data/edfacts-initiative
- United States Environmental Protection Agency – National Air Toxic Assessment; https://www.epa.gov/national-air-toxics-assessment
- United Way of New Jersey; https://www.unitedwaynnj.org/alice
- World Health Organization; https://data.who.int/dashboards/covid19/cases

Community Health Indicators

Indicator	Details	Year(s)	Source
Adults Reported Current Smokers	Percent Adults Reported Current Smokers	2017, 2022	Behavioral Risk Factor Surveillance System
Adults with a Primary Care Provider	Percent Adults Reported to Have a Primary Care Provider	2017, 2022	Behavioral Risk Factor Surveillance System
Adults with Asthma	Percent Adults Reported Current Asthma	2022	Behavioral Risk Factor Surveillance System
Age Distribution		2022	American Community Survey, Census Bureau (5-yr)
Alcohol Consumption	Percent Adults Reported to Have Consumed Any Alcohol	2022	Behavioral Risk Factor Surveillance System
Binge Drinking	Percent Adults Reported Binge Drinking	2017, 2022	Behavioral Risk Factor Surveillance System
Cancer Incidence Rate	Age-Adjusted Cancer Incidence Rate per 100,000 Population	2021	New Jersey State Cancer Registry
Cervical Cancer Incidence Rate	Age-Adjusted Cervical Cancer Incidence Rate per 100,000 Population	2021	New Jersey State Cancer Registry
Colorectal Cancer Incidence Rate	Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population	2021	New Jersey State Cancer Registry
Colorectal Cancer Screening	Percent Adults Aged 50-75 Reported to Have Met Colorectal Cancer Screening Guidelines	2020	Behavioral Risk Factor Surveillance System
Diabetes	Percent Adults Reported to Have Been Diagnosed with Diabetes	2022	Behavioral Risk Factor Surveillance System
Educational Attainment	Educational Attainment for Population 25 Years and Over	2022	American Community Survey, Census Bureau
Families Living in Poverty	Percent Families Living in Poverty	2022	American Community Survey, Census Bureau (5-yr)
Families Living in Poverty by Race/ Ethnicity	Percent Families Living in Poverty by Race/Ethnicity	2022	American Community Survey, Census Bureau (5-yr)
Female Breast Cancer Incidence Rate	Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population	2021	New Jersey State Cancer Registry
Foreign-born Population	Percent Foreign-Born Population	2022	American Community Survey, Census Bureau (5-yr)
Foreign-born Population by Race/ Ethnicity	Percent Foreign-Born Population by Race/Ethnicity	2022	American Community Survey, Census Bureau (5-yr)
Heart Attack	Percent Adults Reported to Have Had a Heart Attack	2022	Behavioral Risk Factor Surveillance System
Heart Disease Mortality Rate	Age-Adjusted Heart Disease Mortality Rate per 100,000 population	2022	CDC Wonder/NCHS, New Jersey State Health Assessment Data
High Blood Pressure	Percent Adults Reported to Have Had High Blood Pressure	2021	Behavioral Risk Factor Surveillance System
High School Diploma	Percent Students Receiving High School Diploma in Four Years by Race/Ethnicity	2022	EDFacts, New Jersey Department of Education
Households Falling into ALICE Population	Percent Households Falling into ALICE Population	2022	American Community Survey, ALICE in New Jersey
Households receiving SNAP benefits	Percent Households Receiving Food Stamps/SNAP	2022	American Community Survey
Households where Housing Costs are 30% or More of Household Income by Tenure	Percent Households where Housing Costs are 30% or More of Household Income by Tenure	2022	American Community Survey
Infant Mortality Rate	Infant Mortality Rate per 1,000 Births	2017, 2021	New Jersey State Health Assessment Data
Job and Wage Growth	Job and Wage Growth by Wage Level	1990-2021	Bureau of Labor Statistics, QCEW, National Equity Analysis

Indicator	Details	Year(s)	Source
Language other than English	Percent Population 5 Years and Over Who Speak a Language Other Than English at Home	2022	American Community Survey, Census Bureau (5-yr)
Leading Causes of Death	Top Five Leading Causes of Death, Age-Adjusted Rates per 100,000 Population	2021	Behavioral Risk Factor Surveillance System
Low Birth Weight	Percent Low Birth Weight Births	2022	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	Percent Low Birth Weight Births by Race/Ethnicity	2020-2022	New Jersey State Health Assessment Data
Lung Cancer Incidence Rate	Age-Adjusted Lung Cancer Incidence Rate per 100,000 Population	2021	New Jersey State Cancer Registry
Mammogram in Past Two Years	Percent Females Aged 50-74 Reported to Have Had a Mammogram in Past Two Years	2021	Behavioral Risk Factor Surveillance System
Median Household Income	U.S. Dollars	2022	American Community Survey, Census Bureau (5-yr)
Median Household Income by Race/ Ethnicity	U.S. Dollars	2022	American Community Survey, Census Bureau (5-yr)
Most Common Language Spoken	"Most Common Language Spoken and Percent Population 5 Years and Over Who Speak the Language"	2022	American Community Survey, Census Bureau
No Leisure Time Physical Activity	Percent Adults Reported to Have Had No Leisure Time Physical Activity	2022	Behavioral Risk Factor Surveillance System
No Prenatal Care	Percent Births with No Prenatal Care	2022	New Jersey State Health Assessment Data
No Prenatal Care by Race/Ethnicity	Percent Births with No Prenatal Care by Race/Ethnicity	2018-2022	New Jersey State Health Assessment Data
Obesity	Percent Adults Aged 20 and Older Reported to be Obese	2022	Behavioral Risk Factor Surveillance System
Overall Mortality Rate	Age-Adjusted Overall Mortality Rate per 100,000 Population	2022	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Overall Mortality Rate by Race/ Ethnicity	Age-Adjusted Overall Mortality Rate per 100,000 Population by Race/Ethnicity	2022	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Owner Occupied Households Trend by Race/Ethnicity	Percent Owner-Occupied Households by Race/Ethnicity, New Jersey	2000-2022	American Community Survey, Census Bureau (5-yr); Integrated Public Use Microdate Data (IPUMS); National Equity Atlas
Percent Disconnected Youth by Race/Ethnicity		2021	American Community Survey, Census Bureau (1-yr); Measure of America
Percent Population Food Insecure		2022	Feeding America
Poor Mental Health	Percent Adults Reported 14 or More Days of Poor Mental Health in Past Month	2021	County Health Rankings
Population	Total population size	2022	American Community Survey, Census Bureau (5-yr)
Population without Insurance		2017, 2022	American Community Survey, Census Bureau
Prenatal Care	Percent Births with Prenatal Care in First Trimester	2022	New Jersey State Health Assessment Data
Preterm Births	Percent Preterm Births	2022	New Jersey State Health Assessment Data
Prostate Cancer Incidence Rate	Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population	2021	New Jersey State Cancer Registry
Racial/Ethnic Distribution		2022	American Community Survey, Census Bureau (5-yr)
Rate of Grocery Stores and Supermarkets	Per 100,000 Population	2022	"Census Bureau, County Business Patterns, analyzed by CARES, as reported by Community Commons"
Ratios of Population to Mental Health Provider		2022	County Health Rankings

Indicator	Details	Year(s)	Source
Severe Housing Burden by Tenure		2000-2020	American Community Survey, Census Bureau (5-yr); Integrated Public Use Microdate Data (IPUMS); National Equity Atlas
SNAP by Race/Ethnicity	Percent Households Receiving Food Stamps/SNAP by Race/Ethnicity	2022	American Community Survey
Stroke	Percent Adults Reported to Have Had a Stroke	2022	Behavioral Risk Factor Surveillance System
Stroke by Race/Ethnicity	Percent Adults Reported to Have Had a Stroke by Race/Ethnicity	2020-2022	Behavioral Risk Factor Surveillance System
Students Eligible for Free or Reduced Price Lunch	Percent Public School Students Eligible for Free or Reduced Price Lunch	2019, 2022	NCES, County Health Rankings
Suicide Mortality Rate	Age-Adjusted Suicide Mortality Rate per 100,000 Population	2022	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Unemployment Rate		2011-2023	Bureau of Labor Statistics, Local Area Unemployment
Usual Primary Care Provider by Race/Ethnicity	Percent Adults Reported to Have a Primary Care Provider by Race/Ethnicity	2020-2022	Behavioral Risk Factor Surveillance System
Violent Crime Rate per 100,000 Population	Violent Crime Rate per 100,000 Population	2022	State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, American Community Survey (1-Year Estimates), FBI Crime Data Explorer
Years of Potential Life Lost Before Age 75	Age-Adjusted Years of Potential Life Lost Before Age 75 per 100,000 Population	2019-2021	NVSS - NCHS - Mortality, County Health Rankings
Years of Potential Life Lost Before Age 75 by Race/Ethnicity	"Age-Adjusted Years of Potential Life Lost Before Age 75 per 100,000 Population by Race/Ethnicity"	2019-2021	NVSS - NCHS - Mortality, County Health Rankings

Notes: Only crude rates are reported.

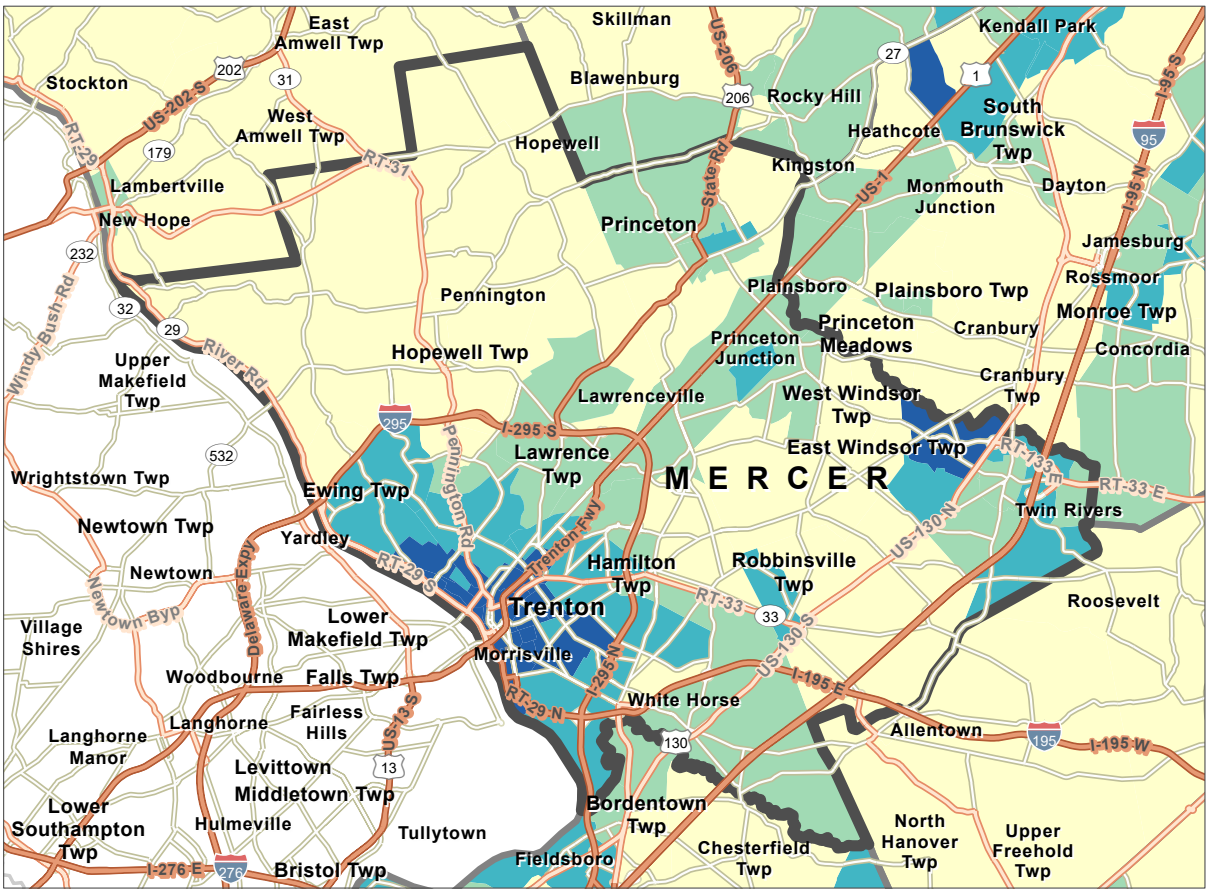
Publicly reported data were only available at the county level within Mercer, Middlesex, and Somerset Counties. However, Princeton Health may only serve certain ZIP codes within these counties, and not the full counties.

County-level Social Vulnerability Index Reports: Mercer County

CDC/ATSDR Social Vulnerability Index 2022

MERCER COUNTY, NEW JERSEY

Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

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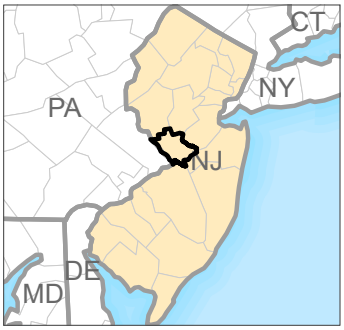


Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)[4] County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

ATSDR Agency for Toxic Substances and Disease Registry

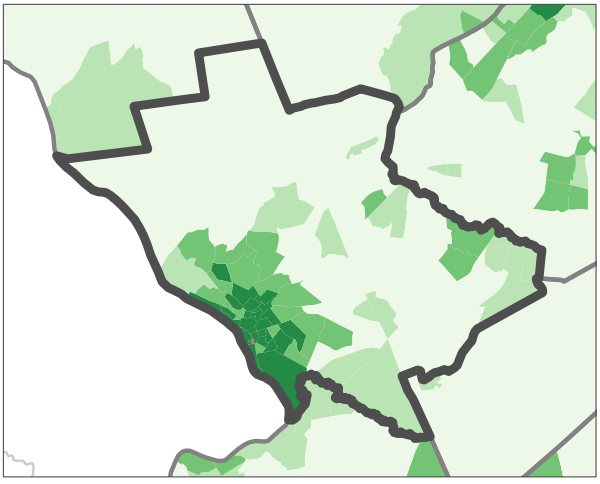
GRASP Geospatial Research, Analysis, and Services Program

County-level Social Vulnerability Index Reports: Mercer County

CDC/ATSDR SVI 2022 – MERCER COUNTY, NEW JERSEY

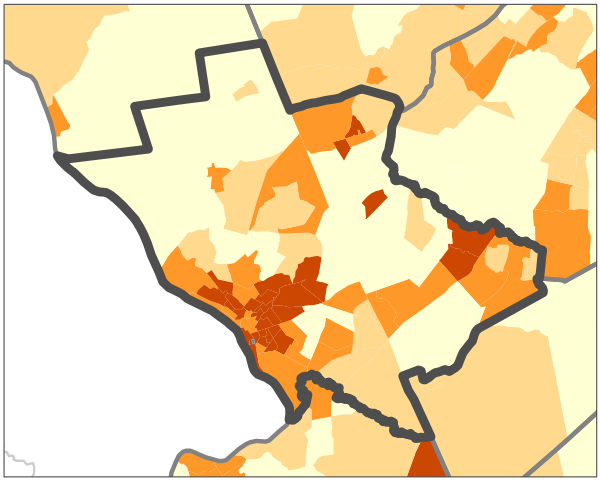
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



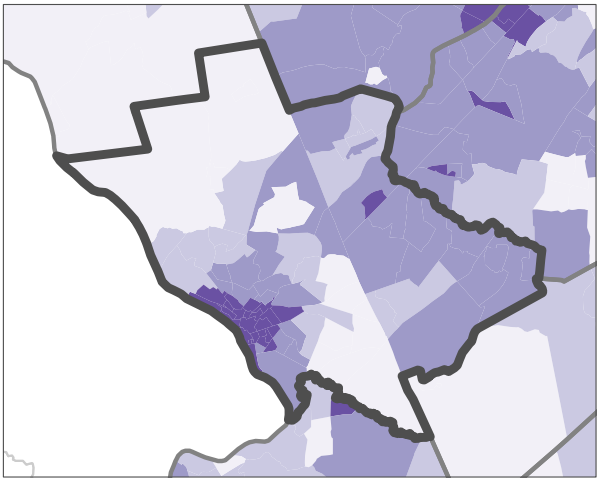
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



