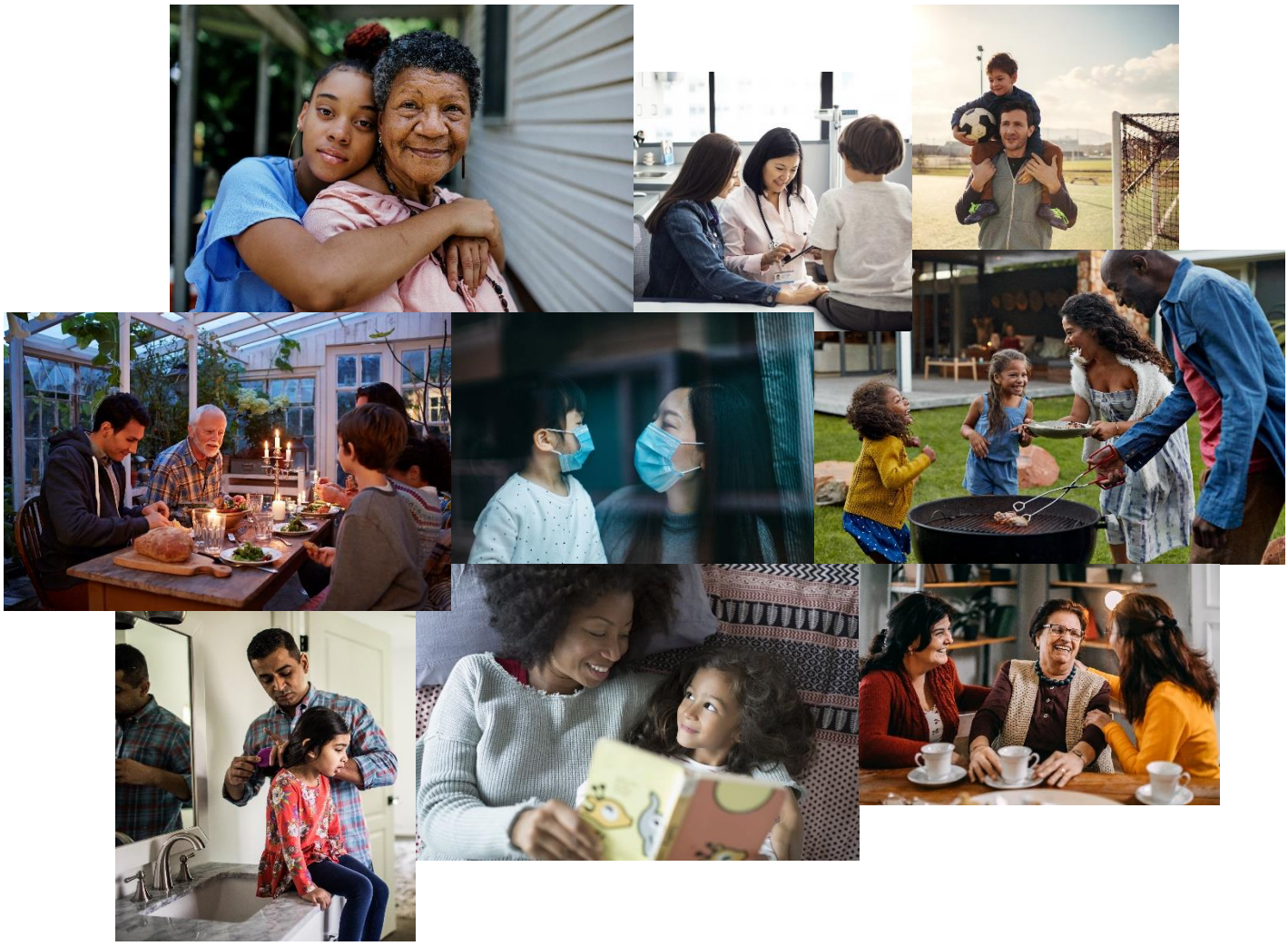
GMPHP Greater Mercer Public Health Partnership

2021 Community Health Improvement Plan



December 30, 2021

The Greater Mercer Public Health Partnership (GMPHP) is a collaboration of hospitals, local health departments, the Mercer County Department of Health and Human Services, and other organizations whose mission is to measurably improve the health of residents of the Greater Mercer County community

About GMPHP

The Greater Mercer Public Health Partnership (GMPHP) is a 501(c)3 collaboration of fifteen core organizations consisting primarily of hospitals and local and county health departments whose mission is to measurably improve the health of greater Mercer County residents. In addition, the GMPHP Community Advisory Board includes over 60 community non-profits, businesses, schools, and governmental organizations committed to the health of Mercer County residents. The GMPHP was formed to identify community health needs within Mercer County, to work collaboratively with stakeholders, and create novel strategies that leverage the collective expertise of the participants to implement a meaningful and measurable Health Improvement Plan for Mercer County, New Jersey.

