



Community Needs Assessment



Prepared by Hanover Research
2021





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Our Vision

Henry J. Austin Health Center's vision as the center for wellness is to inspire our community to attain their highest quality of life.

Our Mission

Henry J. Austin Health Center delivers person-centered, high-quality health care. Working with our community partners, our exceptional team provides trauma-informed, holistic care to maximize individuals' strengths and abilities to achieve optimal health and well-being.

INTRODUCTION and OVERVIEW

Henry J. Austin Health Center (HJAHC) is a Federally Qualified Health Center (FQHC), the hub of which is in Trenton, New Jersey.

Established in 1969 as Trenton's Neighborhood Health Center, HJAHC was incorporated in 1986 as a private, non-profit 501(c)(3) entity, named after Dr. Henry J. Austin. Dr. Austin was born on February 23, 1888 in Tallahassee, Florida, arriving in Princeton at a young age. After graduating from Howard University Medical School in 1918, and completing his internship at Freeman's Hospital, now Howard University Hospital in Washington, D.C. Dr. Austin, an African-American, moved to Trenton to practice medicine because Jim Crow laws prohibited working in his hometown of Princeton.



In keeping with Dr. Austin's pledge to provide high quality health care to those that need it most, Henry J. Austin Health Center has been committed to providing the best care possible for the last five decades, and has been Joint Commission accredited since 1999, acknowledged as a national Quality Assurance innovator, and leader through a certified Patient-Centered Medical Home (PCMH) model since 2013.

RECENT ACCOMPLISHMENTS

In 2016, through HRSA expansion funding support, HJAHC established the first clinical pharmacy in Mercer County, which provides medication management, counseling, and education for service area patients. HJAHC's innovative leadership through integrated healthcare—an intensive intervention and follow up approach is shown to significantly improve health outcomes and quality of holistic care, which contributes to patient satisfaction, improved access to services, and increased quality of effective care. Integration of behavioral health into primary care represents a worthwhile investment because it increases access to behavioral health care; improves health outcomes for patients with mental illness and/or substance use disorders; improves health behaviors such as compliance with treatment, exercise, and diet; and reduces overall health care costs, thus representing the opportunity for shared savings for primary care practices.



During mid-February 2020, the COVID-19 pandemic was on both the East and West coasts of the United States, growing to what now persists as a major healthcare crisis.

In March 2020 with the emergence of the COVID-19 Pandemic HJAHC understood the gravity of this infection and expeditiously converted face to face visits to Telemedicine in 5 days, due to strategically planned emergency preparedness, sustaining high levels of comprehensive care.

CORE VALUES

1. INTEGRITY

Integrity forms the foundation that fosters healthy therapeutic relationships that promote healing. Integrity encompasses honesty, keeping one's word, and consistently adhering to principles of professionalism, even when it is not easy to do so.

2. COMPASSION

Compassion involves responding with kindness and sensitivity to the vulnerability and suffering of others who may be experiencing frightening changes in their lives, with the threat of losing their autonomy, dignity, control over their bodies, and the direction of their future lives.

3. RESPECT

Respect is listening to what others want, giving them information, and involving them in planning and decision-making, and enabling them to have choice and control over their lives and the services they receive.

4. CULTURAL SENSITIVITY

Cultural sensitivity is described as care that reflects “The ability to be appropriately responsive to the attitudes, feelings or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage.”

5. QUALITY

Quality is the extent to which health care services provided to individuals improves their desired health outcomes.



Partnering with the City of Trenton and Mercer County Health Department, HJAH has continuously supported COVID-19 testing through the Mobile Health Unit, moving proactively to assist with the vaccination process throughout the service area.



BOARD OF DIRECTORS

HJAHC's board members represent local government, legal affairs, finance, and social services, representing the racial, ethnic, and economic community served. No member derives more than 10% of income from the health industry. Of the nine (9) HJAHC member board, seven (7) are African American, one (1) is Latinx, and eight (8) are patient stakeholders. A board member who has experienced homelessness and its challenges is a key advisor in HJAHC's Healthcare for the Homeless programming.

Leadership

HJAHC key leadership and direct care staff reflect racial and gender diversity, creating a responsive care environment. Senior Management is composed of a Chief Executive Officer, Chief Medical Officer, Chief Financial Officer, Chief Operations Officer, and Director of Information Technology, and includes African Americans and Latinx, representative of the patient populations. Of HJAHC's eleven (11) Directors, 54% are African American, 9% are Latinx, and 45% are women.

Staff

HJAHC employs a diverse array of qualified and dedicated direct care and support staff members, who are responsive to the needs of the patient population. The majority (86%) of HJAHC staff are reported as female, with 51% identifying with the races of Asian, African American, and Pacific Islander, and 25% of staff identifying as Latinx. Approximately 30% of staff live in Trenton.

Quality Assurance

HJAHC's robust Continuous Quality, Performance and Risk Management program (CQPRM) is conducted to ensure organizational compliance with appropriate policies concerning confidentiality in compliance with all Health Insurance Portability and Accountability Act (HIPAA) requirements concerning patient/staff confidentiality and privacy issues. HJAHC's web-based EMR provides patients with continuity of care for 24-hour patient coverage and oversight.

Collaborative Relationships

HJAHC was one of four (4) founders of the Trenton Health Team (THT), in collaboration with Capital Health Regional, St Francis Medical Center, and City of Trenton Health and Human Services, which has developed a comprehensive vision for healthcare delivery. HJAHC participates in the Trenton Health Information Exchange Systems collaboration (THIES), which improves patient outcomes through shared data. HJAHC's strong outreach with Trenton Public Schools has significantly expanded mobile health services to children in need.





EXECUTIVE SUMMARY

Henry J. Austin Health Center (HJAHC) history is founded in a legacy of providing care to underserved populations. The Community Health Needs Assessment (CHNA) identifies additional opportunities to better care for populations within the service area experiencing unmet needs due to challenges, barriers, and disparities. HJAHC's commitment to improving the health of the communities is embodied in the continuous identification of needs and development of innovative, responsive, and adaptive strategies.

HJAHC conducts a CHNA at a minimum every three (3) years to systematically identify and analyze health priorities in the community and create a plan for how to address these priorities. HJAHC followed the Health Resources and Services Administration (HRSA) Health Center Compliance Manual, Chapter 3: Needs Assessment in shaping the CHNA.

The CHNA process is conducted in partnership with the Trenton Health Team (THT), composed of major health providers. Through this process, HJAHC engages with key community stakeholders to better understand the healthcare needs of the service area, identifies internal and external resources for health promotion, and creates an implementation plan that leverages those resources to improve community health.

During 2020, HJAHC solicited input, assessed existing resources, and developed a strategic plan for 2021 to address key priorities due to the continuing pandemic challenges and impacts. A longer-range plan, which will span 2022-2025, which includes goals and objectives driven by key findings in this needs assessment and trending healthcare issues, will be formed and implemented through a variety of strategies monitored for progress and outcomes over time.

*“We want our community to see Henry J. Austin as
a beacon in the city of hope, health and wellbeing for all.
The newly renovated buildings are designed for you
to feel welcomed and where you come to become well
and be treated with respect.”*









“Henry J. Austin Health Center is the center for wellness.”



Dr. Kemi Alli, Chief Executive Officer
Henry J. Austin Health Center

FINDINGS

HJAHC's strong history of dedication to its community and providing care to the underserved populations is inherent in its leadership and direct care staff. The needs assessment process continues to help identify additional opportunities to better care for populations within the community who have special and/or unmet needs, and as such has informed and strengthened the commitment to improving the health of the communities we serve. The following key findings represent each of the areas of priority for HJAHC, based on data and information gathered through the community needs assessment process.

Finding 1 	Limited COVID-19 Testing and Vaccination	Finding 2 	Lack of Access to Pediatric Services
Finding 3 	Increase in Substance Use Disorder Prevalence	Finding 4 	Increased Demand for Women's Health Services
Finding 5 	Lack of Innovative Dentistry Delivery Methods	Finding 6 	Lack of Access to Eye Care Services
Finding 7 	Increased Need for Telehealth Access	Finding 8 	Lack of Stable Housing



METHODOLOGY AND APPROACH

Assessment of Health Needs

To identify the comprehensive health needs of its service area, Henry J. Austin Health Center (HJAHC) has established a comprehensive method of review and assembly for available relevant data, including significant stakeholder engagement to assure relevancy. Supplementing with qualitative feedback and anecdotal data from interviews, staff interaction, focus groups and surveys, health indicator data, the strengths and challenges currently affecting the service area population is presented. The service area is defined by multiple zip codes concentrated primarily in one (1) city and two (2) outlying areas within the same county. Because public health indicators are most commonly available by county, when city-level data was not available, the overarching county data was used in determining health overarching community health needs. Publicly available health indicator data was supplemented and supported through anecdotal data estimates to facilitate the identification of populations and challenges within the service area where health needs may be greater.

Approach to Identify and Prioritize Health Needs

The assessment of community health needs was based on the collective analysis of qualitative and quantitative data. Quantitative data collected from public sources and stakeholder entities were compared with state benchmarks to assess and indicate the level of need. The HJAHC team identified four (4) key criteria for prioritizing health needs identified through the community needs assessment process:

- **Importance of Problem:** what is the desire and capacity to create change.
- **Magnitude:** Degree of health impact that will occur within an identified number of the population affected if the problem is not addressed.
- **Mobilization Potential:** existing resources and infrastructure to address need.
- **Ability to Effect Change:** likelihood and ability to measure improvement.

HJAHC determined the resulting prioritized significant needs to be addressed through best practices Community Needs Assessment implementation strategies:

- 1) Development of an approach to address relevant priorities of the sector of the service area based on site location;
- 2) Consider limiting chosen needs to the top 5-7;
- 3) Strengthen opportunities to collaborate and thereby maximize benefits of available community resources; and
- 4) Identify health care areas where expertise can be shared and leveraged.

SERVICE AREA

OVERVIEW

HJAHC is a federally qualified health center (FQHC), which focuses on high quality primary care integrated with mental health and substance abuse treatment services in the significantly diverse, urban service area located within Mercer County, New Jersey. Mercer County encompasses 224.4 square miles and is home to 367,430 residents. Within this geographically broad county, HJAHC's service area is concentrated in the city of Trenton, with a population of 83,211. Altogether, the identified service area is concentrated in 11 Mercer County zip codes. Sectors reflecting strong need in the cities of Lawrence, population 31,361, and Hightstown, 26,861, are also included in the service area.

Mercer County includes five (5) inpatient medical centers: St Francis and Capital Health Regional, which are both located in Trenton, Robert Wood Johnson University Hospital in Hamilton, Capital Health Medical Center in Hopewell, and University Medical Center in Plainsboro. The St Francis, Capital Health Regional, and Robert Wood Johnson entities serve members of the target population, including use of emergency departments for primary care by uninsured individuals, those with chronic conditions, and/or those who lack connection to a medical home, an issue that the Trenton Health Team (THT), an incorporated, nonprofit composed of the two (2) area hospitals, Henry J. Austin Health Center (FQHC) and City of Trenton Department of Health and Human Services, has prioritized. The number of patients in the urban target population for every full-time equivalent (FTE) primary care physician is 990:1. Further, because few to no private providers are accepting new patients with public insurance, HJAHC's nine (9) access points, which includes Mobile outreach, are crucial to the service area population.

No other FQHCs or look-alikes operate in Mercer County, including within both the HJAHC service area and neighboring municipalities. Over the past five (5) years, HJAHC assumed responsibility for providing health services to residents that were once provided by the City of Trenton Department of Health and Human Services, in addition to assuming the operations of Capital Health's city-based 'family practice' on Bellevue Avenue, located 0.8 miles from the FQHC's primary site.



SERVICE AREA BOUNDARIES



The overarching service area is united in its approach to health care delivery through the THT, which has prioritized the amelioration of systemic barriers that impede health care services and health outcomes. These changes and adaptations have positively impacted the area's health care environment by transitioning the family practice from a hospital- based, clinic model staffed by rotating medical students/residents to a patient-centered medical home (PCMH) model delivering primary care via HRSA's Health Center Program standards.

Zip Codes

Table-1 provides an overview of the community utilization of HJAHC services by zip code. With nearly 95% of patients served in 2019 residing in an 11-zip code zone within Mercer County, this area, which is made up of Trenton, Lawrence, and Hightstown, is HJAHC's official service area. The city of Trenton – the most populous within HJAHC's service area - is designated as a Federal Opportunity Zone by census tract.

