

Mercer County, NJ Community Health Assessment Report

Executive Summary

July 11, 2012

**Submitted to:
Greater Mercer Public Health Partnership**



MERCER COUNTY COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

Introduction

Improving the health of a community is critical not only in enhancing residents' quality of life but also in supporting its future prosperity. To this end, the Greater Mercer Public Health Partnership (GMPHP)—a collaborative of four community hospitals, eight local health departments, and the United Way—is leading a comprehensive community health planning effort to measurably improve the health of greater Mercer County, NJ residents. This effort, funded through the Robert Wood Johnson Foundation's New Jersey Health Initiatives, entails two major phases, (1) a community health assessment (CHA) to identify the health-related needs and strengths of greater Mercer County and (2) a community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across the County. This report provides an overview of the key findings of the community health assessment which explores a range of health behaviors and outcomes, social and economic issues, health care access, and gaps and strengths of existing resources and services with a primary focus on the Mercer County communities outside of the city of Trenton.

Methods

The community health assessment utilized a participatory, collaborative approach to look at health in its broadest context. The assessment process included synthesizing existing data on social, economic, and health indicators in the region as well as information from 28 focus groups conducted with community residents, 15 interviews with community stakeholders, and 1 forces of change session examining larger external factors that affect health which consisted of 6 discussion groups. Focus groups and interviews were conducted with individuals from across the thirteen municipalities that comprise Mercer County, and with a range of individuals representing different audiences, including youth, seniors, government officials, educational leaders, social service and health care providers, people living with disabilities and their families, as well as participants in a drug addiction recovery program. Ultimately, the qualitative research engaged over 400 individuals.

Key Findings

The following provides a brief overview of key findings that emerged from this assessment:

Who Lives in Mercer County?

Mercer County is made up of thirteen municipalities with a wide range of socio-economic conditions.

- **Overall Population:** While Mercer County is the 11th largest county in population size (N=366,513 persons), the municipalities within it vary dramatically in terms of size, growth patterns, and composition of residents. Mercer County is expected to see an upward trajectory in its

Figure 1: Map of Mercer County, NJ



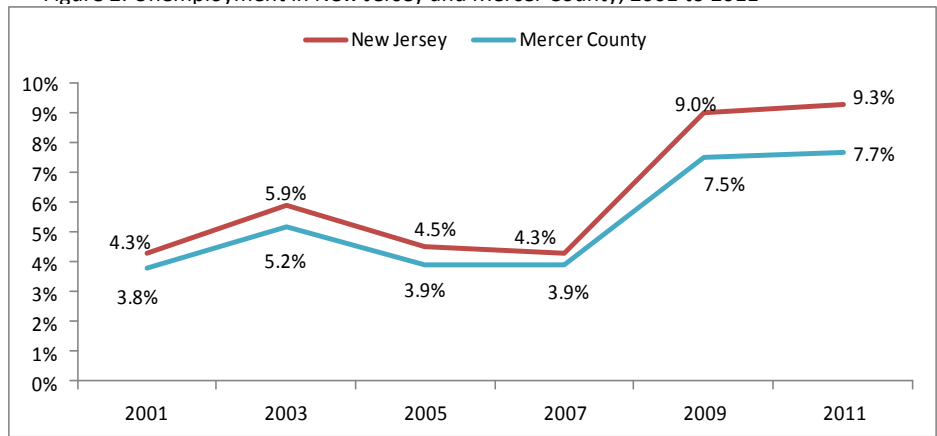
"Since I've only been here 10 years, I have seen a lot of growth...I've noticed that even in our neighborhood, young people are starting to move in. We are seeing younger kids." —Focus group participant

"You don't always see it. Many times, people's financial troubles are hidden, but not everyone here has the income that you might expect." —Interview participant

population growth over the next 20 years with a projected increase of 9.5%.

- **Age Distribution:** Focus group participants and interviewees described their communities as multi-age—a combination of young families, middle age persons, empty nesters, and seniors, a situation that Census data confirm. However, the area’s senior population 65+ years old is expected to increase at a faster rate in the next two decades than the population overall.
- **Racial and Ethnic Diversity:** The region’s diversity was seen as a major strength of the area by focus group and interview participants, although the communities in Mercer County varied in the levels and types of diversity of their populations. For example, Pennington is 94% White, while Trenton is 50% Black, Hightstown is 30% Hispanic, and West Windsor is 38% Asian.
- **Income, Poverty, and Employment:** While Mercer County is an area of stark contrasts by income—with both very wealthy and much less affluent municipalities—pockets of residents struggling during the economic recession can be found throughout the region. As one focus group participant explained, there is “hidden poverty” even in Mercer County’s more affluent communities. As Figure 2 indicates, Mercer County has seen increases in unemployment in the past several years, although not to the same extent as New Jersey overall.
- **Educational Attainment:** The most frequently cited asset of Mercer County by assessment participants was the quality of education. While the overall proportion of the Mercer County adult population with a college degree or more was higher than the state as a whole (38.2% vs. 34.6%), this figure varies by municipality.

