



Trenton Community Health Needs and Assets Assessment

June 2019

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Updated: July 2, 2019

THANK YOU TO RESIDENTS OF TRENTON

This report is written on behalf of Trenton residents, incorporating their thoughts, opinions, and expressions of concern as well as appreciation and hope regarding their experience of health and well-being. We are deeply grateful to all who took time to share their feelings with us, both through written surveys and community forums held across the community. The openness and generosity of spirit within this community inspires and motivates us to continue our collaborative efforts to build a culture of health and ensure that all who live here have equitable access to opportunities, resources, and the care they need.

Partnerships and Acknowledgements

Since the Trenton Health Team completed its first Community Health Needs Assessment in 2013, Trenton community-based organizations and local agencies have been an integral part of the process. In 2019, partner organizations and agencies helped guide the process, contributing invaluable knowledge and expertise about specific subject areas, needs, and strengths of the community. They also opened their doors to THT staff and provided introductions to patients, clients, and individuals they serve. In addition to doing exceptional work with and for Trenton residents every day, these agencies contributed willingly to the 2019 Trenton Community Health Needs and Assets Assessment process, making this comprehensive assessment of Trenton's needs and assets possible. Trenton Health Team gives boundless and deep thanks to the clients, staff, and leadership at each of these organizations and apologizes in advance for any inadvertent errors or omissions.

Anchor House	Mill Hill Neighborhood Association
Arm in Arm	Millhill Child and Family Development
Capital Health	New Salem Baptist Church
Catholic Charities	Oaks Integrated Care
CEASe Center	Play Soccer Non-profit International
Central Jersey Family Health Consortium	Rescue Mission of Trenton
Central Jersey Legal Services	Rider University
Children's Futures	Rutgers Cooperative Extension
Children's Home Society of New Jersey	St. Francis Medical Center
City of Trenton Department of Health and Human Services	St. Mary's Cathedral
Cristo Rey Episcopal Church	Trenton Area Soup Kitchen
East Trenton Collaborative	Trenton Housing Authority
Greater Mercer Public Health Partnership	Trenton Police Department
Henry J. Austin Health Center	Trenton Public Library
Isles, Inc.	Trinity Episcopal Cathedral
Latin American Legal Defense and Education Fund, Inc. (LALDEF)	Turning Point United Methodist Church
Mercer Street Friends	UIH Family Partners
	United Way of Greater Mercer County

Executive Summary

Purpose - Trenton Health Team (THT) is an innovative multi-sector partnership dedicated to the health and well-being of the greater Trenton community. We have undertaken this community assessment in support of our mission and to further our shared vision for a healthy Trenton. This document fulfills the requirement in the Patient Protection and Affordable Care Act of 2010 (ACA) for tax-exempt hospitals to create a community health needs assessment (CHNA) every three years, but it is much more. It is a snapshot of health information that provides guidance to our local hospitals (Capital Health and St. Francis Medical Center) and to other health-related organizations in meeting community needs and coordinating with other local initiatives. Its development is also in support of the City of Trenton's public health mandates, for which the City has a services agreement with THT, to identify community health problems in the city, including collecting, compiling, and reporting statistics and health status measures of populations and subpopulations, assessing health service needs, and monitoring utilization of, quality of, and outcomes of personal health services. This report helps to set internal and community-wide priorities and serves as the basis for development of a Community Health Improvement Plan (CHIP), which will be developed in the months ahead. In addition, it is a resource for other community-based organizations, helping to document constituent needs and develop responsive programs. Earlier health assessments and the related CHIP have become the most visited and referenced documents on the THT website¹, providing vital information to our partners and collaborators who are seeking to advance Trenton's health.

An assessment of this type often identifies health needs in a community that persist in spite of the best efforts of many stakeholders. These entrenched needs usually result from factors outside the influence of any one organization. In such cases, this document should not be viewed as a critique but as a resource for developing solutions. By identifying issues here, our goal is to highlight the underlying "system" challenges behind the needs so that our community can overcome them through coordinated and collaborative efforts.

Geographic Scope - As with our prior CHNA reports (2013 and 2016), this assessment was undertaken on behalf of the entire Trenton community, as a unified and collaborative effort led and coordinated by the Trenton Health Team (THT). Members of our Community Advisory Board (CAB) contributed insights and expertise, facilitated outreach to residents, and served as hosts for community forums -- all of which were essential to the process and to our goal of obtaining an authentic community voice. With that in mind, we gathered input from individuals who identify as Trentonians, particularly residents of six ZIP codes: 08608, 08609, 08611, 08618, 08629, and 08638. Specific data sources may define Trenton differently, but this assessment focuses on these six ZIP codes rather than using formal city boundaries.

Demographic Overview - The City of Trenton is a majority-minority urban center, with a total population of 84,867 of whom 50.5% are Black/African American and 36% are Hispanic/Latino. Issues pertaining to education, economic status, housing, and employment factor heavily into the community's health and well-being. The median income for Trenton families is \$35,524 (compared to \$77,027 for Mercer County) and the poverty rate city-wide is 23.1%. The high school graduation rate for Trenton Public Schools (67.7% in 2018) lags the state average (90.9%) and only 16% of Trenton residents have a higher education credential (associate, bachelor, or graduate/professional degree). A significant number of Trenton residents are first generation immigrants – a fact that is reflected in their expressed concerns and hesitancy to access resources. Language barriers are also an issue, with 38.2% of the population primarily

¹ <https://trentonhealthteam.org/resources/documents-and-reports/>

speaking a language other than English, and, despite Medicaid expansion under the ACA, more than 16% of Trenton residents lacking health insurance.

Core Principles - We have chosen several conceptual frameworks in our approach to this health assessment: 1) Community-Oriented Primary Care (COPC), which marries clinical care with public health, putting community involvement, both residents and local experts, at the core of the process. 2) Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process for improving community health. The MAPP framework calls for identification of community assets, or strengths, while assessing health issues and needs. 3) The social determinants of health (SDOH), defined as “conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” To fully understand the health of our community it was essential that we consider SDOH and their impact on residents. Therefore, this report utilizes a broad understanding of health and well-being and health equity, considering what activities and strategies will help to address all the factors that influence a healthy city, including both existing challenges and community assets.

Methodology - As with earlier health assessments conducted by THT, our goal has been to combine quantitative and qualitative data to create a nuanced picture of the community’s health. We felt it was important to make it easy for residents to participate and have their voices heard. We used two primary tools to gather resident input: 1) the 2019 Trenton Health Survey and 2) a series of community forums. For the survey, we worked with 30 organizations to distribute the questionnaire, which was deliberately short (one, two-sided sheet of paper), available in English and Spanish, and written at a sixth grade reading level (a copy is included in Appendix A). It was also available online through SurveyMonkey, but more than 90% of the 1,448 respondents answered on paper, with results then entered into the online form by THT staff or student volunteers from Rider University. We worked with partner organizations to host 10 community forums that drew participation from a range of constituents, both English and Spanish speaking, representing varying demographics and age groups.

We also incorporated findings from the Greater Mercer Public Health Partnership assessment process, which used survey responses from 1,701 individuals across Mercer County plus 10 county-wide focus groups (one in Trenton) that were analyzed based on a variety of categories including ZIP code of residence. Data for particular issues, such as Emergency Department (ED) and Inpatient Utilization rates, were taken from the Health Indicators resource on the THT website² and from publicly available datasets such as the New Jersey State Health Assessment Data ([NJSHAD](#)) and [500 Cities](#).

Prioritization Process - Data gathered for the CHNAA were reviewed by a group of individuals from the THT staff, including those in roles of program design and implementation, and THT leadership. Findings from data collection and qualitative information-gathering activities were considered both separately and together in the context of criteria established by the prioritization committee. Priorities were grouped into two broad categories: health care/medical conditions and social/environmental conditions that affect health. Once priorities were selected, they were presented to the CAB for further input and refinement.

Priority Spotlights - The priorities that have been identified through this CHNAA process include both social and health concerns, recognizing and emphasizing that health needs are inextricably linked and impacted by social conditions in Trenton. The priorities are a synthesis of the voice of the community, input from local agencies and experts, and publicly available data.

² <https://trentonhealthteam.org/resources/health-indicators/>

While some of the priorities were identified in previous Trenton CHNA reports, several are new or have emerged more strongly at this point in time.

- **Housing:** Quality and cost of housing are priority concerns, affecting both the physical and emotional health of residents. High rates of asthma and lead poisoning in children are some of the direct health conditions related to substandard housing. Housing concerns were common topics discussed at community forums throughout the city during the data collection process. Residents expressed that landlords delay repairs, housing cost is high, and housing stock is old. Among 2019 Trenton Health Survey respondents, 28.5% report that unstable or costly housing negatively affects their health. Homelessness is also a serious, related issue and is complicated by the prevalence of mental illness and substance abuse among the homeless (see below).
- **Racial/Ethnic Inequities:** As a majority-minority city, Trenton is disproportionately affected by health inequities that occur along racial and ethnic lines. Residents are affected by a range of specific diseases and health conditions, including heart disease, diabetes, maternal health, and cancer, where rates are high and outcomes are poor. In addition, 25% of survey respondents selected discrimination/racism as having a major impact on their health and well-being.
- **Adverse Childhood Experiences:** Long-standing research has documented that adverse events during childhood and youth can lead to the development and prevalence of negative outcomes for both physical and mental health throughout life, affecting both longevity and quality of life for those affected. Many Trenton residents have a history of childhood trauma, including physical or psychological abuse, alcoholism or addiction in the household, or incarceration or death of a family member. An understanding of the underlying abuse and trauma experienced by local residents must be considered in analyzing individual assessments and creating solutions.
- **Mental Health and Substance Use Disorders:** Mental health and substance use disorders are significant concerns for the Trenton community, contributing to high rates of emergency department (ED) utilization and inpatient stays. Addiction and mental health issues are often seen as “co-occurring disorders” and are closely linked with homelessness. Of note, 75% of Mercer County’s population represented in the 2018 “point in time” count of homeless individuals lived in Trenton. Mental health and substance use disorder were the top two disabilities identified by the homeless population in the 2018 count, with 54% identifying mental health and 45.4% substance use disorder. While Trenton has significant assets and resources to address these issues, connecting individuals to them and coordinating care across providers must be a continuing priority for the community.
- **Community Safety:** Despite reported drops in crime (violent and property crimes fell 9% and 14%, respectively, from 2011 to 2017), Trenton residents expressed concern about safety and violence in their communities. In the 2019 Trenton Health Survey, 22.5% of respondents reported not feeling safe in their neighborhoods. They also expressed concern about youth gang activity and the need for more after school options. While programs do exist, they may not be widely known or there may be barriers to participation such as cost or transportation.
- **Food Insecurity, Access, and Nutrition:** Although surrounded by farms, Trenton is considered a “food desert,” lacking access to healthy and nutritious food. There are only three supermarkets or grocery stores within the city; seven other supermarkets are located in neighboring towns, ranging from 3.7 to 9 miles from the city center, meaning most Trenton residents do not live within walking distance (half a mile) of a grocery

store. Lack of access to fresh, affordable, and nutritious food is compounded by many Trentonians reporting gaps in knowledge and skills required to prepare healthy dishes. There are several farmers markets that have been launched in recent years, along with programs to teach residents about healthy nutrition and food preparation, but further communication, coordination, and systemic changes are needed to fully and sustainably resolve the issue.

- **Chronic Disease:** The chronic disease burden in Trenton is disproportionately high relative to county, state, and national levels. There are several chronic conditions that are described as priorities here, but others are also included in the section on additional focus areas.
 - *Obesity:* Before 2013, obesity was not considered a chronic disease, although it was listed as a common factor contributing to many chronic diseases. As a result of the increasing obesity rates throughout the country--doubling from 10% to more than 20% in some states from 2011-2017--the American Medical Association in 2013 declared obesity a chronic disease. The 2016 obesity rate for adults in Trenton was 38.9% compared with 29.6% for Mercer County. Childhood obesity in Trenton (30.5% in 2015) is among the highest in NJ cities.
 - *Hypertension:* The prevalence of hypertension in Trenton is 35.4 per 10,000 population--higher than the national rate of 31.9 per 10,000. The age-adjusted prevalence for ED visits and inpatient hospitalizations for hypertension-related illness are approximately twice as high in Trenton compared to the rest of Mercer County. In the 2019 Trenton Health Survey, more than 35% of respondents identified hypertension as the top medical condition they experience. Discussions during community forums (as well as with Trenton healthcare providers) reinforced the fact that residents use the ED rather than primary care to manage their high blood pressure.
 - *Diabetes:* Thirteen percent of adults in Trenton have diabetes, which exceeds both the national rate of 10.8% (2016), and the New Jersey rate of 11% in 2018, which increased from 8.8% in 2012. More than 21% of residents surveyed by THT identified diabetes as a top health issue. There is considerable work being done in Trenton through the Merck-funded Capital City Diabetes Collaborative and other programs to ensure consistent, high-quality care of diabetes patients, along with providing education, screening, and access to a range of resources that can help to prevent and better manage the disease.
 - *Asthma:* The link between asthma and housing quality is clear. In Trenton, 10.8% of adults have asthma, consistently higher than the state's rate of 8.2% (2016). Trenton residents visit emergency rooms and are hospitalized for asthma-related issues at twice the rate compared to Mercer County as a whole. Twenty percent of survey respondents included it among their top five health concerns. Resources are available for managing asthma and for mitigating asthma triggers in homes (e.g., Healthy Homes interventions by Isles, Inc., Asthma Improved with Management program by Henry J. Austin Health Center) and several programs are being developed and launched to better share relevant data and coordinate services across sectors and providers.
- **Maternal and Child Health:** Maternal and child health have always been areas of concern in Trenton, with a number of community-based organizations providing vital educational and supportive services to pregnant women and families. Recent reports documenting glaring inequities across economic and racial lines have brought this issue

to a renewed level of focus, however, with New Jersey First Lady Tammy Murphy making it a personal priority for the state. Black mothers are at particular risk, being almost twice as likely to die during pregnancy, delivery, or the postpartum period as any other race/ethnic group in New Jersey. Having one or more pregnancies before age 17 is often a predictor for poor future educational and economic attainment. In 2015, Trenton had a teen birth rate (age 17 and younger) nearly six times higher than the state average (30.5/1,000 compared to 5.8/1,000 live births). In a community health forum conducted by THT, nearly a dozen women said they had difficulties obtaining initial prenatal appointments in the first trimester of pregnancy. Some of these mothers report starting prenatal care outside Trenton, where they could get an earlier appointment, and transferring care later in the pregnancy. During the past year, organizations that provide services in the area of maternal and child health in Trenton have come together to collaboratively develop improved coordination and strategies for serving our women and their families. This includes systematic data sharing, staff development, alignment of resources, and a holistic approach to women's physical, mental, and social well-being across the full continuum of care from preconception and interconception to prenatal, birth, postpartum, and parenting support.

Asset Highlights - Trenton is rich in assets that can be leveraged to address social and medical challenges residents experience daily. Among the assets that residents identified in the 2019 Trenton Health Survey were annual/community events, transportation, social services, the faith-based community, and healthcare/good doctors. Annual events that were held up as assets include celebrations of the arts, music, history, culture, and health. Public transportation in Trenton is regarded as both a strength and a weakness in the community, with 22% of survey respondents reporting that it is an asset. In community forums, however, residents expressed that bus stops may not be conveniently located and more than one bus is sometimes required to reach a destination. Low-cost/free services were selected as an asset by more than 20% of respondents. These services include food pantries, housing and utility assistance, childcare, clothing, and healthcare. Twenty percent of respondents selected "faith-based community spaces" as an asset to the community. Faith leaders have established trust in their neighborhoods, supported and sustained from generation to generation. Community members indicated that being an affiliate of a house of faith allows them to receive religious and spiritual support that provides a sense of peace and hope - "that all is well." In addition, many houses of faith provide social services to the community, e.g. through after-school programs and food subsidies. Healthcare was also identified as an asset and residents had generally favorable reviews of their doctors, but they also expressed frustration regarding linguistic challenges and long wait times to see their providers.

Perhaps one of the most notable assets in Trenton is the collaboration among organizations and across sectors that is becoming our way of doing business. Robust data systems such as the Trenton Health Information Exchange (HIE) allow us to share and analyze data in ways that were not possible even a few years ago, developing and monitoring programs that are truly responsive to the needs of our community. Because health at the population level is complex and multi-dimensional, we can only see transformative change if we work together, using analytics and evidence-based approaches, to move us towards a culture of health and well-being that is accessible to all our residents.

Additional Focus Areas - There are numerous issues and health conditions that are important, but did not rise to the highest priority in this process. These include:

- Access to care is more than simply access to insurance coverage; many other social and logistical barriers exist for patients in Trenton. These include transportation (as noted above) as well as provider and service availability.

- Heart disease accounts for approximately one in four deaths in the United States. Risk factors include high blood pressure, high cholesterol, and smoking, all of which occur at higher rates in Trenton than in neighboring communities or statewide.
- Cancer is the second leading cause of death in New Jersey. In 2016, more than 5% of adults in Trenton had some type of cancer, excluding skin cancer. Residents of Mercer County who identified as Hispanic or making less than \$25,000 per year, many of whom reside in Trenton, were the least likely groups to receive routine preventive cancer screenings.
- Infectious diseases, including HIV/AIDS, hepatitis C, tuberculosis, and sexually transmitted infections occur at much higher rates in Trenton than in Mercer County as a whole. Because of the communicable nature of these diseases, vigilance regarding management and prevention are essential.
- Pediatric immunizations and adolescent health have risen in priority as a rise in vaccine-preventable diseases has gained both local and national media coverage. Trenton Public Schools have been grappling with these issues as they also affect school attendance, which is a critical measure for student success.
- Oral health has also gained attention in recent years, as evidence demonstrates the link between periodontal disease and cardiovascular disease plus other chronic conditions. Fewer than 66% of New Jersey children (ages 2-20) and fewer than 37% of adults who are covered by the NJ Medicaid system had an annual dental exam in 2017 and a Rutgers Center for Health Policy study found Trenton to have the third highest rate of ED utilization for non-traumatic dental health visits when compared to 12 other low-income regions.
- Environmental health includes concerns about contaminants in the home and external settings such as polluted air, soil, and water. In the 2019 Trenton Health Survey, 34.98% of residents marked water quality as a top concern and 27.67% of residents marked air quality as a top issue.
- Health literacy is a measurement of an individual's capacity to obtain and understand health information. For patients to take an active and effective role in managing their health, it is important that they are provided with services, education, and conversations that are delivered in ways they can understand, accounting for differences in language, culture, and literacy.

Limitations - This report presents a multi-dimensional view of health needs and assets in the greater Trenton community. However, its limitations must also be considered. The snapshot presented here is tied to a particular moment in time. Forums only provide perspectives of those in attendance and should not be generalized to the whole population. There may be subpopulations that have been inadvertently omitted. Importantly, data from existing secondary sources is often several years old, creating a lag between data gathering and present circumstances. Methodologies for data describing city, county, state, and national health status may vary, and program and health care data provided by partner organizations may not have undergone rigorous data validation, as many of these are routinely collected for program improvement and measurement of impact rather than for evaluative or research purposes. We have chosen to use a broad range of sources to ensure a comprehensive view while acknowledging these limitations.

PURPOSE

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) provides a snapshot of information describing the health status of a community. It is a requirement in the Patient Protection and Affordable Care Act of 2010 (ACA) for tax-exempt hospitals to create a community health needs assessment (CHNA) every three years. The primary purpose is to provide hospitals with an understanding of the community's health needs in order to focus care and programs on community needs and improve population health.³

CHNAs incorporate input from individuals who represent the broad interests of the community. This document fulfills the federal requirement, but is much more. It provides guidance to hospitals and other health organizations so they can meet the community's health needs and coordinate with other local initiatives. Its development is also in support of the City of Trenton's public health mandates, for which the City has a services agreement with THT, to identify community health problems in the city, including collecting, compiling, and reporting statistics and health status measures of populations and subpopulations, assessing health service needs, and monitoring utilization of, quality of, and outcomes of personal health services. This report helps to set internal and community-wide priorities and serves as the basis for a Community Health Improvement Plan (CHIP), which will be developed in the months ahead.

What is this Assessment?

The 2019 Trenton Community Health Needs and Assets Assessment (CHNAA) discusses both challenges and strengths identified by Trenton residents and community organizations, providing a "community diagnosis" or status report of residents' health and well-being. The 2019 CHNAA is produced not only to serve local hospitals' health assessment and improvement plans, but also to provide an overview of health for community and non-profit organizations serving Trenton residents. The document incorporates direct resident input on the community's needs and assets. This assessment offers information on progress and initiatives discussed in the 2013 and 2016 Trenton CHNAs, and the 2014 Community Health Improvement Plan. It also provides a deepened focus on the strengths and assets in Trenton, realizing that community needs are most effectively addressed when strengths are leveraged.

Intended Use

This document provides pertinent information for Trenton's health care organizations as well as social service agencies and other organizations serving residents to guide current and future work improving the city's health and well-being. Local organizations are encouraged to use the document when writing grants or seeking funding, designing programs, and setting priorities. It can be used as a starting point for prioritizing and addressing health and well-being needs in Trenton as well as leveraging city strengths and opportunities. While this assessment provides a wealth of data and perspective on health and well-being in Trenton, it is not exhaustive in terms of scope and depth of health and well-being topics and information.

History of Trenton Community Health Assessments

Trenton Health Team published a unified community health needs assessment (CHNA) in 2013, representing communities served by multiple hospitals in the region: Capital Health System and St. Francis Medical Center. The 2013 Trenton CHNA priorities included: 1) Obesity and Healthy

³ Association of State and Territorial Health Officials. (2019). *Clinical to Community Connections: Community Health Needs Assessments*. Retrieved from <http://www.astho.org/Programs/Access/Community-Health-Needs-Assessments/>

Lifestyles; 2) Substance Abuse and Behavioral Health; 3) Safety and Crime; 4) Chronic Disease: Diabetes, Hypertension, and Cancer; and 5) Health Literacy and Disparities.⁴

An update, published in 2016, found that these priorities continued to be high level concerns for the community, along with income and educational disparities relative to the County as a whole, which point to the social determinants that underlie the health concerns and outcomes for the city.⁵ That assessment, along with the 2013 CHNA and the 2014 CHIP, are available on the THT [website](#). Numerous interactions with community partners and our Community Advisory Board indicate the CHNAs are used broadly to reference Trenton's health needs in a variety of contexts.

In both 2013 and 2016, a combination of survey and listening sessions were used to understand and reflect resident perspectives. In this 2019 report, both the Trenton Community Health Survey and community forums addressed three topic areas: social and environmental conditions, medical conditions, and strengths/assets. This framework lends itself to a heavy weighting of community conditions--the social determinants of health impacting health both positively and negatively--when assessing, prioritizing, and designing health interventions

2019 CHNAA Core Principles

The 2019 Trenton CHNAA is guided by a set of core principles detailed below, including Community-Oriented Primary Care, Mobilizing for Action through Planning and Partnerships, and addressing Social Determinants of Health.

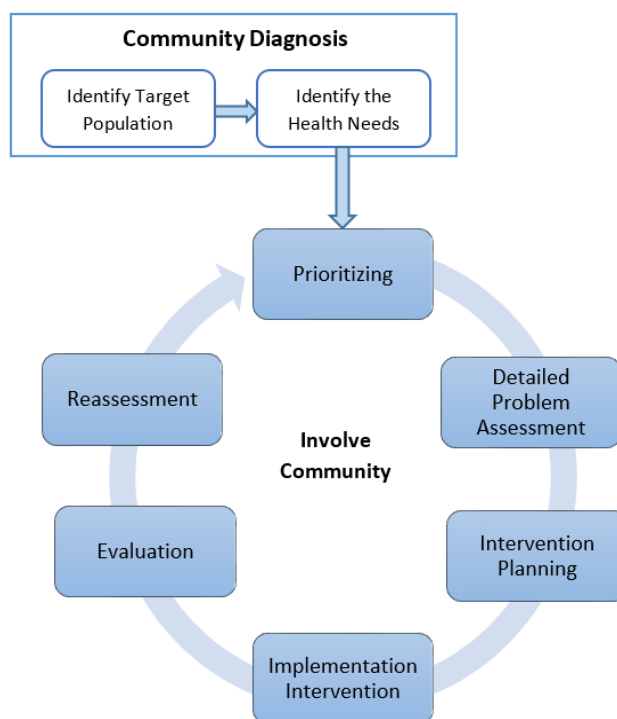
Community-Oriented Primary Care

The Community-Oriented Primary Care process (COPC), marrying the clinical care of individuals with community health, provides a framework to consider how this CHNAA fits in to the process of improving Trenton's health.⁶

⁴ Gervasio K., McAloon, C. (2013, July). *Community Health Needs Assessment Report Trenton, New Jersey*. Retrieved from <https://trentonhealthteam.org/wp-content/uploads/THT-CHNA-2013-July.pdf>

⁵ Trenton Health Team. (2016, January). *Community Health Needs Assessment: Update and Addendum to the 2013 Report*. CHNA Retrieved from <https://trentonhealthteam.org/wp-content/uploads/THT-CHNA-2016-Update.pdf>

⁶ Rhyne, R. (1998). *Community-Oriented Primary Care: Health Care for the 21st Century*. Washington, DC: American Public Health Association.



Rhyne R. (1998). *Community-Oriented Primary Care: Health Care for the 21st Century*. Washington, DC: American Public Health Association

This report identifies health priorities to inform an upcoming 2019 CHIP, a set of interventions to be selected by community organizations, agencies, and residents.

Community and Resident Focus

At the core of the COPC process is community involvement, both residents and local experts representing the wider community. The community guides each step of this process, with Trenton residents and local experts integral to understanding needs and assets, setting priorities, and designing and evaluating interventions.

Mobilizing for Action through Planning and Partnerships (MAPP)

Collaboration

THT has adapted principles from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control and Prevention (CDC). The CHNAA is a component of the Community Health Improvement process that “looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement,” while utilizing community engagement and collaborative participation as essential ingredients in the process.⁷ In addition to the collaborative process used to document and understand the health status in Trenton for this report, THT is committed to addressing health and well-being of Trenton’s residents, not

⁷ National Association of County and City Health Officials. (2019). *Mobilizing for Action through Planning and Partnerships*. Retrieved from <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

only through direct programs, but also by providing support and a collaborative infrastructure that enables organizations to improve the health and well-being of their clients/target population. THT stands as both a resource and collaborative backbone infrastructure to address findings in this document.

Community Strengths

The MAPP framework calls for identification of community assets, or strengths, while assessing health issues and needs. The strengths of a community, which can often be overlooked or overshadowed by a community's problems, are essential to engaging the community, addressing health needs, and fostering change. The 2019 CHNAA builds on the 2013 CHNA framework, integrating social, environmental and medical concerns, and adds assets discussed in the MAPP framework.

The Social Determinants of Health

While access to quality healthcare is a key component and asset of a healthy city, other factors influence health and well-being. The social determinants of health (SDOH) are defined by CDC as "conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."⁸ These conditions exist in multiple places throughout a community, such as school, place-of-worship, workplace, and neighborhood.⁹

The social determinants of health can contribute to both the development of disease, and an individual's ability to manage it. For example, if Tim, a 9-year-old with asthma, lives in a house with persistent mold, he may experience frequent asthma exacerbations, leading to visits to the doctor's office or even hospital, causing him to miss school. The landlord that owns the building Tim lives in is not responsive when asked to fix this issue, and with the expenses associated with moving, his parents cannot afford to change homes. In this situation, the housing quality (mold) and housing affordability (cost) are affecting Tim's asthma, as depicted in the graphic below.¹⁰

⁸ Centers for Disease Control and Prevention. (2018, October 31). *Health-Related Quality of Life: Well-being Concepts*. Retrieved from <https://www.cdc.gov/hrqol/wellbeing.htm#one>

⁹ Centers for Disease Control and Prevention. (2018, January 29). *Social Determinants of Health: Know What Affects Health*. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm>

¹⁰ Health Impact Project. (2016, March). *Links Between Housing and Health*. Retrieved from https://www.pewtrusts.org/-/media/assets/2016/03/links_between_housing_and_health.pdf?la=en&hash=988E687561D6C98AD9D0B576876781F800E27359

Links Between Housing and Health



Housing quality

Housing that is safe, dry, clean, maintained, adequately ventilated, and free from pests and contaminants, such as lead, radon, and carbon monoxide, can reduce the incidence of negative health outcomes such as injuries, asthma, cancer, neurotoxicity, cardiovascular disease, and poor mental health.

Housing affordability

Affordable housing enables people to pay for other basic needs such as utilities, food, and medical care, which can reduce the incidence of negative health outcomes such as malnutrition, diabetes, anxiety, and depression.

Housing community

Neighborhoods free from segregation and concentrated poverty, and in which residents have close and supporting relationships with one another, can improve physical and mental health by reducing stress and exposure to violence and crime as well as improving school performance and civic engagement.

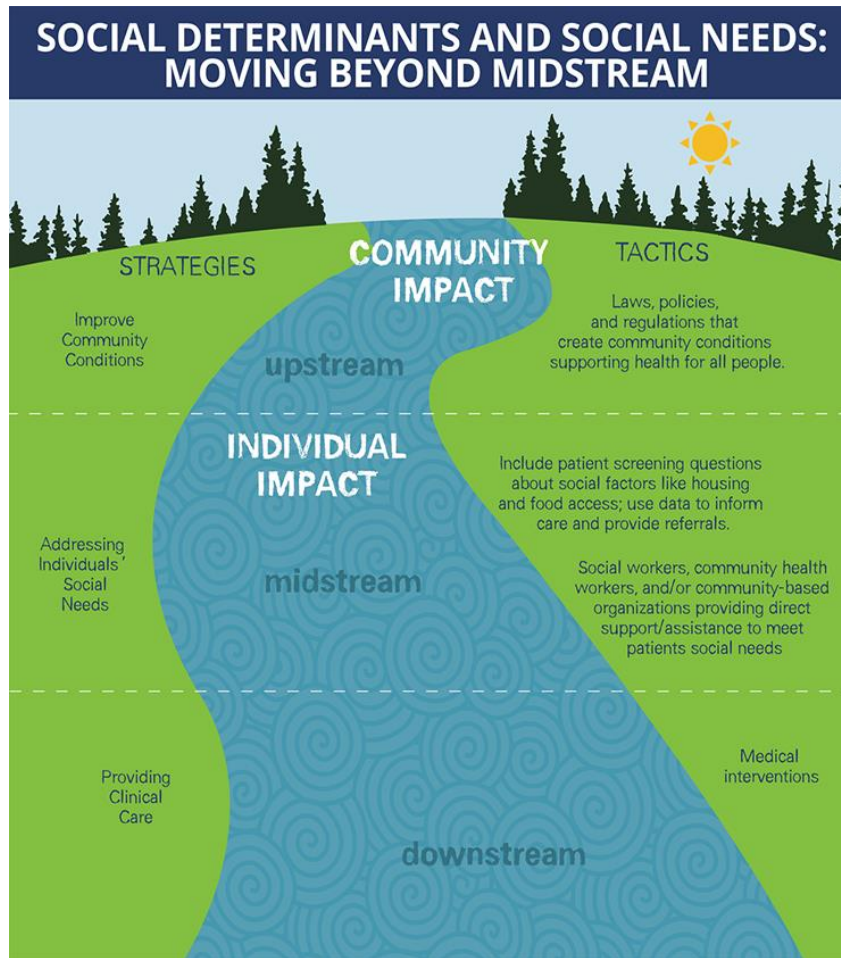
Housing location

Easy access to public transportation, parks and recreation, quality schools, good jobs, healthy foods, and medical care can help reduce the incidence of chronic disease, injury, respiratory disease, mortality, and poor mental health.

Source: Adapted from Human Impact Partners, 29th Street/San Pedro Street Area Health Impact Assessment (2009), accessed Jan.22, 2016, <http://www.humanimpact.org/downloads/san-pedro-st-area-hia-full-report>

This CHNAA underscores both asthma (the health condition) and housing quality and cost (the social determinants of health), while elevating the importance of well-being, with health being among the conditions of well-being. Other aspects of well-being include economic well-being, social well-being, development and activity, emotional well-being, psychological well-being, life satisfaction and engaging activities and work.

It is important to highlight that health and well-being are inextricably linked to housing quality, food security, neighborhood safety, education, and nurturing environments – “upstream” health factors with long-term — “downstream” influence. This report utilizes a broad understanding of health and well-being and health equity, considering what activities and strategies will help address all the factors that influence a healthy city, including both existing challenges and community assets.

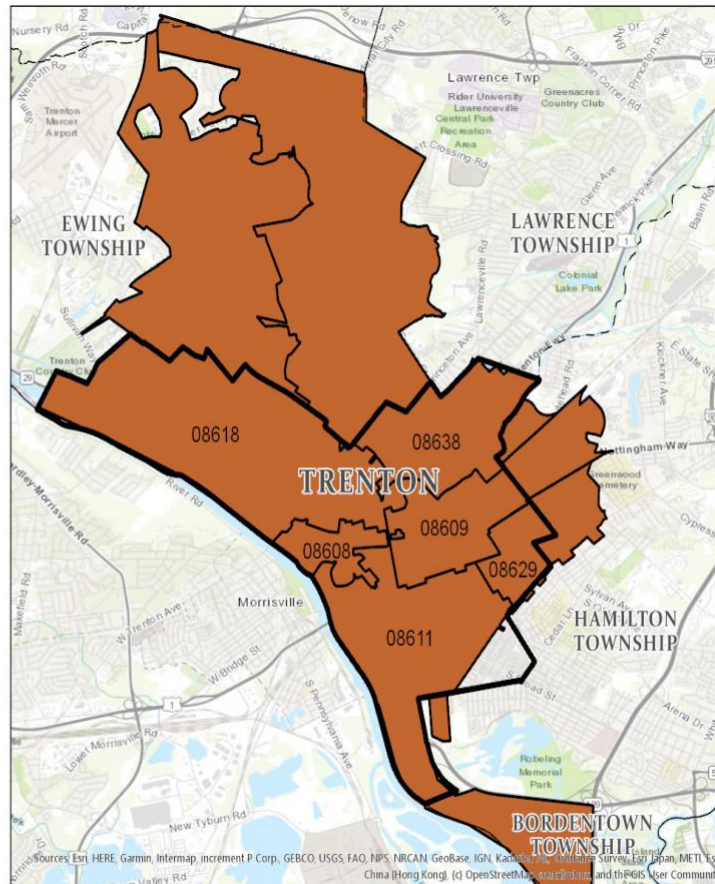


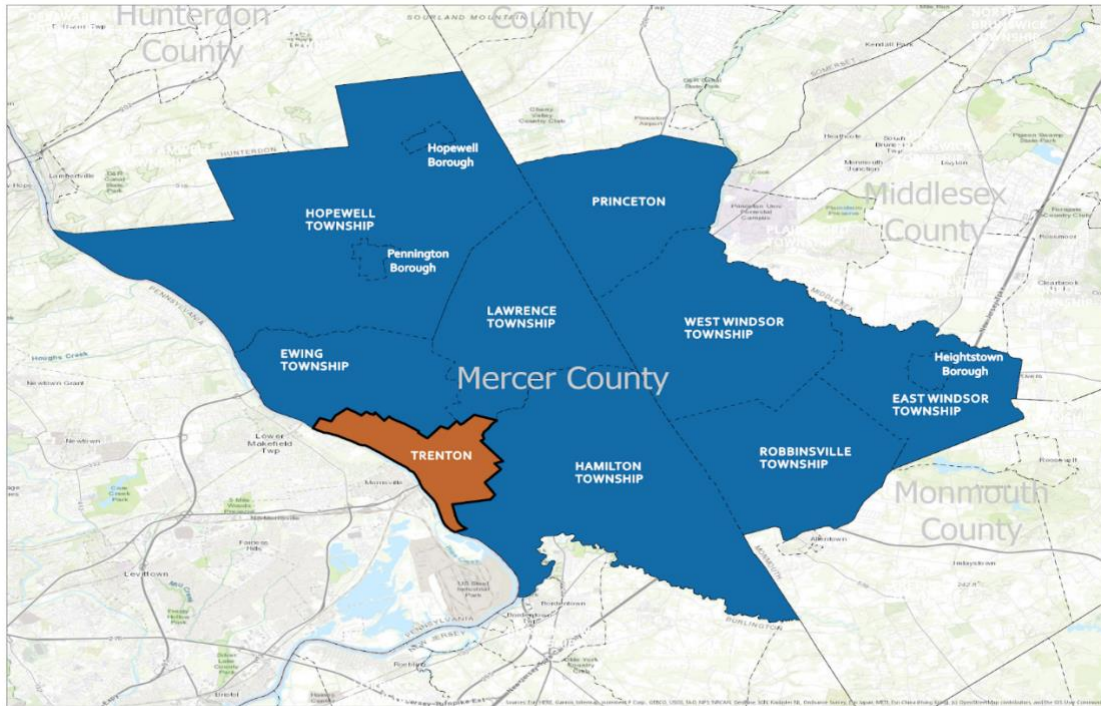
Auerbach, J., Castrucci, B. (2019, January 16) Health Affairs. *Meeting Individual Social Needs Falls Short Of Addressing Social Determinants of Health*

Residents of Trenton are affected every day by policies at the city, county, state, and federal levels-- and policies impacting health and well-being are not limited to the Health and/or Human Services agencies or legislative committees. Decisions on environmental conditions, housing, economic development, social safety net programs, criminal justice, and other non-clinical healthcare areas have significant influence over health and well-being, especially in high-poverty communities where public resources and programs serve a substantial portion of the population.

Geographic Scope

This CHNAA focuses on health conditions in the greater Trenton area, including ZIP codes 08608, 08609, 08611, 08618, 08629, and 08638. This is different from the municipal boundaries or Census tracts and it is important to note that various data sources cited in this document may use definitions of Trenton that vary from the six ZIP codes mentioned above. The primary data collected in the CHNAA process, including the Trenton Health Survey responses and comments shared during a series of forums at community organizations, include individuals who identify as Trentonians by ZIP code and/or social identity.





Advisory Structure

The process of assessing and prioritizing the health needs in Trenton for the 2013 Trenton CHNA report was guided by the THT Community Advisory Board (CAB), formed in 2011. The CAB, including representatives from more than 100 local organizations today, initially convened 29 agencies to guide the CHNA and improvement plan processes. Currently, the group is a diverse collaboration that communicates regularly, encourages cross-sector partnerships, and facilitates activities that improve the health and well-being of the greater Trenton community.

The CAB includes representation from social services, faith community, educational institutions, healthcare providers, health insurers, educators, students, residents, local businesses, patients, state agency representatives, and municipal and county government. Together, subsets of CAB members partner to co-design interventions, create referral and information pathways between organizations, and support innovative programs. For this collaborative strategy, the CAB refers to itself as the PATH (Partners Advancing Trenton's Health). The CAB is formally a sub-committee of the THT Board of Trustees with a provision for forming working groups as appropriate.¹¹ The CAB, along with the THT Board of Trustees, reviewed and helped to prioritize the issues highlighted in this document.

Organizations in the CAB have also played an essential role in assessing the health status of the Trenton population, collecting survey and community forum data, identifying health needs, and contributing to this document. The CAB, as a larger body and as sub-grouped subject matter experts, were engaged in a continuous cycle of feedback to inform the community assessment and prioritization process.

¹¹ <https://trentonhealthteam.org/wp-content/uploads/CAB-Charter-Revised-2018.pdf>

Methodology

Needs and Assets - Survey Tools, Data Sets, and Resident Input

The 2019 Trenton Community Health Needs and Assets Assessment is a synthesized compilation of data sources listed below that are both primary and secondary, quantitative and qualitative. Consideration and inclusion of a wide breadth of data sources contributes to a comprehensive assessment; at the same time, sources may provide conflicting findings. We believe including differing perspectives allows important nuances to be revealed.

Two primary data collection activities informed the 2019 Trenton CHNAA: the 2019 Trenton Health Survey and the 2019 Community Forums, each described below. Other significant data sources were also included and are described below.

2018 Mercer County Community Health Assessment

The 2018 Mercer County Community Health Assessment, assembled by the Greater Mercer Public Health Partnership, of which THT is a member, was used as a data source for the 2019 Trenton CHNAA. Data gathered from the community health survey informing the Mercer County assessment is presented in numerous locations throughout this document. Trenton-specific survey data were disaggregated by Rider University and appear in various sections throughout the document. The 2019 Trenton CHNAA is a natural extension of the Mercer County assessment that details specific health needs and assets in Trenton, as reflected in data and expressed by residents.

Publicly available data sets

Existing data were drawn from federal, state, county, and local sources to develop an accurate social, economic, and health comparison among Trenton, Mercer County, and New Jersey. Sources of data included, but were not limited to, the U.S. Census Bureau, U.S. Centers for Disease Control and Prevention (CDC), U.S. Bureau of Labor Statistics, Federal Bureau of Investigation Uniform Crime Reports, and the State of New Jersey Department of Health and Senior Services.

Partner Program and Health Care Data

Many health care, social service, and local agency partners collaborated on this document, providing both insight into their specific knowledge of Trenton populations, and programmatic or healthcare data. As a participant in the New Jersey Accountable Care Organization (ACO) Demonstration Project, an effort to coordinate care and link to social services for high-need Medicaid patients, THT has access to Medicaid claims data for the ACO geography (the six zip codes of Trenton, which includes small areas of neighboring Ewing and Hamilton). The claims data are maintained within the Trenton Health Information Exchange (HIE).

NowPow

In January 2019, THT launched NowPow, a community resource referral platform that empowers users to make data-driven social service referrals and close the loop on care with partners. THT is dedicated to helping coordinate and align health care to better meet the needs of the greater Trenton community. This multi-dimensional platform connects and serves both sides of the referral process to better address client health and social needs and improve care transitions across networks. Throughout this assessment, community assets are highlighted in the Trenton geography using the resource directory created by NowPow.

2019 Trenton Health Survey

More than 1,4000 Trenton residents responded to the 2019 Trenton Health Survey, providing direct input about specific needs and priorities. The survey asked home ZIP code, gender, race/ethnicity and age group, but focused on three central questions capturing how members of the community prioritize social and health needs, and what residents believe are the city's assets or strengths. The 2019 Trenton Health Survey questions can be found in Appendix A.

2018- 2019 Diabetes Listening Dinners

A series of six community forums, called Diabetes Listening Dinners, were held in 2018-2019 to inform program design for the Capital City Diabetes Collaborative, a city-wide diabetes improvement program funded by the Merck Foundation. Forums were held at faith-based and community organizations in Trenton, each drawing approximately 20 participants who either have diabetes or care for a loved one who does. During these Listening Dinners, diabetes clinicians and project team staff asked participants about their experience with care for diabetes in Trenton and their experience buying and finding food in Trenton.

2019 Community Forums

A similar listening journey was taken in 2019 to gather information directly from Trentonians on social and health conditions they experience. Ten community forums were conducted at the following organizations: Arm in Arm, UIH Fatherhood, Trenton Area Soup Kitchen, Mercer Street Friends, Kingsbury Towers, Trenton Housing Authority, and the Rescue Mission of Trenton. Participants were invited to complete the 2019 Trenton Health Survey and then participate in a large group discussion of each question. Themes arising from forums, as well as direct quotes from residents, are incorporated in the assessments of health needs and assets throughout this document. For both the Diabetes Listening Dinners and Community Health forums, participants were invited by the hosting organization, which inherently produced a self-selecting convenience sample. The number at each forum varied, ranging from 10 to 29 participants.

2018 Trenton Health Team Accountable Care Organization Patient Experience Survey

As part of its responsibility as a New Jersey Medicaid Accountable Care Organization (ACO), THT administered a patient satisfaction survey for the second consecutive year. The survey, employing a subset of the New Jersey Medicaid ACO Satisfaction Quality Metrics (Consumer Assessment of Healthcare Providers and Systems/CAHPS), was administered over 12 weeks from April to June 2018 and generated 186 responses. Results from this survey are referenced in relevant sections of this document.

BUILD Health Surveys

The BUILD Health Challenge is a national initiative funded by a consortium of grantmaking organizations. Trenton received this grant to implement a Bold, Upstream, Integrated, Local and Data Driven (BUILD) plan to “build up” Brunswick Avenue neighborhoods in Trenton from Battle Monument Park to Capital Health Regional Medical Center, with the goal of creating a “Safe and Healthy Corridor.” To inform program development for the BUILD Health Challenge, THT conducted a survey of residents to ascertain what elements of a safe and healthy neighborhood were most



important to them. Although the sample size was small, findings are included to complement other data from more traditional sources.

Trenton Youth Health Survey

All youth enrolled in middle and high schools in Trenton were provided the opportunity to complete the 2018 Trenton Youth Health Survey, designed to inform the Transforming Communities Initiative (TCI), a five-year grant from Trinity Health that began in 2016 to address policy, systems, and environmental (PSE) change and promote healthy behaviors. More than half (56%, 3,026) of all middle and high school students in Trenton completed the survey based on CDC Youth Risk Behavior Survey questions regarding diet, physical activity, health care utilization, and tobacco use. Results from this survey are included in discussions of child and adolescent health in this assessment.

Prioritization of Needs

Data gathered for the CHNAA were reviewed by a group of individuals from the THT staff, including those in roles of program design and implementation, and leadership. Findings from data collection and qualitative information gathering activities were considered both separately and together in context of criteria established by the prioritization committee.

Prioritization Criteria	Description
Scope	How widespread is this problem
Severity	How serious is this problem?
Problem demonstrated in data	Is perceived scope and severity of the issue reflected in data?
Trends/new priority	Has the issue been getting better or worse over time? Is this a new priority?
Health disparities and inequities	Health disparities and inequities associated with the health problem
Resident priority	Do Trenton residents find this issue to be important or a priority?
Community priority/ will	Do CAB partners and other stakeholders find this issue to be important or a priority and is there will to address the issue?
Assets and Resources	Are there assets already identified that can be leveraged to address the issue and can it build on existing work?
Feasibility and effectiveness of possible interventions	Is this an issue that can be addressed by THT and/or the CAB network? Can we impact and move the needle on this issue?

As the prioritization committee reviewed results and themes from the various data sources noted above, they considered priorities in two broad categories: health care/medical conditions and social/environmental conditions that affect health. Interrelated priorities were selected in each of these areas that reflect social/environmental conditions that affect healthcare outcomes, both directly and indirectly, as discussed in the Social Determinants of Health section of this report. Once priorities were selected, they were presented to the CAB for further input and prioritization.

Community Health Improvement Plan

THT plans to develop a Community Health Improvement Plan (CHIP) in conjunction with its partners to succeed this document. It will include tangible steps for addressing the health priorities identified in this CHNAA.

Limitations

THT acknowledges several limitations of this assessment. As is true in any urban center, Trenton's population is transient, meaning the snapshot of the population in this report may not match the city's actual population on a particular day. This also means there may be subpopulations not identified or inadvertently omitted.

Data from existing secondary sources is often several years old, creating a lag between the data and present circumstances. Data describing city, county, state, and national health status can be measured using population definitions and methodologies that may vary. Many data sets are available at the county or state level, but do not provide city-level data. Throughout this document, Trenton-specific data is incorporated where it is available. In many cases where city-level data does not exist, county data is presented. In addition, program and health care data provided by partner organizations may not have undergone rigorous data validation, as many of these are routinely collected for program improvement and measurement of impact, rather than for evaluative or research purposes. Qualitative data referenced in this document should be interpreted with caution, as quotes and themes expressed during forums can represent only perspectives of those who participated, so should not be generalized to whole population.

TRENTON PROFILE

Trenton has unique characteristics relative to the communities that surround it. These characteristics include social and environmental conditions that, in turn, affect health outcomes. The demographic factors discussed below are a key reason that it is imperative to assess the needs and assets of Trenton to supplement the county level assessment.