Participating Hospitals	Participating Health Departments
Capital Health Medical Center-Hopewell	East Windsor Health Department
Robert Wood Johnson University Hospital-Hamilton	Ewing Township Health Department
Saint Francis Medical Center	Township of Hamilton Division of Health
Saint Lawrence Rehabilitation Center	Lawrence Township Health Department
	Mercer County Department of Human Services
	Montgomery Health Department, serving Hopewell and Pennington Boroughs
	Princeton Health Department
	Township of Hopewell Department of Health
	Trenton Health Department
	West Windsor Health Department, serving Hightstown and Robbinsville

Our Research Partner:

35TH STREET CONSULTING LLC

A New Jersey certified Small Business Enterprise (SBE) and Women Owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into action that advances health and social equity through practical and impactful strategies. Our interdisciplinary team of community development experts, health planners, researchers, and data analysts have worked with hundreds of healthcare providers, payors, public health departments, government agencies, health and human service providers, and other community-based organizations to direct action and funding to reimagine policies and achieve realistic, measurable social impact.

CHNA Background

Since 2012, the partners of GMPHP have come together to work on key public and community health challenges. Every three years the GMPHP conducts a Community Health Needs Assessment (CHNA) and develops an accompanying Community Health Improvement Plan (CHIP) to guide collaborative efforts to improve health and wellbeing across Mercer County.

CHNA Research Methods

The 2021 CHNA was conducted from January 2021 to September 2021 and included quantitative and qualitative research methods to determine health trends and disparities across Mercer County. Secondary research methods were used to identify and analyze statistical socioeconomic and health indicators. Data were compared across zip codes and neighborhoods in Mercer County and compared to the county as a whole, New Jersey state, and national benchmarks. Primary research methods were used to solicit input from public health experts and key community stakeholders representing the broad interests of the community.

Through this comprehensive view of statistical health indicators and community stakeholder feedback, a profile was created of health indicators and socioeconomic factors that influence the health and well-being of Mercer County residents. These findings will guide GMPHP and its healthcare, public health, social service, and other community-based partners in creating a collaborative, coordinated effort to address community health needs.

The 2021 CHNA study methods included:

- An analysis of existing secondary data sources, including public health statistics, demographic and social measures, and healthcare utilization
- A key informant survey with nearly 200 health and human service providers among other representatives from education institutions, civic and social associations, faith communities, employers and businesses, elected officials, and other community based organizations
- A convenience survey of more than 1,200 individuals who received a COVID-19 vaccine through one of the four GMPHP hospitals or 10 health departments during 2021
- More than 70 individual and small group discussions with key stakeholders representing diverse, underserved, minority, and historically disenfranchised populations
- Strategic planning to determine priority health needs
- Development of a collective Community Health Improvement Plan (CHIP)

Community Engagement

In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, including underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities.

The CHNA was conducted in alignment with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Patient Protection and Affordable Care Act (PPACA), the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, and the Public Health Accreditation Board Standards and Measures.

Approval and Adoption of CHNA and CHIP

The CHNA Report and CHIP was adopted by the GMPHP in October 2021. Hospital partners presented these documents for approval by their respective board of directors as indicated below:

Capital Health: November 2021
Robert Wood Johnson University Hospital-Hamilton: December 2021
Saint Francis Medical Center: December 2021
Saint Lawrence Rehabilitation Center: December 2021