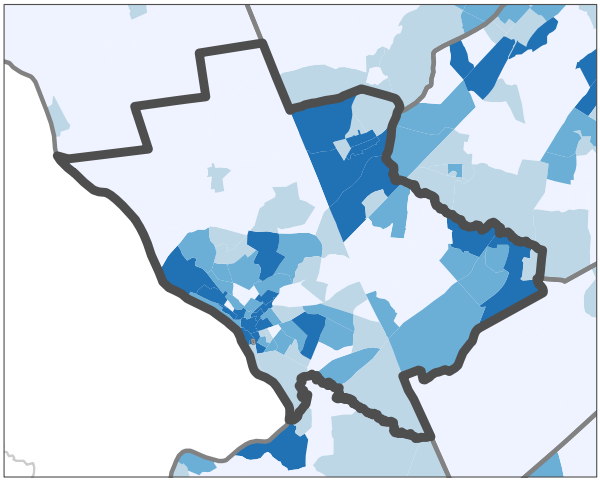
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

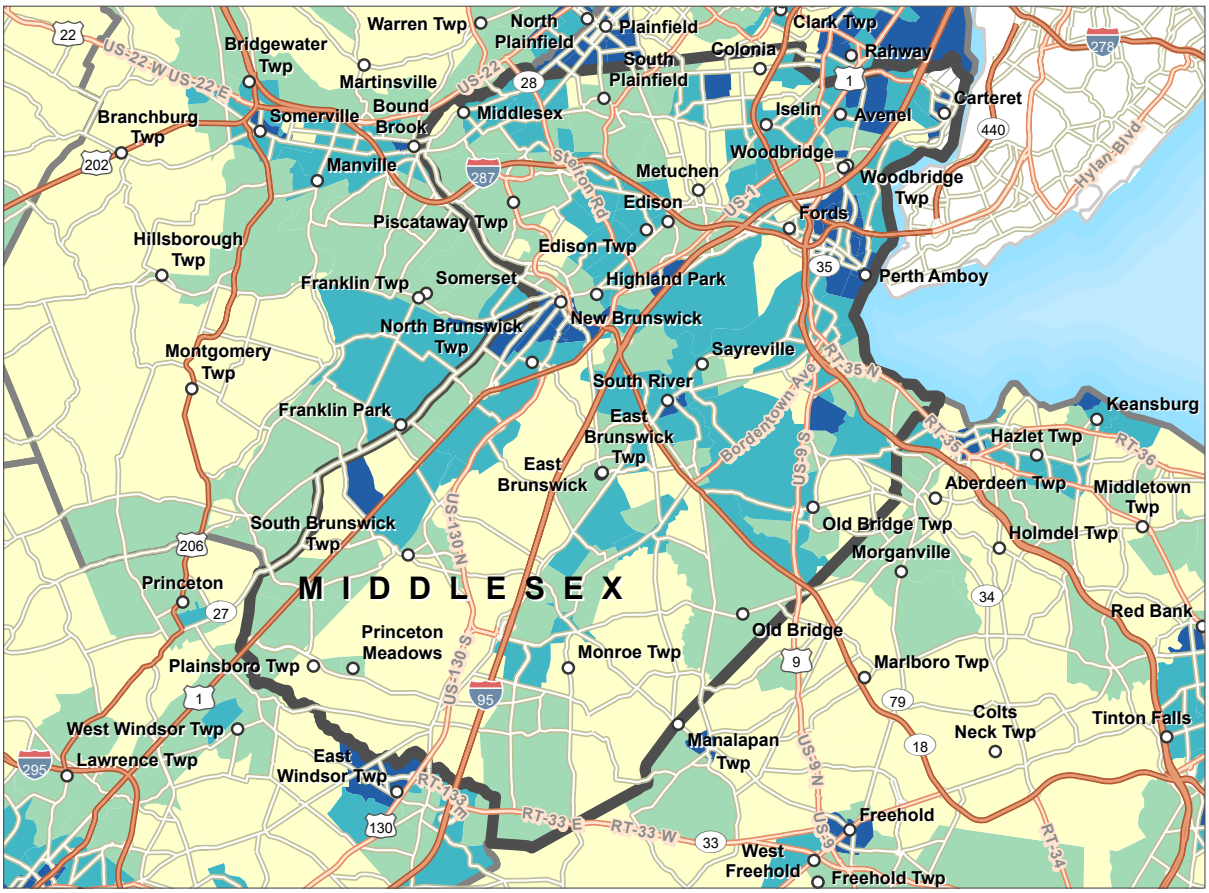
Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 StatePlane New Jersey FIPS 2900.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

County-level Social Vulnerability Index Reports: Middlesex County

CDC/ATSDR Social Vulnerability Index 2022

MIDDLESEX COUNTY, NEW JERSEY

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

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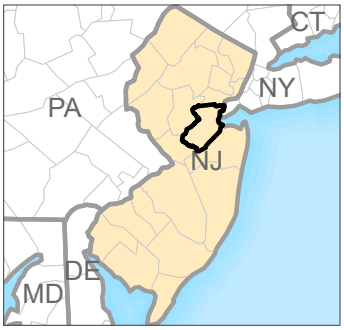
Miles



Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)[4] County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

ATSDR Agency for Toxic Substances and Disease Registry

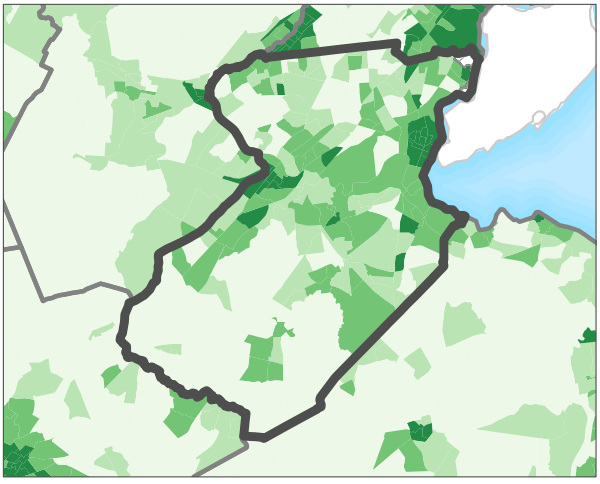
GRASP Geospatial Research, Analysis, and Services Program

County-level Social Vulnerability Index Reports: Middlesex County

CDC/ATSDR SVI 2022 – MIDDLESEX COUNTY, NEW JERSEY

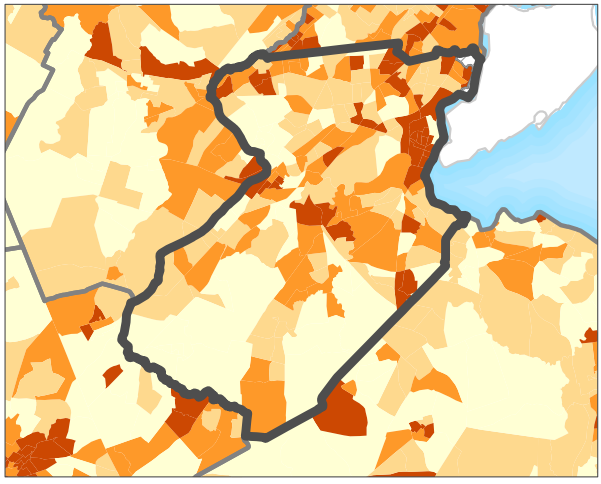
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



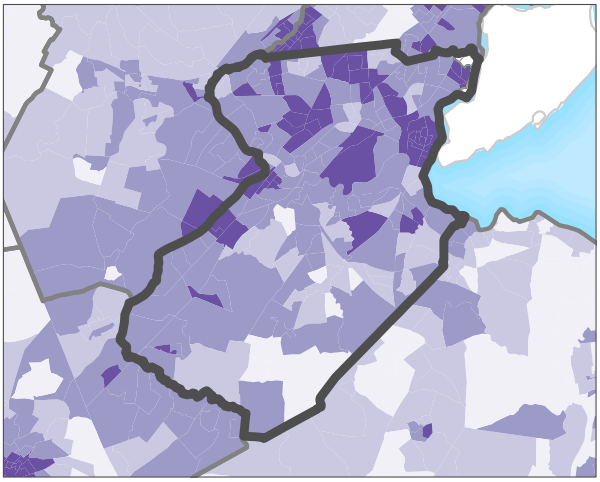
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



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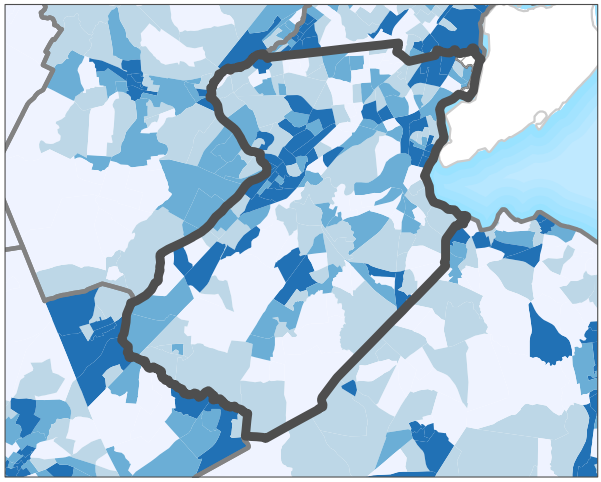
Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

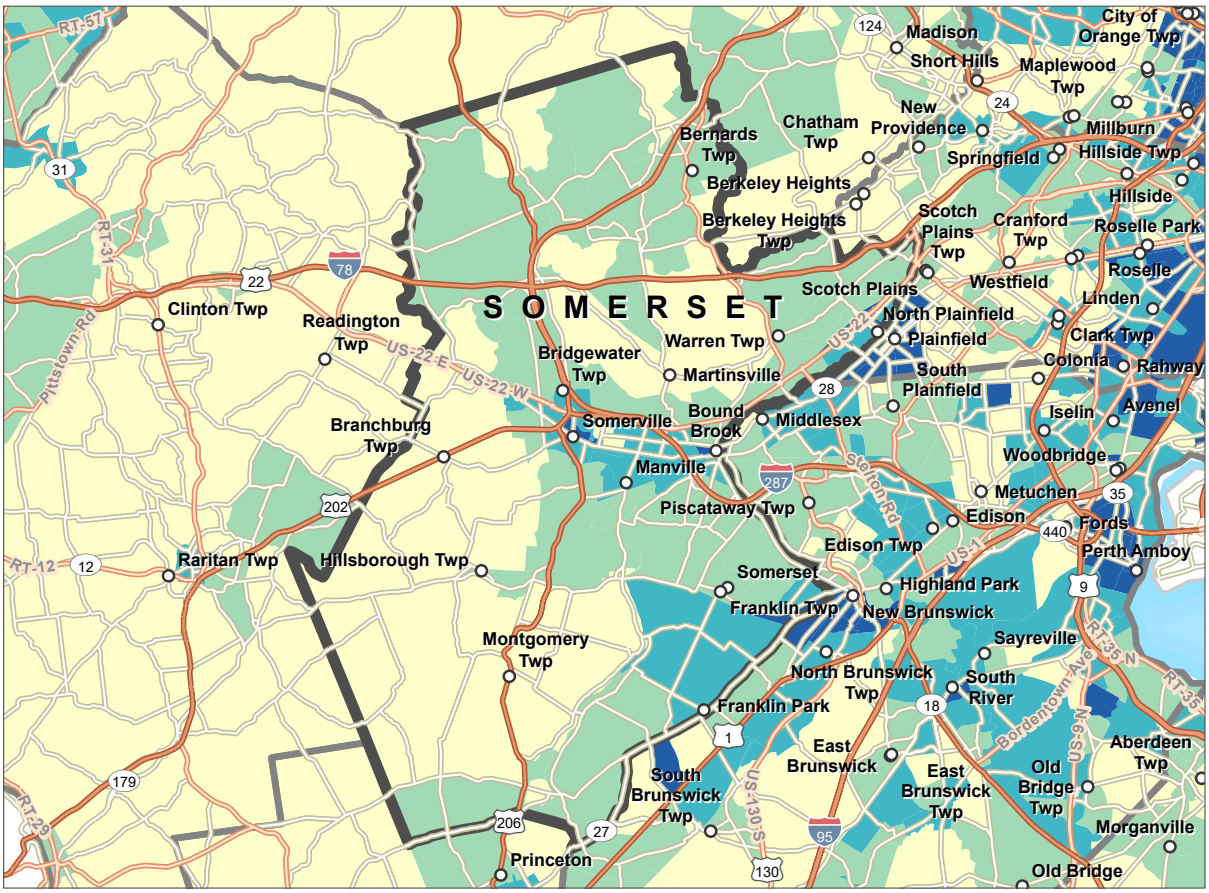
Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 StatePlane New Jersey FIPS 2900.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

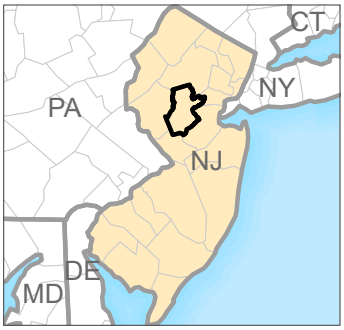
County-level Social Vulnerability Index Reports: Somerset County

CDC/ATSDR Social Vulnerability Index 2022

SOMERSET COUNTY, NEW JERSEY

Overall Social Vulnerability[1]





Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)[4] County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

ATSDR Agency for Toxic Substances and Disease Registry

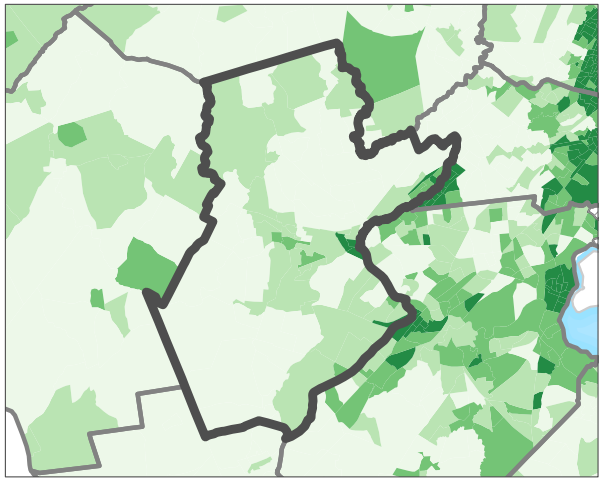
GRASP Geospatial Research, Analysis, and Services Program

County-level Social Vulnerability Index Reports: Somerset County

CDC/ATSDR SVI 2022 – SOMERSET COUNTY, NEW JERSEY

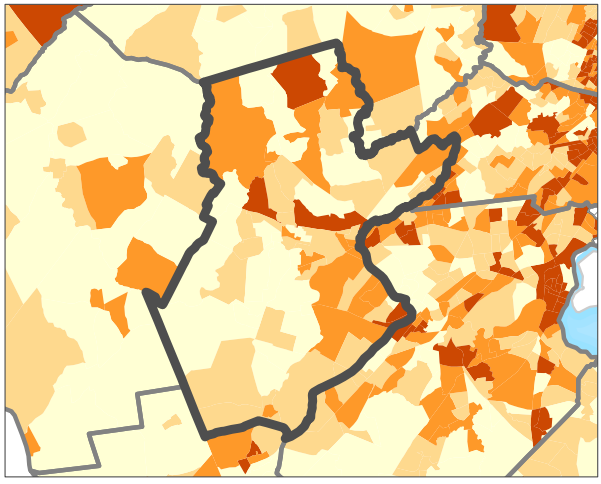
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



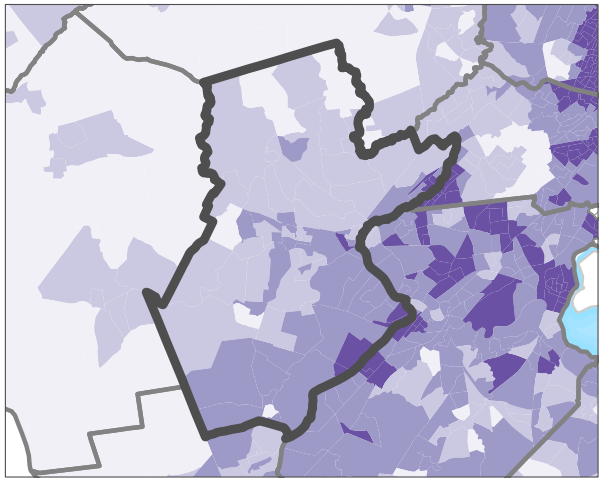
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



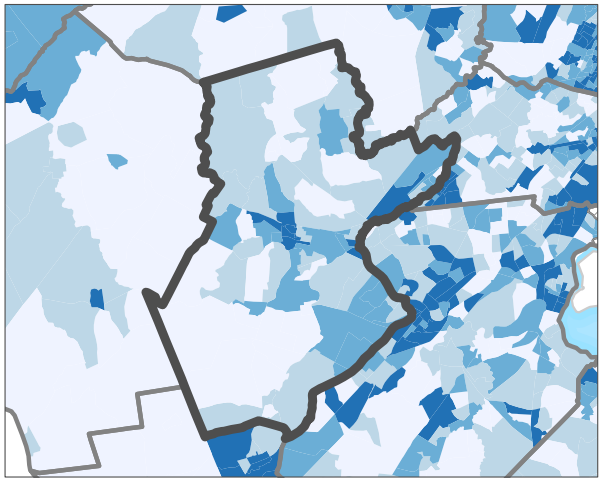
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
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CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

Community Health Needs Assessment Survey

Penn Medicine Princeton Health

2024 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Health and wellness matters to everyone. That's why Penn Medicine Princeton Health wants to know how health and wellness programs and services can best serve area residents, and we want you to be part of that planning.