Table-1 SERVICE AREA ZIP CODE SUMMARY			
Zip Code	City	2019 Population	2019 HJAHC Patients Served
08611	Trenton	26,744	4,582
08618	Trenton	39,283	4,554
08609	Trenton	12,562	2,686
08638	Trenton	22,339	1,619
08610	Trenton	30,842	1,589
08629	Trenton	13,942	1,314
08648	Lawrence	31,361	345
08608	Trenton	889	255
08619	Trenton	21,560	230
08628	Trenton	8,809	151
08520	Hightstown	26,861	93

SCHOOL DISTRICT LOCATIONS IN SERVICE AREA

OVERVIEW

During 2019, HJAH, in collaboration with the Trenton Public School system, City of Trenton Health and Human Services, and State of New Jersey Department of Health, Division of Community Health, completed the planning and implementation process to offer health services on-site at Trenton Public Schools to students through the Mobile Health Unit. As the sole school district in Trenton, the district reports a diverse student enrollment of 12,959+ in Preschool through 12th Grades. Student ethnicity is predominantly Latinx (52%) and African American (46%), with 88% of students district-wide eligible for the Free and Reduced Lunch program as determined by federal poverty guidelines. 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). Even prior to the pandemic and school closures, 26% of children were reported as chronically absent in Trenton Public Schools, compared to 10% of children in the State of New Jersey. ¹Chronic 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. Among chronically absent students Special education students are also disproportionately more likely to be chronically absent (35%) of students and 19% of children with limited English proficiency are chronically absent. HJAH also serves a smaller number of patients where the school districts of East Windsor-Hightstown and Lawrence are located.

Table -2 SERVICE AREA SCHOOL DISTRICTS POPULATIONS COMPARISON			
School Districts Title	Students	School Districts Title	Students
East Windsor Regional - Hightstown	5,110	Lawrence Township	4,056
Trenton Public Schools	12,959	West Windsor-Plainsboro	9,969
Total All Students: 32,094			

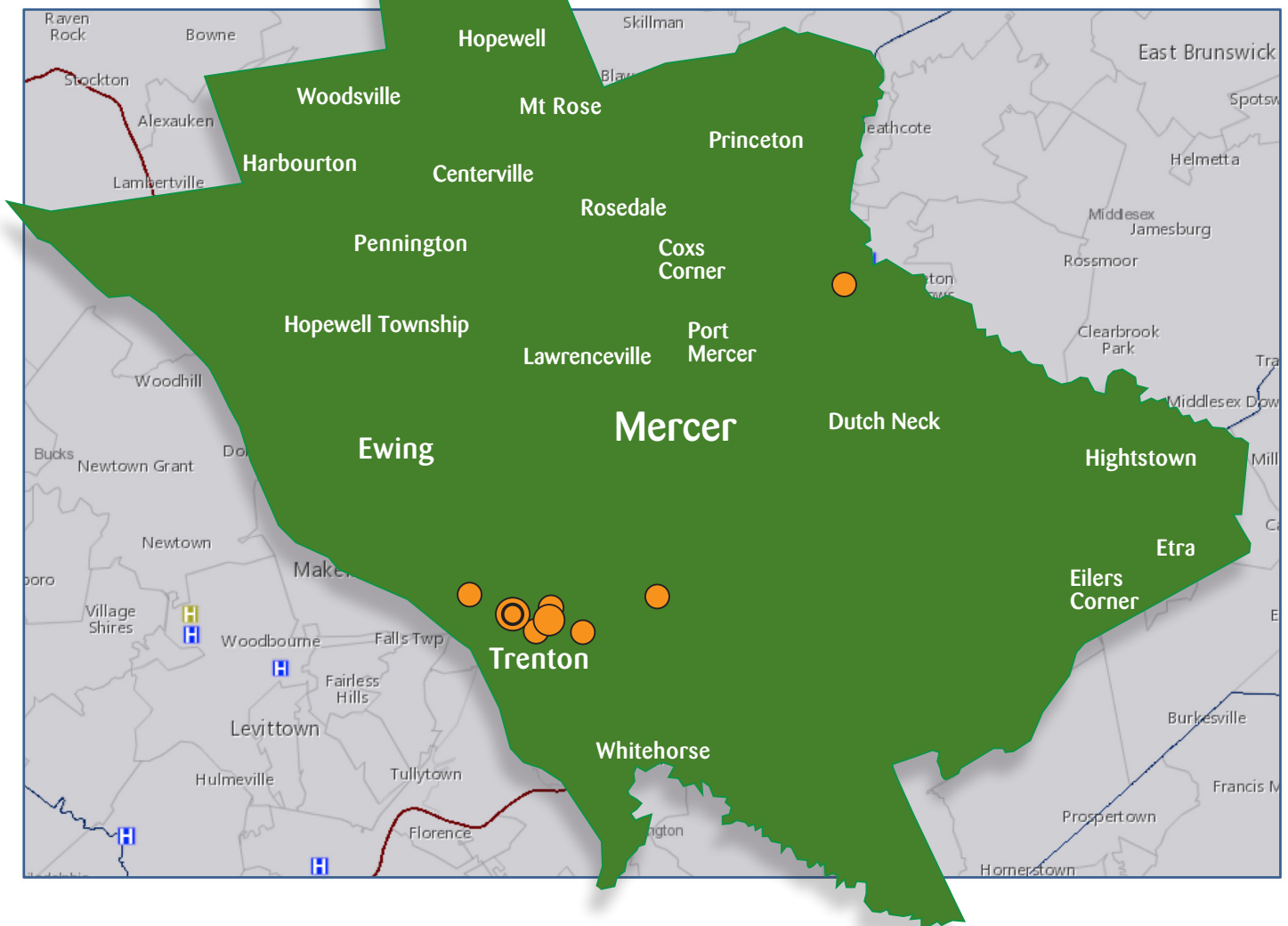
The strategic design of four (4) HJAH sites directly owned or leased, four (4) sites integrated within community mental health agencies, a homeless shelter and one (1) Mobile Health Unit is a perfect balance of establishing a flagship presence and bringing primary care to highly vulnerable members of the target population in the settings most accessible and appropriate.

HJAH site locations address accessibility challenges through responsiveness to the lack of transportation through its Mobile Unit and coordinating rides to multiple sites and specialty care services. Additionally, all locations are less than seven (7) miles from public housing sites and are fully integrated with each other and follow consistent service delivery policies, and procedures for after-hours access are fully implemented at each of the locations. HJAH providers rotate 24-hour coverage through Memoranda of Understanding with Capital Health Regional for hospitalist, and after-hours care at Capital Health's Trenton campus location.

HJAH's 191 FTEs staffing across eight (8) locations and the Mobile Unit is well equipped to meet HRSA's Service Area Announcement Table projected increase to 20,000 unique users and 80,000 visits by December 30, 2021. As the leading healthcare center in Mercer County, HJAH responds to the need for safety net health resources for the underserved, at-risk, and vulnerable population through the location of nine (9) unique, responsive sites situated throughout the broad and diverse service area.

HENRY J. AUSTIN HEALTH CENTER SITES

Mercer County, New Jersey



321 North Warren Street
Trenton, NJ 08618
609.278.5900

317 Chambers Street
Trenton, NJ 08609
609.278.5900

433 Bellevue Avenue
Trenton, NJ 08618
609.278.5900

112 Ewing Street
Trenton, NJ 08609
609.278.5900

Rescue Mission
98 Carroll Street
Trenton, NJ 08609
609.278.5900

Oaks Integrated Care
10 Southard Street
Trenton, NJ 08609
800.360.7711

AAMH
819 Alexander Road
Princeton, NJ 08540
609.452.2088

314-316
East State Street
Trenton, NJ 08608
609.278.5900

TABLE 3 HJAHC ADDRESSES • HOURS OF OPERATION • SERVICES PROVIDED

SITE	Mobile Health Unit	HJAHC Warren	HJAHC Ewing	HJAHC Chambers	HJAHC Bellevue	HJAHC@ Catholic Charities	HJAHC@ All Access Mental Health	HJAHC@ Rescue Mission of Trenton	HJAHC@ Oaks Integrated Care Inc.
Address	Stationed at 218 N. Broad St. Trenton NJ. 08618	321 N. Warren St., Trenton, NJ. 08618	112 Ewing St., Trenton, NJ. 08609	37 Chambers St., Trenton, NJ. 08609	433 Bellevue Ave., Trenton, NJ. 08618	10 Southard St., Trenton, NJ. 08609	819 Alexander Ave., Princeton, NJ. 085409	98 Carroll St., Trenton, NJ. 08609	314-316 East State St., Trenton, NJ. 08608
Hours of Operation	Varies	Mon - Fri 8AM -5PM Sat 9AM - 1PM**	Mon - Fri 8AM -5PM	Mon - Fri 8AM -5PM	+++Mon - Fri 8AM -5PM	Mon - Fri 8 AM -5PM	Mon - Fri 8AM -5PM	Mon - Fri 8 AM -5PM	Mon - Fri 8AM -5PM
General Primary Medical Care	•	•	•	•	•	•	•	•	•
Screenings (all ages)	•	•	•	•	•	• adults	• adults	• adults	• adults
Voluntary Family Planning		•	•	•	•	•	•	•	•
Immunizations (all ages)	•	•	•	•	•	• adults	• adults	• adults	• adults
Well Child Services	•	•	•	•	•				
Gynecological Care		•	•		•				
Preventative and Additional Dental Care		•	•						
Pharmaceutical Services		•							
HCH Requires and other Substance Abuse services	•	•	•**						
Case Management	•	•	•	•	•	•	•	•	•
Eligibility Assistance		•	•	•	•				
Health Education	•	•	•	•	•	•	•	•	•
Outreach	•	•	•	•	•				
Interpretation	•	•	•	•	•	•	•	•	•
Mental Health/ Psychiatry		•	(remote)	(remote)	(remote)	Provided by Host site	Provided by Host site	Provided by Host site	Provided by Host site
Behavioral Health	•	•	•	•	•				
Chiropractic		•							
Nutrition Services		•							
Podiatry Services		•	•						
Infectious Diseases Services		•							
Lab Draw Stations		•	•	•	•				
Covid-19 Testing and Vaccination		•	•						

+++ This site to have evening hours, specific day and time to be determined.

* Since the beginning of the Covid-19 pandemic, HJAHC has been primarily operating out of its Warren and Ewing St. locations; patients typically served by other locations are being treated via telehealth.

DEMOGRAPHIC SUMMARY

As shown in Tables-4 and 5, Mercer County mirrors the demographics of the state as a whole with regard to age and ethnicity. The Trenton and overarching HJAHC patient populations show clear differences with greatly increased percentages of African American and Latinx populations, highlighting the diversity of the HJAHC service area. Although the challenges in Trenton, an intensely urban area, are expected, 31.4% of residents live below 200% of FPL. Disparities are reported in urban Trenton when compared to the more suburban areas of Mercer County. Health disparities indicators show clear need. For example, the county suffers an age-adjusted diabetes prevalence of 14.4%, compared to a state average of 11% and a national average of 10.8%; a mortality rate for diseases of the heart of 165 per 100,000 people; and a county infant mortality rate of 37 deaths per 100,000 births, and a HIV infection prevalence case rate at 700 people.

Table- 4 MUNICIPALITY POPULATION AND POVERTY LEVELS ⁱⁱⁱ		
MUNICIPALITY	SERVICE AREA POPULATION	PERCENT OF POPULATION BELOW 200% FPL
Trenton	83,211	31.4%
Lawrence	31,361	6.0% ^{iv}
Hightstown	26,861	14.1% ^v

Table-5 SERVICE AREA DEMOGRAPHIC SUMMARY ^{vi}				
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON	HJAHC ^{vii}
Total Population	8,882,190	367,430	83,211	18,411
Children/Youth (<18 years)	21.8%	21.2%	27.4%	33.13%
Adults (18-64)	61.6%	63.2%	61%	60.87%
Older Adults (age 65+)	16.6%	15.6%	11.6%	6.0%
Males	4,342,591	178,912	38,982	8321 (45%)
Females	4,539,599	188,518	44,229	10,090 (54%)
LGBTQ (% of population)	4.1% ^{viii}	5%	6%	4%
Non-Hispanic White	67.1%	59.7%	29.4%	8.65%
Hispanic/Latinx	20.9%	18.5%	35.9%	45.45%
Black / African American	13.6%	20.4%	50.8%	45.34%
Asian	9.6%	11.9%	2.0%	0.51%
American Indian/Alaska Native	0.2%	0.2%	0.1%	0.24%
Native Hawaiian/Pacific Islander	0%	0.1%	0%	0.69%
Two or More Races	3.0%	2.3%	3.0%	5.28%

SPECIAL POPULATIONS

HJAHC responds to the special populations defined by HRSA as Homeless, which is represented in the Service area as shown in Table-6, through a focused Health Care for the Homeless funding stream.

Table-6 SPECIAL POPULATIONS ^{ix}			
POPULATION	2017	2018	2019
Homeless	455 (3.58%)	614 (4.22%)	1179 (6.40%)
Veterans	31 (0.24%)	43 (0.30%)	80 (0.43%)
Female/Women Patients			
<15 years old	1554 (22.52%)	1988 (25.18%)	2584 (25.61%)
15-64	4957 (71.83%)	5454 (69.07%)	6886 (68.25%)
65+	390 (5.65%)	454 (5.75%)	620 (6.14%)
Over 65 / Medicare	1,212 (9.54%)	1,400 (9.61%)	1,456 (7.91%)



Veterans experience
mental health disorders, substance use disorders, post-traumatic stress,
and traumatic brain injury at disproportionate rates compared to civilians.