GMPHP Steering Committee Members

Emily Baggett, Trenton Health Team
David Bosted, Community Member
Thomas Boyle, Saint Lawrence Rehabilitation Center
Karen Buda, Community Member
Stephanie Carey, Montgomery Health Department, serving Hopewell and Pennington Boroughs
Angela Chatman, Community Member
Jeremye Cohen, Capital Health Medical Center
Ann Dorocki, Mercer County Department of Human Services
Yvette Graffie-Copper, Trenton Health Department
Diane Grillo, Robert Wood Johnson University Hospital Hamilton
Jeffrey Grosser, Princeton Health Department
Darlene Hanley, Saint Lawrence Rehabilitation Center
Chris Hellwig, Township of Hamilton Division of Health
Margy Jahn, East Windsor Health Department
Pam Keo, Saint Lawrence Rehabilitation Center
Kathryn Koellner, Saint Francis Medical Center
Keith Levine, Lawrence Township Health Department
Dawn Marling, Township of Hopewell Department of Health
Jennifer McGowan-Smith, Saint Francis Medical Center
Carol Nicholas, GMPHP; Lawrence Township Health Department
Stephen Papenberg, Community Member
Devangi Patel, Montgomery Health Department, serving Hopewell and Pennington Boroughs
Kristin Reed, Mercer County Department of Human Services
Lauren Stabinsky, Robert Wood Johnson University Hospital Hamilton
Jill Swanson, West Windsor Health Department, serving Hightstown and Robbinsville

Determining Community Health Priorities

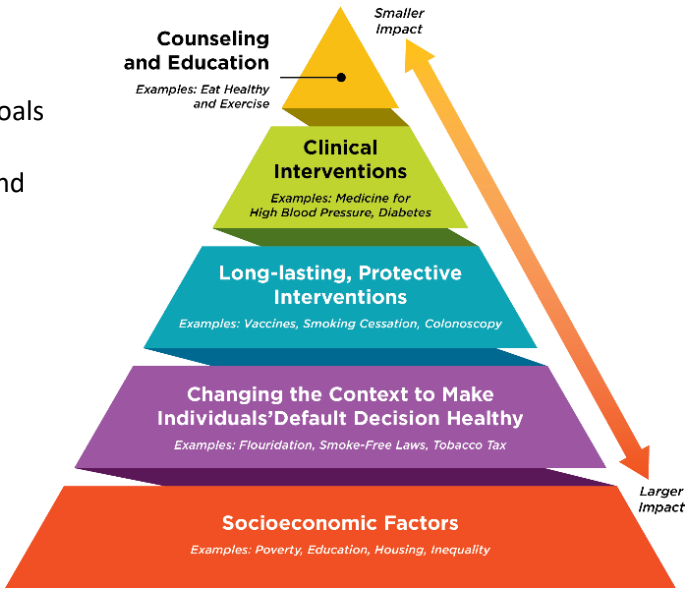
The GMPHP committee considered statistical data and qualitative feedback to determine community health priorities within Mercer County. Statistical data included health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by Mercer County residents. Perspectives on data trends and direct feedback on community health priorities were collected via a community-wide key stakeholder survey, interviews, and small group dialogue. Participants in this research included more than 200 representatives from healthcare providers, public health departments, social service agencies, schools and higher education, employers, places of worship, civic and social networks, elected officials and policy-makers, among other community-based organizations. Emphasis was placed on collecting diverse perspectives from stakeholders that work with communities of color, medically underserved, vulnerable, and historically disenfranchised populations.

Understanding Social Determinants of Health and Health Equity: The connection between our communities and our health

Health equity encompasses a wide range of social, economic, and health measures but can be simply defined as "a fair opportunity for every person to be as healthy as possible." In order to achieve health equity, we need to look beyond the healthcare system to dismantle systematic inequities born through racism and discrimination, both overt and implied, in our social structures—like power and wealth distribution, education and job opportunities, housing and safe environments—to build a healthier community for all people now and in the future.

The root causes of health disparities are most driven by social determinants of health: the way in which the physical or built environment, socioeconomic conditions, accessibility and quality of health services that exist in a community impact health outcomes. Public health agencies, including the US Centers for Disease Control (CDC), widely hold that at least 40% of a person's health profile is determined by social determinants of health. Addressing social determinants of health is a primary approach to achieving *health equity.*

In developing the 2022-2025 Community Health Improvement Plan, the GMPHP adopted overarching goals and objectives aimed at addressing health equity. As shown in the graphic to the right, healthcare entities and their partners can have the broadest impact on health needs by addressing socioeconomic factors.



This approach does not discount public health campaigns and individualized care. In fact, these interventions *play a significant role in individual health outcomes*. Combining targeted interventions with community-wide strategies that address systematic inequities has the greatest potential for impact on overall community health and well-being.

GMPHP will use the 2022-2025 CHIP to monitor county-wide progress toward the priority areas using the objectives outlined below. GMPHP partners will identify existing and future institutional strategies that align with the identified goals, and share progress regarding their specific actions that work towards achieving the objectives through collective impact.