Figure 2: Unemployment in New Jersey and Mercer County, 2001 to 2011



DATA SOURCE: U.S. Bureau of Labor Statistics, Local Area Unemployment

Social and Physical Environment –What is the Mercer County Community Like?

This section provides an overview of the larger environment around Mercer County to provide greater context when discussing the community’s health.

- **Urbanicity:** The 13 municipalities comprising Mercer County vary in their geographic settings and are described by residents as comprising small rural towns, suburban areas, and urban centers. While many respondents from more affluent parts of the County reported that they liked their communities for the beautiful parks and recreational facilities as well as the neighborliness of residents, perceptions were slightly different in less affluent areas.
- **Housing:** As a largely prosperous region, Mercer County’s housing is generally expensive, and residents reported that finding affordable housing is difficult, if not impossible. Data show that more than 4 in 10 renters spend more than a third of their income on housing. Although the economic downturn has led to a rise in foreclosures in the County, according to respondents, housing costs still prevent many new families from moving into the area.
- **Transportation:** Transportation emerged as a key concern for the

“The transportation infrastructure is not keeping pace with growth. The infrastructure is basically the same as 40 years ago, meanwhile the size of the community has leaped and grown.”—Interview participant

“It’s a community where people are invested in the community.” —Focus group participant

“Many seniors in our community don’t have that network around them. Their kids have moved away...They stay in their homes all day – isolated from everyone else. — Interview participant

region, with respondents describing Mercer County as a largely car-dependent region. Residents who do drive reported that the rising cost of gasoline and heavy traffic make travel more difficult, while those who do not drive or who do not own a car cited numerous challenges to conducting everyday activities in the area. Transportation was a particular challenge for the elderly.

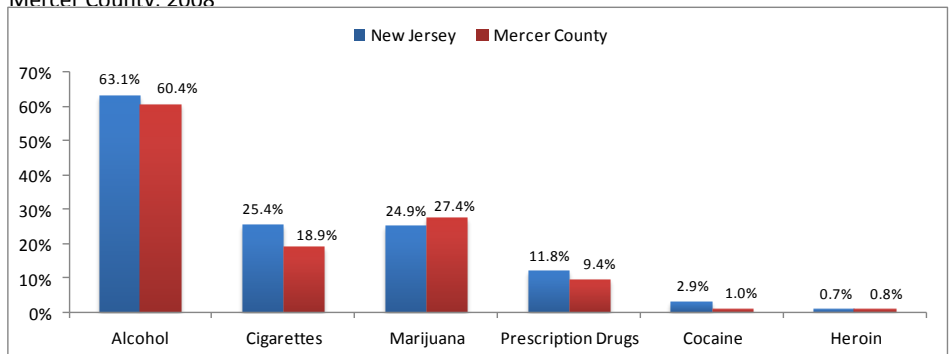
- **Crime and Violence:** For the most part, residents from the outlying Mercer County municipalities saw their communities as relatively peaceful and safe. While both violent crime and property crime rates differ across Mercer County they were shown to be lowest in Hopewell, Robbinsville, and Princeton Township and highest in Trenton and Ewing.
- **Social Support and Cohesion:** People’s perceptions of the social climates in their communities were mixed. Many residents cited strong social relationships and an ethic of community activism and engagement while others reported that the fast-paced and competitive lifestyle in the area means fewer people have the time or inclination to get involved.

Risk and Protective Lifestyle Behaviors

This section examines lifestyle behaviors among Mercer County residents that support or hinder health.