HOMELESS

The rates of both chronic and acute health problems are extremely high among the homeless population. Cognizant of population and environmental changes that result in greater health care needs, HJAHC has continued to pursue its mission to improve access to care through high quality comprehensive primary and preventive care for vulnerable and underserved residents and is the only provider in Mercer County focusing specifically on the primary care needs of those experiencing chronic homelessness. Co-located within the Rescue Mission, the service area's only homeless shelter, and close by a new transitional housing program for families, HJAHC's Health Care for the Homeless program, supported through HRSA funding, delivers services through a new, state-of-the-art facility located at 112 Ewing Street, Trenton, which includes the expertise of two (2) full-time adult medicine/GYN providers, a part-time pediatrician, and behavioral health care, and social work services. These services complement the full lifecycle of primary care offered at HJAHC's North Warren Street location and its satellite sites at Chambers Street in Trenton and in Hamilton Township. Because of the unique needs and situations of the homeless, access to nursing, dental and social work coordination are vital strategies towards the goal of establishing stability and health in their lives. During 2019, HJAHC served 1,179 patients identifying as homeless.

HJAHC also has an informal arrangement with patrons at Trenton Area Soup Kitchen (TASK), many if not most of whom are either experiencing homelessness or at high risk for homelessness, to receive dental care at HJAHC. This allows for a well-coordinated system of care, rather than creating referrals and linkages one by one by one. Finally, HJAHC's Department of Social Work has long established collaborative services with the social worker at TASK. These relationships are vital to supporting residents in taking advantage of every opportunity to address their needs and establish more stability and health in their lives.



VETERANS

Veterans experience mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to civilians. Understanding key factors, such as demography and military service, can support improved service provision for veterans. Adjusting to civilian life after military combat experience and issues related to complex multiple deployments are among complex veteran wellness issues. Successful reintegration into civilian life requires that veterans have access to the training that builds on their military knowledge and skill, employment after service, homelessness prevention, and mental health programs that support this transition. The interconnection of the mental, physical, and social health of veterans highlights the importance of an integrated approach to veterans' health care. As such, HJAHC has chosen Veterans as a priority going forward.

Among U.S. adults, the average number of suicides per day rose from 86.6 in 2005 to 124.4 in 2017. These numbers included 15.9 Veteran suicides per day in 2005 and 16.8 in 2017.^x In January 2017, the U.S. Department of Housing and Urban Development Point-in-Time Count estimated that 40,000 Veterans were homeless and just over 15,300 were living on the street or unsheltered on any given night.^{xi} Nationally, almost 9 million veterans are enrolled in the VHA system.^{xii}

According to the 2019 U.S. Census data, Trenton had 3,463 veterans, and there were 11,837 veterans residing in Mercer County and 302,777 in the state.^{xiii} The U.S. Veterans Administration identifies veterans as nearly 5% of the New Jersey population, ranking 19th in the country in total number of veterans.^{xiv} The Mercer County Veterans Services - Trenton Site (City Hall) provides healthcare referrals to veterans to the HJAHC Hamilton site, where they have access to health services. The Hamilton site provides services such as lab work, vision screenings and physicals. HJAHC also provides veterans' health care services, and in 2019 served 90 veterans.

FEMALES / WOMEN

HJAHC recognizes that women are most often the cornerstone of a family's overall health, and as such, ensuring access to quality care that addresses their unique and holistic needs can lead to improved health for children and families. As an accredited patient centered medical home (PCMH) specializing in integrated healthcare, all patients are screened for behavioral health, substance use conditions, and family planning needs at each visit and offered confidential treatment as requested and appropriate, including comprehensive family planning and related preventive health services as a Title X partner agency. Sexually Transmitted Disease prevention education, screening, and treatment is also provided.

Women's Health Care services were provided to 10,090 patients during 2019, a number that has been substantially increasing since 2017-2018, focusing on the following:

- Well Woman Care, including screenings for breast and cervical cancer;
- Procedures such as colposcopy and cryosurgery to prevent and treat cervical cancer; and
- Family planning services.

HJAHC Women's Health Care Services are primarily delivered out of the Warren Street location but also available to all patients through telemedicine connections. Women experiencing mental health, co-occurring conditions, partner violence, homelessness, lack of essential resources, and any other risk factors and challenges are referred to internal and external services immediately, with a "warm hand-off" and follow up to assure treatment and safety.

OVER 65 / MEDICARE POPULATION

In Mercer County in 2019, 2,274 aged and disabled residents were enrolled in Medicare Part A and 2,089 in Medicare Part B with 2019 total payments at \$8,686,053 and \$12,199,541, respectively.^{xv} Of the 11.4% of people over age 65, only 7.12% are currently enrolled in Medicare.^{xvi} Medicare does not cover dental services, except for some managed care plans, leaving adults over 65 years, who are at the greatest risk for oral health issues, and younger people with disabilities, without dental care coverage unless they have private coverage or specific Medicare Advantage plans.^{xvii}

Women's Health Care services were provided to 10,090 patients during 2019, a number that has been substantially increasing since 2017-2018.



SUMMARY OF FINDINGS

The most significant health-related issues facing the service area are the broader social and economic determinants of health, including poverty, unemployment, food scarcity, violence, health/disease, and literacy, which prevent many residents, particularly low income, racial/ethnic minority, and older adult residents from maintaining a healthy lifestyle and/or accessing needed preventive and acute health services.

UNDERSERVED DESIGNATIONS

The Mercer County, New Jersey area, which encompasses Trenton, is served by the Henry J. Austin Health Center (HJAHC) as a FQHC, received the following Health Professional Shortage Area (HPSA) scores: Primary Care - 14; Dental Health - 25; and Mental Health - 17.^{xviii} HPSAs are defined service areas that demonstrate a critical shortage of primary care physicians, dentists, or mental health providers. All but one (1) of the primary location and eight (8) satellite office locations were identified as a Medically Underserved Area: a geographic location which has insufficient health resources to meet the needs of the resident population. To qualify as a MUA by the Health Resources and Services care providers, high infant mortality, high poverty, or a high elderly population.^{xvix}

SOCIAL DETERMINANTS OF HEALTH

According to the World Health Organization (WHO), the social determinants of health (SDoH) are the conditions in which people are born, grow, live, work and age.^{xx} These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.^{xxi} The social determinants of health are primarily responsible for health inequities - the unfair and avoidable systematic differences in health status or in the distribution of health resources among different populations.^{xxii} Quantitative and qualitative data from all aspects of HJAHC's Needs Assessment showed clear geographic and demographic disparities related to the leading social determinants of health including economic stability, housing, transportation, violence, food access, education, and community cohesion. These issues influence and define quality of life for many segments of the population in the service area. Poverty, housing, transportation, violence, and food access were identified as having a particularly substantial impact on residents living in Trenton, New Jersey.

ADVERSE CHILD EVENTS

Adverse Childhood Experiences (ACEs) have a tremendous impact on future trauma, victimization and perpetration, and lifelong health and opportunity. ACEs are potentially traumatic events that occur in childhood (0-17 years) that can undermine a child's sense of safety, stability, and bonding such as experiencing violence or abuse, witnessing violence in the home or community, or having a family member attempt or die by suicide. ACEs also include growing up in a household with substance misuse, mental health problems, or instability due to parental separation or household members being in jail or prison.



According to the Centers for Disease Control and Prevention, ACEs can have lasting, negative effects on health, well-being, and opportunity. ACE experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide. Further, secondary stresses - such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity - when combined with ACEs can result in changes in brain development and affect such things as attention, decision making, learning, and response to stress. These issues, referred to as toxic stresses, when combined with ACEs also often lead to children having difficulty forming healthy and stable relationships. As adults, these stresses often present as unstable work histories, financial hardship, and depression.^{xxiii}

In 2019, three major New Jersey donors – the Burke Foundation, the Nicholson Foundation, and the Turrell Fund – collaborated to support a comprehensive report, entitled **Adverse Childhood Experiences: Opportunities to Prevent, Protect Against, and Heal from the Effects of ACEs in New Jersey**, that documented the occurrence and impact of ACEs in the state. Alarming, in New Jersey, the impacts of ACEs (economically and otherwise) are significant. In 2016, more than 40% of children (less than 18 years) statewide had experienced one or more ACEs, and more than 18% of children had experienced at least two. Among the state’s youngest children (under five years of age), thirty three percent had experienced one or more ACEs. Children in families living in poverty are particularly vulnerable to ACEs due to food insecurity, housing instability, and other financial stressors. In 2017, 14% of New Jersey’s children - more than 285,000 - lived below the federal poverty level, and at least 28% of these children had experienced multiple ACEs while only 8% of children who were living at 400% of the Federal Poverty Level or above had experienced ACEs.

The impact of low income and high rate of poverty sets the stage for many of the disparities and Adverse Childhood Events (ACEs) experienced by Trenton residents. Recent research has demonstrated that children from low-income households face significant barriers to accessing health and behavioral health services with consequences including chronic health problems (i.e. asthma, malnutrition, obesity), visual and hearing impairment, and untreated behavioral health issues that negatively impact a child’s educational attainment and success over the course of his or her lifetime. Reciprocally, low academic achievement has been shown to increase health disparities among children and youth.

However, ACEs are preventable. Healthcare providers are uniquely positioned to intervene to lessen immediate and long-term consequences. Through enhanced integrated primary and behavioral healthcare, medical professionals can promote safe, stable, nurturing relationships and environments where children live, learn, and play.

INCOME AND POVERTY

Like education, income affects all aspects of an individual's life, including the ability to secure housing, essential resources (e.g., food, clothing), and services (e.g., transportation, healthcare, childcare). Poverty also clearly affects the ability to maintain good health. Income barriers to health care services are defined by lack of affordability to pay for health-related issues.

POVERTY

The percent of individuals living below the federal poverty level is another indicator of economic status. An average of 31.4% of the residents in the specific service area are considered to be living below the

poverty level compared to other areas of Mercer County, where the poverty level is 12.8%.^{xxiv} However, there is no adjustment in the federal numbers for the state's high cost of living, although the latest data from the U.S. Bureau of Economic Analysis reports that the cost of living in New Jersey is the fourth (4th) highest in the United States,^{xxiv} prior to the economic onslaught of the pandemic. Trenton's child poverty level is significantly higher (40.6%) when compared to the whole of Mercer County (14.1%).^{xxvi} Further, In Trenton, poverty disproportionately affects white females with less than a high school diploma.^{xxvii}

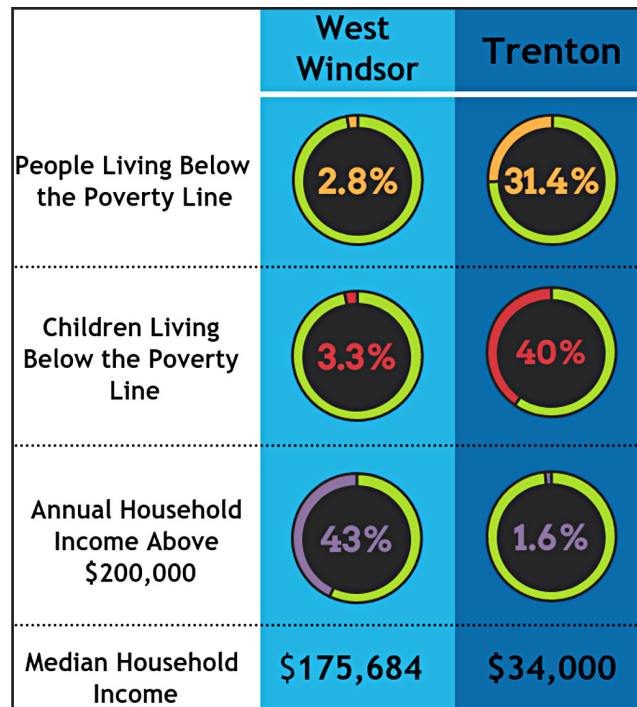


Table-7 PERCENT OF POPULATION BELOW POVERTY LEVEL ^{xxviii}			
METRIC	TRENTON	MERCER COUNTY	NEW JERSEY
Gender	Male	11.0%	8.3%
	Female	14.4%	10.0%
Race/Ethnicity	White, Not Hispanic	8.5%	5.6%
	Black	22.3%	15.6%
	Other Race	22.0%	20.3%
	Hispanic	18.8%	15.8%
Education	Less than HS Graduate	27.6%	21.4%
	High School Graduate	17.5%	10.9%
	Associate's Degree	9.6%	6.9%
	Bachelor's Degree	4.3%	3.3%

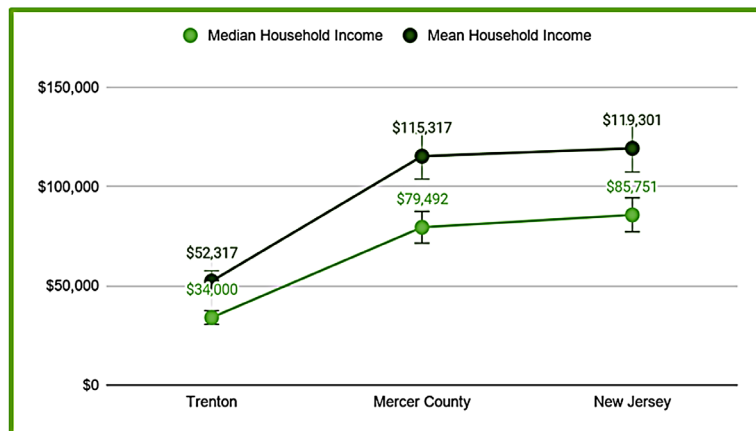
MEDIAN HOUSEHOLD INCOME

In 2019, the median household income in the service area was reported as \$34,000, significantly lower than the whole of Mercer County at \$79,492, as well as the state of New Jersey (\$85,751).^{xxxix} The comparison of median and mean household income is represented in the figure below.^{xxx} Further, in New Jersey, towns with the highest levels of income inequality are concentrated in Essex, Hudson and Mercer counties.^{xxxi}