Prioritized Health Needs

Priority Area: COVID-19
Guiding Goal: Reduce death disparities among population groups.

COVID-19 has created unprecedented challenges for people across Mercer County—and the world—and has demanded equal measure in response from healthcare, social services, government, businesses, families, and individuals.

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases. COVID exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society. In recognition of the ongoing needs—and recovery—that will be required over the coming years, actions to continue to reduce health disparities and the unequal death toll among Black, Indigenous, African American, and other People of Color (BIPOC) will continue to be paramount.

CHNA Key Findings:	CHNA Page
▸ COVID-19 has become one of the top five leading causes of death; In NJ, it is the third leading cause of death for White, non-Hispanic residents and the number one cause of death among Black, Asian, and Latinx residents.	10, 90
▸ Vaccination rates in Mercer are generally high. Rates are lowest in Trenton and surrounding areas. Early data suggest lower rates in young people (12-24).	93

Measurable Objectives:	Indicator in CHNA Report	Source
▸ Ensure vaccination rates are commensurate across municipalities and race groups and meet or exceed state targets of (85%). (p.93)	Vaccination in Mercer County ranges from 60% (Trenton) to 91% (Pennington)	COVID Act Now https://covid19.nj.gov/forms/datadashboard
▸ Position public health and healthcare providers as a top trusted resource for health information among 80% or more of Mercer County residents. (p.96)	Among respondents, 34.8% indicated their healthcare provider was a key source of COVID information, and 36.0% indicated their local health department was a key source.	GMPHP COVID Vaccine survey responses
▸ Provide targeted outreach to Black African American, Latinx, Asian, and other communities of color. (p.91)	The mortality rate from COVID is more than 2x higher for Black people (340.6) and Latinx (341.4) in NJ than for White people (155.7) or Asians (150.6)	CDC COVID Response Health Equity Strategy https://covid19.nj.gov/forms/datadashboard ;

Life Expectancy
Guiding Goal: Achieve equitable life expectancy among all residents in Mercer County.

Prior to COVID, the top leading causes of death among all populations in the US were chronic diseases including (in order of US mortality rates) heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease. In Mercer County, it is evident that prevention, identification, and treatment of chronic disease is efficacious and high quality, but not for everyone.

We need to apply our understanding of persistent disparities among Black and Indigenous People of Color (BIPOC) and respond to the wide inequalities in death rates due to chronic disease. As such, the GMPHP redefined its goals toward reducing and responding to chronic disease to focus on the underlying inequities that contribute towards greater risk for chronic disease and lower life expectancy.

CHNA Key Findings:	CHNA Page
▸ Life expectancy in Mercer County (80.6) is on par with New Jersey (80.5), but life expectancy for Black people (74.9) is lower than all other race and ethnic groups: White (80.9), Latinx (85.7), and Asian (90.3).	58
▸ The percent of the population that is uninsured in Trenton (17.6%) and Hightstown (16.6%) is two times higher than NJ (7.8%) and US (8.8%).	46
▸ Heart disease deaths are increasing in Mercer County (162.7) and higher than NJ (158.0) and the US (161.5); heart disease deaths among Black people in Mercer County (236.4) are higher than any other group and higher than among Black people anywhere else.	62
▸ Diabetes deaths are increasing in Mercer County from 15.1 (2018) to 17.3 (2019); The diabetes death rate is nearly two times greater for Black people (31.7) than White people (13.1) in Mercer County.	68
▸ One in five Mercer County Senior Medicare Beneficiaries are living with four or more chronic conditions.	74
▸ The ability to afford appropriate and safe housing creates barriers for chronic disease prevention and management; older adults, racial and ethnic minorities, low-income residents; and youth with asthma are particularly impacted by lack of adequate housing.	39-41
▸ As of 2018, nearly 1 in 10 Mercer County residents were food insecure; anecdotal evidence supports this percentage has increased significantly with COVID-19.	37
▸ 41.7% Mercer County adults report having no leisure activity in past 30 days compared to NJ (27.8%) and the US (24.2%) averages.	54-55