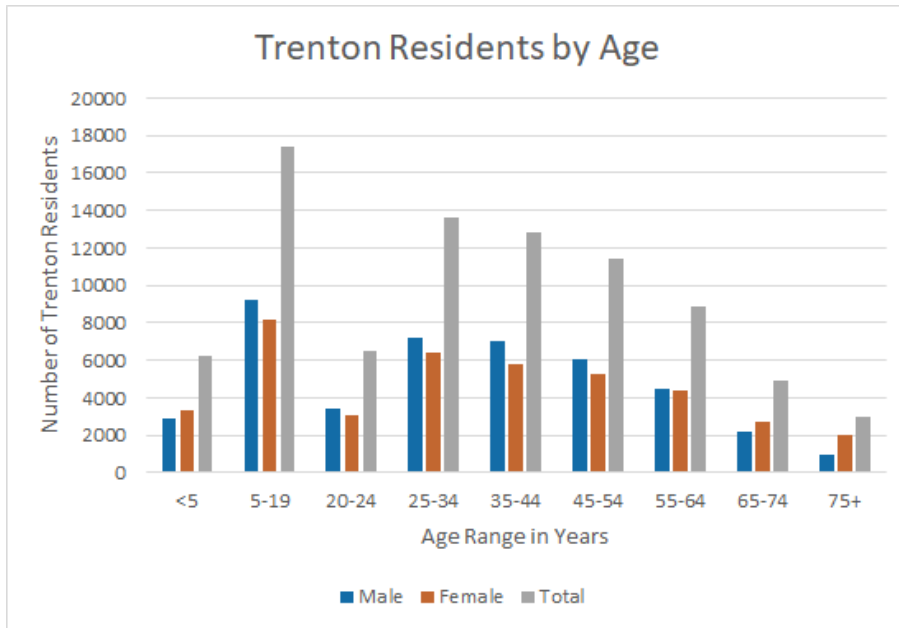
Population Size and Age Distribution

According to the American Community Survey 2013-2017 five-year estimate, the total population of the City of Trenton is 84,867.¹² The Trenton population is comprised of more youth under age 19 (25.1%) than the U.S. average of 22.9 % (see chart below).¹³ Life spans in Trenton average up to 14 years less than neighboring areas (73 years in Trenton ZIP code 08611 and 87 years in West Windsor ZIP code 08550).¹⁴

¹² U.S. Census, ACS. (2017). Fact finder New Jersey. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

¹³ U.S. Census, ACS. (2017). Fact finder New Jersey. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

¹⁴ Center on Society and Health. (2016). Mapping life expectancy: Trenton. Retrieved from <https://societyhealth.vcu.edu/work/the-projects/mapstrenton.html>



U.S. Census, American Community Survey (2013-2017 five-year estimates)

Education

Overall, educational attainment in Trenton is low. For 36.9% of Trenton residents 25 years and older, the highest educational attainment is a high school diploma or equivalent certification. An additional 35.1% have some higher education as well, but 28% do not have a high school diploma or equivalent.¹⁵

Trenton, NJ Educational Attainment (25 years and over)	
Population (25 years and over)	Total Estimates (ACS 2013 -2017)
Less than 9th grade	13.9%
9th - 12th (no diploma)	14.1%
High School Graduate (including equivalent)	36.9%
Some College, no degree	19.1%
Associates Degree	3.8%
Bachelor's Degree	7.8%
Graduate or Professional Degree	4.4%

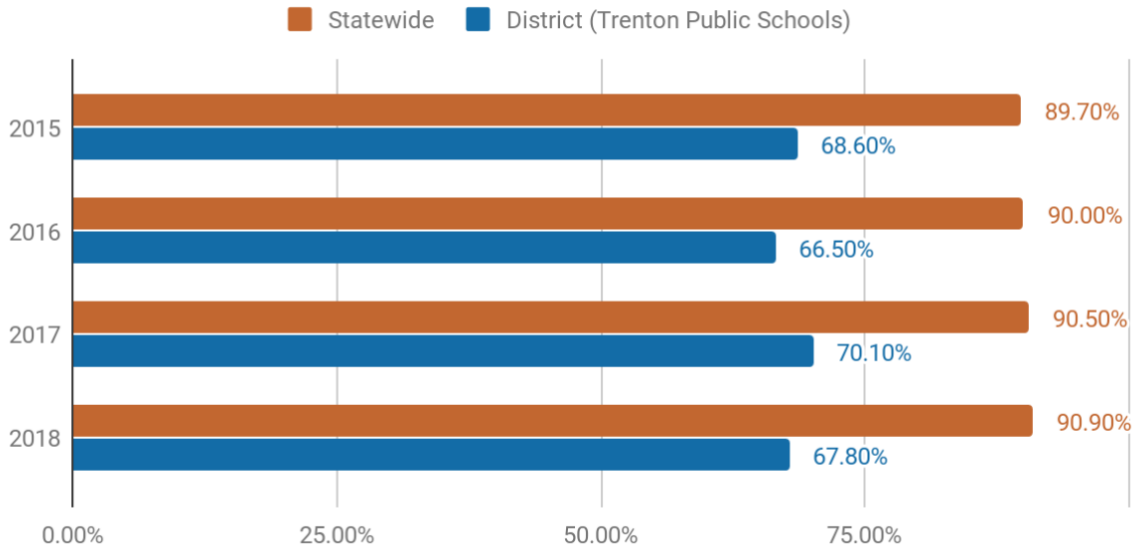
U.S. Census, American Community Survey (2013-2017 five-year estimates)

Although New Jersey's high school graduation rate has increased every year for the past six years, from 89.7% in 2015 to 90.9% in 2018, only 67.7% of the Trenton class of 2018 graduated

¹⁵ U.S. Census, ACS. (2013-2017 five year estimates). Educational Attainment. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

in four years from the Trenton Public Schools (TPS). The chart below shows the lag in graduation rates in TPS, in comparison to the State average from 2015 to 2018.

Four Year Graduation Rate - Statewide and District by Graduating Class



New Jersey Department of Education (2015-2018)

School districts bordering Trenton (i.e., Lawrence, Ewing, and Hamilton), had graduation rates of 95.9%, 90.2% and 91.1%, respectively, for the 2017-2018 school year.¹⁶ Students who graduate high school typically earn a higher income, live healthier lives, and are less likely to engage in crime.^{17 18}

In addition to lower high school graduation rates in Trenton, the district's dropout rate is significantly higher than the state average. The effects of this lack of educational attainment are not limited to employment and economics: almost 10% of 2019 Trenton Health Survey respondents reported that not having a high school diploma negatively affects their health.

High School Dropout Rate (2015 - 2018)		
<i>Percentage of students in grades 9 -12 who dropped out during each of the past three school years.</i>		
School Year	Trenton District Rate	State Rate
2015-2016	8.2%	1.2%
2016-2017	6.4%	1.1%
2017-2018	7.5%	1.2%

¹⁶ New Jersey Department of Education. (2019). Retrieved from <https://rc.doe.state.nj.us/SearchForSchool.aspx>

¹⁷ Alliance for Excellent Education. (2018). The Graduation Effect. Retrieved from <https://all4ed.org/wp-content/uploads/2018/04/Graduation-Effect-OnePager-FINAL.pdf>

¹⁸ GradNation. America's Promise Alliance. (2018). 2018 Building a Grad Nation: Progress and Challenge in Raising High School

Twenty-six percent of TPS children are chronically absent, compared to 10% of children in the State of New Jersey. Chronic absenteeism is defined as missing 10% or more of the academic year for any reason, including excused and unexcused absences, suspensions, and time missed due to changing schools. Based on a 180-day school year, that means a student would miss about 18 days per year.¹⁹ Among chronically absent students in Trenton, those with special education are disproportionately more likely to be chronically absent: 26% of all Trenton Public School students (pre-K through 12th grade) are chronically absent, whereas 35% of students in special education are chronically absent and 19% of children with limited English proficiency are chronically absent.²⁰

TPS district leadership has made increasing high school graduation rates a priority. For example, the 9th Grade Academy was opened in 2013 to address high dropout rates by giving freshmen “extra academic support as they transition into high school.”²¹ Ninth grade is a transitional year for students, and successful completion of that pivotal year is a good predictor of ultimate graduation.^{22 23} The 9th Grade Academy is one of the district’s effort to raise graduation rates and academic achievement test scores and improve college and career readiness.

The performance of children in Trenton Public Schools for multiple indicators is substantially lower than state averages. In Trenton, 21% of 7th grade students meet or exceed Language Arts expectations as measured on the Partnership for Assessment of Readiness for College and Careers (PARCC), while statewide, 63% of children meet or exceed expectations. The New Jersey School Performance Report for the 2017-2018 school year, including grades Pre-K to 12, showed 36% of students enrolled in Trenton Public Schools identified Spanish as their primary language at home. Prior to the 2016-2017 school year, reporting was not conducted at the district level, but the upward trend of students enrolled in TPS who identify Spanish as their primary language is evident in numbers from Martin Luther King Elementary School (MLK), shown in the chart below. During the 2011-2012 school year at MLK, 1.6% of students identified Spanish as their primary language spoken at home. Over the next seven years, this number increased to 39.2%. In response to the challenges this situation poses to the district and its teachers, TPS has created a new program featuring support for English Language Learners. Beginning in the 2019-20 academic year, the Global Academy will enroll students aged 14-21 who recently arrived in the US.²⁴

¹⁹ NJDOE (2017). Every Student Succeeds Act. NJ State Plan. Retrieved from <https://www.state.nj.us/education/ESSA/plan/plan.pdf>

²⁰ ACNJ. (2019). Trenton Kids Count 2019. Retrieved from <https://acnj.org/kids-count/trenton-kids-count/trenton-kids-count-2019/>

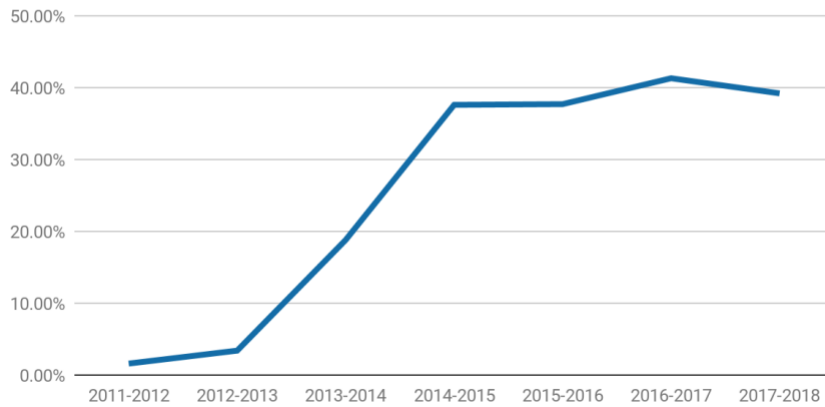
²¹ Pizzi, J. (2013, July 24). Trenton superintendent prepares for district reconfiguration, new initiatives. NJ.com, Retrieved from, https://www.nj.com/mercer/2013/07/trenton_superintendent_prepares_for_district_reconfiguration_new_initiatives.html

²² Bill and Melinda Gates Foundation. (2017). Why Is Ninth Grade a Critical Time for Students? A Researcher Explains. Retrieve from <http://k12education.gatesfoundation.org/blog/why-ninth-grade-critical-time-students/>

²³ Willens, M. (2013, November 1). Ninth Grade: The Most Important Year in High School. Theatlantic.com, Retrieved from, <https://www.theatlantic.com/education/archive/2013/11/ninth-grade-the-most-important-year-in-high-school/281056/>

²⁴ Evans, B. (2019, March 26). Trenton Public School District Proposes Program to Bridge Language Barrier Gaps. Trentondaily.com, Retrieved from, <https://www.trentondaily.com/trenton-public-school-district-proposes-program-to-bridge-language-barrier-gaps/>

Student Enrollment by Primary Home Language (Spanish) at MLK Elementary



In addition to Trenton Public Schools, Trenton residents may enroll in one of six public alternative charter schools, four located within Trenton city limits and two in neighboring communities of Ewing and Hamilton. Some are outperforming the traditional public schools. For example, Foundation Academy charter school had a graduation rate of 96.5% during the 2017-2018 school year.²⁵ This was higher than the state’s rate of 90.9%, cited earlier.

Poverty

Poverty in Trenton is a significant challenge, with many residents in the city having less income than residents in other parts of Mercer County. Due to its complexity, poverty requires two definitions: 1) Absolute Poverty has been described as a lack of the minimum food and shelter necessary for maintaining life. 2) Relative Poverty has been explained as the condition in which the poor lack what is needed by most Americans to live decently. For Trenton residents living in poverty who struggle to meet their basic needs of food, shelter and clothing, both definitions apply.²⁶

Individuals Living Below Poverty Level

United States	New Jersey	Mercer County	City of Trenton
14.6%	10.7%	11.3%	23.1%

U.S. Census, American Community Survey (2013-2017 five-year estimates)

More than 20% of individuals in Trenton live in poverty, compared to 11.3% in Mercer County. The City of Trenton’s poverty rate is similar to that of Newark, 28.3%, and lower than that of Camden, 37.4%. The severity of poverty in Trenton ranges among the city’s six ZIP codes, with

²⁵ Foundation Academies. (2019). Retrieved from <https://foundationacademies.org/>

²⁶ Trenton Health Team. (2013). Community Health Needs Assessment. Retrieved from <https://trentonhealthteam.org/wp-content/uploads/THT-CHNA-2013-July.pdf>

08608 having the highest rate at 33.5%. Nearly 34% of children under the age of 18 live below poverty in Trenton, compared to 15.5% of children living in Mercer County.^{27 28}

Trenton Residents Living Below the Federal Poverty Line by ZIP code	
ZIP Code	Percent Living Below the Poverty Level
08608	33.5%
08609	28%
08618	24%
08611	24.9%
08638	14.7%
08629	21%

U.S. Census, American Community Survey (2013-2017 five-year estimates)

The percentage of families in Trenton receiving public assistance income, i.e., cash payments to poor families or individuals that include Temporary Assistance to Needy Families (TANF) and General Assistance (GA), between 2013-2017 was 4.9% compared to 2.4% of Mercer County families. Despite the decline in this rate from 9% in 2011-2015 in Trenton, the rate remains double that of the county, state, and nation.²⁹

Households with Cash Public Assistance

United States	New Jersey	Mercer County	City of Trenton
2.6%	2.4%	2.4%	4.9%

U.S. Census, American Community Survey (2013-2017 five-year estimates)

Although the U.S. Census Bureau data present a decrease in the prevalence of public assistance income in Trenton, experts at local community agencies who serve as case managers and/or social workers report several barriers that could be deterring residents from enrolling or completing the application process for public cash assistance such as proof of Mercer County residency, presenting required citizenship documentation, certain felony

²⁷ U.S. Census, ACS. (2013-2017 five year estimates). Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

²⁸ Trenton Health Team. (2019). Health Indicators. Retrieved from <https://trentonhealthteam.org/resources/health-indicators/>

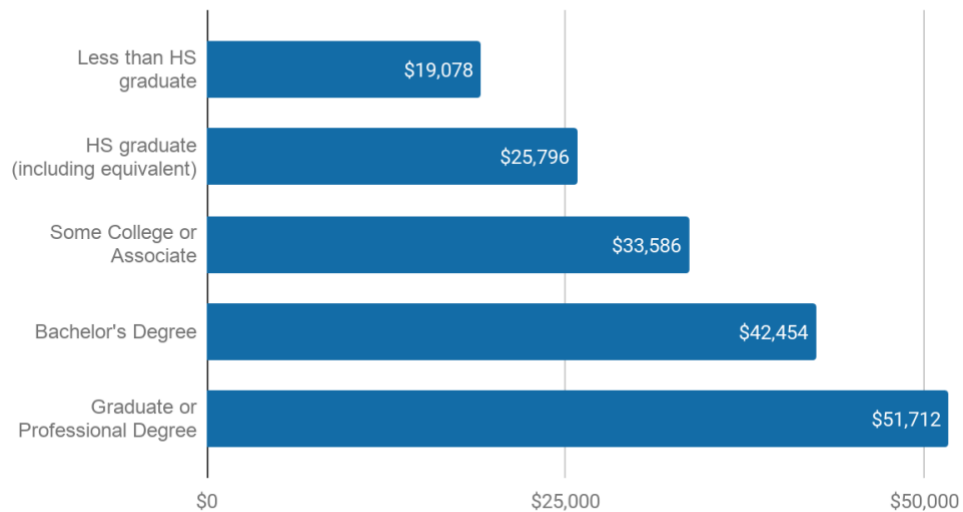
²⁹ Ibid.

convictions, participation in the WorkFirst NJ Program, and low cash assistance benefit relative to the amount of paperwork and effort required to apply.

Income and Employment

Trenton’s median household income from 2013-2017 was \$35,524 – less than half the Mercer County median of \$77,027. Similarly, income per capita was \$18,029 in Trenton and \$40,064 in Mercer County. Census data show that individuals earn more income as they attain more education, as seen in the chart below.³⁰

Annual Median Earnings by Educational Attainment in Trenton



U.S. Census, American Community Survey (2013-2017 five-year estimates)

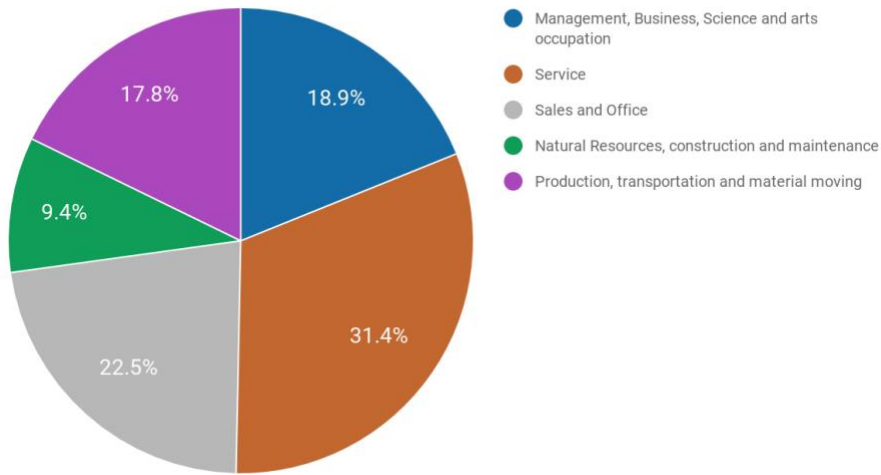
Residents holding a Bachelor’s Degree or higher who are 25 + represent only 12.2% of Trenton residents, while 36.9% have earned a high school diploma or equivalent (See education section).

Most residents of Trenton who are employed work in the Service Industry, holding jobs as healthcare support, protective services, food preparation and serving, building and grounds maintenance, and personal care. Approximately 31.4% of residents hold an occupation in the Service Industry, 22.5% in Sales and Office Work, 18.9% in Management, Business, Science and the Arts, 17.8% in Production, Transportation and Material Moving, and 9.4% in Natural Resources, Construction and Maintenance. The figure below shows the percentage of Trenton residents working in the five industries discussed above.³¹

³⁰ U.S. Census Bureau, ACS. (2013-2017 five year estimates). American Fact Finder. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

³¹ Ibid.

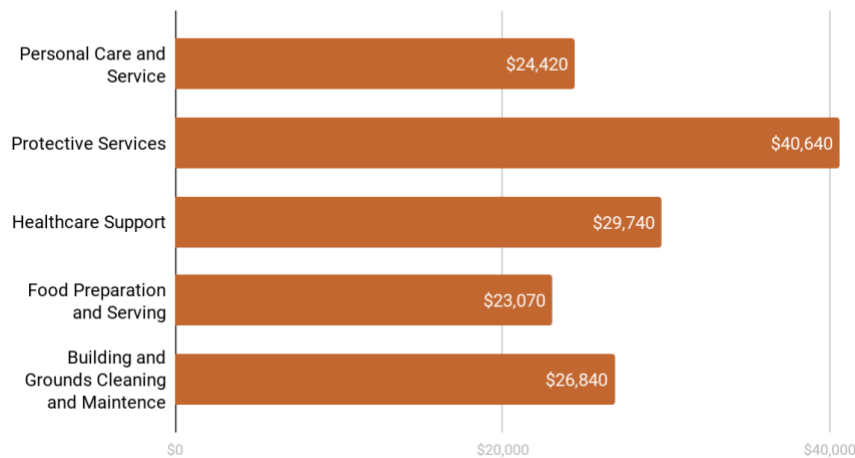
Industries Trenton Residents work in (16 years and older)



U.S. Census, American Community Survey (2013-2017 five-year estimates)

The entry level education requirement for most jobs in the Service Industry is a high school diploma or equivalent, with some requiring an associate's degree. The median annual salary of common jobs held in this industry are listed below in a graph; these align with the median salary of Trenton residents of \$35,524.³²

Median Annual Wage of Service Industry Jobs - 2018 (Entry Level)



U.S Department of Labor. Bureau of Labor Statistics (2019)

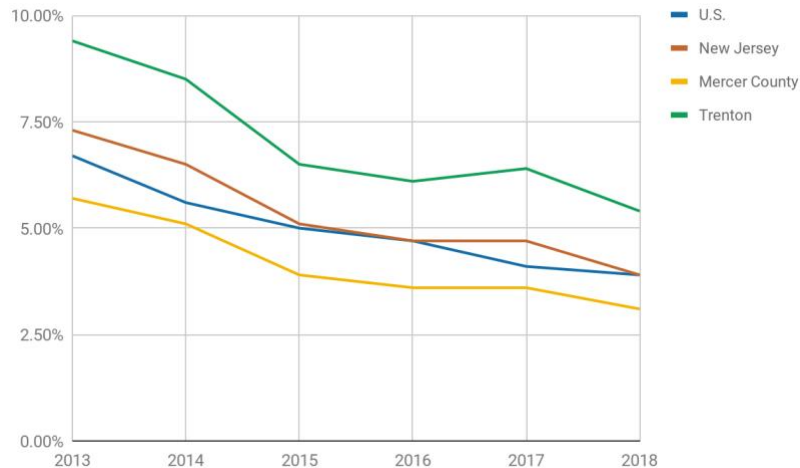
Unemployment

There are many different ways of defining and measuring labor force participation and unemployment. The table below shows the widely-used Bureau of Labor Statistics data, which is collected via trained interviewers and defines unemployed individuals relatively narrowly as those actively looking for work. It does not include individuals who are “passively looking for

³² U.S Department of Labor. Bureau of Labor Statistics. (2019). Occupational Outlook Handbook. Retrieved from <https://www.bls.gov/ooh/home.htm>

work (for example, looking at want ads in the paper).”³³ As such the BLS data does not include Trenton residents who remain without a job but have ceased an active job search due to lack of options, lack of transportation, discouragement or other factors. While BLS data show a Trenton unemployment rate of 5.4%, the American Community Survey data have Trenton’s rate at 13% (2013-2017 5 year estimate), using a broader definition of unemployment.³⁴

Unemployment Rate (2013 - 2018)³⁵



Unemployment Rate - 2019

New Jersey	Mercer County	City of Trenton
3.9%	3.1%	5.4%

U.S. Bureau of Labor Statistics (2019)

Among Trenton Health Survey respondents, 21.6% shared that “not enough job opportunities” in Trenton negatively impacts their health. At community forums throughout the city, residents talked about former Trenton job opportunities that have moved to neighboring cities. Some residents said they turn to temporary employment agencies in the city to find work, but available positions are usually outside the city, with transportation hard to find and often costly (Forum: UIH 3.1.19. & Arm In Arm 3.5.19). At the Rescue Mission during a forum, a participant said, “I have always lived in Trenton but never have worked in Trenton” (Forum: Rescue Mission 2.21.19).

³³ U.S. Department of Labor. Bureau of Labor Statistics. (2019). Databases, Tables & Calculators by Subject. Retrieved from <https://data.bls.gov/timeseries/LNS1400000>

³⁴ American Community Survey (ACS) Questions and Answers. Retrieved from: <https://www.bls.gov/lau/acsqa.htm#Q03>

³⁵ U.S. Department of Labor. Bureau of Labor Statistics. (2019). Local Area Unemployment Statistics. Retrieved from <https://www.bls.gov/lau/>

Language Barriers

In Trenton, 38.2% of the population (30,029 residents) speaks a language other than English, which is higher than the state rate of about 31%.³⁶ This rate reflects the rich diversity of culture and peoples in Trenton and across the state. However, diversity in language can also be a barrier to healthcare, education, and daily communication when information is not available in a person's home language. In Mercer County, almost 7% of households are linguistically isolated, meaning every person in the household ages 14 years or older has some difficulty speaking English. In Trenton, 11.6% percent of households report similar linguistic isolation.³⁷

The need for Spanish speaking health care providers was expressed by parishioners with diabetes and/or caring for someone with diabetes during a Community Listening Dinner at Cristo Rey Christ Church in January 2019. One parishioner explained that their doctor gets frustrated because of the language barrier. During a Community Forum with parents of toddlers, multiple participants expressed that language was a barrier in the community, with one parent explaining that with a Spanish speaking provider “we can ask questions and challenge their recommendations” (CCDC 1.19.19 and Forum at Cristo Rey 2.27.19). Results from the 2018 THT-ACO Patient Experience Survey indicated that language is a significant barrier. In that survey, 60% of English-speaking respondents reported that their doctor spoke with them about the reasons why they might want or not want to take a medicine, while only 39% of Spanish-speaking respondents did. This may contribute to fewer Spanish speakers in the survey reporting seeing a doctor regularly (75% Spanish vs. 92% English speakers).

Insurance Coverage

A lack or inadequacy of insurance continues to be a concern in Trenton. The ACA made insurance more available for many low and moderate income citizens and legal immigrants in New Jersey through a subsidized insurance market and the expansion of Medicaid in 2014, which expanded program eligibility to all adults with income below 138 percent of the federal poverty level (in 2019 this threshold is \$17,236 in annual earnings for an individual).³⁸ Nonetheless, cost of care and insurance coverage remains a barrier for many residents, especially Trenton residents without legal immigration status.

In 2017, it was estimated that 16.8% of Trenton residents did not have any form of health insurance (including Medicaid, Medicare, or private insurance) (1 year estimate)³⁹, which is nearly double the national rate of 10.2% and the New Jersey rate of 8.9%.⁴⁰ This rate decreased from an estimated 27% in 2013 (1 year estimate).⁴¹

³⁶ U.S. Census, ACS. (2013-2017 five year estimates). Fact finder New Jersey. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

³⁷ Trenton Health Team. (2019). Health Indicators. Retrieved from <https://trentonhealthteam.org/resources/health-indicators/>

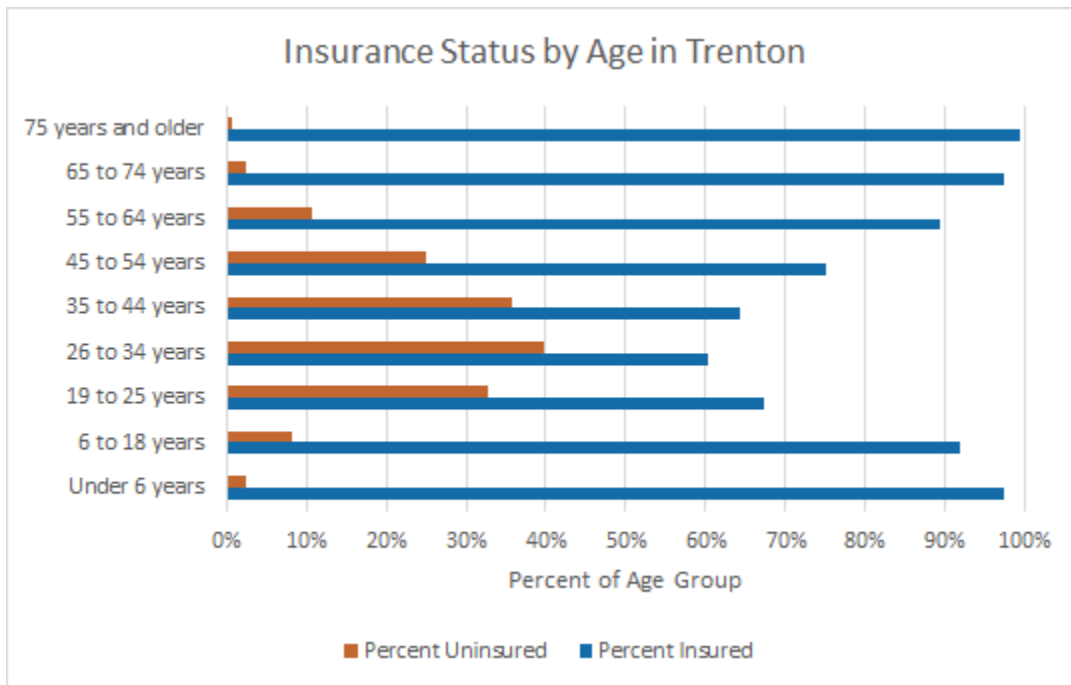
³⁸ HHS Office of The Assistant Secretary for Planning and Evaluation. Poverty Guidelines for 2019. Retrieved from: <https://aspe.hhs.gov/poverty-guidelines>

³⁹ U.S. Census ACS. (2017 one year estimate). Fact finder New Jersey. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t&keepList=t#>

⁴⁰ Kaiser Family Foundation. (2018). Key facts about the uninsured population. Retrieved from <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

⁴¹ U.S. Census ACS. (2013 one year estimate). Fact finder New Jersey. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t&keepList=t#>

Residents of Trenton are most likely to have insurance coverage if they are under 18 or over 65. A lower percentage of men in Trenton use Medicaid and Medicare (41.5% of all men compared to 50.4% of all women) (2013-2017 five-year estimates).⁴²



U.S. Census, American Community Survey (2013-2017 five-year estimates)

Nationally, Hispanics have the highest uninsured rate (16.1%), followed by Black non-Hispanics (10.6%), Asians (7.3%), and White non-Hispanics (6.3%).⁴³ Approximately 45% of people without insurance remain uninsured due to cost. Those who earn too much to qualify for Medicaid but also work in jobs that do not provide medical coverage are particularly affected by the high cost of health insurance. Approximately 20% of uninsured Americans report not addressing medical needs due to cost.⁴⁴

Nearly three quarters of non-elderly uninsured Americans have been without coverage for more than a year. People without health coverage are more likely to use the emergency room to address chronic illnesses and are more likely to be hospitalized for avoidable health problems.⁴⁵

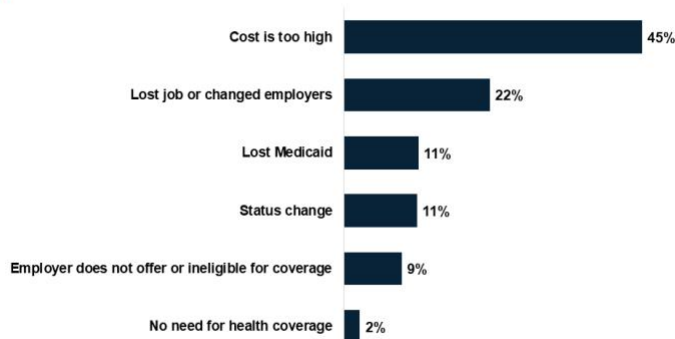
⁴² U.S. Census, ACS. (2013-2017 five year estimates). Fact finder New Jersey. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

⁴³ U.S. Census. (2018). Health insurance coverage in the United States: 2017. Retrieved from <https://www.census.gov/library/publications/2018/demo/p60-264.html>

⁴⁴ Kaiser Family Foundation. Op cit.

⁴⁵ Ibid.

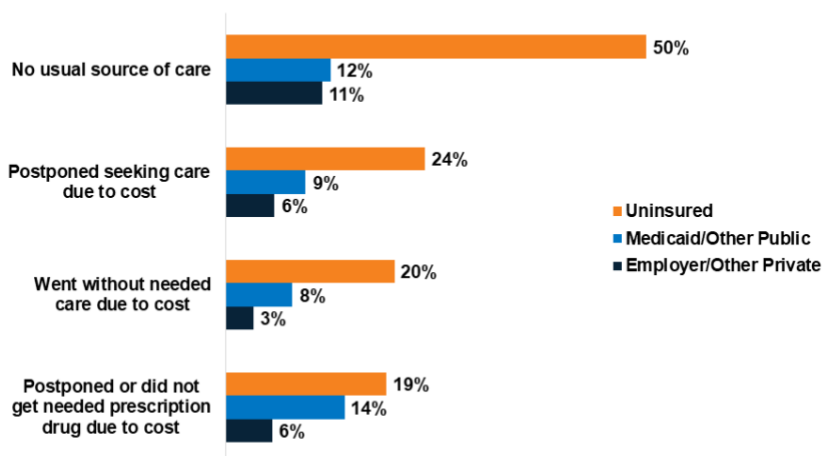
Figure 4
Reasons for Being Uninsured Among Uninsured Nonelderly Adults, 2017



NOTE: Includes nonelderly individuals ages 18 to 64. Respondents can select multiple reasons. Status change includes marital status change, death of spouse or parent, or ineligible due to age or leaving school.
SOURCE: Kaiser Family Foundation analysis of the 2017 National Health Interview Survey.



Figure 8
Barriers to Health Care Among Nonelderly Adults by Insurance Status, 2017



NOTE: Includes nonelderly individuals ages 18 to 64. Includes barriers experienced in past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant (p<0.05).
SOURCE: Kaiser Family Foundation analysis of the 2017 National Health Interview Survey.



Transportation

Public Transportation

Public transportation in Trenton is regarded as both a strength and a weakness in the community, according to the 2019 Trenton Health Survey. Twenty-two percent of survey respondents reported that public transportation is an asset. In community forums, residents noted that public transportation is adequate, but some residents expressed that more than one bus is sometimes required to reach a destination. Nearly 9% of survey respondents reported that challenges with transportation in Trenton negatively impact their health and well-being. Eleven bus routes serve Trenton, but many residential neighborhoods do not have bus stops in them, so residents need to walk significant distances to catch the bus. Where bus stops do

exist, many lack shelters. Buses are the only major source of public transportation in Trenton, despite the easy train access to the Northeast Corridor and beyond from the Trenton Transit Center. For those who do use the bus, monthly passes can cost \$114 for the service area needed. In comparison, the cost to operate a new car is \$706 a month according to the AAA Your Driving Cost Study completed in 2018.^{46 47} The cost of transportation, whether public or private, can be a burden to families, especially those earning less than \$40,000 annually, which accounts for more than 50% of Trenton households. Along with cost, public transportation brings with it the burden of time and scheduling. At a forum for mothers at Mercer Street Friends, participants explained that for grocery shopping, they ask for rides with friends or family to avoid transferring buses, and seek to purchase all of their groceries in one trip (Forum Mercer Street Friends 2.28.19). Now, with ridesharing services like Uber and Lyft operating in Trenton, residents with the funds can move throughout the city or beyond more easily. Another valuable, but under-utilized resource is the Greater Mercer Transportation Management Association (GMTMA) whose website includes interactive maps and a Mobility Guide with bus routes to major health facilities.⁴⁸

Medical Transport

For Medicaid patients, transportation is perceived as a challenge when accessing health care in Trenton. In multiple community forums, residents expressed concerns about medical transport arriving late, having inoperable lifts for those in wheelchairs, and being difficult to schedule. (Forum: Kingsbury 2.26.19, French Towers 2.13.19, Josephson 2.27.19, St. Francis Medical Center 2.27.19, Rescue Mission 2.21.19). Since 2009, LogistiCare has been New Jersey's Medicaid-funded provider of non-emergency transportation services. The Mental Health Association in New Jersey released a report in 2017 of their Medicaid LogistiCare Transportation Feedback Survey findings, where 13% of respondents were from Mercer County. Four areas of concern were identified: punctuality and reliability, safety of transportation services, disposition of staff, and handling of complaints. Punctuality and reliability was the number one concern of passengers, with 57% reporting that LogistiCare has not been "on time and reliable" in the last 6 months.⁴⁹

To offset the unreliability of LogistiCare transport, some patients have the option to utilize direct transportation through their healthcare provider or through program participation at a social service agency. Having reliable transportation helps to ensure that appointments are made on time, reduces "no shows" and provides another layer of customer service. Some agencies that provide this service in Trenton are LIFE St. Francis, Luther Arms Apartments, Elite Caring Adult Medical Day Care, Phoenix Behavioral Health, Catholic Charities, and various senior centers located in Mercer County. In addition to providing traditional modes of transportation via bus or van, agencies are beginning to utilize ride-sharing services Uber and Lyft for transportation. Another option is Ride Provide, an alternative transportation source for seniors to medical and non-medical appointments.⁵⁰

⁴⁶ AAA. (2018). Your Driving Cost. Retrieved from. https://exchange.aaa.com/wp-content/uploads/2018/09/18-0090_2018-Your-Driving-Costs-Brochure_FNL-Lo-5-2.pdf

⁴⁷ Edmonds, E. (2017, August 23). AAA Reveals true cost of Vehicle Ownership. Newsroom.aaa.com, Retrieved from <https://newsroom.aaa.com/tag/driving-cost-per-mile/>

⁴⁸ <https://gmtma.org/interactive-map/> and https://gmtma.org/wp-content/uploads/2018/03/mobilityguide_2015-final.pdf

⁴⁹ Mental Health Association of NJ. (2017). MHANJ Medicaid Logisticare Transportation Survey. Retrieved from. <https://www.mhanj.org/2017/12/13/mhanj-medicaid-logisticare-transportation-feedback-survey/>

⁵⁰ <https://rideprovide.org/our-service/>

COMMUNITY ASSETS

While the needs in Trenton are many, there are also vital assets that are available in tackling them. There are numerous organizations committed to the work and to a way of working together and across sectors. THT's Community Advisory Board, which recently renamed itself Partners Advancing Trenton's Health (PATH), has been convening regularly to brainstorm solutions to the challenges. Other coalitions have also formed to promote networking (e.g., Trenton Area Stakeholders⁵¹) and to tackle specific issues such as childhood obesity and wellness (NJ Partnership for Healthy Kids-Trenton⁵²), youth development/violence (Trenton Prevention Policy Board (now called Capital City Youth Violence Coalition)⁵³ and Capital City Community Coalition), and economic development (Greater Trenton⁵⁴), to name a few.

There are also a number of program-specific collaborations such as the Capital City Diabetes Collaborative program, started in 2017, which has a multidisciplinary clinical coordination team that developed standardized diabetes patient education material to provide in both hospital systems, the city's Federally Qualified Health Center (FQHC), and through the THT care management team and Faith in Prevention program. The diabetes education booklets, in both English and Spanish, are easy to read and use graphics to better explain diabetes self-care management techniques.

THT's Faith in Prevention program partners with more than 70 faith-based organizations in Trenton to disseminate health educational material through short courses/workshops to worshippers. Since its inception, the Faith in Prevention program has trained a total of 163 lay community leaders and engaged more than 1,200 participants. This program provides Trenton residents with additional health resources from trusted community leaders in welcoming non-health settings.

During community health forums, when Trenton residents were asked what resources help them better understand their medical conditions, dozens of residents spoke about past or current access to social workers in their housing units or medical homes. The social workers helped connect them to services and also supported implementation of recommended patient self-care behaviors from medical providers. Participants in the forums often highlighted these positive interactions with social workers and expressed the desire for these resources to be made available to all individuals with acute and chronic health problems.

Additional assets and resources are described throughout this report, including assets that connect to specific priority areas.

2019 TRENTON HEALTH SURVEY: Design and Findings

In February and March of 2019, THT worked in partnership with more than 30 community organizations to administer the 2019 Trenton Health Survey to a convenience sample of easy to reach Trenton residents who are either English or Spanish speakers. Surveys were administered at, and collected from, the following locations and organizations:

⁵¹ <http://trentonstakeholders.org/>

⁵² <https://www.njhealthykids.org/our-work/our-community-grantees/>

⁵³ <https://www.trentondaily.com/ccyvc-stepping-closer-to-positive-youth-development/>

⁵⁴ <https://greaterrenton.org/>

Anchor House	Arm in Arm	Capital Health, Primary Care, 832 Brunswick	Catholic Charities Diocese of Trenton
Coordinated Entry and Assessment Services Center	Central Jersey Legal Services	Children's Futures	Children's Home Society of NJ: HeadStart and WIC
City of Trenton	City Hall	Cristo Rey	Cycle Open House (Champion's Bar)
East Trenton Collaborative	Faith in Prevention (THT)	Fans of Trenton's Irresponsible Blogger Facebook page	Central Jersey Family Health Consortium: Healthy Women Health Families Program
Henry J. Austin Health Center	Isles Inc.	Kingsbury Towers	Latin American Legal Defense and Education Fund
Louis Josephson Housing	Mercer Street Friends (Multiple locations)	Mill Hill Neighborhood Association	Millhill Child and Family Development
New Salem Baptist Church	NJ Cancer Education and Early Detection (CEED) (THT)	Nurse Family Partnership	Oaks Integrated Care (Trenton/Lawrenceville)
Play Soccer Non-profit International	St. Francis Medical Center	St. Mary's Cathedral	Trenton Area Soup Kitchen
Trenton Health Team Care Management clients	Trenton Housing Authority, 630 W. State St.	Trenton Public Library	Rescue Mission of Trenton
Trinity Episcopal Cathedral	Turning Point United Methodist Church	UIH Family Partners	United Way of Greater Mercer County

The survey's designers at THT acknowledge the sampling bias that results from administering a survey with organizations and in locations where members of the Trenton community are already seeking social support and health services. This survey may not accurately represent the social and health concerns of all Trenton residents; those who do not access services or were not utilizing these services during the survey period were likely under-sampled.

The one-page (front and back) survey took, on average, less than five minutes to complete and was administered on paper and through the online SurveyMonkey platform. More than 90% of respondents completed surveys on paper, which were later entered into the SurveyMonkey database by THT staff and Rider University students for an aggregate analysis of both paper and online survey results.

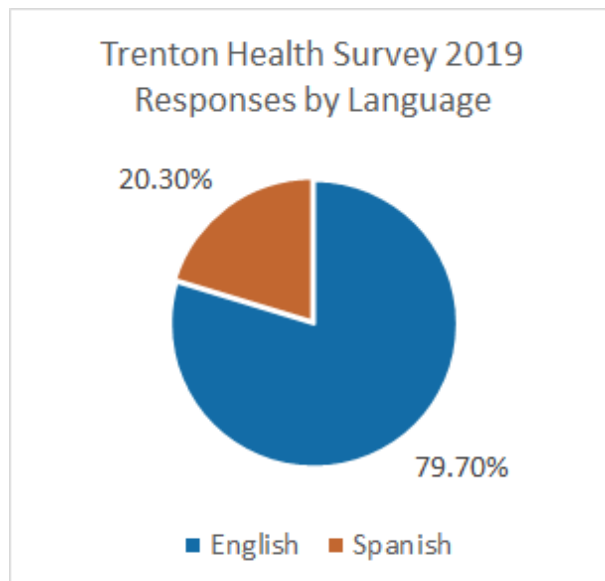
Questions were modeled after Healthy People's Social Determinants of Health categories: economic stability, education, social and community context, health and health care, and neighborhood and built environment, and written at a low reading level. The Flesch-Kincaid Grade Level for the survey questions and answers is 6.0. The MAPP framework was utilized in the survey design process to identify not only community health needs, but also strengths, assets, and leverage points for change.



Healthy People.gov (2019)

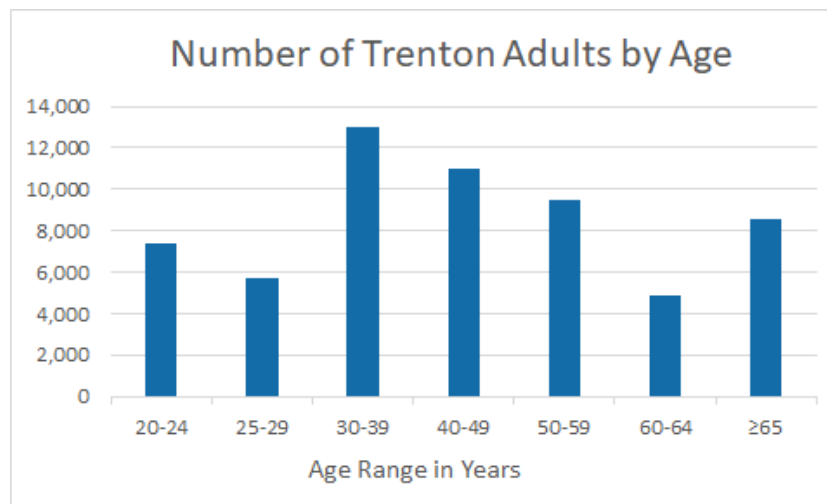
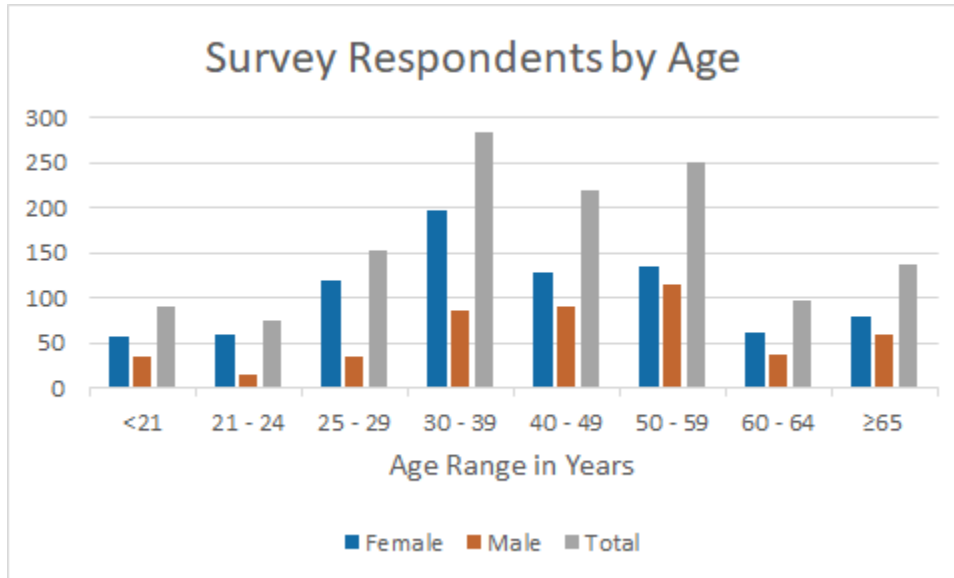
Survey Analysis

A total of 1,448 people responded to the Trenton Health Survey. A majority of residents (79.7%) took the survey in English, and 20.3% took the survey in Spanish. Among those who indicated their gender (1,421), there were 862 women (61%), 477 men (34%), and seven residents who identified as transgender. The remaining 75 respondents selected “other” or “prefer not to answer.” There was a greater proportion of females surveyed among Spanish-speaking respondents compared to English-speaking respondents (69% compared to 59%).



The median age of women surveyed (30-39) was lower than that of men (40-49); and median age for Spanish-speaking respondents was lower (30-39) than the median age for English-

speaking respondents (40-49 years). This difference in age distribution could explain some of the variation in answers. The median age of the THT survey participants (40-49 years) exceeds the median age of adult Trenton residents (35-44).



ACS, 2013-2017 five year estimates

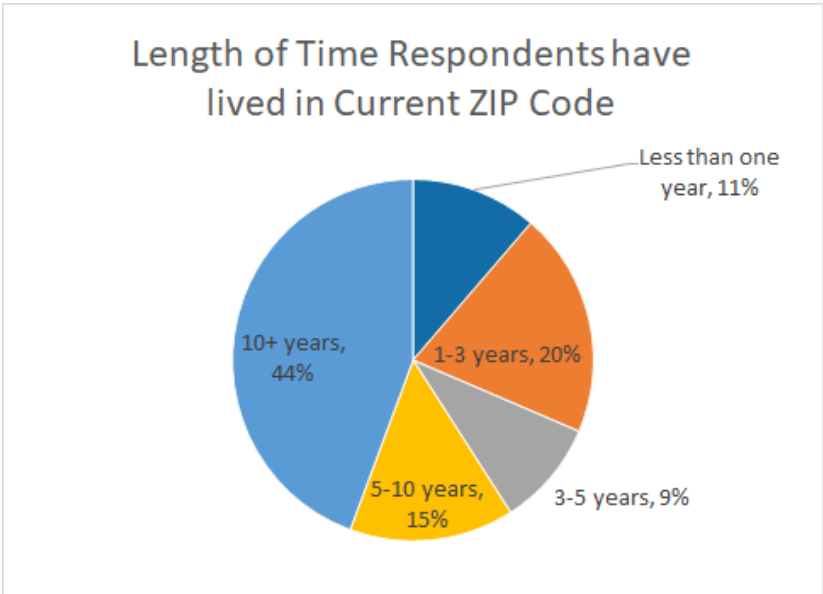
Trenton residents were asked which ZIP code they live in: the highest percentage of respondents (28%) live in 08618, followed by 26% in 08611, 15% in 08609, 9% in 08638, 5% in 08629, 3% in 08608, and 14% in other ZIP codes bordering the six designated ZIP codes of Trenton.

The sampling distribution is approximately the same as the distribution of the total population in these six ZIP codes. It is important to note that 08618 and 08638 reach into Ewing and 08629 into Hamilton. As the survey was completed by those who “identify as Trenton residents” these ZIP codes appear to be under-sampled when compared to the total population distribution. Likewise, the reference data for the total population distribution contains children, whereas the THT survey only surveyed adults.

Proportion of Survey Respondents and Population Distribution by Zip Code							
ZIP Code	08608	08609	08611	08618	08629	08638	Other
Proportion of Survey Respondents	3%	15%	26%	28%	5%	9%	14%
Distribution of Total Population	1%	12%	24%	33%	11%	20%	

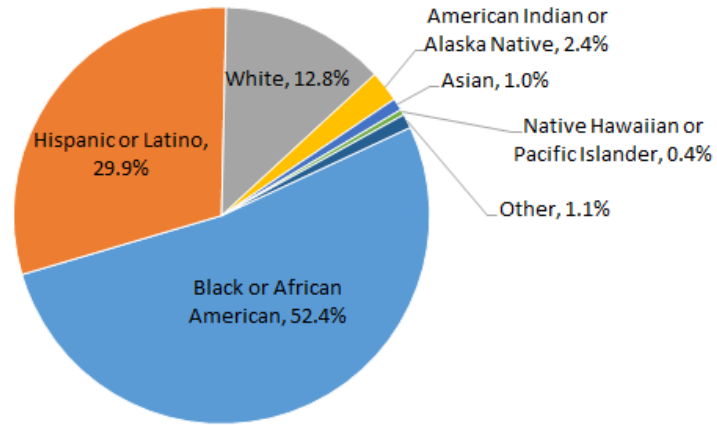
United States Zip Codes 2019

Most survey respondents are longtime residents of their current ZIP codes, with 44% living in that ZIP code for ten or more years. While 11% of respondents said they have lived in their current ZIP code for less than one year, nearly 60% of people in this group previously lived in one of the other Trenton ZIP codes. Fewer than 20 respondents said they were living outside of Trenton one year ago.

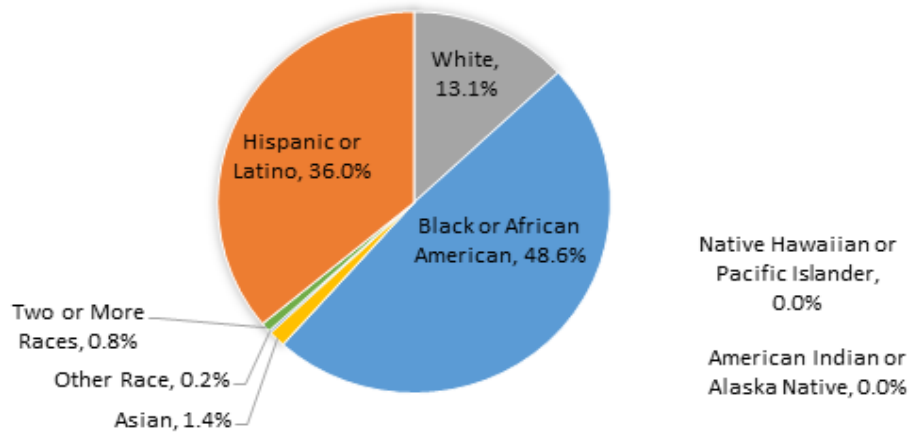


Survey respondents were asked “Which race/ethnicity best describes you?” and encouraged to “select all that apply.” A majority of respondents selected one race or ethnicity and 132 respondents left the question blank or selected “prefer not to answer.” The distribution of race and ethnicity among respondents was similar to that of the total Trenton population. Of those surveyed, the three largest groups are: Black or African American (52.4%), Hispanic or Latino (29.9%), and White (12.8%).