We are asking people who live or work in **Somerset, Mercer, and Middlesex** counties for feedback and suggestions about health services and issues in your county by completing this 10-15 minute survey by **June 1, 2024**. 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 guide future health programming and services in this region.

Thank you for your participation.

What To Do When You're Done.
Once you complete the survey, please mail it to:
Debbie Millar
Community Wellness
731 Alexander Road, Suite 103
Princeton, NJ 08540

1. **What is the zip code where you live? ___ ___ ___ ___ ___**

2. **What is the zip code where you work, volunteer, worship, or go to school (if applicable)?**
   If more than one applies, choose the zip code where you work. ___ ___ ___ ___ ___

Community Health

3. **In general, how would you describe the overall health of the following?**

	Excellent	Very Good	Good	Fair	Poor
The community in which you live	☐	☐	☐	☐	☐
The community in which you work, volunteer, worship, or go to school (if applicable)	☐	☐	☐	☐	☐

4. **What do you see as the <u>strengths</u> of your community or neighborhood (Somerset, Mercer, and Middlesex)? (Please check all that apply.)**
   - ☐ My community is close to medical services
   - ☐ My community has good access to resources
   - ☐ My community has people of many races and cultures
   - ☐ People speak my language
   - ☐ People accept others who are different than themselves
   - ☐ People care about improving their community
   - ☐ People are proud of their community
   - ☐ People feel like they belong in this community
   - ☐ People like to work together in this community
   - ☐ People can deal with challenges in this community
   - ☐ There are innovation and new ideas in my community
   - ☐ None of the above

5. **Please select the <u>TOP 5 HEALTH ISSUES</u> impacting you or your family personally and the community in which you live. Please select 5 health issues FOR EACH column below. You can select the same or different issues for each.**

	You/Your family	Community where you live
Access to health care services	☐	☐
Access to safe, affordable housing	☐	☐
Access to fresh foods (e.g. fruits, vegetables)	☐	☐
Aging health concerns (e.g. Alzheimer's, dementia)	☐	☐
Alcohol use/substance use disorder	☐	☐
Asthma	☐	☐
Cancer	☐	☐
Caregiving (e.g. elder care, child care)	☐	☐
Children's health concerns (ages 0 to 18 years old)	☐	☐
Chronic disease (e.g. diabetes, heart disease, hypertension)	☐	☐
Community violence (e.g. gangs, street crime)	☐	☐
Dental and oral health	☐	☐
Eating Disorders	☐	☐
Infectious/contagious disease (e.g. COVID-19, tuberculosis, pertussis, pneumonia, flu)	☐	☐

Injuries (e.g. car accidents, falls, concussion)	☐	☐
Interpersonal violence (e.g. domestic violence, sexual violence, bullying)	☐	☐
LGBTQ health concerns	☐	☐
Mental health issues (e.g. anxiety, depression, suicide)	☐	☐
Men's health issues (e.g. prostate)	☐	☐
Musculoskeletal issues (e.g. joint pain, arthritis)	☐	☐
Neurodivergent issues (e.g. autism, ADHD, learning disability, Tourette's)	☐	☐
Neuroscience issues (e.g. epilepsy, seizures)	☐	☐
Overweight or obesity	☐	☐
Sexually transmitted infections (e.g. HIV/AIDS, chlamydia, gonorrhea)	☐	☐
Unintended pregnancy	☐	☐
Women's health issues (e.g., reproductive health, etc.)	☐	☐
Other (please specify): _____	☐	☐

Access to Services

6. Please think about the different <u>health care services</u> in your community. How easy or hard is it to access the following services?

	Very easy	Easy	Not easy or hard	Hard	Very hard	Don't know
Alcohol or drug treatment or prevention services for adults (age 18+)	☐	☐	☐	☐	☐	☐
Alcohol or drug treatment or prevention services for youth (under 18 years)	☐	☐	☐	☐	☐	☐
Cancer care/treatment and screening	☐	☐	☐	☐	☐	☐
Counseling/mental health care for adults (age 18+)	☐	☐	☐	☐	☐	☐
Counseling/mental health care for youth (under 18 years)	☐	☐	☐	☐	☐	☐
Dental or oral health services	☐	☐	☐	☐	☐	☐
Emergency department services	☐	☐	☐	☐	☐	☐
Health or medical services for youth (under 18 years)	☐	☐	☐	☐	☐	☐
Health or medical services for seniors (age 65+)	☐	☐	☐	☐	☐	☐
Health or medical services for women (e.g. reproductive, breast and pelvic health)	☐	☐	☐	☐	☐	☐
Health or medical services for men	☐	☐	☐	☐	☐	☐
Health or medical services for the LGBTQ community	☐	☐	☐	☐	☐	☐
Health screenings (e.g. cardiovascular, memory, diabetes)	☐	☐	☐	☐	☐	☐
Hospital services	☐	☐	☐	☐	☐	☐
Immunizations (vaccinations)	☐	☐	☐	☐	☐	☐
Occupational therapy	☐	☐	☐	☐	☐	☐
Outpatient diagnostic services such as lab work or radiology (e.g. X-rays, MRIs)	☐	☐	☐	☐	☐	☐
Physical therapy	☐	☐	☐	☐	☐	☐
Primary care physicians	☐	☐	☐	☐	☐	☐

Specialty care (e.g. gastroenterologist, cardiologist, endocrinologist, nephrologist, neurologist, etc.)	☐	☐	☐	☐	☐	☐
Urgent care services	☐	☐	☐	☐	☐	☐
Vision services	☐	☐	☐	☐	☐	☐

7. When trying to get medical care, how often have YOU PERSONALLY felt discriminated against based on any of the following characteristics:

	Frequently	Sometimes	Never
Your race or ethnicity	☐	☐	☐
Your cultural or religious background	☐	☐	☐
Your language	☐	☐	☐
Your age	☐	☐	☐
Your income	☐	☐	☐
Your body size	☐	☐	☐
Your sexual orientation	☐	☐	☐
Your gender or gender identity	☐	☐	☐
Your disability (if not applicable, select “Never”)	☐	☐	☐
Your type of health insurance	☐	☐	☐

8. Have any of these issues made it difficult for you to get needed health services within the last two years? (Please check all that apply.)

- ☐ Lack of transportation
- ☐ Lack of technology at home
- ☐ Lack of technical support (e.g. for telemedicine visits)
- ☐ Lack of alternative to electronic communication for seniors
- ☐ Lack of accessibility for those with a physical or neurological disability
- ☐ Lack of provider or services
- ☐ Lack of information or resources/ I don't know what types of services are available
- ☐ Lack of offices accepting new patients
- ☐ Lack of evening or weekend services
- ☐ Long wait for an appointment
- ☐ Lack of specialists/specialty care services
- ☐ Lack of health insurance coverage
- ☐ Cost of care (e.g., deductibles, co-pays)
- ☐ Cost of prescription medications
- ☐ Language barriers/could not communicate with health provider or office staff
- ☐ Unfriendly provider or office staff
- ☐ Afraid to have health check-up
- ☐ Afraid due to immigration status
- ☐ Afraid of discrimination by providers (gender/sex, race/ethnicity, physical appearance/body size, disability)
- ☐ I have never experienced any difficulty in getting care

Community Priorities

9. Please check whether you consider these issues to be low, medium, or high priority for <u>future funding</u> and <u>resources</u> in your community.

	Low	Medium	High
Increasing transportation to area health/medical services	☐	☐	☐
Increasing the health/medical services that are close by and easy to get to	☐	☐	☐
Providing more language interpretation services	☐	☐	☐
Increasing the number of providers/staff that speak languages other than English	☐	☐	☐
Expanding programs or services designed to help patients navigate the health care system	☐	☐	☐
Providing more counseling or mental health services	☐	☐	☐
Providing more alcohol or drug prevention and treatment services	☐	☐	☐
Expanding cancer screening, diagnostics, and treatment services	☐	☐	☐
Expanding the health/medical services focused on seniors (65+)	☐	☐	☐
Increasing the number of services to help the elderly stay in their homes	☐	☐	☐
Expanding the health/medical services focused on children and adolescents (under 18 years)	☐	☐	☐
Expanding the health/medical services focused on women's health issues (e.g., pregnancy, well-visits, pelvic health)	☐	☐	☐
Expanding the health/medical services focused on men's health issues	☐	☐	☐
Expanding the health/medical services available to low-income individuals	☐	☐	☐
Expanding the health/medical services available to LBGTQ population	☐	☐	☐
Offering more programs or services focusing on physical activity and/or nutrition	☐	☐	☐
Offering more programs or services focusing on obesity/weight control	☐	☐	☐
Offering more programs or services focusing on prevention of chronic diseases like heart disease, diabetes, and stroke	☐	☐	☐
Offering more programs such as meditation, yoga, mindfulness, and reiki	☐	☐	☐
Offering more programs or services to help people quit smoking/vaping	☐	☐	☐
Increasing access and availability to safe and affordable housing	☐	☐	☐
Increasing availability of sidewalks or parks	☐	☐	☐
Increasing availability of supermarkets/healthy food options people can afford	☐	☐	☐
Increasing the availability of safe, stable, well-compensated work for all people	☐	☐	☐
Increasing the quality of educational opportunities for all people	☐	☐	☐
Other (please specify): _____	☐	☐	☐

Health Coverage and Information

10. Are you personally currently covered by any of the following types of health insurance or health coverage plans? (Check all that apply)

- ☐ Insurance through a current or former employer or union (yours or another family member's)
- ☐ Insurance purchased directly from an insurance company (by you or another family member) including coverage purchased through a healthcare exchange or marketplace such as 'Get Covered NJ'
- ☐ Medicare, for people age 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance (MA), Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or disability (also called 'NJ Family Care')
- ☐ Tricare or other military health care, including Veteran's Administration health care
- ☐ Any other type of health insurance coverage or health coverage plan
- ☐ No insurance, underinsured

11. Which health services have you personally used in the past year? (Check all that apply)

- ☐ Primary care services (e.g. annual physical exam)
- ☐ Community health center services (e.g. clinic)
- ☐ Urgent care
- ☐ Emergency services (e.g. emergency room at a hospital)
- ☐ Women's health services (e.g., OB/GYN, or reproductive, breast or pelvic health)
- ☐ Cancer screenings (e.g. skin, mammograms, prostate exam)
- ☐ Cancer care or treatment
- ☐ Outpatient services such as blood work or radiology (e.g., X-rays, MRIs)
- ☐ Home health care
- ☐ Mental health care
- ☐ Alcohol/substance abuse treatment
- ☐ Tele-health or tele-medicine services
- ☐ Did not use health services in the past year

12. What is your MAIN SOURCE of medical care? (Please check one)

- ☐ Private doctor's office or group practice
- ☐ Community health center (i.e. clinic)
- ☐ Emergency room at a hospital
- ☐ Walk-in medical clinic/urgent care center
- ☐ Free medical program
- ☐ Veteran's Administration facility
- ☐ Tele-health or tele-medicine services
- ☐ Do not have a main source of medical care
- ☐ Other (please specify): _____

13. Have you ever used an online patient portal to securely access your own or a family member's medical record, lab or radiology reports, medication lists, or other information about health care services received?

☐ Yes ☐ No ☐ Don't know/Not sure

14. Have you ever used your mobile device or smartphone to access health care for yourself or a family member, (e.g. virtually talking with your health care provider)?

☐ Yes (GO TO Q16) ☐ No ☐ Don't know/Not sure

15. (IF YOU ANSWERED "YES" IN Q14, SKIP TO Q16) Would you be interested in accessing health care for yourself or a family member through your mobile device or smartphone (e.g. virtually talking with your health care provider)?

☐ Yes ☐ No ☐ Don't know/Not sure

Demographic Information

The next questions will help us see the range of people who answered this survey. All answers will remain anonymous.

16. What category best describes your age?

- ☐ 18-29 years old
- ☐ 30-39 years old
- ☐ 40-49 years old
- ☐ 50-64 years old
- ☐ 65-74 years old
- ☐ 75 years old or older

17. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Gender neutral
- ☐ Nonbinary
- ☐ Additional Gender Category

18. How would you describe your ethnic/racial background? (Please check all that apply.)

- ☐ African American/Black
- ☐ East Asian (e.g., Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa)
- ☐ Pacific Islander
- ☐ South Asian (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal)
- ☐ Caucasian/White
- ☐ Hispanic/Latino(a)
- ☐ Middle Eastern/North African
- ☐ American Indian/Native American
- ☐ Additional ethnic/racial category (please specify): _____

19. What is the primary language you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ Portuguese / Cape Verdean Creole
- ☐ Haitian
- ☐ Vietnamese
- ☐ Cambodian/Khmer
- ☐ French (including Cajun)
- ☐ Tagalog/Filipino
- ☐ Gujarati
- ☐ Hindi
- ☐ Telugu
- ☐ Nepali/Marathi/Konkani
- ☐ Polish
- ☐ Urdu
- ☐ Arabic
- ☐ Korean
- ☐ Russian
- ☐ Other (please specify): _____

20. What is the highest level of education that you have completed?

- ☐ None (less than primary)
- ☐ Primary or middle school
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Some college
- ☐ Associate or technical degree/certification
- ☐ College graduate
- ☐ Graduate or professional degree

21. Are you the parent of a child under the age of 18? ☐ Yes ☐ No

Thank you for taking this survey! Results will be made available to the community in Fall 2024.

Community Health Needs Assessment Responses

DEMOGRAPHICS		n (%)
	Eligible Responses	528
County of Residence	Mercer	343 (65.0)
	Middlesex	150 (28.4)
	Somerset	35 (6.6)
Age	18-29 years old	66 (12.7)
	30-39 years old	35 (6.7)
	40-49 years old	47 (9.0)
	50-64 years old	126 (24.2)
	65-74 years old	128 (24.6)
	75 years old or older	118 (22.7)
Gender	Woman	356 (67.4)
	Man	153 (29.0)
	Unknown/Prefer not to answer	12 (2.3)
	Additional Gender Category	7 (1.3)
Race/Ethnicity	White	368 (69.7)
	African American/Black	34 (6.4)
	South Asian	31 (5.9)
	Hispanic/Latino(a)	28 (5.3)
	East Asian/Pacific Islander	26 (4.9)
	Multiracial	23 (4.4)
	Unknown/Chose not to Disclose	8 (1.5)
	Additional ethnic/racial category	5 (0.9)
	Middle Eastern/North African	3 (0.6)
	American Indian/Native American	2 (0.4)
Highest Level of Educational Attainment	Less than High School	6 (1.2)
	High school graduate or GED	51 (9.8)
	Some college	75 (14.5)
	Associate or technical degree/ certification	47 (9.1)
	College graduate	120 (23.1)
	Graduate or professional degree	220 (42.4)
Sexual Orientation	Straight	459 (86.9)
	Unknown/Prefer not to answer	37 (7.0)
	Another sexual orientation not listed	3 (0.6)
	Not sure	3 (0.6)
	Gay or Lesbian	15 (2.8)
	Bisexual	11 (2.1)
Primary Language Spoken at Home	English	453 (87.1)
	Spanish	22 (4.2)
	Other - Write In	14 (2.7)
	Chinese (including Mandarin and Cantonese)	7 (1.3)
	Hindi	6 (1.2)
	Gujarati	4 (0.8)
	French (including Cajun)	3 (0.6)
	Korean	3 (0.6)
	Nepali/Marathi/Konkani	2 (0.4)
	Telugu	2 (0.4)
	Haitian	1 (0.2)
	Portuguese / Cape Verdean Creole	1 (0.2)
	Tagalog/Filipino	1 (0.2)
	Vietnamese	1 (0.2)
Parent of a child under age 18?	No	441 (85)
	Yes	78 (15)