EMPLOYMENT

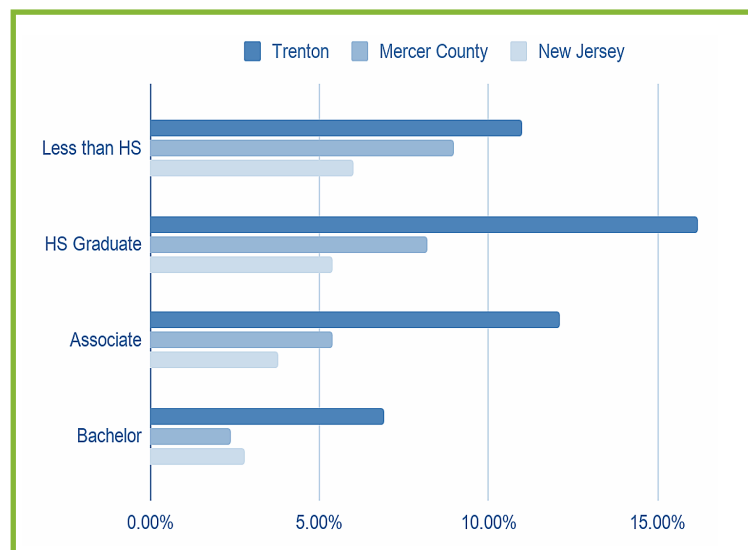
Substantial evidence shows an association between long-term unemployment and poor general and mental health outcomes.^{xxxii} The causal relationship between increased work and improved health runs in both directions. Employment increases health status, while at the same time healthy people

are more likely to seek and maintain employment.^{xxxiii} Lack of gainful and reliable employment is linked to lack of health insurance coverage and lack of funds to pay for health care services and copays. Among the most important barriers are lack of appropriate education, training and experience; limited English proficiency; high transportation costs; and lack of affordable childcare.



UNEMPLOYMENT

In the Henry J. Austin Health Center service area, an average of 12.3% of the population ages 16 and over in the civilian labor force was unemployed in 2020, exacerbated by the COVID-19 pandemic. This compares to 5.4% in Mercer County and 4.7% in the state of New Jersey.^{xxxiv} The unemployment rate by educational attainment for the population aged 25 to 64 is depicted in the bar graph below.



However, these points in time figures do not accurately depict the substantial changes experienced by every part of the state as a result of COVID-19. As of December 2020, the New Jersey Department of Labor and Workforce Development reported it had distributed a record \$20 billion in wage replacement benefits in the 39 weeks since COVID-19 abruptly shuttered businesses and schools

around the state.^{xxxv} According to the New Jersey Bureau of Labor Statistics population survey, the unemployment rate for New Jersey rose 2.2 percentage points in November 2020 to 10.2%.^{xxxvi} The state unemployment rate was 3.5 percentage points higher than the national rate for the month. The unemployment rate in New Jersey peaked in June 2020 at 16.8% and is now 6.6 percentage points lower. From a post peak low of 6.7% in September 2020, the unemployment rate has now grown by 3.5 percentage points.^{xxxvii}

HOUSING

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. Substandard living conditions influence many of the most serious chronic health problems. Housing that is safe, clean, and adequately maintained can reduce the likelihood of adverse health outcomes by decreasing the probability of preventable conditions like injuries, neurotoxicity or asthma and it can also reduce the costs associated with care. Many Trenton residents struggle with the cost of housing and the lack of availability of safe and healthy housing stock. Among 2019 Trenton Health Survey respondents, 28.5% report that unstable or costly housing negatively affects their health.^{xxxviii} While the median home value in Trenton is significantly lower than Mercer County or New Jersey, gross rent is the same across all three areas. Poor housing conditions can cause or exacerbate common health conditions including asthma and lead poisoning.^{xxxix} Over 28% of health survey respondents report that unstable or costly housing has directly and negatively impacted their health.^{xl}



Table-8 HOUSING UNITS ^{xli}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
Vacant Housing Units	9.8%	9.8%	20.2%
Renter-occupied Units	36.7%	37.4%	69.3%
Units Lacking Complete Plumbing	0.3%	0.6%	2.0%
Units Lacking Complete Kitchens	0.8%	1.3%	3.0%
Median Home Value	\$300,000-\$499,999	\$300,000-\$499,999	\$50,000-\$99,999
Median Gross Rent	\$1,000-\$1,499	\$1,000-\$1,499	\$1,000-\$1,499



RESIDENTIAL PATTERNS

According to a survey by Fairleigh Dickinson University and the Garden State Initiative, 44% of New Jersey residents are planning to leave the state in the not-so-distant future with more than 1 in 4 (28%) planning to depart the Garden State within five years. Unsurprisingly, property taxes and the overall cost of living were cited as the main reasons.^{xlii} Trenton ranks second (2) of five (5) national metropolitan areas with outbound moves in the US at 76%.^{xliii} High taxes and overall cost of living are the primary drivers with the most recent COVID-19 pandemic factored into and accelerated many decisions to move.^{xliv} Table-14 represents the past year current residence for Trenton residents identifying outmigration from a Metropolitan Statistical Area (MSA).

Table-9 OUTMIGRATION PATTERNS ^{xlv}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
Same House 1 Year Ago	7,888,800	308,190	65,317
Different House 1 Year Ago - Moved from Principal City but Remained in MSA	151,581	13,709	8,763
Different House 1 Year Ago - Moved from remainder of MSA but remained in MSA	519,433	10,878	1,096
Different House 1 Year Ago - Moved from Principal City of Different MSA	51,376	7,071	2,015
Different House 1 Year Ago - Moved from Remainder of MSA from Different MSA	110,348	19,418	3,186
Abroad 1 Year Ago	64,167	4,951	1,848

HOMELESSNESS

Numerous health conditions among people who are homeless are frequently a complex mix of serious physical, mental health, substance use, and social problems. Studies have documented the high burden of illness among people experiencing homelessness due to chronic medical conditions, tuberculosis and HIV infection and traumatic injuries. These illnesses, in conjunction with severe poverty and inadequate access to health care, lead to high mortality rates among those experiencing homelessness. Unintentional injuries, including falls or being struck by a vehicle, are a leading cause of morbidity and mortality among men experiencing homelessness. Poor health, high stress, unhealthy and dangerous environments, and an inability to control food intake often result in frequent visits to emergency rooms and hospitalizations.

According to a 2019 “point-in-time count,” there were 8,864 homeless men, women and children counted in New Jersey.^{xlvi} Persons identifying as White made up 27% of those experiencing homelessness while African Americans made up 51%.^{xlviii} African Americans also made up 56% of homeless households with at least one adult and one child under the age of 18.^{xlvii} Persons identifying as African American also made up most unaccompanied youth households at 44%.^{xlix} However, it is estimated that the actual number who are homeless over the course of a full year could be two to four times the number counted at that one point in time.ⁱ In Mercer County in 2019, 448 total persons reported being homeless while 70 reported chronic homeless and 84 identified themselves as unsheltered homeless, with 98% living in Trenton.^{li}



TRANSPORTATION

Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to healthy communities. Transportation issues can affect a person's access to health care services. These issues may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes. Transportation also can be a vehicle for wellness. Table-10 identifies the means available to Trenton residents for transportation to and from work. Although there are intricate systems of bus and train lines to major cities, transportation is noted by residents to be such a strong issue, as transportation is neither accessible nor consistent in urban Trenton for lower income or disabled persons. Often two (2) transfers are required to cross the city, and bus routes to the suburbs are rare. With car ownership elusive for the target population, if buses are not an option, what remains is walking. In sickness or inclement weather, this is far from ideal as carrying bags of groceries is challenging.

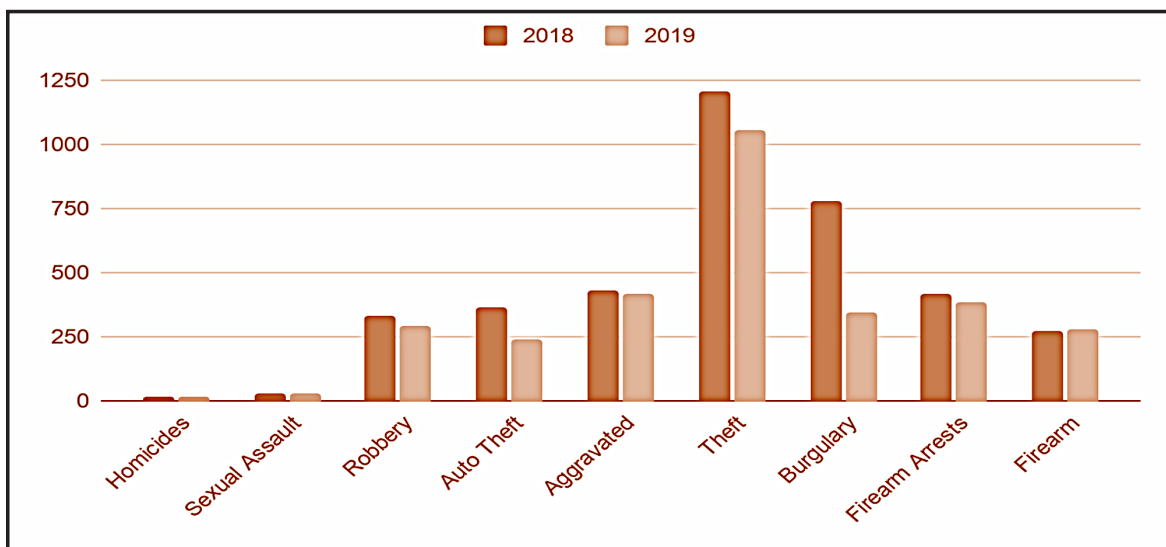
Table-10 TRANSPORTATION TO WORK ⁱⁱⁱ			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
Public Transportation	508,725	13,144	1,841
Walk	105,685	4,760	1,105
Taxi	87,998	1,868	137
Carpooled	34,721	17,930	7,972
	3,128,801	120,736	18,425

Examples of public transportation access to key HJAHC sites are indicated in Table-11. To assist patients in need HJAHC provides transportation to sites and specialty providers.

Table-11 PUBLIC TRANSPORTATION TO HJAHC SITES		
HJAHC SITE	BUS #	STOPS & TRAVEL TIME
WARREN	601	Stops at Warren
	603	2-3 Minute Walk from Across Park on Broad
	624	Stops at Warren
EWING	600, 601, 606	Stops at E. State St. @ Carroll St; Walk 6 Mins
	624	Walk 11 Mins from N. Warren and Bank St.
CHAMBERS	606	Stop at High School - Walk 1 Min
	624	Get off at Greenwood & Chestnut; Walk 7 Mins
	609	Walk 4 Mins from Hamilton and Chambers
BELLEVUE	624	11 Min Walk from Reservoir and Pennington
	606	Stop at Calhoun and Bellevue - 8 Min Walk
HJAHC @ CATHOLIC CHARITIES	409, 600, 601, 606, 608, 609	Stops at S. Clinton Ave; Walk approx. 7 Mins
	624	Stops at Perry St.; Walk approx. 10 Mins
HJAHC @ ALL ACCESS MENTAL HEALTH	600	Stops at Vaughn Dr.; Walk approx. 10 Mins
HJAHC @ RESCUE MISSION OF TRENTON	624	Stops at Perry St.; Walk approx. 6 Mins
	409, 600, 601, 606, 608, 609, 619	Stops at E. State St.; Walk approx. 9 Mins
	409, 600, 601, 606, 608, 609, 619	Stops at E. State St.; Walk 8 Mins
HJAHC @ OAKS INTEGRATED CARE	624	Stops at Perry St.; Walk approx. 8 Mins
	603, 607, 613	Stops on US-206; Walk approx. 14 Mins

CRIME AND VIOLENCE

Crime and violence experienced by individuals living in a community is an important public health issue, a key factor in creating trauma or toxic environments. Violence can lead to premature death or cause non-fatal injuries. People who survive violent crime often endure longer-term trauma from the event in the form of physical pain and suffering as well as mental distress and reduced quality of life.^{liii} Repeated exposure to crime and violence may be linked to an increase in negative health outcomes.^{liv} A 2014 study examining the social determinants of mental health and self-related health found that people who perceive their environment to be less safe from crime might also have higher body mass index scores and higher levels of obesity due to reduced physical activity.^{lv} According to the 2018-2019 Crime Statistics Report by the Trenton Police Department, the city experienced a slight decrease in all crimes noted except sexual assaults (10% increase) and firearm recoveries (3% increase) depicted in the graph below.^{lvi}