Race and Ethnicity Selected by Survey Respondents
 (Respondents could select more than one race or ethnicity)



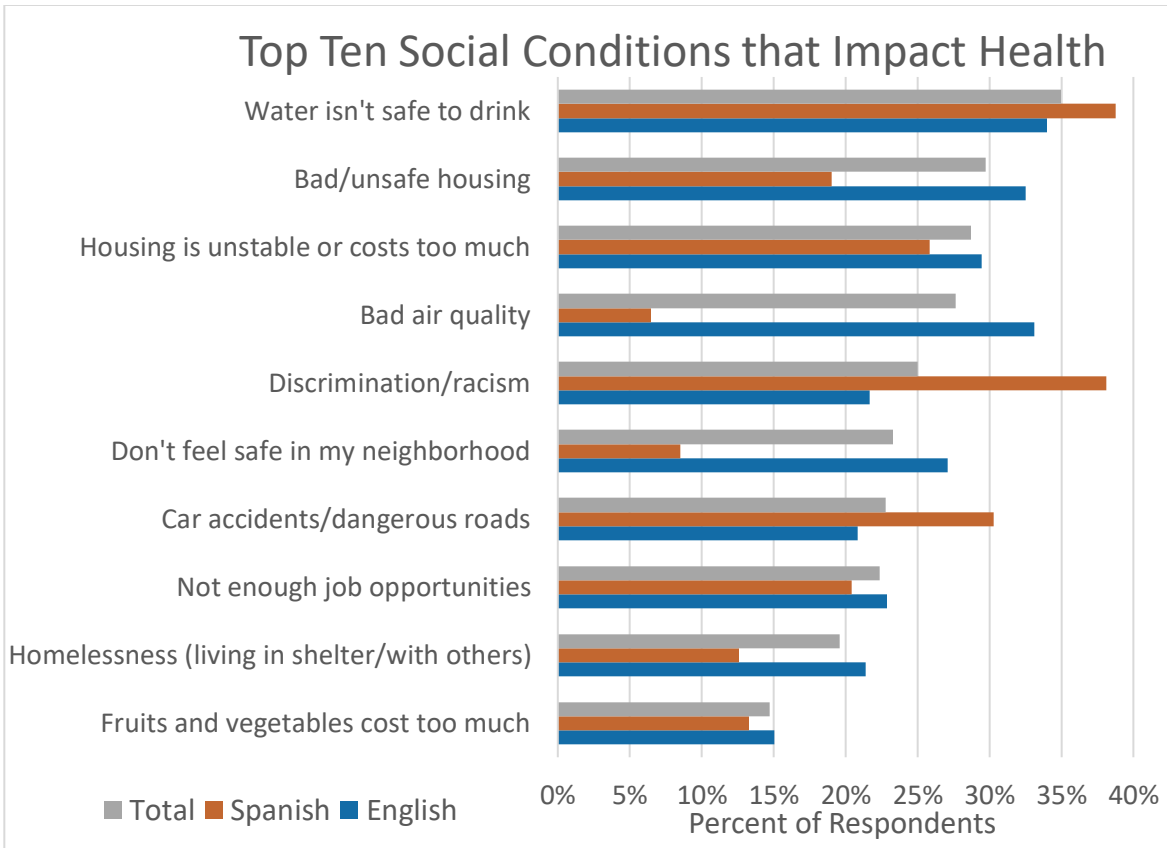
Race and Ethnicity Breakdown in Trenton, New Jersey



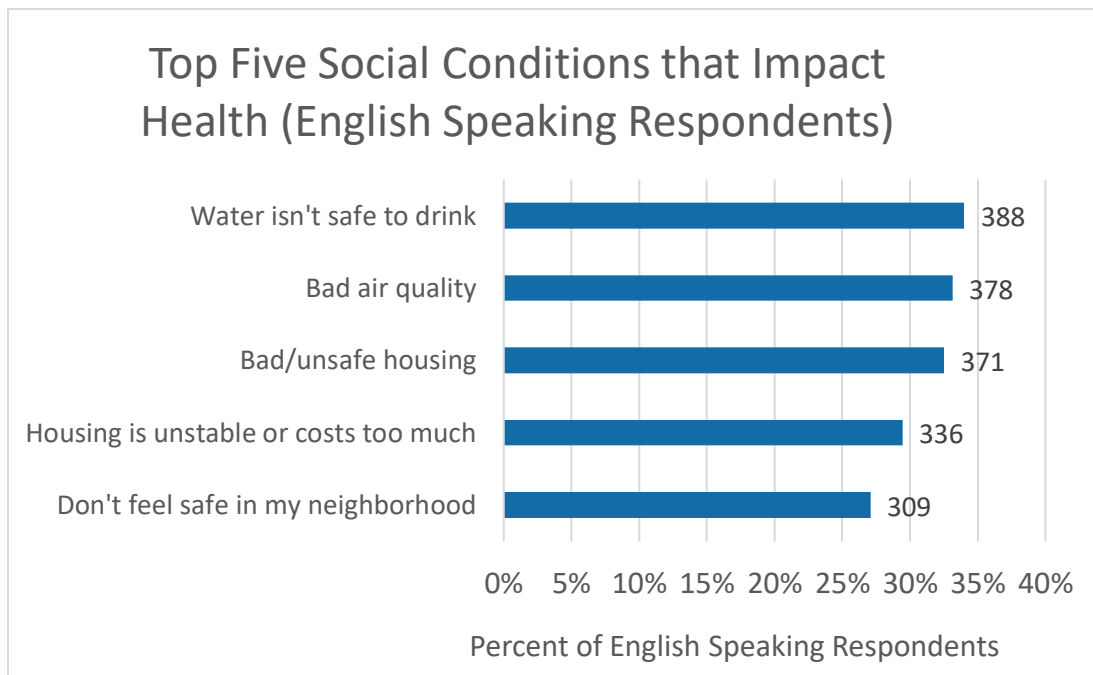
U.S. Census American Community Survey 2013-2017

Social Conditions

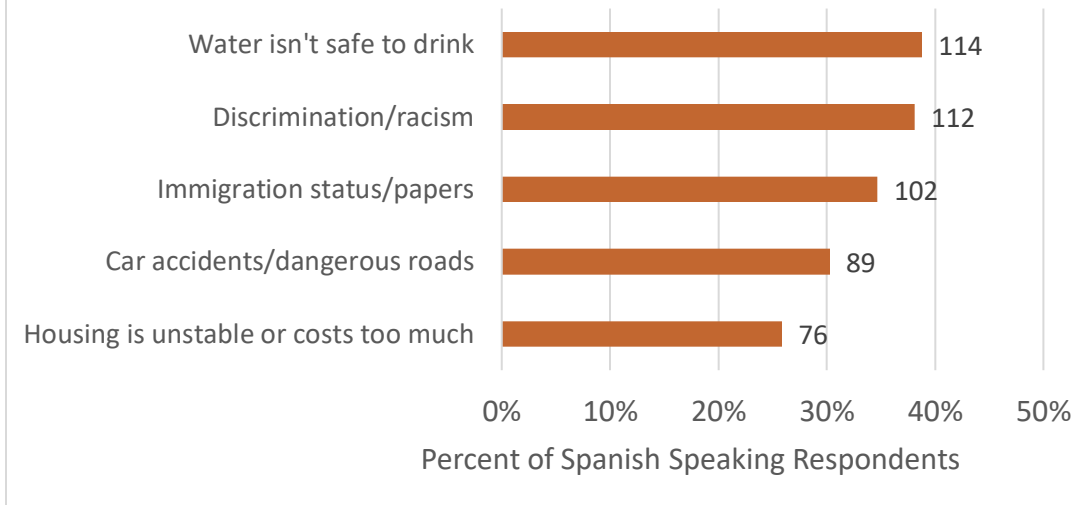
When asked to select up to five conditions that most impact their health, Trenton residents most often selected water isn't safe to drink (502, 35%), followed by bad/unsafe housing (427, 30%), housing is unstable or costs too much (412, 29%), bad air quality (397, 28%), and discrimination (359, 25%).



As shown in the graph above and the two that follow, the social conditions selected by respondents as having the most impact on their lives varied between English and Spanish speaking respondents.

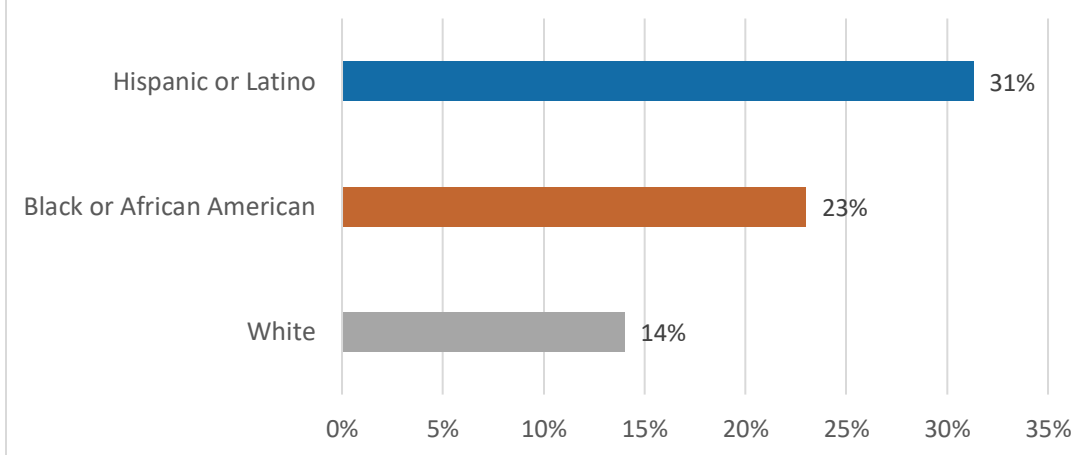


Top Five Social Conditions that Impact Health (Spanish Speaking Respondents)



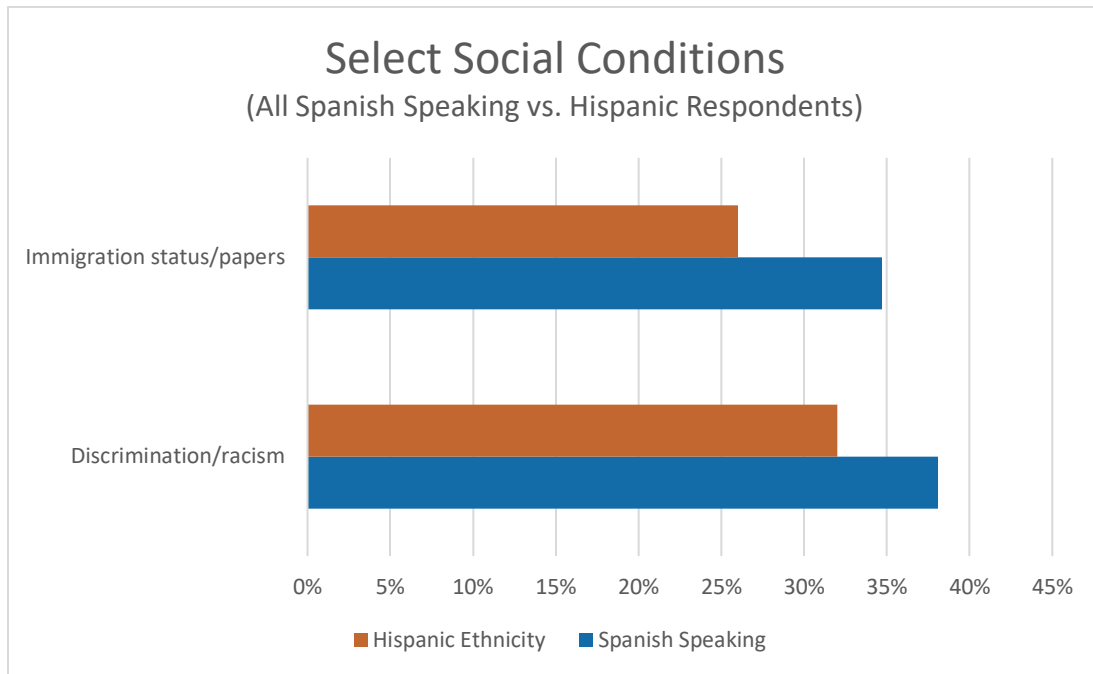
Survey respondents who identified as Hispanic or Latino more frequently marked “discrimination/racism” as something negatively impacting their health compared to the rest of the survey population. Thirty one percent of Hispanic respondents noted this issue, followed by 23% of Black or African American and 14% of White respondents. Note: Only demographic groups with 50 or more respondents are included in the graph above.

Respondents that Selected Social Condition, "Discrimination/Racism," by Race/Ethnicity



Furthermore, the issues of “discrimination/racism” and “immigration status/papers” were the most prominent among Spanish-speaking respondents. Discrimination was marked as a social condition that negatively impacts his or her health by 38% of respondents who took the survey

in Spanish and by 32% of those who identified as Hispanic. Likewise, immigration status was marked as a concern by 35% of respondents who took the survey in Spanish and by 26% of those who identified as Hispanic.



Survey results for social conditions impacting one’s health were similar between men and women. Men, on average, selected more conditions that negatively affected their health compared to women (4.2 compared to 4.0 selections on average).

For the top five social conditions that impact health, women chose, in order of priority:

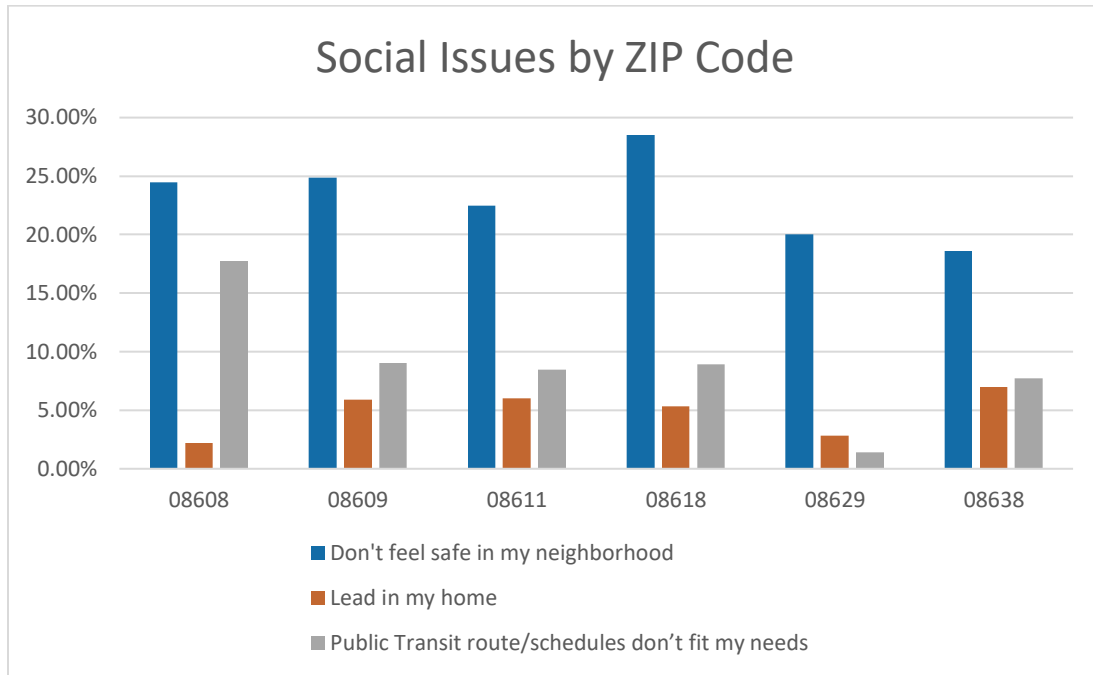
1. Water isn't safe to drink
2. Bad/unsafe housing
3. Housing is unstable or costs too much
4. Bad air quality
5. Discrimination/racism

Men chose, in order of priority:

1. Bad air quality
2. Water isn't safe to drink
3. Bad/unsafe housing
4. Housing is unstable or costs too much
5. Homelessness (living in shelter housing or with others) tied with Discrimination/racism

An analysis of social issues across all ZIP codes shows safety as a top concern. Selected social conditions of concern compared by ZIP code included: “don’t feel safe in my neighborhood,” “lead in my home,” and “public transit route/schedules don’t fit my needs.”

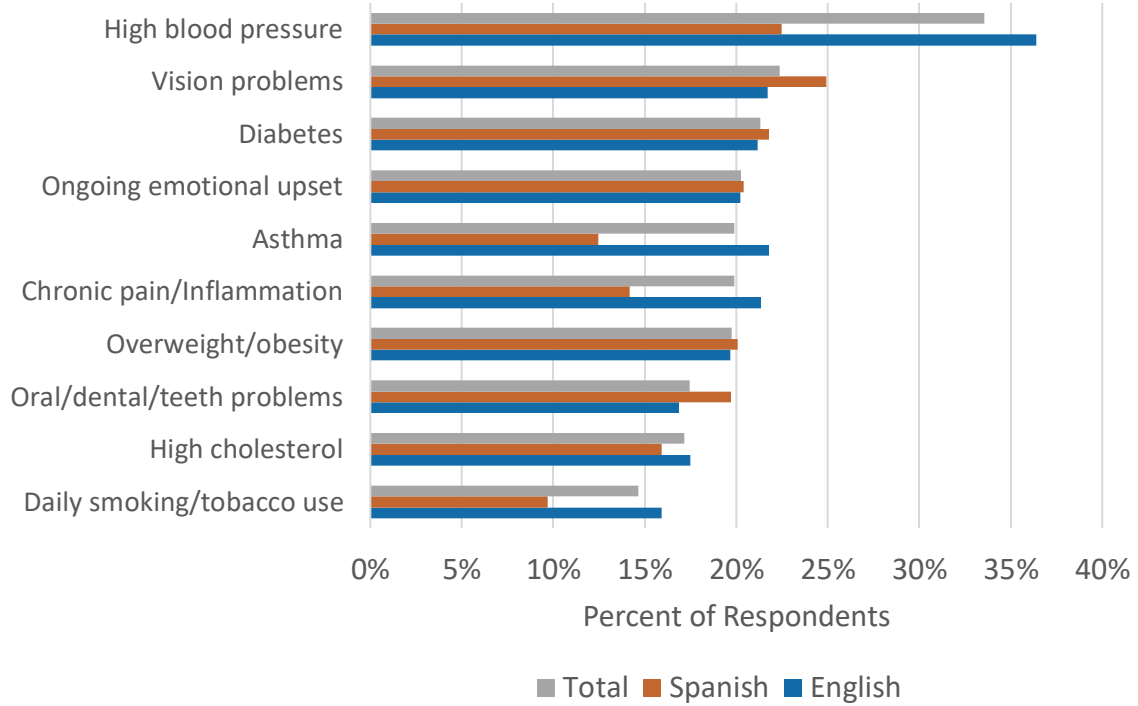
Due to the small sample size in ZIP codes 08608 (45) and 08629 (70), further analysis is required to determine if there is a statistically significant difference for these select social conditions.



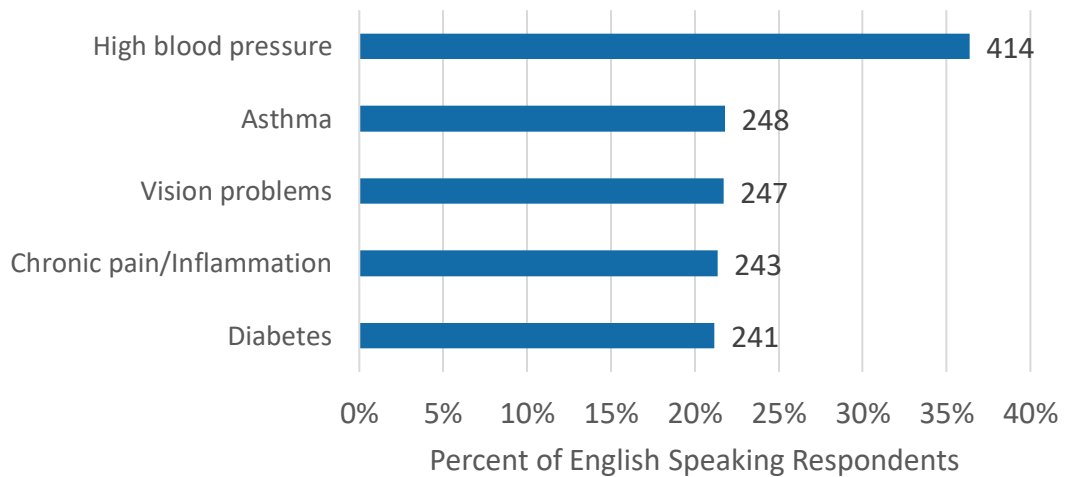
Health Conditions

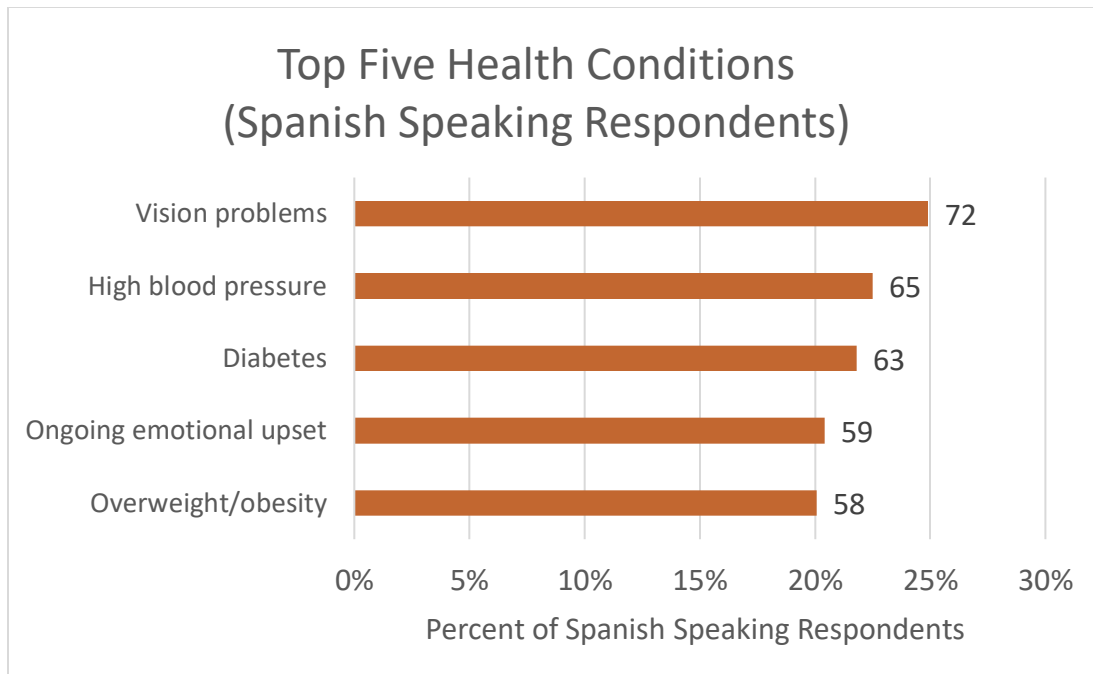
High blood pressure was the health condition most often selected by Trenton survey participants (479 respondents, 34% of total), followed by vision problems (319, 22%), diabetes (304, 21%), ongoing emotional upset (depression, anxiety, bipolar, etc.) (289, 20%), and asthma (284, 20%). Spanish speakers were more likely to select “no health concerns” (30% compared to 20% of English speakers). Certain conditions, such as asthma, ranked as the number two concern for English speakers but did not make the top ten for Spanish speakers. In fact, English speakers were almost twice as likely to select asthma as a top health concern (22% to 12%). Other discrepant areas include: chronic pain (English 21%, Spanish 14%), daily/near-daily use of tobacco products or e-cigs (English 16%, Spanish 10%), and unplanned pregnancy (English 3%, Spanish 6%).

Top Ten Health Conditions



Top Five Health Conditions (English Speaking Respondents)





Top five health conditions selected by women:

1. High blood pressure
2. Overweight/obesity
3. Asthma
4. Vision problems
5. Diabetes

Top five health conditions selected by men:

1. High blood pressure
2. Vision problems
3. Chronic pain/Inflammation (swollen ankles, hands, knees, etc.)
4. Oral/dental/teeth problems
5. Ongoing emotional upset (anger, depression, anxiety, etc.)

Assets

Every community has assets and strengths. A community asset is defined by the University of California, Los Angeles's Center for Health Policy Research as anything improving the quality of community life.⁵⁵ Assets come in many forms: people, places, community organizations, associations, institutions, and businesses.⁵⁶

Trenton is rich in assets that can be leveraged to address social and medical challenges many residents experience daily. This report discusses social and medical needs, as well as community resources and initiatives to address them. The approach is unique because it

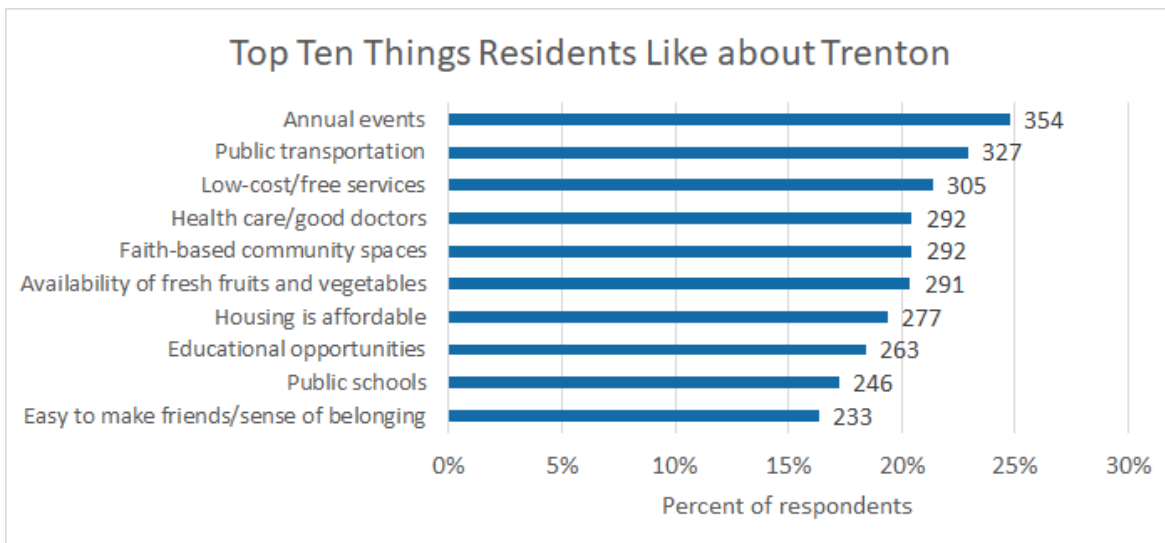
⁵⁵ UCLA. Center for Health Policy Research. Retrieved from. https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf

⁵⁶ Community Tool Box. (2018). Identifying Community Assets and Resources. Retrieved from. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main>

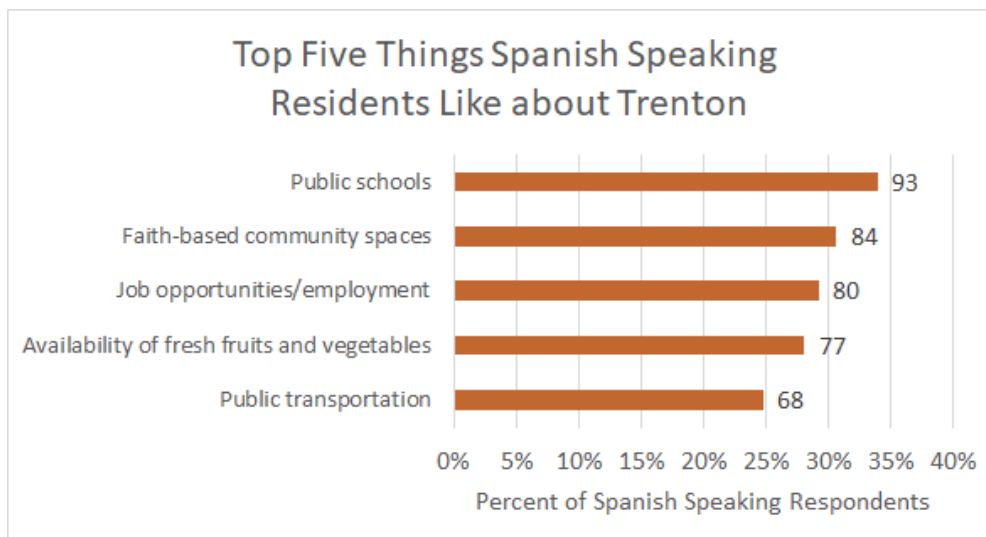
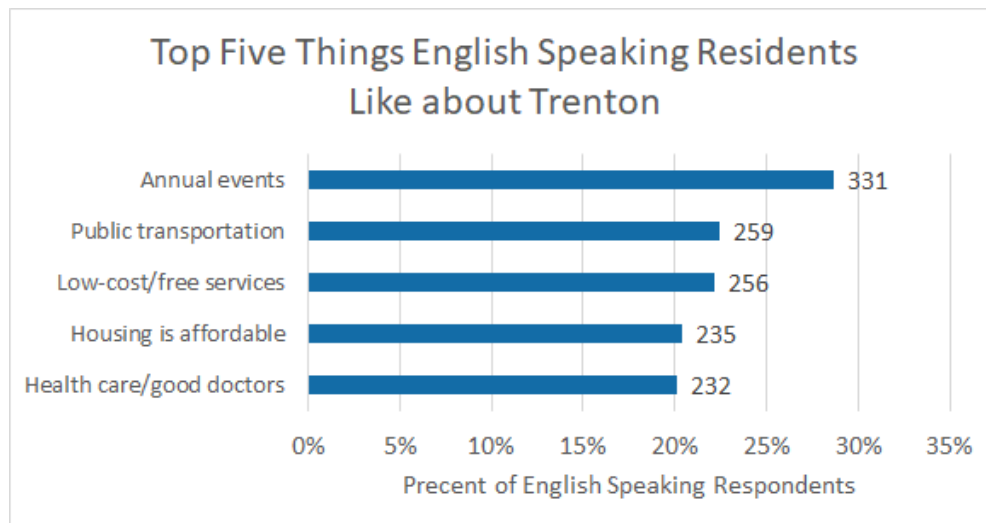
identifies current capacity within the community to address deficits, rather than simply declaring a need for more funding or new interventions.

Perhaps one of the most notable assets in Trenton is the collaboration among organizations and across sectors that is becoming our way of doing business. Robust data systems such as the Trenton Health Information Exchange (HIE) allow us to share and analyze data in ways that were not possible even a few years ago, developing and monitoring programs that are truly responsive to the needs of our community. Because health at the population level is complex and multi-dimensional, we can only see transformative change if we work together, using analytics and evidence-based approaches, to move us towards a culture of health and well-being that is accessible to all our residents.

Trenton residents taking the 2019 Trenton Health Survey could choose among 20 listed assets. Assets ranking in the top ten are displayed below. They include annual events, public transportation, and low-cost/free services as number one, two, and three, respectively.



Assets identified by Trenton residents varied widely between those who took the survey in English compared to those who took the survey in Spanish. Nearly 29% of English speaking respondents identified annual events as a community asset; this compares to 8% of Spanish speaking respondents. Spanish speaking respondents were more than twice as likely to say identify public schools as an asset (34% compared to 13%). Other disparate selections include: “faith-based community spaces” (31% of Spanish and 18% of English respondents) “clean water” (21% of Spanish and 8% of English respondents), and “job opportunities” (29% of Spanish and 13% of English respondents). Public transportation was the highest mutually chosen asset among both groups.



HEALTH AND WELL-BEING PRIORITIES

As described in the Methodology section above, we have used a holistic approach to assessing health and well-being in the Trenton community, considering both quantitative and qualitative data from various survey tools, publicly available plus proprietary data sets, and direct resident input obtained at community forums in diverse settings. We shared findings with internal staff and key stakeholders including the CAB/PATH, to identify priorities, both medical and social/environmental, using the rubric included on p. 22 in the “Prioritization of Needs” section.

We also considered the level of community need in each of our focus ZIP codes, as assessed through the Community Need Index (CNI) score, which analyzes community need across the United States by averaging five socio-economic barriers on a scale of 0 to 5, with 5 indicating the greatest need.⁵⁷ The CNI barriers include income, education, insurance (employment and health), and housing that all contribute to the health and well-being of a community. Trenton is a

⁵⁷ Dignity Health. (2018). *Community Need Index*. Retrieved from <http://cni.chw-interactive.org/>

high-need community according CNI, especially when compared to neighboring towns, Lawrence (middle need), and Robbinsville (low need).

Reflecting this complex understanding of the inter-connectedness of social and health needs, the needs prioritized in this report include both social and health concerns, recognizing and emphasizing that health needs are inextricably linked to and impacted by social conditions in Trenton. The priorities are a synthesis of the voice of the community, local agencies and experts, and publicly available data. The infographic below depicts both traditional health priorities and social priorities.

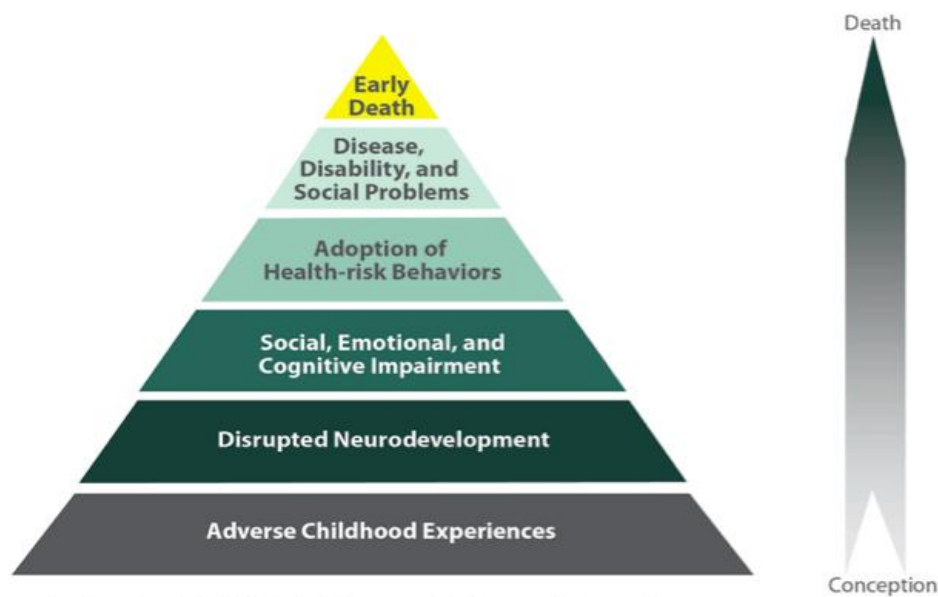
2019 Health and Well-Being Priorities



Priority Spotlight: Adverse Childhood Experiences

In the 2013 CHNA for Trenton, Adverse Childhood Experiences (ACEs) were identified as an important underlying consideration for understanding health and well-being in our community. The ACE pyramid (depicted below) grew out of a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego, documenting through a longitudinal study the powerful correlation between childhood trauma and negative health outcomes, both physical and behavioral. This study confirmed that adverse events during one's youth can lead to the development and prevalence of risk factors for poor health, disease, and a lack of social well-being throughout the lifespan.⁵⁸

⁵⁸ CDC. (2019). About the CDC-Kaiser ACE Study. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

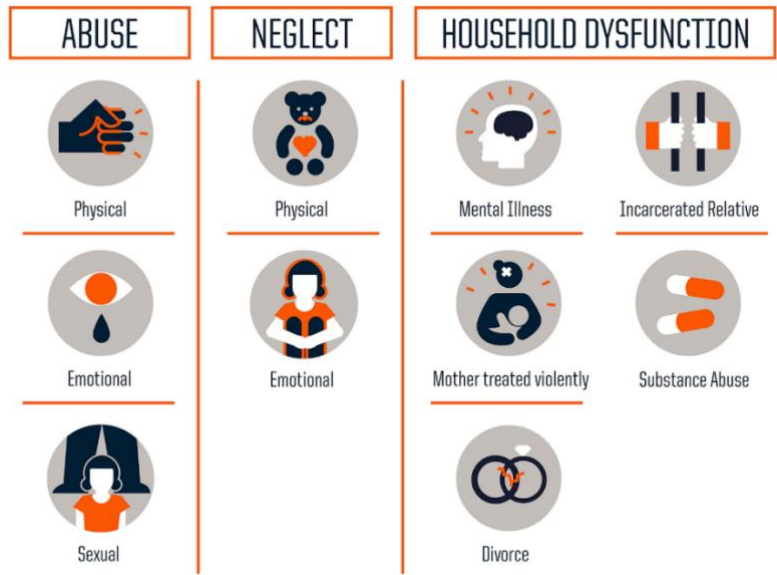
Source: Centers for Disease Control (CDC) The ACE Pyramid

An understanding of the underlying abuse experienced by residents in a given geographic area must be considered in creating solutions and analyzing individual assessments. In San Francisco, Dr. Nadine Burke found that clinical health outcomes like morbidity and mortality did not greatly improve in the poorest and most violent neighborhood of Bayview-Hunters Point without treating the specific factors outlined by the ACE pyramid. Many doctors have found that adverse childhood experiences alter biochemical pathways in affected children that continue into adulthood. Dr. Jack Shonkoff, a professor of pediatrics at Harvard Medical School, says, “The beauty of science is that it’s showing us how all of these have common roots. We now know that adversity early in life can not only disrupt brain circuits that lead to problems with literacy; it can also affect the development of the cardiovascular, immune and metabolic regulatory systems. This leads not only to more problems learning in school, but also greater risk for diabetes and hypertension and heart disease and cancer and depression and substance abuse.”⁵⁹

Events that qualify as ACEs include physical, sexual, or verbal abuse, neglect, and exposure to other traumatic stressors. The aggregation of these experiences impacts individuals’ life-long health and wellbeing and may be tallied through taking a simple ACE quiz. Factors that are used to calculate an ACE score are illustrated in the infographic below.⁶⁰ A sum of points (one per factor) is then calculated to determine the ACE score based on how many adverse child experiences are/were present.

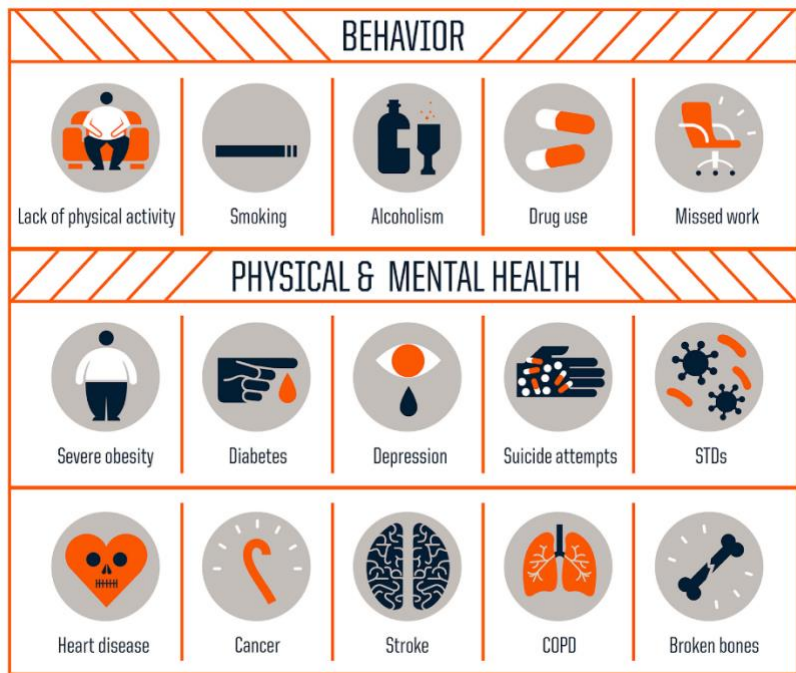
⁵⁹ Tough, P. (2011). The poverty clinic. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2011/03/21/the-poverty-clinic>

⁶⁰ NPR. (2015). Take The ACE Quiz — And Learn What It Does And Doesn't Mean. Retrieved from <https://www.npr.org/sections/health-shots/2015/03/02/387007941>



National Public Radio (2015)

The ACE score assesses the total amount of stress experienced during childhood. Those with the highest ACE scores often have higher risk for a host of health issues. Common health issues include both physical and behavioral issues, as depicted below.⁶¹



National Public Radio (2015)

Thirty three percent of children who experience two or more ACEs have a chronic health condition with special health care needs compared to 14% of children with no ACEs. Children of

⁶¹ NPR. (2015). Take The ACE Quiz — And Learn What It Does And Doesn't Mean. Retrieved from <https://www.npr.org/sections/health-shots/2015/03/02/387007941>

different races and ethnicities do not experience ACEs equally.⁶² Nationally, black non-Hispanic children experience one or more ACEs at the highest rate (61%), followed by Hispanic children (51%), white non-Hispanic children (40%), and Asian non-Hispanic children (23%).⁶³

The issue of childhood trauma and toxic stress experienced by so many in the Trenton community has been raised consistently in partner meetings 2015-2016 on various topics, including community safety, youth development, homelessness, care coordination, and maternal health. Recognizing how important this is in our community, many providers have incorporated the ACE framework into their client and patient protocols and organizations such as Catholic Charities and Henry J. Austin Health Center have adopted an integrated approach to care that considers the social/emotional along with medical conditions for all patients. With support from the Robert Wood Johnson Foundation, THT convened a Learning Community in 2015-2016 comprised of 19 organizations serving the greater Trenton community, facilitated by the National Council for Behavioral Health. The goal was to build awareness and capacity for organizations to adopt trauma-informed policies and procedures. That effort has led to ongoing Mental Health First Aid trainings that are attended by City and TPS personnel, among others. Recognizing that these were simply first steps, the issue of trauma and toxic stress is regularly incorporated into grant planning and applications and continues to be a priority for the city.

A further evolution of the ACE study, written by the Prevention Institute and supported by Kaiser Permanente Northern California Community Benefit Program, looks at Adverse Community Experiences, stating that “communities that experience high rates of violence continue to be plagued with persistently high rates of trauma.”⁶⁴ In addition to violence, such as a number of recent shooting incidents in Trenton, the Adverse Community Experiences framework identifies the following as manifestations of community trauma: social-cultural environment, physical/built environment, and economic environment – all of which are included as concerns in this CHNAA.

By learning more about the adverse events experienced by Trenton residents, THT will be better prepared to meet group and individual needs within the community. The ACE pyramid and subsequent Adverse Community Experiences framework will serve as part of the foundation for THT’s Community Health Improvement Plan.

Priority Spotlight: Housing

Housing Cost and Quality

In “Housing and Health: An Overview of The Literature,” Lauren Taylor states, “There is strong evidence characterizing housing’s relationship to health. Housing stability, quality, safety, and affordability all affect health outcomes, as do physical and social characteristics of neighborhoods.” Compared to those who are stably housed, individuals who have housing instability, requiring moving frequently, falling behind on rent, or “couch surfing,” have worse health outcomes. Drug use and depression have also been associated with housing instability.⁶⁵

⁶² NJ Partnership for Healthy Kids. (2018). Adverse childhood experience among biggest issue facing children.

Retrieved from <https://www.njhealthykids.org/adverse-childhood-experiences-among-biggest-issue-facing-children/>

⁶³ Child Trends. (2018). Prevalence adverse childhood experiences nationally, by state, and by race and ethnicity.

Retrieved from <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

⁶⁴ Prevention Institute. (2016). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Retrieved from: <https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>

⁶⁵ Taylor, L. (2018, June 7) *Housing And Health: An Overview Of The Literature*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

Housing cost and housing quality were common topics discussed at community forums throughout the city during the CHNAA data collection process. Residents expressed that housing cost is high, housing stock is old, and landlords delay repairs. These issues also appeared as resident concerns in results from the 2019 Trenton Health Survey. When asked which social conditions most negatively affect their health, 28.5% of respondents noted unstable or costly housing and 30% noted bad/unsafe housing. These were the second and third most cited social conditions that negatively affect health.

Most Trenton residents – nearly 63% -- rent their homes. This is in stark contrast to rental rates in Mercer County (35.8%) and New Jersey (35.9%).⁶⁶ The average rent in Trenton was \$995 in 2013-2017.⁶⁷ While this is lower than the county and state average rents (\$1,191 and \$1,249, respectively), 60% of Trenton renters contribute 30% or more of their total household income to rent. The U.S. Department of Housing and Urban Development recommends no more than 30% of household income be spent on housing. Spending more than 30% on rent limits income for other expenses such as transportation, food, health care, and savings.

Too often, Trenton renters are spending this high proportion of their income for homes that are not well-maintained. Tenants in Trenton experience issues including plumbing and heating systems that do not work, poorly maintained paint and flooring, water damage and mold, insect and rodent infestation, and general building disrepair. All of these issues can have a negative impact on residents' well-being in terms of both the stress caused by living in such environments and the health concerns they can trigger, like asthma and lead poisoning.

While these issues are not easily quantified in Trenton, they are frequently raised not only by residents but also by housing advocates and government officials in relationship to Trenton's weak housing market, characterized by decreasing homeownership rates and increasing rates of home sales to investors and absentee landlords. The 2015 "Laying the Foundation for Strong Neighborhoods in Trenton, NJ" report, produced by New Jersey Community Capital, The Center for Community Progress, Isles, and Rutgers-Newark, showed that home sales to investors increased from just under 50% in 2006 to 78% in 2012. It also showed a large difference between the median home sale value and the median rent-driven value, or the expected value of property based on median rents.⁶⁸ Taken together, these indicators suggest what Trenton stakeholders know from their lived experience: Investors purchase properties, often as Limited Liability Corporations (LLC) that protect personal assets from loss, for low prices, do minimal repairs, and charge high rents. The landlords then rent these properties without proper licensing or do just enough work to obtain a Temporary Certificate of Occupancy from the City of Trenton and promise to make future upgrades that never happen. The property owners or their management companies are unresponsive to tenant requests and inquiries. Tenants then face eviction if they cease rent payments and they often fear becoming homeless if they complain to the City, which may deem the property uninhabitable. Renters often do not have the ability under their lease or the financial capacity to make needed repairs or improvements to a rental property and therefore must endure the poor quality of their home. In some cases, these bad-actor landlords do not return the security deposit and/or last month's rent to the tenant, making it difficult to secure another rental property. Certainly not all landlords operate in this way, including not all investor owners, but this situation is prevalent enough that tenants fear it and

⁶⁶ U.S. Census Bureau. (2019). Quick Facts. Retrieved from.

<https://www.census.gov/quickfacts/fact/table/mercercountynewjersey.trentoncitynewjersey,NJ/PST045218>

⁶⁷THT. (2019). Renters Spending 30% or More of Household Income on Rent. Retrieved from.

<https://trentonhealthteam.org/resources/health-indicators/>

⁶⁸ Laying the Foundation for Strong Neighborhoods in Trenton, NJ, 2015. Retrieved from

https://docs.wixstatic.com/ugd/0707ce_c337b9b3472d433c8e8d0723780a881c.pdf

advocates have highlighted it as major threat to stable housing and to the well-being of many of the most vulnerable residents.

In addition to housing quality, the city's aesthetics were also mentioned at community forums. Trenton residents said the city should look better because it is the state capital. Unightly abandoned homes, vacant lots, potholes, and littered streets were mentioned as areas in need of improvement during most community forums. During one forum, a resident spoke about how unpleasant it is to see vacant homes, with the sight making him feel depressed. Another resident mentioned grants are available for homeowners, especially the elderly, to fix up their properties (UIH 3.1.19).

Isles, Inc. is a Trenton-based community development and environmental organization that runs several programs focused on safe and healthy housing. During the summer of 2014, Isles partnered with the Trenton Neighborhood Restoration Campaign, the Rutgers Center for Urban Environmental Sustainability, the City of Trenton, and quantify the level of property vacancy. While the entire city has not been re-surveyed, several neighborhoods have been. The most current vacancy data is available at www.restoringtrenton.org, which shows that, as of summer 2018, there were 3,423 vacant buildings and 2,633 vacant lots in Trenton, or 20% of the total.⁶⁹

Lead

Census data show upwards of 90% of structures in Trenton being built before 1978, when lead-based paint was outlawed.⁷⁰ These homes are more likely to contain lead-based paint, which can cause lead poisoning in children. Because of this, it is estimated that more than 50% of Trenton School children have a level of lead in their blood that affects their learning and behavior. Of the more than 1,400 Trenton homes tested for the presence of lead-based paint by Isles, more than 60% had enough lead present to negatively affect a child's IQ.⁷¹

While lead can be found in dust, air, water, food, and consumer products, lead-based paint is the most common source of lead poisoning in children, accounting for up to 80% of all childhood lead poisoning cases. Children ages six and under are most at risk because they are at vital stages of physical and mental development. Lead poisoning can cause irreversible damage to the brain and nervous system and negatively impacts learning and development, hearing, speech, IQ and behavior.⁷² Lead-poisoned children are seven times more likely to drop out of school and six times more likely to become involved in the juvenile justice system, as lead affects the parts of the brain that controls impulse and general behavior.⁷³

Lead screening is required at 12 and 24 months of age for children enrolled in Medicaid and mandated by law in New Jersey.⁷⁴ ⁷⁵ However, due to variation in enforcement, actual lead screening rates are low across the state. In Trenton, about 44% of children received any lead blood testing in 2017 compared to 24% of children in Mercer County. Yet, for Trenton children

⁶⁹ Isles. (2014). Vacant Property Mapping Website Launched. Retrieved from.