INSURANCE & MEDICAL CARE

		Response Count	Response Percent
Current Insurance Coverage (check all that apply)	Insurance through a current or former employer or union (yours or another family member's)	320	60.6%
	Medicare, for people age 65 and older, or people with certain disabilities	234	44.3%
	Insurance purchased directly from an insurance company (by you or another family member) including coverage purchased through a healthcare exchange or marketplace such as "Get Covered NJ"	62	11.7%
	Any other type of health insurance coverage or health coverage plan	61	11.6%
	Medicaid, Medical Assistance (MA), Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or disability (also called "NJ Family Care")	23	4.4%
	Tricare or other military health care, including Veteran's Administration health care	12	2.3%
	No insurance, underinsured	12	2.3%
Services Respondents Utilized in the Past Year (check all that apply)	Primary care services (e.g. annual physical exam)	476	90.2%
	Outpatient services such as blood work or radiology (e.g., X-rays, MRIs)	369	69.9%
	Cancer screenings (e.g. skin, mammograms, prostate exam)	234	44.3%
	Women's health services (e.g., OB/GYN, or reproductive, breast or pelvic health)	220	41.7%
	Urgent care	208	39.4%
	Tele-health or tele-medicine services	158	29.9%
	Emergency services (e.g. emergency room at a hospital)	155	29.4%
	Mental health care	104	19.7%
	Cancer care or treatment	42	8.0%
	Community health center services (e.g. clinic)	34	6.4%
	Home health care	34	6.4%
	Did not use health services in the past year	12	2.3%
	Alcohol/drug abuse treatment	7	1.3%
Have you ever used an online patient portal to securely access your own or a family member's medical record, lab or radiology reports, medication lists, or other information about health care services received?	Yes		87.5%
	No		9.0%
	Don't know/ Not sure		3.5%
Have you ever used your mobile device or smartphone to access health care for yourself or a family member, (e.g. virtually talking with your health care provider)?	Yes		69.3%
	No		26.4%
	Don't know/ Not sure		4.3%
Main Source of Medical Care	Private doctor's office or group practice		87.3%
	Walk-in medical clinic/urgent care center		3.8%
	Do not have a main source of medical care		3.1%
	Community health center (i.e. clinic)		2.5%
	Tele-health or tele-medicine services		1.7%
	Emergency room at a hospital		1.2%
	Veteran's Administration facility		0.4%

COMMUNITY STRENGTHS

		Response Percent
Perceived Community Strengths	The community is close to medical services	86.2%
	My community has good access to resources	74.1%
	My community is diverse	72.3%
	People speak my language	60.4%
	People are proud of their community	59.5%
	People care about improving their community	58.3%
	People accept others who are different than themselves	55.7%
	People feel like they belong in this community	47.7%
	People like to work together in this community	40.2%
	People can deal with challenges in this community	35.8%
	There is innovation in my community to make life better	33.0%
	None of the above	0.6%

		White (N=368)	Hispanic/ Latino (N=28)	South Asian (N=31)	East Asian (N=26)	Other Race/ Ethnicity (N=18)
Community Strengths – by Race/Ethnicity	The community is close to medical services	88.9%	64.3%	74.2%	100.0%	66.7%
	My community has good access to resources	78.5%	46.4%	74.2%	80.8%	44.4%
	My community is diverse	73.1%	67.9%	74.2%	92.3%	33.3%
	People speak my language	61.1%	60.7%	61.3%	61.5%	22.2%
	People accept others who are different than themselves	56.0%	53.6%	64.5%	69.2%	27.8%
	People care about improving their community	60.3%	39.3%	64.5%	69.2%	44.4%
	People are proud of their community	60.3%	53.6%	58.1%	76.9%	44.4%
	People feel like they belong in this community	48.6%	39.3%	61.3%	61.5%	38.9%
	People like to work together in this community	39.4%	53.6%	45.2%	50.0%	33.3%
	People can deal with challenges in this community	37.0%	28.6%	41.9%	42.3%	33.3%
	There is innovation in my community to make life better	33.2%	32.1%	25.8%	38.5%	38.9%
	None of the above	0.5%	0.0%	0.0%	0.0%	0.0%

CHALLENGES & BARRIERS

		Response Percent
Resources Rated as Most Difficult to Access	Affordable housing	53%
	Public transportation	41.5%
	Good paying jobs	29.4%
	Counseling/mental health care for adults	25.4%
	Affordable healthy foods	23.3%
	Counseling/mental health care for youth	22.9%
	Specialty care	18.2%
	Primary care physicians	14.4%
	Alcohol or drug treatment or prevention services for youth	11.2%
	Health or medical services for women	10.2%
	Health or medical services for the LGBTQ community	10.2%
	Health screenings and treatment for chronic conditions	9.8%
	Alcohol or drug treatment or prevention services for adults	9.7%
	Dental or oral health services	9.7%
	Health or medical services for seniors	8.5%
	Urgent care services	7%
	Cancer care/screening and treatment	6.6%
	Vision services	6.6%
	Health or medical services for youth	6.4%
	Occupational therapy	6.4%
	Physical therapy	6.4%
	Outpatient diagnostic services such as lab work or radiology	5.3%
	Health or medical services for men	5.1%
	Emergency department services	4.9%
	Hospital services	4.4%
	Immunizations	1.1%

Barriers to Accessing Health Services	Long wait for an appointment/scheduling problems	73.6%
	Lack of offices accepting new patients	43.5%
	Lack of evening or weekend services	40.3%
	Cost of care (e.g., deductibles, co-pays)	32.2%
	Unfriendly provider or office staff/ don't feel welcome or respected	29.1%
	Lack of provider or services	27.2%
	Cost of prescription medications	26.7%
	Lack of specialists/specialty care services	22.3%
	Lack of information or resources/I don't know what types of services are available	21.5%
	Lack of transportation	16.8%
	Lack of health insurance coverage	14.9%
	Lack of alternative to electronic communication for seniors	10.2%
	Afraid of discrimination by providers (gender, sex, race/ethnicity, physical appearance/body size, disability, cultural or religious beliefs)	7.6%
	Lack of technical support (e.g. for telemedicine visits)	7.1%
	Afraid to have health check-up/fear	7.1%
	Lack of accessibility for those with a physical or neurological disability	4.7%
	Language barriers/could not communicate with health provider or office staff	4.7%
	Lack of technology at home	4.2%
	Afraid due to immigration status / mistrust	2.6%
Healthcare-related Resources Rated as Most Difficult to Access)	Specialty care	18.2%
	Primary care physicians	14.4%
	Alcohol or drug treatment or prevention services for youth	11.2%
	Health or medical services for women	10.2%
	Health or medical services for the LGBTQ community	10.2%
	Health screenings and treatment for chronic conditions	9.8%
	Alcohol or drug treatment or prevention services for adults	9.7%
	Dental or oral health services	9.7%
	Health or medical services for seniors	8.5%
	Urgent care services	7.0%
	Vision services	6.6%
	Health or medical services for youth	6.4%
	Occupational therapy	6.4%
	Physical therapy	6.4%
	Outpatient diagnostic services such as lab work or radiology	5.3%
	Health or medical services for men	5.1%
	Emergency department services	4.9%
	Hospital services	4.4%
	Immunizations	1.1%

		Total (N=528)	White (N=368)	Hispanic/ Latino (N=28)	South Asian (N=31)	East Asian (N=26)	Other Race/ Ethnicity (N=18)
Services Rated Most Difficult to Access – by Race/Ethnicity	Affordable housing	53.0%	54.6%	64.3%	38.7%	50.0%	22.2%
	Public transportation	41.5%	45.1%	32.1%	51.6%	34.6%	16.7%
	Good paying jobs	29.4%	25.8%	50.0%	29.0%	34.6%	16.7%
	Counseling/mental health care for adults	25.4%	29.1%	28.6%	22.6%	15.4%	5.6%
	Affordable healthy foods	23.3%	21.5%	35.7%	19.4%	30.8%	0.0%
	Counseling/mental health care for youth	22.9%	24.2%	35.7%	22.6%	19.2%	5.6%
	Specialty care	18.2%	15.2%	21.4%	35.5%	19.2%	0.0%
	Primary care physicians	14.4%	14.7%	17.9%	19.4%	11.5%	0.0%
	Alcohol or drug treatment or prevention services for youth	11.2%	10.6%	17.9%	16.1%	0.0%	11.1%
	Health or medical services for women	10.2%	7.3%	32.1%	22.6%	11.5%	5.6%
	Health or medical services for the LGBTQ community	10.2%	8.7%	10.7%	22.6%	0.0%	0.0%
	Health screenings and treatment for chronic conditions	9.8%	7.6%	21.4%	19.4%	11.5%	5.6%
	Alcohol or drug treatment or prevention services for adults	9.7%	9.8%	17.9%	6.5%	3.8%	11.1%
	Dental or oral health services	9.7%	9.2%	25.0%	9.7%	11.5%	0.0%
	Health or medical services for seniors	8.5%	7.3%	25.0%	12.9%	7.7%	5.6%
	Urgent care services	7.0%	5.7%	21.4%	12.9%	0.0%	5.6%
	Cancer care/screening and treatment	6.6%	4.1%	32.1%	9.7%	7.7%	0.0%
	Vision services	6.6%	5.2%	10.7%	12.9%	0.0%	11.1%
	Health or medical services for youth	6.4%	6.8%	21.4%	3.2%	0.0%	0.0%
	Occupational therapy	6.4%	5.2%	14.3%	16.1%	3.8%	0.0%
	Physical therapy	6.4%	4.3%	17.9%	16.1%	0.0%	5.6%
	Outpatient diagnostic services such as lab work or radiology	5.3%	3.8%	17.9%	9.7%	0.0%	0.0%
	Health or medical services for men	5.1%	3.0%	25.0%	16.1%	3.8%	0.0%
	Emergency department services	4.9%	3.0%	25.0%	6.5%	11.5%	0.0%
	Hospital services	4.4%	3.3%	21.4%	3.2%	3.8%	0.0%

COMMUNITY PRIORITIES – RESPONSES & RANKING BY COUNTY	Total (N=528)	Mercer (N=343)	Middlesex (N=150)	Somerset (N=35)	*Ranking by Respondents County of Residence*			
					Total	Mercer	Middlesex	Somerset
Increasing the number of services to help the elderly stay in their homes	47.2%	44.0%	53.3%	51.4%	1	2	1	1.5
Providing more counseling or mental health services	43.4%	44.3%	42.7%	37.1%	2	1	2.5	10
Increasing access and availability to safe and affordable housing	41.7%	40.2%	42.7%	51.4%	3	4.5	2.5	1.5
Expanding the health/medical services available to low-income individuals	39.0%	41.4%	34.0%	37.1%	4.5	3	11	10
Increasing the availability of safe, stable, well-compensated work for all people	39.0%	40.2%	36.0%	40.0%	4.5	4.5	7.5	7
Expanding the health/medical services focused on seniors	38.3%	36.4%	40.0%	48.6%	6	7.5	4	3.5
Increasing availability of supermarkets/healthy food options people can afford	37.5%	36.2%	38.0%	48.6%	7	9	5	3.5
Increasing the quality of educational opportunities for all people	36.6%	36.4%	34.7%	45.7%	8	7.5	9	5
Offering more programs or services focusing on physical activity and/or nutrition	35.0%	37.0%	31.3%	31.4%	9	6	13	14.5
Offering more programs or services focusing on prevention of chronic diseases like heart disease, diabetes, and stroke	34.1%	33.5%	34.0%	40.0%	10	10	11	7
Offering more programs or services focusing on obesity/ weight control	33.9%	32.4%	37.3%	34.3%	11	11	6	12.5
Expanding cancer screening, diagnostics, and treatment services	33.1%	32.1%	34.0%	40.0%	12	12	11	7
Increasing availability of sidewalks or parks	30.7%	31.8%	28.0%	31.4%	13	13	15.5	14.5
Expanding programs or services designed to help patients navigate the health care system	30.5%	28.3%	36.0%	28.6%	14	18	7.5	17
Increasing transportation to area health/medical services	29.5%	30.3%	26.7%	34.3%	15.5	14	17	12.5
Offering more programs or services to help people quit smoking/vaping	29.5%	29.4%	28.0%	37.1%	15.5	15.5	15.5	10
Providing more alcohol or drug prevention and treatment services	26.7%	29.4%	20.7%	25.7%	17	15.5	20	19.5
Offering more programs such as meditation, yoga, mindfulness, and reiki	26.3%	25.1%	28.7%	28.6%	18	21.5	14	17
Expanding the health/medical services focused on women's health issues	25.6%	26.5%	22.7%	28.6%	19	20	18	17
Increasing the health/medical services that are close by and easy to get to	25.2%	27.4%	20.0%	25.7%	20.5	19	21	19.5
Expanding the health/medical services focused on children and adolescents	25.2%	28.6%	18.0%	22.9%	20.5	17	23	21.5
Expanding the health/medical services available to LBGTQ population	23.7%	25.1%	22.0%	17.1%	22	21.5	19	23
Increasing the number of providers/staff that speak languages other than English	20.5%	21.6%	19.3%	14.3%	23	23	22	24
Expanding the health/medical services focused on men's health issues	19.3%	20.7%	15.3%	22.9%	24	24.5	24	21.5
Providing more language interpretation services	18.2%	20.7%	14.7%	8.6%	25	24.5	25	25

COMMUNITY PRIORITIES – RESPONSES BY RACE/ETHNICITY	Total (N=528)	White (N=368)	Hispanic/ Latino (N=28)	South Asian (N=31)	East Asian (N=26)	Other Race/ Ethnicity (N=18)	Black (N=34)	Multi-racial (N=23)
Increasing the number of services to help the elderly stay in their homes	47.2%	51.1%	39.3%	35.5%	42.3%	33.3%	35.3%	43.5%
Providing more counseling or mental health services	43.4%	41.8%	50.0%	54.8%	38.5%	22.2%	41.2%	69.6%
Increasing access and availability to safe and affordable housing	41.7%	40.2%	64.3%	25.8%	34.6%	27.8%	44.1%	73.9%
Expanding the health/medical services available to low-income individuals	39.0%	35.6%	53.6%	35.5%	38.5%	16.7%	50.0%	82.6%
Increasing the availability of safe, stable, well-compensated work for all people	39.0%	36.7%	50.0%	48.4%	26.9%	27.8%	44.1%	65.2%
Expanding the health/medical services focused on seniors	38.3%	39.4%	35.7%	32.3%	46.2%	16.7%	32.4%	47.8%
Increasing availability of supermarkets/healthy food options people can afford	37.5%	34.8%	46.4%	38.7%	34.6%	33.3%	47.1%	60.9%
Increasing the quality of educational opportunities for all people	36.6%	33.4%	50.0%	41.9%	38.5%	22.2%	41.2%	65.2%
Offering more programs or services focusing on physical activity and/or nutrition	35.0%	32.6%	35.7%	35.5%	46.2%	27.8%	38.2%	60.9%
Offering more programs or services focusing on prevention of chronic diseases like heart disease, diabetes, and stroke	34.1%	31.2%	35.7%	51.6%	30.8%	27.8%	35.3%	60.9%
Offering more programs or services focusing on obesity/weight control	33.9%	32.1%	32.1%	41.9%	23.1%	22.2%	47.1%	56.5%
Expanding cancer screening, diagnostics, and treatment services	33.1%	29.9%	46.4%	38.7%	38.5%	22.2%	41.2%	52.2%
Increasing availability of sidewalks or parks	30.7%	28.8%	32.1%	38.7%	30.8%	27.8%	32.4%	47.8%
Expanding programs or services designed to help patients navigate the health care system	30.5%	30.7%	39.3%	29.0%	19.2%	22.2%	26.5%	43.5%
Increasing transportation to area health/medical services	29.5%	26.6%	42.9%	32.3%	26.9%	33.3%	32.4%	52.2%
Offering more programs or services to help people quit smoking/vaping	29.5%	27.2%	35.7%	41.9%	19.2%	16.7%	35.3%	56.5%
Providing more alcohol or drug prevention and treatment services	26.7%	24.7%	32.1%	32.3%	23.1%	11.1%	35.3%	47.8%
Offering more programs such as meditation, yoga, mindfulness, and reiki	26.3%	24.5%	32.1%	38.7%	26.9%	27.8%	32.4%	21.7%
Expanding the health/medical services focused on women's health issues	25.6%	21.5%	42.9%	29.0%	30.8%	11.1%	41.2%	47.8%
Increasing the health/medical services that are close by and easy to get to	25.2%	20.7%	35.7%	35.5%	34.6%	16.7%	38.2%	47.8%
Expanding the health/medical services focused on children and adolescents	25.2%	22.0%	42.9%	22.6%	34.6%	5.6%	29.4%	56.5%
Expanding the health/medical services available to LBGTQ population	23.7%	21.7%	32.1%	32.3%	23.1%	11.1%	26.5%	39.1%
Increasing the number of providers/staff that speak languages other than English	20.5%	14.7%	57.1%	35.5%	11.5%	5.6%	35.3%	47.8%
Expanding the health/medical services focused on men's health issues	19.3%	16.3%	35.7%	19.4%	30.8%	11.1%	32.4%	21.7%
Providing more language interpretation services	18.2%	13.9%	57.1%	22.6%	3.8%	5.6%	29.4%	43.5%

