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

#### Strategies:

Advocate for racism as a public health crisis; share CHNA findings with policy makers, employers, community leaders, and residents; use results to advocate for socioeconomic policies that improve health in communities for color.

Model equitable workplaces that value diversity and afford livable wage employment, mentored advancement opportunities, local and diverse hiring and purchasing practices.

Explore models to increase access to affordable housing options within Mercer County.

Train and hire staff from diverse communities to work as community health workers, patient navigators, case managers, care, and support staff.

Partner with social services, employers, housing, faith-based, and other community-based organizations that serve BIPOC populations to host vaccination clinics.

Screen for social determinants of health and provide "warm hand off" to connect patients to social support services.  $\[ \]^{\]}$ 

Increase availability and knowledge of using telehealth for chronic disease management.

Increase early detection of chronic disease among Black African Americans

Promote physical activity within the school and community setting.

Provide school-based health and wellness education for students in grades K-12.

Equity strategies E are identified where there is an opportunity to address social determinants of health.

Cross cutting strategies are identified where there is an opportunity to make investments in initiatives that can impact multiple goals or objectives.

#### **Measurable Objectives**

- 2.1 By 2024, reduce the proportion of people in Mercer County living in poverty to align with New Jersey state average of 10%. (HP2030 Goal: 8%) (p. 9)
- 2.2 By 2024, reduce uninsured rates in Trenton and Hightstown by 20% to align with state and national rates. (p.52)
- 2.3 By 2024, reduce premature age adjusted death rates among Black African American residents in Mercer County to align with the combined Mercer County rate (300). (p. 8)
- 2.4 By 2024, 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.62)
- 2.5 By 2024, increase the proportion of Mercer County households that exit the homeless system to permanent housing by 5%. (p.47)
- 2.6 By 2024, promote resilience focused activities and supports to address Adverse Community Environments and combat the impact of Adverse Childhood Events (ACEs). (p.28)

Actions	Performance Indicator	Participating Organization
2.1(a) Coordinate and serve	NJ State Health	Mercer Street Friends
the most vulnerable	Assessment Data	Trenton Food Stakeholders
populations in Mercer County	Quarterly Reports	JFCS
a range of food programs,		HomeFront
including Mercer County	ACS, United States	Meals on Wheels
Nutrition Program for Older	Census Bureau	Office on Aging
Adults, congregate meals,		Catholic Charities
on-site food pantries, Mobile		Mercer County Office on
Food Pantries, Meals on		Aging/ADRC
Wheels, The Kosher Cafe		
and Healthy@Home Senior		
Nutrition program.		
2.1(b) Provide information &	Quarterly reports	Mercer County Aging &
Assistance Services to		Disability Resource Connection
Community members age 60		(ADRC)
and up, those living with		

	T	,
disabilities, and their		
caregivers to assist in		
navigating social service		
systems, and accessing		
healthcare services and		
financial assistance		
programs.		
Prioritize self-direction and		
full societal participation		
2.1(c) Review policy related	Finalized document	Trenton Food Stakeholder
to food deserts that will	T manzed decament	Trenton Health Team
address poor nutrition		RCE/FCHS/SNAP-Ed
options, and create a list of		YMCA
•		TWOA
policy changes to eliminate food deserts.		
		Trenton Food Stakeholder
2.1(d) Start to implement the		
highest food priority policy		Trenton Health Team
changes to eliminate food		YMCA
deserts.		
2.1(e) Explore expansion of		Capital Health Medical Center
the Capital Health Farmers		(4.1)
Market and Arm in Arm food		
distribution at the Family		
Health Clinic including		
providing healthy recipes		
2.1(f) Endeavor to model an		St Francis Medical Center (2.1)
equitable workplace that		
values diversity, compassion,		
and livable wage		
employment through		
mentored advancement		
opportunities, local and		
diverse hiring and		
purchasing practices. Warm		
hand off to social services for		
patients with Social		
Determinants of Health		
needs.		
2.1(g) Distribute nutritional		Capital Women in Philanthropy
education awareness		(4.3a)
booklets to people in need in		(7.04)
Trenton		
		Capital Women in Philanthrony
2.1(h) Provide nutritional		Capital Women in Philanthropy
supplements for free to		(4.3b)
patients in financial need		