<https://www.restoringtrenton.org/vacant-property-stats>

⁷⁰ U.S. Census, ACS. (2013-2017 five year estimates). Factfinder New Jersey. Retrieved from

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

⁷¹ Isles. (2019). Retrieved from <https://isles.org/services/healthy-homes-lead-asthma/resources#.XRPNdehKhPY>

⁷² CDC. (2019). Lead. Retrieved from <https://www.cdc.gov/nceh/lead/default.htm>

⁷³ Isles. (2019). Lead, Asthma, and Healthy Homes. Retrieved from <https://isles.org/services/healthy-homes-lead-asthma/about#.XOWULshKq2w>

⁷⁴ Medicaid. (2019). Lead. Retrieved from <https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>

⁷⁵ NJDOH. (2019). Testing for Lead Exposure. Retrieved from <https://www.state.nj.us/health/childhoodlead/testing.shtml>

under age six who were tested in 2017, more than 7% had elevated blood lead levels in Trenton, compared to 4.3% at the county and 2.5% in the state.⁷⁶

Percentage of Children <6 years Screened for Blood Lead Levels (BLL) Compared to Percentage of Children <6 years Screened with Elevated Blood Lead Levels (EBLL) 2017

% of Children Screened for BLL (Mercer)	% of Children Screened with EBLL (Mercer)	% of Children Screened for BLL (Trenton)	% of Children Screened with EBLL (Trenton)
24%	4.3%	44%	7%

New Jersey Department of Health (2017)

If lead is detected in a child’s blood, or in a home, daycare, or another building where a child spends time, lead hazard control or abatement is recommended to reduce and/or eliminate lead exposure. In addition to being one of the only organizations in Trenton to provide this service, Isles also completes Healthy Home Assessments, using a holistic approach to identify hazards in the home, test for lead, and provide education regarding reducing asthma triggers, using green cleaning products, and practicing safe pest control.^{77 78}

In the 2019 Trenton Health Survey, 5% of respondents reported that lead in their home negatively impacts their health and well-being and 35% said the water is not safe to drink. At multiple community forums, residents said they normally buy bottled water; they do not trust the water because of boil water advisory notices sent out by the Trenton Water Works and concerns about the presence of lead in the water. (Forum: Mercer Street Friends 2.28.19, Rescue Mission 2.21.19, Cristo Rey 2.27.19).

While the quality and safety of Trenton water was expressed as a concern among residents, lead appears to occur in water in a small percentage of Trenton homes. In a random sample of more than 500 homes, Isles found that only 1.8% of cold water kitchen taps had lead levels above EPA standards (15ppb) and only 8% had levels above the much lower health standard (5ppb). (However it is still recommended that unfiltered Trenton water not be used for baby formula.) Isles provides lead remediation and abatement for residents in Trenton at no cost through state and federal grants.

If lead is detected in a child’s blood, or in a home, daycare, or another building where a child spends time, lead hazard control or abatement is recommended to reduce and/or eliminate lead exposure. In addition to being one of the only organizations in Trenton to provide this service, Isles also completes Healthy Home Assessments, using a holistic approach to identify hazards in the home, test for lead, and provide education regarding reducing asthma triggers, green cleaning products, and safe pest control.^{79 80}

⁷⁶ NJDOH. (2017). Childhood Lead Exposure in New Jersey Annual Report SFY 2017). Retrieved from <http://www.nj.gov/health/childhoodlead>

⁷⁷ Isles. (2019). Lead, Asthma, and Healthy Homes. Retrieved from <https://isles.org/services/healthy-homes-lead-asthma/about#.XOWULshKg2w>

⁷⁸ CDC. (2013). Healthy Homes. Retrieved from https://www.cdc.gov/nceh/lead/tools/assessment_tools.htm

⁷⁹ Isles. (2019). Lead, Asthma, and Healthy Homes. Retrieved from <https://isles.org/services/healthy-homes-lead-asthma/about#.XOWULshKg2w>

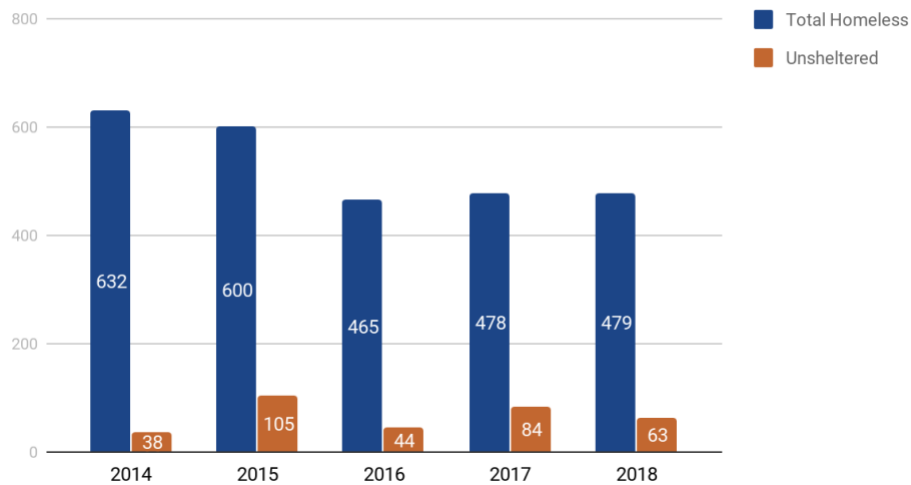
⁸⁰ CDC. (2013). Healthy Homes. Retrieved from https://www.cdc.gov/nceh/lead/tools/assessment_tools.htm

Homelessness

Homelessness is a complex social condition present in many communities and affecting many families. Determining the actual number of homeless individuals is a challenge for several reasons, but the NJ Count is completed annually to capture a snapshot of homelessness in NJ. The NJ Count reports show that the number of homeless individuals is declining in New Jersey. From 2014 to 2018 the number of homeless individuals dropped by 33%. Mercer County's homeless population also decreased by 24%.

There still remains a concern for subpopulations where homeless numbers are increasing. For example, the unsheltered population in Mercer County increased by 66% from 2014-2018. During the 2018 NJ Count, 98% of the unsheltered homeless counted in Mercer County were located in Trenton.⁸¹ The unsheltered homeless have the most critical housing needs and are the most vulnerable to outdoor elements because they normally sleep in parks or sidewalks. Despite there being many resources for housing assistance and homelessness in Trenton, some individuals remain unsheltered.

5-Year Total Unsheltered Homeless Persons in Mercer County



Monarch Housing Associates (2018)

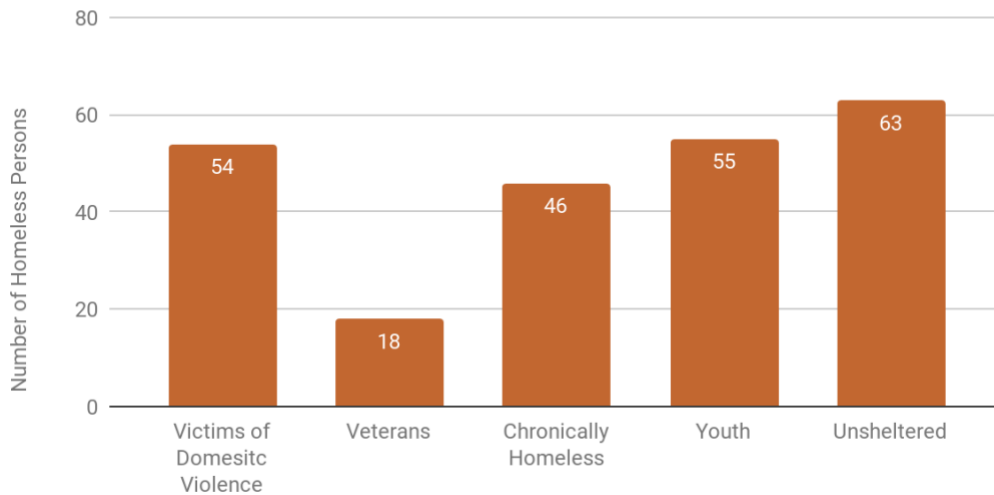
Characteristics of the Unsheltered Homeless Population in Mercer County during the 2018 NJ Count⁸²

- 21% Identified as Chronically Homeless
- 59.6% were African American/Black
- 98% were located in Trenton
- 68.3% reported a disability
- 66.7% were men

⁸¹ Monarch Housing Association. (2019). NJCounts Our Homeless Neighbors. Retrieved from. <https://monarchhousing.org/endinghomelessness/njcounts/>

⁸² Ibid.

Mercer County- Number of Persons Homeless by Subpopulations During the 2018 NJ Count



Monarch Housing Associates (2018)

According to the National Alliance to End Homelessness, “research suggests there are some policies that make shelter less desirable, such as not allowing access for couples, pets, or those facing challenges with substance use or mental health.”⁸³ Mental health and substance abuse were the top two disabilities identified by the homeless population on the night of the count, with 54% identifying mental health as a disability and 45.4% substance abuse. In 2017, 66% of Mercer County residents who were discharged from a substance abuse program also suffered from a co-occurring mental health problem.⁸⁴

Numbers of Homeless Persons by Municipality and Percentage of County Total 2018						
Municipality	Number Homeless Persons	% of Total Homeless Persons	Sheltered Homeless Persons	% of Sheltered Homeless Persons	Unsheltered Homeless Persons	% of Unsheltered Homeless Persons
Ewing	98	21%	98	25%	0	0%
Hamilton	14	3%	13	3%	1	2%
Robbinsville	4	1%	4	1%	0	0%

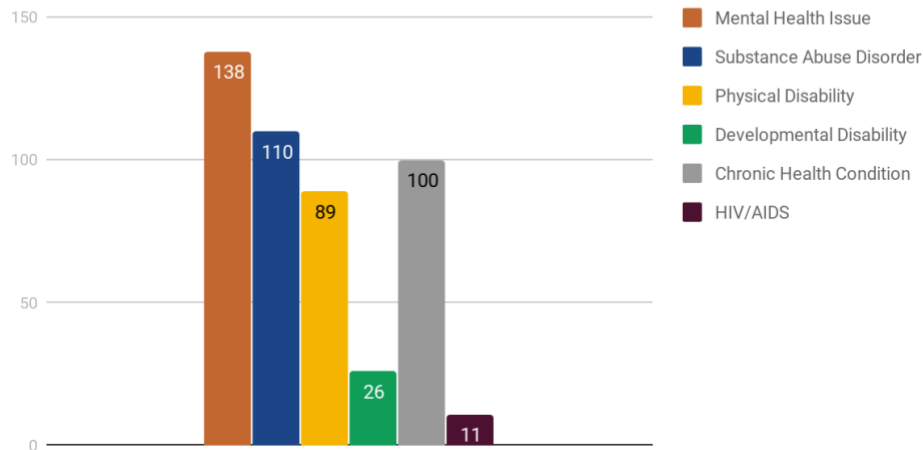
⁸³ National Alliance to End Homelessness. (2017). Unsheltered Homeless: Trends, Causes, and Strategies to Address. Retrieved from. <https://endhomelessness.org/resource/unsheltered-homelessness-trends-causes-strategies-address/>

⁸⁴ NJDOH Division of Mental Health and Addiction Services. (2017). Substance abuse overview 2017 Mercer County. Retrieved from <https://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Mer.pdf>

Trenton	343	75%	285	71%	58	98%
Total	459	100%	400	100%	59	100%

Monarch Housing Associates (2018)

Mercer County - Number of Person by Disability Type During the 2018 NJ Count



Monarch Housing Associates (2018)

It is important to highlight that The Rescue Mission of Trenton is the only Emergency Shelter licensed by the NJ Department of Community Affairs in Mercer County. This brings many into Trenton for shelter. This agency offers a wide range of services to the community such as routine and extensive outpatient services and free-standing two-unit houses where several of those formerly homeless rent an apartment and are able to attend the weekend soup kitchen. The agency also has a licensed residential addictions treatment program offering a long-term, half-way house and extended levels of care (CHNAA 2013). In 2013, through the Trenton/Mercer Continuum of Care (CoC Program) the Coordinated Entry & Assessment System CEASe Center was established to provide an entry point for individuals who experience homelessness. The CEASe Center and partner organizations work together to create a smooth and comforting transition into housing.

Priority Spotlight: Health Inequities

As we have seen in each preceding health assessment for Trenton and Mercer County, as well as this CHNAA, there are glaring inequities between Trenton and neighboring areas and even within Trenton. This has been recognized nationally as a structural issue we must continue to study, and take action to resolve. We are lifting it up as a priority for Trenton because we recognize that health cannot be improved without looking at health through an equity lens.

Community conditions shape the exposure and behaviors that encourage--or undermine--health and well-being. The World Health Organization (WHO) has identified structural catalysts--inequitable distribution of power, money, opportunity and resources--as a key determinant of health and safety outcomes. Poverty, racism, and lack of educational and economic opportunity

also drive poor health, which contributes to chronic stress. Indeed, WHO reports that “cumulative experience” affects health and well-being more than chronological age.⁸⁵

A 2017 report by the Anti-Poverty Network of New Jersey, ‘The Uncomfortable Truth: Racism, Injustice and Poverty,’ details the effects that racial and ethnic inequities have on communities statewide.⁸⁶ The report highlights the health inequities across the state between those who are Black or Hispanic compared to whites. The link between poverty and race, highlighted in data below, compounds the health issues that are experienced by Black and Hispanic communities.⁸⁷



Claritas (2019)

It is important to note the change in ethnic composition in Trenton over a nine-year period, starting in 2010. The proportion of residents who identify as Hispanic or Latino increased from 32.3% in 2010 to 36% in 2017, according to the American Community Survey.⁸⁸ Changes in school enrollment also reflect this trend, as described in the “Education” section, above.

The 2019 Trenton Health Survey reported many residents experiencing discrimination and racism. Overall, one in four survey respondents shared that discrimination/racism is negatively impacting their health and well-being. When analyzing responses by language (English and Spanish), “discrimination/racism” and “immigration status/papers” appear to be more prominent issues of concern for Spanish speaking residents. Those who completed the survey in Spanish, regardless of ethnicity (n=294), more frequently marked issues of “discrimination/racism” and “immigration/papers” than those who identified as “Hispanic,” completing the survey in either English or Spanish (English: 148, Spanish: 252, n=400). Among Spanish language respondents, discrimination was selected by 38% compared with 32% for English, and immigration status was 35% for Spanish compared to 26% for English.

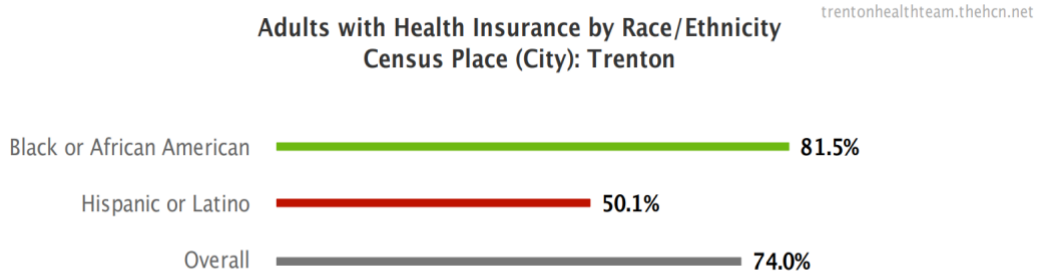
⁸⁵ World Health Organization. (2008). *Social Determinants of Health*. Retrieved from https://www.who.int/social_determinants/thecommission/finalreport/closethegap_how/en/index2.html

⁸⁶ The Anti-Poverty Network of New Jersey and the Structural Racism and Poverty Working Group. (2017, September). *The Uncomfortable Truth: Racism, Poverty and Injustice in New Jersey*. Retrieved from <http://www.antipovertynetwork.org/resources/Documents/The%20Uncomfortable%20Truth%20Final%20-%20web.pdf>

⁸⁷ Claritas. (2019). *Average Household Income by Race/Ethnicity*. Retrieved from <https://trentonhealthteam.org/resources/health-indicators/>

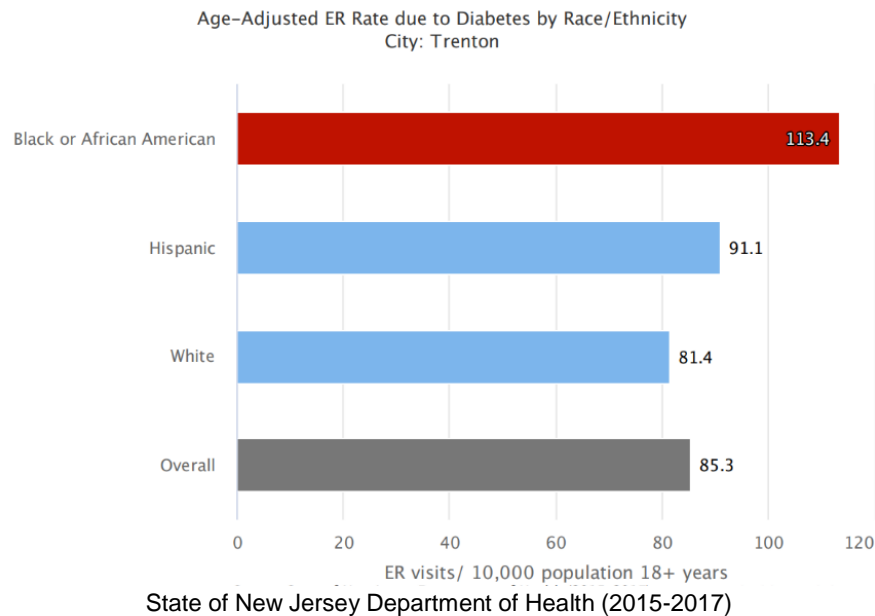
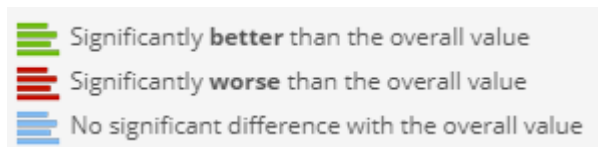
⁸⁸ U.S. Census Bureau. (2017). American Community Survey Demographic and Housing Estimates. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Health inequities within Trenton are also expressed in health access and health outcomes data. Only 50% of Hispanic or Latino individuals in Trenton have health insurance, a rate that is substantially lower than the city's rate overall, 74%, and the rate among Blacks, 81.5% - a disparity that is likely tied to issues of documentation.⁸⁹



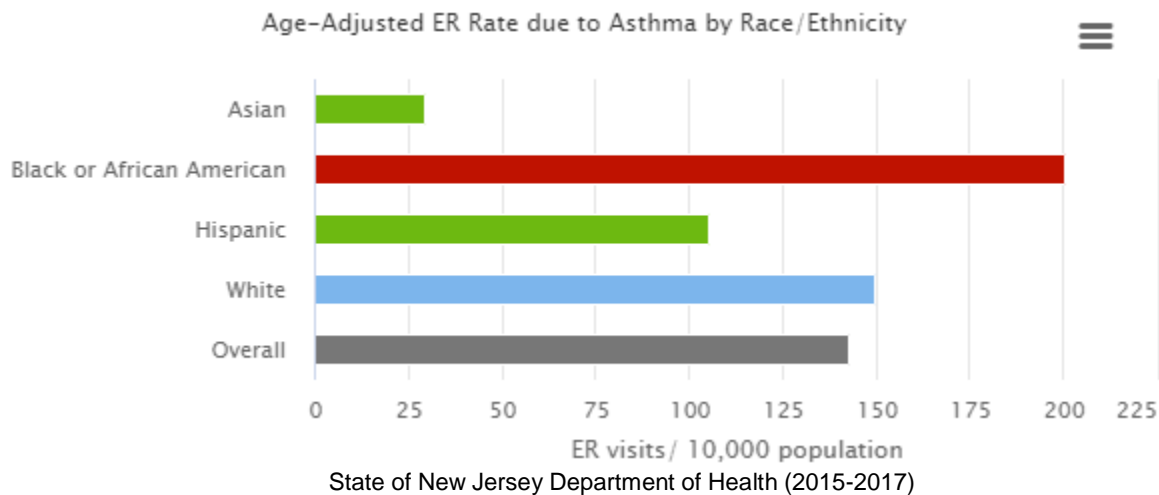
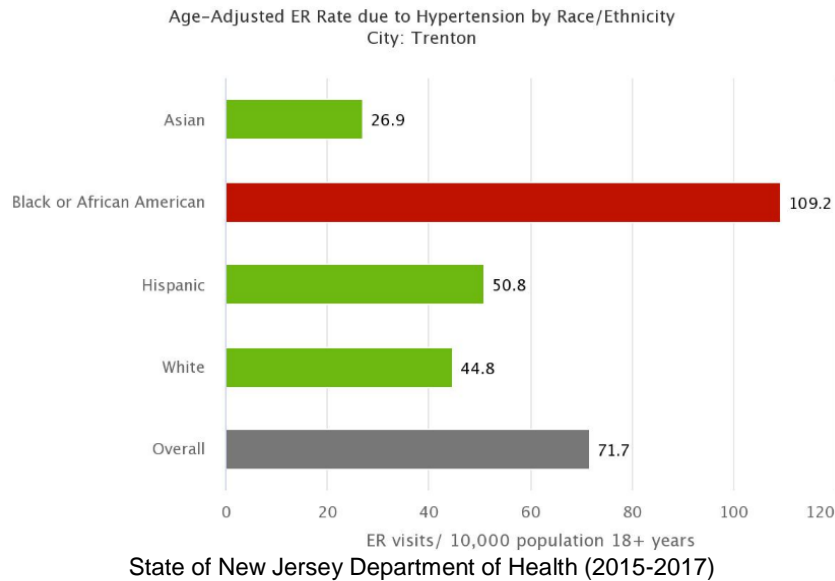
U.S. Census, American Community Survey (2017)

Individuals who are Black utilize the emergency department for Diabetes significantly more often compared to the Trenton population overall. The same is true for ED utilization for Hypertension and Asthma, as shown in the charts that follow.⁹⁰



⁸⁹ Conduent Healthy Communities Institute. (2019). *Health Indicators*. Retrieved from <https://trentonhealthteam.org/resources/health-indicators/>

⁹⁰ Ibid.



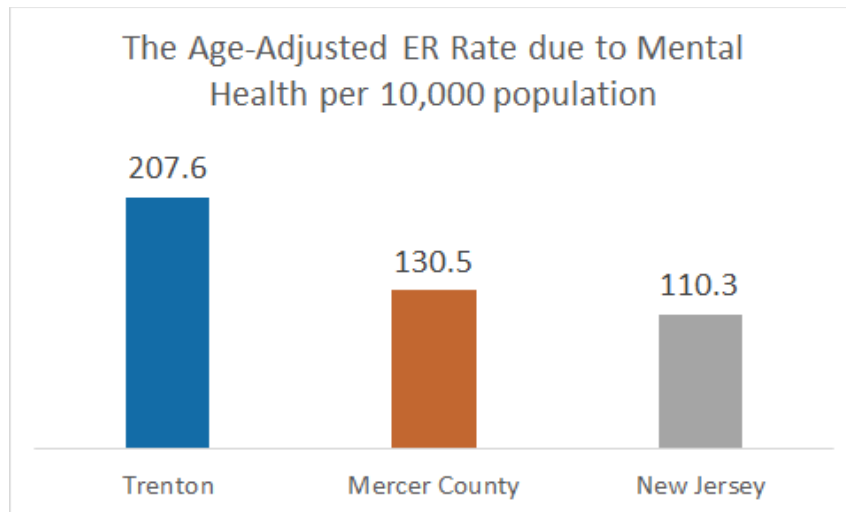
Working to address these inequities requires both know-how and awareness of how our language frames the issues and, therefore, the solutions. THT earlier this year invited author Natalie Burke to discuss these issues with our staff and the larger Community Advisory Board. Burke notes how common jargon and phrases belie an arrogance and can perpetuate negative stereotypes.

She called on healthcare professionals to develop an “equity lens,” to become critically aware of our assumptions and change our expectations to adopt a more inclusive and integrated perspective. For example, leaders often discuss “empowering” people and communities--yet Burke labels that phrase as condescending. “At best,” she writes, “we can help people use their power...the power is already theirs.” Likewise, the word “disparity” fails to reflect the avoidable and unjust differences that create “inequities.” Burke discourages referring to a community as “underserved” as a synonym for impoverished (implying residents are waiting to be “served”) and instead using the more accurate “under-resourced.”

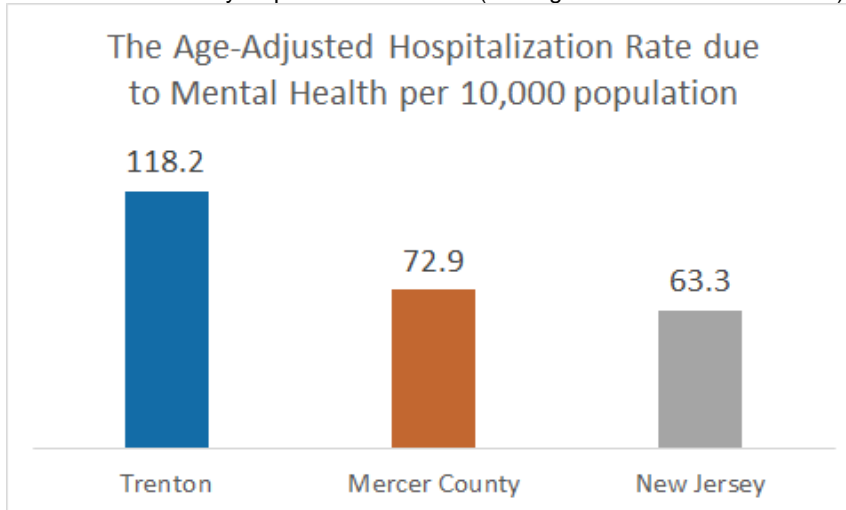
Priority Spotlight: Mental Health and Substance Use Disorders

Mental Health

Mental illnesses and disorders include but are not limited to depression, anxiety, bipolar disorder and schizophrenia. These conditions impact emotional, psychological, and social well-being at every stage of life, from childhood to adulthood. Ongoing emotional upset often impacts how well individuals are able to make healthy choices, relate to others, and handle stress. Not being able to do these things well can have long-term repercussions on one's quality of life. Mental illnesses shorten the lifespan of Americans by an average of 25 years.⁹¹ In Trenton, the number of emergency room visits for mental health reasons was more than double those for the rest of Mercer County and New Jersey. The number of inpatient mental health admissions were also more than twice as high for Trenton compared to the rest of Mercer County.⁹²



State of New Jersey Department of Health (Average annual rates 2015-2017)



State of New Jersey Department of Health (Average annual rates 2015-2017)

⁹¹ CDC. (2018). Mental health. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>

⁹² NJDOH. (2019). Conduent

Shorter life spans in populations with mental health disorders are observed, in part, due to a high prevalence of co-occurring metabolic syndrome. Antipsychotic medications, smoking, inadequate nutrition, lack of exercise, and barriers to routine health care are linked with weight gain and metabolic syndrome. Metabolic syndrome is diagnosed when a patient has at least three of the following symptoms: a large waist (greater than 40 inches for men and 35 inches for women), high blood pressure, low HDL (good) cholesterol, high triglycerides, and high blood sugar. Heart disease is the number one killer of people with mental health disorders. People with metabolic syndrome are twice as likely to develop heart disease and five times as likely to develop diabetes compared to the average population.⁹³

Addiction and mental health are closely linked. They are often seen as “co-occurring disorders” and result in a dual diagnosis. When compared to the average population, those who have a substance addiction are more than twice as likely to also have a mental health disorder.⁹⁴ More than 22% of individuals in NJ who received services for mental health had a co-occurring disorder (substance use and mental health), slightly less than the U.S. rate (25%).⁹⁵ In 2017, 66% of Mercer County residents (individuals originating in Mercer County) who were discharged from a substance use program (in Mercer County or other counties) also had a mental health disorder.⁹⁶ As discussed in the substance use section, below, there are different approaches to address not only the physical dependence and withdrawal from substances, but also to identify any underlying mental health disorders that influence the use of these substances and the potential adherence to and efficacy of different treatments.

Homelessness is one common, serious consequence of living with a mental health disorder, and it is a major issue in Trenton. As noted above, 98% of individuals in Mercer County who experience homelessness are in Trenton.⁹⁷ One study by the National Institute of Mental Health found that 20-25% of homeless individuals live with a severe mental illness (SMI) (compared to 6% of total population with SMI). Furthermore, nearly 45% of all homeless individuals have dealt with some degree of ongoing emotional upset. Mental illnesses increase the risk of homelessness because symptoms can strain relationships with loved ones, make self-care difficult, and can interrupt the rigorous demands of steady employment.⁹⁸ In fact, fewer than half (44%) of individuals receiving mental health services in New Jersey were employed.⁹⁹ Additionally, homeless individuals living with a psychotic disorder are at higher risk for being physically assaulted; one Baltimore study found that nearly one-third of homeless women have been raped.¹⁰⁰

The issues of addiction and homelessness for individuals with mental health are compounded when these social conditions are correlated with incarceration. Nearly one in five inmates with

⁹³ Harvard Medical School. (2011). Metabolic syndrome and mental illness. Retrieved from

https://www.health.harvard.edu/newsletter_article/metabolic-syndrome-and-mental-illness

⁹⁴ Foundations Recovery Network. (2019). Dual Diagnosis. Retrieved from <https://www.dualdiagnosis.org/>

⁹⁵ SAMHSA. (2017). New Jersey 2017 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System. Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NewJersey-2017.pdf>

⁹⁶ NJDOH Division of Mental Health and Addiction Services. (2017). Substance abuse overview 2017 Mercer County. Retrieved from

<https://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Mer.pdf>

⁹⁷ Monarch Housing Association. (2019). NJCounts Our Homeless Neighbors. Retrieved from.

<https://monarchhousing.org/endinghomelessness/njcounts/>

⁹⁸ Students in Mental Health Research. (2017). Mental illness and homelessness: Facts and figures. *Harvard University*. Retrieved from <https://www.hcs.harvard.edu/~hcht/blog/homelessness-and-mental-health-facts>

⁹⁹ Monarch Housing Association. (2019). NJCounts Our Homeless Neighbors. Retrieved from.

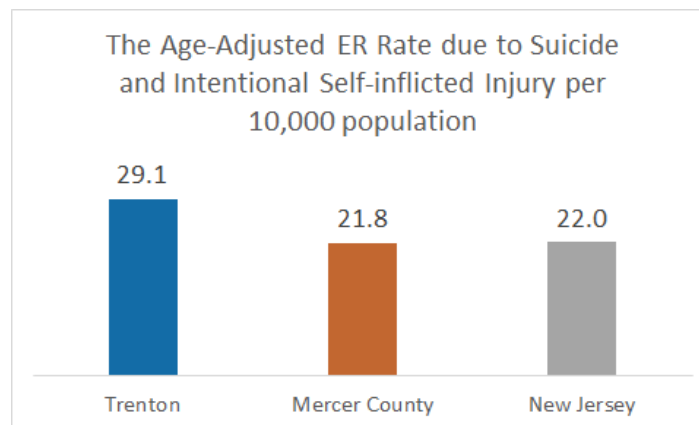
<https://monarchhousing.org/endinghomelessness/njcounts/>

¹⁰⁰ Students in Mental Health Research. (2017). Mental illness and homelessness: Facts and figures. *Harvard University*. Retrieved from <https://www.hcs.harvard.edu/~hcht/blog/homelessness-and-mental-health-facts>

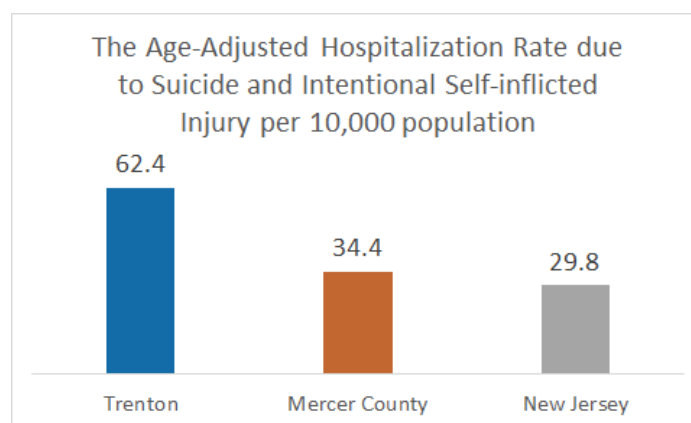
SMI were homeless prior to being arrested and nearly half were homeless at some point in their lives, according to one 2013 report. Across every state, the U.S. incarcerates more individuals with mental health issues than it hospitalizes.¹⁰¹

In the 2018 Greater Mercer Public Health Partnership (GMPHP) survey, Mercer County residents ranked mental health in their top three health concerns. On average, younger and white residents ranked mental health as a higher priority compared to older and minority individuals. This does not mean that mental health issues are more prevalent in young or White New Jerseyans, but rather reflects the burden of other chronic conditions in the older and minority populations. Among Trenton respondents, nearly 20% of adults stated their mental health was not good for at least 14 days during the past month; this is much greater than the national average of 11.7% (2016).¹⁰² Nineteen percent of Mercer County residents and 24% of Trenton residents report receiving mental health counseling in the past two years.¹⁰³

Attempting suicide or intentionally causing self-harm are significant consequences of unmanaged and ongoing emotional upset. In Trenton the age-adjusted ER rate due to suicide or intentional self-harm is slightly higher than that of New Jersey (29.1/10,000 compared with 22.00/10,000). The age-adjusted hospitalization rate for suicide and self-harm is more than twice that of New Jersey (62.4/10,000 compared to 29.8/10,000).¹⁰⁴



State of New Jersey Department of Health (Average annual rates 2015-2017)



¹⁰¹ Students in Mental Health Research. (2017). Mental illness and homelessness: Facts and figures. *Harvard University*. Retrieved from <https://www.hcs.harvard.edu/~hcht/blog/homelessness-and-mental-health-facts>

¹⁰² NJSHAD. (2018). Retrieved from <https://www-doh.state.nj.us/doh-shad/>

¹⁰³ GMPHP Survey, 2018.

¹⁰⁴ NJDOH. (2019). Conduent

Exposure to traumatic events and chronic stress increase prevalence of mild to severe mental health conditions. While there are numerous studies that assess the impact of pre- and post-migration trauma for refugees, few examine the impact of trauma for non-refugee immigrants. One U.S.-based study assessing the prevalence and impact of traumatic experiences for a sample of Asian (1637) and Latino (1629) refugees and immigrants found evidence of trauma across both populations. These traumatic events can manifest in more subtle/less obvious ways such as discrimination, acculturative stress, and family conflict. The prevalence of having experienced a traumatic event was higher among refugees in this study (see tables below).¹⁰⁵

Top five pre-migration traumatic events for refugees and immigrants

Latinos (n = 1629)					
Refugees (n = 306)			Immigrants (n = 1323)		
Weighted %	n	Traumatic event	Weighted %	n	Traumatic event
29.93	102	Civilian in terror zone	13.05	187	Natural disaster
29.19	48	Witness death or saw dead body	12.09	162	Unexpected death of someone close
29.13	63	Civilian in war zone	12.09	153	Witness death or saw dead body
19.76	60	Unexpected death of someone close	7.13	78	Beaten up by parents
14.21	42	Natural disaster	7.00	85	Mugged/held up/threatened with weapon

Ranked by weighted %

Top five post-migration traumatic events for refugees and immigrants

Latinos (n = 1629)					
Refugees (n = 306)			Immigrants (n = 1323)		
Weighted %	n	Traumatic event	Weighted %	n	Traumatic event
23.40	50	Mugged/held up/threatened with weapon	15.10	233	Unexpected death of someone close
18.68	77	Natural disaster	13.20	161	Life-threatening auto accident
18.18	51	Unexpected death of someone close	11.76	157	Mugged/held up/threatened with weapon
15.91	40	Life-threatening auto accident	6.05	114	Natural disaster
11.05	23	Witness death or saw dead body	4.77	74	Child had life-threatening illness or injury

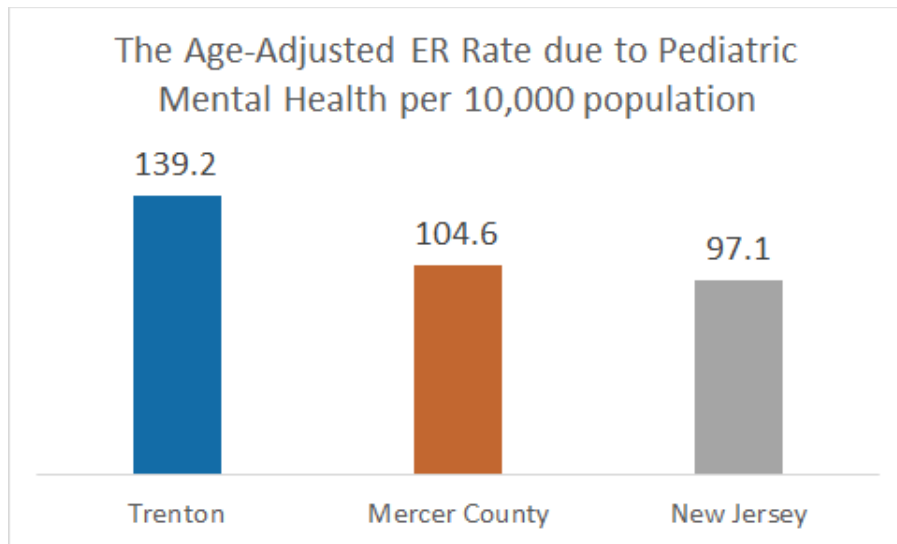
Ranked by weighted %

¹⁰⁵ Sangalang, C., Becerra, D., Mitchell, F. et al. (2018). Immigrant Minority Health. Retrieved from <https://doi.org/10.1007/s10903-018-0826-2>

Adolescent Mental Health

Many mental health disorders experienced by adults started in adolescence. One in five children is experiencing, or at some point will experience, a debilitating mental illness before the age of 18.¹⁰⁶ In one nationwide survey of adolescents, 19% of high school students reported being bullied on school property during the past 12 months; 17.2% of students had seriously considered attempting suicide, and 7.4% of students had actually attempted suicide over the same timeframe. Suicidal ideation among high school students decreased from 1991–2007 (29.0% to 14.5%) and increased again from 2007–2017 (14.5% to 17.2%).¹⁰⁷ There is NJ legislation being considered that would mandate depression screening for all children in grades 7-12. This legislation aims to identify cases of depression in order to provide adequate resources before students attempt self-harm.¹⁰⁸ In Trenton 38% of students (grades 6-12) say they use therapy services.¹⁰⁹

The charts below shows the age-adjusted emergency room rate due to pediatric mental health in Trenton (139.2/10,000 population) compared to Mercer County (104.6/10,000) and New Jersey as a whole (97.1/10,000). However, it is interesting to note that children in Trenton are hospitalized for mental health conditions at a much lower rate than New Jersey (4.3/10,000 compared to 23.1/10,000). This pattern of significantly lower utilization in Trenton relative to county and state rates also appears in the age-adjusted hospitalization rate due to adolescent suicide and intentional self-inflicted Injury.¹¹⁰ These data, lower rates of hospitalization despite higher rates of emergency room care, may indicate an issue with access to inpatient mental health care for Trenton youth and warrants further investigation.



State of New Jersey Department of Health (Average annual rates 2015-2017)

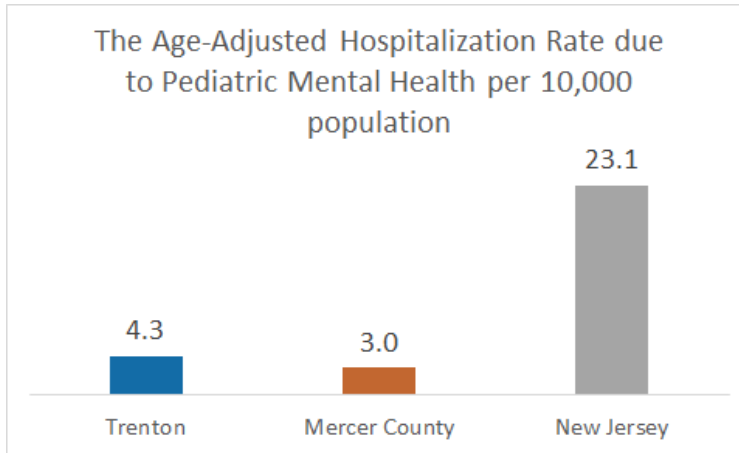
¹⁰⁶ CDC. (2018). Youth risk behavior surveillance, United States 2017. Retrieved from <https://www.cdc.gov/healthyouth/data/yrbs/pdf/2017/ss6708.pdf>

¹⁰⁷ Ibid.

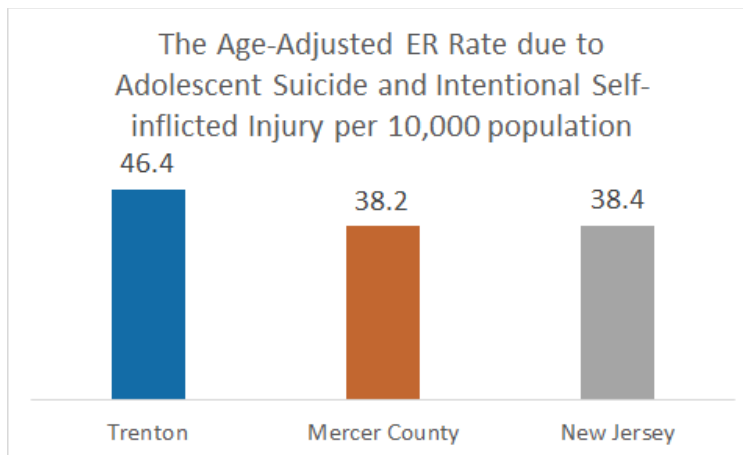
¹⁰⁸ NJ.com. (2018). N.J. schools may soon screen teens for depression -- A guide for parents. Retrieved from https://www.nj.com/news/2018/10/nj_schools_may_soon_screen_teens_for_depression_a.html

¹⁰⁹ Trenton Youth health Survey. (2018). Transforming Communities Initiative grant

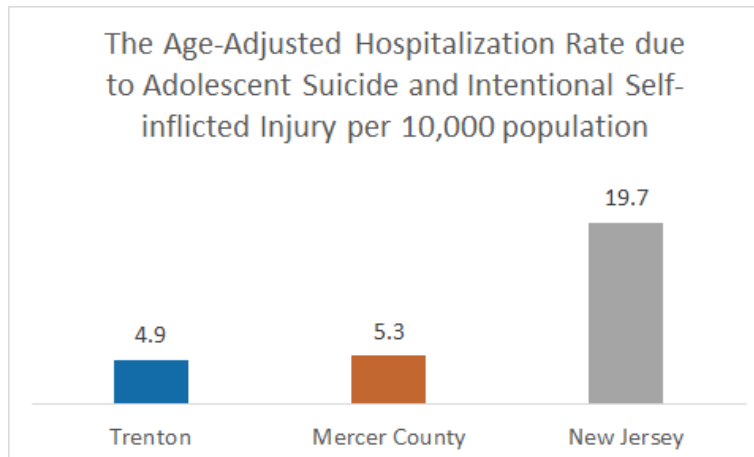
¹¹⁰ NJDOH. (2019). Conduent



State of New Jersey Department of Health (Average annual rates 2015-2017)



State of New Jersey Department of Health (Average annual rates 2015-2017)



State of New Jersey Department of Health (Average annual rates 2015-2017)

As discussed in the adverse childhood experience section, children who had a higher ACE score were more likely to experience depression, thoughts of self-harm, and other debilitating medical conditions throughout childhood and into adulthood.

Mental Health Resources in Trenton

An important asset in the community are resources to address immediate emergency mental health events through programs such as Capital Health Regional Medical Center's Emergency Mental Health Services, which responds to a call for help within 30 minutes. While Trenton has more mental health providers per capita than both the national and NJ state averages-- 291/100,000 compared to 200/100,000 (US) and 187/100,000 (NJ)--it may not be enough to meet the burden of illness experienced by Trenton residents.¹¹¹ When asked about mental health care during community discussions, residents expressed a need for more mental health services to address day-to-day challenges, before someone is on the brink of a crisis.

Programs and services to address mental health needs in Trenton include:

- Catholic Charities provides mental health, substance abuse, and domestic violence services in Mercer County, including: Specialized Trauma-Informed Cognitive Behavioral Therapy (outpatient, partial care, IOP, ambulatory detox, MAT, Behavioral Health Home & Integrated Care), programs for Assertive Community Treatment (PACT), child and family therapy, intensive family support services, housing, Crisis services-- Early Intervention Support Services (EISS), mobile Crisis response and stabilization for children, supported employment and supported work programs (including Transportation Peer Services)
- El Centro, part of Catholic Charities, offers resources in Spanish including a full-service pharmacy, on-site primary care, Behavioral Health Counselors (BHC's), child care, and ESL courses. It also provides BIA-accredited immigration services.
- Henry J. Austin Health Center (HJAHC) provides an Integrated Trauma-Informed Care model, meaning all adolescents and adults are screened during each visit for potential mental health issues, including depression and substance use. BHC's are available immediately when concerns are identified. BHCs also are available any time; so a patient needing assistance can walk in to HJAHC and speak with a BHC. Individual and psychiatric evaluations are also available for HJAHC patients.
- Oaks Integrated Care is a regional resource for adults who live with mental illnesses, addiction, and/or disabilities.
- The New Jersey Department of Human Services Division of Mental Health Services, New Jersey Department of Children and Families, Division of Youth and Family Services, Division of Developmental Disabilities, and the New Jersey Department of Corrections in conjunction with the Department of Health and Senior Services Division of AIDS, provide immediate shelter for individuals discharged from facilities. The State's plan guarantees all individuals being discharged from an institutional setting have shelter and are not immediately homeless.
- THT and other organizations host community-wide classes in Mental Health First Aid, training that prepares community members to identify emotional upset in its early stages and to play a role in linking individuals with mental health services. This training is a continuation of efforts to increase mental health awareness and capacity among frontline staff from THT's previous trauma-informed care learning community, facilitated by the National Council for Behavioral Health.

¹¹¹ County Health Rankings. (2018). Retrieved from <http://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>

Substance Use Disorders

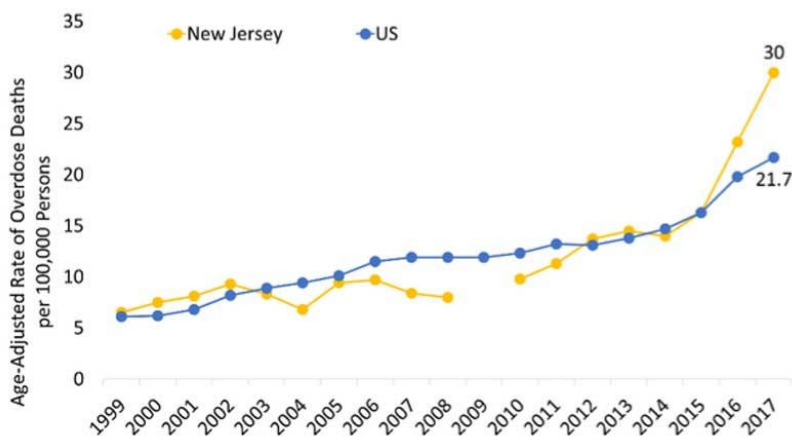
The drug overdose epidemic in the United States has claimed more than 700,000 lives from 1999-2017 according to the CDC.¹¹² New Jersey was one of 23 states in the nation that experienced an increase in drug overdose deaths from 2016-2017, with New Jersey's age-adjusted rate increasing by 29% compared to the U.S. age-adjusted increase of 9.6%.¹¹³ ¹¹⁴ As the number of drug overdose deaths increased in New Jersey from 2016-2017, so did Mercer County's, from 59 to 106 deaths. In addition to affected individuals, families and communities are experiencing the impact of the epidemic. The National Institute on Drug Abuse estimates the annual cost burden of this epidemic is roughly \$740 billion, including crime fighting, healthcare, and lost work productivity of employers.¹¹⁵

Drug overdose death rate increase from 2016 to 2017¹¹⁶

	2016	2017
United States	19.8 per 100,000	12.7 per 100,000
<i>Rate Increase</i>	9.6%	
New Jersey	23.2 per 100,000	30 per 100,000
<i>Rate Increase</i>	29%	

CDC (2018)

Rate of Overdose Deaths in New Jersey and Nationally¹¹⁷



National Institute on Drug Abuse (2019)

¹¹² CDC. (2018). Opioid Overdose. Understanding the Epidemic. Retrieved from. <https://www.cdc.gov/drugoverdose/epidemic/index.html>

¹¹³ CDC. (2018). Opioid Overdose. Drug Overdose Deaths. Retrieved from. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

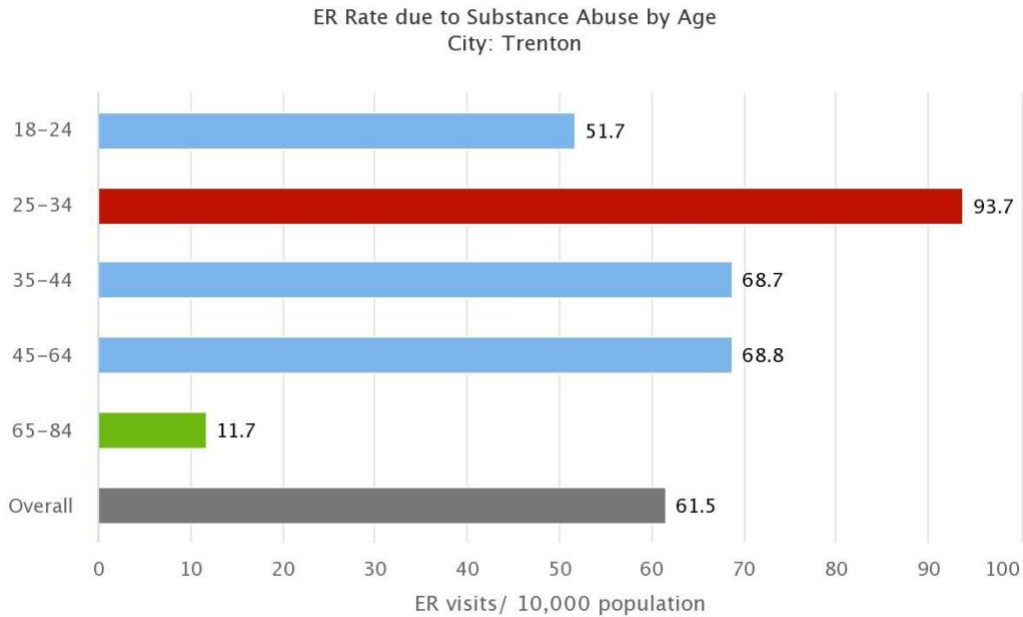
¹¹⁴ National Institute on Drug Abuse. (2019). New Jersey Opioid Summary. Retrieved <https://www.drugabuse.gov/opioid-summaries-by-state/new-jersey-opioid-summary>

¹¹⁵ National Institute on Drug Abuse. (2017). Trends and Statistics. Retrieved from. <https://www.drugabuse.gov/related-topics/trends-statistics>

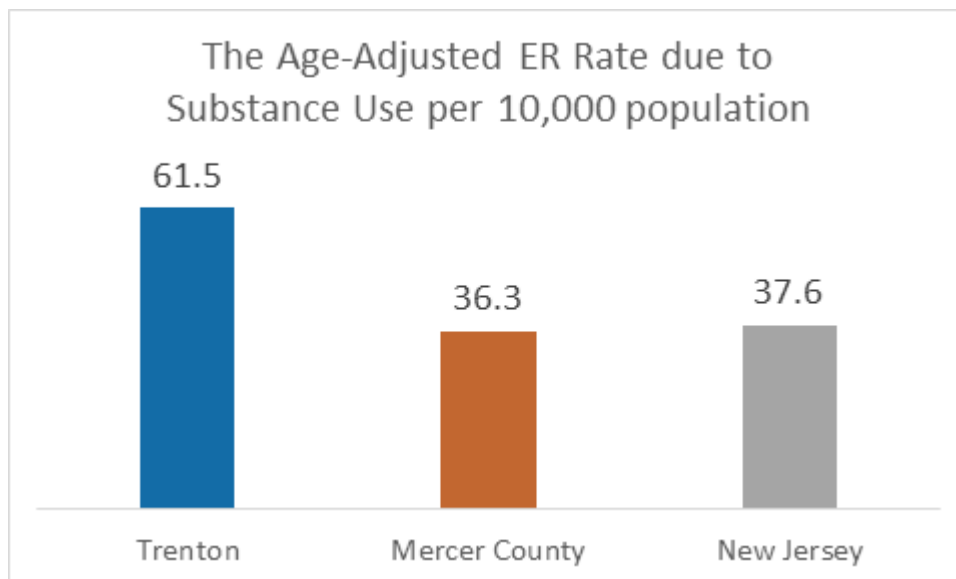
¹¹⁶ CDC. (2018). Opioid Overdose. Drug Overdose Deaths. Retrieved from. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

¹¹⁷ National Institute on Drug Abuse. (2019). New Jersey Opioid Summary. Retrieved <https://www.drugabuse.gov/opioid-summaries-by-state/new-jersey-opioid-summary>

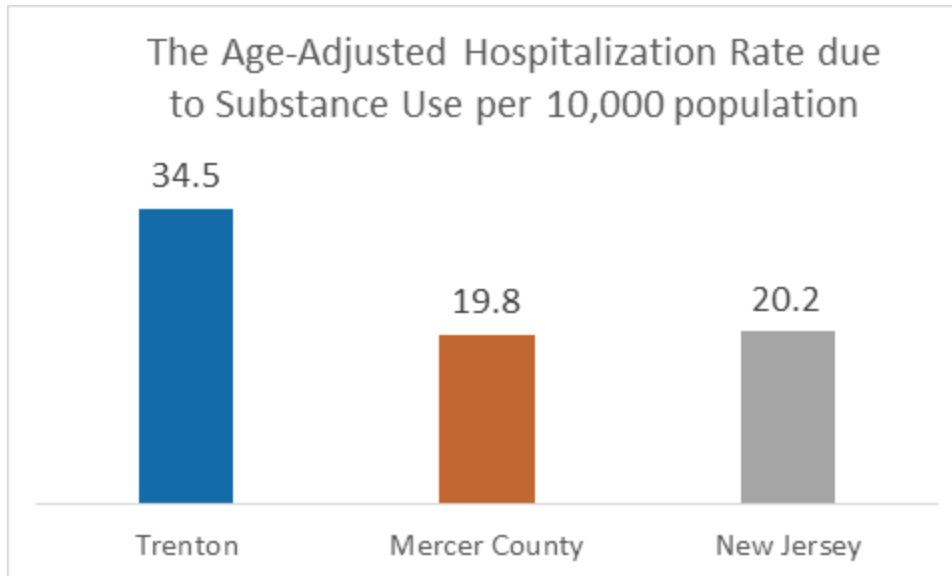
Trenton residents comprise over half of the Mercer County Emergency Department utilization for substance use. In addition, the hospitalization rate due to substance use is more than Mercer County's rate. More residents between the ages of 25-34 utilize the ED for substance use, at 93.7 per 10,000 residents.