COMMUNITY PRIORITIES – RANKING BY RACE/ETHNICITY

	Rank by Race/Ethnicity							
	Total	White	Hispanic/ Latino	South Asian	East Asian	Other Race/ Ethnicity	Black	Multi-racial
Increasing the number of services to help the elderly stay in their homes	1	1	13.5	13	3	2	14	21
Providing more counseling or mental health services	2	2	6	1	5.5	12	7.5	3
Increasing access and availability to safe and affordable housing	3	3	1	22	9.5	6.5	4.5	2
Expanding the health/medical services available to low-income individuals	4.5	6	4	13	5.5	16.5	1	1
Increasing the availability of safe, stable, well-compensated work for all people	4.5	5	6	3	17	6.5	4.5	4.5
Expanding the health/medical services focused on seniors	6	4	17.5	17.5	1.5	16.5	19	16.5
Increasing availability of supermarkets/healthy food options people can afford	7	7	8.5	8.5	9.5	2	2.5	7
Increasing the quality of educational opportunities for all people	8	8	6	5	5.5	12	7.5	4.5
Offering more programs or services focusing on physical activity and/or nutrition	9	9	17.5	13	1.5	6.5	10.5	7
Offering more programs or services focusing on prevention of chronic diseases like heart disease, diabetes, and stroke	10	11	17.5	2	13.5	6.5	14	7
Offering more programs or services focusing on obesity/weight control	11	10	23	5	20	12	2.5	10
Expanding cancer screening, diagnostics, and treatment services	12	13	8.5	8.5	5.5	12	7.5	12.5
Increasing availability of sidewalks or parks	13	14	23	8.5	13.5	6.5	19	16.5
Expanding programs or services designed to help patients navigate the health care system	14	12	13.5	20.5	22.5	12	24.5	21
Increasing transportation to area health/medical services	15.5	16	11	17.5	17	2	19	12.5
Offering more programs or services to help people quit smoking/vaping	15.5	15	17.5	5	22.5	16.5	14	10
Providing more alcohol or drug prevention and treatment services	17	17	23	17.5	20	20.5	14	16.5
Offering more programs such as meditation, yoga, mindfulness, and reiki	18	18	23	8.5	17	6.5	19	24.5
Expanding the health/medical services focused on women's health issues	19	21	11	20.5	13.5	20.5	7.5	16.5
Increasing the health/medical services that are close by and easy to get to	20.5	22	17.5	13	9.5	16.5	10.5	16.5
Expanding the health/medical services focused on children and adolescents	20.5	19	11	23.5	9.5	24	22.5	10
Expanding the health/medical services available to LBGTQ population	22	20	23	17.5	20	20.5	24.5	23
Increasing the number of providers/staff that speak languages other than English	23	24	2.5	13	24	24	14	16.5
Expanding the health/medical services focused on men's health issues	24	23	17.5	25	13.5	20.5	19	24.5
Providing more language interpretation services	25	25	2.5	23.5	25	24	22.5	21

PERCEIVED HEALTH OF THE COMMUNITY	Responses
Excellent	14.5%
Very Good	42.6%
Good	35.9%
Fair	6.3%
Poor	0.6%

PERCEIVED HEALTH ISSUES – RESPONSES & RANK BY COUNTY	Mercer (N=343)	Middlesex (N=150)	Somerset (N=35)	*Rank by County*		
				Mercer	Middlesex	Somerset
Aging health concerns	44.3%	46.7%	51.4%	1	1	1
Musculoskeletal issues	34.7%	32.7%	42.9%	2	4	2.5
Caregiving	32.7%	34.7%	42.9%	3	2.5	2.5
Mental health issues	31.2%	34.7%	34.3%	4	2.5	8.5
Cancer	30.6%	28.0%	25.7%	5	8	11.5
Overweight or obesity	30.0%	30.0%	40.0%	6	5	4.5
Chronic physical pain	26.8%	28.0%	22.9%	7	8	13
Access to health care services	26.5%	29.3%	37.1%	8	6	6.5
Women's health issues	25.1%	24.0%	34.3%	9	12	8.5
Chronic disease screenings/treatment	24.5%	28.0%	40.0%	10	8	4.5
Access to safe, affordable housing	23.0%	24.0%	20.0%	11	12	15
Dental and oral health	21.3%	27.3%	37.1%	12	10	6.5
Access to fresh foods	17.8%	24.0%	20.0%	13.5	12	15
Infectious/contagious disease	17.8%	18.7%	31.4%	13.5	14.5	10
Asthma	16.3%	18.7%	14.3%	15	14.5	17.5
Men's health issues	15.5%	14.0%	14.3%	16	17	17.5
Injuries	14.6%	17.3%	25.7%	17	16	11.5
Children's health concerns	13.7%	10.7%	20.0%	18	19	15
Neurodivergent issues	12.0%	12.7%	2.9%	19	18	25.5
LGBTQ health concerns	8.2%	3.3%	5.7%	20	24	22
Community violence	7.6%	4.7%	8.6%	21	22	19.5
Eating disorders	6.4%	6.7%	5.7%	22	20	22
Alcohol use/substance use disorder	5.8%	6.0%	8.6%	23	21	19.5
Interpersonal violence	4.1%	3.3%	2.9%	24.5	24	25.5
Neuroscience issues	4.1%	3.3%	2.9%	24.5	24	25.5
Sexually transmitted infections	2.0%	2.7%	5.7%	26.5	26	22
Unintended pregnancy	2.0%	1.3%	2.9%	26.5	27	25.5

Quantitative Community Health Indicators

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Adolescent Birth Rate Females Aged 15-17	All	2017-2019	4.1	7.6	3.6	2.2	New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 15-17	All	2020-2022	3.3	7.6	2	2.3	New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 15-17 by Race/Ethnicity	White	2020-2022	0.5				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 15-17 by Race/Ethnicity	Black	2020-2022	6.1				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 15-17 by Race/Ethnicity	Asian	2020-2022	0				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 15-17 by Race/Ethnicity	Hispanic	2020-2022	8.3				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 18-19	All	2017-2019	20.2	18.6	13.9	13.2	New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 18-19	All	2020-2022	16.7	19.8	11	14.4	New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 18-19 by Race/Ethnicity	White	2020-2022	4				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 18-19 by Race/Ethnicity	Black	2020-2022	24.9				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 18-19 by Race/Ethnicity	Asian	2020-2022	1.2				New Jersey State Health Assessment Data
Adolescent Birth Rate Females Aged 18-19 by Race/Ethnicity	Hispanic	2020-2022	39.7				New Jersey State Health Assessment Data
Adults 19-64 years with Medicaid	All	2017	11.2%	11.5%	8.4%	5.0%	American Community Survey - Census Bureau (5-yr)
Adults 19-64 years with Medicaid	All	2022	13.2%	13.0%	10.6%	6.4%	American Community Survey - Census Bureau (5-yr)
Adults Reported to Have Had a Dental Visit in Past Year	White	2022	75.0%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults Reported to Have Had a Dental Visit in Past Year	Black	2022	58.9%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults Reported to Have Had a Dental Visit in Past Year	Asian	2022	66.6%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults Reported to Have Had a Dental Visit in Past Year	Hispanic	2022	59.2%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with a Primary Care Provider	All	2017	77.4%	83.9%	74.6%	78.8%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with a Primary Care Provider	All	2022	82.6%	86.9%	85.0%	88.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with Asthma	All	2017	8.6%	7.8%	8.2%	7.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with Asthma	All	2022	8.9%	9.1%	5.8%	6.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with Asthma by Race/ Ethnicity	Asian	2021-2022	5.3%	5.0%	4.3%	1.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Adults with Asthma by Race/ Ethnicity	Black	2021-2022	12.4%	11.5%	9.3%	13.8%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with Asthma by Race/ Ethnicity	White	2021-2022	8.8%	7.6%	9.0%	5.3%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Adults with Asthma by Race/ Ethnicity	Hispanic	2021-2022	8.6%	9.1%	6.9%	5.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Age Distribution	All	2022	21.8%	21.4%	21.6%	21.4%	American Community Survey - Census Bureau (5-yr)
Age Distribution	All	2022	8.7%	10.8%	9.7%	8.3%	American Community Survey - Census Bureau (5-yr)
Age Distribution	All	2022	25.8%	25.2%	26.8%	24.2%	American Community Survey - Census Bureau (5-yr)
Age Distribution	All	2022	27.1%	26.9%	26.5%	29.9%	American Community Survey - Census Bureau (5-yr)
Age Distribution	All	2022	9.5%	9.0%	9.1%	9.2%	American Community Survey - Census Bureau (5-yr)
Age Distribution	All	2022	7.0%	6.6%	6.4%	7.1%	American Community Survey - Census Bureau (5-yr)
Air Pollution Exposure Index by Race/Ethnicity	All	2020	50.6				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	Asian	2020	55.7				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	Black	2020	56				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	Hispanic	2020	60.3				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	Other	2020	51.8				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	Native American	2020	52				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	People of color	2020	57.7				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Air Pollution Exposure Index by Race/Ethnicity	White	2020	45				EPA - NATA, Decennial Census, American Community Survey - Census Bureau (5-yr), National Equity Atlas
Alcohol Consumption	All	2017	57.3%	60.4%	54.3%	64.5%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Alcohol Consumption	All	2022	56.6%	54.1%	51.6%	54.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Alcohol Induced Mortality Rate	All	2019	6.7	7.2	5.2		CDC Wonder/NCHS
Alcohol Induced Mortality Rate	All	2021	7.2	9.3	6	5.1	CDC Wonder/NCHS
Asthma Emergency Department Visit Rate per 10,000 Population	All	2017	57.2	81.9	39.4	22	BRFSS Data: Accessed from New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Asthma Emergency Department Visit Rate per 10,000 Population	All	2022	39.5	52.8	30	16.3	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity	White	2022	17.9	19.1	16.4	10.1	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity	Black	2022	113.6	132.8	68.6	42.2	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity	Asian	2022	7.66	10.1	6.1	4.8	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity	Hispanic	2022	46.7	66.6	48.2	25.4	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Binge Drinking	All	2017	16.7%	19.3%	15.5%	15.8%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Binge Drinking	All	2022	15.4%	12.4%	10.2%	13.1%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Binge Drinking	All	2019	15.3%				Youth Risk Behavior Surveillance System (YRBSS)
Binge Drinking	All	2021	15.2%				Youth Risk Behavior Surveillance System (YRBSS)
Business Ownership per 100 Workers	All	2012	3.7%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Asian	2012	6.1%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Black	2012	0.5%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Hispanic	2012	1.2%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Native American	2012	4.1%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	White	2012	4.8%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	People of color	2012	2.1%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	All	2020	3.8%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Asian	2020	6.3%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Black	2020	0.7%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Hispanic	2020	1.3%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	Native American	2020	1.3%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	White	2020	4.9%				Census - Survey of Business Owners, National Equity Atlas
Business Ownership per 100 Workers	People of color	2020	2.2%				Census - Survey of Business Owners, National Equity Atlas
Business Revenue per Firm	All	2012	$548,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued
Business Revenue per Firm	Asian	2012	$537,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued
Business Revenue per Firm	Black	2012	$66,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Business Revenue per Firm	Hispanic	2012	$131,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued
Business Revenue per Firm	White	2012	$677,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued
Business Revenue per Firm	Other	2012	$110,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued
Business Revenue per Firm	People of color	2012	$262,000				Census - Survey of Business Owners, Survey of Business Owners Discontinued
Cancer Incidence Rate	All	2017	536.9	535.5	492	496.5	New Jersey State Cancer Registry
Cancer Incidence Rate	All	2021	536.2	530.5	488.7	521.4	New Jersey State Cancer Registry
Cervical Cancer Incidence Rate	All	2017	7.7	6.4	7	5.3	New Jersey State Cancer Registry
Cervical Cancer Incidence Rate	All	2021	7.5	6.9	4.9	4.8	New Jersey State Cancer Registry
Children Less than 19 with Public Insurance	All	2017	30.8%	31.1%	24.8%	12.7%	American Community Survey - Census Bureau (5-yr)
Children Less than 19 with Public Insurance	All	2022	32.4%	33.4%	26.2%	17.6%	American Community Survey - Census Bureau (5-yr)
Children Less than 19 without Insurance	All	2017	4.4%	4.0%	3.8%	3.6%	American Community Survey - Census Bureau (5-yr)
Children Less than 19 without Insurance	All	2022	4.1%	3.7%	3.8%	3.8%	American Community Survey - Census Bureau (5-yr)
Chlamydia Incidence Rate	All	2019	428.2	536.4	342	255.7	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Chlamydia Incidence Rate	All	2022	360.1	474.3	287	194.8	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Cigarette Smoking	All	2019	3.8%				Youth Risk Behavior Surveillance System (YRBSS)
Cigarette Smoking	All	2021	3.7%				Youth Risk Behavior Surveillance System (YRBSS)
Colorectal Cancer Incidence Rate	All	2017	41.4	38.3	38.2	32.8	New Jersey State Cancer Registry
Colorectal Cancer Incidence Rate	All	2021	39.9	34.8	35.5	34.2	New Jersey State Cancer Registry
Colorectal Cancer Screening	All	2017	67.5%	69.4%	62.3%	72.8%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Colorectal Cancer Screening	All	2020	71.6%	71.8%	66.3%	73.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Colorectal Cancer Screening by Race/Ethnicity	White	2020	72.8%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Colorectal Cancer Screening by Race/Ethnicity	Black	2020	76.1%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Colorectal Cancer Screening by Race/Ethnicity	Asian	2020	63.9%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Colorectal Cancer Screening by Race/Ethnicity	Hispanic	2020	64.5%				BRFSS Data: Accessed from New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Confirmed COVID Cases	All	2020-2024	2,756,378	103,819	265,179	85,951	CDC COVID Data Tracker/ COVID-19 Dashboard, WHO COVID Dashboard
Confirmed COVID Cases	All	2020-2024	29,674	26,803	30,722	24,887	CDC COVID Data Tracker/ COVID-19 Dashboard, WHO COVID Dashboard
Confirmed COVID Cases	All	2020-2024	33,978	1,326	2,874	947	CDC COVID Data Tracker/ COVID-19 Dashboard, WHO COVID Dashboard
Confirmed COVID Cases	All	2020-2024	317	360	363	311	CDC COVID Data Tracker/ COVID-19 Dashboard, WHO COVID Dashboard
Confirmed COVID Deaths	White	2020-2024	19,769				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Black	2020-2024	5,291				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Hispanic	2020-2024	4,489				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Other	2020-2024	1,751				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Asian	2020-2024	1,434				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	White	2020-2024	386.9				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Black	2020-2024	434.8				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Hispanic	2020-2024	258.4				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Other	2020-2024	471.3				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Confirmed COVID Deaths	Asian	2020-2024	151.3				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	White	2020-2023	5,920,271				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Asian	2020-2023	1,378,693				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Black	2020-2023	1,219,366				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Hispanic	2020-2023	2,315,631				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Other	2020-2023	1,277,038				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
COVID-19 Vaccination Doses	White	2020-2023	41.70%				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Asian	2020-2023	9.70%				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Black	2020-2023	8.60%				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Hispanic	2020-2023	16.30%				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
COVID-19 Vaccination Doses	Other	2020-2023	9.00%				CDC COVID Data Tracker/ COVID-19 Dashboard, NJ COVID Dashboard
Current Smokers	All	2017	14.1%	15.0%	11.9%	10.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Current Smokers	All	2022	10.4%	8.1%	7.0%	4.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Current Smokers by Race/Ethnicity	Asian	2020-2022	5.7%	4.0%	6.6%	1.1%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Current Smokers by Race/Ethnicity	Black	2020-2022	13.3%	14.3%	10.4%	8.4%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Current Smokers by Race/Ethnicity	White	2020-2022	10.7%	10.0%	8.8%	8.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Current Smokers by Race/Ethnicity	Hispanic	2020-2022	10.7%	8.5%	9.5%	4.4%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Dental Visit	All	2016	73.1%	74.0%	73.6%	77.3%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Dental Visit	All	2022	68.3%	66.9%	71.3%	70.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Depression	All	2019	8.7%				Youth Risk Behavior Surveillance System (YRBSS)
Depression	All	2021	25.8%				Youth Risk Behavior Surveillance System (YRBSS)
Diabetes	All	2017	11.0%	10.5%	12.0%	6.4%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Diabetes	All	2022	10.8%	9.4%	12.6%	8.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Diabetes by Race/Ethnicity	Asian	2020-2022	10.9%	6.9%	11.0%	12.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Diabetes by Race/Ethnicity	Black	2020-2022	14.3%	20.8%	8.7%	9.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Diabetes by Race/Ethnicity	White	2020-2022	8.8%	7.3%	10.7%	6.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Diabetes by Race/Ethnicity	Hispanic	2020-2022	11.1%	5.9%	11.6%	3.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Drug Poisoning Mortality Rate	All	2019	32.4	28.6	26.6	18.6	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Drug Poisoning Mortality Rate	All	2022	31.6	34.7	24.8	19	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Educational Attainment	All	2022	9.4%	10.3%	10.3%	6.0%	American Community Survey - Census Bureau (5-yr)
Educational Attainment	All	2022	26.1%	25.4%	23.5%	17.9%	American Community Survey - Census Bureau (5-yr)
Educational Attainment	All	2022	22.3%	20.2%	21.0%	18.9%	American Community Survey - Census Bureau (5-yr)
Educational Attainment	All	2022	25.5%	24.0%	26.4%	31.2%	American Community Survey - Census Bureau (5-yr)
Educational Attainment	All	2022	17.9%	19.2%	19.0%	26.6%	American Community Survey - Census Bureau (5-yr)
Families Living in Poverty	All	2022	6.9%	7.3%	6.1%	3.4%	American Community Survey - Census Bureau (5-yr)
Families Living in Poverty	All	2017	7.9%	8.2%	6.2%	3.2%	American Community Survey - Census Bureau (5-yr)
Families Living in Poverty by Race/ Ethnicity	White	2022	6.2%	6.1%	6.0%	3.9%	American Community Survey - Census Bureau (5-yr)
Families Living in Poverty by Race/ Ethnicity	Black	2022	16.1%	19.9%	9.1%	6.6%	American Community Survey - Census Bureau (5-yr)
Families Living in Poverty by Race/ Ethnicity	Asian	2022	6.1%	6.8%	5.2%	4.6%	American Community Survey - Census Bureau (5-yr)
Families Living in Poverty by Race/ Ethnicity	Hispanic	2022	16.5%	16.9%	15.9%	9.5%	American Community Survey - Census Bureau (5-yr)
Female Breast Cancer Incidence Rate	All	2017	176.9	173.7	166.3	176.6	New Jersey State Cancer Registry
Female Breast Cancer Incidence Rate	All	2021	187.8	166	177.9	208.1	New Jersey State Cancer Registry
Flu Vaccination	All	2017	48.9%	54.4%	45.7%	56.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Flu Vaccination	All	2022	62.7%	69.1%	63.2%	69.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Foreign-born Population	All	2017	22.1%	22.2%	32.6%	24.6%	American Community Survey - Census Bureau (5-yr)
Foreign-born Population	All	2022	23.2%	24.6%	34.1%	26.9%	American Community Survey - Census Bureau (5-yr)
Foreign-born Population by Race/ Ethnicity	White	2022	8.6%	9.1%	12.2%	8.9%	American Community Survey - Census Bureau (5-yr)
Foreign-born Population by Race/ Ethnicity	Black	2022	19.1%	20.7%	21.2%	17.9%	American Community Survey - Census Bureau (5-yr)
Foreign-born Population by Race/ Ethnicity	Asian	2022	69.0%	68.7%	69.9%	67.8%	American Community Survey - Census Bureau (5-yr)
Foreign-born Population by Race/ Ethnicity	Hispanic	2022	41.4%	40.1%	40.9%	45.1%	American Community Survey - Census Bureau (5-yr)
Gonorrhea Incidence Rate per 100,000 Population	All	2019	111.8	145.9	62.3	51.4	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Gonorrhea Incidence Rate per 100,000 Population	All	2022	102.1	134.5	61.5	37.7	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Health Outcomes/Health Factors	All	2017		12th	6th	3rd	County Health Rankings
Health Outcomes/Health Factors	All	2022		13th	6th	3rd	County Health Rankings
Health Outcomes/Health Factors	All	2017		8th	6th	2nd	County Health Rankings
Health Outcomes/Health Factors	All	2022		10th	7th	3rd	County Health Rankings