- **Healthy Eating, Physical Activity, and Overweight/Obesity:** Similar to trends nationwide, issues around obesity—particularly healthy eating and physical activity—are important health concerns in the area that are associated with prevalent chronic conditions such as heart disease and diabetes. Specifically, 25% of Mercer County adults are considered obese, slightly higher than what is seen in New Jersey but lower than national rates. Limited transportation, affordability of healthy foods and recreational facilities were cited as challenges to accessing existing resources.
- **Substance Use and Abuse:** Substance use and abuse were identified as pressing concerns across nearly every focus group and interview. Many substance abuse concerns were focused on youth. Discussion participants believed that the social norm that alcohol, marijuana, and prescription drug use were acceptable coupled with limited youth activities contributed to the concerning rates of youth substance use. Figure 3 shows Mercer County high school students’ reported use of varying substances.
- **Risky Sexual Practices:** While not the most frequently cited issue, consequences related to risky sexual behaviors were discussed in several focus groups and interviews, particularly in light of cut-backs in government funding for related services.

Figure 3: Substance Use within the Past Year among High School Students in New Jersey and Mercer County, 2008



DATA SOURCE: New Jersey High School Risk and Protective Factor Survey, 2008.

Health Outcomes

This section of the report provides

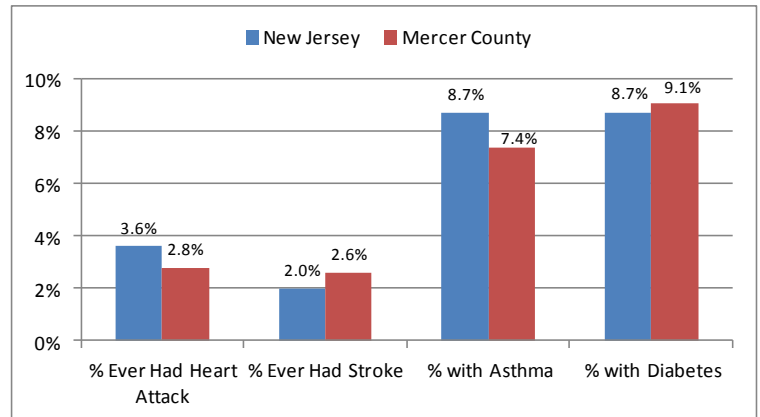
a quantitative overview of leading health conditions in Mercer County while also discussing the pressing concerns that residents and leaders identified during in-depth conversations.

- **Overall Leading Causes of Death:** Quantitative data indicate that the top three causes of mortality in Mercer County, as in New Jersey as a whole, are heart disease (221.4 per 100,000), cancer (188.0 per 100,000), and stroke (39.9 per 100,000).
- **Overall Leading Causes of Hospitalization:** Inpatient and emergency room visits varied by age group when examined for the three acute care hospitals involved in this assessment. For children, bacterial pneumonia was the leading cause for inpatient hospitalization, while heart

disease was the leading cause for adults and the elderly. For emergency room visits, leading causes by age group were fever for children, abdominal pain for adults, and fractures for elderly.

- **Chronic Disease:** The most cited chronic disease concerns were cancer, heart disease, diabetes, and asthma. Prevalence statistics are shown in Figure 4. Discussion participants mentioned a multitude of factors contributing to these issues from rising obesity rates to

Figure 4: % of Adults Who Report Chronic Condition in New Jersey and Mercer County, 2009



DATA SOURCE: BRFSSS, 2010

- poor maintenance of conditions to premature discharge from hospitals.
- **Mental Health:** A dominant health concern for Mercer County residents was mental health. Focus group members and interviewees reported rising rates of depression and other mental health issues among people in the region and closely connected these to substance use, the economic downturn, and the region’s achievement culture.
- **Oral Health:** While oral health indicators for Mercer County are similar or better than statewide, oral health issues and access to services emerged as a concern, particularly when discussing the elderly or other vulnerable populations. For example, the number of dentists for the population size of Mercer County (61.7 dentists per 100,000 population) is lower than what is seen statewide (66.6 per 100,000 population).
- **Reproductive and Maternal Health:** The health of children and mothers was discussed as it related to teen pregnancy and access to prenatal services and other related health care. Data show teen birth rates in Mercer County have been increasing slightly in the last several years.
- **Communicable Disease:** While not discussed much in focus groups, Mercer County has seen higher rates of the leading reported communicable diseases (Hepatitis C, Lyme disease, influenza) compared to NJ. Additionally, one-third of seniors in Mercer County report not having been vaccinated for either pneumonia (35.6%) or influenza (32.6%) in the past 12 months.

Health Care Access and Utilization

Data on health care and discussions around health care access showed a complex picture of the health care environment in Mercer County, with excellent services but many barriers to utilizing them.