State of New Jersey Department of Health (Average annual rates 2015-2017)



State of New Jersey Department of Health (Average annual rates 2015-2017)



State of New Jersey Department of Health (Average annual rates 2015-2017)

There are myriad programs and services for substance abuse treatment in Trenton, including support groups, withdrawal management, residential and outpatient services, counseling for co-occurring mental health diagnoses, medication-assisted treatment (MAT), and syringe access programming. The city also has several recovery meeting options with at least one available every day of the week. With overdose deaths rising nationwide, communities are working to provide services supporting residents.

With the presence of Opioid Overdose Recovery Programs (OORP) in emergency departments throughout New Jersey, “individuals who have been reversed from opioid overdoses (by police, emergency responders, or friends/family) and are subsequently treated at an emergency department” are offered appropriate “non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment” by OORP teams.¹¹⁸

Mercer County’s OORP is present at Capital Health (Regional and Hopewell), Robert Wood Johnson-Hamilton and St. Francis Medical Center. At the end of 2018, Capital Health (Regional) provided OORP services to 26.9% of persons who accepted OORP services in Mercer County. More than 98% of OORP participants listed heroin or other opioids as the cause of overdose. More than 50% of OORP participants reported living in someone else’s apartment, room, or house. Subsequently, housing assistance was the number two (68%) referral; with self-help groups (AA, NA and others) as the number one (98%) referral. Individuals who decline OORP services in the emergency department are not linked at that time to services that can lead to recovery, such as housing assistance and support groups.^{119 120}

¹¹⁸ Mercer Council. (2019). Opioid Overdose Recovery Program. Retrieved from.

<https://www.mercercouncil.org/programs-services/for-communities/item/49-opioid-overdose-recovery-program-oorp>

¹¹⁹ Ibid.

¹²⁰ Mercer Council on Alcoholism and Drug Addiction. (2018). *Mercer Council Data Report: Data Entered through 12/31/18*. New Brunswick, NJ: Rutgers University School of Social Work, Center for Prevention Science

Percentage of OORP Services provided by Emergency Department

Capital Health (Regional)	26.9%
Capital Health (Hopewell)	1.8%
Robert Wood Johnson (Hamilton)	54.7%
St. Francis Medical Center	15.7%
Missing	0.9%

Mercer Council on Alcoholism and Drug Addiction. (2018)

In 2017, according to data submitted through the NJ Substance Abuse Monitoring System, 2,147 Mercer County residents were admitted to a drug treatment program, with heroin (38%), alcohol (27%), and marijuana (19%) ranking as the top three primary substances of use.

Trenton residents represented 54% (1,607) of Mercer County residents receiving substance use treatment in 2017 and 61% of substance abuse admissions among the county’s municipalities with largest number of admissions. From 2006 to 2017, Trenton residents consistently represent more than 50% of Mercer County residents admitted for substance abuse treatment each year.

Among admissions of Trenton residents for substance abuse treatment in 2017, 32% were for heroin, 25% for alcohol and 24% for marijuana. Municipalities surrounding Trenton have experienced a significant increase in the number of residents admitted for substance use treatment; yet the number of treatment admissions for Trenton residents is more than double those of neighboring municipalities.¹²¹

Substance Abuse Admissions by Residence in Trenton and Adjacent Municipalities 2006 and 2017		
Municipality	2006	2017
Trenton City	1335	1607
Hamilton Twp	191	605
Ewing Twp	77	217
Lawrence Twp	58	128
East Windsor Twp	30	83

Mercer County Substance Abuse Overview (2006 and 2017)

The tables below show the demographic composition of Mercer County residents admitted for substance use treatment in 2017. Almost three quarters (73%) of those admitted for substance abuse treatment in Mercer County in 2017 were male. Sixty-five percent of those admitted in 2017 had Medicaid, a substantial increase from 2013, where only 26% of those admitted were

¹²¹ NJ Department of Human Services, Division of Mental Health and Addiction Services. (2017). Substance Abuse Overview 2017. Retrieved from <https://www.state.nj.us/humanservices/dmhas/publications/statistical/#1>

enrolled in Medicaid and 60% had no insurance coverage.¹²² The substantial increase in Medicaid reimbursement for substance use treatment is a result of the 2014 NJ Medicaid expansion.

Substance Abuse Treatment Admissions Mercer County Resident Demographics (NJ-SAMS) Admission (1/1/2017-12/31/2017)					
Sex		Health Insurance Type		Living Arrangement	
Male	73%	No Insurance	30%	Homeless	8%
Female	27%	Medicaid	65%	Dependent Living/Institution	24%
Education		Medicare	2%	Independent Living	68%
Completed High School	55%	Private	12%		
Some College	18%	Other Insurance	2%		

Employment Status		Race and Ethnicity	
Unemployed	19%	White (non-Hispanic)	46%
Student	2%	Black (non-Hispanic)	38%
Not in Labor Force	51%	Hispanic Origin	14%
Employed Full/Part Time	28%	Other	2%

Substance Abuse Treatment Discharges Mercer County Residents Discharge (1/1/2017 - 12/31/2017)	
Reasons for Discharge or Treatment not Completed	
Treatment Plan Completed	Quit or Dropped Out
47%	28%

NJ Dept. of Human Services, Division of Mental Health and Addiction Services (2017)

¹²² NJ Department of Human Services, Division of Mental Health and Addiction Services. (2017). Substance Abuse Overview 2017. Retrieved from <https://www.state.nj.us/humanservices/dmhas/publications/statistical/#1>

Priority Spotlight: Community Safety

The issue of community safety is complex and closely linked to ACEs and social determinants such as those described in the Adverse Community Experiences framework, cited above.¹²³

These include the social-cultural environment (countering the impact of trauma to promote resilience through youth development, violence prevention, and health promotion programs), physical/built environment (reducing deterioration and creating space for positive interaction; improving roads, housing stock, parks, and transportation), and economic opportunities with livable wage employment for youth and adults (boosting college attendance, job training for non-college bound youth, job-readiness training and placement of formerly incarcerated members of the community). Issues of equity discussed earlier are also of paramount concern if both statistics and perceptions concerning safety in our community are to be resolved.

In New Jersey, violent crime and property crime decreased by 26% and 28%, respectively, from 2011 to 2017. As the rates in New Jersey decreased so have rates in NJ cities, including Trenton. However, the crime rates in Trenton are not moving with the same downward momentum as other comparable cities. For example, the violent crime rate in Camden decreased by 29% while Trenton's decreased by only 9% between 2011 and 2017.^{124 125} Further, Trenton is located in Mercer County where, nine miles east is Robbinsville, the 8th safest place to live in New Jersey according to SafeWise's 2019 Safest City Report.¹²⁶

**Federal Bureau of Investigation
Uniform Crime Reporting Rates 2011-2017**

Place	Population	Violent Crime	Property Crime
New Jersey	8,834,773 (2011)	3.08 per 1,000	21.50 per 1,000
	9,005,644 (2017)	2.28 per 1,000	15.55 per 1,000
Rate Change		26%↓	28%↓
Trenton	85,644 (2011)	14.17 per 1,000	30.16 per 1,000
	84,231 (2017)	12.86 per 1,000	26.04 per 1,000
Rate Change		9%↓	14%↓

¹²³ Prevention Institute. (2016). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Retrieved from: <https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>

¹²⁴ Federal Bureau of Investigation. 2011. Crime in the United States 2011. Retrieved from. <https://ucr.fbi.gov/crime-in-the-u.s/2011/crime-in-the-u.s.-2011>

¹²⁵ Federal Bureau of Investigation. 2017. Crime in the United States 2017. Retrieved from <https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017>

¹²⁶ SafeWise. (2019). New Jersey's 50 Safest Cities of 2019. Retrieved from. <https://www.safewise.com/blog/safest-cities-new-jersey/>

Place	Population	Violent Crime	Property Crime
Camden	77,604 (2011)	27.7 per 1,000	57.49 per 1,000
	74,299 (2017)	19.6 per 1,000	33.9 per 1,000
Rate Change		29%↓	41%↓

Federal Bureau of Investigation (2011 and 2017)

Despite the reported drop in crime, Trenton residents expressed concern about safety and violence in their communities. In the 2019 Trenton Health Survey, 22.5% of respondents reported not feeling safe in their neighborhoods. During multiple community forums, residents shared their concerns, saying, “I don’t want to walk out of my house because I don’t feel safe”; and “[It’s] not safe at night to walk”; “When the sun goes down, I’m in”; and “I never feel safe. We go out of the city of Trenton to do stuff.” Similar concerns were expressed at a Mayor’s Forum held in March 2019 at the East Trenton Collaborative. (Forum: Mayor Forum/E. Trenton Collaborative 3.13.19, Arm In Arm 3.5.19, Josephson 2.27.19, Mercer Street Friends 2.28.19, UIH 3.1.19)

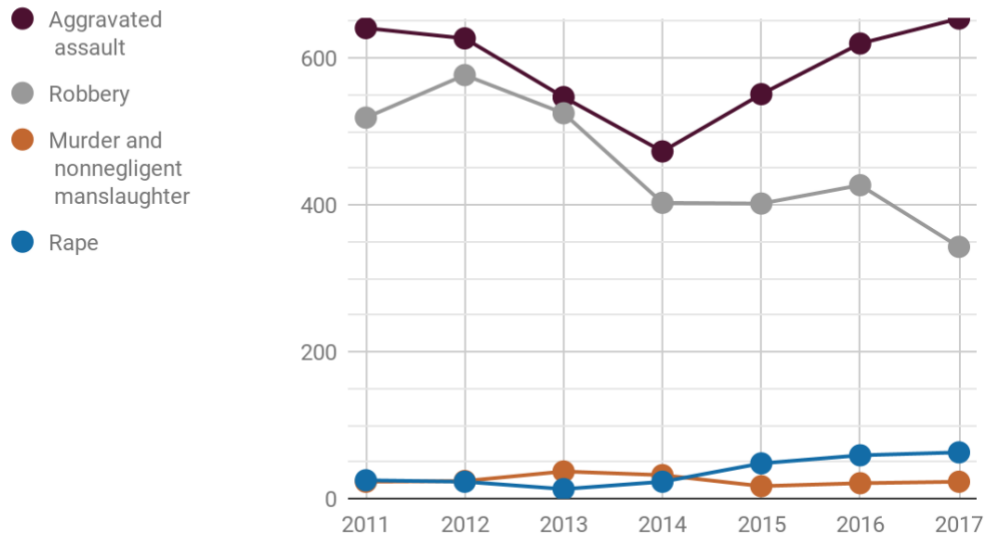
Media coverage of Trenton often reinforces the image of a dangerous city. A Google news search on “Trenton New Jersey” showed 4 out of 5 stories focused on violence or crime under headlines including phrases such as “a struggle involving a knife at the Trenton Train Station,” “three people were shot,” as well as car crashes, corruption, and Trenton’s only *New York Times* story over the past year: “Mass Shooting at New Jersey Arts Festival Leaves 22 Injured and 1 Dead.”

Statistically, shootings are down 49% and gang activity has decreased, along with reductions in violent and property crimes, yet community members feel unsafe. This feeling is echoed in residents’ concerns about youth and gang activity. Community forum participants highlighted a perceived link between the lack of youth participation in after-school activities with gang and criminal activity. One mother stated, “After-school programs stopped and now youth go to gangs.” Another said, “Kids can’t even play in a playground because people are selling drugs. Our kids have nothing to do and there are no safe places to play in Trenton.” (Forum: UIH 3.1.19, Mercer Street Friends 2.28.19, Arm In Arm 3.5.19) Research supports residents’ concerns about the lack of after-school activities, as evidence shows they can help discourage youth violence, as can household financial security, safe and stable housing, positive parent-youth relationships, and safe physical environments in parks, schools and residential area.^{127 128}

¹²⁷ CDC. Division of Violence. 2016. A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Retrieved from. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>

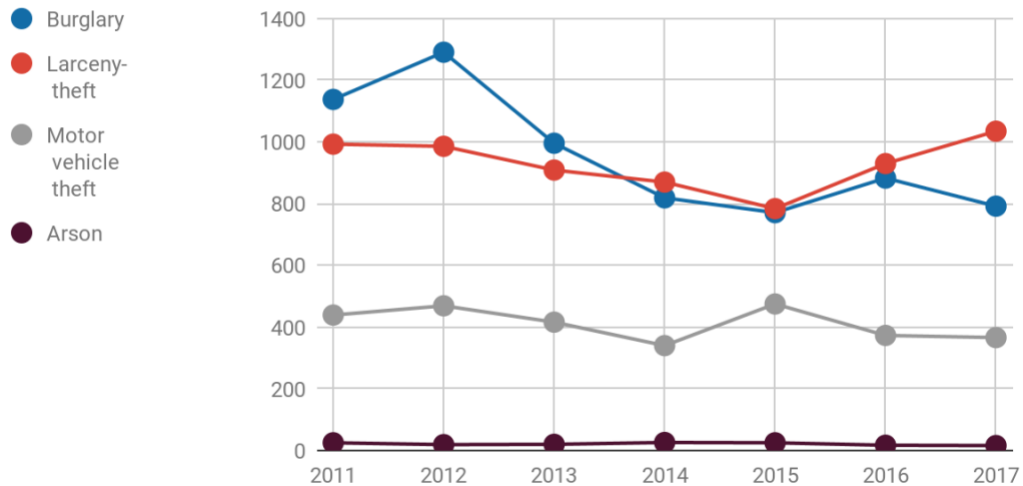
¹²⁸ Youth.Gov. 2019. Benefits for Youth, Families and Communities. Retrieved from. <https://youth.gov/youth-topics/afterschool-programs/benefits-youth-families-and-communities>

Number of Offenses Known by Law Enforcement in Trenton - Violent Crime (2011 - 2017)



Federal Bureau of Investigation (2011 -2017)

Number Offenses Known by Law Enforcement in Trenton - Property Crime (2011 -2017)



Federal Bureau of Investigation (2011 -2017)

The City of Trenton has many recreational activities for youth, but transportation challenges or cost combined with a failure to adequately publicize these programs may contribute to concerns about unengaged youth extending the cycle of violence. In addition to the City Department of Parks and Recreation (which has recently been reconstituted and staffed), the following is a partial list of youth service providers:

- Capital Area YMCA – after school program, summer camps, fitness classes, preschool
- Millhill Child and Family – summer camps, youth leadership programs, preschool
- Children’s Home Society of NJ – after school program
- Trenton Circus Squad – after school program
- Urban Promise – after school program, summer camps, youth summer employment
- HomeFront – after school program, summer camps
- Boys and Girls Club – after school program, summer camps, teen college, career programs
- Young Scholars Institute – college tours, academic enrichment, preschool, tutoring
- CYO – recreation centers, summer camps
- City of Trenton – Mayor’s Summer Youth Employment Initiative for youth
- Trenton’s faith-based community

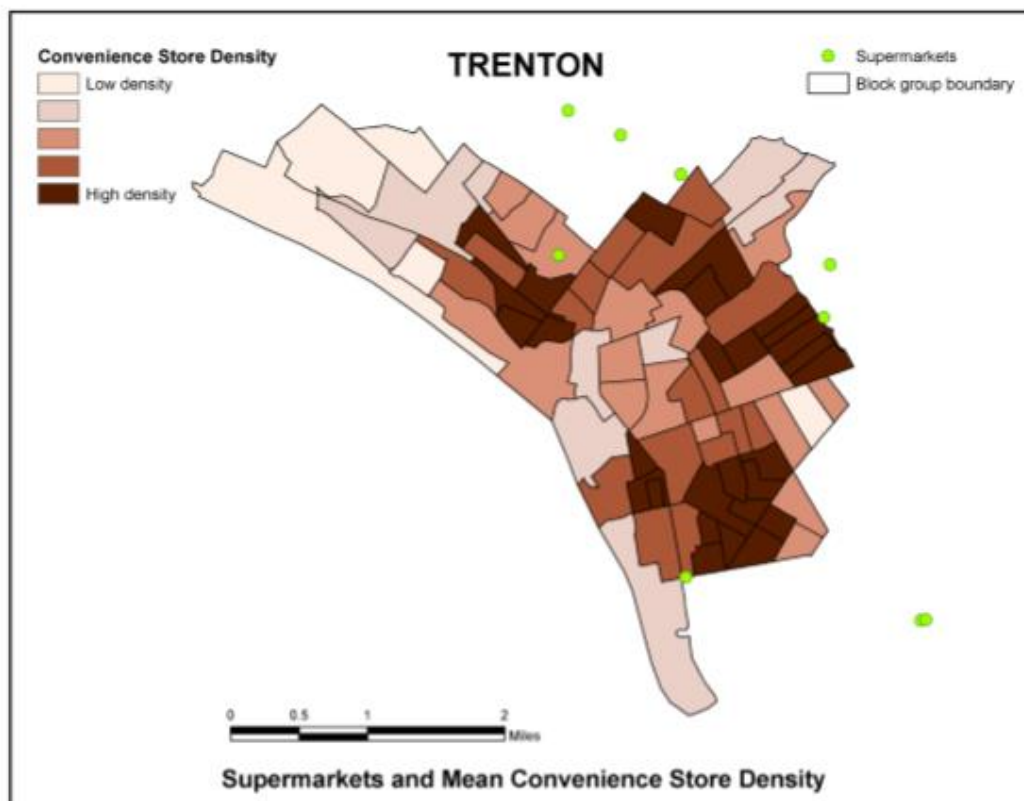
Priority Spotlight: Food Insecurity, Access, and Nutrition

Although surrounded by farms, Trenton is considered a “food desert,” lacking access to healthy and nutritious food. According to the CDC, “a healthy diet emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products. It includes lean meats, poultry, fish, beans, eggs, and nuts, is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars, and stays within your daily calorie needs.” A “food desert” is an area that lacks affordable and accessible supermarkets or grocery stores at which to purchase food, typically found in urban and low-income communities.¹²⁹ ¹³⁰ There are only three supermarkets or grocery stores in the city; seven other supermarkets shown on the food outlet map below are located in neighboring towns, ranging from 3.7 to 9 miles from the city center. Subsequently, most Trenton residents do not live within walking distance (half a mile) of a grocery store.¹³¹ During community forums residents said they purchase food from area supermarkets including Food Bazaar, ShopRite, Aldi, Walmart, and Super Foods, yet only two are located within the borders of Trenton. Most residents said they use public transportation or ride with family members to purchase groceries (Forums: All).

¹²⁹ CDC. (2017). A Look Inside Food Deserts. Retrieved from. <https://www.cdc.gov/features/fooddeserts/>

¹³⁰ CDC. (2017). Gateway to Health Communication and Social Marketing Practices. Retrieved from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmenttips/FoodDesert.html>

¹³¹ Gervasio K., McAloon, C. (2013, July). *Community Health Needs Assessment Report Trenton, New Jersey*. Retrieved from <https://trentonhealthteam.org/wp-content/uploads/THT-CHNA-2013-July.pdf>



Rutgers Center for State Health Policy (2010)

This lack of access makes local corner stores a frequent daily solution for food shopping. Despite their convenience, these stores usually lack fresh produce and other nutritious options, leading to processed foods being both the most available and cost-effective choice.¹³² The CDC's Modified Retail Food Environment Indicator (mRFEI) counts Healthy Food Retailers such as supermarkets, grocery stores and produce stands, along with Less Healthy Food Retailers such as convenience stores and fast-food restaurants. Trenton has an mRFEI score of 2.4, meaning only 2.4% of Trenton's food assets offer healthy food.¹³³

Lack of access to fresh, affordable and nutritious food is compounded by some Trentonians' self-reported gaps in knowledge and skills about preparing healthy dishes. During a community forum at Mercer Street Friends, a young woman said her medical provider suggested she eat a healthier diet, but never explained how to choose healthy foods or prepare them. In the same conversation, several women agreed that they want to eat healthier foods, but do not know how, especially since the cultural dishes they most enjoy tend to be high in sugar, fat, and carbohydrates. Parishioners at Cristo Rey Christ Church expressed the same concerns as Mercer Street Friends participants, sharing a desire to enjoy cultural dishes but interested in learning how to prepare them in a healthier manner. Both groups expressed interest in participating in cooking classes and demonstrations to learn how to modify traditional dishes to be healthier (Forum: Mercer Street Friends 2.8.19 & CCDC Cristo Rey 1.17.19).

¹³² USDA. (2018). Food Access. Retrieved from. <https://www.ers.usda.gov/topics/food-choices-health/food-access/>

¹³³ Food Assets, Trenton, NJ. Retrieved from. https://cues.rutgers.edu/trenton-isles/pdfs/Capstone_Final_Report.pdf

Food Assets

- Farmers Markets -- Trenton has three farmer's markets: Greenwood Ave Farmer's Market (established 2015), Capital City Farmer's Market (established 1993), and the Trenton Battle Monument Farmer's Market (established 2018). These markets provide fresh and local food to residents and accept Electronic Benefits Transfer for individuals utilizing Supplemental Nutrition Assistance Program (SNAP) benefits. These markets often provide cooking demonstrations and tastings in addition to health screenings.^{134 135}
- Healthy Corner Stores -- The Food Trust, in partnership with the Capital Area YMCA and NJ Partnership for Healthy Kids, has brought fresh produce to 17 corner stores in Trenton.¹³⁶
- Isles Garden Support Network -- Isles currently supports more than 60 school and community gardens across the city of Trenton by providing technical and organizational assistance to local residents, community-based organizations, and schools. They also work with more than 20 schools in Trenton, grades K-12, to engage students in agriculture, environmental and food education.¹³⁷
- Rutgers Cooperative Extension -- A SNAP-Education partner, Rutgers Cooperative Extension provides education aimed at reducing hunger and preventing obesity. Staff provide classes and programs that offer practical information on nutrition, cooking, food safety, and physical activity to address the needs of audiences at every stage of life.¹³⁸
- Capital City Farms -- This farm provides local jobs and locally raised produce in North Trenton. They grow more than 37 varieties of fruits and vegetables, annually yielding more than 1,000 pounds of produce including varieties of cultural interest such as Callaloo, a leafy green used in Caribbean dishes. Produce and flowers are distributed to Trenton stores, Trenton Area Soup Kitchen (TASK), schools, senior centers and hospitals, as well as families and individuals in the neighborhood.¹³⁹
- Trenton Food Stakeholders -- More than 20 organizations and agencies promoting food access, urban agriculture, and nutrition education in Trenton have been convening regularly since March 2019. This group is focused on coordinating services for residents to provide them with access to nutritious food combined with nutrition education, advocating for food and nutrition policy, and designing new ways to improve food and nutrition in Trenton. This group formerly convened as the Healthy Food and Fitness Network from 2013-2015 and is committed to working together to improve food access and nutrition in Trenton.

¹³⁴ Destination Trenton (2019). Retrieved from. <http://www.destinationtrenton.com>

¹³⁵ Greenwood Ave Farmers Market (2019). Retrieved from. <https://www.greenwoodavefm.org/>

¹³⁶ Food Trust. (2019). Retrieved from. <http://thefoodtrust.org/>

¹³⁷ Isles. (2019). Urban Agriculture. Retrieved from. <https://isles.org/services/urban-agriculture#.XQ0Kd4hKg2w>

¹³⁸ Rutgers. (2019). NJ Agriculture Experiment Station. NJ SNAP-Ed Region 2. Retrieved from. <https://njaes.rutgers.edu/snap-ed/>

¹³⁹ D and R Greenway Land Trust. (2019). Retrieved from. <https://drgreenway.org/capital-city-farm/>

Priority Spotlight: Chronic Conditions

Obesity

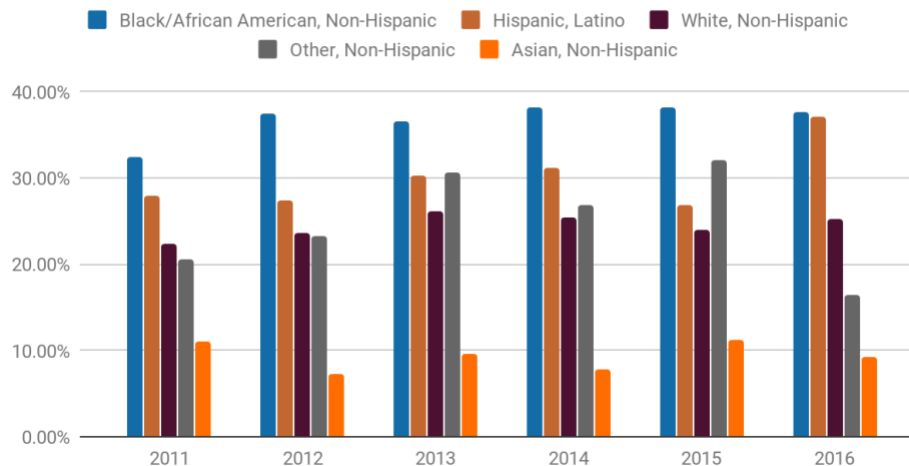
Before 2013, obesity was not considered a chronic disease, although it was often listed as a common factor contributing to chronic diseases. However, as a result of increasing obesity rates throughout the country, doubling from 10% to more than 20% in some states from 2011-2017, the American Medical Association in 2013 declared obesity a chronic disease, defined by the CDC as “conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.”^{140 141} The tables below illustrate the difference in obesity prevalence among races in the United States and New Jersey. Note that African Americans and Latinos experience more obesity than others.

Adult and Youth Obesity Prevalence in the United States (2015 - 2016)

	United States	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Asian
Adults	39.8%	46.8%	47%	37.9%	12.7%
Youth	18.5%	22%	25.8%	14.1%	11%

Table: Replicated from CDC National Center for Health Statistics data brief. Adults: age 20 and over. Youth: age 2 -19
Obesity is defined in this table as: a BMI of greater than or equal to 30. Obesity in youth was defined as a BMI of greater than or equal to the age- and sex-specific 95th percentile of the 2000 Centers for Disease Control and Prevention growth charts.
CDC (2016)

NJ Adult Obesity Prevalence 2011-2016 by Race (Age 20 +)



New Jersey Child Health Survey (2016)

Many factors leading to chronic diseases are more common and more severe in minority communities such as Trenton.¹⁴² According to the 500 cities data (CDC), 38.9% of Trenton

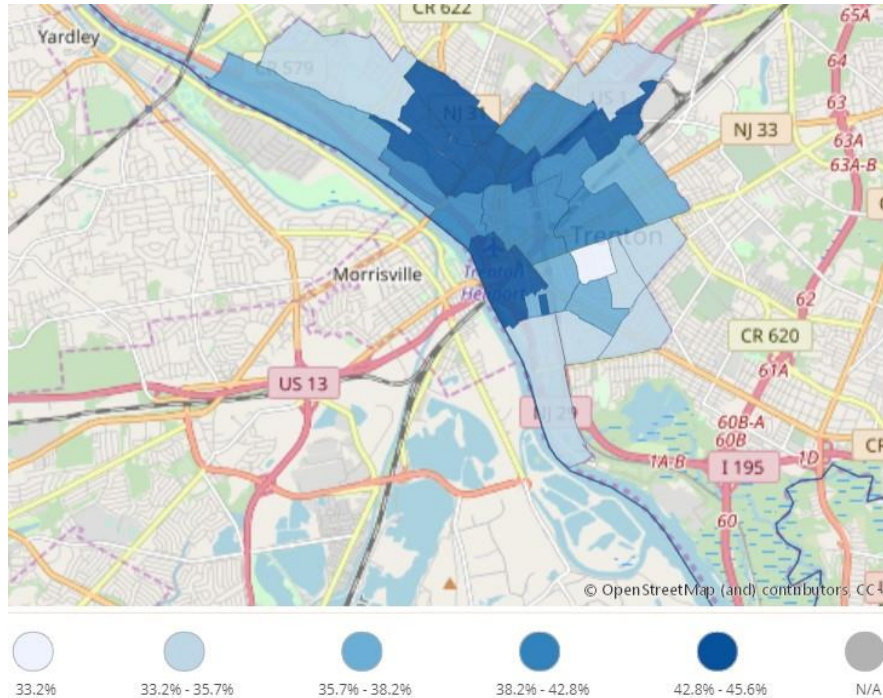
¹⁴⁰ NY Times. (2013). A.M.A Recognizes Obesity as a Disease. Retrieved from New York Times. A.M.A. Recognizes Obesity as a Disease. <https://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html>

¹⁴¹ CDC. (2019). Overweight and Obesity. Adult Obesity Prevalence Maps. Retrieved from. <https://www.cdc.gov/obesity/data/prevalence-maps.html>

¹⁴² CDC. (2017). NCCDPHP. Racial and Ethnic Approaches to Community Health. Retrieved from. <https://www.cdc.gov/chronicdisease/resources/publications/aag/reach.htm>

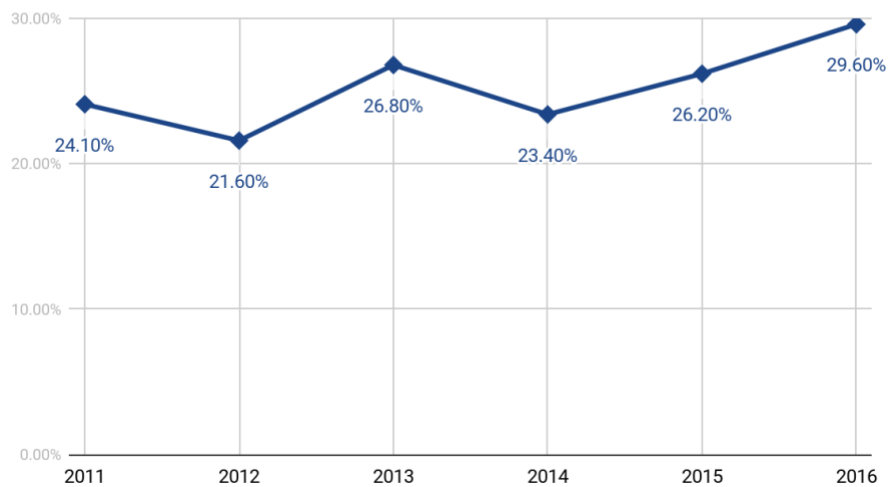
residents aged 18 or older were considered obese in 2016.¹⁴³ The obesity prevalence is 7-10% higher in different parts of Trenton. Given that national rates are increasing annually, the current rate in Trenton is more than likely higher. The charts below show obesity prevalence in Mercer County and Trenton.

Trenton Adults 18 + Who Are Obese 2014 - 2016



CDC (2016)

Mercer County Age Adjusted Adult Obesity Prevalence (Age 20 +)



New Jersey State Health Assessment Data (2019)

¹⁴³ CDC. (2016).500 Cities. Retrieved from. https://nccd.cdc.gov/500_Cities/rdPage.aspx?rdReport=DPH_500_Cities.ComparisonReport&Locations=3474000

The causes of obesity are complex, stemming from adverse childhood experiences, cultural norms and social conditions that do not support physical activity and a nutritious diet. Equitable health outcomes are not experienced by all people or in all communities, including Trenton, because of social and economic conditions. For example, the poor physical condition of neighborhoods, including vacant lots and abandoned properties, discourages outdoor activities and decreases physical activity, contributing to a population that is overweight. Almost 23% (334) of Trenton Health Survey respondents agreed with the statement “I don't feel safe in my neighborhood.”

Childhood Obesity

On average, children and adolescents are heavier than they were in 1970. According to the CDC, childhood obesity has tripled since 1970. In the 1970s, the obesity rate among youth ages 2-19 was 5.2%. By 2012, this age group had an obesity rate of 16.9%.¹⁴⁴ Youth who are obese or overweight are at risk of remaining so into adulthood, increasing their odds of developing chronic conditions.¹⁴⁵ While obesity rates are declining as a statewide average in NJ, certain cities continue to experience increasing prevalence of obesity. "The New Jersey overweight and obesity rates for youth ages 10-17 are 20.2% and 14.7%, respectively (2017 National Survey of Children's Health).¹⁴⁶ Even while the U.S and NJ childhood obesity rates were relatively low in the early 2000s, children in Trenton and Camden experienced rates of 28% and 24% respectively."¹⁴⁷

Obesity among High School Students in Grades 9 to 12

U.S. Childhood Obesity Rate		NJ Childhood Obesity Rate	
2011	2013	2011	2013
10.1%	13.7%	10%	8.7%

Data only collected in odd years: NJ State Health Assessment Data (2019)

Prevalence of Childhood Obesity in Four NJ Cities (BMI PCT 95 +) 2008 AND 2015

City	2008	2015
Camden	24%	24.4%
Newark	25.3%	27.3%
New Brunswick	26.2%	31.1%
Trenton	28.5%	30.5%
Total U.S. Population	16.9%	17%

Note the differences in the age group and years for the US prevalence rates: Data on NJ includes school children aged 6-19 in years 2008 and 2015; US data includes all children aged 2-19 for the years 2008 and 2012 (the most comparable data available). The New Jersey Child Health Study (2015)

¹⁴⁴ CDC. (2015). National Center for Health Statistics. Prevalence of Overweight and Obesity Among Children and Adolescents: United States, 1963–1965 Through 2011–2012. Retrieved from. https://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.htm

¹⁴⁵ Harvard. School of Public Health. (2019). Obesity Prevention Source. Child Obesity. <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/global-obesity-trends-in-children/>

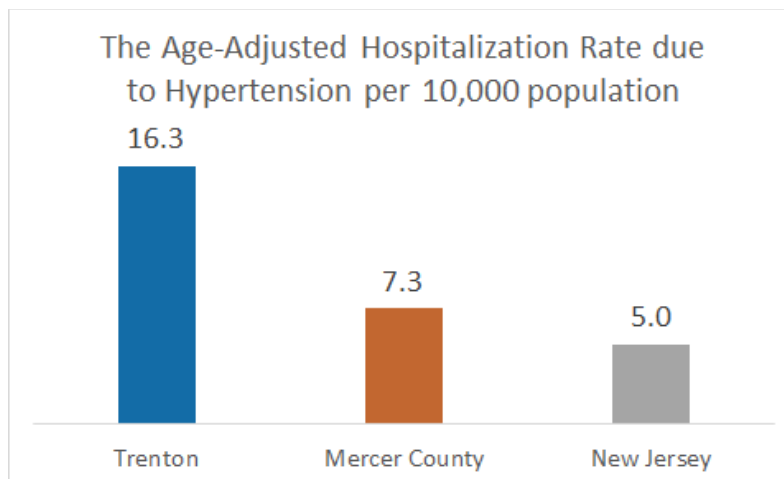
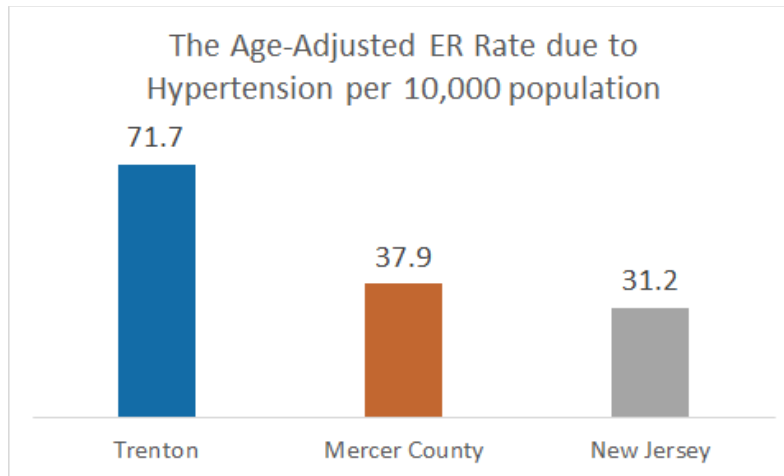
¹⁴⁶ 2017 National Survey of Children's Health. <https://www.childhealthdata.org/browse/survey/results?q=6707&r=32>

¹⁴⁷ NJ Child Health Study. (2019). The Prevalence of Childhood Obesity among School Children New Brunswick, 2008 and 2015. Retrieved from. http://www.cshp.rutgers.edu/Downloads/BMI_Charts_for_New_Brunswick.pdf

Hypertension

Hypertension (high blood pressure) is defined as having a blood pressure consistently over 140/90 mmHg, which can increase the risk for stroke and heart disease. Nearly one in three American adults (75 million people) have high blood pressure and almost half do not have the condition under control. Many do not know they have high blood pressure, as it often presents with no signs or symptoms--which is why hypertension is often referred to as “the silent killer.” The prevalence of hypertension increases with age, ranging from 7.5% in young adults to 63.1% for those over 60 years old. Hypertension is more prevalent among men, and rates are higher among non-Hispanic Black Americans (40.3%) compared to all other racial/ethnic groups (25-28%). Asian Americans are the least likely to have their blood pressure under control; less than 40% have well managed blood pressure.¹⁴⁸

The prevalence of hypertension in Trenton is 35.4 per 10,000 population--higher than the national rate of 31.9 per 10,000 (2016).¹⁴⁹ The age adjusted prevalence for ER visits and inpatient hospitalizations for hypertension-related illness are approximately twice as high in Trenton compared to the rest of Mercer County.¹⁵⁰



State of New Jersey Department of Health (Average annual rates 2015-2017)

¹⁴⁸ CDC. (2019). Hypertension. Retrieved from <https://www.cdc.gov/bloodpressure/index.htm>

¹⁴⁹ 500 Cities. (2019). Conduent

¹⁵⁰ NJDOH. (2019). Conduent. Retrieved from <https://trentonhealthteam.org/resources/health-indicators/>

In the 2019 Trenton Health Survey, more than 35% of respondents identified hypertension as the top medical condition they experience; and discussions during community forums (as well as with Trenton providers) reinforced the fact they utilized the ER to manage their high blood pressure in place of routine visits to their Primary Care Provider (PCP). Lack of insurance or inability to access a physician accepting their insurance plan, and/or accepts new patients are hurdles to finding care.

Diabetes

Diabetes is a condition of growing concern nationally that affects the Trenton community in a disproportionate way. Diabetes is a complex medical condition diagnosed when hyperglycemia (high blood sugar) occurs as a result of the body's inability to process blood glucose for energy. In type 1 diabetes, the pancreas is no longer producing insulin and in type 2 diabetes, the pancreas is not producing enough insulin. In both cases, diet, exercise, and medication are utilized to maintain adequate blood glucose levels and to mitigate serious, common comorbidities including but not limited to diseases of the eyes, kidneys, circulatory system, and nervous system. People with diabetes are four times more likely to develop heart disease, which increases the risk for stroke and heart attack. Diabetes is also the number one cause of adult blindness and one of the leading causes of hospitalization in the United States.

In addition to the 1.5 million Americans diagnosed with diabetes each year, more than 20% of people with diabetes are undiagnosed or do not know that they have diabetes. One in four people over age 65 have diabetes.¹⁵¹



CDC (2019)

Prediabetes occurs when blood sugars are above normal levels but the other criteria for diagnosis have not yet been met.¹⁵²

Thirteen percent of adults in Trenton have diabetes, which exceeds both the national rate of 10.8% (2016), and the New Jersey rate of 11% (2018), which increased from 8.8% in 2012.¹⁵³ ¹⁵⁴ Diabetes is the eighth leading cause of death in New Jersey, with nearly 2,000 deaths per year. The age-adjusted death rate among males is more than double the rate among females and, while the gap is narrowing, the rate among Black men is significantly higher than that of other racial/ethnic groups (39.4 deaths per 100,000 population compared to 27.7 deaths for Black women and fewer than 20 deaths for every other race/ethnicity).^{155 156}

¹⁵¹ American Diabetes Association. (2018). Statistics about diabetes. Retrieved from <http://www.diabetes.org/diabetes-basics/statistics/?loc=db-slabnav>

¹⁵² American Health Association. (2017). Cardiovascular disease and diabetes. Retrieved from <https://www.heart.org/en/health-topics/diabetes?s=q%3Ddiabetes%26sort%3Drelevancy>

¹⁵³ 500 Cities. (2019). Conduent

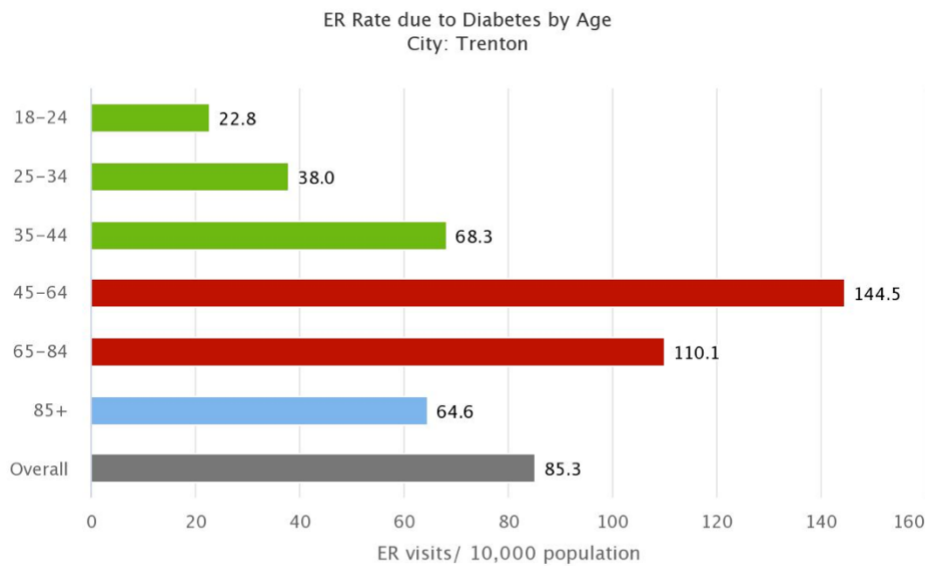
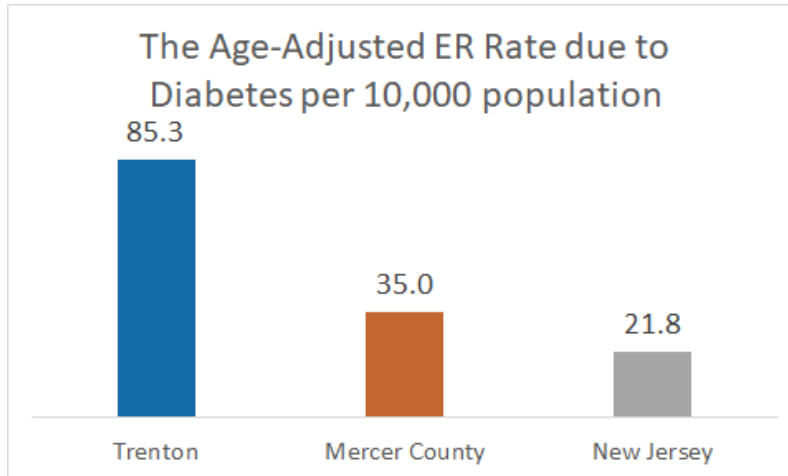
¹⁵⁴ America's Health Rankings. (2019). Annual report: Diabetes in 2018. Retrieved from <https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/NJ>

¹⁵⁵ NJDOH. (2017). Healthy New Jersey 2020 Diabetes. Retrieved from <https://www.state.nj.us/health/chs/hnj2020/chronic/diabetes/>

¹⁵⁶ NJSHAD. (2018).

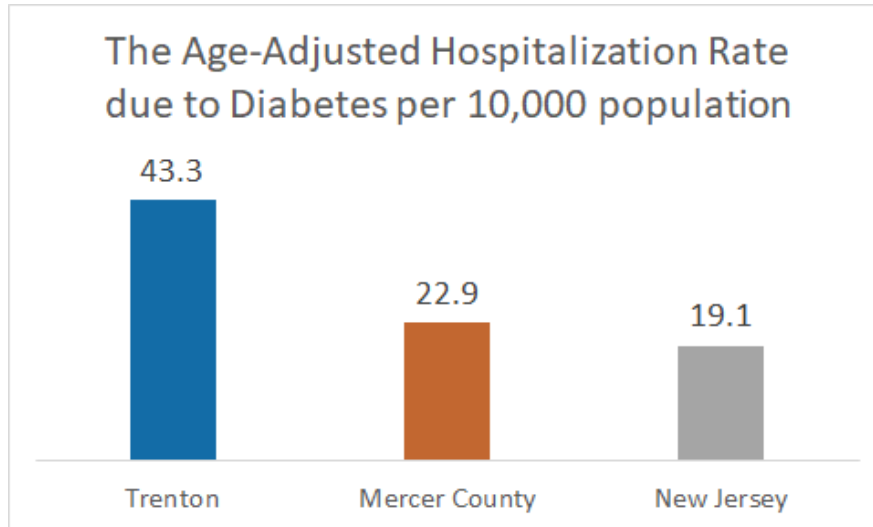
Another area of concern for Trenton is gestational diabetes. This is addressed within the Maternal and Child Health section of this report.

Trentonians visit the ER for diabetes-related issues at more than double the rate for Mercer County (85.3/10,000 population to 35.0/10,000); hospitalization rates for diabetes-related issues also are nearly double the county rate, (43.3/10,000 population compared to 22.9/10,000). Trenton residents between 45 and 84 have the highest rates of ER visits and hospitalizations.¹⁵⁷



Source: State of New Jersey Department of Health (2015-2017)
 Please note that crude age group rates are being compared to the overall age-adjusted value.
trentonhealthteam.thehcn.net

¹⁵⁷ NJDOH. (2019). Conduent



State of New Jersey Department of Health (Average annual rates 2015-2017)

Of the 400 Trenton residents surveyed by the Greater Mercer Public Health Partnership, 22.75% had been told they or someone in their household has diabetes, compared to 18.89% in other Mercer County municipalities. More than 20% of Trenton residents rated “many cases of diabetes” as one of three top health concerns. Of the 1,448 Trenton residents surveyed by THT, more than 21% of residents identified diabetes as a top health issue.

Throughout 2018, Trenton Health Team conducted a series of Listening Dinners at six local churches and organizations in Trenton. In total, 92 Trenton residents participated in these interactive sessions where participants were invited to share a healthy meal and discuss their experiences with diabetes and healthy living. Three main themes emerged from the dinners:

1. While a majority of participants rated their health care experience as meeting their overall needs, many felt that primary care providers do not have time to listen to the concerns of diabetic patients. One resident stated that he “feels like just a number”.
2. Healthy food is difficult to find and afford; one resident stated, “You have to leave the city limits for more choices and lower prices.”
3. At every dinner, participants asked for nutrition information in the form of cookbooks or cooking classes, for more information on the difference between blood sugar reading and other lab tests, and for educational booklets to share with their friends and neighbors.