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Heart Attack	All	2017	3.8%	4.3%	3.3%	4.3%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Heart Attack	All	2022	4.2%	4.0%	5.5%	4.50%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Heart Attack by Race/Ethnicity	Asian	2020-2022	3.0%	3.4%	4.9%	6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Heart Attack by Race/Ethnicity	Black	2020-2022	3.8%	5.6%	2.3%	5.30%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Heart Attack by Race/Ethnicity	White	2020-2022	4.2%	2.6%	4.8%	3.4%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Heart Attack by Race/Ethnicity	Hispanic	2020-2022	3.3%	0.2%	3.1%	6.10%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Heart Disease Mortality Rate	All	2019	158	162.7	146.6	130.4	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Heart Disease Mortality Rate	All	2022	157.9	168.5	151.8	121.4	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Heart Disease Mortality Rate by Race/Ethnicity	White	2022	170.5	168.2	183.3	132.8	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Heart Disease Mortality Rate by Race/Ethnicity	Black	2022	183.5	239.2	149.4	133.3	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Heart Disease Mortality Rate by Race/Ethnicity	Asian	2022	70.8	69.1	83.6	71.1	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Heart Disease Mortality Rate by Race/Ethnicity	Hispanic	2022	96.6	94.6	99.1	71.8	CDC Wonder/NCHS, New Jersey State Health Assessment Data
High Blood Pressure	All	2017	33.0%	33.5%	33.4%	24.70%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
High Blood Pressure	All	2021	31.1%	31.1%	29.5%	26.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
High Blood Pressure by Race/ Ethnicity	Asian	2021	20.9%	10.8%	16.5%	20.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
High Blood Pressure by Race/ Ethnicity	Black	2021	39.2%	48.4%	35.8%	31.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
High Blood Pressure by Race/ Ethnicity	White	2021	34.2%	33.0%	43.0%	28.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
High Blood Pressure by Race/ Ethnicity	Hispanic	2021	22.7%	15.5%	16.7%	21.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
High School Diploma	Asian	2022	97.1%	98.8%	97.7%	96.9%	EDFacts, New Jersey Department of Education
High School Diploma	Black	2022	85.8%	79.6%	90.4%	90.0%	EDFacts, New Jersey Department of Education
High School Diploma	Hispanic	2022	84.9%	75.2%	86.1%	85.5%	EDFacts, New Jersey Department of Education
High School Diploma	White	2022	95.0%	96.0%	94.6%	95.0%	EDFacts, New Jersey Department of Education

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
High School Diploma	Asian	2022	97.1%	98.8%	97.7%	96.9%	EDFacts, New Jersey Department of Education
High School Diploma	Black	2022	85.8%	79.6%	90.4%	90.0%	EDFacts, New Jersey Department of Education
High School Diploma	Hispanic	2022	84.9%	75.2%	86.1%	85.5%	EDFacts, New Jersey Department of Education
High School Diploma	White	2022	95.0%	96.0%	94.6%	95.0%	EDFacts, New Jersey Department of Education
HIV Prevalence Rate	All	2017	506	525	304	226	County Health Rankings
HIV Prevalence Rate	All	2022	468	458	303	211	County Health Rankings
Householders living alone who are 65+ years	All	2017	26.8%	27.4%	24.1%	25.1%	American Community Survey - Census Bureau (5-yr)
Householders living alone who are 65+ years	All	2022	27.0%	30.1%	23.8%	22.8%	American Community Survey - Census Bureau (5-yr)
Households Falling into ALICE Population	All	2022	26.0%	20.0%	26.0%	20.0%	American Community Survey - Census Bureau (5-yr), ALICE in New Jersey
Households receiving SNAP benefits	All	2017	9.9%	9.7%	6.8%	3.2%	American Community Survey - Census Bureau (5-yr)
Households receiving SNAP benefits	All	2022	9.5%	10.2%	8.0%	4.1%	American Community Survey - Census Bureau (5-yr)
Households where Housing Costs are 30% or More of Household Income by Tenure	All	2022	32.8%	29.1%	33.3%	28.1%	American Community Survey - Census Bureau (5-yr)
Households where Housing Costs are 30% or More of Household Income by Tenure	All	2022	48.3%	48.5%	43.7%	45.0%	American Community Survey - Census Bureau (5-yr)
Income Growth	All	1980-2020	-10.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	-5.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	12.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	29.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	43.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	-10.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	-5.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	12.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Growth	All	1980-2020	29.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Income Growth	All	1980-2020	43.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	1980	6.4				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	1990	6.8				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	2000	8.1				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	2017	9.8				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	2020	9.8				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	1980	6.4				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	1990	6.8				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	2000	8.1				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	2017	9.8				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Income Inequality	All	2020	9.8				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Infant Mortality Rate	All	2017	4.5	5.7	2.9		New Jersey State Health Assessment Data
Infant Mortality Rate	All	2021	3.5	6.4	4.1		New Jersey State Health Assessment Data
Infant Mortality Rate by Race/ Ethnicity	White	2019-2021	2.5				New Jersey State Health Assessment Data
Infant Mortality Rate by Race/ Ethnicity	Black	2019-2021	8.5				New Jersey State Health Assessment Data
Infant Mortality Rate by Race/ Ethnicity	Asian	2019-2021	2.4				New Jersey State Health Assessment Data
Infant Mortality Rate by Race/ Ethnicity	Hispanic	2019-2021	3.8				New Jersey State Health Assessment Data
Job and Wage Growth	All	1990-2021	19.0%				Bureau of Labor Statistics, QCEW, National Equity Analysis
Job and Wage Growth	All	1990-2021	17.0%				Bureau of Labor Statistics, QCEW, National Equity Analysis

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Job and Wage Growth	All	1990-2021	8.0%				Bureau of Labor Statistics, QCEW, National Equity Analysis
Job and Wage Growth	All	1990-2021	25.0%				Bureau of Labor Statistics, QCEW, National Equity Analysis
Job and Wage Growth	All	1990-2021	8.0%				Bureau of Labor Statistics, QCEW, National Equity Analysis
Job and Wage Growth	All	1990-2021	59.0%				Bureau of Labor Statistics, QCEW, National Equity Analysis
Language other than English	All	2022	32.2%	32.8%	46.3%	33.7%	American Community Survey - Census Bureau (5-yr)
Language other than English	All	2017	31.2%	29.8%	43.3%	30.2%	American Community Survey - Census Bureau (5-yr)
Leading Causes of Death	All	2022	Heart Disease	Cancer	Cancer	Cancer	CDC Wonder/NCHS
Leading Causes of Death	All	2022	Cancer	Heart Disease	Heart Disease	Heart Disease	CDC Wonder/NCHS
Leading Causes of Death	All	2022	COVID-19	Unintentional Injury	COVID-19	COVID-19	CDC Wonder/NCHS
Leading Causes of Death	All	2022	Unintentional Injury	COVID-19	Unintentional Injury 44.2	Unintentional Injury	CDC Wonder/NCHS
Leading Causes of Death	All	2022	Stroke	Stroke	Diabetes	Stroke	CDC Wonder/NCHS
Leading Causes of Death Among Infants	All	2018-2022	"Congenital malformations, deformations and chromosomal abnormalities .68"				CDC Wonder/NCHS
Leading Causes of Death Among Infants	All	2018-2022	Disorders related to short gestation and low birth weight, not elsewhere classified .50				CDC Wonder/NCHS
Leading Causes of Death Among Infants	All	2018-2022	Sudden infant death syndrome .31				CDC Wonder/NCHS
Leading Causes of Death Among Infants	All	2018-2022	Newborn affected by maternal complications of pregnancy .19				CDC Wonder/NCHS
Leading Causes of Death Among Infants	All	2018-2022	Bacterial sepsis of newborn .13				CDC Wonder/NCHS
Leading Causes of Death Among Infants	White	2018-2022	"Congenital malformations, deformations and chromosomal abnormalities .68"				CDC Wonder/NCHS
Leading Causes of Death Among Infants	White	2018-2022	Disorders related to short gestation and low birth weight, not elsewhere classified .38				CDC Wonder/NCHS
Leading Causes of Death Among Infants	White	2018-2022	Sudden infant death syndrome .21				CDC Wonder/NCHS

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Leading Causes of Death Among Infants	White	2018-2022	Newborn affected by maternal complications of pregnancy .13				CDC Wonder/NCHS
Leading Causes of Death Among Infants	White	2018-2022	Newborn affected by complications of placenta, cord and membranes .10				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Black	2018-2022	Disorders related to short gestation and low birth weight, not elsewhere classified 1.14				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Black	2018-2022	"Congenital malformations, deformations and chromosomal abnormalities .98"				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Black	2018-2022	Sudden infant death syndrome .80				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Black	2018-2022	Newborn affected by maternal complications of pregnancy .44				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Black	2018-2022	Respiratory distress of newborn .28				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Hispanic	2018-2022	"Congenital malformations, deformations and chromosomal abnormalities .93"				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Hispanic	2018-2022	Disorders related to short gestation and low birth weight, not elsewhere classified .56				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Hispanic	2018-2022	Sudden infant death syndrome .21				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Hispanic	2018-2022	Newborn affected by maternal complications of pregnancy .19				CDC Wonder/NCHS
Leading Causes of Death Among Infants	Hispanic	2018-2022	Respiratory distress of newborn .14				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	White	2021	Heart Disease 167.6				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	White	2021	Cancer 140.7				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	White	2021	COVID-19 61.8				CDC Wonder/NCHS

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Leading Causes of Death by Race/ Ethnicity	White	2021	Unintentional Injury 54.7				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	White	2021	Stroke 31.6				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Black	2021	Heart Disease 190.4				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Black	2021	Cancer 138.7				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Black	2021	COVID-19 101.9				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Black	2021	Unintentional Injury 83.7				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Black	2021	Stroke 44.4				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Asian	2021	Cancer 70.7				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Asian	2021	Heart Disease 69.2				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Asian	2021	COVID-19 46.6				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Asian	2021	Stroke 23.4				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Asian	2021	Unintentional Injury 14.3				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Hispanic	2021	Heart Disease 101.5				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Hispanic	2021	COVID-19 98.2				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Hispanic	2021	Cancer 87.5				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Hispanic	2021	Unintentional Injury 44.9				CDC Wonder/NCHS
Leading Causes of Death by Race/ Ethnicity	Hispanic	2021	Stroke 23.6				CDC Wonder/NCHS
Life Expectancy by Race/Ethnicity	All	2020	79.3				CDC Wonder, NCHS, National Equity Atlas
Life Expectancy by Race/Ethnicity	White	2020	79.2				CDC Wonder, NCHS, National Equity Atlas
Life Expectancy by Race/Ethnicity	Black	2020	74.5				CDC Wonder, NCHS, National Equity Atlas
Life Expectancy by Race/Ethnicity	All	2020	80.9				CDC Wonder, NCHS, National Equity Atlas
Life Expectancy by Race/Ethnicity	Asian	2020	84.6				CDC Wonder, NCHS, National Equity Atlas
Life Expectancy by Race/Ethnicity	Native American	2020	84.5				CDC Wonder, NCHS, National Equity Atlas
Low Birth Weight	All	2017	8.0%	8.7%	8.3%	7.6%	New Jersey State Health Assessment Data
Low Birth Weight	All	2022	7.8%	8.3%	8.0%	8.2%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	White	2020-2022	5.9%	5.8%	5.8%	5.8%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	Black	2020-2022	12.9%	10.8%	13.9%	10.9%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	Asian	2020-2022	9.0%	9.3%	7.6%	10.0%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	Hispanic	2020-2022	7.7%	7.8%	7.5%	6.5%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	White	2020-2022	5.9%	5.5%	5.8%	5.8%	New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Low Birth Weight by Race/Ethnicity	Black	2020-2022	12.9%	13.2%	10.8%	10.9%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	Asian	2020-2022	9.0%	8.7%	9.3%	10.0%	New Jersey State Health Assessment Data
Low Birth Weight by Race/Ethnicity	Hispanic	2020-2022	7.7%	6.8%	7.8%	6.5%	New Jersey State Health Assessment Data
Lung Cancer Incidence Rate	All	2017	51.8	48.5	46.4	38.9	New Jersey State Cancer Registry
Lung Cancer Incidence Rate	All	2021	46.5	44.4	40.9	36.9	New Jersey State Cancer Registry
Lung Cancer Incidence Rate by Race/Ethnicity	White	2018-2021	55	47.6	54	41.8	New Jersey State Cancer Registry
Lung Cancer Incidence Rate by Race/Ethnicity	Black	2018-2021	45.4	62.2	34.6	31	New Jersey State Cancer Registry
Lung Cancer Incidence Rate by Race/Ethnicity	Asian	2018-2021	25	26.3	17.4	28.6	New Jersey State Cancer Registry
Lung Cancer Incidence Rate by Race/Ethnicity	Hispanic	2018-2021	28.8	29.9	31.3	33.3	New Jersey State Cancer Registry
Mammogram in Past Two Years	All	2017	79.3%	84.0%	68.6%	84.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Mammogram in Past Two Years	All	2022	76.2%	67.5%	83.4%	74.8%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Mammogram in Past Two Years by Race/Ethnicity	White	2021-2022	68.1%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Mammogram in Past Two Years by Race/Ethnicity	Black	2021-2022	81.2%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Mammogram in Past Two Years by Race/Ethnicity	Asian	2021-2022	68.1%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Mammogram in Past Two Years by Race/Ethnicity	Hispanic	2021-2022	73.0%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Means of Transportation	All	2022	65.4%	63.5%	64.9%	68.5%	American Community Survey - Census Bureau (5-yr)
Means of Transportation	All	2022	7.6%	10.2%	8.5%	6.5%	American Community Survey - Census Bureau (5-yr)
Means of Transportation	All	2022	9.0%	5.2%	7.3%	3.7%	American Community Survey - Census Bureau (5-yr)
Means of Transportation	All	2022	2.6%	3.6%	2.7%	1.4%	American Community Survey - Census Bureau (5-yr)
Means of Transportation	All	2022	13.1%	15.6%	13.9%	17.9%	American Community Survey - Census Bureau (5-yr)
Means of Transportation	All	2022	2.3%	1.9%	2.6%	2.1%	American Community Survey - Census Bureau (5-yr)
Median household income	All	2017	$76,475	$77,027	$83,133	$106,046	American Community Survey - Census Bureau (5-yr)
Median household income	All	2022	$97,126	$92,697	$105,206	$131,948	American Community Survey - Census Bureau (5-yr)
Median Household Income by Race/ Ethnicity	White	2022	$109,096	$108,700	$102,638	$135,664	American Community Survey - Census Bureau (5-yr)
Median Household Income by Race/ Ethnicity	Black	2022	$65,351	$56,828	$90,049	$100,730	American Community Survey - Census Bureau (5-yr)
Median Household Income by Race/ Ethnicity	Asian	2022	$146,386	$176,200	$149,005	$192,642	American Community Survey - Census Bureau (5-yr)
Median Household Income by Race/ Ethnicity	Hispanic	2022	$70,220	$72,250	$77,774	$88,309	American Community Survey - Census Bureau (5-yr)