	T	
undergoing chemotherapy		
and dialysis.		
2.1(i) Discuss with Isles the		Capital Health Medical Center
opportunity to connect		(4.4)
patients to community		
gardens		
2.1(j) In 2022 provide blood		Capital Women n Philanthropy
pressure monitoring		(2.9d)
equipment, oral hygiene tips,		
toothbrushes, toothpaste, to		
individuals in need at the		
Family Health Center in		
Trenton.		
2.2(a) Provide outreaches to	NJ State Health	RISE
underserved communities	Assessment Data	Catholic Charities
that offer assistance to sign	Assessment Data	Office on Aging
_		5 5
up for health insurance. 2.2(b) Utilize PF Concepts to	United States Census	NJ Family Care Capital Health Medical Center
	Bureau	•
qualify patients for Medicaid,	Duleau	(1.1)
or Charity Care services.		
Expand to include NJ CEED.	Heite d Otete - Occasio	O
2.2(c) Identify resources for	United States Census	Capital Health Medical Center
outreach in the community	Bureau	(1.2)
for enrollment in health		
insurance marketplace and		
Medicaid. Hold seminars		
"Welcome to Medicare".		
2.2(d) Evaluate opportunity		Capital Health Medical Center
to collaborate with payers		(1.2a)
and the Trenton Health		
Team or through grant		
funding		
2.3(a) Tobacco Cessation	NJ State Health	RWJB Institute for Prevention
program - Increase the	Assessment Data	and Recovery
number of enrolled patients	National Center for	Institute
for Mercer County by 10%	Health Statistics –	
from 209 to 230 by	Mortality Files, 2017-	
December 2022.	2019	
2.3(b) Promote social media	New Jersey State Health	Hunterdon/Mercer Chronic
messaging to increase	Assessment Data, 2015-	Disease Coalition (HMCDC)
awareness between the	2018; CDC, 2015-2018	Screen NJ
connection of lifestyle		NJCEED
choices and screenings to		Trenton Health Team
cancer prevention and early		
cancer prevention and early	l	

detection.		
2.3(c) Provide lifestyle and behavior educational programming addressing chronic disease/cancer prevention targeting underserved populations. Topics considered: smoking cessation, nutrition/diabetes, CRC cancer screening, physical activity and stress/anxiety.	NJ State Health Assessment Data National Center for Health Statistics – Mortality Files	HMCDC RWJB Prevention Recovery Institute NJCEED Screen NJ HomeFront RWJ Better Health Program (1.4)
2.3(d) Conduct Cancer Thriving & Surviving Workshops to develop self- management skills that can improve quality of life for cancer survivors, caregivers and their families.	National Center for Health Statistics – Mortality Files	HMCDC RWJ Better Health Program (1.4)
2.3(e) Increase availability and knowledge of using telehealth for chronic disease management discharge planning, care, and education.		SLRC Catholic Charities JFCS
2.3(f) Capital City Diabetes Collaborative will address issues identified with the clinical, environmental, and social determinants related to case management and treatment of diabetes in Trenton. Explore the opportunity to continue elements of the program beyond September 2022 when the grant expires.		Capital Health Medical Center (2.1) Trenton Health Team
2.3(g) Continue the Project Dulce Program, a peer mentor education/support group that uses a curriculum called "Diabetes Among Friends" featuring practical advice and real-life examples to train peer educators to		Capital Health Medical Center (2.2) Trenton Health Team

	T	T
share understandable diabetes care and education that meets American Diabetes Association standards.		
2.3(h) Continue the Eastern Service Workers Association diabetes education programs for communities of color.		Capital Health Medical Center (2.5)
2.3(i) Support a viable disease prevention and health promotion screening and education project sensitive to the needs of low income, minority, and medically underserved Mercer County seniors. Encourage older adults, those living with disabilities and their caregivers to participate in Evidenced Based Health Promotion. Educate consumers about the benefits of managing chronic diseases, including diabetes, exercise and activity and proper nutrition.	Needs Assessments/Quarterly Reports	Mercer County Office on Aging/ADRC
2.3(j) Provide additional funding to the contracted transportation providers, when available, to help reduce or eliminate waiting lists as well as to provide transportation to areas of the county lacking services.	Wait lists/Quarterly Reports	Mercer County Office on Aging/ADRC
2.3(k) Work to eliminate traffic fatalities and serious injuries by encouraging Mercer County and all municipalities in Mercer County to adopt a Vision Zero resolution and use Vision Zero principles to work to attain zero crash	County Statistics # of Vision Zero resolutions adopted and/or Vision Zero task forces created.	GMTMA