The Capital City Diabetes Collaborative, a partnership of St. Francis Medical Center, Henry J. Austin Health Center, and Capital Health, has made significant improvements in diabetes care in Trenton since 2017. These system-level improvements include standardizing diabetes patient education materials across health care institutions, the development of a city-wide diabetes care pathway focusing on the social determinants of health, a partnership with the Trenton Health Team Accountable Care Organization to provide digital retinal exam technology in primary care settings, and increasing the capacity of clinical pharmacy in primary care. These improvements, among others, are supported through the Merck Foundation Bridging the Gap program, a five-year grant (2017-2022) of \$1.5 million to improve diabetes care and outcomes for the city residents.

Access to healthy food is a barrier consistently identified by Trenton residents with diabetes. For the current landscape of this important issue, please see the nutrition section of this document.

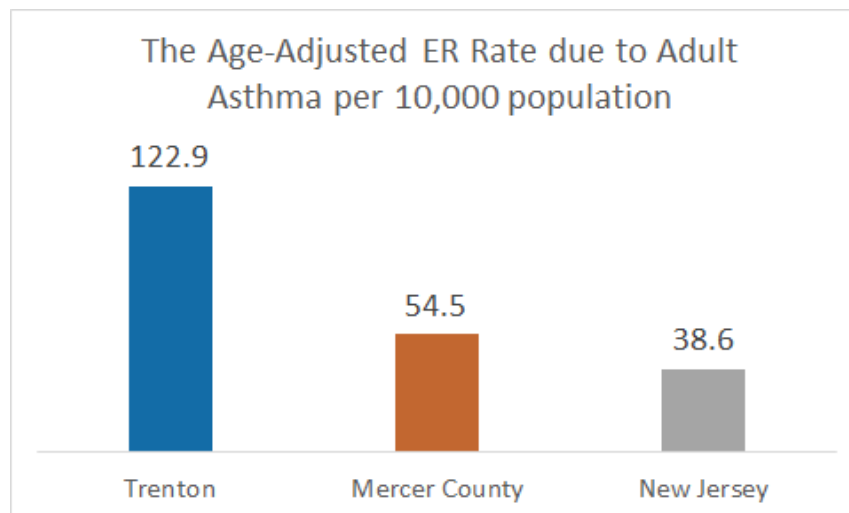
Asthma

As with other chronic conditions, asthma affects Trentonians in higher numbers. Asthma is a lung disease that causes episodes of coughing, wheezing, breathlessness, and/or chest tightness. Asthma is often a result of environmental irritants and can be a sign of unsafe living conditions with excessive exposure to mold and dust. While there is no cure, most asthma cases can be controlled by the use of medications or avoiding environmental triggers and activities such as smoking. Approximately 8.9% of adults nationwide have asthma (2016).¹⁵⁸ The overall mortality rate for asthma is relatively low, but Black individuals in the U.S. experience a higher mortality rate (23.3 deaths vs.10.0 deaths per 1,000,000 population).¹⁵⁹ In Trenton, 10.8% of adults have asthma, consistently higher than the state's rate of 8.2% (2016).^{160 161}



CDC (2018)

Trenton residents visit emergency rooms and are hospitalized for asthma-related issues at twice the rate compared to Mercer County as a whole (see graph below). Such a high ED rate for asthma-related issues indicates potential exposure to smoking (tobacco, e-cigs, etc.), poor housing conditions with dust and mold, living near major highways, and lack of access to simple interventions and treatments, such as an inhaler or nebulizer, which can and should be available at home and managed through a primary care provider.¹⁶²



State of New Jersey Department of Health (Average annual rates 2015-2017)

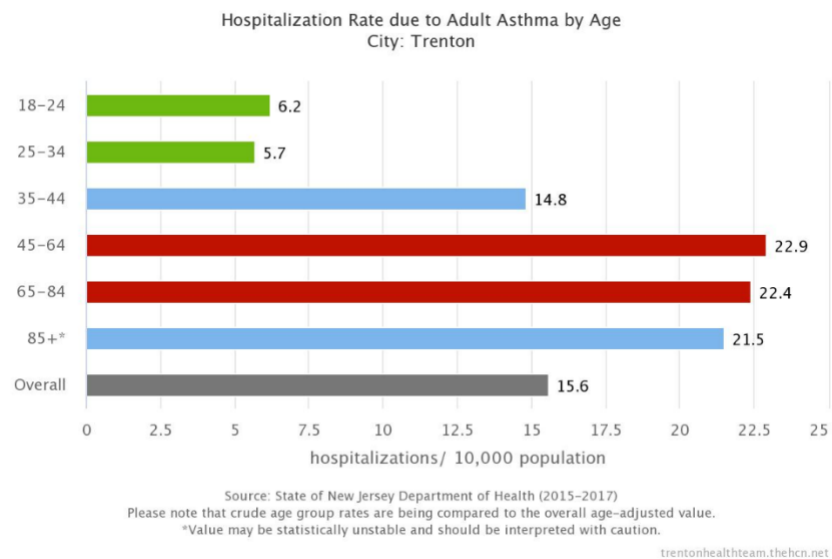
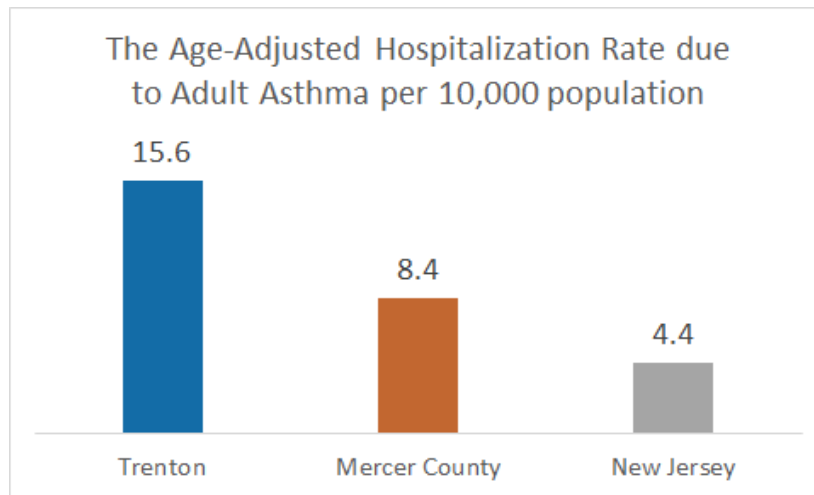
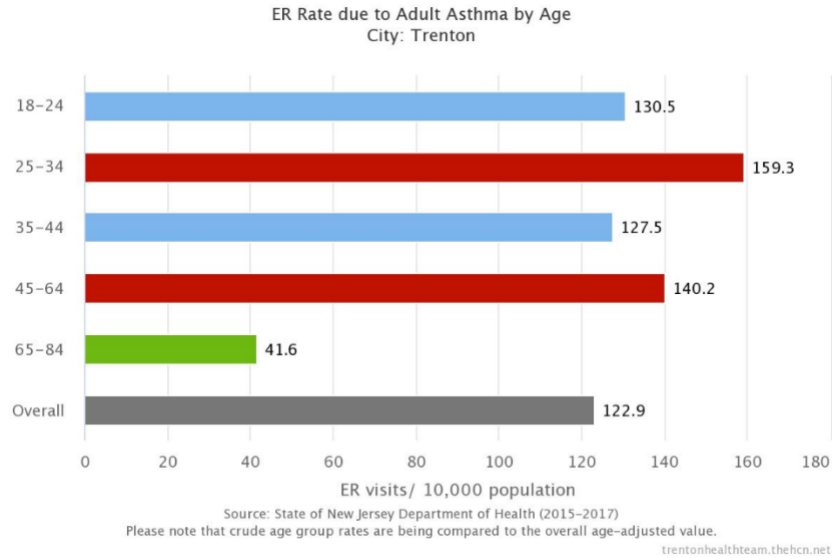
¹⁵⁸ CDC. (2018). BRFSS. Retrieved from <https://www.cdc.gov/asthma/brfss/2016/tableC1.htm>

¹⁵⁹ CDC. (2018). Asthma. Retrieved from <https://www.cdc.gov/asthma/>

¹⁶⁰ Op cit.

¹⁶¹ 500 Cities. (2016). Conduent

¹⁶² NJDOH. (2019). Hospitalization data. Conduent



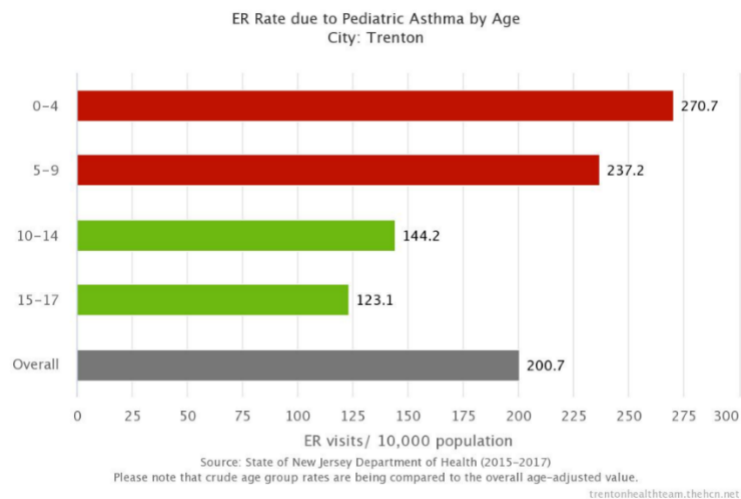
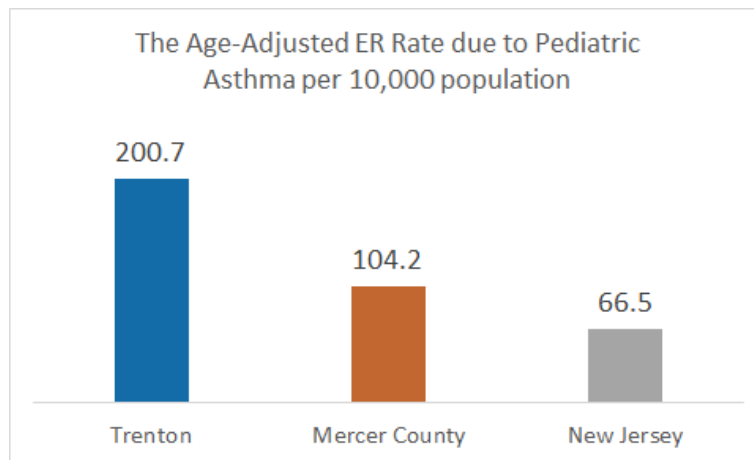
State of New Jersey Department of Health (Average annual rates 2015-2017)

Pediatric Asthma

Nationally, asthma is the third highest reason for hospitalization of children under the age of 15. It is the leading cause of chronic absenteeism from school that is related to chronic disease.¹⁶³

¹⁶⁴ Of children who have asthma, nearly 50% reported having one or more asthma attacks in the last year (2015). Emergency rooms and urgent care centers nationwide report the highest incidence of asthma among Black children under the age of four.¹⁶⁵ The asthma rate is the highest among Black, non-Hispanic children at 15.7% (compared to the national average of 8.3% of children).¹⁶⁶

In Trenton, the ER and hospitalization rates for children with asthma-related issues follows the same trend as adults, with rates nearly twice the rest of Mercer County. Children under nine years old are the most likely to be seen in emergency rooms and children under four are the most likely to be hospitalized for asthma-related issues.¹⁶⁷



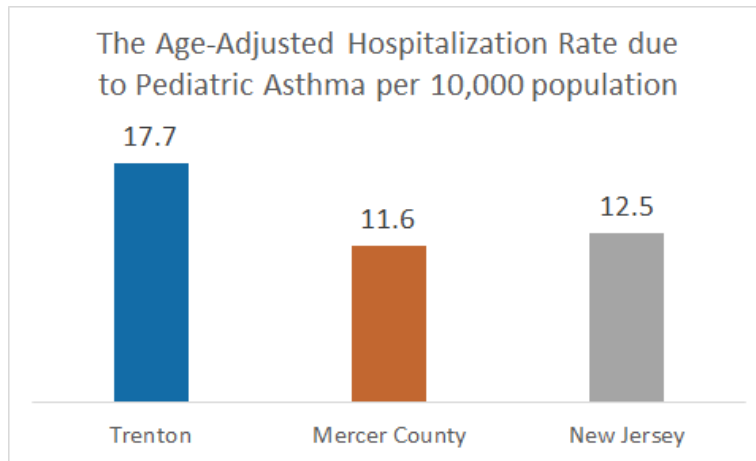
¹⁶³ Asthma and Allergy Foundation of America. (2018). Asthma facts. Retrieved from <https://www.aafa.org/asthma-facts/>

¹⁶⁴ Hsu, J., Qin, X., Beavers, S. F., & Mirabelli, M. C. (2016). Asthma-Related School Absenteeism, Morbidity, and Modifiable Factors. *American journal of preventive medicine*, 51(1), 23–32. doi:10.1016/j.amepre.2015.12.012

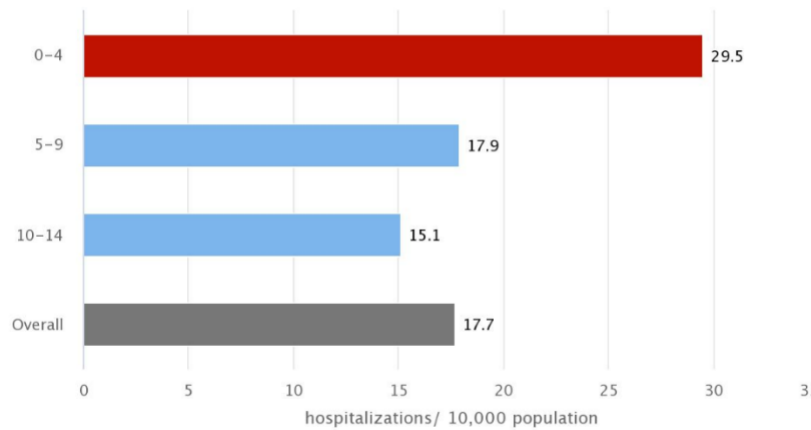
¹⁶⁵ NJDOH. (2019). Hospitalization data. Conduent

¹⁶⁶ CDC. (2018). Asthma. Retrieved from <https://www.cdc.gov/asthma/>

¹⁶⁷ NJDOH. (2019). Hospitalization data. Conduent



Hospitalization Rate due to Pediatric Asthma by Age
City: Trenton



Source: State of New Jersey Department of Health (2015-2017)
Please note that crude age group rates are being compared to the overall age-adjusted value.
trentonhealthteam.thehcn.net

State of New Jersey Department of Health (Average annual rates 2015-2017)

Asthma can affect children’s ability to engage in physical activities. In the 2018 GMPHP survey, Trenton parents rated their children as being more sedentary (22% rated as sedentary) compared to non-Trenton Mercer County residents (14.1%). Reduced activity can impact a child’s weight; as discussed in the adolescent health and obesity sections, obesity rates for children in Trenton are higher than the rest of Mercer County.

In the THT Health Survey, asthma was among the top five reported health conditions identified by Trenton residents (20% of residents selected this condition), ranking second among English speakers but not in the top five among Spanish speakers. English speakers were almost twice as likely to select asthma as a top health concern (22% to 12%). Poor air quality was ranked in the top five social factors that impact health in Trenton, with nearly 30% of respondents selecting this answer.

Many organizations in Trenton are working to address negative impacts of asthma:

- Isles, Inc. performs free healthy home assessments to identify potentially harmful environmental exposures in Trenton homes. Through the healthy homes assessment, problems are identified, residents are educated, and staff assists homeowners and

renters to remove asthma triggers (dust, mold, etc.), lead, pests, and other harmful exposures found in substandard housing.

- The Asthma Improves with Management (AIM) program, available through Henry J. Austin Health Center (FQHC), addresses pediatric use of the emergency room and chronic absences for asthma by working to educate families about asthma and proper asthma management.¹⁶⁸ This includes reducing or eliminating exposure to asthma triggers and working with the child's healthcare provider to establish an individualized Asthma Treatment Plan. Families are provided with resources and support as they learn to properly and effectively manage their child's asthma. Community education is offered at schools, and organizations that provide services for area families. HJAHC is addressing home environmental asthma triggers by participating in the New Jersey In-Home Asthma Intervention Pilot Project funded by the Nicholson Foundation. Trenton Health Team provides data for the project which identifies high risk asthmatic children that are high utilizers of emergency departments for uncontrolled asthma. Qualified families are provided with resources and a series of three home visits and follow up phone call by a specially trained bilingual Community Health Worker. Data is collected and evaluated by Rutgers. The goal is to provide evidence for insurance payers that asthma home visits improve the health and quality of life for asthmatic children and their families, and also reduces asthma related ED visits and school/work absenteeism. In addition, the AIM program is expanding services through the Mobile Health Van. The HJAHC Mobile Health Van will enable the AIM program to reach children in underserved areas throughout Trenton.¹⁶⁹
- THT is partnering with TPS to address chronic absenteeism caused by health issues including asthma. The initiative, part of the All Kids Thrive program funded by the Princeton Area Community Foundation, compares health care utilization data with school records to identify students with absenteeism likely related to health issues, and then working with school nurses to make referrals to appropriate resources to further assess, and if needed, mitigate environmental triggers and address other social determinants.

Priority Spotlight: Maternal and Child Health

Prenatal Care

Access to early and consistent prenatal care increases the likelihood of having a safe and healthy pregnancy and delivery for both mothers and babies. More than 77% of women in the United States initiate prenatal care in the first trimester of pregnancy.¹⁷⁰ This compares to approximately 72% of women in New Jersey initiating early care; the Healthy New Jersey 2020 Goals aim to increase this to rate 75.7%. In Mercer County rates of early prenatal care are lower, with 63% of Mercer county mothers and fewer than half of Trenton mothers attending a prenatal visit in the first trimester (2016).^{171 172}

¹⁶⁸ The AIM Program is supported through The Children's Health Fund Community Foundation of New Jersey/ Horizon Foundation Fund and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Engaging Caregivers, Children and Adolescents in Managing Asthma.

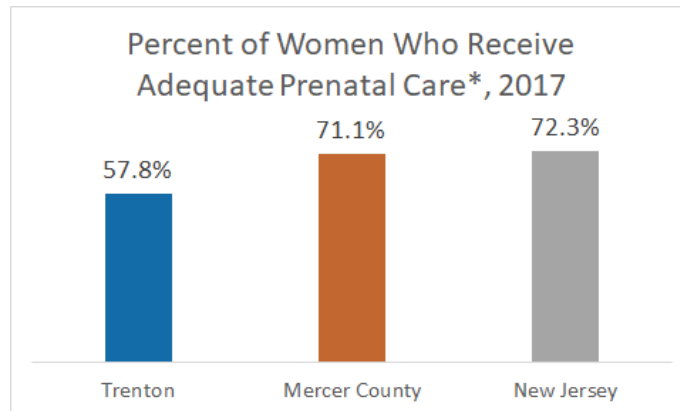
¹⁶⁹ The HJAHC Mobile Health Van was donated by the City of Trenton and has received support from THT, RWJF, Children's Health Fund, Princeton Area Community Foundation (NextGen), and the Gertrude Hirsch Charitable Fund.

¹⁷⁰ CDC. (2018). National Vital Statistics Report. Timing and adequacy of prenatal care in the United States, 2016. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf

¹⁷¹ NJSHAD. (2016). Health indicator reports. Retrieved from <https://www-doh.state.nj.us/doh-shad/indicator/>

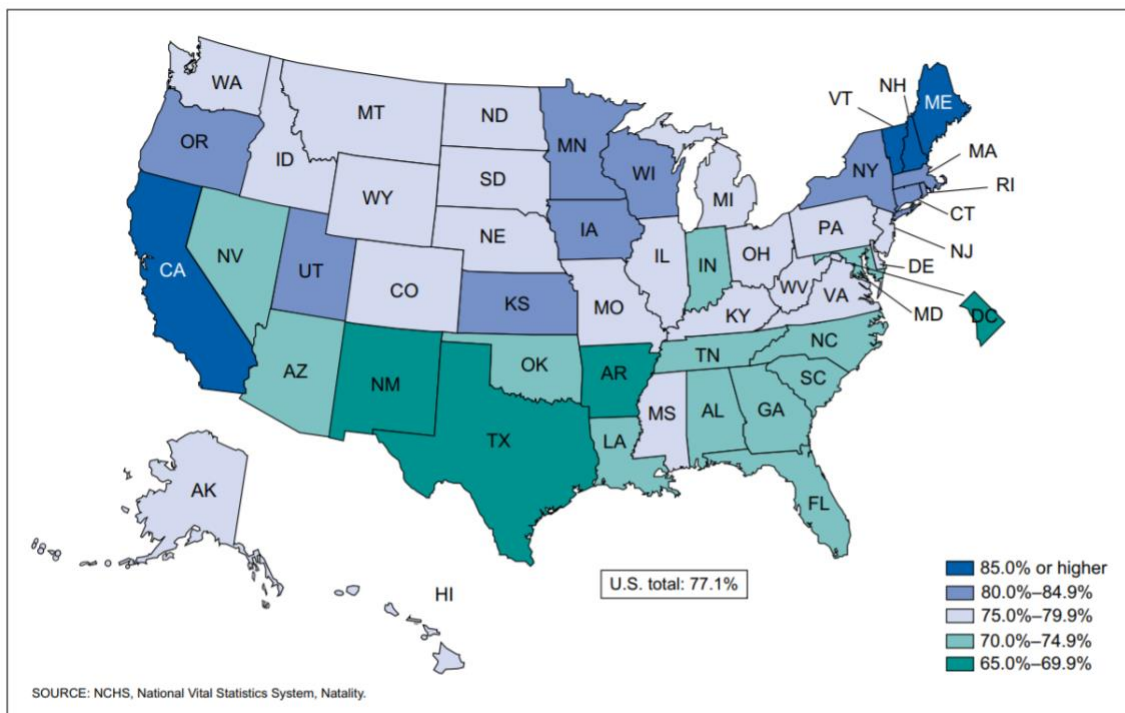
¹⁷² NJSHAD. (2018). Birth, Infant Death, and Fetal Death data. Retrieved from <https://nj.gov/health/shad>

In Trenton, 57.8% of women had “adequate” prenatal care (prenatal care beginning by the end of the fourth month of pregnancy and receiving at least 80% of recommended prenatal visits) based on the Kotelchuck Adequacy of Prenatal Care Utilization Index (2017)--far below rates for Mercer County (71.1%) and New Jersey (72.3%).¹⁷³ There are stark health inequities, by race and ethnicity, in the percentage of women in New Jersey who receive any prenatal care, with Black mothers more than twice as likely to not receive any prenatal care compared to all other racial/ethnic groups.¹⁷⁴



*prenatal care beginning by the end of the 4th month of pregnancy and receiving at least 80% of recommended prenatal visits based on the Kotelchuck Adequacy of Prenatal Care Utilization Index
New Jersey State Health Assessment Data (2018)

Prenatal care beginning in the first trimester, by state of residence: United States, 2016



CDC (2018)

¹⁷³ NJSHAD. (2019). NJ birth data query outcome measure selection. Retrieved from <https://www-doh.state.nj.us/doh-shad/query/selection/birth/BirthSelection.html>

¹⁷⁴ NJSHAD. (2016). Health indicator reports. Retrieved from <https://www-doh.state.nj.us/doh-shad/indicator/>

While there is prenatal care available in Trenton, there have been no hospital deliveries within the city limits since the Capital Health labor and delivery unit moved to Hopewell in 2011. As of 2019, the Capital Health HealthStart Clinic is also the only prenatal care provider that accepts Medicaid in Trenton. In 2017, providers from HealthStart attended a total of 1,386 deliveries at the Hopewell campus; there were 1,407 births to women who reside in Trenton.¹⁷⁵ Robert Wood Johnson Hospital in Hamilton was also a resource for prenatal care and delivery for women in Trenton until the closure of the labor and delivery unit in 2015. The two closest labor and delivery units to Trenton are Capital Health, Hopewell Campus, and Penn Medicine Princeton Medical Center in Plainsboro.

The Pregnancy Risk Assessment Monitoring System (PRAMS), a joint project between the NJ Department of Health and the CDC, surveys approximately one out of every 50 New Jersey mothers. This number averages to be 1,500 surveys annually. It is important to consider the lack of prenatal options for women with Medicaid, who are more than twice as likely (29%) to receive late care starting after the first trimester, or no prenatal care compared to women who use private insurance (13%).¹⁷⁶ According to one-year US Census Bureau 2017 estimates, approximately 43% of women in Trenton, 19-44 years old were using Medicaid.¹⁷⁷ Additionally, more than 27% of WIC participants reported late or no prenatal care.¹⁷⁸

In a community health forum conducted by THT, nearly a dozen women said they had difficulties obtaining initial prenatal appointments in the first trimester of pregnancy unless the new pregnancy or a previous pregnancy was considered “high risk.” Some of these mothers report starting prenatal care outside Trenton, where they could get an earlier appointment, and transferring care later in the pregnancy. In the PRAMS survey, mothers reported barriers to obtaining prenatal care as: not being able to get an appointment (8%), not knowing they were pregnant (13%), high cost and/or lack of insurance (9%), and insurance plan or doctor would not initiate as early as desired by mother (7%). Other important maternal health measures from the 2016 PRAMS survey include:

- The rate of women in NJ who smoke during pregnancy decreased from 7.8% in 2003 to 4.4% in 2016.
- The rate of women in NJ who use alcohol during pregnancy increased from 6.8% in 2003 to 8.9% in 2016.
- Reported access to and use of childbirth education, beyond prenatal care, among first-time mothers in New Jersey declined from 53.1% in 2003 to 34.5% in 2016.¹⁷⁹

Teen Pregnancy

Having one or more pregnancies before age 17 is often a predictor for poor future educational and economic attainment. Thirty percent of teenage girls who drop out of high school report their decision is influenced by pregnancy or parenthood. Ninety percent of women between the ages of 20 and 29 have a high school diploma; this number decreases to 40% for women in the

¹⁷⁵ NJSHAD. (2019). NJ birth data query outcome measure selection. Retrieved from <https://www-doh.state.nj.us/doh-shad/query/selection/birth/BirthSelection.html>

¹⁷⁶ PRAMS. (2016). 2016 annual chart book. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/prams_chart_book_2016.pdf

¹⁷⁷ US Census Bureau ACS. (2017 1 year estimate). Public health insurance status by sex and age. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B27003&prodType=table

¹⁷⁸ PRAMS. (2016). 2016 annual chart book. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/prams_chart_book_2016.pdf

¹⁷⁹ CDC. (2019). Teen Pregnancy. Retrieved from <https://www.cdc.gov/teenpregnancy/about/index.htm>

same age group who gave birth as a teen.¹⁸⁰ Approximately one in six teen pregnancies is a repeat pregnancy, which is why beginning childbearing at a young age also typically increases lifetime birth rates.¹⁸¹

In 2015, Trenton had a teen birth rate (age 17 and younger) nearly six times higher than the state average (30.5/1,000 to 5.8/1,000 live births).¹⁸² In the same year, approximately 9% of births in Trenton were to a mother 19 or younger.¹⁸³ In many areas of the country, this could be a significant factor in low graduation rates; however teen parents in Trenton have many opportunities to attend school. Trenton High School offers free childcare and transportation services to and from school for young families. There is also an alternative year-round education program for pregnant and parenting teens called Project TEACH (Teen Education and Child Health). For the 2016-2017 school year, 28 students enrolled in Project TEACH.¹⁸⁴

When New Jersey teens do become pregnant, they are half as likely to receive prenatal care in the first trimester compared to adult women (approximately 40% vs. 80%).¹⁸⁵ Teens may have a delay in identifying their own pregnancy and can be hesitant to share the news with a trusted adult or their doctor due to the stigma placed on pregnant teens. There have been strides to improve sex education in schools and improve access to contraception to prevent teen pregnancy through programs like NJ Personal Responsibility Education Program and the Teen Pregnancy Prevention Program. In New Jersey, girls age 13 and over are able to make their own reproductive choices and do not require a guardian present to utilize their Medicaid coverage for reproductive services, giving teens in NJ greater access to contraceptive methods without parental consent and financial barriers.

Breastfeeding

Exclusive breastfeeding is the recommended feeding method for babies for at least the first six months of life because it has many benefits for both mothers and babies. Mothers who breastfeed reduce postpartum bleeding, recover more quickly, and have a delayed return of menstrual periods, helping to extend time between births. In addition, some studies show that breastfeeding can reduce the risk of developing type 2 diabetes, cardiovascular disease, high blood pressure, and breast and ovarian cancers throughout a woman's life. Children who are breastfed have improved immunity and lower rates of asthma, obesity, type 2 diabetes, respiratory infections, and allergies.¹⁸⁶

Of mothers who delivered at Capital Health in 2016-2017, 53.2% exclusively breastfed at hospital discharge. This is higher than the rate in NJ (37.4%) and the U.S. as a whole (46.9%).¹⁸⁷ Higher breastfeeding rates at Capital Health could be a result of its designation as a Baby-Friendly facility that promotes breastfeeding practices and education. While exclusive breastfeeding is the gold standard, there are benefits to feeding any amount of breastmilk. In New Jersey, mothers who reported initiating breastfeeding increased from 73.2% in 2003 to

¹⁸⁰ Ibid.

¹⁸¹ National Conference of State Legislatures. (2018). Teen pregnancy prevention. Retrieved from <http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx>

¹⁸² NJSHAD. (2018). Birth, Infant Death, and Fetal Death data. Retrieved from <https://nj.gov/health/shad>

¹⁸³ Children's Futures. (2018). Children's Futures project area demographic and statistical data table.

¹⁸⁴ National Center for Education Statistics. (2018). Project TEACH Mercer. Common Core of Data. Retrieved from https://nces.ed.gov/ccd/schoolsearch/school_detail.asp?Search=1&Miles=10&Zip=08618&ID=340008503085

¹⁸⁵ NJSHAD. (2016). Health indicator reports. Retrieved from <https://www.doh.state.nj.us/doh-shad/indicator/>

¹⁸⁶ American Academy of Pediatrics. (2018). Breastfeeding. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx>

¹⁸⁷ NJDOH. (2019). Exclusive breastfeeding rates for hospitals, New Jersey, 2016-2017. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/NJ_Breastfeeding_Rates_2016-2017.pdf

86.8% in 2016. New Jersey breastfeeding rates were highest among those who had at least a college education, were over 30 years of age, and identified as Asian, non-Hispanic.¹⁸⁸

Contraception and Unintended Pregnancy

Unintended and mistimed pregnancies are often a result of either not using or misusing contraception and can also be the result of a sexual assault. Unexpected pregnancies often carry higher risk for both mom and baby because the mother may not be in optimal childbearing health and/or be exposed to toxins that can negatively impact the development of the fetus.

In 2016, approximately 75% of pregnancies in New Jersey were reported as planned and 25% unintended. Among mothers in NJ who reported using Medicaid to access prenatal care, the rate of unintended pregnancies increased to 40.4%, while mothers who reported using private insurance had an unintended pregnancy rate of 16.6%. The rate of unintended pregnancy among WIC participants in NJ, at 38.5%, was similar to that of women who used Medicaid.¹⁸⁹

New Jersey Medicaid covers the full range of contraceptive options for all women over the age of 13. Adolescents under 13 also have access to contraception with parental consent. Private health insurers are mandated by the ACA to cover contraception for women of childbearing age.

Maternal Mortality

Maternal mortality in the United States has more than doubled over the last 30 years (7.2 deaths/100,000 live births in 1987, 18.0 deaths/100,000 live births in 2014).¹⁹⁰ Between 2009 and 2013, the New Jersey Maternal Mortality review team identified 225 maternal deaths. Of these, 78 were determined to be pregnancy-related deaths. Nearly half of the deaths occurred more than 43 days postpartum.¹⁹¹ From 2009 to 2017, “pregnancy, childbirth and the puerperium or with abortive outcome” was reported as the cause of death for five women in Trenton. The maternal mortality rate for Trenton from 2009-2017 was 37.2 deaths/100,000 live births.¹⁹² Inequities in mortality rates are evident when prevalence is broken down by race and ethnicity.

- Black mothers are almost twice as likely to die during pregnancy, delivery, or the postpartum period as any other race/ethnic group in New Jersey.¹⁹³
- Black women are also more likely to be admitted to the ICU, experience excessive blood loss, and/or need a blood transfusion during or after delivery.

Condition	Overall Trenton	Black Women*	Hispanic Women*	White Women*
Admission to ICU	3.3 per 1,000	5.3	2.5	0
Excessive Blood Loss	16.4 per 1,000	17.3	17.9	8.4
Blood Transfusion	4.8 per 1,000	6	4	0

*all rates per 1,000 births, CJFHC (2019)

¹⁸⁸ PRAMS. (2016). 2016 annual chart book. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/prams_chart_book_2016.pdf

¹⁸⁹ Ibid.

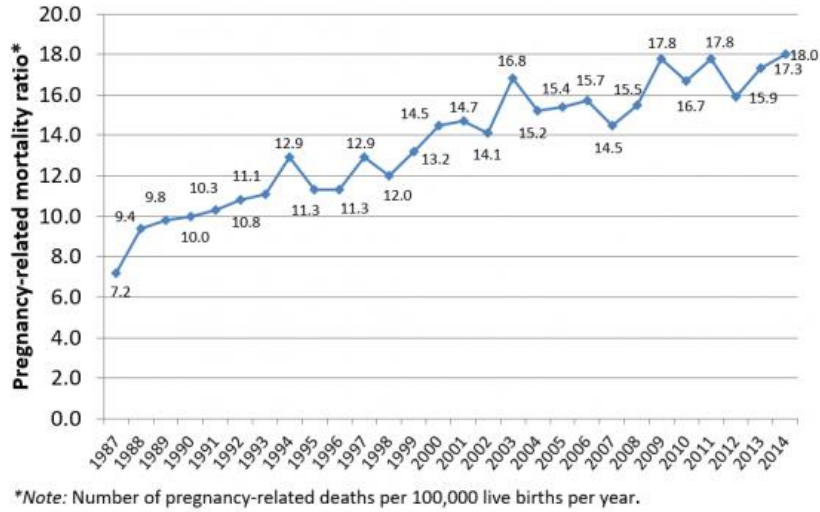
¹⁹⁰ CDC. (2018). Pregnancy Mortality Surveillance System. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

¹⁹¹ NJDOH.(2013). Trends in statewide maternal mortality. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/nj_maternal_mortality_trends_2009_2013.pdf

¹⁹² NJSHAD. (2018). Birth, Infant Death, and Fetal Death data. Retrieved from <https://nj.gov/health/shad>

¹⁹³ NJSHAD. (2016). Health indicator reports. Retrieved from <https://www-doh.state.nj.us/doh-shad/indicator/>

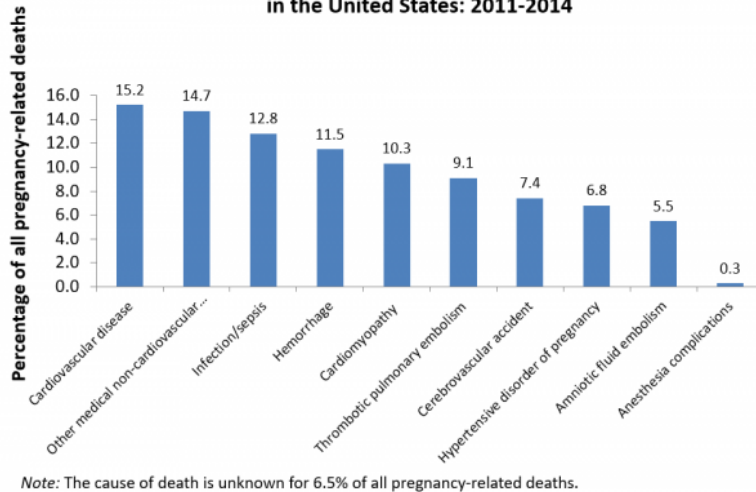
Trends in pregnancy-related mortality in the United States: 1987–2014



CDC (2018)

Hypertension and cardiovascular disease account for more than 15% of pregnancy-related deaths. Maternal mortality can be influenced by existing comorbidities. Data from 2015 to 2017 show a concerning prevalence of overweight and obesity, diabetes, gestational diabetes, hypertension, and prenatal hypertension in pregnant women. Approximately 43% of women in NJ are considered overweight or obese after becoming pregnant.¹⁹⁴ However, in Trenton more than half of all women enter pregnancy being overweight or obese. This speaks to the need for women to have adequate access to comprehensive healthcare to address chronic health concerns prior to becoming pregnant.

Causes of pregnancy-related death in the United States: 2011-2014



CDC (2018)

¹⁹⁴ PRAMS. (2016). 2016 annual chart book. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/prams_chart_book_2016.pdf

While maternal mortality is an important measure in understanding the quality of maternal health, it is important to note that in the U.S., a maternal critical illness happens in 1.2 to 4.7 of every 1,000 births. Of those women who experience critical illnesses, 1% will die. It is estimated that 30-40% of these maternal illnesses are preventable. Maternal critical illness can encompass a wide range of health concerns and interventions, including needing mechanical ventilation, medications to treat septic shock, or a blood transfusion. These interventions and health issues associated with them can have serious and lasting negative implications for a mother's life.¹⁹⁵

Gestational Diabetes

Gestational diabetes (GDM) is a type of diabetes diagnosed in pregnancy that can be managed through healthy eating and medication. This condition can be harmful to mothers and babies by increasing the risk of a large for gestational age baby, need for cesarean section, preeclampsia, and low blood sugar. Gestational diabetes occurs in 6-9% of pregnancies nationwide. However, approximately 10.3% of New Jersey women 18-44 years who had a live birth were diagnosed with gestational diabetes.¹⁹⁶ The risk for developing type 2 diabetes during the postpartum period is 10% and increases to a cumulative rate of 64.7% within five years following a pregnancy.¹⁹⁷

- Approximately 4.9% of New Jersey women 18-44 years who had a live birth were diagnosed with type I or type II diabetes prior to pregnancy¹⁹⁸
- The Nurse Family Partnership program, managed by Family and Community Partnerships' Office of Early Childhood Services, had 722 families enrolled in FY14 (per the NFP data system). Of these, nine women (1.2%) were identified as having GDM
- Many interventions used to reduce GDM increase positive health activities in pregnant women (i.e. breastfeeding, nutrition, exercise, weight reduction) but have little clinically significant impact, such as reduction in average blood sugar values.

Neonatal and Infant Mortality

Infant mortality is defined as death within the first year of life, and neonatal mortality is death within the first 28 days of life. Two-thirds of infant deaths happen in the neonatal period. The leading causes of neonatal mortality, accounting for approximately 40% of deaths, are prematurity (short gestation), low birthweight, and congenital anomalies. Neonatal mortality is decreasing in New Jersey; however, children born to Black mothers have two to four times greater risk of dying in the first 28 days of life compared to other racial and ethnic groups (Black infants: 6.5/1,000, White infants: 1.5/1,000 live births).¹⁹⁹ The neonatal mortality rate is higher in Trenton with 9.3 deaths/1,000 live births, compared to Mercer County at 5.0/1,000 and the state average of 2.9/1,000, as shown in the graph below.^{200 201}

¹⁹⁵ Aoyama, K., D'Souza, R., Inada, E., Lapinsky, S. E., & Fowler, R. A. (2017). Measurement properties of comorbidity indices in maternal health research: a systematic review. *BMC pregnancy and childbirth*, 17(1), 372. doi:10.1186/s12884-017-1558-3

¹⁹⁶ Op cit.

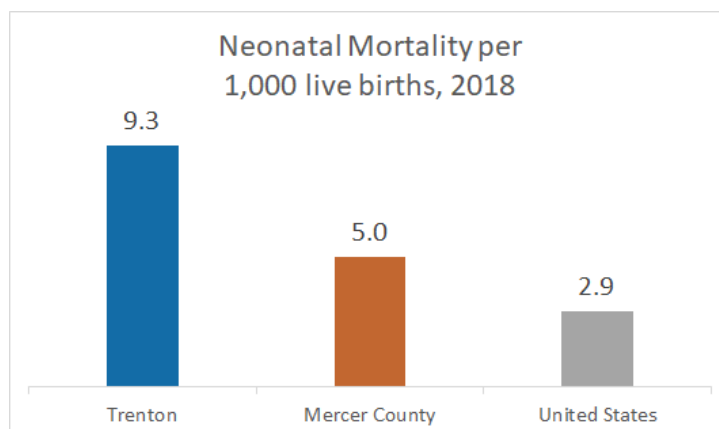
¹⁹⁷ OHSU. (2019). Diabetes and pregnancy program. Retrieved from <https://www.ohsu.edu/xd/health/services/women/for-healthcare-providers/upload/CWH-21473169-DAPP-Guideline-FINAL-lo-res.pdf>

¹⁹⁸ PRAMS. (2016). 2016 annual chart book. Retrieved from https://www.state.nj.us/health/fhs/maternalchild/documents/prams_chart_book_2016.pdf

¹⁹⁹ NJSHAD. (2018). Birth, Infant Death, and Fetal Death data. Retrieved from <https://nj.gov/health/shad>

²⁰⁰ Children's Futures. (2018). Children's Futures project area demographic and statistical data table.

²⁰¹ Op cit.



New Jersey State Health Assessment Data (2018) and Children’s Futures (2018)

In 2016, New Jersey had the third lowest infant mortality rate in the country, with 4.1 deaths per 1,000 births compared to 5.9 nationally.²⁰² Infant mortality rates in New Jersey declined nearly 20% between 2003 and 2013.²⁰³ Despite having an overall low infant mortality rate, however, New Jersey has the second largest inequality between Black babies and babies of all other racial and ethnic groups. White non-Hispanic and White Hispanic babies had very low and similar infant mortality rates.²⁰⁴

The infant mortality rate in Mercer County is 7.0 infant deaths per 1,000 live births--exceeding both the NJ and national rates (4.1 and 5.9). For Black infants in Mercer County alone, the rate is 15.5 deaths/1,000. In 2015, approximately 10% of babies born to mothers who live in Trenton were considered low birth weight or very low birth weight (<2500 gms) and nearly 11% of babies were born premature (<37 weeks).²⁰⁵ These values are slightly higher than rates in New Jersey and the U.S., with approximately 8% of babies born at a low or very low birthweight and fewer than 10% born premature.²⁰⁶

Assets Addressing Maternal and Infant Health

Prenatal Services and Home Visiting

- Capital Health’s HealthStart Clinic provides many services to patients, free of charge. These services include: free shuttle services from clinic to hospital, WIC referrals, and access to free specialized medical supplies and prescriptions.
- Services are available during pregnancy and in the postpartum period for women who use opioids. “For My Baby and Me” provides medication assisted treatment, prenatal care, housing, and behavioral health services. This is a collaboration among Capital Health, HJAH, HomeFront, Catholic Charities, and other organizations, which has served more than 37 women in a nine-month period. While difficult to accurately count how many women of childbearing age are using opioids at any given time, 103 women (age 15-45) sought care in the emergency room or inpatient care for drug related issues

²⁰² CDC. (2019). Infant mortality. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

²⁰³ National Center for Health Statistics. (Retrieved March, 2019). Final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved from www.marchofdimes.org/peristats

²⁰⁴ NJSHAD. (2018). Birth, Infant Death, and Fetal Death data. Retrieved from <https://nj.gov/health/shad>

²⁰⁵ Ibid.

²⁰⁶ America’s Health Rankings. (2018). Retrieved from <https://www.americashealthrankings.org>

in 2017 (Benzodiazepines, cocaine, heroin, prescription opioids).²⁰⁷ In the same year, 56 pregnant women were in substance use treatment in Mercer County.²⁰⁸

- Children’s Futures assists more than 5,000 people and families annually, providing free pregnancy testing, service coordination, education, and home visits with Nurse Family Partnership to nearly 125 first-time mothers.
- Children’s Futures (Trenton Doula Pilot Program) and Children’s Home Society of NJ (CHSofNJ) (Apoyando Madres/ Armando Redes (AMAR)) have doula programs that provide women of color with additional support and education during pregnancy, delivery, and during the postpartum period.
- Funded by the NJ Department of Health, Central Jersey Family Health Consortium runs the Mercer County Healthy Women Healthy Families initiative addressing maternal and infant health inequities with interventions by community health workers and access to a central intake hub.
- CHSofNJ provides prenatal health bilingual education programs (7-8 courses per year for 100-120 women), conducts more than 700 free pregnancy tests per year, and helps women make their first prenatal care appointment and apply for Medicaid. They also provide Early Head Start Home Visiting for pregnant women and new parents with children up to age three. They have just been awarded a five-year Early Head Start Expansion grant from The Office of Head Start and will increase the number of pregnant women receiving active service by 45 women. In total, Head Start and Early Head Start level of are expected to serve 541 individuals.

Breastfeeding Resources

- In NJ, laws have protected women’s rights to breastfeed in public since 1997 (Bill N.J.S.A 26:4B-4). In 2017, NJ became the 18th state to enact civil rights protection for breastfeeding mothers at work (Bill A2500), requiring employers to provide reasonable breaks and accommodation for breastfeeding or expressing milk at work (22). Additional private breastfeeding spaces in public buildings have been made available around Trenton; in December 2018, the Trenton Health Team installed a Mamava breastfeeding pod in the Trenton Free Public Library.
- CHSofNJ and Children’s Futures are also part of efforts to provide public space for breastfeeding. CHSofNJ’s Heritage South Family Success Center has a breastfeeding room and WIC staff carry their babies and openly breastfeed in the office and satellite sites as a demonstration for moms. They received statewide WIC recognition for this practice.
- CHSofNJ delivers WIC program for Trenton and Mercer County, serving approximately 7,000 women, infants and children every month. Breastfeeding consultants (IBCLC and peer) work with new moms while they are still at Capital Health.
- Children’s Futures (CF) has a weekly breastfeeding and baby care support group at CF and Homefront (rotating). Three to 12 women participate weekly.

²⁰⁷ NJDOH. (2019). NJ hospital discharge data collection system. Retrieved from <https://www.state.nj.us/health/healthcarequality/health-care-professionals/njddcs/>

²⁰⁸ NJDOH Division of Mental Health and Addiction Services. (2017). Substance abuse overview 2017 Mercer County. Retrieved from <https://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2017/Mer.pdf>

Access to Contraception

- Planned Parenthood of Greater Northern, Central, and Southern New Jersey is one of the few gynecological (GYN) providers that accepts Medicaid in Mercer County. They also offer contraception and other reproductive services on a sliding fee scale making services more accessible for uninsured patients.

Overall Maternal Health Policy

- Maternal and child health, particularly focused on reducing black infant mortality and black maternal mortality and morbidity has been a strategic focus of the current state Administration. A number of policy changes have been enacted or are in the process of being implemented including increased access to contraception in the post-partum period for Medicaid patients and Medicaid reimbursement for doula care in Governor Murphy's state fiscal year 2020 proposed budget.²⁰⁹ In March 2019, the Senate and Assembly of New Jersey passed a bill (A1862) that will establish a Maternal Mortality Review Committee. This committee will include clinical and community partners who will review and report cases of maternal mortality to make strategic recommendations to improve maternal health.²¹⁰

COMMUNITY ASSET SPOTLIGHTS

As discussed previously, identifying assets has been a deliberate part of this CHNAA process, both to recognize the positive aspects of life in the greater Trenton community and to identify resources and enhance connections to build on collaborative efforts. When THT recently sponsored a photo contest encouraging residents to share images of #WhyILikeTrenton, more than 50 photos were submitted via Instagram. ([See photos on our website.](#)) The following spotlights focus on areas that were specifically identified by residents in the 2019 Trenton Health Survey and community forums.

Assets Spotlight: Annual Events

Annual events in Trenton include the celebration of the arts, music, history, culture and health.

This list is not exhaustive and includes annual events that have occurred in the past two years, with the exception of the Trenton Punk Rock Flea Market which is held more than once a year.