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Monthly Median Housing Costs by Tenure	All	2022	$2,728	$2,519	$2,775	$3,063	American Community Survey - Census Bureau (5-yr)
Monthly Median Housing Costs by Tenure	All	2022	$1,577	$1,454	$1,738	$1,846	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2022	67.8%	67.2%	53.7%	66.3%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2022	16.6%	16.3%	17.9%	12.1%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2022	1.7%	1.9%	2.2%	1.7%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2022	5.5%	5.3%	13.1%	8.2%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2022	1.4%	2.1%	2.7%	3.9%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2017	68.8%	70.2%	56.7%	69.8%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2017	16.1%	14.1%	16.2%	11.1%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2017	1.6%	1.7%	2.2%	2.0%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2017	5.3%	5.0%	12.5%	6.6%	American Community Survey - Census Bureau (5-yr)
Most Common Language Spoken	All	2017	1.4%	2.5%	2.7%	4.0%	American Community Survey - Census Bureau (5-yr)
Natural Teeth Extracted	All	2018	7.8%	1.1%	7.8%	0.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Natural Teeth Extracted	All	2022	10.2%	6.0%	9.1%	1.5%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Leisure Time Physical Activity	All	2017	29.0%	22.8%	32.1%	23.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Leisure Time Physical Activity	All	2022	23.3%	20.8%	21.2%	13.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Leisure Time Physical Activity by Race/Ethnicity	Asian	2020-2022	18.1%	12.7%	15.1%	10.4%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Leisure Time Physical Activity by Race/Ethnicity	Black	2020-2022	26.1%	34.5%	22.2%	12.1%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Leisure Time Physical Activity by Race/Ethnicity	White	2020-2022	18.9%	14.1%	18.1%	14.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Leisure Time Physical Activity by Race/Ethnicity	Hispanic	2020-2022	32.6%	28.9%	26.0%	27.3%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
No Prenatal Care	All	2017	1.5%	1.8%	0.8%	1.1%	New Jersey State Health Assessment Data
No Prenatal Care	All	2022	1.7%	2.0%	1.1%	1.0%	New Jersey State Health Assessment Data
No Prenatal Care by Race/Ethnicity	White	2018-2022	1.0%	1.3%	1.1%	0.8%	New Jersey State Health Assessment Data
No Prenatal Care by Race/Ethnicity	Black	2018-2022	3.7%	4.0%	1.8%	1.5%	New Jersey State Health Assessment Data
No Prenatal Care by Race/Ethnicity	Asian	2018-2022	0.7%	0.2%	0.4%	0.5%	New Jersey State Health Assessment Data
No Prenatal Care by Race/Ethnicity	Hispanic	2018-2022	1.8%	2.1%	1.4%	1.8%	New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Non-violent Crime Rate per 100,000 Population	All	2019	1333.9	1513.2	1140.2	870	State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, American Community Survey - Census Bureau (5-yr) (1-Year Estimates), FBI Crime Data Explorer
Non-violent Crime Rate per 100,000 Population	All	2022	1416.7				State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, American Community Survey - Census Bureau (5-yr) (1-Year Estimates), FBI Crime Data Explorer
Obesity	All	2017	27.7%	28.1%	33.2%	22.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity	All	2022	29.8%	28.9%	28.7%	30.1%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity	All	2017	27.7%	28.1%	33.2%	22.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity	All	2022	29.8%	28.9%	28.7%	30.1%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity by Race/Ethnicity	Asian	2020-2022	11.6%	9.5%	7.8%	8.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity by Race/Ethnicity	Black	2020-2022	37.8%	39.3%	40.4%	30.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity by Race/Ethnicity	White	2020-2022	27.7%	25.4%	28.5%	26.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Obesity by Race/Ethnicity	Hispanic	2020-2022	34.4%	26.4%	32.5%	34.9%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Opioid Prescriptions	All	2022	2,648,845.9	113,825.7	195,541.9	69,028.1	American Community Survey - Census Bureau (5-yr) & NJ Prescription Monitoring Program
Opioid Prescriptions	All	2022	286	299	227	199	American Community Survey - Census Bureau (5-yr) & NJ Prescription Monitoring Program
Opioid Related Deaths	All	2021	142	5	13	2	NJ CARES and National Equity Atlas
Opioid Related Deaths	All	2021	6	0	1	0	NJ CARES and National Equity Atlas
Opioid Related Deaths	All	2021	171	7	14	3	NJ CARES and National Equity Atlas
Opioid Related Deaths	All	2021	518	17	52	6	NJ CARES and National Equity Atlas
Opioid Related Deaths	All	2021	3061	141	267	61	NJ CARES and National Equity Atlas
Overall Mortality Rate	All	2019	657.3	654.5	603.7	570	CDC Wonder, NCHS, New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Overall Mortality Rate	All	2022	701.2	732.6	650.6	591.9	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Overall Mortality Rate by Race/ Ethnicity	White	2022	735	722.6	764.9	635.5	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Overall Mortality Rate by Race/ Ethnicity	Black	2022	884.8	1053.7	704.2	734.9	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Overall Mortality Rate by Race/ Ethnicity	Asian	2022	341.3	389.8	354.3	356.7	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Overall Mortality Rate by Race/ Ethnicity	Hispanic	2022	490.1	423.9	499.8	413.1	CDC Wonder, NCHS, New Jersey State Health Assessment Data
Owner Occupied Households by Race/Ethnicity	All	2022	63.9%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	Asian	2022	64.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	Black	2022	39.7%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	Hispanic	2022	39.6%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	Other	2022	42.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	Native American	2022	40.4%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	People of color	2022	46.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households by Race/Ethnicity	White	2022	76.4%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	People of color	2000	41.7%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	People of color	2010	45.2%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	People of color	2017	42.7%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	White	1990	73.8%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Owner Occupied Households Trend by Race/Ethnicity	White	2000	76.4%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	White	2010	78.1%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	White	2017	76.4%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	People of color	1990	40.2%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	People of color	2022	46.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Owner Occupied Households Trend by Race/Ethnicity	White	2022	76.4%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Pap Test	All	2017	81.7%	79.5%	63.5%	83.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Pap Test	All	2020	80.0%	87.4%	79.7%	76.2%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Pap Test by Race/Ethnicity	White	2020	83.7%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Pap Test by Race/Ethnicity	Black	2020	81.0%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Pap Test by Race/Ethnicity	Asian	2020	67.6%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Pap Test by Race/Ethnicity	Hispanic	2020	80.3%				BRFSS Data: Accessed from New Jersey State Health Assessment Data
Percent Disconnected Youth by Race/Ethnicity	All	2021	11.7%	10.0%	8.1%	7.5%	American Community Survey - Census Bureau (5-yr) -- 1 Year Estimate, Measure of America
Percent Disconnected Youth by Race/Ethnicity	White	2021	8.6%				American Community Survey - Census Bureau (5-yr) -- 1 Year Estimate, Measure of America
Percent Disconnected Youth by Race/Ethnicity	Black	2021	17.4%				American Community Survey - Census Bureau (5-yr) -- 1 Year Estimate, Measure of America
Percent Disconnected Youth by Race/Ethnicity	Hispanic	2021	14.9%				American Community Survey - Census Bureau (5-yr) -- 1 Year Estimate, Measure of America
Percent Population Food Insecure	All	2020	12.0%	11.2%	11.1%	8.5%	Feeding America
Percent Population Food Insecure	All	2022	10.7%	9.7%	9.3%	7.2%	Feeding America
Poor Mental Health	All	2021	10.0%	11.0%	13.0%	11.0%	County Health Rankings
Population Living in High Poverty Neighborhoods	All	2020	4.8%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population Living in High Poverty Neighborhoods	Asian	2020	1.9%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Population Living in High Poverty Neighborhoods	Black	2020	13.1%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population Living in High Poverty Neighborhoods	Hispanic	2020	10.5%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population Living in High Poverty Neighborhoods	Native American	2020	5.3%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population Living in High Poverty Neighborhoods	White	2020	1.3%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population Living in High Poverty Neighborhoods	Other	2020	4.9%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population Living in High Poverty Neighborhoods	People of color	2020	9.1%				American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Population without Insurance	All	2017	9.6%	9.3%	8.8%	6.3%	American Community Survey - Census Bureau (5-yr)
Population without Insurance	All	2022	7.4%	6.9%	6.7%	5.6%	American Community Survey - Census Bureau (5-yr)
Population without Insurance by Race/Ethnicity	White	2022	3.5%	2.9%	4.0%	2.3%	American Community Survey - Census Bureau (5-yr)
Population without Insurance by Race/Ethnicity	Black	2022	8.3%	6.9%	5.7%	5.2%	American Community Survey - Census Bureau (5-yr)
Population without Insurance by Race/Ethnicity	Asian	2022	5.0%	3.0%	3.9%	2.7%	American Community Survey - Census Bureau (5-yr)
Population without Insurance by Race/Ethnicity	Hispanic	2022	17.9%	19.8%	15.4%	20.0%	American Community Survey - Census Bureau (5-yr)
Population	All	2017	8,960,161	373,362	837,288	333,316	American Community Survey - Census Bureau (5-yr)
Population	All	2022	9,249,063	383,732	860,147	344,978	American Community Survey - Census Bureau (5-yr)
Population - Percent Change	All	Percent Change	3.2%	2.8%	2.7%	3.5%	American Community Survey - Census Bureau (5-yr)
Prenatal Care	All	2017	74.5%	63.0%	74.4%	77.9%	New Jersey State Health Assessment Data
Prenatal Care	All	2022	72.5%	58.2%	72.7%	75.6%	New Jersey State Health Assessment Data
Prenatal Care by Race/Ethnicity	White	2022	83.1%				New Jersey State Health Assessment Data
Prenatal Care by Race/Ethnicity	Black	2022	61.3%				New Jersey State Health Assessment Data
Prenatal Care by Race/Ethnicity	Asian	2022	78.1%				New Jersey State Health Assessment Data
Prenatal Care by Race/Ethnicity	Hispanic	2022	60.1%				New Jersey State Health Assessment Data
Preterm Births	All	2017	9.5%	9.4%	8.8%	8.5%	New Jersey State Health Assessment Data
Preterm Births	All	2022	9.3%	9.5%	9.1%	8.3%	New Jersey State Health Assessment Data
Prostate Cancer Incidence Rate	All	2017	140.1	144.3	133.9	130.8	New Jersey State Cancer Registry
Prostate Cancer Incidence Rate	All	2021	147.5	161	148	144	New Jersey State Cancer Registry
Racial Equity in Income	Asian	2020	$65,508				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Racial Equity in Income	Asian	2020	$3,139				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Asian	2020	$68,647				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Black	2020	$36,429				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Black	2020	$26,269				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Black	2020	$62,698				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Hispanic	2020	$34,152				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Hispanic	2020	$28,787				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Hispanic	2020	$62,939				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Other	2020	$45,987				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Other	2020	$17,057				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Other	2020	$63,044				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Native American	2020	$39,562				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Native American	2020	$23,554				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	Native American	2020	$63,116				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	People of color	2020	$42,328				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Equity in Income	People of color	2020	$21,890				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Racial Equity in Income	People of color	2020	$64,218				American Community Survey - Census Bureau (5-yr), Integrated Public Use Microdate Data (IPUMS)
Racial Generation Gap	Youth of Color	1980	28.0%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Youth of Color	1990	33.1%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Youth of Color	2000	40.6%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Youth of Color	2010	48.4%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Youth of Color	2017	52.4%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Youth of Color	2022	56.2%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Seniors of Color	1980	9.7%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Seniors of Color	1990	12.2%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Seniors of Color	2000	16.7%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Seniors of Color	2010	23.0%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Seniors of Color	2017	26.6%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial Generation Gap	Seniors of Color	2022	29.6%				Decennial Census, American Community Survey - Census Bureau (1-yr) , National Equity Atlas
Racial/Ethnic Distribution	White	2017	56.1%	50.8%	44.3%	57.7%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Black	2017	12.7%	19.7%	9.3%	9.0%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Asian	2017	9.4%	10.7%	23.9%	17.0%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Other	2017	0.4%	0.2%	0.3%	0.2%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Hispanic	2017	19.7%	16.9%	20.4%	14.4%	American Community Survey - Census Bureau (5-yr)

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Racial/Ethnic Distribution	White	2022	53.0%	46.7%	40.0%	52.6%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Black	2022	12.4%	19.1%	9.5%	9.2%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Asian	2022	9.8%	12.1%	24.9%	19.0%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Other	2022	0.7%	0.2%	0.6%	0.7%	American Community Survey - Census Bureau (5-yr)
Racial/Ethnic Distribution	Hispanic	2022	21.2%	19.2%	22.3%	15.5%	American Community Survey - Census Bureau (5-yr)
Rate of Grocery Stores and Supermarkets per 100,000 Population	All	2022	26.1	29.9	25.3	17.9	"U.S. Census Bureau, County Business Patterns, analyzed by CARES, as reported by Community Commons"
Rate of Recreation and Fitness Facilities per 100,000 Population	All	2022	15.8	16.8	11.7	22.8	"U.S. Census Bureau, County Business Patterns, analyzed by CARES, as reported by Community Commons"
Ratio of Population to Primary Care Physicians and Dentists	All	2021	1280 to 1	1110 to 1	1110 to 1	910 to 1	County Health Rankings
Ratio of Population to Primary Care Physicians and Dentists	All	2022	1160 to 1	1180 to 1	1120 to 1	1020 to 1	County Health Rankings
Ratios of Population to Mental Health Provider	All	2017	580 to 1	360 to 1	670 to 1	430 to 1	County Health Rankings
Ratios of Population to Mental Health Provider	All	2022	380 to 1	280 to 1	490 to 1	340 to 1	County Health Rankings
Severe Housing Burden by Tenure	White	2000	17.8%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	White	2010	24.6%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	White	2017	24.9%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	White	2020	23.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2000	19.8%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2010	27.6%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2017	29.1%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2020	29.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Severe Housing Burden by Tenure	White	2000					5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	White	2010	15.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	White	2017	13.6%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	White	2020	8.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2000					5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2010	22.4%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2017	18.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Severe Housing Burden by Tenure	People of color	2020	13.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
SNAP by Race/Ethnicity	White	2022	4.1%	4.1%	4.1%	1.4%	American Community Survey - Census Bureau (5-yr)
SNAP by Race/Ethnicity	Black	2022	18.0%	18.6%	12.2%	5.8%	American Community Survey - Census Bureau (5-yr)
SNAP by Race/Ethnicity	Asian	2022	5.2%	5.2%	4.7%	2.4%	American Community Survey - Census Bureau (5-yr)
SNAP by Race/Ethnicity	Hispanic	2022	18.1%	17.7%	14.5%	8.3%	American Community Survey - Census Bureau (5-yr)
Stroke	All	2017	2.5%	2.3%	2.2%	1.3%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Stroke	All	2022	3.0%	1.1%	3.6%	3.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Stroke by Race/Ethnicity	Asian	2020-2022	1.9%	0.5%	3.8%	1.5%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Stroke by Race/Ethnicity	Black	2020-2022	4.1%	2.3%	2.7%	2.6%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Stroke by Race/Ethnicity	White	2020-2022	2.9%	2.1%	4.1%	3.5%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Stroke by Race/Ethnicity	Hispanic	2020-2022	2.3%	3.2%	1.1%	5.7%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Students Eligible for Free or Reduced Price Lunch	All	2019	38.0%	40.0%	35.0%	19.0%	NCES, County Health Rankings
Students Eligible for Free or Reduced Price Lunch	All	2022	34.0%	33.0%	32.0%	20.0%	NCES, County Health Rankings