fatalities by a target date.	
2.3(I) Partner with	St Francis Medical Center (2.2)
community-based	ot i fariolo iviodical contol (2.2)
organizations that serve	
BIPO populations to increase	
awareness of programs	
offered, including Assisted	
Living, LIFE, CARES,	
disease specific programs	
such as CHF, COPD,	
Cardiology and HIV/Hep C.	
2.3(m) Provide low-cost	St Francis Medical Center (2.2)
medications through the 340	ot i idiiolo iliodical como (2.2)
B designated Community	
Pharmacy, designed to treat	
chronic illness.	
2.3(n) Provide cancer	Capital Health Medical Center
screenings, free	(2.3)
colonoscopies, and breast	- /
and pap exams, for	
uninsured and underinsured	
residents through NJ CEED.	
2.3(o) Provide colorectal	Capital Health Medical Center
screening and colonoscopy	(2.7)
program for eligible charity	,
care Family Health Center	
patients funded by BMS.	
2.3(p) Conduct outreach to	Capital Health Medical Center
underserved Trenton	(2.4)
populations educating on	THT
and encouraging lung cancer	
screening.	
2.3(q) Explore starting a	Capital Health Medical Center
dental residency program	(4.6)
2.3(r) Provide educational	Capital Health Medical Center
lectures to hospitalists and	(2.6)
physician residents on	
diabetes management	
2.3(s) Expand the tobacco	Capital Health Medical Center
cessation program by 1%	(2.8)
yearly.	
2.3(t) In 2022 conduct a	Capital Women in Philanthropy
symposium for healthcare	(2.9a)
workers on human	
trafficking, and cardiac care	

for Capital Health	
employees.	
2.3(u) In 2022 explore finding an outpatient care facility in Trenton to include community education.	Capital Health Medical Center (2.11)
2.3(v) By the fall of 2022, Procure a mobile simulation outreach lab teaching health topics and conducting wellness screenings in underserved areas, i.e. CPR for new mothers, stop the bleed, basic first aid, how to deliver a baby, and more.	Capital Health Medical Center (2.12)
2.3(w) Provide seminars, outreach and education at community events on topics that improve life expectancy i.e.: women's heart health, nutrition for a healthy colon, self-care boot camp, menopause, lower your A1C, Cohn's/Colitis update, holistic sampler, stroke, better bones for seniors, prostate cancer, etc.	Capital Health Medical Center (2.13)
2.3(x) Provide trauma prevention outreach programs in community locations, on the following topics: i. Petal Power Bike safety ii. Fall prevention iii. Car seat/Motor Vehicle Safety v. Pedestrian safety vi. Stop the Bleed vii. Trauma Informed Care	Capital Health Medical Center (BH 1)
2.3(y) Create a short video in key languages, to teach patients at discharge how and why to access telehealth	RWJ (1.4)

on line or with smart phones.		
2.4(a) Use Safe Routes to School programs to enable and encourage children to walk or bike to school where it is safe to do so and improve the areas where it is not safe.	Schools and school districts with wellness policies and/or SRTS District policy that supports active transportation, and SRTS activities.  SRTS grants awarded to improve infrastructure to improve bicycle and pedestrian safety near a	GMTMA
2.4(b) Provide Healthy	school.	Capital Health Medical Center
Lifestyle Encounter visits at the Family Health Clinic		(4.2)
2.4(c) Meet with the Trenton Police Department to explore implementing designated "safe hours" at some parks with a stationed police officer on-site, and other safety programs.		Capital Health Medical Center (4.5)
2.5(a) Become familiar with the organizations that are addressing housing and determine what the health priorities are that we can help address. Identify opportunities for policy advocacy		Capital Health Medical Center (3.2)
2.5(b) Explore possible partnerships with government agencies to develop a Community Advisory Group focused on Trenton that will involve the mayor, elected Ward Council leaders, business and civic leaders, and community members.		Capital Health Medical Center (3.3) (amended 12.29.22)
2.5(c) Remediate 40 households for lead issues each year.	US Department of Housing and Urban Development	Isles