- **Resources and Use of Health Care Services:** Housing four acute care hospitals, two psychiatric facilities, and one rehabilitation facility, Mercer County is known for its high quality health care and medical services. Yet, there are growing concerns about the supply of family physicians and long-term care facilities for the County’s growing and aging population.
- **Challenges to Accessing Health Care Services:** When asked about access to health care services, focus group and interview respondents acknowledged that while the region has many medical services, barriers exist, and services are not available equally to everyone. Specific challenges included being uninsured or underinsured, affordability of care, limited availability of providers, limited transportation options to

“We have some of the best medical facilities right here in our backyard. I think the big question is whether everyone can access those resources. But quality-wise, the care is top-notch.”—Focus group participant

“I have a friend whose husband is 53 and has had three strokes. She has no health insurance and they can’t afford to pay for meds...”—Focus group participant

“To save on costs, seniors either take expired medications or they change their dosage.— Interview participant

appointments, the use of emergency room as primary care, and problematic provider communication.

Community Strengths and Resources

Participants in focus groups and interviews were asked to identify their communities' strengths/assets.

- **Health Care Services and Providers:** Participants repeatedly cited that the region is home to a large number of prestigious health care institutions and a wide range of specialty and tertiary providers. Many participants also noted that these facilities often provide not only medical care, but also support community-based wellness and educational programs.
- **Strong Social Service Organizations:** Respondents identified their communities as largely rich in social services and were able to cite a long list of providers. They especially complimented the senior centers in the region.
- **Facilities Promoting Healthy Behaviors :** According to community members, the region comprises a strong infrastructure that supports health, including numerous parks, recreational facilities, golf courses, and grocery stores, although this sentiment was largely held by residents in the outlying and more affluent areas, and less so in poorer communities such as Trenton.
- **Education:** Mercer County's "pro education" culture and access to high quality secondary education and higher education institutions were considered substantial assets by many focus group and interview participants, particularly from the more affluent areas.
- **Geography:** Participants discussed how the geographic location of the County served as an important advantage, particularly in its convenience to both Philadelphia and New York City.

Community Challenges and External Factors ("Forces of Change")

In discussions, participants discussed the larger challenges and external forces that may have an impact on the health of Mercer County.

- **Larger Economic Forces:** The issue of the future of the economy loomed large in discussions as respondents wondered about continuing unemployment, declining disposable income, small business closures, foreclosures, cuts to public services, and the ability of residents to continue to maintain their lifestyles and the contributions they make to their communities.
- **Demographic Shifts:** The region is also experiencing demographic shifts, particularly related to the growth of the senior population which will require new thinking about services and supports for this population. The aging population will need not just providers with medical expertise to address their concerns but also social outlets and the opportunity to remain engaged in their communities.
- **Community and Culture:** While a strong sense of civic engagement and community pride characterize many of Mercer County's municipalities, a resistance to change and an underlying "not in my town" mentality were cited as important challenges.
- **Public Health and Health Care Infrastructure:** Respondents in focus groups and interviewees cited several external political and systemic forces within the public health and health care infrastructure that will most likely affect future services in the community. Specifically discussed were the impending decision on federal health care reform (which has since been upheld), potential coverage for the uninsured, relocations of local health care institutions, and the shift of providers moving from primary to specialty care.
- **Political Environment:** By all indications, 2012 has been and will likely to continue to be a tumultuous election year which may affect health care reform and funding for public services.
- **Environmental Issues and Emergency Preparedness:** Recent local disasters, including Hurricane Irene, have created local challenges including damage to social service agencies and the importance of developing effective emergency preparedness plans.

Vision for the Future

Focus group respondents and interviewees were asked about their visions and hopes for the future 3-5 years from now, in which the following key themes emerged.

- **Support Services for Youth, Elderly, and Other Vulnerable Populations:** Respondents frequently viewed the future of support services, especially for youth, seniors, and more vulnerable populations, as being critical for sustaining a healthy community.
- **Engagement of the Community and Collaboration among Organizations:** Several respondents working in social services hoped for greater communication and collaboration across agencies. Residents expressed a hope that the community and agencies could think creatively about using and expanding upon existing resources.
- **Health Care Coordination and Innovation:** While substantial change in the larger health care system depends on national events, residents pointed to several actions related to coordination, collaboration, and innovation that the local community could take in addressing needs now. Increasing services in substance abuse, mental health, and oral health, a formal way for coordinating multiple health care providers, and improving the cultural competency of services so they can reach more vulnerable populations were considered critical.
- **Focus on Prevention:** In addition to improvements on the health delivery side, respondents envisioned a greater emphasis on prevention, particularly in the areas of healthy eating, exercise, and sexual health including STDs and HIV/AIDS.
- **Greater Economic Opportunities:** Underlying all comments was the recognition that an improved economy was critical for the future health of the region. Many residents hoped that a better economic outlook would help reverse unemployment and foreclosures, reduce poverty and increase incomes, and restore decimated health care and social service agencies' budgets.