However, in the 2019 Trenton Health Survey, 22.5% of respondents reported not feeling safe in their neighborhoods.^{lvii} Residents expressed concern about youth gang activity given at least two of Trenton's 11 gangs operate within the city's schools.^{lviii} Consistent with residents' perceptions, Trenton's crime data for 2019 from the FBI Uniform Crime Report identifies per 100,000 people, Trenton leads the state and nation in every statistic but theft and property crimes.^{lix}

METRIC	NATION	NEW JERSEY	TRENTON
Murder (per 100k people)	5.0	2.9	18.0
Rape (per 100k people)	42.6	17.2	83.9
Robbery (per 100k people)	81.6	64.5	359.5
Assault (per 100k people)	250.2	122.2	661.4
Burglary (per 100k people)	340.5	184.6	431.4
Theft (per 100k people)	1549.5	1034.7	1368.4
Vehicle Theft (per 100k people)	219.9	116.4	294.8
Property Crime (per 100k people)	2110	1336	2094

Table-13 FOOD STAMPS / SNAP ^{lxvii}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
1 or More in Household 60+	44.3%	40.4%	31.3%
No People 60+	55.7%	59.6%	68.7%
Male Householder with Children Under 18, No Spouse Present	4.0%	1.7%	0.0%
Female Householder with Children Under 18, No Spouse Present	24.8%	25.8%	32.2%
Race Ethnicity			
White	52.0%	40.5%	30.4%
Black	28.1%	36.3%	47.3%
American Indian	0.3%	6.0%	18.4%
Two more Races	3.2%	27.8%	34.2%
Hispanic	35.0%	31.1%	19.2%

FOOD ACCESS

Food insecurity affects nearly 20% of Trenton households with many households reporting they utilize emergency food programs, but many more who qualify do not take advantage of these benefits.^{lxi} With only three supermarkets, the City has the lowest number of supermarkets per capita in the state. Trenton has been identified as a food desert, due to lack of access to healthy, fresh foods.^{lxii} Hunger is also an issue, with 17% of Trenton households regularly lacking enough food to eat, including fresh produce.^{lxiii} A recent community health survey by the Trenton Health Team (THT) showed that more than 40% of Trenton residents report challenges in locating find fresh produce in their neighborhoods. In some Trenton neighborhoods, that figure rises to 50%. Compare that to Mercer County as a whole, where only 16% of residents find it difficult to access fresh produce.^{lxiv} None of the three (3) supermarkets in Trenton is located on public transportation routes, only accessible by car.^{lxv} This factor makes accessing the supermarkets difficult for the many residents who do not own cars and find it difficult to rely on public transportation even when buses are available, often forcing them to shop at the more than 75 higher priced convenience and corner stores. While the National School Lunch and Breakfast programs have demonstrated improvements in dietary standards, school lunches have remained largely the same. Sixty-one% of students in Trenton are eligible for the free or reduced federal school food program.^{lxvi}

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

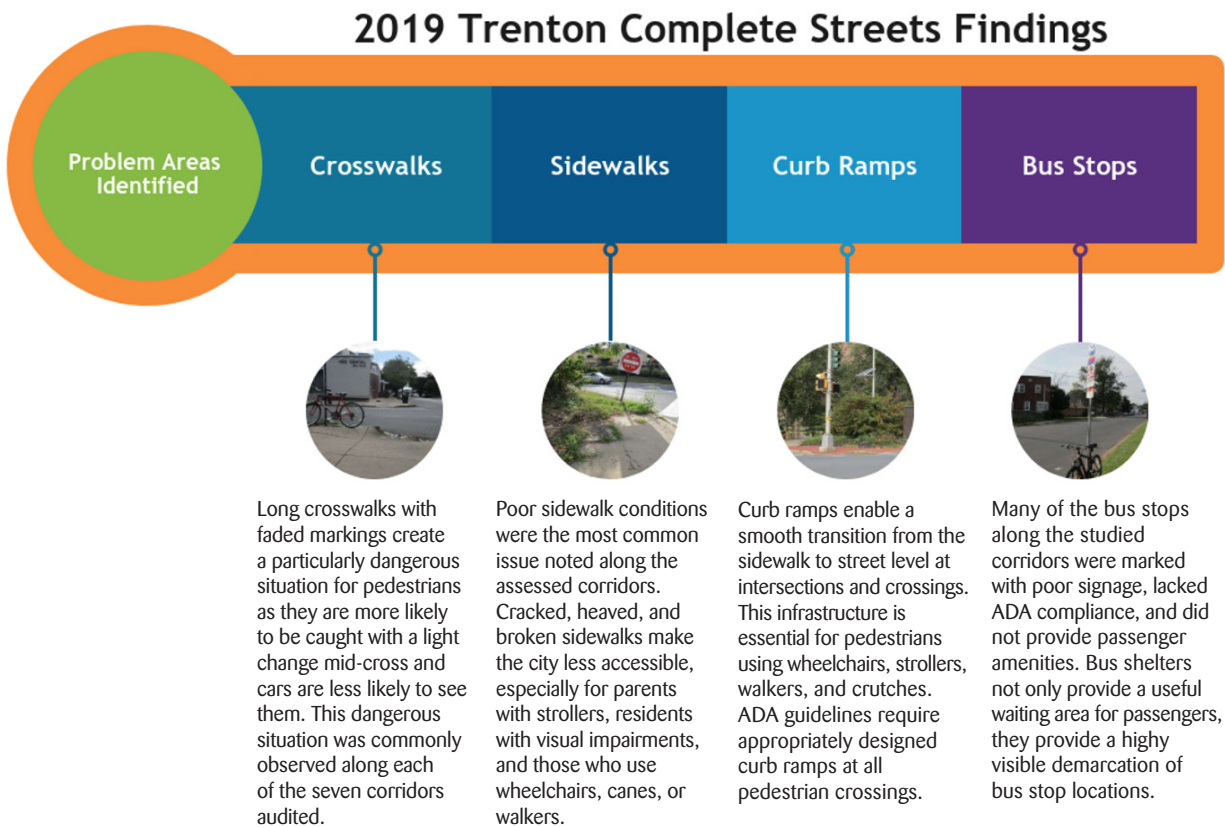
The New Jersey Food Stamp program helps low-income earning families subsidize the cost of food supplies essential for nutritional enrichment. To qualify, an applicant must be a resident of the state of New Jersey and citizen of the US or a legal alien; in possession of checking/savings account assets under \$2,001; and verify a household income at or above 185% of the federal poverty level. In Trenton, households receiving food stamps and support from the supplemental nutrition assistance program (SNAP) were overwhelmingly younger.



PHYSICAL ENVIRONMENT CHARACTERISTICS

Through the Transforming Communities Initiative, Trenton’s physical environment, economic revitalization, housing, and other social determinants of health were assessed through the Complete Streets evaluation model. By addressing immediate health benefits of a more active lifestyle, Trenton residents without access to a car would have increased access to medical services, social services, and healthy food once barriers to walking and bicycling were removed.

The recent Complete Streets report identified the following common issues within the City of Trenton.



HEALTH INSURANCE COVERAGE

New Jersey Policy Perspective identified in its 2019 study over half of all uninsured children in New Jersey are eligible for New Jersey Family Care, the state’s Medicaid program.^{lxxvi}

One reason for this high-uninsured rate is because New Jersey has the sixth highest number of children in immigrant families in the nation and immigrant parents are reluctant to enroll their children in any public program for fear of federal anti-immigrant policies. Studies show that immigrant families are specifically concerned about the proposed “public charge” rule that could result in the denial of citizenship to legal-immigrant parents if their child received Medicaid.

In 2019, it was estimated that 17.5% of Trenton residents did not have any form of health insurance, which is nearly double the national rate of 7.9% and the New Jersey rate of 7.4%.^{lxxvii} More Trenton residents have public than private insurance, which is consistent with the trends in Mercer County and New Jersey.^{lxxviii}

HJAHC has experienced a year-over-year increase in patients from 2017-2019 and as such has experienced a change in the patient population served by the FQHC. From 2018 to 2019, nearly 85% of the new patients admitted were uninsured. From 2014 through 2020, New Jersey used the federally run exchange but beginning in 2021 New Jersey will operate its own exchange platform. Simultaneously, New Jersey will enact a new state-based assessment to decrease the state's uninsured rate, close the racial health care disparity gap, and make individual health insurance more affordable.^{Lxxx}

The legislation is expected to generate \$224 million in annual funding by replacing the ACA's health insurance tax. A third of the money used to provide ongoing funding for the state's existing reinsurance program and the remaining two-thirds to make health insurance more affordable for people with low and modest incomes.

Table-15 HJAHC PATIENT INSURANCE DATA ^{lxxix}			
METRIC	2017	2018	2019
Uninsured	5.29%, 672 patients	17.33%, 2,525 patients	31.54%, 5,806 patients
Uninsured Children	4.56%, 175 patients	14.58%, 690 patients	27.97%, 1,706 patients
Medicaid/CHIP	59.84%, 7,601 patients	59.92%, 8,728 patients	53.39%, 9,829 patients
Medicare	9.54%, 1,212 patients	9.61%, 1,400 patients	7.91%, 1,456 patients
Dually Eligible	5.95%, 756 patients	5.94%, 865 patients	1.26%, 232 patients
Third-Party Payer	25.33%, 3,217 patients	13.13%, 1,913 patients	7.17%, 1,320 patients

EDUCATION

Education plays a critical role in the elimination of health disparities. Lack of education is one of the important barriers to health care. Higher education is associated with improved health outcomes and social development at the individual and community levels.^{Lxviii} Compared to individuals with more education, people with less education are more likely to experience health issues such as obesity, substance use, and injury.^{lxx} The health benefits of higher education typically include better access to resources, safer and more stable housing, and better engagement with providers. Creating complexity, while education affects wellness, poor health status may also serve as a barrier to educational attainment. In Trenton, for residents 25 years and older, 34.2% have attained a high school diploma or equivalent certification.^{Lxx} More than 18% of the population does not possess a high school diploma or equivalent.^{Lxxi} Inconsistent with state and county trends, the percentage of residents with an associate's or bachelor's degree is significantly lower at 5.7% and 8.9%, respectively.^{lxxii} In Trenton, 38.7% of residents over the age of 24 with less than a high school diploma and 31.3% of residents with a high school diploma or equivalency are living in poverty, while the poverty rate for residents with some college or an associate's degree is 21.2% and 11.5% for residents with a bachelor's degree.^{lxxiii}

Table-14 EDUCATIONAL ATTAINMENT FOR RESIDENTS AGES 25+ ^{lxxiv}			
METRIC	TRENTON	MERCER COUNTY	NEW JERSEY
No High School Diploma/GED	18.1%	6.5%	5.0%
High School Diploma/GED	34.2%	23.3%	26.9%
Associate's Degree	5.7%	6.8%	6.4%
Bachelor's Degree	8.9%	23.0%	25.1%
Graduate / Professional Degree	5.3%	21.5%	16.1%

HEALTH CARE ACCESS

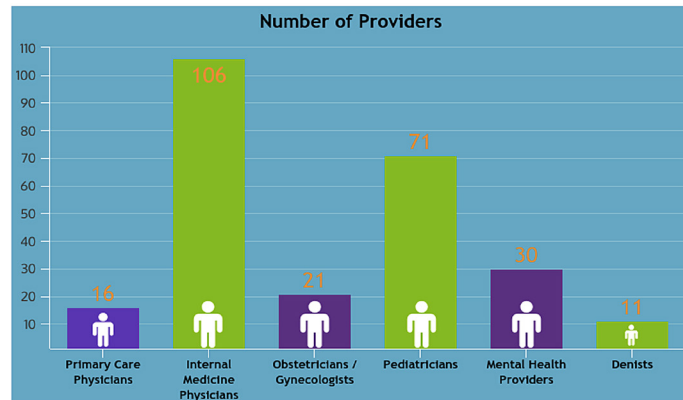
The Service Area, specifically Trenton, continues to face significant hurdles while building a culture of health. The challenges are complex and interwoven, including issues pertaining to access to the healthcare system, lack of public safety, disparate opportunities for healthy lifestyles, poverty, and the physical environment. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing, and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.^{lxxv} Low-income immigrant families face significant barriers to accessing health care. Federal law bars undocumented immigrants from public health insurance programs, and even lawful permanent residents are statutorily prohibited from obtaining Medicaid for their first five years of residence in the U.S. With nearly one in four of New Jersey's residents as immigrants, this leaves a large portion of New Jersey population potentially uninsured.