2.5(d) Provide direct support for safe affordable homes through the Trenton Neighborhood Initiative real estate development of four properties in Trenton by June 2026	US Department of Housing and Urban Development	Capital Health Medical Center (3.1a) Trenton Health Team Isles
2.5(e) Provide direct support through the Trenton Neighborhood Initiative Housing Assistance Program: assist in financing the purchase of 50 homes in Trenton by June 2026	US Department of Housing and Urban Development	Capital Health Medical Center (3.1b) Trenton Health Team Isles
2.5(f) Provide direct support through the Trenton Neighborhood Initiative Homeownership counseling for 100 Trenton residents by June 2026	US Department of Housing and Urban Development	Capital Health Medical Center (3.1c) Trenton Health Team Isles
2.5(g) Provide direct support through the Trenton Neighborhood Initiative Housing Improvement plan to rehabilitate 25 homes in Trenton by June 2026.	US Department of Housing and Urban Development	Capital Health Medical Center (3.1d) Trenton Health Team Isles
2.5(h) Provide direct support through the Trenton Neighborhood Initiative Home improvement plan for 75 homes to receive healthy home assessments by June 2026.	US Department of Housing and Urban Development	Capital Health Medical Center (3.1e) Trenton Health Team Isles
2.5(i) Provide direct support through the Trenton Neighborhood Initiative Home improvement plan to make 50 homes lead-safe by June 2026.	US Department of Housing and Urban Development	Capital Health Medical Center (3.1f) Trenton Health Team Isles
2.5(j) Provide direct support through the Trenton Neighborhood Initiative Clean and Green plan to make a number of vacant lots and streetscape	Annual Report	Capital Health Medical Center (3.1g) Trenton Health Team Isles

improvements in Trenton by June 2026		
2.5(k) Continue For my Baby and Me opioid treatment and safe housing for pregnant/postpartum women and their children promoting long-term recovery, ongoing medical care and social support.	Annual Report	Capital Health Medical Center (3.4) HomeFront
2.6(a) Screen for social determinants of health and provide "warm hand off" to connect patients to social support services.		SLRC HomeFront Mercer County Health Officer Ass. Catholic Charities Trenton Health Team JFCS Helping Arms Isles
2.6(b) Support programs in the community for youth with disabilities to: Provide respite & case management services to families of children with disabilities Access clinical/therapeutic services for those with no other means Navigate from youth to adulthood successfully with appropriate supports Access recreation and social activities to explore personal interests and develop networks of natural support.	Quarterly Reports	Mercer County Aging & Disability Resource Connection (ADRC)
2.6(c) Support programs in the community for Adults with disabilities to: Access recreation, and social activities to develop networks of natural support Provide access to affordable medical equipment Receive vocational training	Quarterly Reports	Mercer County Aging & Disability Resource Connection (ADRC)

and employment supports		
Access personal care		
services needed because of		
employment, educational		
pursuits, or community		
engagement for those with		
no other means		
Receive instruction in various		
arts disciplines and engage		
in community arts activities		
(i.e.		
performances/exhibitions)		
2.6(d) Continue funding in	Quarterly Reports	Mercer County Office on
home and community-based	- '	Aging/ADRC
services to support the		
reduction of social isolation,		
to include: daily telephone		
calls; friendly visits; daily		
meal delivery by trained		
volunteers; and socialization		
and recreation programs.		
2.6(e) Continue to promote	BRFSS	HomeFront
obtaining GED certificate, job	CDC Vital Signs	Isles
training, and parenting	NJ Funders ACES	Mercer Street Friends
classes that help build skills	Collaborative	Children's Futures
and resilience.		
2.6(f) Support diversity and		St Francis Medical Center
inclusion through recruitment		(2.3a)
and retention of candidates		
from diverse communities		
who participate in the School		
of Nursing, School of		
Radiology Technician, and		
Medical Residency program.		
2.6(g) Partner with Trenton		St Francis Medical Center
Central High School through		(2.3b)
sponsorship of hospital		
based Big Brother Big Sister		
Program.		
2.6(h) Onboard up to 10		RWJ (1.5)
junior volunteers who identify		
as BIPOC and/or receive		
significant social services		
from the Hamilton School		
district to develop career and		

professional awareness workplace skills that will	
enhance opportunities in the	
future	