“Mercer County provides a lot of support systems that are inter-linked.”—Focus group participant

“If doctors could coordinate care or an access coordinator existed, then we could really follow patients and make sure they had access to the other services and had their needs met.”—Interview participant

“We need improvement in the economy to have more jobs and more places to get jobs.”—Focus group participant

Key Overarching Themes and Conclusions

Several overarching themes emerged from this synthesis of data, including:

- **There is wide variation within Mercer County in population composition and socioeconomic levels, but affordability was a key concern across the entire spectrum of population groups.** Municipalities saw wide ranges in income, poverty rates, unemployment and education. These factors all have a significant impact on people's health priorities, their ability to seek services, access to resources, reliance on support networks, stress level, and opportunities to engage in healthful lives. Yet, for every population group, affordability and cost issues were key concerns particularly related to high housing costs, affordability of healthy foods, high co-pays for health care services and prescription drugs even the insured, and generally high costs for day-to-day living, factors which have a disproportionate impact on the most vulnerable.
- **Residents repeatedly discussed that their communities had limited walkability and a lack of public transportation services, resulting in an environment which has affected some residents' quality of life, stress level, and ease of accessing services.** Walkability is limited in most areas, and public transportation was discussed as being unreliable. As Mercer County's population grows, particularly among the elderly, the issue of transportation will become even more critical to address.
- **The elderly were identified as a vulnerable population in the community whose concerns stand to be exacerbated by the projected population growth in the region.** Discussions focused on how

current challenging issues in the community—specifically, lack of affordable housing, limited transportation, affordable prescription drugs, and high cost of living—disproportionately affect the senior population, who also are at greater risk in becoming socially isolated. Mercer County’s senior population is growing at a more rapid pace than the population overall, which will have a significant impact on health care and other services.

- **Substance use and mental health were considered growing, pressing concerns by focus group and interview respondents, and one in which the current services were not necessarily addressing community needs, particularly among youth.** Lack of programs for youth, social stigma in talking about substance abuse problems in the community, and complexity of addiction were all identified as reasons for contributing to this problem. Additionally, the issues of substance abuse and mental health are intricately intertwined, making addressing these issues even more challenging. Current treatment programs do exist, but the demand exceeds the services available.
- **As with the rest of the country and state, issues around physical activity, healthy eating, and obesity are issues for Mercer County residents, especially as chronic condition are the leading causes of morbidity and mortality.** With heart disease, cancer, and diabetes as leading causes of morbidity or mortality, these obesity-related issues are considered critical to address. Residents commented that it was critical to address obesity prevention through a comprehensive approach, in that multiple sectors, including health care, education, public works, transportation, local government, and the business community, needed to be involved and collaborate together to make an impact on current rates.
- **While strong health care services exist in the region, vulnerable populations— such as the socially isolated elderly, non-English speaking residents, those living with disabilities, and the poor— encounter continued difficulties in accessing primary care services.** Several challenges for these populations were identified: limited or slow public transportation options in some communities, language and cultural barriers, complexity of navigating the health care system, lack of health insurance coverage, limited urgent care options, lack of sensitivity among health care staff, and time or cost constraints. Some approaches that have been suggested to help address the numerous challenges to care include more urgent care clinics, additional patient support services, transportation programs, greater supply of primary care providers, expanded community-based services, and greater coordination across health care settings.
- **Residents viewed prevention as critical, but they emphasized that the health care system focused more on clinical care and disease management than prevention.** Participants repeatedly mentioned that many health conditions, especially chronic diseases, could be avoided or minimized if services focused on disease prevention and preventive behaviors, particularly among children and adolescents. Between reimbursement barriers, provider time constraints, and a system built around a biomedical—rather than public health—model, clinical services currently emphasize secondary and tertiary care over prevention.
- **Numerous services, resources, and organizations are currently working in Mercer County to try to meet the population's health and social service needs.** Throughout the discussions, interview and focus group participants recognized the strong work related to health in which many community-based and regional organizations are involved. However, some interviewees commented that several efforts and services in the area are fragmented, uncoordinated, and under-funded. There was strong interest for these issues to be addressed via a more strategic, coordinated approach with multiple organizations and agencies working together.