Table -16 INSURANCE COVERAGE ^{lxxvi}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
Private Insurance ^{lxxvii}	6,290,166	272,007	34,436
Public Insurance ^{lxxviii}	2,777,669	106,845	39,771
Age - Uninsured			
Under 6	3.5%	2.0%	4.3%
6-18	4.7%	5.7%	13.0%
19-25	12.7%	8.2%	25.7%
26-34	14.4%	17.8%	32.1%
35-44	13.2%	12.7%	30.9%
45-54	9.4%	6.9%	12.9%
55-64	7.1%	6.8%	18.6%
65-74	1.2%	0.4%	2.3%
75+	0.8%	0.0%	0.0%
Race/Ethnicity - Uninsured			
White	6.5%	5.3%	19.9%
Black	9.4%	10.2%	12.1%
Other Races	23.6%	34.9%	35.4%
Hispanic	18.6%	21.8%	28.6%
Disability Status - Uninsured			
With a Disability	4.2%	1.3%	3.9%
No Disability	8.3%	8.0%	19.3%
Income - Uninsured			
Under \$25,000	11.1%	11.0%	14.8%
\$25,000-\$49,999	14.9%	19.5%	31.7%
\$50,000-\$74,999	12.3%	8.9%	19.2%
\$75,000-\$99,999	9.0%	10.8%	19.9%
\$100,000 and over	4.2%	2.5%	6.9%
Nativity & Citizenship			
Native Born	4.5%	4.3%	9.1%
Naturalized	7.9%	4.3%	8.3%
Not a Citizen	34.6%	28.6%	54.8%

PROVIDER CAPACITY

Unmanaged chronic disease leads to costly, avoidable complications leading to negative health outcomes such as disability and early death. Access to primary care and pediatric care reduces the burden of disease through proper prevention and wellness services, while access to specialty services helps mitigate the escalating cost and effects of chronic conditions.

According to physicians registered with a National Provider Identifier (NPI), Trenton boasts physicians in various specialties as depicted above.



MEDICAL SERVICES

Overall, Trenton residents identify healthcare as an asset and have favorable reviews of their doctors. In Trenton, 20.9% of females and 23.0% of males over the age of 65 report receiving recommended preventative services.^{lxxxiv} Trenton's Health Information Exchange (HIE), developed in 2014, has been a key tool in allowing providers 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 the community. Today, more than 1,250 clinical users across central New Jersey use the Trenton HIE to access millions of health records for nearly 700,000 patients.^{lxxxv}

Table-17 provides data on HJAH's patient service utilization.

Table-17 HJAH PROVISION OF MEDICAL AND ENABLING SERVICES			
CATEGORY	2017	2018	2019
Medical Services (Percentage)	97.79%	98.02%	82.98%
Medical Services (Total)	12,421	14,278	15,277
Enabling Services (Percentage)	0%	7.68%	6.24%
Enabling Services (Total)	0	1,118	1,149

EYE CARE

In New Jersey, more than 170,000 people report blindness or severe difficulty seeing even with glasses.^{lxxxvi} People with severe vision impairment are more likely to have diabetes (17% compared to 7%), arthritis (34% compared to 18%), and mobility issues (46% compared to 9%).^{lxxxvii}

Additionally, 42% of individuals 65 years and older with severe vision impairment reported having a fall in the previous year.^{lxxxviii} Mercer County ranks in the middle tier of prevalence rates for vision impairment with 1.9-2.1% of the county's population impacted.^{lxxxix} During the 2019 Trenton Community Health Needs Assessment, women reported vision problems as the fourth concerning health conditions, and men reported vision problems as second concerning.

TABLE-18 ADULT RESIDENTS REPORTING VISION DIFFICULTY BY GENDER AND AGE			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
Males 18-64	36,304	1,167	450
Males 65+	2,882	536	70
Females 18-64	44,203	1,070	465
Females 65+	44,444	1,935	397

DENTAL SERVICES

Of particular importance in the HJAHC service area is the need for oral health care, in keeping with the strong association between good oral health and overall health status. Trenton is home to a high number of individuals at high risk for poor oral health outcomes, including pregnant women who receive late or no prenatal care, people with HIV/AIDS, and foreign-born, non-English speaking populations. Untreated dental problems exacerbate over time and eventually require more extensive and expensive interventions, many of which may be preventable with improved access to routine oral healthcare. For Medicaid beneficiaries, lack of access to dental services is viewed as a significant, primary pediatric healthcare problem. The need for expanded and quality oral health services in Mercer County is especially acute for this patient population. In 2016, only 52.8% of Trenton adults visited a dentist.^{xc} Additionally, 26.1% of adults 65+ reported total tooth loss compared to a use value of 14.5%.^{xc} 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, nearly three times the state average.^{xcii} The high need paired with the relatively small number of dentists who participate in Medicaid means that many low-income people are not receiving dental care.

TABLE-19 HJAHC Provision of Dental Services			
METRIC	2017	2018	2019
Percentage	35.32%	33.45%	28.69%
Total	4,486	4,873	5,282

PREVENTATIVE ORAL HEALTH INTERVENTIONS FOR PEDIATRIC PATIENTS

Oral health is an integral part of the overall wellness of children. Dental caries is a common, chronic disease process with significant consequences to children. Consistent with the national trend, New Jersey and Trenton minority children and those from lower income groups experience more dental cavities and untreated dental decay than comparison groups. Fewer than 67.44% of New Jersey children ages 2-20 who are covered by the NJ Medicaid system had an annual dental exam in 2019, with one managed care plan reporting only 48.86% of children received their annual exam.^{xciii}

The COVID-19 pandemic has created unique challenges in existing healthcare systems across the globe and the transmission of COVID-19 has a significant involvement on dental practice. Almost all dental procedures produce aerosols and droplets which can be contaminated by microorganisms thereby causing easier spread of infections. Dental treatment invariably involves close inspection, examination, diagnostic and therapeutic interventions which is why dental professionals are most prone to get infected with COVID-19. As a result, during the current pandemic, most routine dental procedures all around the world have been suspended and only emergency dental procedures and surgeries are being performed.

However, looking at the current increasing trend of COVID-19 cases, it does not appear the pandemic will end anytime soon which requires alternative planning to address the critical preventative need of pediatric dental patients.

In 2020, consumer adoption of telehealth services jumped to 49% from 11% in 2019.^{xciv} While providers overall embrace telemedicine innovations for the delivery of traditional health services, older end users have been slower to accept due to privacy concerns and feelings of telemedicine providing a lesser-quality visit (62.2% report the visit as effective as face-to-face).^{xcv} Teledentistry poses an innovative solution to continue dental practices during the current pandemic. Through teleconsultation, telescreening and telediagnosics, care can be extended to at risk or vulnerable populations while also addressing the shortage of dental specialists. At the time of this assessment, HJAHC is the only provider in Trenton or Mercer County offering teledentistry.



BEHAVIORAL HEALTH SERVICES

While Trenton has more mental health providers per capita than both the national and NJ state averages, the need in the area is growing exponentially. When asked about mental health care during the 2019 Trenton community assessment survey 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.^{xcvi} Programs and services to address mental health needs in Trenton include:

- Capital Health Regional Medical Center's Emergency Mental Health Services: emergency crisis response system.
- Catholic Charities: mental health and substance abuse outpatient, partial care, IOP, ambulatory detox, medication assisted treatment, child and family therapy, intensive family support services, housing, mobile crisis response and stabilization for children, and supported employment and supported work programs.
- El Centro: full-service pharmacy, counseling, childcare, ESL courses, and immigration services.
- Oaks Integrated Care: youth and adult mental health and substance use disorder treatment.
- Henry J. Austin Health Center (HJAH): Integrated Trauma-Informed Care model, psychiatric evaluations and medication management, counseling, and case management.

MENTAL HEALTH

Mental Health was ranked in the top three concerns by residents in the 2018 Greater Mercer Public Health Partnership survey.^{xcvii} Among Trenton respondents, nearly 20% of adults stated their mental health was not good for at least 14 days during the past month compared to the national average of 11.7%.^{xcviii} During the past two years, 19% of Mercer County residents and 24% of Trenton residents report receiving mental health treatment. Trenton residents are utilizing the emergency room for routine mental health treatment with the number of emergency room visits for mental health reasons more than double that of Mercer County and New Jersey.^{xcix} Similarly, the number of inpatient mental health admissions were also more than twice as high for Trenton compared to the rest of Mercer County.^c Further, 17% percent of Trentonians reported having 14+ of poor mental health days, compared to U.S. at 12.4%.

Table-20 HEALTH / MENTAL HEALTH DISORDERS ^{ci}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
ED Rate due to Adolescent Suicide / Intentional Injury (visits per 10,000)	38.4	38.2	46.4
ED Rate due to Suicide / Intentional Injury (visits per 10,000)	22.0	21.8	29.1
Hospitalization Rate due to Mental Health (hospitalizations per 10,000)	63.3	72.9	118.2
Hospitalization Rate due to Pediatric Mental Health (hospitalizations per 10,000)	23.1	3.0	4.3

SUICIDE

Attempting suicide or intentionally causing self-harm are significant consequences of unmanaged mental illness. 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 to 22.00/10,000).^{cii} The age-adjusted hospitalization rate for suicide and self-harm is more than twice that of New Jersey (118.2/10,000 compared to 63.3/10,000).^{ciii}

SUBSTANCE USE DISORDER (SUD)

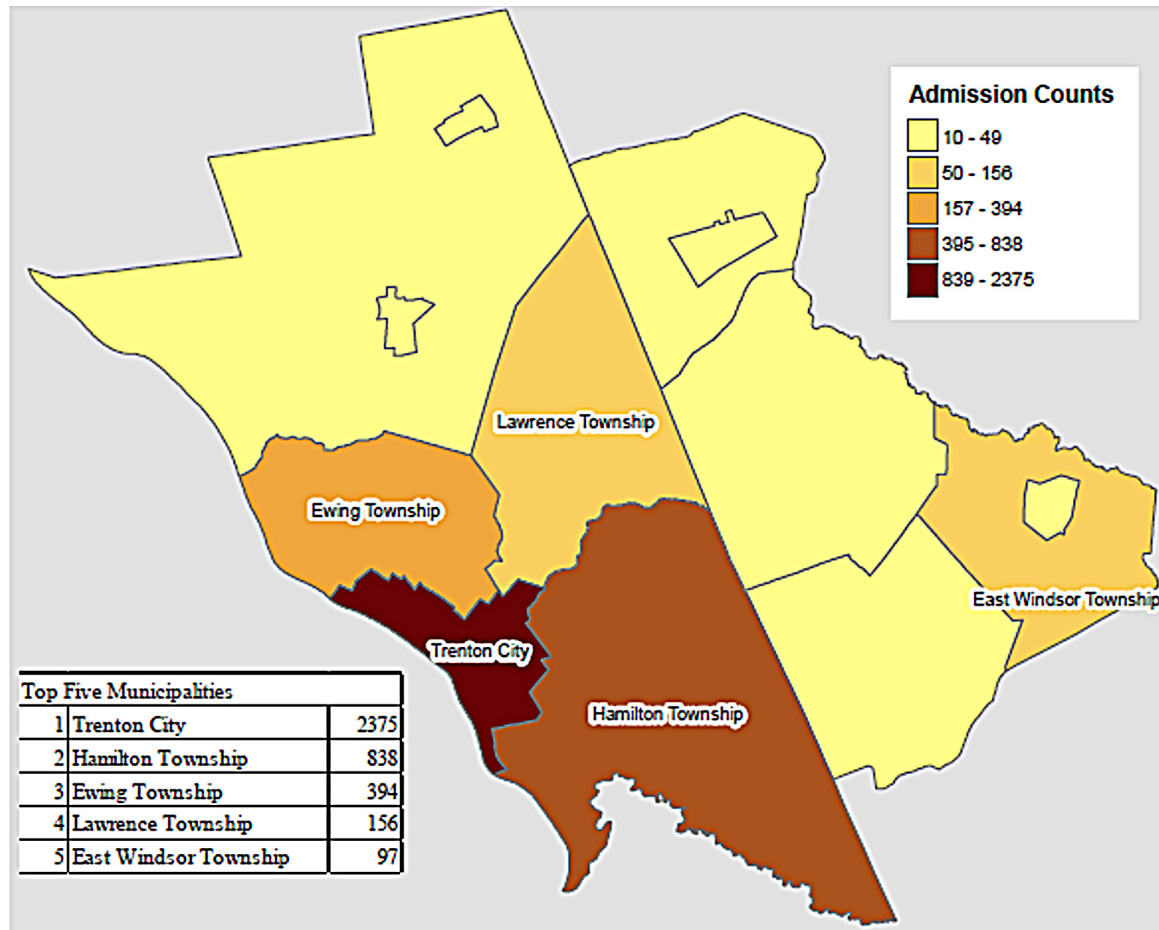
Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. In Mercer County, most clients with a substance use disorder seek treatment through an outpatient service delivery system: 27% outpatient and 22% intensive outpatient.^{civ} Short-term and long-term residential services are accessed by only 11% and 7% of residents in need of treatment, respectively, given the evidence of effectiveness for this treatment modality.^{cv} Compared to similarly situated cities in Mercer County, Trenton's rate of substance use disorder admissions by every substance well exceeds all other cities combined.