²⁰⁹ Office of the Governor. (2019). "At Trenton Nurture NJ Roundtable, First Lady Touts Investments in Governor's Proposed Budget to Combat Maternal and Infant Health Crisis" Retrieved from <https://www.nj.gov/governor/news/news/562019/approved/20190313a.shtml>

²¹⁰ NJ Legislature. (2019). Retrieved from <https://www.njleg.state.nj.us/>

Annual Events in Trenton	
Sponsor/Organizer	Events
The Trenton Downtown Association	Levitt AMP Trenton Music Series The Capital City Farmers Market Patriots Week
ARTWORKS	Art All Night Art All Day Art Making Day
Trenton Punk Rock Flea Market	Trenton Punk Rock Flea Market
Latin American Merchant Association	Latino American Festival
Guatemalan Merchant Association	Guatemalan Independence Parade
The City of Trenton	National Night Out

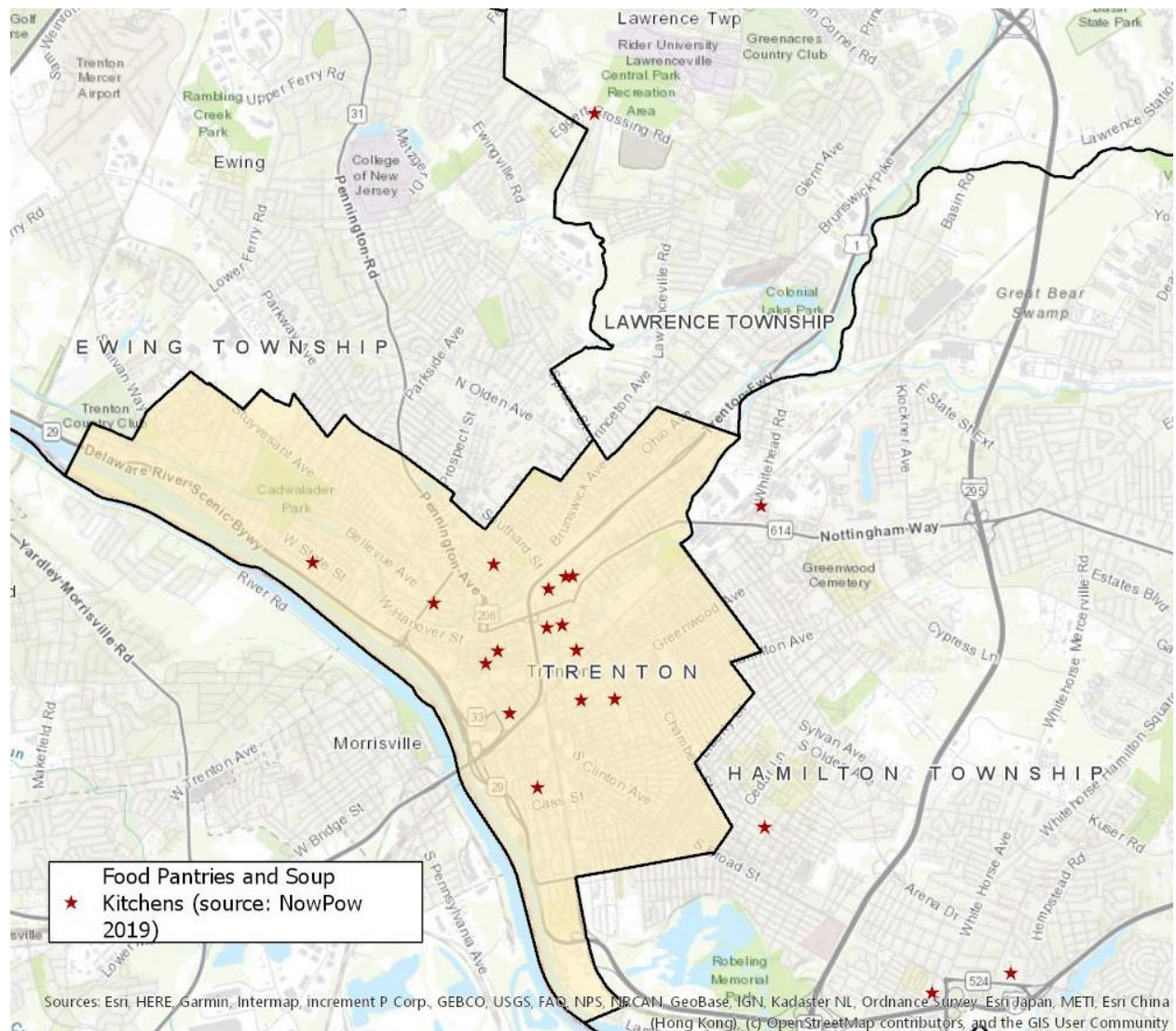
Assets Spotlight: Public Transportation

Almost 23% of respondents on the 2019 Trenton Health Survey deemed Trenton’s Public Transportation an asset. The Trenton Transit Center is a transit hub between Philadelphia and New York City, with the public transportation system including the Trenton with train service delivered by NJ Transit, SEPTA and Amtrak, expansive bus routes, and the River Line Light Rail providing direct service to Rutgers-Camden and the Adventure Aquarium in Camden, NJ, with a total of 20 stops to various towns in South Jersey.²¹¹ Access to this diverse public transportation system opens the door for many Trenton residents to travel for employment opportunities, higher education, and for leisure.

Assets Spotlight: Social Services

Low-cost/free services were selected by more than 20% of respondents on the 2019 Trenton Health Survey. These services include food pantries, housing and utility assistance, childcare, clothing, and healthcare. The number of agencies is hard to count and several of them have multiple locations throughout the city. There are several food pantries in Trenton. Many residents shared that “no one should go hungry in Trenton” because numerous food pantries and organizations provide access to food. Coordinating access and referring clients to community organizations is difficult because the list is almost limitless and the services often duplicated. Trenton Health Team is working to address this need by partnering with NowPow, a community resource referral platform empowering users to make data-driven social referrals and close the loop on care with partners. The database is updated at minimum two times a year to ensure all information is accurate. Community partners can coordinate referrals and review the referral status made to other agencies without the hassle of voicemail and email.

²¹¹ River Line (2019). Retrieved from. https://www.njtransit.com/pdf/LightRail/sf_lr_rvl_map.pdf



Assets Spotlight: Faith-based Communities

Trenton is home to an array of many houses of faith and faith-based organizations (FBOs). Twenty percent (20%) of respondents selected “faith-based community spaces” as an asset to the community on the 2019 Trenton Health Survey. Why is this? Faith leaders have established trust in their neighborhoods, supported and sustained from generation to generation. Members of the community indicated that being an affiliate of a house of faith allows them to receive religious and spiritual support that provides a sense of peace and hope - “that all is well.”

In addition to spiritual support, many houses of faith and FBOs provide social services to the community, e.g. through after-school programs and food subsidies. Many provide food pantries and prepared meals on a weekly basis. It was said more than once in community forums that, “No one should go hungry in Trenton” because every day of the week a prepared meal or food pantry is open to the community. Houses of faith and FBOs host annual events and partner with hospitals, neighborhood clinics, health vans, and community agencies to provide health screenings and health fairs for their members and the surrounding community. Many are using this model to expand their health ministry.

Since 2014, THT has partnered with many houses of faith by introducing the Faithful Families-Thriving Communities Curriculum, formerly known as Faithful Families Eating Smart and Moving More. The Curriculum was launched in 2007 as a partnership between the North Carolina Division of Public Health and NC State Extension based on the premise that faith communities are ideal partners to champion health and reduce health disparities in their communities.²¹²

Connecting a community's faith with health, supporting communities that experience the greatest disparities, and ensuring that the program is adaptable to any religious tradition are integral parts of the program. The program's approach is based on the socio-ecological model of health promotion and includes direct peer education, policy and environmental supports, and community engagement.²¹³ Health educators and trained lay leaders from the faith community work together to implement the program in faith-based settings. Lay leaders are essential to the program because they bring the spiritual elements into each lesson and engage the faith leaders and community members to identify and implement both organizational and community-level changes that support health.²¹⁴

ADDITIONAL FOCUS AREAS

Access to Care

Access to care is more than simply availability of insurance coverage; many other social and logistical barriers exist for patients in Trenton. Below is an overview of common issues within the community as well as some of the efforts to address those barriers.

Quality of care/Patient satisfaction survey

THT conducted a patient satisfaction survey from April to June of 2018. Responses were collected from 186 patients (150 in English, 36 in Spanish) in primary care offices serving Medicaid patients. More than 80% of Medicaid respondents live in one of the six Trenton ZIP codes. Most patients reported being satisfied with the care they receive. Doctors were rated at 8.72 on average, using a scale of 1 to 10 (with 10 being the best score). Positive feedback about doctors and their staff was reported by most of those taking the survey. Most respondents also stated they valued the patient-doctor interaction--noting that their doctor is attentive, a good communicator, and understands them. Respondents were more likely to rate their overall health as poor, compared to excellent.

Overall, survey respondents were pleased with their primary care doctor in 2018, consistent with the 2017 ACO Patient Satisfaction Survey Results. Most respondents have seen their doctor and visited the emergency department in the last 12 months; however, fewer emergency department visits were reported in 2018 compared to 2017. While the respondents were satisfied with their overall provider experience, some reported barriers to obtaining care such as transportation, insurance, getting an appointment and finances. A smaller proportion (75%) of Spanish-speaking respondents with Medicaid see a doctor regularly compared to English speaking respondents (92.19%).

The Trenton Health Needs Survey, administered in February 2019, found similar patient attitudes, with more than 20% of respondents listing good doctors and healthcare as assets to the Trenton community.

²¹² Faithful Families Thriving Communities. (2019). Our Approach. Retrieved from. <https://faithfulfamilies.com/what-we-do/our-approach/>

²¹³ CDC. (2019). Violence Prevention. The Social-Ecological Model: A Framework for Prevention. Retrieved From. <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

²¹⁴ Op cit.

Transportation

Capital Health provides much of the specialized care to Trenton residents, however these services are often located at their Hopewell campus. This means many residents rely on shuttle and medical transport to attend doctor appointments. Since 2009, New Jersey Medicaid has funded a non-emergency transportation service called LogistiCare. NJ Transit also has a low cost ADA paratransit service for disabled and temporarily eligible individuals called AccessLink. As discussed in the transportation section, residents at community forums expressed frustration with these services concerning scheduling and arrival times. To learn more about transportation challenges in Trenton, see the Transportation section, above.

Provider and service availability

With so many changes in the Trenton health care delivery landscape in the past decade, patients sometimes struggle to navigate the health system and find doctors accepting specific insurance. Capital Health, Henry J. Austin Health Center, St. Francis Medical Center, and fewer than a dozen individual primary care providers in Trenton accept at least one Medicaid plan. This number fluctuates from year to year and rarely do providers in private offices accept all four Medicaid insurance plans (Horizon NJ Health, Amerigroup, Aetna Better Health of NJ, and United Healthcare NJ FamilyCare). In July 2017, Capital Health opened a primary care office for Medicaid patients at 832 Brunswick Avenue. This office accepts all four Medicaid plans and is located centrally, on multiple bus lines.

For specialty services, there are fewer provider choices within Trenton. One hub of specialty care in the city is Henry J. Austin Health Center. As noted in the Prenatal Care section of this needs assessment, there is only one prenatal clinic that takes Medicaid in Trenton. While the HealthStart Clinic delivers high quality care to an astounding number of women and produces wonderful outcomes, Trenton residents expressed the need for additional prenatal options and office locations that accept Medicaid (Community Health Forums).

The Greater Trenton area includes a number of mental health providers and services (see Mental Health section). While there are services that do not accept certain insurance plans and others that are less accessible for other reasons (location, hours, etc.), many of the providers in Trenton are specially trained in culturally competent, trauma-informed care. This highlights the commitment of Trenton healthcare providers in addressing both mental and physical needs of their patients. Services for mental health and substance abuse are expanding; until 2018 there was just one medication assisted treatment center for opioids (methadone clinic) in the city. Now there are two that operate seven days a week to provide medication and other therapies to Mercer County residents who use substances.

While there are a variety of primary care options for individuals relying on Medicaid, affordable options for those without insurance are limited. Henry J. Austin (FQHC) offers services to uninsured patients on a sliding scale. The Medina Clinic was established in 2014 and offers free services in 14 specialty disciplines to patients without insurance. As of March 2019, Rahbar Trust provides uninsured patients with medication for heart failure, hypertension, diabetes, and other chronic conditions. Patients can receive free prescriptions at the Medical Home Pharmacy on North Olden Avenue.

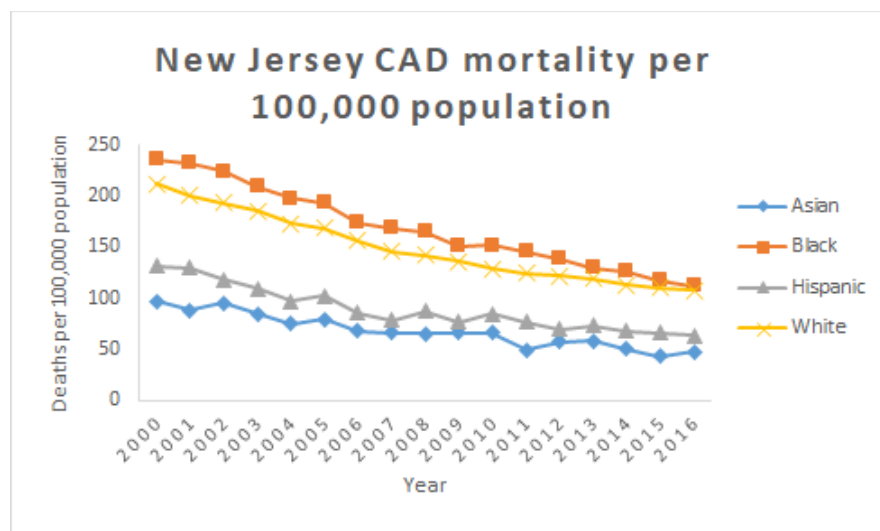
The THT-led ACO has focused on facilitating access to health care and social services for Medicaid patients, particularly for a high-need population of Medicaid patients that need more coordination of their health care.

Heart Disease

Heart disease accounts for approximately one in four deaths in the United States, resulting in more than 600,000 deaths in the United States each year. Coronary artery disease (CAD) is the most common heart disease, comprising over 60% of heart disease deaths annually. CAD is caused by arteries narrowed by plaque, limiting blood flow to the heart and other parts of the body. The most common first sign of CAD is a heart attack.²¹⁵

Approximately half of Americans have at least one risk factor for developing heart disease: 1) High blood pressure, 2) High cholesterol, 3) Smoking.²¹⁶

In 2018, rates of CAD in New Jersey (3.7% of total population) were comparable to the U.S. as a whole (3.9%).²¹⁷ In New Jersey, those who have less than a high school education, make less than \$50,000 per year, identify as male, and are over 65 years old have higher rates of CAD compared to the rest of the population. The current mortality rate for CAD in New Jersey is 126.2/100,000 population. This falls short of the Healthy New Jersey 2020 goal of 94.3/100,000 population.²¹⁸ Not only are men in New Jersey more likely to have CAD, they are nearly twice as likely to die of CAD compared to women (136/100,000 vs. 75/100,000).²¹⁹ There are also clear racial and ethnic inequities in New Jersey for CAD mortality, though these have been improving between 2000 and 2016. CAD deaths for African Americans decreased from 236/100,000 population to 113/100,000 over this time period, as shown in the chart that follows.²²⁰



New Jersey State Health Assessment Data (2018)

Heart Failure

Over time, CAD weakens heart muscles and can lead to congestive heart failure (CHF). Heart failure is a serious condition that decreases the amount of blood and oxygen available to

²¹⁵ CDC. (2017). Heart disease facts. Retrieved from <https://www.cdc.gov/heartdisease/facts.htm>

²¹⁶ Ibid.

²¹⁷ America's Health Rankings. (2017). Behavioral risk factor surveillance system. Retrieved from <https://www.americashealthrankings.org/explore/annual/measure/CHD/state/NJ>

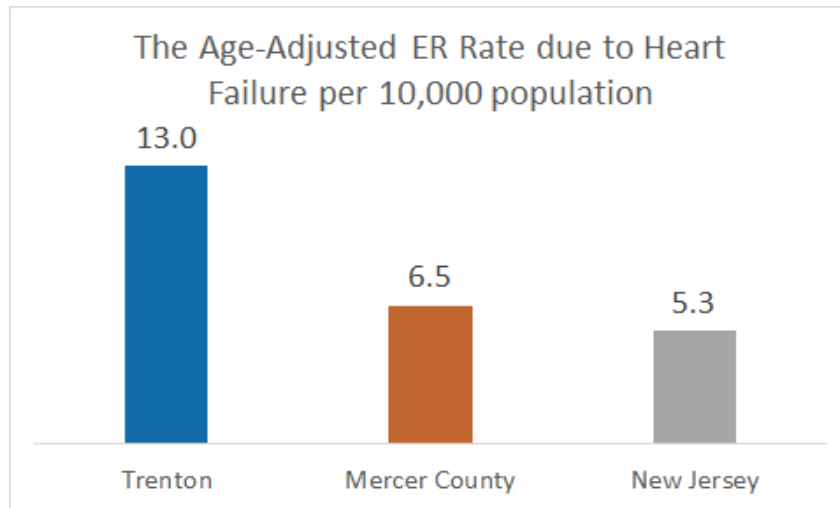
²¹⁸ NJDOH. (2019). Health New Jersey 2020, heart disease and stroke. Retrieved from <https://www.state.nj.us/health/chs/hnj2020/chronic/heartdiseasestroke/>

²¹⁹ NJSHAD. (2018). Retrieved from <https://www-doh.state.nj.us/doh-shad/indicator/view/CHDDeath.AARE.html>

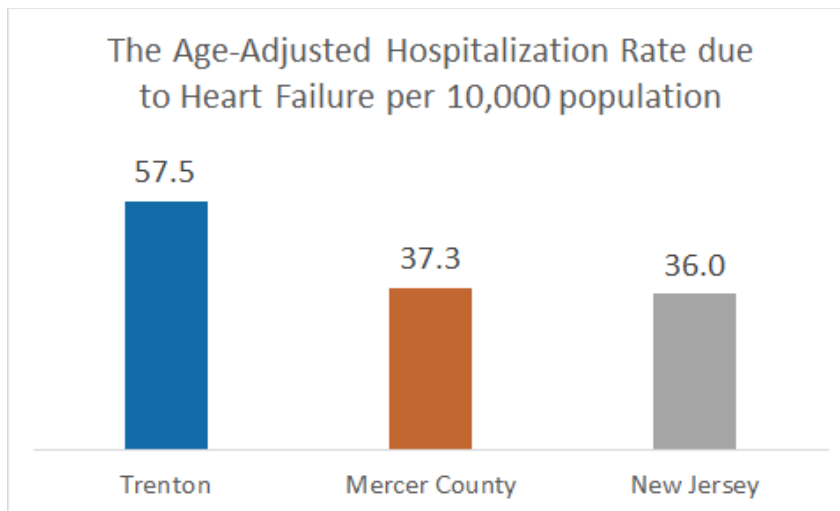
²²⁰ Ibid.

support the major organs around the body. Managing CHF requires consistent access to medical care to manage because nearly half of people with the condition will die within five years. Nearly six million adults in the U.S. have heart failure.²²¹

Risk factors for heart failure include: having a previous diagnosis of CAD, high blood pressure, or diabetes, as well as smoking and being obese. The prevalence of these risk factors could influence the high rates of ER visits and hospitalization for heart failure in Trenton compared to the rest of Mercer County, shown in the graphs that follow.²²²



New Jersey State Health Assessment Data (2015-2017)



New Jersey State Health Assessment Data (2015-2017)

Hypertension, high cholesterol, and CAD can be greatly improved by getting at least two and a half hours of moderate-intensity exercise per week and following a diet that increases intake of fruits and vegetables, whole grains and low-fat protein, and decreases saturated fat and

²²¹ CDC. (2017). Heart disease facts. Retrieved from <https://www.cdc.gov/heartdisease/facts.htm>

²²² NJDOH. (2019). Conduent

sodium.²²³ However, Trenton residents report lack of access to healthy food options and outdoor spaces to safely walk and play as barriers to living a healthy lifestyle. Many residents expressed a desire to have both healthy cooking classes and regularly scheduled exercise classes in the places they socialize. A Trenton resident during a forum at St. Francis Medical Center said she loves the programming at the YMCA; however other residents at Kingsbury Towers felt there need to be more facilities like the YMCA in different parts of the city. Transportation to safe places for organized exercise and sporting events was a commonly named barrier (see Obesity section).

Cancer

Cancer is the second leading cause of death in New Jersey, with one in two men and one in three women developing at least one form of cancer in their lifetimes.²²⁴

- In 2016, more than 5% of adults in Trenton had some type of cancer, excluding skin cancer.²²⁵ This is similar to the age-adjusted incidence of cancer other than skin cancer for Mercer County at 7% and NJ at 5.4%.²²⁶
- Residents of Mercer County who identified as Hispanic or making less than \$25,000 per year were the least likely groups to receive routine preventive cancer screenings²²⁷; many people in these populations live in Trenton.

The following tables show a breakdown of cancer diagnoses in New Jersey by gender and ethnicity.^{228 229}

New Jersey Females

Rank	Asian/ Pacific Islander	Black	White	Hispanic*
1	Breast (2,226)	Breast (4,719)	Breast (30,042)	Breast (3,822)
2	Thyroid (505)	Lung and Bronchus (1,698)	Lung and Bronchus (13,295)	Thyroid (1,092)
3	Colon and Rectum (441)	Colon and Rectum (1,461)	Colon and Rectum (8,647)	Colon and Rectum (1,079)
4	Lung and Bronchus (403)	Corpus and Uterus, NOS (1,095)	Corpus and Uterus, NOS (7,707)	Corpus and Uterus, NOS (935)
5	Corpus and Uterus, NOS (397)	Thyroid (576)	Thyroid (5,599)	Lung and Bronchus (891)

Counts of people diagnosed 2012-2016 are shown in parentheses.
NJ Department of Health (2019)

²²³ American Heart Association. (2018). American Heart association recommendations for physical activity in adults and kids. Retrieved from <https://docs.google.com/document/d/1iCF7qrJK5Ya0-54vUZUUrQdElt7e9nBRJA0fmB1UpnU/edit>

²²⁴ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>

²²⁵ 500 Cities. (2019).

²²⁶ Op cit.

²²⁷ GMPHP Survey. (2018).

²²⁸ NJDOH. (2019). Ten Most common types of invasive cancer, counts by race and ethnicity, 2012-2016. Retrieved from https://www.nj.gov/health/ces/documents/briefs/ten_most_common_cancers_annualreportexcerpt_12-16.pdf

²²⁹ NJDOH. (2019). Ten most common types of invasive cancer by gender: Annual report excerpt. Retrieved from https://www.nj.gov/health/ces/documents/briefs/top10_ca_incidence_annualreportexcerpt_2.2016.pdf

New Jersey Males

Rank	Asian/ Pacific Islander	Black	White	Hispanic*
1	Prostate (1,077)	Prostate (5,196)	Prostate (24,270)	Prostate (3,152)
2	Colon and Rectum (533)	Lung and Bronchus (1,610)	Lung and Bronchus (12,073)	Colon and Rectum (1,173)
3	Lung and Bronchus (514)	Colon and Rectum (1,333)	Colon and Rectum (9,019)	Lung and Bronchus (951)
4	Non-Hodgkin Lymphoma (259)	Kidney and Renal Pelvis (651)	Urinary Bladder** (8,128)	Non-Hodgkin Lymphoma (688)
5	Oral Cavity and Pharynx (237)	Urinary Bladder** (497)	Melanoma of the Skin (6,232)	Urinary Bladder** (561)

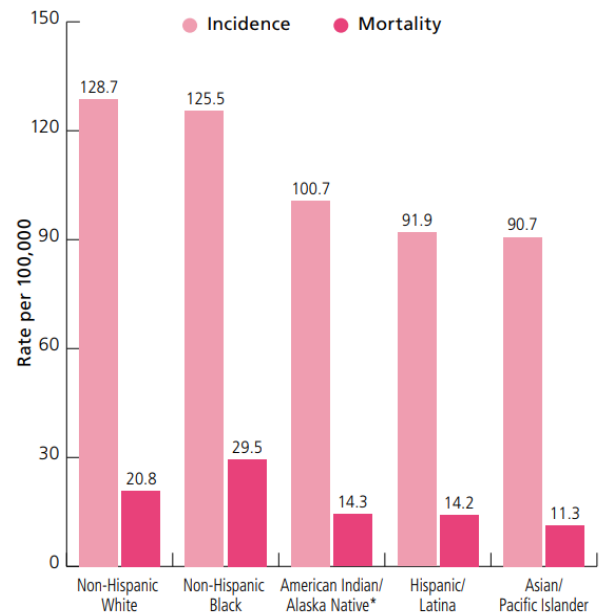
Counts of people diagnosed 2012-2016 are shown in parentheses.
NJ Department of Health (2019)

Breast Cancer

Breast cancer is the most frequently occurring invasive cancer in women. While breast cancer is slightly less common in Black women, the mortality rate for this group is higher than other racial/ethnic groups.²³⁰ Black non-Hispanic women are more likely to have a specific type of breast cancer called “Triple Negative” and it does not respond to common treatments like hormone therapy; however, chemotherapy is still an effective option and may even be more effective on cancers that are in earlier stages.

- The age adjusted annual incidence rate of breast cancer from 2011-2015 is 72.5/100,000 in New Jersey and 76.0/100,000 in Mercer County.²³¹
- In Trenton, the mortality rate is 22.8 deaths/100,000 (2014-2016).²³²
- The age adjusted breast cancer death rate for the state is 21.2 deaths/100,000 and 19.8 in Mercer County (2014-2016).²³³

Figure 2. Female Breast Cancer Incidence (2010-2014) and Mortality (2011-2015) Rates by Race/Ethnicity, US



*Statistics based on data from Contract Health Service Delivery Area (CHSDA) counties. Note: Rates are age adjusted to the 2000 US standard population.

Sources: Incidence – NAACCR, 2017. Mortality – National Center for Health Statistics, Centers for Disease Control and Prevention, 2017.

©2017, American Cancer Society, Inc., Surveillance Research

²³⁰ American Cancer Society. (2019). Cancer A-Z. Retrieved from <https://www.cancer.org/cancer.html>

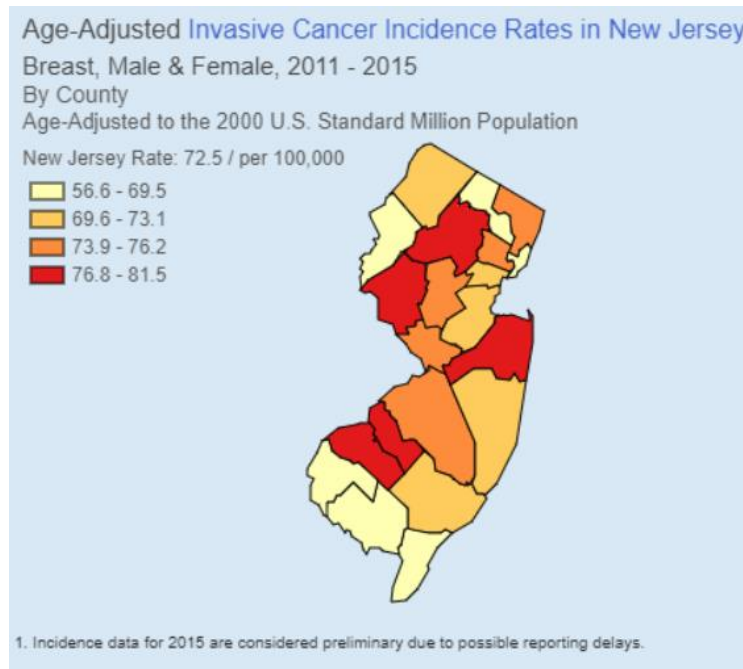
²³¹ New Jersey State Cancer Registry. (2019). Retrieved from <https://www.cancer-rates.info/nj/>

²³² City Health Dashboard. (2018). Retrieved from <https://www.cityhealthdashboard.com/>

²³³ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>

Routine self-breast exams are recommended for all women with annual mammograms recommended for women over 40, depending on family history of breast cancer, and for all women over 45.

- The incidence of recommended mammography screening in Trenton is 72.6%²³⁴ compared to 80.6% statewide.²³⁵
- Sixty four percent of women in Mercer County report having a mammogram or clinical breast exam sometime in the past two years.²³⁶



New Jersey Cancer Registry (2019)

Prostate Cancer

Prostate cancer is the most frequently occurring invasive cancer in men. Annually, approximately 175,000 men in the U.S. will be diagnosed with prostate cancer and 32,000 will die from the disease. One in nine men will be diagnosed with prostate cancer in his lifetime and one in 41 men will lose their life to prostate cancer.²³⁷ The mortality rate due to prostate cancer for Black, non-Hispanic men in the U.S. is more than twice as high as men of all other racial/ethnic groups (37.5 deaths/100,000 compared to 9.0-17.7/100,000 for men of other races)²³⁸. Annual screenings are widely available and treatment for this cancer is largely successful. In fact, nearly three million men living in the U.S. today have survived prostate cancer.²³⁹ Most cases of prostate cancer develop in older men, with 60% in men over 65. When detected early,

²³⁴ 500 Cities. (2019).

²³⁵ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>

²³⁶ GMPHP Survey. (2018).

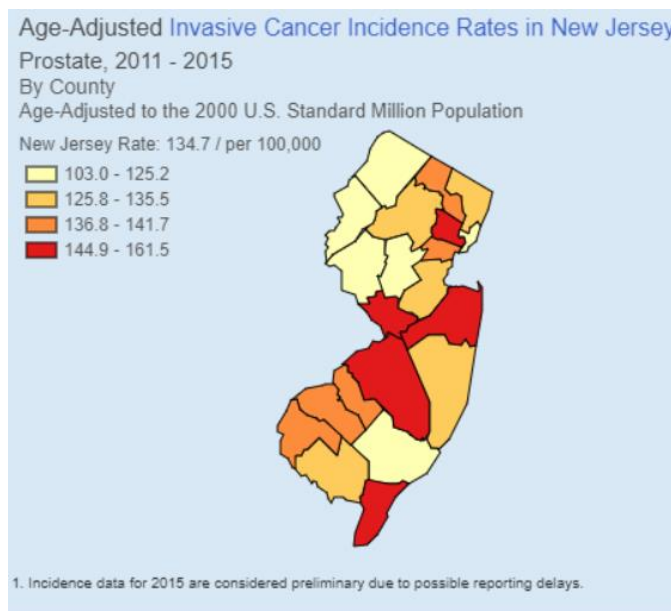
²³⁷ American Cancer Society. (2019). Cancer A-Z. Retrieved from <https://www.cancer.org/cancer.html>

²³⁸ CDC. (2015). United States cancer statistics: Data visualizations. Retrieved from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

²³⁹ American Cancer Society. (2019). Cancer A-Z. Retrieved from <https://www.cancer.org/cancer.html>

prostate cancer poses little health risk as it is often slow growing and the cancer cells may never leave the prostate.

- The age-adjusted annual incidence rate of prostate cancer from 2011-2015 in New Jersey is 134.7/100,000 and 147.0/100,000 in Mercer County.²⁴⁰
- The age-adjusted death rate due to prostate cancer in NJ is 17.9 deaths/100,000 population (2014-2016).²⁴¹ The mortality rate for Black men in New Jersey is over twice as high at 40.6/100,000.²⁴² The mortality rate in Mercer County is 18.0/100,000 (2014-2016).²⁴³
- Men in Trenton are less likely to report having a recommended prostate screening sometime in the last two years than in Mercer County as a whole (23% compared to 42%).²⁴⁴



New Jersey Cancer Registry (2019)

Lung Cancer

Approximately 13% of new cancers diagnosed in the U.S. each year are lung cancer. It is the leading cause of cancer death among both men and women, killing more people than colon, breast, and prostate cancer combined. Black men are 20% more likely than white men to be diagnosed with lung cancer. Approximately 80% of lung cancer deaths are attributed to smoking. The smoking rate in Mercer County is slightly higher than the average rate for the state (15% compared to 14.1% in 2017).²⁴⁵ Most forms of lung cancer are detected in advanced stages.²⁴⁶

²⁴⁰ New Jersey State Cancer Registry. (2019). Retrieved from <https://www.cancer-rates.info/nj/>

²⁴¹ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>

²⁴² CDC. (2015). United States cancer statistics: Data visualizations. Retrieved from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

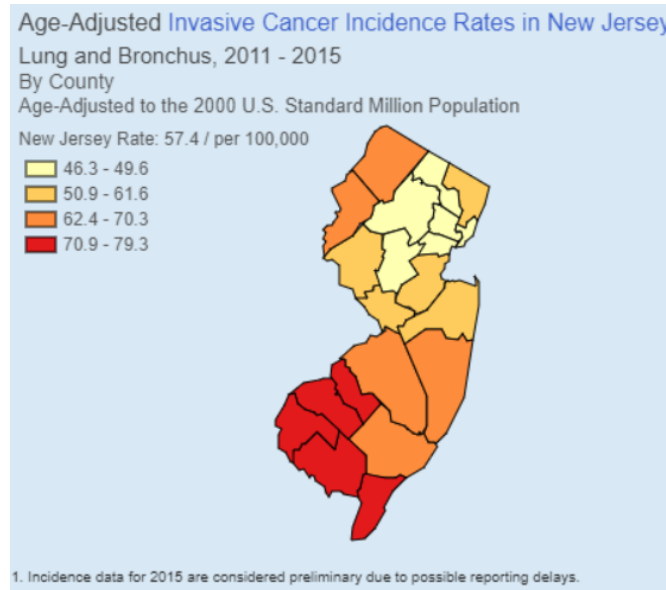
²⁴³ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>

²⁴⁴ GMPHP Survey. (2018).

²⁴⁵ American Cancer Society. (2019). Cancer A-Z. Retrieved from <https://www.cancer.org/cancer.html>

²⁴⁶ Ibid.

- The age-adjusted annual incidence rate of lung cancer from 2011-2015 in New Jersey is 57.4/100,000 and 58.9/100,000 in Mercer County.²⁴⁷
- The age-adjusted death rate due to lung cancer in NJ is 33.8 deaths/100,000 population and 34.0/100,000 in Mercer County (2014-2016).²⁴⁸



New Jersey Cancer Registry (2019)

Colorectal Cancer

The lifetime risk of developing colorectal cancer is one in 22 for men and one in 24 for women. Colorectal cancer is the second leading cause of cancer-related deaths in men and women combined. Approximately 51,000 men and women are expected to die from colorectal cancer in 2019.²⁴⁹ In New Jersey the age adjusted death rate is 14.4/100,000 population and 15.9/100,000 in Mercer County (2014-2016).²⁵⁰

- The average annual incidence rate for Mercer County was 39.5/100,000 population (compared to New Jersey at 41.9/100,000) (2011-2015). This means there were approximately 164 each year diagnosed with colorectal cancer in Mercer County.²⁵¹
- Annual colorectal cancer screening is recommended for men and women 50 to 75 years because it is most common in individuals over 50. However, in 2016, only 55% of individuals living in Trenton between 50-75 years old received colorectal cancer screening which is lower than the state rate of 65.2%.^{252 253}

²⁴⁷ New Jersey State Cancer Registry. (2019). Retrieved from <https://www.cancer-rates.info/nj/>

²⁴⁸ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>

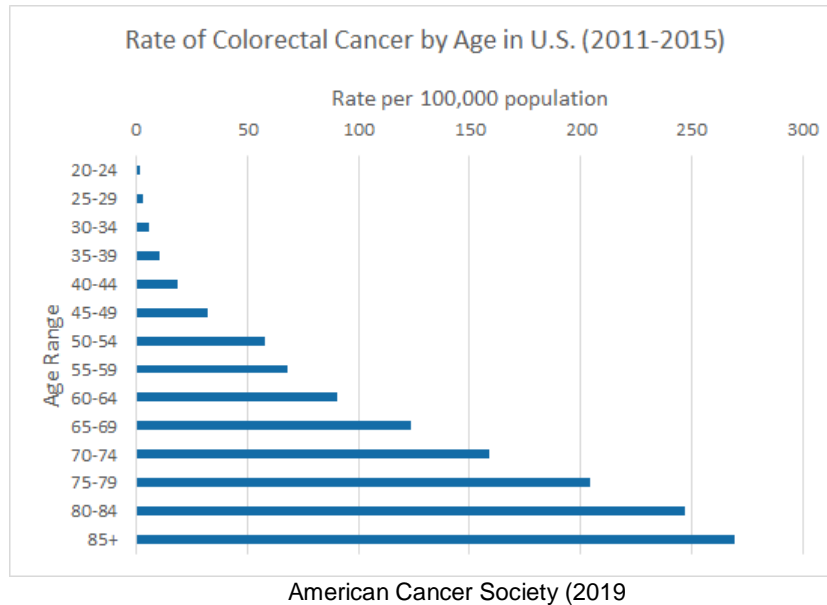
²⁴⁹ American Cancer Society. (2019). Cancer A-Z. Retrieved from <https://www.cancer.org/cancer.html>

²⁵⁰ Op cit.

²⁵¹ NIH. (2019). State cancer profiles. Retrieved from <https://statecancerprofiles.cancer.gov/incidencerates/>

²⁵² 500 Cities. (2019).

²⁵³ NJSHAD. (2018). Cancer. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/Cancer.html>



Cervical Cancer

Mercer County has one of the lowest average annual incidence rates of cervical cancer at 5.5/100,000 (approximately 11 women a year), compared to other NJ counties. The average annual incidence rate for NJ as a whole during this time period was 7.6/100,000, fewer than 400 diagnoses per year on average (2011-2015).²⁵⁴ Cervical pre-cancers are more likely to be diagnosed than the invasive form; this is due to safe, inexpensive, and commonly available Pap smear and HPV tests.²⁵⁵

- Nearly 85% of women ages 21-65 living in Trenton received a Pap smear within the last three years, exceeding the national rate of 79.5%.²⁵⁶

Human papillomavirus (HPV) is a sexually transmitted virus that encompasses more than 150 related viruses. The recommended test for HPV is often included in Pap smears every 3-5 years for women. There were more than 1,900 new cases of HPV diagnosed in New Jersey each year between 2012 and 2016.²⁵⁷

There is a vaccination series recommended for all children and young adults to prevent common cancer causing HPV infections. The HPV vaccination, Gardasil 9, is delivered in a three-shot series recommended starting at age 13-15, and prevents more than 90% of HPV-related cancers.²⁵⁸

- First dose HPV vaccination coverage for adolescents 13-15 years in New Jersey has increased from 2011 to 2017 for both males (less than 20% to more than 55%) and females (less than 50% to more than 70%); these values are comparable to the national averages.

²⁵⁴ NIH. (2019). State cancer profiles. Retrieved from <https://statecancerprofiles.cancer.gov/incidencerates/>

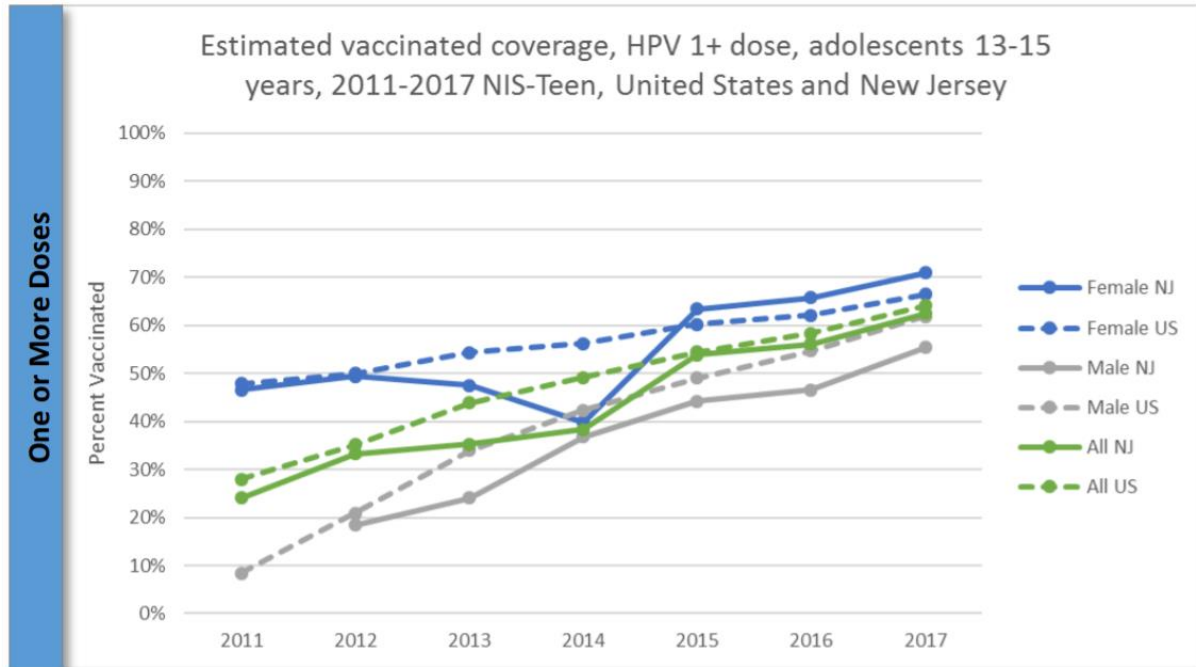
²⁵⁵ American Cancer Society. (2019). Cancer A-Z. Retrieved from <https://www.cancer.org/cancer.html>

²⁵⁶ 500 Cities. (2019).

²⁵⁷ NJDOH. (2019). Human Papillomavirus data brief. Retrieved from https://www.nj.gov/health/ces/documents/briefs/hpv_assoc_ca_w_immunizations13-15yo.pdf

²⁵⁸ Ibid.

- Interestingly, HPV vaccination is significantly behind the rates of other childhood immunizations such as Tdap (87%) and meningococcal conjugate (94.3%).
- In New Jersey, fewer than 40% of adolescents aged 13-15 years had completed the HPV vaccination series in 2017 (see graph below).²⁵⁹



NJ Department of Health (2019)

Early detection of cancer is the best way to improve survival rates. As of late 2018, Trenton Health Team (THT) was named the Lead Agency for the New Jersey Cancer Early Education and Detection (NJCEED) program in Mercer County. This program is funded by the Department of Health with state and federal funds, and offers free cancer screenings to all Mercer County residents who are un- or under-insured and have an income below 250% of the federal poverty level for family size. These are residents of Mercer County who would not have access to cancer screening services otherwise. The key to cancer treatment is early detection and, when compared to individuals with insurance that covers routine preventive visits, those without insurance are one and a half times as likely to have advanced forms of cancer or cancer that has spread once a diagnosis is reached and care is accessed.²⁶⁰

This year the Mercer County CEED program aims to conduct approximately 1,700 screenings for breast, cervical, prostate, and colorectal cancer throughout the county. To accomplish this goal, THT has partnered with Capital Health, Henry J. Austin Health Center, the City of Trenton, and Pennsauken Diagnostic Center to perform screenings across Mercer County. Between 2007 and 2016, NJCEED statewide performed hundreds of thousands of free cancer screenings and diagnosed over 1,300 cases of breast, cervical, prostate, or colorectal cancer.

Capital Health and its Cancer Center engage in community outreach across Mercer County with additional resources for un- and underinsured populations. The center's primary focus is on cancer education, prevention, screening, and treatment while addressing barriers that patients

²⁵⁹ NJDOH. (2019). Human Papillomavirus data brief. Retrieved from https://www.nj.gov/health/ces/documents/briefs/hpv_assoc_ca_w_immunizations13-15yo.pdf

²⁶⁰ American Cancer Society. (2014). For the young and uninsured cancer diagnosis often comes late. Retrieved from <https://www.cancer.org/latest-news/for-the-young-and-uninsured-cancer-diagnosis-often-comes-late.html>

face in obtaining care. The care is delivered by a multidisciplinary team and includes a patient concierge, nurse navigator, and a financial navigator for most patients.

Capital Health provides health education outreach material on a wide range of cancers through patient education material, health and community fairs, lectures, and cancer awareness campaigns. It partners with faith-based communities, non-profits, and businesses, providing special on-site programs, and leverages the American Cancer Society’s and Susan G. Komen’s community events to increase visibility and awareness of the need for cancer education and screening. The Cancer Center also provides support groups for cancer patients and survivors. There is special programming for patients who fall into unique priority populations. For example, a program, “Living Beyond Breast Cancer: Young Women’s Initiatives,” was recently launched for those diagnosed with breast cancer before the age of 45.

Infectious Disease

The 2019 Trenton Health Survey showed that 6% of respondents report having HIV/AIDS or a sexually transmitted infection (STI). People living with HIV now have longer life expectancy with a better quality of life after the introduction of improved antiretroviral therapy (ART). When taken consistently, ART can reduce the amount of virus in the body, leading to viral suppression and a healthier immune system. Treatment as prevention (TasP) prevents transmission to others through unprotected sex, syringe sharing, and from mother to child.²⁶¹

In 2012, pre-exposure prophylaxis (PrEP) was approved as the first pharmaceutical to reduce HIV infection in addition to treatment as prevention. PrEP is a single pill, taken daily to prevent HIV infection.²⁶² In New Jersey, women, African Americans, Latinos, men who have sex with men (MSM), and youth aged 13 -24 are disproportionately impacted by the virus.²⁶³ Several factors, such as income, stigma, fear, geography, education, small sexual networks, and sexually transmitted co-infection influence their risk of HIV.²⁶⁴

Number of Newly Reported HIV cases (2015 - 2017) in Mercer County and Trenton			
Year Ending	Number of cases in Mercer County	Number of cases in Trenton	% of Trenton Cases in Mercer County
2015	54 cases	37 cases	68.52%
2016	53 cases	37 cases	69.81%
2017	38 cases	28 cases	73.68%

NJ Department of Health (2017)

²⁶¹ CDC. (2018). HIV Treatment as Prevention. Retrieved from <https://www.cdc.gov/hiv/risk/art/index.html>

²⁶² CDC. (2018). Pre-Exposure Prophylaxis. Retrieved from <https://www.cdc.gov/hiv/risk/prep/index.html>

²⁶³ NJDOH. (2017). HIV/AIDS Cases in Statewide Population Groups. Retrieved from <https://www.nj.gov/health/hivstdtb/hiv-aids/populationgroups.shtml>

²⁶⁴ HIV.gov. (2017). Who is at Risk of HIV? Retrieved from <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv>

There are several treatment and prevention services located throughout the city. Henry J. Austin Health Center and St. Francis Medical Center are recipients of funds from the Ryan White HIV/AIDS Program, which provides “a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured”.²⁶⁵ Other available services include transportation to medical appointments, free HIV testing and counseling, PrEP providers and PrEP counselors, and support groups and case management. An exhaustive list of resources can be accessed by health care and social service professionals through the NowPow platform.

In 2017, New Jersey opened a Syringe Access Program (SAP) in Trenton, the seventh statewide. People who inject drugs can dispose of used syringes and receive clean syringes and injection equipment. In addition, safe injection practices, wound care, HIV screening and referrals to treatment centers are available at each site. Each site also has an Access to Reproductive Care and HIV (ARCH) Nurse to aid in supplying the services. The aim of each program is to reduce harm and prevent HIV and hepatitis C infection. The New Jersey Department of Health reported plans to add additional SAP sites and enhance current sites to support Governor Murphy’s “multi-agency strategy” to fight the opioid crisis in New Jersey.^{266 267}

7 New Jersey Syringe Access Programs - Year of Establishment						
Asbury Park 2017	Atlantic City 2007	Camden 2008	Jersey City 2009	Newark 2008	Paterson 2008	Trenton 2017

Rutgers HIV Prevention Community Planning Support and Development Initiative (2017)

Hepatitis C

Injection drug use is currently the number one cause of hepatitis C (Hep C) transmission in the United States. The virus is transmitted through blood or bodily fluids with blood that contains the hepatitis C virus (HCV). The CDC reports the highest incidence of acute Hep C is among young adults of 20-29 years who inject drugs.²⁶⁸

- In New Jersey, 52,231 cases of chronic Hep C were reported by NJDOH from 2011 - 2017. Mercer County reported 2,784 of those cases.²⁶⁹

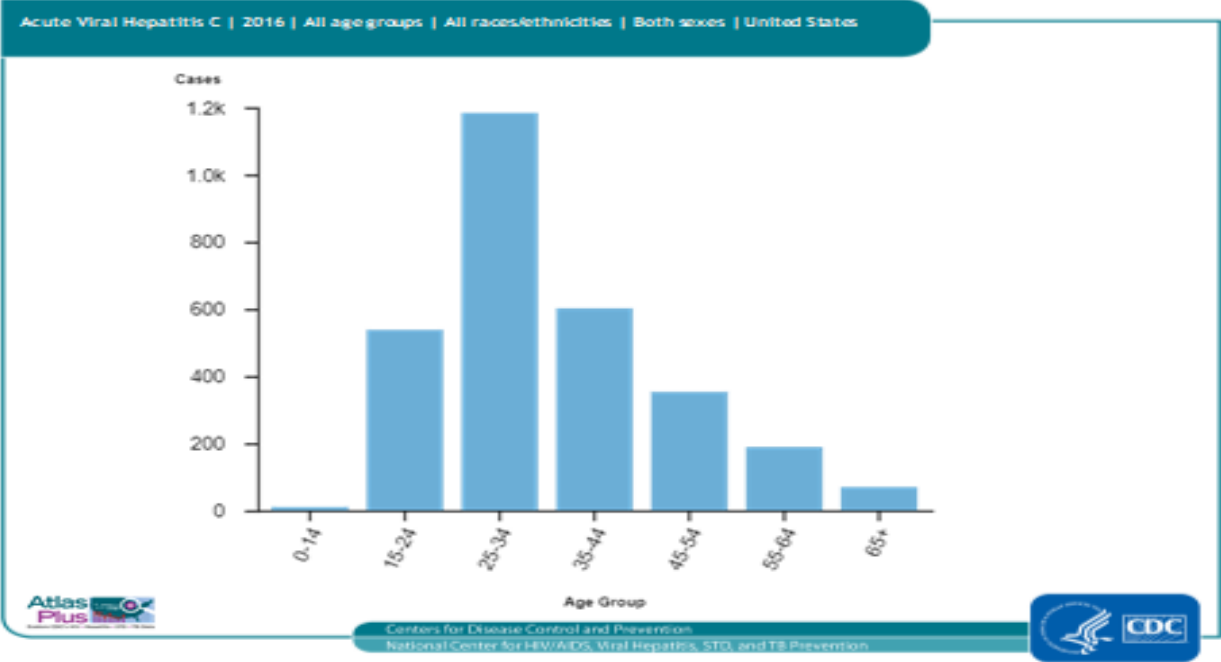
²⁶⁵ HRSA. Ryan White and Global HIV/AIDS Programs. (2019). About the Ryan White Program. Retrieved from <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>

²⁶⁶ Stainton, L. (2019, February 13). State to Launch Local Needle Exchanges, Enhance Services at Current Sites. NJ spotlight. Retrieved from <https://www.njspotlight.com/stories/19/02/12/state-to-launch-local-needle-exchanges-enhance-services-at-current-sites/>

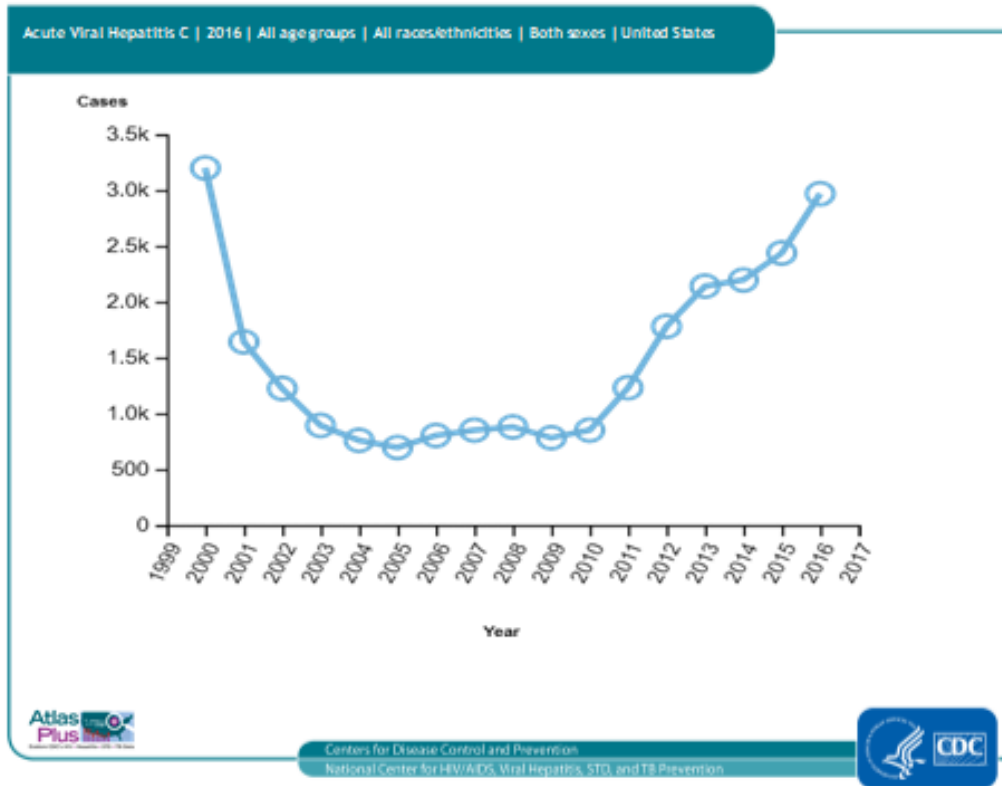
²⁶⁷ NJDOH. (2019). Syringe Access Program. Retrieved from <https://nj.gov/health/hivstdtb/sap.shtml>

²⁶⁸ CDC. (2018). Hepatitis C Outbreaks in People Who Inject Drugs. Retrieved from <https://www.cdc.gov/hepatitis/outbreaks/HCVOutbreaks-PWID.htm>

²⁶⁹ NJ State Health Assessment Data. (2019). Infectious and Communicable Diseases. Retrieved from <https://www.doh.state.nj.us/doh-shad/topic/InfectiousDisease.html>



CDC (2016)



CDC (2016)

Though prevalence is rising, Hep C is treatable. In 2018, a policy change was announced allowing NJ Medicaid patients to receive Hep C treatment before liver damage was evident.