Measurable Objectives:	Indicator in CHNA Report	Source
▸ Reduce the proportion of people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%) (p. 7-9, 36)	Poverty in Mercer County =11.6%	ACS, United States Census Bureau, 2015-2019
▸ Reduce uninsured rates in Trenton and Hightown by 50% to align with state and national rates. (p.46)	Trenton = 16.6%; Hightstown = 17.6% NJ = 7.7%; US = 8.8%	United States Census Bureau, 2015-19
▸ Reduce premature age adjusted death rates among Black African American residents in Mercer County to align with the combined Mercer County rate (300). (p.58)	Premature age adjusted death rate for Black/African American people in Mercer County = 590; Combined rate for all people = 300	National Center for Health Statistics – Mortality Files, 2017-2019
▸ Increase duration of physical activity/leisure activity among adults and children across Mercer County to 30 minutes per day or 3 ½ hours per week, per CDC exercise recommendations. (p.55)	41.7% of Mercer County adults reported no leisure time activity (0) in 30 days	New Jersey State Health Assessment Data, 2015-2018; CDC, 2015-2018
▸ Increase the proportion of Mercer County residents that have permanent safe, affordable, appropriate homes from 30% to 25% or lower (p.47)	In Mercer County, 28.7% of homeowners and 50.7% of renters have documented housing problems. 12.5% of homeowners and 29.6% of renters have severe housing problems.[1]	United States Department of Housing and Urban Development (HUD), 2013-2017
▸ Promote resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs). (p.24)		BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019, NJ Funders ACES Collaborative (2019)

[1] This does not include homeless individuals or temporarily housed individuals and families.

Behavioral Health and Trauma
Guiding Goal: Reduce the impact of trauma on health outcomes.

Adverse Childhood Experiences (ACES) are traumatic or stressful events that occur before the age of 18. While these incidents are individual in nature, they are compounded by exposure to adverse community environments, and ameliorated through supportive community environments. Traumatic or stressful events in childhood have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals and are associated with decreased life expectancy.

In recognition of the wide impact of ACES, the GMPHP has focused its goals for behavioral health on the prevention, identification, and treatment of ACES at a community and individual level. This includes screening for ACES among current patients, leveraging collaboration to connect patients with useful services, promoting education and employment opportunities for local diverse populations, educating providers about ACES, and promoting policies that allow children and families to thrive. This way we can positively impact the root causes of existing mental and physical health concerns among adults, as well as creating a healthier future for children.

Behavioral Health and Trauma
Guiding Goal: Reduce the impact of trauma on health outcomes.

Key CHNA Findings:	CHNA Page
▸ COVID-19 has become one of the top five leading causes of death; In NJ, it is the third leading cause of death for White, non-Hispanic residents and the number one cause of death among Black, Asian, and Latinx residents.	10
▸ Approximately one-third of all Trenton residents across all race and ethnicities live in poverty; another 20.4% of all Mercer residents are asset limited. These data are prior to COVID-19.	22
▸ A marker for trauma, Mercer County (5.7) has among the highest Infant Mortality rates in the state (4.3) and higher than US (5.8). Infant mortality among Black babies is higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9).	80-81
▸ HUD documented housing problems exist in higher than NJ and US proportions for renters in Trenton, Hightstown, Pennington; Renters and Homeowners are Housing Cost Burdened	41
▸ The most common reason for experiencing homelessness is being asked to leave a shared residence, suggesting high undetected housing cost burdens.	44
▸ As of 2018, nearly 1 in 10 Mercer County residents were food insecure; anecdotal evidence supports this percentage has increased significantly with COVID-19.	37

Measurable Objectives:	Indicator in CHNA Report	Source
▸ Reduce the proportion of people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%) (p. 7-9, 36)	Poverty in Mercer County = 11.6%	ACS, United States Census Bureau, 2015-2019
▸ Reduce premature age adjusted death rates among Black African American residents in Mercer County to more closely align with the combined Mercer County rate (300). (p. 58)	Premature age adjusted death rate for Blacks in Mercer County = 590 Overall = 300	National Center for Health Statistics, Mortality Files, 2017-19
▸ Increase the proportion of Mercer County residents that have permanent safe, affordable, appropriate homes from 30% to 25% or lower (p.47)	In Mercer County, 28.7% of homeowners and 50.7% of renters have documented housing problems. 12.5% of homeowners and 29.6% of renters have severe housing problems.[2]	United States Department of Housing and Urban Development (HUD), 2013-2017
▸ Reduce household food insecurity and hunger across Mercer County to 7%. (HP2030 Goal: 6%) (p.37)	In Mercer County, 8.9% of all residents are food insecure	Feeding America, 2016-2018
▸ Increase number of households that has a computer and broadband access to at least 90%. (p.83)	Mercer County municipalities range between 62.3% of households with broadband and a computer to 94.0%	United States Census Bureau, 2015-2019
▸ Promote resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs).		BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019, NJ Funders ACES Collaborative (2019)

[2] This does not include homeless individuals or temporarily housed individuals and families.