CITY	ALCOHOL	COCAINE / CRACK	HEROIN	OTHER OPIOID	MARIJUANA	OTHER DRUGS	UNKNOWN
Trenton	52%	69%	52%	52%	70%	53%	25%
East Windsor	3%	0%	2%	2%	3%	3%	0%
Ewing	9%	9%	8%	12%	11%	9%	38%
Hamilton	20%	13%	23%	23%	9%	19%	25%
Hightstown	2%	1%	1%	0%	0%	2%	0%
Hopewell	0%	0%	1%	1%	1%	0%	0%
Lawrence	0%	3%	5%	4%	2%	3%	13%
Pennington	1%	0%	1%	0%	0%	0%	0%
Princeton	3%	1%	1%	1%	0%	2%	0%
Robbinsville	1%	1%	1%	0%	1%	0%	0%
West Windsor	1%	1%	1%	1%	0%	3%	0%
Not Stated	4%	2%	4%	3%	1%	6%	0%



OPIOID USE DISORDER

Drug overdose deaths in New Jersey leaped 20% in 2020 with 1,339 suspected overdose deaths in the first five months of the year, amounting to 225 more than were recorded in 2019 over the same period.^{cvi} Reports point to 90% of the overdose deaths as related to opiate use.

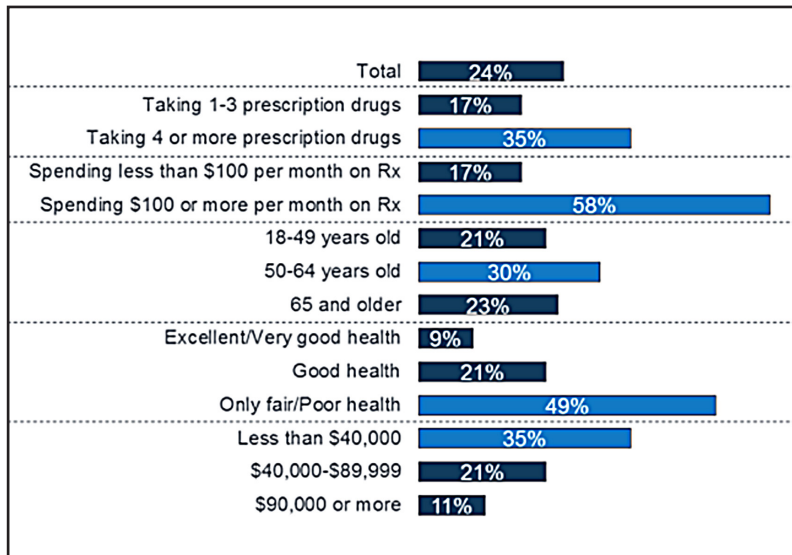


Year	SUSPECTED OVERDOSE DEATHS	NALOXONE ADMINISTRATIONS	PRESCRIPTIONS DISPENSED
2020	117	541	142,705
2019	115	534	170,520
2018	147	583	177,328
2017	106	504	200,533
2016	59	388	219,365
2015	59	333	242,196

With the unprecedented changes COVID-19 brought to day-to-day life, providers are linking exacerbated drug use to social stressors and difficulty securing treatment with changing COVID-19 restrictions. New Jersey was flagged by the Commonwealth Fund as one of a dozen states for a high rate of overdoses and rising unemployment, indicators that exacerbate the challenges for opioid response efforts. Trenton is home to (two) 2 Methadone clinics with 17% of residents utilizing Methadone for their opiate use disorder. Medication Assisted Treatment is accessed by only 11% of clients: 9% Suboxone and 2% Vivitrol.^{cix}

PRESCRIPTION DRUG / PHARMACY

Non-compliance with drug treatment is widespread. When patients are given medication by their doctors, nearly 50% do not take the drug or do not take it as prescribed, and most will stop the treatment as soon as they are feeling better. A major problem in identifying the non-compliant patient is the unreliability of many of the measures used for assessing compliance. There are few social and demographic characteristics associated with non-compliance. The type of disease, also, generally has little influence on the level of compliance. Psychological factors such as the patients' levels of anxiety, motivation to recover, attitudes towards their illness, the drug and the doctor, as well as the attitudes and beliefs of significant others in their environment do influence the patients' levels of compliance. HJAH C operates its own clinical pharmacy on site in order to accommodate patients' access needs.



As depicted, of 25% people/patients nationwide who indicate the need/usage for prescription drugs 24% (all ages) and 23% (>65) report cost / access challenges.^{cx} Groups likely to report the greatest difficulties with affordability include: the greatest difficulties with affordability include those: with monthly drug costs > \$100 (58%); in fair/poor health (49%); with incomes <\$40,000 (35%); and/or those taking 4+ drugs monthly (35%).^{cxii} As such, an average of 3 out of 10 people, 50-64 in age, report problems affording medications.^{cxiii} This age group takes more prescriptions on average than younger people but do not qualify for Medicare and associated drug benefits due to age. In addition



to difficulty affording prescriptions, 3 of 10 (29%) of adults report not taking medicines as prescribed at some point in the past year because of the cost. ^{cxiii} This includes 1 of 5 who report not filling a prescription (19%) and/or taking an over-the counter drug instead (18%), and about 1 in 10/ (12%) who report cutting pills in half or skipping a dose ^{cxiv} Further, 3 in 10 (33%) not taking their medicines as prescribed report worsening conditions as a result (8% of the public overall).^{cxv} In January 2020, in response, legislation to limit out-of-pocket costs for prescription drugs was signed into law in New Jersey, sponsored by a Trenton Assemblyman. The new law requires health insurers

to provide prescription drug coverage plans that limit patient cost-sharing; improve affordability; and provide access for those who require necessary medication.

HEALTH LITERACY

The National Assessment of Adult Literacy (NAAL) indicates the following about older adults' health literacy skills:

- 71% of adults older than age 60 had difficulty in using print materials;
- 80% had difficulty using documents such as forms or charts; and
- 68% had difficulty with interpreting numbers and doing calculations.

NAAL also reports that by 2030, 71.5 million adults aged 65 years of age or older will be living in the United States. Older adults use more medical services and acquire more chronic illnesses than other population segments. Therefore, this demographic shift and the NAAL data affirm that improving information and services is a priority to achieve improved health for older adults.^{cxvi}

According to the New Jersey State Library, minorities, non-English speakers, elderly adults (over the age 65), adults living below the poverty line, and those without a high school education are at risk for lower health literacy in the State. Accordingly, an estimated 14-18% of New Jersey residents experience lower than adequate health literacy. In keeping with this projection, the Trenton Health Team (THT) established health literacy as a key area for improvement during its inception. Clearly, lack of health literacy affects the ability to successfully navigate the healthcare system, engage in self-care and management of chronic diseases, and understand the mathematical concepts of risk and probability. Inadequate health literacy also exacerbates disparities in prevention, which are associated with higher health care costs, and most importantly, lower health outcomes. Further, in Trenton, language barriers are linked most often with challenges in health literacy. In response to needs of the growing Latinx population, Catholic Charities-Diocese of Trenton has engaged a dedicated literacy coordinator focused on embedding health literacy objectives and learning activities into awareness building, current Adult Basic Education, and English a Second Language (ESL) curricula and programming.^{cxvii} Additionally, some New Jersey health plans report the availability of tutorials, and local social services programs employ Community Health Workers/Navigators.

LANGUAGE BARRIERS

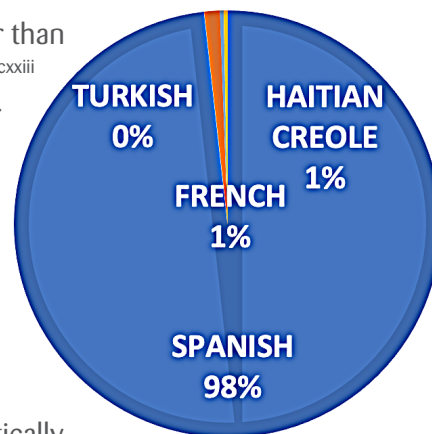
HJAHC reports an increasing number of patients who report preference/comfort for a language other than English: 22.83% in 2018 and 33.4% in 2019.^{cxviii} Additionally, Trenton has experienced a rise in the Latinx population in the past three (3) years, many of who report communication challenges:

Table-23 HOUSEHOLD LANGUAGE ^{cxix}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
English Only ^{cxx}	2,183,817	88,607	18,655
Less than HS Grad	5.6%	7.3%	18.3%
HS Grad	28.0%	26.1%	39.6%
Associate's	24.2%	22.5%	27.4%
Bachelor's	42.3%	44.2%	14.8%
Spanish ^{cxxi}	542,310	19,228	8,340
Less than HS Grad	26.4%	35.0%	53.4%
HS Grad	32.6%	27.3%	24.3%
Associate's	21.1%	20.6%	12.6%
Bachelor's	19.9%	17.2%	9.7%
Other Languages ^{cxvii}	560,137	23,016	1,251

In Trenton, 38.2% of the population speaks a language other than English, which reflects a rich diversity of culture and people.^{cxxiii}

More than 15% of the population reports members of their household have difficulty speaking English (linguistic isolation) which may prevent them from receiving transportation, medical, and social services, as well as limit employment and schooling opportunities. Further, language and cultural barriers are linked to low health literacy due to communication challenges that create frustration and ultimately the decision to cease health care services if the patient feels they cannot be understood.

Additionally, in cases of national or local emergency, linguistically isolated households also may not receive important notifications. In response, HJAHC has trained staff to serve as interpreters, with a requirement that these individuals pass a proficiency test.



LANGUAGE	TOTAL	PERCENT	LANGUAGE	TOTAL	PERCENT	LANGUAGE	TOTAL	PERCENT
Spanish	20,300	97.11%	Arabic	24	0.11%	Ukrainian	8	0.04%
Haitian Creole	244	1.17%	Burmese	20	0.10%	Akan	4	0.02%
French	60	0.29%	Mandarin	16	0.08%	Bengali	4	0.02%
Russian	60	0.29%	Amharic	12	0.06%	Greek	4	0.02%
Polish	48	0.23%	Hindi	12	0.06%	Gujarati	4	0.02%
Portuguese	28	0.13%	Thai	12	0.06%	Portuguese Brazilian	4	0.02%
Russian	28	0.13%	Slovak	8	0.04%	Urdu	4	0.02%

CHRONIC DISEASES

According to the 2019 Community Health Needs and Assets Assessment and recently reported in the Trenton 250 report, Trenton residents have high rates of diabetes, hypertension, and cancer. Heart disease and cancer are two of the three leading causes of death in Mercer County. Unmanaged chronic illness, as well as concerns such as lack of health care, co-payments, and fear of tests lead to acute, costly, avoidable emergencies, increased disability, and poorer quality of life for residents.^{cxxiv} Overall, Trenton residents have higher rates of chronic illness than the rest of the county, state, and nation. Table-25 State Mortality Rates, as identified by the Centers for Disease Control's National Center for Health Statistics 2017 state mortality data, identifies the 10 leading causes of death for New Jerseyans.

NJ LEADING CAUSES OF DEATH, 2017	AGE-ADJUSTED DEATH RATE	DEATHS
1. Heart Disease	162.3	18,840
2. Cancer	144.6	16,264
3. Unintentional Injury	47.3	4,482
4. Stroke	30.2	3,474
5. Chronic Lower Respiratory Disease	28.6	3,227
6. Alzheimer's Disease	23.6	2,829
7. Diabetes	16.9	1,908
8. Kidney Disease	13.9	1,591
9. Influenza/Pneumonia	11.7	1,337
10. Suicide	8.3	795

CARDIOVASCULAR DISEASE

After COVID-19, heart disease is the leading cause of death of men and women in the United States. While trending downward since 2000, deaths from heart disease are still at an astounding 165 per 100,000 people, maintaining this the number one cause of death in New Jersey.^{cxxv} Also trending in a positive direction, strokes accounted for 37.1 deaths per 100,000 in 2018 compared to 60.9 per 100,000 in 2000.^{cxxvi} According to Table-26, the prevalence rate for strokes remains higher in Trenton compared to the US.^{cxxvii} High blood pressure, a risk factor for heart disease and stroke, continued to have higher rates among males (36% NJ, 34.8% US), seniors (63% NJ, 60.1% US), Asians and people reporting as multiracial (NJ 25.4%, US 19.6%; NJ 37.1%, US 32%), and middle income earners (NJ 38.5%, US 34.6%).^{cxxviii}

Table-26 HEART DISEASE AND STROKE ^{cxxix}		
METRIC	US VALUE	TRENTON
Adults who Experience a Stroke	3.2%	4.2%
Adults who Experience Coronary Heart Disease	6.4%	6.4%
Adults Taking Medications for High Blood Pressure	75.8%	74.1%
High Blood Pressure Prevalence	32.4%	37.4%

CANCER

Cancer is the second leading cause of death in New Jersey with an average of 140 new diagnoses per day projected in 2021.^{cxxx cxxxi} In 2017, the average incidence rate for cancer in New Jerseyans was 485.9 (per 100,000).^{cxxxii} In Trenton in 2017, the Healthy People 2020 target for mammograms and pap tests were met, with colon cancer screening significantly lagging.