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Students in High Poverty Schools	White	2010	1.6%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2010	28.9%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2011	1.7%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2011	28.0%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2012	2.0%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2012	30.6%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2013	2.2%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2013	33.3%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2014	2.6%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2014	35.0%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2015	2.3%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2015	30.6%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2016	2.2%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2016	28.5%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2017	2.1%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2017	28.1%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2018	2.2%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2018	29.2%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2019	2.5%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	People of color	2019	26.8%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Students in High Poverty Schools	White	2020	2.1%				American Community Survey - Census Bureau (5-yr), National Equity Atlas

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Students in High Poverty Schools	People of color	2020	28.2%				American Community Survey - Census Bureau (5-yr), National Equity Atlas
Substance Abuse Treatment Demand Unmet	All	2022	62.7%	84.2%	17.5%	77.6%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions	All	2022	36.0%	32.0%	40.0%	50.0%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions	All	2022	38.0%	37.0%	36.0%	28.0%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions	All	2022	8.0%	10.0%	7.0%	6.0%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions	All	2022	6.0%	8.0%	6.0%	4.0%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions	All	2022	7.0%	8.0%	6.0%	6.0%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions	All	2022	5.0%	4.0%	4.0%	5.0%	New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	1.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	2.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	4.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	13.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	18.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	28.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	18.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Age at Admission	All	2022	16.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Race/Ethnicity	White	2022	59.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Race/Ethnicity	Black	2022	25.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Race/Ethnicity	Hispanic	2022	15.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Substance Use Treatment Admissions by Race/Ethnicity	Other	2022	1.0%				New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview
Suicide Mortality Rate	All	2019	8	7.5	7.4	7.1	CDC Wonder/NCHS, New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Suicide Mortality Rate	All	2022	7.6	9.7	6.7	7.6	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Unemployment Rate	All	2011	9.4%	8.2%	8.8%	7.4%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2012	9.4%	8.3%	8.7%	7.5%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2013	8.4%	7.4%	7.7%	6.5%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2014	6.7%	5.8%	6.1%	5.2%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2015	5.7%	4.9%	5.1%	4.5%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2016	4.9%	4.3%	4.4%	4.0%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2017	4.5%	4.0%	4.0%	3.7%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2018	4.0%	3.5%	3.5%	3.3%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2019	3.5%	3.1%	3.0%	2.9%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2020	9.5%	7.2%	8.5%	7.5%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2021	6.7%	5.5%	6.1%	5.4%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2022	3.9%	3.4%	3.5%	3.3%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2023	4.4%	3.9%	4.1%	3.8%	Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate	All	2022	6.2%				Bureau of Labor Statistics, Local Area Unemployment
Unemployment Rate by Race/ Ethnicity	Native American	2022	7.7%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unemployment Rate by Race/ Ethnicity	Asian	2022	4.7%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unemployment Rate by Race/ Ethnicity	Black	2022	9.1%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unemployment Rate by Race/ Ethnicity	Hispanic	2022	7.2%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unemployment Rate by Race/ Ethnicity	Native American	2022	8.4%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unemployment Rate by Race/ Ethnicity	Other	2022	7.5%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unemployment Rate by Race/ Ethnicity	White	2022	5.3%				Bureau of Labor Statistics, American Community Survey - Census Bureau (5-yr)
Unintentional Drug Poisoning Mortality Rate	All	2019	30.4	26.4	25	16.7	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Unintentional Drug Poisoning Mortality Rate	All	2022	30.3	33.5	23.5	18.2	CDC Wonder/NCHS, New Jersey State Health Assessment Data
Usual Primary Care Provider by Race/Ethnicity	Asian	2020-2022	85.6%	90.1%	89.1%	95.0%	BRFSS Data: Accessed from New Jersey State Health Assessment Data

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Usual Primary Care Provider by Race/Ethnicity	Black	2020-2022	86.6%	91.3%	90.9%	85.3%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Usual Primary Care Provider by Race/Ethnicity	White	2020-2022	88.5%	86.7%	88.2%	89.5%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Usual Primary Care Provider by Race/Ethnicity	Hispanic	2020-2022	66.4%	61.1%	67.6%	70.5%	BRFSS Data: Accessed from New Jersey State Health Assessment Data
Vaping	All	2019	27.6%				Youth Risk Behavior Surveillance System (YRBSS)
Vaping	All	2021	21.6%				Youth Risk Behavior Surveillance System (YRBSS)
Violent Crime Rate per 100,000 Population	All	2019	206.9	368.8	127.6	55.3	State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, American Community Survey - Census Bureau (5-yr) (1-Year Estimates), FBI Crime Data Explorer
Violent Crime Rate per 100,000 Population	All	2022	202.9				State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, American Community Survey - Census Bureau (5-yr) (1-Year Estimates), FBI Crime Data Explorer
With a disability	All	2017	10.3%	10.2%	9.0%	7.9%	American Community Survey - Census Bureau (5-yr)
With a disability	All	2022	10.4%	10.1%	9.5%	8.1%	American Community Survey - Census Bureau (5-yr)
Workers Earning At Least $15/Hour	People of color	1980	71.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	1990	76.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2000	73.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2010	71.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2017	70.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2020	74.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	1980	86.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas

Indicator	Race/ Ethnicity	Year	New Jersey	Mercer	Middlesex	Somerset	Source
Workers Earning At Least $15/Hour	White	1990	90.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2000	89.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2010	89.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2017	87.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2020	89.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	1980	71.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	1990	76.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2000	73.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2010	71.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2017	70.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	People of color	2020	74.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	1980	86.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	1990	90.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2000	89.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2010	89.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas

Workers Earning At Least $15/Hour	White	2017	87.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Workers Earning At Least $15/Hour	White	2020	89.0%				5% Sample, American Community Survey - Census Bureau (5-yr), IPUMS, National Equity Atlas
Years of Potential Life Lost Before Age 75	All	2019-2021	6,500	7,400	5,500	4,400	NVSS - NCHS - Mortality, County Health Rankings
Years of Potential Life Lost Before Age 75 by Race/Ethnicity	White	2019-2021	5,946	5,900	6,900	4,900	NVSS - NCHS - Mortality, County Health Rankings
Years of Potential Life Lost Before Age 75 by Race/Ethnicity	Black	2019-2021	11,489	14,500	8,100	8,400	NVSS - NCHS - Mortality, County Health Rankings
Years of Potential Life Lost Before Age 75 by Race/Ethnicity	Asian	2019-2021	2,553	2,500	2,500	1,700	NVSS - NCHS - Mortality, County Health Rankings
Years of Potential Life Lost Before Age 75 by Race/Ethnicity	Hispanic	2019-2021	5,684	7,300	5,400	3,900	NVSS - NCHS - Mortality, County Health Rankings

Community Input Discussion Guide

Penn Medicine Princeton Health – CHNA Focus Group and Key Leader Guide – General

Goals of the focus group:

- To determine perceptions of the health strengths and needs of Somerset, Middlesex, and Mercer Counties
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively
- To delve deeper into specific areas of interest, including chronic disease, behavioral health, health care access, maternal child health, and elder health

[NOTE: QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

Hello, my name is _____, and I work for Penn Medicine Princeton Health... Thank you for taking the time to talk with me today. I hope you and your families are fine during these uncertain times.

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

We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

As is done every few years, Penn Medicine Princeton Health is conducting a comprehensive community health needs assessment effort to gain a greater understanding of the health issues of residents living in Somerset, Middlesex, and Mercer Counties, how those needs and interests are currently being addressed, and whether there might be new and/or different opportunities for the hospital to address these needs.

As part of this process, we are having discussions like these throughout the area with community members, health care providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

We will be conducting several of these discussion groups around the area. After all the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not

include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

Any questions before we begin our introductions and discussion?

INTRODUCTIONS (5 minutes)

Now, first let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share– such as how many children you have or what activities you like to do for fun. *[AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]*

COMMUNITY AND HEALTH ISSUES (20 minutes)

Today, we're going to be talking a lot about the community that you live in. How would you describe your community to someone who was thinking about moving there?

What would you say are some of its biggest strengths or the most positive things about it? *[PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]*

What are some of the biggest problems or concerns in your community? What are the day-to-day challenges that you or your neighbors deal with? *[PROBE ON ISSUES IF NEEDED – transportation; housing; cost of living; social supports; etc.]*

What do you think are the most pressing health concerns in your community? Why?

[IF APPROPRIATE AND NOT YET MENTIONED, PROBE ON: CHRONIC DISEASE INCLUDING CANCER; BEHAVIORAL HEALTH INCLUDING SUBSTANCE USE (OPIOID MISUSE; VAPING AND MARIJUANA AMONG YOUTH); MATERNAL / WOMEN'S HEALTH ISSUES; ELDER HEALTH]

[MODERATOR INSTRUCTIONS: AFTER PARTICIPANTS TALK ABOUT DIFFERENT HEALTH ISSUES, SELECT THE TOP 3 AND ASK THE FOLLOWING SERIES OF QUESTIONS FOR EACH ISSUE.]

- How has *[HEALTH ISSUE]* affected your community? *[PROBE FOR EXAMPLES]*
- Who do you consider to be the populations in the community most vulnerable or at risk for *[THIS CONDITION / ISSUE]*?
- Please tell me a little bit about the trends you see in the community relative to *[health issue]:*
    - What changes in *[HEALTH ISSUE]* have you noticed in the past 3 years?
    - Is *[HEALTH ISSUE]* more or less of an issue than in the past?
- From your experience, what are peoples' biggest challenges to addressing *[THIS ISSUE]?*
    - *[PROBE ON RANGE OF CHALLENGES: E.g., Various barriers to accessing medical and/or preventive care and services, socioeconomic factors, lack of community resources, social/community norms, etc.]*

[IF ACCESS TO HEALTHCARE NOT YET MENTIONED:] What do you see as the strengths of the health care services in your community? What do you see as its limitations?

What challenges have you or someone close to you experienced in trying to get health care? What specifically? *[PROBE FOR BARRIERS: COST, INSURANCE ISSUES, LANGUAGE / CULTURAL BARRIERS, NAVIGATING/COORDINATING CARE, LACK OF TRANSPORTION, CHILD CARE, ETC.]*

- *[NAME BARRIER]* was mentioned as something that made it difficult to get health care. What do you think would help so that people don't experience the same type of problem that you did in getting health care? What would be needed so that this doesn't happen again? [REPEAT FOR OTHER BARRIERS]

PROGRAM/SERVICE ENVIRONMENT (20 minutes)

[MODERATOR INSTRUCTIONS: SELECT TOP 3 HEALTH ISSUES DISCUSSED PREVIOUSLY, AND ASK QUESTION 4 FOR EACH ISSUE, ONE AT A TIME.]

Let's talk more about a few of the health issues you mentioned previously. For example, you mentioned *[SELECT HEALTH ISSUE]*.

- What programs, services or policies are you aware of in your community that are working well to address *[SELECT HEALTH ISSUE]? [PROBE FOR SPECIFICS - E.G. WHERE COMMUNITY MEMBERS SEEK CANCER SCREENING AND TREATMENT SERVICES; WHERE COMMUNITY MEMBERS SEEK SUBSTANCE USE DISORDER TREATMENT/SERVICES; ETC.]*
- What has been challenging or not working well?
- Where are the gaps? What program, services, or policies are currently not available that you think should be?
- What do you think should happen in your community to try to address this issue?
- Where are there opportunities for improvement in community programs/resources?
- Do you see services/programs currently out there that can be built upon to address these issues? For example, are there current collaborations or initiatives that can be strengthened or expanded?
- What role can Penn Medicine Princeton Health play to address these health issues?

VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT (5-8 minutes)

I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, IN ONE WORD OR PHRASE what would you like to see? What is your vision for the future?

What do you see as the next steps in helping this vision become reality?

CLOSING (2 minutes)

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

[INSERT HOW PARTICIPANTS CAN RECEIVE THE FINAL REPORT OR SUMMARY OF THE REPORT].

Thank you again. Have a good afternoon.

Penn Medicine Princeton Health Community-Based Organizations & Resources

Category	Organization Name	Website
Community Development	New Jersey Pride Chamber of Commerce	https://www.njpridechamber.org/
	Princeton Mercer Regional Chamber	https://www.princetonmercerchamber.org/
	United Way of Greater Mercer County	https://www.uwgmc.org/
Education	Educational Services Com-mission of New Jersey	https://www.escnj.us/
	Mercer County Community College	https://www.mccc.edu/
	Mercer County Special Ser-vices School District	https://www.mcsssd.info/
Faith-based Organizations	Lifetree Community Church	https://www.wearelifetree.com/
Financial & Utilities Support	New Jersey – Board of Public Utilities Assistance Programs	https://www.nj.gov/bpu/assistance/programs/
	New Jersey SHARES	https://njshares.org/
	Northfield Bank	https://www.enorthfield.com/
	Nottingham Insurance	https://www.nottinghaminsurance.com/
Food	Community Food Bank of New Jersey	https://cfbnj.org/
	Mercer Street Friends	https://mercerstreetfriends.org/food/
Health Services	New Jersey Dental Associa-tion	https://www.njda.org/
	NJ FamilyCare	https://njfamilycare.dhs.state.nj.us
	Princeton Health Community Wellness Program	https://www.princetonhcs.org/community
	Zufall Health	https://www.zufallhealth.org/
Housing & Shelters	Coming Home – Ending Homelessness in Middlesex County	https://www.cominghomemiddlesex.org/
	Mercer County Office on Homeless Services	https://www.mercercounty.org/departments/human-services/office-on-homeless-services
	Princeton Community Housing	https://www.pchhomes.org/
LGBTQ+	New Jersey Pride Chamber of Commerce	https://www.njpridechamber.org/
	Pride Center of New Jersey	https://www.pridecenter.org/
Mental & Behavioral Health	Eden Autism	https://edenautism.org/
	Princeton House Behavioral Health	https://www.princetonhcs.org/care-services/princeton-house-behavioral-health
Mothers & Families	Central Jersey Family Health Consortium	https://cjfhc.org/
	Good Grief	https://good-grief.org/

Senior Services	Greater Somerset County YMCA	https://www.gscymca.org/
	JCFS of Greater Mercer County	https://www.jfcsonline.org/
	Meals on Wheels of Mercer County	https://www.mealsonwheelsmercer.org/
	Mercer County Area Agency on Aging	https://mercercountyaging.org/
	Middlesex County Office of Aging and Disabled Services	https://www.middlesexcountynj.gov/government/departments/department-of-community-services/office-of-aging-disabled-services
	Somerset County Office on Aging and Disability Services	https://www.co.somerset.nj.us/government/human-services/aging-disability-services
Substance Use Disorder Services	Reach for Recovery	https://www.co.somerset.nj.us/government/human-services/
	The Counseling Center - Robbinsville	https://www.robbinsvillecounselingcenter.com/communities/mercer-county
Transportation	Greater Mercer Public Transportation Association	https://gmtma.org/bus-train-service/
Veterans	Bridging the Gap for Veter-ans	https://www.bridgingthegap.vet/
	New Jersey Office of Veter-ans Services	https://www.nj.gov/nj/community/veteran/
Youth	Children's Hospital of Philadelphia	https://www.chop.edu/
	Girl Scouts of Central & Southern New Jersey	https://www.gscsnj.org/
	Greater Somerset County YMCA	https://www.gscymca.org/