Priority Area: Maternal and Child Health
Goal: Achieve equitable birth outcomes for Black mothers and babies.

Disparities in maternal and child outcomes among Black mothers and infants, including infant mortality, are measures of structural socioeconomic inequities that are at play well before a mother gets pregnant or gives birth, therefore upstream strategies that address the root causes of inequities will have far reaching impact on health and quality of life outcomes, including infant mortality.

Infant mortality is widely regarded as an important community health indicator because it is particularly sensitive to structural factors including social and economic factors and quality of life conditions. Structural conditions, such as housing insecurity, educational attainment of the mother, and ACES have a significant impact on the health of infants in their first year of life and the life of their mothers.

In Mercer County, the rate of infant deaths among Black babies is 30% higher than the statewide rate and more than two times larger than the national average. This high rate indicates the need to address structural factors at the community level that are impacting this negative outcome. In alignment with the recommendations with the Nurture New Jersey Strategic Plan, GMPHP's strategies reflect the stated values of dismantling racism, community engagement, multisector collaboration to address upstream root causes, and a commitment to make all recommended resources available to all women, especially those in high need or low resource communities.

GMPHP and its partners have taken action to leverage their partnerships to remove barriers to care and providing home-based support to new mothers, as well as addressing community-based social inequities that disproportionately impact Black families.

Clinical interventions at the point of pregnancy can help to mitigate pre-existing risks of social determinants of health and optimize birth outcomes for mothers and infants. Challenges in connecting with mothers during the first trimester include multiple factors that create barriers to all Mercer County women being able to access the many available care options. Addressing socioeconomic challenges that impede access will have the most cross-cutting impact on birth and overall quality of life outcomes throughout childhood and into adulthood.

CHNA Key Findings:	CHNA Page
▸ Mercer County (5.7) has among the highest Infant Mortality rates in the state (3.9) and higher than US (5.8). Infant mortality among Black babies is higher than any other racial or ethnic group across the state (9.2), Mercer County (11.9) and Trenton (13.9).	80-81
▸ 65.7% of Mercer County moms access prenatal care in the first trimester compared to NJ (74.5%) and US (77.6%) averages and below the HP2030 goal (80.5%). Black (55.7%) and Latinx (51.8%) moms in Mercer County are less likely to access early prenatal care than any other group.	78-79
▸ Breastfeeding at 8 weeks of age at 50.9% in New Jersey. This is a leading priority in Healthy NJ 2020 Plan (State Health Improvement Plan).	79

Measurable Objectives:	Indicator in CHNA Report	Source
▸ Increase onset of first semester prenatal care among all pregnant people in Mercer County to align with state average of 75%. (p.78)	65.7% of pregnant people access prenatal care in the first trimester	New Jersey State Health Assessment Data, 2019; CDC, 2019
▸ Increase the proportion of pregnant African American and Latinx people accessing prenatal care during the first trimester in participating programs by 5% each year. (p. 79)	55.7% of African American and 51.8% of Latinx pregnant people access prenatal care during the first trimester.	New Jersey State Health Assessment Data, 2019; CDC, 2019
▸ Maintain program participation in prenatal care visits through postpartum visits. (p.78-79)	65.7% of pregnant people in Mercer County access prenatal care in the first trimester compared to 74.5% across NJ and 77.6% across the US.	New Jersey State Health Assessment Data, 2019; CDC, 2019*
▸ Increase participation in pre- and postpartum care programs for delivering person and baby through infant age 2. (p.78-79)		New Jersey State Health Assessment Data, 2019; CDC, 2019*
▸ Increase the onset and duration of breastfeeding through infant age 1. (p.78-79)	83.7% of Mercer County babies initiate breastfeeding after delivery	New Jersey State Health Assessment Data, 2019; CDC, 2019*
▸ Make 1,000 perinatal home visits to people from Mercer County who gave birth in Mercer County.		
▸ Increase by 10% per year the number of people who receive a referral for social support in the perinatal period who receive the referred service		New Jersey State PRAMS*

* Additional programmatic tracking from: Family Connect program, Children's Futures, Central Jersey Family Health Consortium, NowPow