Table-27 CANCER SCREENINGS ^{cxxxiii}		
METRIC	HEALTHY PEOPLE 2020 TARGET	TRENTON
Colon Cancer Screening	70.5%	53.9%
Mammogram in Past 2 Years	79.7%	81.1%
Pap Test in Past 3 Years	84.3%	84.9%

The New Jersey State Cancer Registry, through its Five (5) Leading Sites of New Cancer Cases: Rates by Gender, Race and Ethnicity, 2013-2018, report the following:

- Breast cancer continues to be the most common cancer diagnosed among New Jersey women. White women had the highest incident rate, followed by Black women.^{cxxxiv}
- White women have the highest lung cancer incident rate, followed by Black women.^{cxxxv}
- Black women continue to have the highest colon cancer incident rate, while White women had the lowest.^{cxxxvi}
- White women continue to have the highest uterine cancer incidence rates, with Asian or Pacific Islander having the lowest.^{cxxxvii}
- White women continue to have the highest thyroid cancer incidence rates, and Black women have the lowest.^{cxxxviii}
- Prostate cancer continues to be the most common cancer diagnosed among New Jersey men. Black men had the highest incidence rates, with rates more than 1.5 times higher than White or Hispanic men, and more than three (3) times higher than Asian or Pacific Islander men.^{cxxxix}

- Black men continue to have the highest lung cancer incidence rates, followed by White men.^{cxl}
- Black men continued to have the highest colon cancer rates, while Asian and Pacific Islander men have the lowest.^{cxli}
- White men had a much higher melanoma of the skin incidence rate as compared to other racial and ethnic groups.^{cxlii}

Table-28 CANCER INCIDENCE RATE ^{cxliii}		
CANCER TYPE:	NEW JERSEY	MERCER COUNTY
Digestive System (per 100,000)	87.3	86.2
Respiratory System (per 100,000)	59.5	52.1
Skin (per 100,000)	47.5	43.1
Breast (per 100,000)	177.7	174.2
Urinary System	41.3	38.4
Brain and Nervous System	6.8	7.7
Endocrine System (per 100,000)	20.3	20.1
Lymphoma	25.0	29.3
Leukemia	15.6	17.5

DIABETES

Nationally, 10.5% of the population has been diagnosed with diabetes and 34.5% of the population has been classified as pre-diabetic.^{cxliv} At 14.4% in 2017, the latest complete health indicator reports available, the prevalence rate of diabetes in Mercer County is higher than the state (11%) and national rate (10.8%).^{cxlv} Populations most at risk for diabetes include those over 45 years of age, ethnic minority populations (especially African American and Latino groups), and obese individuals.^{cxlvi}

OBESITY

Nearly 39% of Trenton's adult population is obese according to their Body Mass Index (BMI).^{cxlvii} New Jersey is ranked 28th in obesity rates for children ages 10-17 at 14% of this age group identified as obese.^{cxlviii} Fifteen percent of children ages 2-4 participating in the Women, Infants and Children (WIC) program and living in New Jersey are considered obese.^{cxlix}

The health ramifications of childhood obesity are numerous, and there is evidence that chronic health problems can start to appear much sooner than previously realized in obese children, such as increasing children's risk of coronary heart disease, cancer, stroke, and diabetes in adulthood.^{cl}



ASTHMA

In Trenton, 10.7% of adults have been told by a health care provider that they currently have asthma, compared to a United States average of 9.0%. Trenton residents visit emergency departments (ED) and are hospitalized for asthma-related issues at twice the rate compared to Mercer County for three of the four indicators. Significantly higher ED and hospitalization rates point to multiple exposures to environmental factors to cause asthma-related health emergencies.

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

In Trenton, the ED and hospitalization rates for children with asthma-related issues follows the same trend as adults, with rates nearly twice the rest of Mercer County. The strongest factors for developing asthma are a combination of genetic predisposition with environmental exposure including: indoor allergens, outdoor allergens, tobacco smoke, chemical irritants, and air pollution. In Mercer County, 14.6% of adults report smoking cigarettes.

Table-29 ASTHMA STATISTICS ^{cliii}			
METRIC	NEW JERSEY	MERCER COUNTY	TRENTON
Pediatric Asthma Hospitalizations	12.5	11.6	17.7
Adult Asthma Hospitalization	7.8	8.4	15.6
Pediatric Asthma ED Visits (ED visits per 10,000)	66.5	104.2	200.7
Adult Asthma ED Visits (ED visits per 10,000)	38.6	54.5	122.9



INFECTIOUS DISEASE

Though great strides have been made to control the spread of infectious diseases, they remain a cause of illness, disability and even death in the United States. Influenza, and most recently COVID-19 and the resultant debilitating and potentially fatal pneumonia and discoverable side effects, and HIV/AIDS are now among the infectious diseases that have the greatest impact on modern American populations. Young children, older adults, individuals with compromised immune systems, injectable drug users, and those having unprotected sex are most at risk for contracting infectious diseases.

COVID-19

The City of Trenton spearheaded a comprehensive health response to ensure the diverse neighborhood receives the proper response to slow the spread of the coronavirus. Highly susceptible populations living in the city experience medical challenges that could cause devastating health outcomes. Recent immigrants or undocumented persons may be less likely to seek medical attention and there may be language barriers preventing them from getting accurate medical information. Nursing homes, senior residential facilities, and other congregant living establishments have the potential to become “hot spots”. Each demographic group requires information specific to their own unique situation to combat the virus, such as bilingual medical instruction materials, special medical assistance, and mobility concerns.

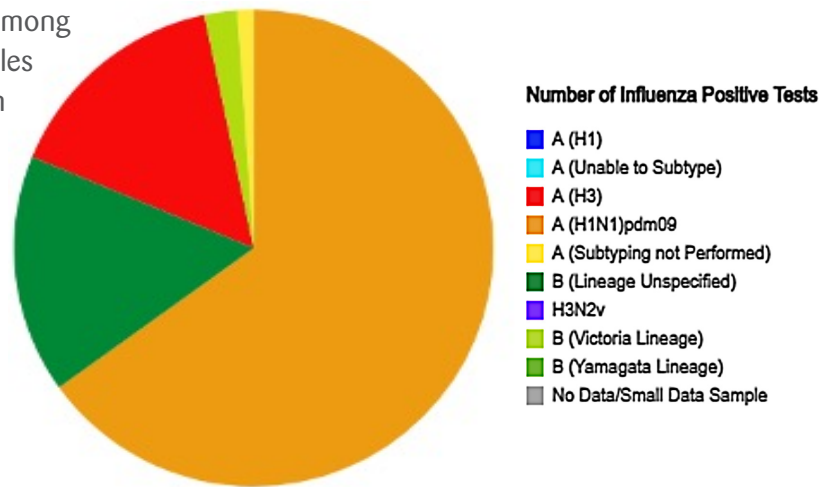
At the outset of the identification of the COVID-19 outbreak, HJAHc immediately responded by pivoting to a telehealth platform to address patient needs and continue service delivery. The mobile unit was utilized in conjunction with the Trenton health department to engage in COVID-19 testing and vaccination. The unexpected, positive outcome of this change was a 130% rise in productivity directly correlated to better patient engagement. As of June 2020, there had been 3,705 confirmed cases of COVID-19 within the City of Trenton and 103 confirmed deaths.^{cliv} In the State of New Jersey, there have been 162,530 confirmed cases and 11,970 confirmed deaths due to COVID-19.^{clv} Comparatively speaking, the fatality rate of COVID-19 has been 2.8% in the City of Trenton whereas it has been 7.4% in the State of New Jersey.^{clvi}

Table-30 COVID-19 2020 CASES IN MERCER COUNTY		
Metric	Mercer County	Trenton
COVID-19 Infection Rate (per 100,000)	196	Zip Code 08610: 5887 Zip Code 08611: 6972.1 Zip Code 08618: 4565 Zip Code 08619: 3852.9 Zip Code 08638: 4394.6
COVID-19 Deaths (per 100,000)	703	Zip Code 08610: 88.6 Zip Code 08611: 287.0 Zip Code 08618: 160.5 Zip Code 08619: 269.7 Zip Code 08638: 118.4

INFLUENZA / PNEUMONIA

The death rate due to influenza and pneumonia, at 1,300 per year in 2018, has been declining in New Jersey for many years. Overall, pneumonia is the cause for 87%+ of influenza deaths.

In the total population and among each racial/ethnic group, males have a higher death rate than females, with the death rate lower among Asians and Latinx than among Blacks and Whites. Mercer County reported a total of 1,034 flu cases in 2018-an age adjusted rate of 9.3 per 100,000, with a breakdown as identified.



HIV/AIDS

As of December 31, 2018, 2,531 people with HIV in Trenton, one of the top 10 cities in New Jersey reporting the highest number of cases.^{clvii} Women are affected by the infectious disease at a rate of 44.3% of the total number of cases, with African Americans making up 72% of the total cases.^{clvii}

The AIDS Drug Assistance Program (ADAP) helps ensure that people living with HIV and AIDS who are uninsured and under-insured have access to medication through providers, including HJAHC. The New Jersey Department of Health and Senior Services in Trenton receives federal funding directed from Part B for locales and Part D for Women, Infants, Children, and Youth.

Table-31 HIV/AIDS CASES IN TRENTON ^{clix}		
Metric	Males	Females
HIV Cases	460	240
AIDS Cases	1294	537
HIV Deaths	111	53
AIDS Deaths	887	306
Age at Diagnosis	15	12
<13	161	86
13-24	513	262
25-34	632	232
35-44	303	116
45-54	130	69
>55		
Race at Diagnosis		
Hispanic	283	85
African American	1206	612
White	259	77
Other	6	Unknown



MATERNAL AND CHILD HEALTH

Only 57.8% of Trenton women have access to or receive the medical definition of adequate prenatal care, which consists of care beginning by the end of the fourth month of pregnancy and the completion of 80% of recommended prenatal visits. This falls far below rates for Mercer County (71.1%) and New Jersey (72.3%). There are also wide disparities in maternal mortality across racial groups, with Black mothers in New Jersey almost twice as likely as mothers from other ethnic groups either during pregnancy, delivery, or the postpartum period. From 2009-2017, the maternal mortality rate in Trenton was 37.2 deaths/100,000 live births. In 2018, Trenton had a teen birth rate of 7.1/1,000 females ages 15-17. Health providers acknowledge that one or more pregnancies before age 17 is often a predictor for poor future educational and economic attainment. While New Jersey has one of the lowest rates of infant mortality in the United States, there are wide disparities in across regions and backgrounds. The overall infant mortality rate was 37 per 100,000 live births with a rate of 7.0 per 1,000 deaths in Mercer County in 2018.^{clx} In Mercer County in 2019, 1.4% of births were to very low birthweight infants (less than 1500 grams) and 7.9% of infants were considered low birthweight (2500 grams), which were consistent with state trends.^{clxi}



PEDIATRIC VACCINATIONS

New Jersey state law requires children to have up-to-date vaccines before starting school. 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.^{clxii} The immunization rate public school students painted a different picture with Mercer County ranking the lowest statewide at a 93.7% immunization rate.^{clxiii} Multiple factors contribute to Mercer County trending below the state average, including: the lack of school-based health center necessitating parents to juggle work and school to accommodate an immunization appointment, recent U.S. immigrant families report a reluctance 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, and transportation challenges.

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, including their immediate decision to pursue immunization for their children.^{clxiv} As vaccine records are required for children to get official immigration statuses, immunization if reported is often pursued by families later in the naturalization process. New Jersey's immunization payment model for the uninsured and Medicaid beneficiaries has created insurmountable challenges for clinics and systems which has halted the expansion of immunization services in the community. Families with children who are covered by NJ FamilyCare but are not eligible for Vaccines for Children (VFC) – a federal immunization program – are facing the challenge of Medicaid managed care organizations not reimbursing the cost of the vaccine, which then must be paid for out-of-pocket by the clinic, resulting in significant un-reimbursed vaccine expenses for practices attempting to immunize children with managed care coverage. For children with Medicaid coverage, immunization is reimbursed only if provided by the primary care provider identified by the plan. As the local federally qualified health center, HJAH has identified and stepped up to fill this critical role by opening pathways to immunize children whose primary care providers no longer participate in VFC or Medicaid, or who are unable to get into their primary care provider in a timely fashion, to prevent a further delay in immunization.

PRIORITIZED HEALTH NEEDS

HJAHC's three (3) year Strategic Plan concluded at the end of 2020. Due to the uncertainties of the COVID-19 pandemic during 2020, predicted to persist into the current year, a one (1) year Strategic Plan for 2021 was formed, the priorities for which were focused on addressing immediate needs while continuing quality care and sustainability endeavors.

The 2021 Strategic Plan focuses on achieving six (6) broad strategic goals developed by the Board of Directors and Senior Management team, in the next twelve (12) months:

- I. Establish Best People/Best Workplace
- II. Advocate for and Improve Financial Sustainability
- III. Improve the Experience of Care
- IV. Improve Quality of Care
- V. Reduce the Cost of Care
- VI. Improve the Health of the Population

This Community Health Needs Assessment will be an integral informant to the 2022-2025 Strategic Plan, which will focus on establishing measurable outcomes that contribute to service area population health improvement and addressing gaps and disparities in these essential areas:

- Limited COVID-19 testing and vaccination;
- Increase need for telehealth access;
- Lack of access to pediatric services;
- Increase in substance use disorder prevalence, outpacing provider capacity;
- Increase demand for women's health services;
- Lack of innovative dentistry delivery methods including pediatric; and
- Lack of access to eye care services.



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