Before this change, patients had to have signs of liver damage before NJ Medicaid would approve payment for treatment.²⁷⁰

Currently, the CDC does not recommend Hep C screening for the general public. However, medical providers are encouraged to screen populations at higher risk. For example, persons who report risky behaviors such as injection drug use, have recognized exposure, particular health conditions, or previous medical procedure(s), and persons born 1970-1980 are encouraged to receive screening.²⁷¹ Point-of-care testing is also an option for providers. Through rapid testing, a patient can receive their Hep C status in 20 minutes at their provider's office. At Henry J. Austin Health Center, the city's only FQHC, Hep C point-of-care testing is free and offered to every eligible patient.

Sexually Transmitted Infections

Sexually transmitted infections (STI) are the most common reportable infections in the United States according to the CDC. Although Trenton residents comprise only 22% of the Mercer County population, 52.3% of STI cases in the county were among those living in Trenton.²⁷²

If left untreated, STIs can cause infertility, pelvic inflammatory disease, and miscarriage, as well as increase the risk of HIV and other STIs. Some cases are not symptomatic, which leads to many cases being undiagnosed. This highlights the importance of regular screening, the recommended method for early detection of STIs.²⁷³ In Mercer County, 2,533 STI cases were reported in 2018.²⁷⁴

In 2017, 2.3 million cases of chlamydia, gonorrhea, and syphilis were reported to the CDC nationwide. Rates for chlamydia, gonorrhea, and syphilis "increased among both males and females, in all regions of the United States, and among all racial and Hispanic ethnicity groups."²⁷⁵ Youth and young adults, between the ages of 15-34, account for more than half of reported chlamydia and gonorrhea cases. For both chlamydia and gonorrhea, the disease burden is greater in young women.²⁷⁶ In New Jersey, between 2013 and 2016, the chlamydia rate increased by 21%, gonorrhea by 15%, and syphilis (primary and secondary combined) increased by 104%.²⁷⁷ At the county level, Mercer's gonorrhea rate decreased by 30% during the same time frame, with chlamydia and syphilis increasing by 3.6% and 269% respectively.²⁷⁸ Syphilis cases are also on the rise in the U.S, after reaching an all-time low in 2000-2001 almost every year since rates have increased. There were 5,973 reported cases in 2000 and

²⁷⁰ Stainton, L. (2018, April 2). State Expands Access to Hepatitis-C Drugs for Medicaid Patients. NJ spotlight. Retrieved from. <https://www.njspotlight.com/stories/18/04/01/state-expands-access-to-hepatitis-c-drugs-for-medicaid-patients/>

²⁷¹ CDC. (2015). Testing Recommendations for Hepatitis C Virus Infection. Retrieved from. <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

²⁷² NJ State Health Assessment Data. (2019). Infectious and Communicable Diseases. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/InfectiousDisease.html>

²⁷³ CDC. (2016). Diseases and Related Conditions. Retrieved from <https://www.cdc.gov/std/general/default.htm>

²⁷⁴ NJ State Health Assessment Data. (2019). Infectious and Communicable Diseases. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/InfectiousDisease.html>

²⁷⁵ CDC. (2018). STD Surveillance 2017. Retrieved from <https://www.cdc.gov/std/stats17/natoverview.htm>

²⁷⁶ CDC. (2018). STD Surveillance 2017. Retrieved from <https://www.cdc.gov/std/stats17/natoverview.htm>

²⁷⁷ NJDOH. (2017). HIV/AIDS Cases in Statewide Population Groups. Retrieved from <https://www.nj.gov/health/hivstdtb/hiv-aids/populationgroups.shtml>

²⁷⁸ Ibid.

²⁷⁹ NJ State Health Assessment Data. (2019). Infectious and Communicable Diseases. Retrieved from <https://www-doh.state.nj.us/doh-shad/topic/InfectiousDisease.html>

27,814 reported cases in 2016.²⁸⁰ The Center for Disease and Control (CDC) reports the use of methamphetamine, injection drugs, and heroin is a significant factor.²⁸¹

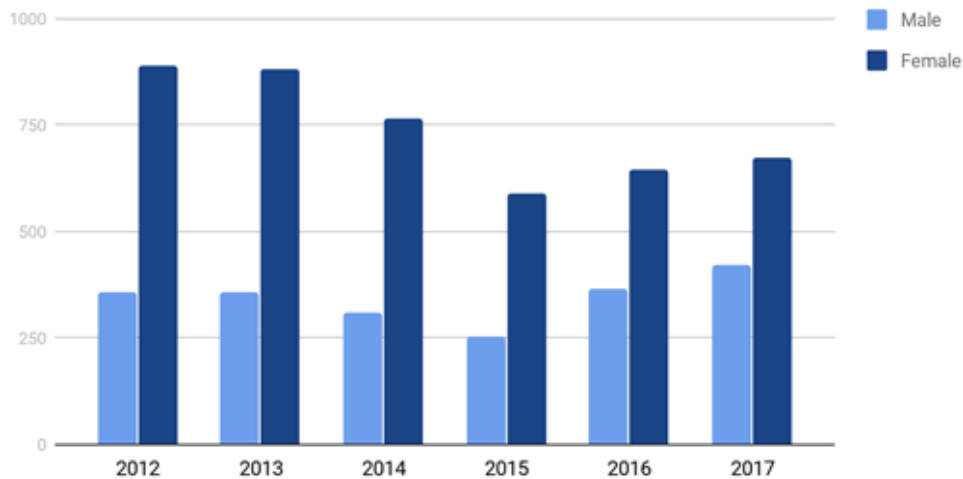
The New Jersey Department of Health (NJDOH) has several free STI clinics throughout the state that serve high impact areas. The city of Trenton has a state-funded STI clinic that screens and offers free treatment.²⁸² The city also has a Planned Parenthood center that offers STI screenings.

Number of Chlamydia and Gonorrhea cases in Mercer County and Trenton | All ages | Male and Female (2013-2018)

Time Period	Number of cases in Trenton	Number of cases in Mercer County	% of Mercer County cases in Trenton
2013 - 2018 <i>Chlamydia</i>	5,399	10,592	50.9%
2013 - 2018 <i>Gonorrhea</i>	1,775	2,894	61.3%

NJ State Health Assessment Data (2019)

**Number of Cases by Year of Report and sex in Trenton, NJ
Chlamydia and Gonorrhea combined**



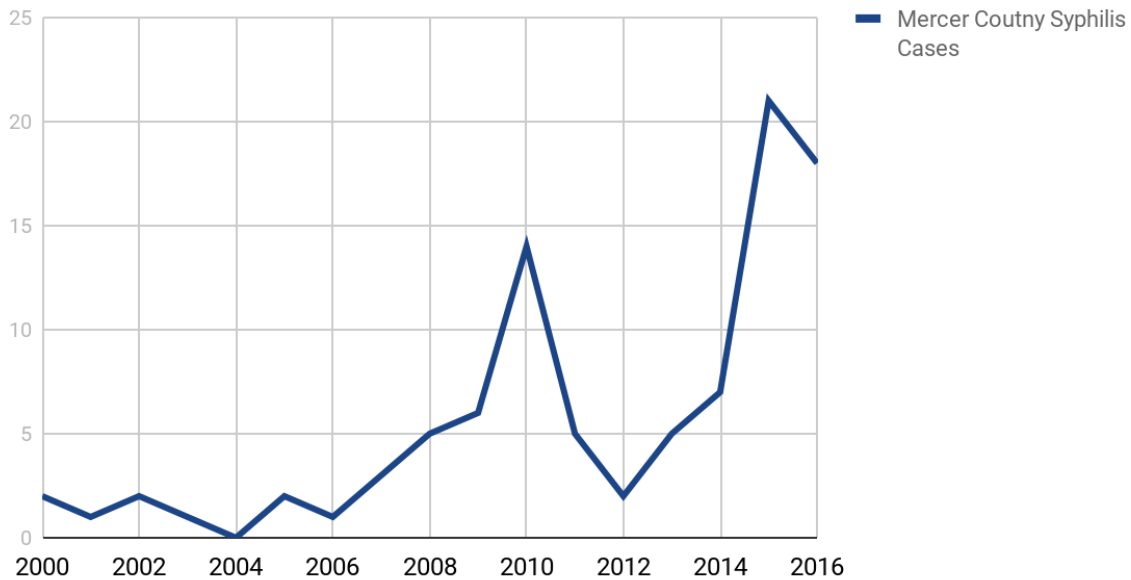
NJ State Health Assessment Data (2019)

²⁸⁰ CDC. (2019). AtlasPlus. Retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/main.html>

²⁸¹ CDC. (2019). Increased Methamphetamine, Injection Drug, and Heroin Use Among Women and Heterosexual Men with Primary and Secondary Syphilis — United States, 2013–2017. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a4.htm?s_cid=mm6806a4_w

²⁸² NJDOH. (2019). HIV, STD and TB Services. Getting Tested. Retrieved from <https://www.nj.gov/health/hivstdtb/stds/locations.shtml>

Number of Syphilis Cases Reported in Mercer County 2000-2016 (Primary and Secondary combined)



NJ State Health Assessment Data (2019)

Tuberculosis

Tuberculosis (TB) is a communicable disease that is primarily transmitted in droplets passed through the air when a person with an active case coughs or speaks. When the droplets are inhaled they travel to the lungs and can infect other parts of the body like the kidney, spine, or brain. When TB spreads to other parts of the body, it is usually not infectious. High-risk populations are those with a condition that weakens the immune system and those recently infected with TB. Patients with active TB normally spread it to “people they spend time with every day, such as family members, friends, coworkers, or schoolmates.”²⁸³ TB does not always develop into active TB disease; if the body’s immune system is strong enough, TB can remain inactive for a lifetime. A TB skin test or blood test is used to determine if someone was exposed. In 2017, a total of 9,105 TB cases were identified in the U.S. This is the lowest case count recorded in the U.S. New Jersey reported 3.3 cases per 100,000 in 2016. There were eleven reported cases in Mercer County in 2018.^{284 285}

²⁸³ CDC. (2018). Tuberculosis. Retrieved from <https://www.cdc.gov/tb/>

²⁸⁴ CDC. (2018). Tuberculosis. Retrieved from <https://www.cdc.gov/tb/>

²⁸⁵ NJDOH. (2019). HIV, STD and TB Services. Tuberculosis Control. Retrieved from: <https://www.nj.gov/health/hivstdtb/tb/>

Pediatric Immunizations and Adolescent Health

Pediatric Immunizations

In the process of gathering data for this CHNAA, a number of health professionals and representatives from community organizations expressed concern about pediatric immunizations. To understand the local context of this issue, which is highlighted by national agencies and the media, a series of stakeholder interviews was conducted. The summary below reflects perspectives from these interviews and is in the context of ongoing collaborative efforts by multiple local stakeholders to improve vaccination access and rates for children in Trenton.

A rise in vaccine-preventable diseases has attracted attention from both the media and public health officials. Vaccines remain the best protection against 16 life-threatening diseases that are particularly dangerous for children, including measles, mumps, and pertussis (whooping cough). Vaccines offer protection by prompting the body to develop disease-fighting mechanisms, such as antibodies, that prevent illness.²⁸⁶ To work effectively and provide optimum protection, however, vaccines must be administered on time according to schedules developed by CDC, the American Academy of Family Physicians, and the American Academy of Pediatrics.²⁸⁷

Vaccines are rigorously tested to ensure they are safe and effective for children to receive at the recommended ages. However, misinformation spread widely by anti-vaccine groups has raised anxiety about side-effects, and vaccination rates have dropped in recent years throughout the country. According to the *Washington Post*, the US has reported 971 cases of measles in the first five months of 2019--the greatest number since 1992.²⁸⁸ Reductions in childhood immunizations has emerged as a top concern among public health officials, including the New Jersey Academy of Pediatrics.

New Jersey is among 20 states reporting new measles cases in 2019. Outbreaks occur when there is an increase in travelers who get measles abroad and bring it into the U.S. and/or further spread in areas with concentrations of unvaccinated people.²⁸⁹ Although an increasing number of children are unvaccinated due to vaccine skepticism and refusal, vaccination rates remain lowest for children who are uninsured or insured by Medicaid.²⁹⁰ Approximately half (11,226) of children in Trenton under age 18 receive health insurance through NJ FamilyCare/Medicaid, New Jersey's publicly funded health insurance program.²⁹¹

To explain how this trend is affecting Trenton, we relied on health data, interviews with residents, and observations by health care providers. While vaccination rates for Trenton children are a concern, the city Department of Health and Human Services and Trenton Public Schools are partnering with Henry J. Austin (the city's FQHC) to improve immunization rates and protect children and families from life-threatening disease.

²⁸⁶ Centers for Disease Control and Prevention. (2019, April 29). *Vaccinate Your Baby for Best Protection*. Retrieved from <https://www.cdc.gov/features/infantimmunization/index.html>

²⁸⁷ Ibid.

²⁸⁸ Keating, D., Mayes, B, and Meko, T. (2019, May 31). *A record number of measles cases is hitting the U.S. this year. Who is being affected?* Retrieved from https://www.washingtonpost.com/graphics/2019/health/measles-who-is-being-affected/?utm_term=.015313b13066

²⁸⁹ Centers for Disease Control and Prevention. (2019). *Measles Cases and Outbreaks*. Retrieved from <https://www.cdc.gov/measles/cases-outbreaks.html>

²⁹⁰ Hill, H. et al. (2018, October 12). *Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017*. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm>

²⁹¹ ACNJ. (2019). Trenton Kids Count 2019. Retrieved from <https://acnj.org/kids-count/trenton-kids-count/trenton-kids-count-2019/>

In New Jersey, state law requires children to have up-to-date vaccines before starting school.²⁹² In the 2017-2018 school year, 94.6% of all school-aged children in New Jersey and 94.4% in Mercer County met all immunization requirements. Among just public school students in New Jersey, 95.5% met all immunization requirements, but Mercer County ranked lowest statewide with a vaccination rate of 93.7%. Although both county and state immunization rates fluctuate considerably year to year (e.g., Mercer County's rate was 96.7% in the 2013-2014 school year and 83.7% in the 2014-2015 school year), Mercer County typically ranks below the statewide average immunization rate.²⁹³ The rate of immunization is key to creating community immunity--also known as "herd immunity"--meaning a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely. When this occurs, even individuals not vaccinated (such as newborns and those with chronic illnesses) are provided some protection because the disease has little opportunity to spread within the community. Even in states with high vaccination rates, such as New Jersey, the CDC warns that "pockets of unvaccinated people can exist...underscoring considerable measles susceptibility at some local levels."²⁹⁴

While child immunization rates for both Mercer County and New Jersey fall within herd immunity ranges for measles, 93-95%,²⁹⁵ a sample of immunization data from TPS provided by the City of Trenton (see table below) shows that 90% of students meet all immunization requirements--below herd immunity levels for some diseases. Within certain grades, the rates are lower: 89% among first grade students and 84% among 6th grade students. Indeed, city, school, and healthcare experts voiced concerns that vaccination rates for children in Trenton may fall below those of the county and state, possibly as low as 80%.

Immunization City of Trenton 2017-2018 Report

	Total Enrollment	Sample Size	Percent
Pre-Kindergarten	2150	148	93
Kindergarten	2099	133	94
First Grade	1276	164	89
Sixth Grade	781	125	84
Transfers	643	111	83
Total	6949	681	90

City of Trenton, Department of Health and Human Services (2019)²⁹⁶

²⁹² New Jersey Department of Health. (2018). *Immunization Status/Exemption Reports*. Retrieved from <https://www.state.nj.us/health/cd/statistics/imm-status-reports/>

²⁹³ Ibid.

²⁹⁴ Centers for Disease Control and Prevention. (2019, May 19). *Measles*. Retrieved from <https://www.cdc.gov/measles/about/faqs.html>

²⁹⁵ Funk, S. (2017, October 19). *Critical immunity thresholds for measles elimination*. Retrieved from https://www.who.int/immunization/sage/meetings/2017/october/2_target_immunity_levels_FUNK.pdf

²⁹⁶ This is a population-based sample of immunizations in the Trenton Public School District. Percentages of children meeting all immunization requirements with provisional, medical, unassigned class room and religious exemptions are not included in this report. Note: Errors are noted in collection methods from the various sites.

Multiple factors contribute to Trenton school children not being up-to-date on vaccines. In the absence of school-based health centers, parents and guardians have to schedule appointments to take their children to the local health center for immunizations. The health center often does not have appointment times in the evenings or on weekends that are convenient for parents who may be working multiple jobs or long hours, and may not be able to afford to take time off work. Recognizing these hurdles, child vaccine champions in the city are working to extend clinic hours, provide mobile vaccination clinics, and develop a plan for school-based vaccination clinics with the ultimate goal of creating school-based health centers.

However, some families may face other barriers. Some families who are recent U.S. immigrants may be reluctant to visit a clinic or sign a vaccine consent form due to concerns that accessing public health services will adversely affect their immigration status and a fear of deportation. Conversations with community organizations suggest that households in Trenton that have experienced deportation of a family member, neighbor or friend may not trust local institutions and may not feel comfortable advocating for their family's needs. In an interview with a local organization that works with preschool-aged children, one staff member said, "It is not easy to get children vaccinated in Trenton." In addition, some parents, who are recent immigrants, may not drive or be familiar with the transportation system, making it difficult to get their children to healthcare clinics even if they are within the city limits.

Among transfer students into Mercer County public schools, many of whom are from families who have recently immigrated, 86.6% in the 2017-2018 school year were up-to-date with vaccines, compared to the state's rate of 91.9%.²⁹⁷ This disparity may reflect the previously mentioned concerns regarding immigration status. In the 2019 Trenton Health Survey, 35% of those completing the survey in Spanish reported that immigration and documentation concerns negatively impact their health and well-being. Vaccine records are required for children to get official immigration statuses, and thus often is what prompts immunization.

Trenton's healthcare community faces its own set of challenges in documenting, storing, and paying for vaccines. Two vaccine payment models are used for the uninsured and Medicaid-insured in New Jersey: Medicaid (NJ FamilyCare) and the CDC's Vaccine For Children (VFC) program, a national program providing free vaccines for children who are uninsured or underinsured and for a subset of Medicaid-eligible children, each with a unique set of administrative tasks. In New Jersey, children with specific Medicaid Managed Care Organizations (MCOs) qualify for VFC vaccines, which adds complexity to determining VFC eligibility and creates ample opportunity for error. When errors occur, vaccine inventory counts can become disarrayed and prevent practices from obtaining VFC vaccines, reducing vaccine access for both self-pay and Medicaid covered children. When pediatric patients are not eligible for VFC, but can receive vaccines through NJ FamilyCare, the Medicaid MCOs are not reimbursing the cost of that vaccine, which is paid for out-of-pocket by the clinic, resulting in significant un-reimbursed vaccine expenses for practices attempting to immunize children with MCO coverage. For any Medicaid-covered pediatric patient, immunization is only reimbursed if provided by the primary care provider identified by the plan. In many cases, the city's FQHC immunizes children whose primary care providers no longer participate in VFC or Medicaid, or who are unable to get in to their primary care provider in a timely fashion. A reimbursement structure for this situation would provide increased access to immunizations for many children in Trenton.

²⁹⁷ ACNJ. (2019). Trenton Kids Count 2019. Retrieved from <https://acnj.org/kids-count/trenton-kids-count/trenton-kids-count-2019/>

Vaccines covered by NJ FamilyCare must be stored and monitored for quality assurance differently than those provided by the CDC’s VFC program. The New Jersey Chapter of the American Academy of Pediatrics also reports that payor reimbursement for immunization services does not match the cost of maintaining and providing immunization, creating a financial burden for many clinics that provide immunizations, even if the dose is provided to the clinic free of charge. In addition, VFC requires nurses to document 24 different data points for each vaccine administered. This information must be documented in both the statewide New Jersey Immunization Information System (NJIS) and the patient’s medical record at the clinic, taking up staff time and resources, while also hindering the clinic’s ability to see other patients.

Some clinics in Trenton have integrated the NJIS system with their electronic medical record (EMR) system; however, these integrations often have technical glitches making information less reliable and subject to data entry errors. Furthermore, the NJIS vaccine schedule usually misaligns with the schedule internal to the EMR. The FQHC is working to streamline the vaccine process, engaging their nurses to increase confidence and comfort with the vaccine administration and documentation process. However, the VFC’s often cumbersome, time-consuming, and resource-intensive documentation requirements are causing single and small physician practices to stop participating--reducing both availability of and access to immunizations.

Adolescent Health

Trenton is home to 22,383 children under age 18. Between 2013 and 2017, the number of children living in Trenton increased by 11% from 20,080 to 22,383 children, while that number dropped 2% or Mercer County and NJ as a whole, as shown in the table, below.²⁹⁸

Child Population Under Age 18			
	2013	2017	% Change '13-'17
Trenton	20,080	22,383	11%
Mercer County	81,252	79,885	-2%
New Jersey	2,021,897	1,978,796	-2%

Advocates for Children of New Jersey (2019)

The race of children in Trenton has also shifted, with the number of African American children dropping 4% and the number of Hispanic children increasing 54% from the 2008-2012 to the 2013-2017 measurement period. Hispanic children comprised 42% of Trenton’s child population in 2013-2017, an increase from 39% in the 2008-2013 period.²⁹⁹

²⁹⁸ ACNJ. (2019). Trenton Kids Count 2019. Retrieved from <https://acnj.org/kids-count/trenton-kids-count/trenton-kids-count-2019/>

²⁹⁹ Ibid.

Trenton's Child Population Under Age 18 by Race					
	2008-2012		2013-2017		% Change
	#	%	#	%	
Black or African American	11,921	55%	11,472	54%	-4%
White, non-Hispanic	1,328	6%	1,236	6%	-7%
Hispanic	8,587	39%	8,881	42%	3%
Other	2,640	12%	1,549	7%	-41%

Advocates for Children of New Jersey (2019)

Note: Total percentages for each year may exceed 100 percent as Hispanics could be of any race.

Key data points regarding Trenton youth include the following:

- 25.8% of Trenton Public Schools children are chronically absent, compared to 10% of children statewide.³⁰⁰
- Among the chronically absent in the 2017-18 school year, students with disabilities are disproportionately more likely to be chronically absent (29.3%) while children who are English Language Learners are less likely to be chronically absent (20.9%).³⁰¹
- The 2018 Trenton Youth Health Survey indicates that 84% of participants have ever been treated by a family doctor. More female students (87%) report going to a doctor than male students (82%). Youth who self-report as Latino are less likely than their African American counterparts to have ever seen a family doctor (Latino: 92%, African American: 86%).³⁰²
- According to data provided by the THT-ACO, 32.6% of children who live in Trenton and rely on NJ FamilyCare/Medicaid have asthma. The New Jersey Department of Health reports that asthma affects 9% of children in the State of New Jersey.³⁰³ More than half of children with asthma attending school or preschool have missed days because of asthma.³⁰⁴
- In an effort to reduce chronic absenteeism among children with health-related absences in Trenton, Trenton Public Schools, Isles, Inc. and THT are using data from TPS and health records securely shared by THT-ACO to identify potential links between home environmental triggers and absence, and mitigate unhealthy conditions.
- As of 2016, 50% of children in Trenton between 6 and 19 years old were overweight or obese, exceeding the national rate of 33%. There is a greater prevalence of childhood

³⁰⁰ ACNJ. (2019). Trenton Kids Count 2019. Retrieved from <https://acnj.org/kids-count/trenton-kids-count/trenton-kids-count-2019/>

³⁰¹ Ibid.

³⁰² Trenton Health Team. 2018 Trenton Youth Health Survey.

³⁰³ State of New Jersey Department of Health. (2018, November 5). Asthma. Retrieved from <https://www.state.nj.us/health/chs/hnj2020/chronic/asthma/index.shtml>

³⁰⁴ New Jersey State Health Assessment Data. (2019, February 19). Complete Health Indicator Report of Asthma Management. https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/ACBS.html

overweight and obesity among Hispanic children in Trenton (54%), compared to non-Hispanic black children (47%).³⁰⁵

- Among middle and high school students in Trenton, 38% report eating breakfast five or more days in the prior week, and 59% report eating lunch five or more days in the prior week.³⁰⁶

Trenton Youth Health Survey 2018: Middle and High School Students Nutrition	
Ate <u>breakfast</u> 5 or more days in the prior week	38%
Ate <u>lunch</u> 5 or more days in the prior week	59%
Ate <u>dinner</u> 5 or more days in the prior week	75%
Ate <u>dinner with parents</u> 5 or more days in the prior week	52%
Ate a <u>meal or snack at a fast food place</u> 5 or more times in the prior week	16%

Trenton Youth Health Survey (2018)

Trenton Youth Health Survey 2018: Middle and High School Students Physical Activity	
Had <u>Phys Ed class</u> 2 or fewer times in the prior week	25%
Physically active for 60 minutes or less on 4 or more days in the prior week	50%
Using <u>video games</u> on 5 school days in the prior week	49%
Watching <u>TV</u> on 5 school days in the prior week	47%
Playing one or more sports in the prior week	30%

Trenton Youth Health Survey (2018)

Oral Health

Oral disease is the most common chronic disease, affecting more than 92% of adults aged 20-64.³⁰⁷ Tooth decay (cavities/caries), gum disease (periodontitis), and oral cancer are among the most common oral health diseases.³⁰⁸ In the U.S., nearly one in two adults have mild to severe periodontal disease, which is a known cause of cardiovascular disease and other chronic illnesses. This rate increases for those who: smoke, are over the age of 65, live in poverty, and have less than a high school diploma.³⁰⁹ Dental care is costly without insurance assistance and roughly 17% of Trenton residents lack health insurance. This means a significant portion of

³⁰⁵ Yedia, M. et al. (2015). *The New Jersey Child Health Study*. Retrieved from http://www.cshp.rutgers.edu/Downloads/BMI_Charts_for_Trenton.pdf

³⁰⁶ Trenton Health Team. *2018 Trenton Youth Health Survey*.

³⁰⁷ Eke, P. I., Dye, B. A., Wei, L., Thornton-Evans, G. O., & Genco, R. J. (2012). Prevalence of Periodontitis in Adults in the United States: 2009 and 2010. *Journal of Dental Research*, 91(10), 914–920. <https://doi.org/10.1177/0022034512457373>

³⁰⁸ CDC. (2015). Oral health. Retrieved from <https://www.cdc.gov/oralhealth/conditions/index.html>

³⁰⁹ Op cit.

Trenton's population is at risk for these oral health issues being left untreated, potentially contributing to other adverse outcomes.

Children from low-income households have more than twice the rate of untreated tooth decay compared to children in higher-income households (25% to 11%).³¹⁰ Tooth decay in children can cause pain and infection, and impact speech, nutritional intake, growth, and jaw development. The relative odds for self-reported gum disease diagnosis for tobacco users ranges from 1.6 to 2.9 compared to the average population (one and a half to three times more likely to have gum disease in their lifetimes).³¹¹ Black and Hispanic Americans age 35-44 have twice the rate of untreated tooth decay compared to the White non-Hispanic population.³¹² White men have nearly twice the chance of surviving oral cancer after five years compared to Black men nationwide (61% compared to 36%).³¹³

Access to Oral Health care

Fewer than 66% of New Jersey children (ages 2-20) and fewer than 37% of adults who are covered by the NJ Medicaid system had an annual dental exam in 2017.³¹⁴ In a Rutgers Center for Health Policy study, Trenton was found to have the third highest rate of ED utilization for non-traumatic dental health visits when compared to 12 other low-income regions. Trenton's rate was nearly three times the state average (see Figure 3, below).³¹⁵ The average annual age-adjusted ER rate due to dental problems is 162.4 per 10,000 population in Trenton--more than double the 75.5 per 10,000 in Mercer County (2015-2017).³¹⁶ It is not surprising that the ED utilization rate is so high in Trenton when only approximately 50% of residents had a preventive dental visit in the last year.³¹⁷

³¹⁰ CDC. (2019). Children's oral health. Retrieved from https://www.cdc.gov/oralhealth/children_adults/child.htm

³¹¹ Vora, M. & Chaffee, B. (2018). Tobacco-use patterns and self-reported oral health outcomes. The Journal of the American Dental Association. Retrieved from <https://doi.org/10.1016/j.adaj.2018.12.004>

³¹² CDC. (2016). Disparities in oral health. Retrieved from https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

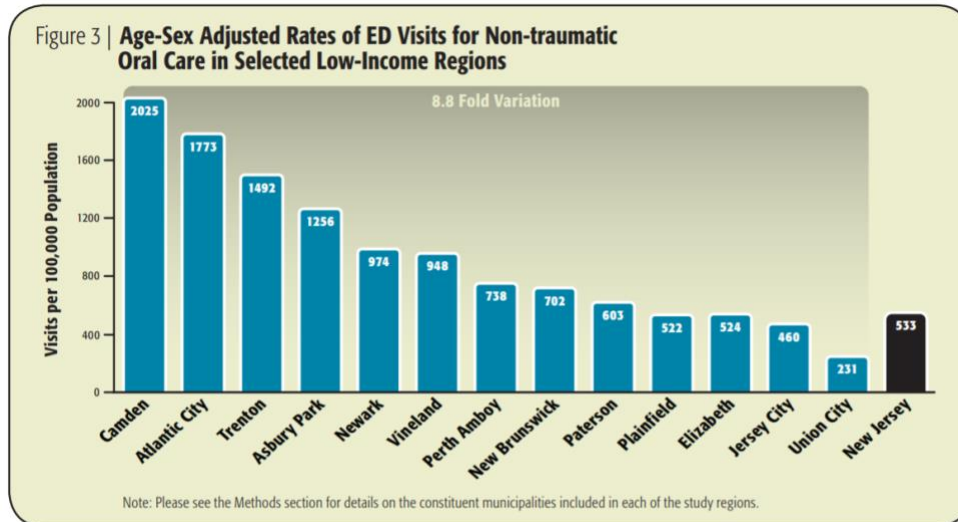
³¹³ Ibid.

³¹⁴ NJ Department of Health and Human Services. (2018). Core Medicaid and MLTSS quality technical report, April 2016–December 2017. Retrieved from https://www.nj.gov/humanservices/dmahs/news/Medicaid_MLTSS_Quality_Report_2016-2017.pdf

³¹⁵ Rutgers Center for State Health Policy. (2014). Use of emergency departments for non-traumatic oral care in New Jersey. Retrieved from <http://www.cshp.rutgers.edu/Downloads/10360.pdf>

³¹⁶ NJDOH. (2019). Hospitalization data. Conduent

³¹⁷ 500 Cities. Retrieved from <https://chronicdata.cdc.gov/browse?category=500+Cities>



Rutgers Center for State Health Policy (2014)

Older adults (65 and up) are at the greatest risk for oral health problems for a number of medical and social reasons. There is clear inequity in rates of retention of natural teeth that is driven by economic status: for older adults who live below 100% of the federal poverty level, 30% have no natural teeth compared to only 6% of older adults living over 400% of the federal poverty level.³¹⁸ In Trenton, approximately 26% of residents over 65 do not have any natural teeth, regardless of income level.³¹⁹ Having no or few healthy teeth can greatly impact nutritional intake and overall quality of life.

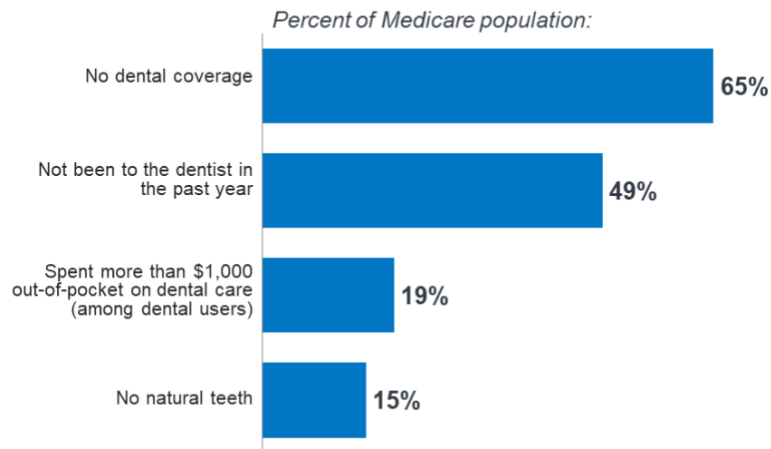
Medicare, the national insurance program for more than 60 million Americans, including the main payer of health care services for adults over age 65, is prohibited from covering dental services, except for some managed care plans. This means that adults over 65 years, who are at the greatest risk for oral health issues, and younger people with disabilities, are often without dental care coverage unless they have private coverage or specific Medicare Advantage plans.

³¹⁸ Freed, M., Neuman, T., & Jacobson, G. (2019). Drilling down on dental coverage and costs of medicare beneficiaries.

³¹⁹ 500 Cities. Retrieved from <https://chronicdata.cdc.gov/browse?category=500+Cities>

Figure 1

Most people on Medicare do not have dental coverage, and many go without needed care



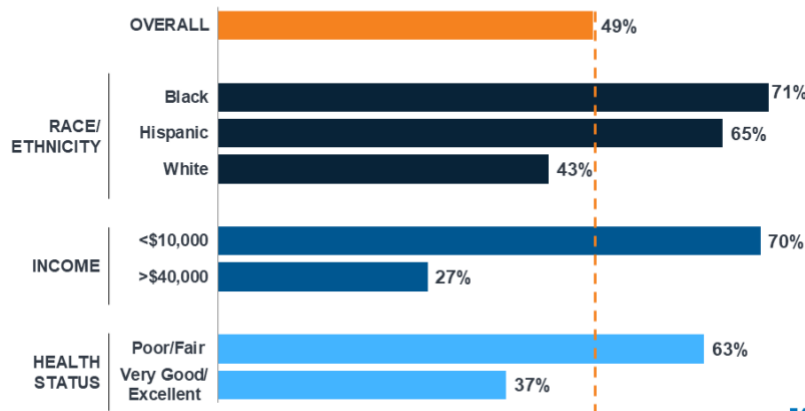
SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey (MCBS), 2016; National Health and Nutrition Examination Survey 2013-2016 – See other figures for more details.



Figure 3

Nearly half of Medicare beneficiaries did not visit the dentist in the past year

Share of Medicare beneficiaries who did not visit the dentist in the past year by characteristic, 2016



SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey (MCBS), 2016.



While the Affordable Care Act requires coverage for “essential health benefits,” oral health care is not included as an essential health service. Fortunately, New Jersey does cover dental care for all adult Medicaid beneficiaries. In addition to New Jersey’s coverage, there are two public dental clinics run by HJAH that provide lower cost dental exams and procedures for those without insurance.

Trenton resident feedback from community health forums conducted by THT supported the need for more dental providers that accept Medicaid in Trenton. One resident at a housing unit said she can only go to one location, Henry J. Austin, for dental care in Trenton. Another Trenton resident at UIH said that he takes a bus to other townships for dental care and other specialists because there are limited local options in the city.

Environmental Health

Water Quality

Water quality in Trenton and in surrounding suburbs relying on Trenton Water Works has been an issue for several years, resulting in widespread concern as well as fines and negative publicity for the city. In the 2019 Trenton Health Survey, 34.98% of residents marked it as a top concern. Water samples from 2017 showed elevated lead levels and more recent tests revealed elevated chemical levels resulting from disinfection and treatment processes, prompting public advisories to boil water prior to use. Residents also have been warned that while TWW pipes are not lead, they may have lead piping from the water main into their homes. A program to replace those pipes is under way, with an opportunity for homeowners to have TWW replace their lead pipes at a reduced cost of \$1,000, offset with state dollars.

However, recent water quality tests--as well as media reports--show Trenton drinking water to be safe for drinking and other uses. Trenton Mayor Reed Gusciora in 2018 appointed a new director for TWW and has been focused on improving water quality. He has assured the community that progress is being made.

In March 2019, the City hosted public forums to address water quality concerns and explain the timeline for repairs, including replacement of lead piping. The Q&A sessions featured experts sharing information on the science of water treatment, lead in drinking water and localized sources of lead, the water utility's corrosion-control strategy, and its Lead Service Line Replacement Program to replace residential lead lines with safer copper lines.

The contrast between community perception and current reality may be explained, in part, by recent social science research. A recent TEDxUCDavis Talk discussed how negative perceptions "stick" in our minds longer than positive ones and are more difficult to reverse. "Once the 'loss frame' (negative perception) gets in there, it sticks," said TED presenter [Alison Ledgerwood](#), a University of California Davis psychology professor. "Our view tilts to the negative and we have to work harder to see the upside." Dr. Ledgerwood's research has important implications for how community leaders and organizations discuss Trenton's assets and challenges.

Air Quality

Trenton residents are likely to confront air quality concerns both indoors and outdoors. In the 2019 Trenton Health Survey, 27.67% of residents marked air quality as a top issue. While air quality is a concern for everyone, those with lung or heart issues, young children, and older adults are more susceptible to its effects, according to state health data. Health effects range from coughing and shortness of breath to worsening chronic conditions such as asthma, emphysema, and bronchitis. Air pollution has also been linked to higher occurrence of heart attacks, strokes, and low birth weight.

Mold

In homes, mold is a common issue and renters especially may face difficulty eliminating mold and its cause (such as leaky pipes creating moisture). It is not known precisely how much mold is needed to cause health problems, but the risk is higher for young children, the elderly, and those with underlying conditions such as allergies, asthma, or emphysema. Mold is a frequent issue in older housing stock, which is prevalent in Trenton.

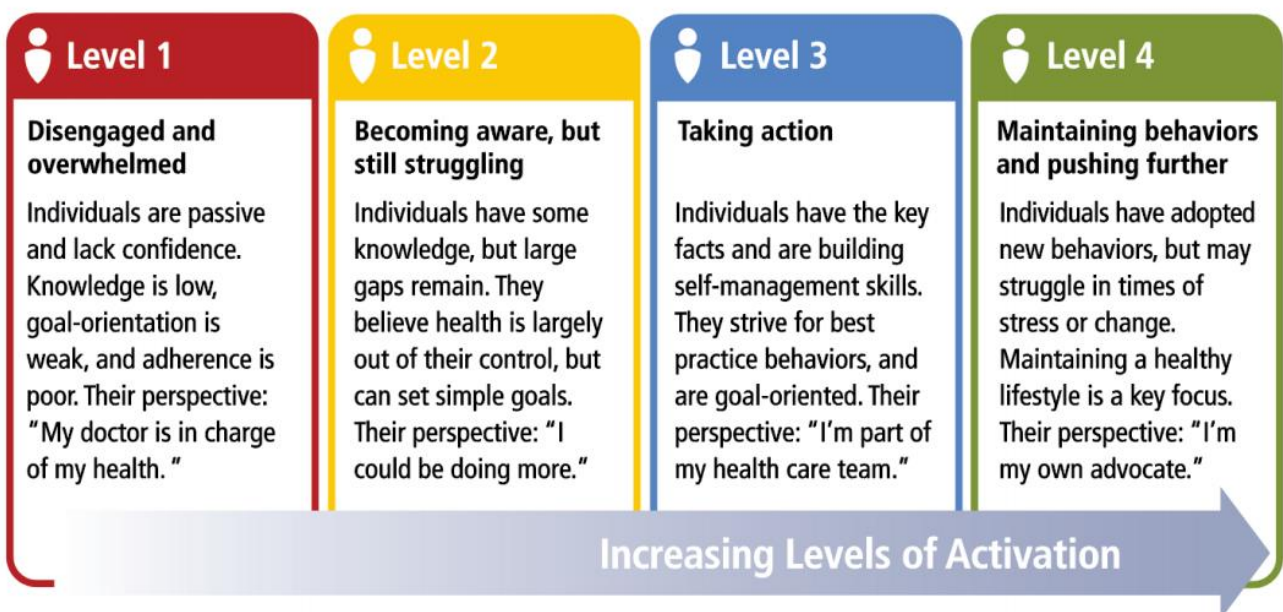
Outdoor Air Pollutants

Trenton residents also contend with common outdoor air pollutants, including exhaust and tire particulate from heavily travelled roadways. "Particulate matter" is a mixture of extremely small particles and liquid droplets such as acids, organic chemicals, metals, and soil. The smaller the particle, the easier it is to pass through the nose and throat and enter the lungs, with potentially serious health consequences. All New Jersey counties exceed the health benchmark of diesel particulate matter per cubic meter of air, according to the state Department of Environmental Protection Division of Air Quality.³²⁰

Health Literacy

For patients to take an active and effective role in managing their health, it is important that they are provided with services, education, and conversations that are delivered in ways they can understand, accounting for differences in language, culture, and literacy. Health literacy is a measurement of an individual's capacity to obtain and understand health information.³²¹ It can be impacted by the way information is presented, how much time providers spend with patients, and the language or dialect used to communicate the information.

The Patient Activation Measure (PAM) is a short survey that assesses patient knowledge, skills, confidence, and motivation in managing their own health. This is a useful tool adopted by many organizations in Trenton to better understand how much additional support patients will need when pursuing their health goals and how their understanding changes over time. Providers work with patients to reach a level three or four to feel that they are "part of the healthcare team" or they "are their own advocate." Both of these higher levels require patients to understand their health conditions, along with their care options and goals.³²²



©2018 Insignia Health. Patient Activation Measure® (PAM®) Survey Levels. All rights reserved.

³²⁰ NJSHAD. Retrieved from https://www-doh.state.nj.us/doh-shad/indicator/important_facts/DieselPM.html?PrinterFriendly=x

³²¹ CDC. (2018). Health Literacy. Retrieved from <https://www.cdc.gov/healthliteracy/basics.html>

³²² Insignia Health. (2019). Patient Activation Measure. Retrieved from <https://www.insigniahealth.com/products/pam-survey>

- Mode of delivery

Nearly 14% of Trenton residents have less than a 9th grade education (See Education section in this report). The National Institute of Health recommends all educational material be presented at a sixth-seventh grade reading level or lower. It is essential for healthcare providers to give appropriate patient educational materials (PEM) and instructions to patients because health information found online is often at a higher reading level and may be inaccessible by patients with low educational attainment. One study shows that the lowest reading grade level available on a number of popular health web resources, such as NIH, WebMD, and Mayo Clinic, range from grade 10.7 to 11.5. Online resources for chronic obstructive pulmonary disorder (COPD) have the lowest grade-level readability at 10.8 and depression resources have the highest at 13.8.³²³

- Time

In the 2018 patient satisfaction survey conducted by THT, “doctor patient communication” was rated as very good. Patients said doctors communicated with them in a manner they understood and that doctors generally knew about them and their problems.

However, in all of the ten community health forums and seven diabetes listening dinners around the city, we heard residents say doctors do not spend enough time with patients, doctors do not listen to their needs, the communication between providers and patients is not sufficient, there is not enough patient education material at different reading levels, and there are not enough doctors who accept Medicaid. From this anecdotal data it appears that while overall patient satisfaction is high, subsets of patients with complex health needs may require a longer visit and additional communication and education.

“He (doctor) prescribed medicine - I don’t know why he prescribed it.” (Forum at Mercer Street Friends)

“I am just a number.” (Diabetes listening dinner at Calvary)

The medical community in Trenton is attempting to address the concerns of patients by increasing ambulatory staff in health centers and a number of organizations (SFMC, CJFHC, Isles, and THT) have integrated community health workers into their work to better educate community members outside of the traditional medical setting.

- Language barrier

As discussed in the language section, nearly one in three Trentonians speaks a language other than English in their homes. This results in nearly 12% of Trenton households being “linguistically isolated,” with every household member over the age of 14 having difficulty communicating in English. When Spanish-speaking Trenton residents were asked about their experiences receiving medical care at community health forums, one resident said she would like to have a doctor who speaks Spanish, rather than through a translator, so she can ask more questions and challenge the doctor’s recommendations (Cristo Rey).

³²³ Hutchinson, N., Baird, G., & Garg, M. (2016). Examining the Reading Level of Internet Medical Information for Common Internal Medicine Diagnoses. *The American Journal of Medicine*. Retrieved from <https://doi.org/10.1016/j.amjmed.2016.01.008>

CONCLUSIONS AND NEXT STEPS

As summarized in this report, there are many needs, inequities, and complexities related to health and well-being in the Trenton community. However, there are also significant resources, including cross-sector data-sharing, collaboration, and a spirit of resilience.

This snapshot and the priorities that have been identified through our multi-layered process will serve as the basis for a Community Health Improvement Plan (CHIP), to be developed during the months following the release of the report. We will use a collaborative process to develop the CHIP, incorporating the expertise of our partners and the voice of community residents as we chart a road map for moving us toward our shared vision for a Healthy Trenton.

Appendix A: 2019 Trenton Health Survey



Trenton Health Survey

We want to know what is important to you. Thank you for completing this survey.

1. Which of the following have a negative effect on your health and well-being?
(Select up to 5 that are most important to you)

- | | |
|--|--|
| <input type="checkbox"/> Bad air quality | <input type="checkbox"/> Immigration status/papers |
| <input type="checkbox"/> Bad/unsafe housing | <input type="checkbox"/> Jail/prison- my own/partner/family member |
| <input type="checkbox"/> Cannot find medical care/doctor in my area | <input type="checkbox"/> Lead in my home |
| <input type="checkbox"/> Car accidents/dangerous roads | <input type="checkbox"/> No High School diploma/GED |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Not a good reader |
| <input type="checkbox"/> Discrimination/racism | <input type="checkbox"/> Not enough healthy/nutritious food |
| <input type="checkbox"/> Don't feel safe in my neighborhood | <input type="checkbox"/> Not enough job opportunities |
| <input type="checkbox"/> Don't feel safe in my relationship | <input type="checkbox"/> Not enough spaces for exercise |
| <input type="checkbox"/> Feeling alone or isolated | <input type="checkbox"/> Public Transit route/schedules don't fit my needs |
| <input type="checkbox"/> Fruits and vegetables cost too much | <input type="checkbox"/> Trouble paying for medications/care |
| <input type="checkbox"/> Homelessness (living in shelter housing or with others) | <input type="checkbox"/> Water isn't safe to drink |
| <input type="checkbox"/> Housing is unstable or costs too much | <input type="checkbox"/> No health concerns |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Other (Please specify): |

2. Which health problems affect you the most? (Select up to 5)

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung problems (trouble breathing, COPD, emphysema, etc.) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Ongoing emotional upset (anger, depression, anxiety, etc.) |
| <input type="checkbox"/> Chronic pain/Inflammation (swollen ankles, hands, knees, etc.) | <input type="checkbox"/> Oral/dental/teeth problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Daily/near daily use of drugs or alcohol | <input type="checkbox"/> Sexually transmitted infections (Herpes, HPV, HIV/AIDS, etc.) |
| <input type="checkbox"/> Daily smoking/tobacco use (inc. vapes/e-cigs) | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Unplanned pregnancy |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> No health concerns |
| <input type="checkbox"/> Infections/contagious diseases (tuberculosis, flu, etc.) | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Injuries (broken bones, burns, etc.) | |



Trenton Health Survey

3. What do you like about Trenton? (select all that apply)

- Annual events (National Night Out/Art All Night/AMP summer music)
- Availability of fresh fruits and vegetables
- City/neighborhood pride
- Clean air
- Clean water
- Easy to make friends/find a group or place that I belong
- Educational opportunities
- Faith-based community spaces
- Good leadership (at neighborhood/city level)
- Health care/good doctors
- Housing is affordable
- Job opportunities/employment
- Low-cost/free services (food pantries, housing/utility help, etc.)
- Medical transportation
- Places to socialize
- Public schools
- Public transportation
- Safe outdoor places to walk and play
- Senior/disability transportation
- Prefer not to answer
- Other (Please specify):

4. What is the zip code where you live?

- 08608 08609
- 08611 08618
- 08629 08638
- Other (Please specify):

5. How many years have you lived there?

- Less than one year
- 1-3 years 5-10 years
- 3-5 years 10+ years

If less than one year, what zip code was your previous address?

6. What is your gender?

- Female Male
- Transgender
- Gender variant/non-conforming
- Prefer not to answer Other:

7. What is your age in years?

- Under 21 40 - 49
- 21 – 24 50 - 59
- 25 – 29 60 - 64
- 30 – 39 65 and over
- Prefer not to answer

8. Which race/ethnicity best describes you? (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Other (Please specify):